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1. **Alaslawi, H. A.** & Garrett, J. K. (2021). The perceived importance of educational qualifications and professional development/continuous education for social work administrators: A case of the NASW-KY chapter. *International Social Work*, 1-14.
2. Al-Ma'seb, H. & **Alaslawi, H. A.** (2021). Social Workers' Knowledge and Ability in Crisis Intervention in Kuwait – A Case of COVID-19. Accepted for publication at *Social Work in Public Health Journal*.
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**Factors that influence seeking
professional help among a sample of
undergraduate students in Kuwait University**

Abstract:

Individuals' attitudes toward seeking professional help are among the important subjects that have been studied in the field of social work. The purpose of this quantitative study was to conduct a cross-sectional survey to (a) explore the participants' thoughts about consulting a specialist and their preferences regarding seeking the help of friends and family and (b) identify the factors that may be related to belief in the expertness of specialists, intent to seek help from specialists, and stigma tolerance. A total of N = 600 students in Kuwait University participated in this study. The results showed that there was a significant association between the thinking about consulting a specialist and the age in group A. There was a significant association between participants' preferences regarding seeking the help of friends and family and nationality in group A but not in group B. In group A, the male participants expressed significantly lower belief in the expertness of psychologists than the female participants. The males reported greater intent to seek the help of a psychologist than the females. The males also had lower stigma tolerance than the females. The mean scores for expertness, intent, and stigma tolerance did not vary significantly in terms of gender in group B. The students

in groups A and B who thought of consulting had significantly greater belief in their expertness, had greater intent to consult a specialist and had higher stigma tolerance in comparison to the students who did not think of consulting a specialist.

Keywords: *seeking professional help, social work, social worker.*

Introduction

Measuring peoples' attitudes toward seeking the help of professionals (e.g., psychiatrists, psychologists, and social workers) to alleviate their personal-emotional problems (e.g., mood, conduct, and personality disorders) has been an important area of research, particularly in the field of social work. For example, many studies have examined seeking professional help alongside other factors, including stigma, needs, awareness, services, emotions, sources of social support, willingness, life pressures, preferred counseling sources, and career counseling (Al-Darmaki, 2003; Al-Kandari, 2017; Fouad, et al., 2006; Hinderaker, 2013; Komiya, Good, & Sherrod, 2000; Ludwikowski, Vogel, & Armstrong, 2009; Rochlen, Mohr, & Hargrove, 1999; Nicholas, 2002; Vogel, Wade, & Hackler, 2007).

Widespread interest has arisen in this field for two main reasons. First, according to the Theory of Planned Behavior (TPB), self-reported help-seeking attitudes are very closely related to actual help-seeking behaviors (Ajzen, 1991). TPB posits a strong link between peoples' attitudes toward performing a behavior (e.g., attitudes toward seeking professional services) and the production of that behavior (e.g., seeking psychological help) through their behavioral intentions (e.g., willingness to seek psychological help) (Ajzen, 1991). Second, measuring help-seeking attitudes and behaviors is fundamental to understanding the demographic

and experiential factors that professionals can manipulate in practice to improve psychological counseling and other social services (Wilson, Deane, Ciarrochi, & Rickwood, 2005).

The main challenge that any social worker or counselor could face entails individuals lacking the desire to seek the professional they need. Many people suffering from psychological disorders do not seek professional help (Andrews, Issakidis, & Carter, 2001; Regier et al., 1993); this is true for college students (Blanco et al., 2008). Wilson, Rickwood, Bushnell, Caputi, and Thomas (2011) stated, "Emerging or early adulthood is the life stage spanning 18–25 years of age" (p. 29). Moreover, "young adulthood is when many individuals struggle with issues related to identity, separation from parents, relationships, sexuality, career, and lifestyle choices" (Hinderaker, 2013. p. 2). Young adults may face many social and mental health problems. High incidence rates of mental health problems are more likely among early adults (Zivin, Eisenberg, Gollust, & Golberstein, 2009). For example, mental health disorders are more common among Australians aged 16–24 years than among members of other age groups (Slade, Johnston, Oakley-Browne, Andrews, & Whiteford, 2009). Individuals attending colleges are most likely to be exposed to situations that place them at risk for mental disorders (Blanco et al., 2008). According to Kessler et al. (2005), more than half of lifetime cases of mental health disorders (around three-quarters) start by age 24.

University students are required to cope with many stressful issues associated with developing their own identities, separating from their families, adapting to life on campus, and achieving satisfactory levels of academic performance. Abouserie (1994) reported that about 75% of students suffered from moderate to serious levels of personal-emotional distress at some time during their studies at university. As Hofstede's (2009) cultural dimensions reflected, university students in Western cultures tended to be more individualistic than those in Arab cultures and did not depend closely on family and friends for advice; however, most universities in the USA had professional assistance available on-campus or off-campus to help students cope with their emotional problems. The attention surrounding the high levels of campus suicides at universities in the USA has emphasized the need for the improvement of such services (Mowbray et al., 2006). Effective professional counseling services have been shown to create a positive feedback loop, reducing stress, anxiety, and depression; increasing motivation; and enhancing the academic performance of students (Park et al., 2012). The ability of professionals to help students develop self-efficacy is a major factor in the alleviation of emotional distress (Prat-Sala & Redford, 2010).

In contrast to the situation in the USA, there has historically been a limited number of professionals available in Kuwait to help students and other citizens cope with their mood, conduct, and personality disorders. Over 40 years ago, in

reference to the “Arab East,” Racy (1970) stated, “There is an acute need for professional staff in all categories; but if choices must be made or a list of priorities established, the order would be social workers first and foremost, nursing personnel second and psychiatrists last.” (p. 154). Thirty years later, during a project to develop quality improvements in Kuwaiti mental health services, Bale (2000) discovered that the services offered were restricted by a lack of trained professional personnel. In particular, the limited number of social workers was a serious deficiency. Furthermore, there was a blurring of the role of social workers and that of psychological therapists. A more recent survey on the provision of mental health and psychological assistance services (World Health Organization [WHO], 2011) revealed that the number of trained professionals working in this sector in Kuwait was relatively low (2.62 psychiatrists, 2.29 psychologists, and 0.66 social workers per 100,000 population compared to 7.79 psychiatrists, 29.03 psychologists, and 17.93 social workers per 100,000 population in the USA).

The published evidence indicates that significant social problems exist in Kuwait. They are related to (a) cultural norms and values working against help-seeking attitudes and behaviors among individuals who experience problems involving personal-emotional distress and (b) the relatively limited number of professionals who are currently available to serve those who do try to seek help. In order to provide

a better understanding of these problems, it is necessary to conduct more research, providing a platform on which Kuwaiti citizens can express their attitudes toward the use of psychological and social work services.

Study Problem:

The motivation to conduct the study comes from the fact that psychological and social work services are known to be limited in Kuwait, despite psychological disorders contributing to 20% of the burden of disease in Kuwait (WHO, 2011). The reason why these services are not well developed appears to be associated with the negative cultural attitudes of Arab-Islamic societies toward seeking professional help or any kind of social service to solve their problems (Lipson & Meleis, 1983; Al-Rowaie, 2001). There is an urgent need to provide a greater level of understanding of why the people of Kuwait are reluctant to seek counseling and professional psychological services. Understanding the help-seeking attitudes and behaviors of people is fundamental to improving the availability of psychological counseling and other social services (Wilson, Deane, Ciarrochi, & Rickwood, 2005).

Significant of the Study:

The literature focuses mainly on international students studying in American universities (Mori, 2000) but there is a lack of information available on students in Kuwait. Relatively little is known about the attitudes of university students in

Kuwait regarding the use of counseling and psychological services (Al-Rowaie, 2001) and more recent generations of students may express more modern attitudes. This study will contribute towards the literature about psychological counseling in non-western societies. There are few research studies available on this particular topic. The results of the study will help to create awareness of the attitudes of Kuwait University students among the professionals involved in providing psychological and social services in Kuwait. Additionally, it will elucidate the specific factors that most affect the decision-making processes of Kuwait University students when contemplating professional psychological help for their emotional problems.

Purpose of the Study:

The study aims to explore the attitudes of Kuwait University students towards seeking professional help from psychologists and social workers. More specifically, the study proposes to: (a) survey the attitudes of Kuwait University students, using a modified version of the BAPS Scale developed by Aegisdottir & Gerstein (2009); and (b) identify the factors that may significantly influence the students' attitudes using inferential statistics.

Statement of Research Questions:

The research questions aim to measure the attitudes of students towards seeking professional help from psychologists and social workers and to identify some of the factors that significantly influence these attitudes. The research questions that guided the study, are defined as follows:

- 1- Is there a significant association between participants' thoughts about seeking professional help for their private and personal problems and professional specialization (psychologist or social worker)?
- 2- Is there a significant association between thoughts about seeking the professional help of a psychologist or a social worker and the participant's gender, age, and nationality?
- 3- Is there a significant association between the participant's preference for seeking the help of friends/family and professional specialization (psychologist or social worker)?
- 4- Is there a significant association between the participant's preference preference for seeking the help of friends/family in group A (psychologist) or group B (social worker) and the participant's gender, age, and nationality?

Literature Review

Some factors affect college students' decision to seek professional help. They are discussed in the literature. Stigma is one of the factors that can play a big role in their seeking professional help (Komiya et al., 2000; Ludwikowski et al., 2009; Vogel et al., 2007). Some studies have found that stigma is a primary factor in evading counseling (Kushner & Sher, 1991; Sayed et al., 1998). Based on The Social Work Dictionary definition, stigma is "the characteristic of an individual that is deemed by others as negative" (Barker, 2014, p. 412). Al-Kandari (2017) illustrated that stigma determined individuals' attitudes toward seeking professional help. Individuals might not seek professional help due to their self-stigma; this may take the form of fear or shyness that others might know that they are seeking professional help (Al-Kandari, 2017).

Sayed (2002) demonstrated that individuals in Arab cultures could be prevented from seeking professional help because of the stigma of mental health problems and cultural barriers. Many studies found that stigma was associated with attitudes toward seeking professional help (Shea, & Yeh, 2008; Vogel, 2007; Wrigley, Jackson, Judd, & Komiti, 2005), where individuals with higher stigma were shown to be less likely to seek professional help (Komiya et al., 2000; Nam et al., 2013; Vogel, Wester, Wei, & Boysen, 2005). If a person sought professional help, he or she would be perceived as socially unacceptable (Nam et al., 2013).

The intention is a strong predictor of help-seeking behavior (Ajzen, 1985; Sutton, 1998). It refers to individuals' willingness to seek professional help. Mackenzie, Gekoski, and Knox (2006) found that gender influenced intention to seek professional help. They found that females had the positive intention to seek professional psychological help to a greater extent than males. Vogel et al. (2005) found that fear of treatment and self-disclosure impacted intention to seek professional help. In addition, their results revealed that attitudes toward counseling mediated the relationship between intention to seek help and a number of factors, for instance, social stigma, anticipated utility, self-disclosure, previous therapy experience, social support, and social norms.

Other factors that could affect individuals' decision to seek professional help are self-disclosure and the anticipated risk and benefits of therapy (Vogel & Wester, 2003). Self-disclosure is defined as occurring when someone reveals private information regarding his or her feelings, thoughts, beliefs, or attitudes to others (Derlega, Metts, Petronio, & Margulis, 1993; Leaper, Carson, Baker, Holliday, & Myers, 1995; Vogel & Wester, 2003). Vogel and Wester (2003) asserted, "There is growing evidence concerning the importance of self-disclosure in a client's decision to seek psychological help" (p. 352). Moreover, Komiya et al. (2000) explained that peoples' comfort, self-disclosure, and emotional disclosure most likely affected their decision to seek help.

The process of self-disclosure involves individuals' evaluation of the anticipated risk and benefits (Vogel & Wester, 2003). People need to determine the risks and benefits of self-disclosure during therapy. For example, Nam et al. (2013) found that anticipated risk correlated negatively with attitudes toward seeking professional help. Furthermore, individuals who perceived professional help more negatively anticipated more risks than benefits (Omarzu, 2000; Vogel & Wester, 2003). Individuals might typically think of counseling as involving the expression of distressing or emotional information (Keith-Lucas, 1994). They may be hurt because they feel misunderstood, judged, or even ignored during counseling (Harris, Dersch, & Mittal, 1999). For example, they could feel shame and embarrassment when they disclose information to strangers (Lin, 2001). On the other hand, individuals have to think that counseling will be effective in order to seek help (Vogel & Wester, 2003). The anticipated benefits might increase their self-disclosure. The anticipated utility or benefits are defined as the "perceived value of the outcome to the individual for disclosing to someone such as a counselor" (Vogel & Wester, 2003, p. 352). Clients might not seek counseling if they have negative attitudes regarding its usefulness (Bayer & Peay, 1997; Lin, 2001).

Another factor that could affect college students' decision to seek professional help comprises their attitudes toward seeking help (Al-Darmaki, 2003; Fischer & Farina, 1995;

Komiya et al., 2000; Nicholas, 2002). Several studies have identified the factors that influence people's attitudes toward seeking help from professional services for their personal-emotional problems. These demographic and contextual factors include gender, education level, prior experience of counseling, the severity of issues, personality, social factors, cultural background, and acculturation (Fischer & Shaw, 1999; Hartong, 2011).

Gender is one of the variables that could influence the attitudes of individuals toward seeking help. Many studies have identified significant correlations between gender and attitudes toward seeking professional help (Al-Samadi, 1994; Fischer & Farina, 1995; Komiya et al., 2000). There are differences between females and males regarding seeking professional help (Al-Krenawi et al., 2009; Komiya et al., 2000; Rochlen et al., 1999; Rule & Gandy, 1994) and the types of problems they need help with (Wills & DePaulo, 1991). Al-Samadi (1994) found that undergraduate female students in Jordan had more positive attitudes toward seeking professional help than male students. Komiya et al. (2000) studied predictors of attitudes toward seeking psychological help among a sample of undergraduate college students (N=311) in a Midwestern university. Their results showed that female students were more likely to have attitudes toward emotion and to perceive less stigma in association with counseling than males. Furthermore, Wills and DePaulo (1991) illustrated that females were more likely

to get counseling for interpersonal problems, while males were more likely to get counseling for achievement and finance problems. Moreover, Olenick (2012) examined the reasons for the underutilization of mental health services. The major focus of Olenick (2012) was the identification of any relationship between fear of emotions and psychological help-seeking behavior. The results of the study revealed that males had greater stigma and fear of using mental health services than females, probably because males were less emotionally open (Olenick, 2012).

Acculturation is another variable that could influence the attitudes of individuals toward seeking help. A large body of available literature explains the cross-cultural factors that result in the differences between acceptance levels regarding psychological services in Western societies and those in non-Western societies (Fang, Pieterse, Friedlander, & Cao, 2011). Acculturation has been reported to be a major predictor of attitudes toward professional psychological services among Asian, Arab, and other international college students in America. Students who are more comfortable with American culture have been found to view the use of professional psychological services more positively, whereas those with lower levels of acculturation have been found to have less positive views about the services (Mori, 2000).

After they emigrate to the USA, many residents of Middle Eastern origin face serious acculturation challenges associated with mental confusion, emotional isolation, and identity crises (Barry, 2005). Only a small proportion of Arab Americans agree to seek help for their psychological distress if they receive encouragement from others, for instance, family, educators, friends, physicians, and clergy. The average Arab American would most likely not seek counseling or mental health services for a number of reasons, including feeling intimidated by the system, the stigma attached to seeking professional help, the critical language barrier, ignorance about the subject matter, and negative experiences with American counselors (Meleis, 1981).

In Western cultures, such as the USA, a strong focus on individual autonomy has resulted in increased reliance on psychological help services for individuals, which is separate from the help that individuals receive from family and friends (Mowbray et al., 2006). This is not the case in Middle Eastern societies, where displays of verbal, emotional, and behavioral expressiveness are believed to be internalizations of personal inadequacies (Lipson & Meleis, 1983). Mori (2000) asserted that, although many Arab students in the USA have an urgent need for psychological assistance, such services are underutilized due to cultural beliefs concerning mental health problems.

Family and friends exert considerable control over the behaviors of individuals in Arab culture (Bale, 2000). Arabs believe that disagreeing with authoritative advice from their family or friends concerning how to resolve personal issues shows a lack of respect (Lipson & Meleis, 1983). Seeking help for personal distress and troublesome matters from outside the family or social network is believed to be a sign of weakness, which may adversely be felt to be disgraceful and affect the individual's or family's esteem (Kleinman, 1977; Lipson & Meleis, 1983). Arab parents, for example, may conceal the fact that a family member has a mental illness for fear of jeopardizing their daughters' prospects for marriage (Racy, 1977).

Some factors that might prevent individuals from seeking professional help have been discussed in many studies; they include fear of treatment (Kushner & Sher, 1989; Pipes, Schwarz, & Crouch, 1985); the desire to avoid talking about upsetting information (Cepeda-Benito & Short, 1998; Cramer, 1999; Kelly & Achter, 1995; Vogel & Wester, 2003); the desire to not experience distressing emotions (Komiya et al., 2000); the desire to avoid the social stigma or negative judgments of others (Deane & Chamberlain, 1994); the desire to be autonomous and solve their problems by themselves, especially emerging adults (Kuhl, Jarkon-Horlick, & Morrissey, 1997; Rickwood, Deane, Wilson, & Ciarrochi, 2005; Wilson & Deane, 2001); and the belief that seeking information from friends and family is enough

(Wilson et al., 2011). Individuals preferred to handle their problems on their own or with people who were close to them (Wills, 1992), and they viewed seeking professional help as the last option (Hinson & Swanson, 1993).

Another factor that may reduce the quest for professional help among college students is the lack of awareness regarding counseling centers on campus (Hartong, 2011). Many colleges provide free counseling services for their students (Gallagher, 2009). In addition, Hartong (2011) illustrated that college students' low utilization rates of university counseling centers could be attributed to the lack of awareness that these centers were a viable option for help. Many studies mentioned that numerous students were unaware of the functions, purposes, benefits, and locations of universities' counseling centers (Fouad et al., 2006; Kahn, Wood, & Wiesen, 1999; Yorgason, Linville, & Zitzman, 2008). Kahn et al. (1999) found that many students in their study were aware there was a university counseling center on their campus, but they did not know its location and they had little information about the services it offered. In addition, Nicholas (2002) investigated 1,292 South African first-year students' preferred counseling sources. Nicholas (2002) explained that college students' unwillingness to seek professional help could be related to their lack of knowledge regarding the availability, nature, and benefits of the services that these centers offered or to their desire to seek professional help outside the campus.

Only a few studies in Kuwait have examined students' attitudes toward seeking professional help. Al-Rowaie (2001) conducted one study. He investigated the attitudes of Kuwait University students (N= 529) toward seeking professional psychological help. The influence of friends, that of family, and that of societal support on the attitudes of the students were investigated. The results indicated that (a) the participants exhibited negative attitudes toward psychological help services and (b) family and friends had a strong influence on the participants' decisions regarding seeking such professional help (Al-Rowaie, 2001). Al-Rowaie (2001) found that individuals who had already received professional psychological help were likely to have more positive attitudes toward such services. The research confirmed the findings of other studies, which indicated that seeking professional help for personal-emotional distress was uncommon in Arab-Islamic societies because the infrastructure of communal living and the cultural dimension of collectiveness met people's emotional needs, providing an outlet for their distress (Mori, 2000).

Another study considered high school students' attitudes toward seeking the help of school social workers (Al-Kandari, 2017). Al-Kandari's (2017) study examined the relationships between attitudes toward seeking social workers' help and social and demographic variables, sources of social support, social worker attributes, and life stressors in a sample of 276 high school students in Kuwait. Her results

revealed that students in the 10th grade had negative attitudes toward seeking social workers' help in schools; however, other high school students had neutral attitudes. In addition, Al-Kandari's (2017) study found that high school students had different sources of social support. When they faced financial and family problems, they got support from individuals they trusted, and when they faced academic, personal, and emotional problems, they got support from social workers in school.

Conceptual Framework for the Study:

Underpinned by the TPB (Ajzen, 1991), the attitudes of a person towards the use of professional services can be classified into three inter-related dimensions: (a) Intent; (b) Stigma Tolerance; and (c) Expertness (Aegisdottir & Gerstein 2009; 2012). Intent refers to the willingness of a person to seek professional help if needed (Aegisdottir & Gerstein 2009; 2012). Stigma Tolerance refers to "indifference to societal stigma and labeling related to seeking mental health services" (Aegisdottir, O'Heron, Hartong, Haynes, & Linville, 2011, p.331). If a person is stigmatized by others in their social network, then s/he is less willing to seek professional help. Expertness refers to the beliefs that a person holds towards the benefits that s/he will gain by seeking help from professionals (Aegisdottir & Gerstein 2009; 2012). If people believe they will significantly benefit from expert help, then they will be more willing to seek help, and not feel stigmatized. A

linear combination of Intent + Stigma Tolerance + Expertness measured the inter-related attitudes, intentions, and beliefs of a person towards the use of professional services (Aegisdottir & Gerstein 2009; 2012).

Aegisdottir and Gerstein (2009; 2012) and Aegisdottir, et al. (2011) analyzed the responses of people in the USA and Iceland to the Beliefs About Psychological Services (BAPS) Scale using Multivariate Analysis of Variance (MANOVA) models which are combinations of regression and analysis of variance (Field, 2009). The two primary independent variables were the gender of the respondents and the respondent's prior experience of using professional psychological services. The dependent variable (Y) was a weighted linear combination of the three subscales:

$$Y = a_1 X_1 + a_2 X_2 + a_3 X_3$$

where X_1 = Intent; X_2 = Stigma Tolerance, and X_3 = Expertness; a_1 , a_2 , a_3 = regression coefficients. The MANOVA procedure included one multivariate F test to determine if the overall effect of the three independent variables on the linear combination of the three dependent variables was statistically significant, as well as individual F tests to determine which of the independent variables had significant effects on each of the three dependent variables (Field, 2009). The advantage of using a MANOVA model was that it analyzed the effects of the independent variables on the dependent variables simultaneously; consequently,

there was a better chance of discovering which of the relationships were important (in terms of their statistical significance and effect size) as well as revealing significant relationships that could not be found by conducting a series of separate univariate tests (Grice & Iwaskai, 2007; Huberty & Olejnik, 2006). For the purpose of the current study in Kuwait, the same linear combination of three dependent variables was analyzed using MANOVA; however, because the cultural context in Kuwait was different, the independent variables were modified.

The first independent variable was the gender (male or female) of the respondent. The second independent variable could not be the same as that used by Aegisdottir & Gerstein (2009; 2012), because most Kuwaiti students were expected to have little or no prior experience of professional help services (Al-Rowaie, 2001). Consequently, the second independent variable was the dichotomous answer (Yes or No) to the question *“Have you ever thought about seeking professional help for private and personal problems?”* The third independent variable was the dichotomous (Yes or No) answer to the question *“If you needed help to solve your private and personal problems, would you prefer to seek help from your family and friends (rather than seek professional help from psychologists and/or social workers)?”* This variable considered the fact that seeking help from family and friends is known to be an important decision-making factor in Arab-Islamic societies (Lipson & Meleis, 1983; Al-Rowaie,

2001). The inclusion of the second and third independent variables made the current study different from other studies conducted in Europe and the USA based on the use of the BAPS Scale.

A more complex alternative to the third independent variable was considered, in the form of the responses to the following ranking question *“If you need help for a private and personal problem, from whom would you seek help first? (Please rank the top FIVE): a close friend; other relatives; a religious leader; a psychologist/social worker; professor/teacher; father; mother; spouse; a brother; sister.”* A review of the literature, however, has revealed that questions that ask respondents to rank a list of more than three objects in order of preference may cause considerable confusion, and the answers may be invalid and unreliable (Kaplan & Saccuzzo, 2010).

To avoid threats to validity and reliability, a ranking question was not included in the questionnaire. The reasons included (a) when objects are difficult to rank because they do not represent a simple ordered choice along a single dimension, then the answers are often refused, resulting in missing values, or guessed, resulting in inaccurate responses; (b) refusal to answer a difficult ranking question may be due to the respondent feeling that there is too much effort involved, or that the information requested is too sensitive, specifically if it refers to people or objects that cannot easily

be differentiated because the respondent feels emotionally attached to all of them (Malhotra, 2006). Furthermore, test-retest reliability is threatened when respondents complete a sensitive ranking question on two or more different occasions because the ranks change significantly between one occasion and the other (Tourangeau & Yan, 2007). In the current study, however, the respondents will only complete the questionnaire once, and therefore test-retest reliability is not an issue.

The conceptual basis of the study is outlined by the flow diagram in Figure 1, which defines the relationships between the three independent variables measured at the categorical level (on the left-hand side) and the three dependent variables measured at the scale/interval level (on the right-hand side).

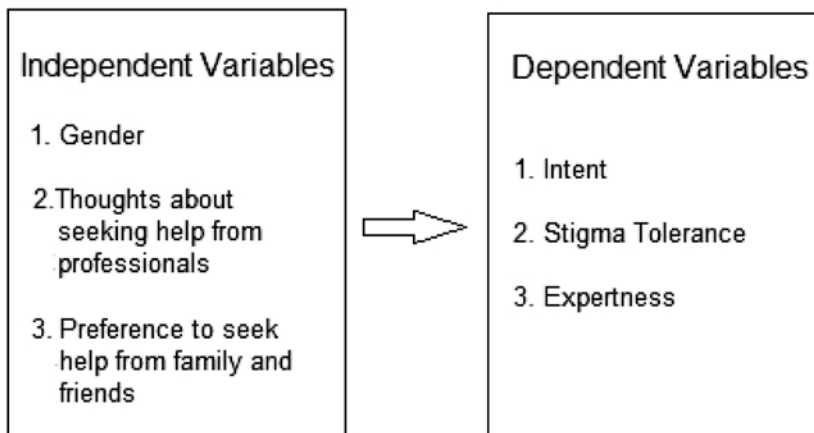


Figure 1: Conceptual framework for the Study

Methodology

Research Design and Data Collection Procedures:

The research design was a cross-sectional survey, using an ex-post-facto design. This design is defined as “research to explore the causes for, or consequences of, existing differences among groups of individuals” (Fraenkel & Wallen, 2010, p. G.1). Ex post-facto is Latin for “after the fact” (Fraenkel & Wallen, 2010) implying that the groups of individuals who participate in the survey, and their attitudes towards seeking professional help from psychologists and social workers are historical facts that already exist, and so they cannot be experimentally manipulated by the researchers. The data collection procedure involved the administration of a modified version of the BAPS Scale (Aegisdottir & Gerstein, 2012).

Ethical Considerations:

A cover letter was provided along with the questionnaire to inform the participants about the nature and purpose of the study. The students were informed that: (a) participation was voluntary; (b) they were free to accept or reject the request for participation, and (c) the information they provided was anonymous and confidential. The letter included a space for each student to provide his or her informed consent. The cover letters were returned to the researchers along with the completed questionnaires.

Sampling Design, and Description of Sample:

The setting for the study was Kuwait University, located in Kuwait City. The University is a Kuwaiti government institution affiliated with the Ministry of Education, operating under the supervision of the University Council headed by the Minister of Higher Education and Minister Education. Established in 1966, it was the first public research university in the State of Kuwait (Kuwait University, n.d.). According to the University website, the current student population is 36,411, and there are about 2,089 Academic Faculty Staff Members. The majority of the students are Kuwaiti citizens and they do not live on campus. Most of the students live at home with their families, within 30-45 minutes traveling time from the University. There are just a couple of student housing facilities on campus for international students (Kuwait University, n.d.).

The target population for the study consisted of all students currently enrolled in introductory classes at the College of Social Sciences at Kuwait University. The inclusion criterion covered all students enrolled in introductory classes, such as Introduction to Social Welfare and Social Work, Introduction to Sociology, Introduction to Political Science, Introduction to Psychology, Introduction to Geography, and Introduction to Libraries and Information System. These introductory classes are elective and open to all students. They accommodate diverse students enrolled in different

colleges, who, the researchers believe, represent a wide cross-section of the university student population.

Several sections of these introductory classes were available; however, the data were collected from chosen sections that were in schedules in conflict with other sections to ensure that students did not take the questionnaire again in another class, because these students could enroll in different introductory classes in one semester. Data collection was performed with cooperation from the researcher's colleagues. The data were collected from 10 mixed sections. Each of the introductory classes had approximately 60–80 students. The research assistants went to the chosen classes to distribute the questionnaire to students who agreed to participate in the study. The research assistants waited for the participants to complete the questionnaire, thanked them, and took the questionnaire. A total of $N = 600$ students volunteered to complete the questionnaire. A non-random sampling method was used to collect data for the current study.

To determine the minimum sample size, a power analysis was conducted using G*Power 3 software (Faul, Erdfelder, Lang, & Buchner, 2007) assuming that the researchers would analyze the BAPS Scale using MANOVA, which was the same statistical technique used by Aegisdottir and Gerstein (2012) to answer similar research questions, with a sample size of 207 respondents.

The total number of groups (i.e., the total number of mutually exclusive levels of participants in the sampling design matrix) was ascertained by multiplying all the levels together before conducting a power analysis (Lenth, 2007). In this study, the MANOVA model compared the three dependent variables across eight levels (groups) among the three independent variables defined in Figure 1 (i.e., two mutually exclusive genders; multiplied by two mutually exclusive responses to the question about what the respondents think about seeking professional help from social workers and psychologists (Yes or No); multiplied by two mutually exclusive responses to the question about preference to seek help from family and friends (Yes or No)).

Assuming the minimum effect size to indicate the practical significance of the results (i.e., 4% of the variance explained in the dependent variable) defined by Ferguson (2009); a conventional statistical significance level ($\alpha = .05$); a high level of power ($1 - \beta = 0.8$); eight groups of students, and three dependent variables (Intent, Stigma Tolerance, and Expertness), the absolute minimum sample size to conduct MANOVA was $N = 184$, implying a minimum of $184/8 = 23$ students in each group. Consequently, at least 184 students, plus about one-third more to consider missing or invalid (i.e., a total of about 245 or less than half of the target population) would be necessary to provide sufficient power to conduct

the statistical analysis of the BAPS Scale. In practice, a total of $N = 600$ students volunteered to complete the questionnaires, and so the statistical power to conduct MANOVA was easily achieved.

Description of Data Collection Procedures: and Instruments

The self-report data were collected by administering a modification of the BAPS Scale developed in English by Aegisdottir & Gerstein (2009). The instrument was translated into Arabic for the purposes of this study, because the first language of the target population was Arabic, and it would not be possible to collect the response data if the instrument was presented in English.

The instrument was distributed by the researchers' assistants in the first five minutes at the beginning of each class. Two versions of the BAPS Scale (A = Psychologist & B = Social worker) were distributed randomly among the students. Half of the students ($n = 300$, 50%) completed Version A, and the other half completed Version B. All the students ($N = 600$) were asked to complete the Demographic Questionnaire. The demographic questionnaire and the BAPS instrument were given to each student in a stapled packet including a cover letter. The researchers' assistants managed their scheduled time to ensure they were present in every section with the instructor of the class to distribute

the questionnaires and gather them from the students and place them in a large envelope.

The reason for choosing the BAPS Scale was twofold. First, based on surveys conducted in the USA and Europe (Aegisdottir & Gerstein, 2009) this instrument has well-established psychometric properties, including factorial validity, construct validity, convergent validity, divergent validity, test-retest reliability (Pearsons' $r = 0.75$ to 0.88), and internal consistency reliability (Cronbach's $\alpha = 0.70$ to 0.86). Second, it was possible to modify the BAPS Scale relatively easily for the purpose of this study.

The original instrument developed by Aegisdottir & Gerstein (2009) consists of 18 items, each with a 5-point response format, ranging from 1, Strongly Disagree, to 5, Strongly Agree. The 18 items encompass three subscales: Intent (6 items), Stigma Tolerance (8 items), and Expertness (4 items) as outlined in Table 1. Seven items (5, 8, 10, 11, 13, 15, and 17) in the Stigma Tolerance subscale were reverse scored.

Table 1
Modified BAPS Scale

Subscale	Item (Abbreviated)
Intent (6 Items)	1. Recommend a friend to see an XXX 2. Confide in an XXX 3. Seeing an XXX is helpful 4. At some time, I might see an XXX 6. Would see an XXX if having problems 12. I would see an XXX if worried
Stigma Tolerance (8 Items)	5. Feel uneasy going to an XXX 8. Weakness going to an XXX 10. Having received help stigmatizes 11. Problems that should not be discussed with an XXX 13. XXX make people feel unable to handle problems 15. Talking to an XXX is a poor solution 17. Difficult to talk to XXX 18. I would get help no matter who knew about it
Expertness (4 Items)	7. Because of their training, XXX can help to find solutions 9. XXX do not blame you for mistakes 14. Everything you say is confidential 16. Valuable advice because of knowledge about human behavior

Note: XXX = Psychologist (Version A) or Social Worker (Version B)

The three sub-scales (Intent, Stigma Tolerance, and Expertness), which were the dependent variables in the statistical analysis, were operationalized by averaging (i.e., by adding the item scores for each subscale, and then dividing by

the number of items). Higher scores for each subscale reflected the respondent's greater intent to seek help from psychologists or social workers, associated with greater beliefs in their expertness, linked to a higher personal tolerance of stigma (meaning that they did not feel so much shame when seeking expert professional help). Consequently, the three sub-scales should be positively correlated with each other.

The demographic questionnaire containing 10 items was administered at the same time as the BAPS scale. Three items collected the categorical independent variables used in MANOVA, specifically (a) Gender (male or female); (b) thoughts about seeking help from professional services (Yes or No); and preference to seek help from family and friends (Yes or No). Other demographic data were collected including the students' age, college, year of study, residence location, and nationality (Kuwaiti or Non-Kuwaiti); and parents' education and employment). The socio-economic status (e.g., income) was not requested, because this is a sensitive issue, which often results in missing or biased answers in self-report questionnaires. Socio-economic status is usually inflated when low and deflated when high (Tourangeau & Yan, 2007).

The researchers found no theoretical or empirical evidence in the literature to suggest that age, location, or parental employment were independent variables that significantly influenced attitudes towards seeking professional help from

psychologists or social workers. Consequently, there was no justification for including these demographic variables in the MANOVA model. Furthermore, adding demographic variables to the MANOVA model would increase the number of groups, and hence the sample size would have to be increased to provide a sufficiently high level of power to avoid compromised statistical inferences.

The reason for collecting data on the age, college, year of study, residence location, and parents' educational level and employment was not to determine if they had a significant effect on the dependent variables, but to (a) provide descriptive information on the backgrounds of the participants; and (b) test for statistical associations between the frequencies of the dichotomous (Yes or No) answers to the question *Have you ever thought about seeking professional help for private and personal problems?* and the frequencies of respondents within each of the demographic categories related to education (e.g., college, year of study, and parent's educational level). The justification for conducting such tests was that seeking professional help may be linked to educational level (Fischer & Shaw, 1999; Hartong, 2011).

Data Analysis:

All of the questionnaire item scores were manually transcribed into the data editor of Statistical Package for the Social Sciences (SPSS) version 22.0, with the variables in

the columns, and the participants in the rows. The data were screened to identify missing and erroneous values. Decisions were made as to how to replace the missing values using the checklist defined by Tabachnick and Fidell (2007).

The frequency distributions (counts and percentages) of the characteristics of participants collected in the demographic's questionnaire were computed and tabulated to describe the backgrounds of the students. The frequencies of respondents in each demographic category related to education (college, year of study, and parents' educational level) were cross-tabulated against the frequencies of the responses to the question: *Have you ever thought about seeking professional help for private and personal problems (Yes or No)*. Pearson's Chi-Square tests were conducted in SPSS as described by Field (2009) to determine if the frequencies in the rows and the columns of the cross-tabulation were systematically associated at the .05 level of significance.

The three dependent variables were summarized using descriptive statistics (minimum, maximum, mean, median, and standard deviation). Two MANOVA tests were conducted in SPSS to analyze the relationships between the three dependent and the three independent variables using the protocols described by Field (2009). The first test addressed the research questions using the data collected with version A of the BAPS Scale, referring to seeking help from psychologists. The second test addressed the research questions using the data collected

with version B of the BAPS Scale, referring to seeking help from social workers. The use of MANOVA required diagnostic tests to check the theoretical assumptions, including normality of the dependent variables (using Kolmogorov-Smirnov tests); the correlation between the dependent variables (using Pearson's correlation analysis); and homogeneity of the variance-covariance matrices (using Box's M tests).

Results

The results are presented systematically in the following sections (a) Data Screening; (b) Characteristics of Participants; (c) Participant's Thoughts about Consulting a Specialist; (d) Preference to Seek Help from Friends and Family; (e) Research Questions, specifically 1. What are the levels of Intent, Stigma Tolerance, and Expertness reported by the respondents? 2. What is the effect of the respondents' gender on Intent, Stigma Tolerance, and Expertness? 3. What do respondents think about seeking professional help from social workers and psychologists relative to Intent, Stigma Tolerance, and Expertness? and 4. What is the effect of family and friends on Intent, Stigma Tolerance, and Expertness? followed by (f) Summary.

Data Screening:

Before conducting the statistical analysis, the response data collated in the SPSS data editor were screened for missing or erroneous values. Out of a total of 18 x 600 maximum possible responses to the 18 items in the BAPS scale reported by the 600 students, a total of 49/10800, 0.45% of the item scores were found to be missing or entered as a zero (which was assumed to be erroneous, because the ordinal scores for each BAPS item range from 1 to 5). Because the three sub-scales of the BAPS required the computing of average item scores, the missing or erroneous values were replaced by the average scores for the corresponding items. This conservative method of replacement was assumed not to bias the sub-scales (Tabachnick & Fidell, 2007).

Characteristics of Participants:

A total of $N = 600$ students participated in the survey, of which $n = 300$, 50% (called Group A) completed Version A of the BAPS scale, where XXX in Table 1 referred to psychologists. The other 300 students (called Group B) completed Version B of the BAPS scale, where XXX in Table 1 referred to social workers. The results of the data analysis are therefore presented separately for Group A and Group B. The demographic characteristics of the participants are summarized in Table 2. In Group A, about two-thirds of the students ($n = 194$, 64.7%) were female. In Group B,

over half of the students ($n = 177$, 59.0%) were female. The nationality of the vast majority of the participants was Kuwaiti ($n = 283$, 94.3% in Group A and $n = 280$, 93.3% in Group B). The students ranged in age from 17 to 59 years old ($M = 20.79$, $SD = 3.18$). The most frequent age group, representing about half of the sample ($n = 137$, 45.7% in Group A, and $n = 146$, 48.7% in Group A) was age 20 to 23 years. Their residence locations (Kuwait districts) included Al-Asimah, Hawali, Al-Farwaniyah, Al-Ahmadi, Al-Jahra, and Mubarak Al-Kabeer. The father's job for about one-half of the participants ($n = 148$, 49.3% in Group A and $n = 131$, 43.7% in Group B) was in the Government sector, with lower proportions having father's jobs in the Private sector, Business, Retired, or Not Employed. The mothers of about one-third of the participants were unemployed ($n = 123$, 41.0% in Group A and $n = 100$, 33.3% in Group B). The most frequent mother's job was in the Government sector ($n = 100$, 33.3% in Group A and $n = 92$, 30.7% in Group B).

Table 2
Demographic Characteristics of Respondents

		Group A: Psychologists		Group B: Social Workers	
Characteristic	Category	<i>n</i>	percent	<i>n</i>	percent
Gender	Male	106	35.3%	123	41.0%
	Female	194	64.7%	177	59.0%
Nationality	Kuwaiti	283	94.3%	280	93.3%
	Non-Kuwaiti	17	5.7%	15	5.0%
Age (Years)	< 19	118	39.3%	124	41.3%
	20-23	137	45.7%	146	48.7%
	> 24	38	12.7%	30	10.0%
Residence Location (Kuwaiti District)	Al-Asimah	60	20.0%	60	20.0%
	Hawali	51	17.0%	53	17.7%
	Al-Farwaniyah	73	24.3%	58	19.3%
	Al-Ahmadi	42	14.0%	41	13.7%
	Al-Jahra	44	14.7%	64	21.3%
	Mubarak Al-Kabeer	27	9.0%	24	8.0%
Father's Job	Government Sector	148	49.3%	131	43.7%
	Private Sector	21	7.0%	28	9.3%
	Business	16	5.3%	12	4.0%
	Retired	109	36.3%	124	41.3%
	Not Employed	6	2.0%	4	1.3%
Mother's Job	Government Sector	100	33.3%	92	30.7%
	Private Sector	12	4.0%	14	4.7%
	Business	3	1.0%	5	1.7%
	Retired	62	20.7%	87	29.0%
	Not Employed	123	41.0%	100	33.3%

The educational characteristics of the participants are summarized in Table 3. The most frequent educational level of the students' parents, representing about one-third of the total, was a Bachelor's degree ($n = 99$, 33.0% in Group A and $n = 105$, 35.0% in Group B). The next most frequent educational level of the parents was below high school, representing about one-quarter of the total ($n = 76$, 25.3% in Group A and $n = 61$, 20.3% in Group B).

Table 3
Educational Characteristics of Respondents

		Group A: Psychologists		Group B: Social Workers	
Characteristic	Category	<i>n</i>	percent	<i>n</i>	percent
Father's Education	Below High School	76	25.3%	61	20.3%
	High School	68	22.7%	85	28.3%
	Diploma	29	9.7%	30	10%
	Bachelor	99	33.0%	95	31.7%
	Graduate	27	9.0%	29	9.7%
Mother's Education	Below High School	89	29.7%	76	25.3%
	High School	64	21.3%	76	25.3%
	Diploma	37	12.3%	35	11.7%
	Bachelor's Degree	98	32.7%	105	35.0%
	Postgraduate	11	3.7%	6	2.0%

		Group A: Psychologists		Group B: Social Workers	
Characteristic	Category	<i>n</i>	percent	<i>n</i>	percent
Faculty	Education	60	20.0%	49	16.3%
	Medicine	2	0.7%	5	1.7%
	Social Sciences	126	42.0%	115	38.3%
	Business Administration	60	20.0%	65	21.7%
	Engineering	50	16.7%	59	19.7%
	Law	0	0.0%	3	1.0%
	Sharia	1	0.3%	1	0.3%
College Year	First Year	63	21.0%	62	20.7%
	Second Year	110	36.7%	116	38.7%
	Third Year	68	22.7%	67	22.3%
	Fourth Year	43	14.3%	35	11.7%
	Fifth Year & above	16	5.3%	20	6.7%

The students were enrolled in the Faculties of Education, Medicine, Social Sciences, Business Administration, Engineering, Law, and Sharia. The highest proportions of students ($n = 126$, 42.0% in Group A and $n = 115$, 38.3% in Group B) were in the Social Sciences Faculty. The college years of the students ranged from first to fifth year and above. Over one-third of the students were in their second year ($n = 110$, 36.7% in Group A and $n = 116$, 38.7% in Group B). About one fifth were in their first year ($n = 63$, 21.0% in Group A and $n = 62$, 20.7% in Group B).

Participant's Thoughts about Consulting a Specialist

Table 4 presents the 2 x 2 cross-tabulation (thoughts to consult a specialist x two groups of specialists, denoted A and B) of the frequencies of the dichotomous (Yes or No) responses to the question: Have you ever thought about seeking professional help for your private and personal problems?

Table 4
Cross-tabulation of Thoughts about Consulting a Specialist vs. Group

Group	Thoughts to consult a specialist		Pearson's χ^2 (1)	<i>p</i>
	Yes	No		
A: Psychologists	64 10.7%	236 39.3%	.155	.693
B: Social Workers	68 11.3%	232 38.7%		

The majority of the participants ($n = 468$, 78.0%) replied No, of which $n = 236$, 39.3% were in Group A and $n = 232$, 38.7% were in Group B. Pearson's χ^2 test indicated that there was no significant association at the .05 level between thoughts to consult a specialist and the two groups, (i.e., the likelihood of thinking about consulting a specialist was the same in Group A and B).

Table 5 presents the 2 x 2 cross-tabulations (thoughts to consult a specialist x gender, stratified by the two groups of specialists) of the frequencies of the dichotomous (Yes or No) responses to the question: Have you ever thought about seeking professional help for your private and personal problems?

Table 5
Cross-tabulation of Thoughts about Consulting a Specialist vs. Gender

Group	Gender	Thoughts to consult a specialist		Pearson's χ^2 (1)	<i>p</i>
		Yes	No		
A: Psychologists	Male	19 6.3%	87 29.0%	1.135	.287
	Female	45 15.0%	149 49.7%		
B: Social Workers	Male	21 7.0%	102 34.0%	3.721	.054
	Female	47 15.7%	130 43.3%		

In Group A, the proportions of male and female students who replied Yes were $n = 19$, 6.3% and $n = 45$, 15.0% respectively. The proportions in Group B were similar to Group A ($n = 21.0$, 7.0% and $n = 47$, 15.7% respectively). Pearson's χ^2 tests indicated that there was no significant association at the .05

level between thoughts to consult a specialist and gender (i.e., the likelihood of thinking about consulting a specialist was the same in males and females).

Table 6 presents the 2 x 3 cross-tabulations (thoughts to consult a specialist x age, stratified by two groups of specialists) of the frequencies of the dichotomous responses to the question: Have you ever thought about seeking professional help for your private and personal problems? (Yes or No).

Table 6
Cross-tabulation of Thoughts about Consulting a Specialist vs. Age

Group	Gender	Thoughts to consult a specialist		Pearson's χ^2 (2)	p
		Yes	No		
A: Psychologists	< 19	15	103	10.746	.005*
		5.1%	35.2%		
	20-23	36	101		
		12.3%	34.5%		
	> 24	13	25		
		4.4%	8.5%		
B: Social Workers	< 19	32	92	1.985	.371
		10.7%	30.7%		
	20-23	28	118		
		9.3%	39.3%		
	> 24	8	22		
		2.7%	7.3%		

Note: * Significant ($p < .05$)

In Group A, the proportions of students who replied Yes were $n = 15$, 5.1% at age < 19 , $n = 36$, 12.3% at age 20-23, and $n = 13$, 4.4% at age > 24 . Pearson's χ^2 test indicated that there was a significant association at the .05 level between thoughts to consult a specialist and age in Group A. The observed frequencies (O) deviated from the frequencies expected by chance (E). In Group A, at age < 19 years, $O = 15$ was less than $E = 25.8$; at age 20-23; $O = 36$ was greater than $E = 29.9$; and at age > 24 , $O = 13$ was greater than $E = 8.3$. Consequently, the likelihood of thinking about consulting a psychologist was not the same between the three age groups. Participants in the younger age groups (18-23 years) were less likely to consult a psychologist than the older age group (> 24 years).

In Group B, the proportions of students who replied Yes were $n = 32$, 10.7% at age < 19 , $n = 28$, 9.3% at age 20-23, and $n = 8$, 2.7% at age > 24 . Pearson's χ^2 test indicated that there was no significant association at the .05 level between thoughts to consult a social worker and age (i.e., the likelihood of thinking about consulting a social worker was the same in the three age groups).

Table 7 presents the 2 x 2 cross-tabulations (thoughts to consult a specialist x two nationalities, stratified by the two groups of specialists) of the frequencies of the responses to the question: Have you ever thought about seeking professional help for your private and personal problems?

(Yes or No). In Group A, the proportions of Kuwaiti and Non-Kuwaiti students who replied Yes were $n = 63$, 21.0%, and $n = 1$, 0.3% respectively. The proportions in Group B were similar to Group A ($n = 65$, 22.0% and $n = 2$, 0.7% respectively). Pearson's χ^2 tests indicated that there was no significant association at the .05 level between thoughts to consult a specialist and nationality (i.e., the likelihood of thinking about consulting a specialist was the same in Kuwaiti and Non-Kuwait students).

Table 7

Cross-tabulation of Thoughts about Consulting a Specialist vs. Nationality

Group	Nationality	Thoughts to consult a specialist		Pearson's χ^2 (1)	p
		Yes	No		
A: Psychologists	Kuwaiti	63 21.1%	220 73.3%	2.564	.109
	Non-Kuwaiti	1 0.3%	16 5.3%		
B: Social Workers	Kuwaiti	65 22.0%	215 72.9%	0.792	.374
	Non-Kuwaiti	2 0.7%	13 4.4%		

Preference to Seek Help from Friends and Family:

Table 8 presents the 2 x 2 cross-tabulation of the frequencies of the dichotomous (Yes or No) responses to the question: If you needed help to solve your private and personal problems, would you prefer to seek help from your family and friends (rather than seek professional help from psychologists and/or social workers) vs. Group A and B. The majority of the participants ($n = 501$, 83.5%) replied Yes, of which $n = 255$, 42.5% were in Group A and $n = 246$, 41.0 % were in Group B. The remainder ($n = 99$, 16.5%) replied No, of which $n = 45$, 7.5% were in Group A and $n = 54$, 9.0% were in Group B. Pearson's χ^2 test indicated that there was no significant association at the .05 level between preference to seek help from family and friends and the two groups, (i.e., the likelihood of seeking help from family and friends was the same in Group A and B).

Table 8
Cross-tabulation of Preference to Seek Help from
Friends and Family vs. Group

Group	Preference to seek help from friends and family		Pearson's χ^2 (1)	p
	Yes	No		
A: Psychologists	255 42.5%	45 7.5%	0.980	.322
B: Social Workers	246 41.0%	54 9.0%		

Table 9 presents the 2 x 2 cross-tabulation of the frequencies of the responses to the question: Would you prefer to seek help from your family and friends? (Yes or No) vs. Gender partitioned by Group A and Group B.

Table 9
Cross-tabulation of Preference to Seek Help from
Friends and Family vs. Gender

Group	Gender	Preference to seek help from friends and family		Pearson's χ^2 (1)	<i>p</i>
		Yes	No		
A: Psychologists	Male	85	21	2.976	.085
		28.3%	7.0%		
	Female	170	24		
		56.7%	8.0%		
B: Social Workers	Male	102	21	0.121	.728
		34.0%	7.0%		
	Female	144	33		
		48.0%	11.0%		

In Group A, the proportions of male and female students who replied Yes were $n = 85$, 28.3%, and $n = 170$, 56.7% respectively. The proportions in Group B were similar to Group A ($n = 102$, 34.0% and $n = 144$, 48.0% respectively). Pearson's χ^2 tests indicated that there was no significant association at the .05 level between preferences to seek help from friends and family and gender (i.e., the likelihood of seeking help from friends and family was the same in males and females).

Table 10 presents the 2 x 3 cross-tabulations of the frequencies of the dichotomous responses to the question: Would you prefer to seek help from your family and friends? vs. the three age groups partitioned by Group A and Group B.

Table 10
Cross-tabulation of Preference to Seek Help from
Friends and Family vs. Age

Group	Age (Years)	Preference to seek help from friends and family		Pearson's χ^2 (2)	<i>p</i>
		Yes	No		
A: Psychologists	< 19	106	12	3.875	144
		36.2%	4.1%		
	20-23	111	26		
		37.9%	8.9%		
	> 24	32	6		
		10.9%	2.0%		
B: Social Workers	< 19	101	23	1.463	481
		33.7%	7.7%		
	20-23	118	28		
		39.3%	9.3%		
	> 24	27	3		
		9.0%	1.0%		

In Group A, the proportions of students who replied Yes were $n = 106$, 36.2% at age < 19, $n = 111$, 37.9% at age 20-23, and $n = 32$, 10.9% at age > 24. In Group B, the proportions of students who replied Yes were similar to Group A with $n = 101$, 33.7% at age < 19, $n = 118$, 39.3% at age 20-23, and $n = 27$, 9.0% at age > 24. Pearson's χ^2

tests indicated that there was no significant association at the .05 level between preferences to seek help from friends and family and age (i.e., the likelihood of seeking help from friends and family was the same in the three age groups).

Table 11 presents the 2x2 cross-tabulation of the frequencies of the responses to the question: Would you prefer to seek help from your family and friends? vs. Nationality partitioned by Group A and Group B.

Table 11
Cross-tabulation of Preference to Seek Help from
Friends and Family vs. Nationality

Group	Nationality	Preference to seek help from friends and family		Pearson's χ^2 (1)	<i>p</i>
		Yes	No		
A: Psychologists	Kuwaiti	244 81.3%	39 13.0%	5.821	.016*
	Non-Kuwaiti	11 3.7%	6 2.0%		
B: Social Workers	Kuwaiti	228 77.3%	52 17.6%	0.261	.609
	Non-Kuwaiti	13 4.4%	2 0.7%		

In Group A, the proportions of Kuwaiti and Non-Kuwaiti students who replied Yes were $n = 244$, 81.3%, and $n = 11$, 3.7%

respectively. The proportions in Group B were similar to Group A ($n = 228$, 77.3% and $n = 13$, 4.4% respectively). Pearson's χ^2 tests indicated that there was a significant association at the .05 level between preferences to seek help from friends and family and nationality ($\chi^2 (1) = 5.821$, $p = .016$) in Group A. Kuwaiti students were more likely to seek help from friends and family than non-Kuwaiti students. There was, however, no significant association at the .05 level between preferences to seek help from friends and family and nationality ($\chi^2 (1) = 0.261$, $p = .609$) in Group B.

Research Questions:

The following sub-sections present the evidence to address research questions 1. What are the levels of Intent, Stigma Tolerance, and Expertness reported by the respondents? 2. What is the effect of the respondents' gender on Intent, Stigma Tolerance, and Expertness? 3. What do respondents think about seeking professional help from social workers and psychologists relative to Intent, Stigma Tolerance, and Expertness? and 4. What is the effect of family and friends on Intent, Stigma Tolerance, and Expertness?

Levels of Intent, Stigma Tolerance, and Expertness:

Figure 2 illustrates the frequency distribution histograms for the three dependent variables (Expertness, Intent, and Stigma Tolerance). The histograms approximated bell-shaped curves reflecting normality. The lack of skewness

in the frequency distributions indicated that most of the participants did not strongly disagree or strongly agree with the items, but tended towards scores of 3 or 4, indicating moderate levels of agreement. Table 12 presents the descriptive statistics, the Kolmogorov-Smirnov (K-S) tests for normality, and the reliability analysis for the three dependent variables (Expertness, Intent, and Stigma Tolerance). The internal consistency reliabilities ranged from adequate (Cronbach's $\alpha = .6$) to good (Cronbach's $\alpha > .8$) implying that it was justified to composite the groups of specified item scores listed in Table 1 by averaging in order to operationalize Expertness (4 items), Intent (6 items), and Stigma Tolerance (8 items). The Kolmogorov-Smirnov (K-S) statistics were not significant at the .01 level, indicating that Expertness, Intent, and Stigma Tolerance did not deviate significantly strongly from normality, justifying the use of parametric statistics which assumed normality.

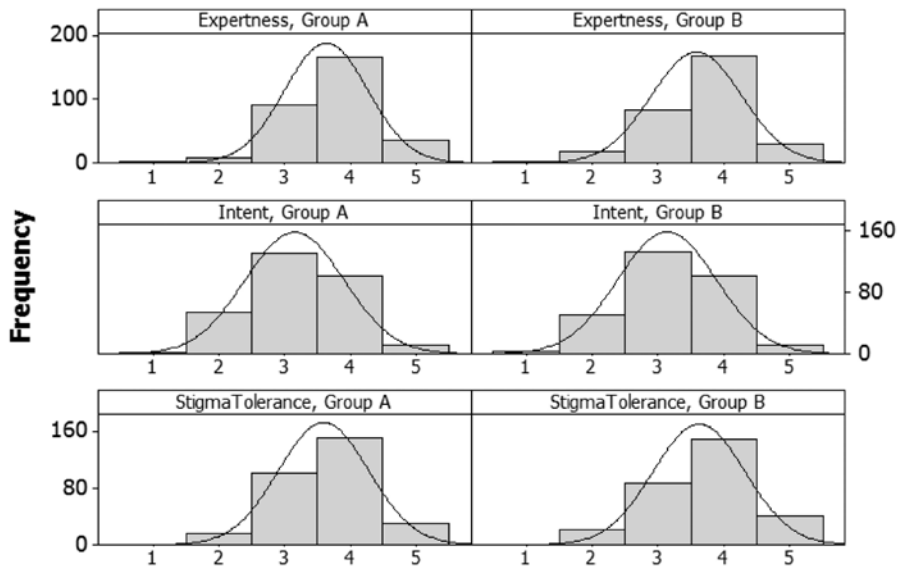


Figure 2. Frequency distribution histograms of Expertness, Intent, and Stigma Tolerance

Table 12
Descriptive Statistics, Tests for Normality, and
Reliability Analysis ($N = 300$)

Group	Variable	M	SD	K-S statistic	p	Cronbach's alpha
A: Psychologists	Expertness	3.64	0.64	1.629	.010	.590
	Intent	3.16	0.75	1.327	.059	.822
	Stigma Tolerance	3.60	0.69	1.069	.203	.807
B: Social Workers	Expertness	3.58	0.69	1.468	.061	.625
	Intent	3.14	0.75	1.607	.011	.807
	Stigma Tolerance	3.62	0.69	1.164	.133	.797

The answer to the question: What are the levels of Intent, Stigma Tolerance, and Expertness reported by the respondents? was reflected by the mean scores for Expertness, Intent, and Stigma Tolerance, computed from the responses of $N = 300$ participants. The mean scores for Group A ($M = 3.64, 3.16$, and 3.60 respectively) and Group B ($M = 3.58, 3.14$, and 3.62 respectively) reflected a tendency for most of the participants to endorse the middle sections of the 5-point scales (between 3 and 4). The lack of skewness in the frequency distributions indicated most of the participants did not strongly disagree or strongly agree with the items, but tended towards a moderate level of agreement. The standard deviations ($SD = 0.64$ to 0.75) indicated that the variance was relatively consistent across the three variables.

Table 13 presents the results of correlation analysis to identify the strengths of the linear relationships between the three dependent variables in Groups A and B. The three variables were significantly correlated with each other (Pearson's $r = .440$ to $.617$, $p < .01$).

Table 13
Correlations (Pearson's r) between Expertness, Intent, and Stigma Tolerance

Group		Expertness	Intent
A: Psychologists	Intent	.551**	
	Stigma Tolerance	.617**	.440**
B: Social Workers	Intent	.540**	
	Stigma Tolerance	.569**	.472**

Note: ** Significant ($p < .01$)

The correlations between the three variables indicated that respondent's who had a high intent to seek help from psychologists or social workers also had greater beliefs in their expertness, as well as a higher tolerance of stigma (meaning that they did not feel so much shame when seeking expert professional help). Conversely, respondents who had little intent to seek help from psychologists or social workers had lower beliefs in their expertness, as well as a lower tolerance of stigma.

Effects of Gender, Thoughts to Consult a Specialist, and Preference to Seek Help from Friends and Family:

The significant positive correlation between the three dependent variables identified in Table 13 justified the use of MANOVA to determine the effects of gender, thoughts to consult a specialist, and preference to seek help from friends and family on a linear combination of Intent, Stigma Tolerance, and Expertness. Further justification for the use of MANOVA was provided by the results of Levene's tests for homogeneity of variance. Table 14 indicates that the variances in the dependent variables were equal across gender (male and female), thoughts to consult a specialist (Yes or No), and preference to seek help from friends and family (Yes or No) because all the F statistics were not significant ($p > .05$).

Table 14**Levene's Test for Homogeneity of Variance**

Group	Variable	F	df1	df2	<i>p</i>
Psychologists	Expertness	0.817	7	292	.574
	Intent	1.134	7	292	.342
	Stigma Tolerance	0.676	7	292	.692
Social Workers	Expertness	0.840	7	292	.555
	Intent	2.334	7	292	.055
	Stigma Tolerance	0.334	7	292	.938

Box's M tests were also not significant at the .05 level, meaning that the data also did not violate the assumption that the covariance matrices must be equal across the groups.

The results of multivariate analysis of variance are presented in Table 15. In Group A, Gender had a relatively small but statistically significant effect on a linear combination of the three dependent variables at the .05 level (Hotelling's Trace (3, 294) = .099, $p < .001$, $\eta^2 = 9.0\%$). Thoughts to Consult a Specialist had a slightly greater statistically significant effect (Hotelling's Trace (3, 294) = .131, $p < .001$, $\eta^2 = 11.6\%$). Preference to Seek Help from Friends and Family had no significant effect at the .05 level ($p = .214$).

Table 15
Multivariate Effects of Gender, Thoughts to Consult a Specialist, and Preference to Seek help from Friends and Family

Group	Effect	Hotelling's Trace	df1	df2	<i>p</i>	η^2
A: Psychologists	Gender	.099	3	294	< .001*	.090
	Thoughts to Consult a Specialist	.131	3	294	< .001*	.116
	Preference to Seek Help from Friends and Family	.015	3	294	.214	.015
B: Social Workers	Gender	.013	3	294	.279	.013
	Thoughts to Consult a Specialist	.054	3	294	.002*	.051
	Preference to Seek Help from Friends and Family	.007	3	294	.533	.007

In Group B, Gender and Preference to Seek Help from Family and Friends had no significant effect on a linear combination of the three dependent variables at the .05 level ($p = .279$ and $.533$ respectively). Thoughts to Consult a Specialist also had a slightly statistically significant but small effect (Hotelling's Trace (3, 294) = .054, $p = .002$, $\eta^2 = 5.1\%$).

The descriptive statistics reflecting the effects of gender on the three dependent variables are presented in Table 16.

Table 16
Descriptive Statistics for Effects of Gender

Group	Dependent Variable	Male			Female		
		<i>M</i>	<i>n</i>	<i>SD</i>	<i>M</i>	<i>n</i>	<i>SD</i>
A. Psychologists	Expertness	3.60	106	0.61	3.66	194	0.65
	Intent	3.24	106	0.73	3.11	194	0.77
	Stigma Tolerance	3.41	106	0.68	3.70	194	0.67
B. Social Workers	Expertness	3.53	123	0.69	3.62	177	0.69
	Intent	3.16	123	0.78	3.12	177	0.73
	Stigma Tolerance	3.60	123	0.69	3.64	177	0.70

The explanation for MANOVA indicating a statistically significant ($p < .05$) effect of gender in Group A (Psychologists) is that the mean scores for Expertness, Intent, and Stigma Tolerance respectively among the male participants were different from the corresponding mean scores for the female participants. Male participants expressed a lower belief in the expertness of psychologists ($M = 3.60$) than females ($M = 3.66$). Males reported more intent to seek help from psychologists ($M = 3.24$) than the females ($M = 3.11$). The males had a lower stigma tolerance ($M = 3.41$) than the females ($M = 3.70$) meaning that the males felt more shame than females when seeking help from psychologists. In comparison, the mean scores for expertness, intent, and

stigma tolerance did not vary significantly with respect to gender in Group B (Social Workers).

The descriptive statistics reflecting the effects of Thought to Consult a Specialist on the three dependent variables are presented in Table 17.

Table 17
Descriptive Statistics for Effects of Thoughts to
Consult a Specialist

Group	Dependent Variable	Yes			NO		
		<i>M</i>	<i>n</i>	<i>SD</i>	<i>M</i>	<i>n</i>	<i>SD</i>
A. Psychologists	Expertness	3.89	64	0.60	3.57	236	0.63
	Intent	3.65	64	0.66	3.02	236	0.72
	Stigma Tolerance	3.76	64	0.69	3.56	236	0.68
B. Social Workers	Expertness	3.75	68	0.73	3.53	232	0.66
	Intent	3.47	68	0.69	3.04	232	0.74
	Stigma Tolerance	3.79	68	0.72	3.57	232	0.68

The explanation for the statistically significant effect of Thoughts to Consult a Specialist in Group A was that the mean scores for Expertness, Intent, and Stigma Tolerance among those who had thought to consult a psychologist ($M = 3.89, 3.65, \text{ and } 3.76$ respectively) were consistently higher than the mean scores for the participants who had

not thought to consult a psychologist ($M = 3.57, 3.02,$ and 3.56 respectively). The students in Group A who had thought to consult a psychologist had a greater belief in the expertness of psychologists, had a greater intent to consult a psychologist, and had higher stigma tolerance, compared to the students who had not thought to consult a psychologist.

Similarly, the explanation for the statistically significant effect of Thoughts to Consult a Specialist in Group B (Social Workers) was that the mean scores for Expertness, Intent, and Stigma Tolerance among those who had thought to consult a social worker ($M = 3.75, 3.47$ and 3.79 respectively) were consistently higher than the mean scores for the students who had not thought to consult a social worker ($M = 3.53, 3.04,$ and 3.57 respectively). The students in Group B who had thought to consult a social worker had a greater belief in the expertness of social workers, had a greater intent to consult a social worker, and had higher stigma tolerance, compared to the students who had not thought to consult a social worker. The descriptive statistics reflecting the effects of Preference to Seek Help from Friends and Family on the three dependent variables are presented in Table 18.

Table 18
Descriptive Statistics for Effects of Preference to Seek
Help from Friends and Family

Group	Dependent Variable	Yes			NO		
		<i>M</i>	<i>n</i>	<i>SD</i>	<i>M</i>	<i>n</i>	<i>SD</i>
A. Psychologists	Expertness	3.63	255	0.62	3.70	45	0.74
	Intent	3.11	255	0.72	3.41	45	0.90
	Stigma Tolerance	3.57	255	0.67	3.74	45	0.77
B. Social Workers	Expertness	3.57	246	0.65	3.64	54	0.84
	Intent	3.09	246	0.70	3.33	54	0.92
	Stigma Tolerance	3.61	246	0.68	3.66	54	0.77

The explanation for no statistically significant ($p > .05$) effects of Preference to Seek Help from Friends and Family were that the mean scores for Expertness, Intent, and Stigma Tolerance did not vary between students who preferred to seek help (i.e., Yes) and those who did not prefer to seek help (i.e., No) in both Group A and B. The statistical evidence implied that belief in the expertness of psychologists and social workers, the intent to seek help from psychologists and social workers, and stigma tolerance were not related to preferences to seek help from friends and family.

Discussion

The purpose of this quantitative study was to conduct a cross-sectional survey to (a) explore the participants' thoughts about consulting a specialist (psychologist or social worker) and their preferences regarding seeking the help of friends and family and (b) identify the factors that may be related to belief in the expertness of specialists, intent to seek the help of specialists, and stigma tolerance. A total of $N = 600$ students participated in the survey. Half of them ($n = 300$, 50%) completed Version A of the BAPS scale, in which psychologists were identified as the specialists, and the other half ($n = 300$, 50%) completed Version B of the BAPS scale, in which social workers were identified as the specialists. The results of the data analysis were therefore presented separately for group A and group B.

The first seven research questions concerned the association between the participants' thoughts about seeking professional help for their private and personal problems and demographic variables such as gender, age, and nationality. The findings revealed that the students in Kuwait University who participated in this study had similar thoughts regarding consulting a specialist (either a psychologist or a social worker). In addition, there was no difference between female and male students where thoughts about seeking professional help in both groups A and B were concerned. This was also true for Kuwaiti and non-Kuwaiti students.

Furthermore, there was no association between the participants' thoughts regarding seeking professional help in group B (social workers) and age. However, there was an association between the participants' thoughts regarding seeking professional help in group A (psychologists) and age. The likelihood of thinking about consulting a psychologist varied with age group. Students in the younger age group (18–23 years) were less likely to consult a psychologist than those in the older age group (> 24 years).

The remaining research questions concerned the association between the participants' preference for seeking the help of friends/family (rather than seeking professional help of psychologists and/or social workers) and demographic variables such as gender, age, and nationality. The results showed no significant association between preference for seeking the help of friends/family and gender and age in both groups A and B. Moreover, there was a significant association between students' preference for seeking the help of friends/family and nationality in group A but not in group B. Consequently, Kuwaiti students were more likely than non-Kuwaiti students to seek the help of friends and family.

Three dependent variables (intent, stigma tolerance, and expertness) were operationalized by averaging specified groups of item scores on the BAPS scale. The variables were reliably measured (Cronbach's $\alpha > .6$).

The research question “What levels of intent, stigma tolerance, and expertness did the respondents report?” was addressed. The mean scores reflected a tendency for most of the participants to endorse the middle sections of the five-point scales (between 3 and 4) where 1= *Strongly Disagree* and 5 = *Strongly Agree*. This result reveals that the participants in the study had neutral opinions about expertness, intent, and stigma tolerance in both groups (A and B). This means that most of the participants did not strongly disagree or strongly agree with the items.

As mentioned in the literature review section, gender is an important factor that influences the attitudes of individuals toward seeking help. The research question “What is the effect of the respondents’ gender on intent, stigma tolerance, and expertness?” was addressed. In group A (psychologists), the male participants expressed significantly lower belief in the expertness of psychologists than the female participants. The males also reported greater intent to seek help from psychologists than the females. Moreover, the males had lower stigma tolerance than the females. This meant that the male participants felt more shame than the female participants when seeking the help of psychologists. The results of the current study are similar to those of studies in Western cultural contexts. Komiya et al. (2000) and Olenick (2012) found that females perceived less stigma than males in the use of mental health services. Their results could have been related to gender role expectations. Males were

expected to be emotionally restricted and rational, and these qualities could have prevented help-seeking behavior on their part (Good & Wood, 1995). In comparison, the mean scores for expertness, intent, and stigma tolerance did not vary significantly with gender in group B (social workers). This means that there were no differences between male and female students in Kuwait University, where the attitude toward seeking social workers' help was concerned.

To our knowledge, this was the first and only study that focused on the relationship between people's thoughts and intent, stigma tolerance, and expertness. The research question "What do respondents think about seeking the professional help of social workers and psychologists with respect to intent, stigma tolerance, and expertness?" was addressed. The students in groups A and B who had thought about consulting psychologists or social workers had significantly greater belief in their expertness, had greater intent to consult specialists, and had higher stigma tolerance than the students who had not thought about consulting specialists. This means that the students who had time to think about seeking the professional help of psychologists or social workers had greater intentions to seek help, less stigma, and greater belief in their expertness than the other students. This shows the importance of thinking about engaging in behavior that could help improve attitudes toward seeking help.

The research question “What is the effect of family and friends on intent, stigma tolerance, and expertness?” was addressed. Belief in the expertness of specialists, intent to seek help from specialists, and stigma tolerance were not significantly related to preference for seeking the help of friends and family. This means that family and friends had no effect on intent, stigma tolerance, and expertness among the sample of students from Kuwait University. The results of the current study did not support those of Al-Rowaie’s (2001) study, which found that family and friends had a strong influence on the decisions of Kuwaiti students regarding seeking help. This could indicate that, due to the cultural changes that many societies are undergoing (for instance, the impact of social media on connections), families and friends no longer constitute a factor that could influence students’ decisions.

Implications for Social Work

The results of the present study could help to identify several factors that might influence the attitudes of students towards seeking the help of social workers in Kuwait. These factors could then be interpreted and manipulated to design strategies to improve counseling (Wilson et al., 2005). In addition, social workers have to consider factors such as family, friends, age, gender, and nationality, which could affect their client’s decision to seek professional help.

Social workers in Kuwait should pay attention to the factors of expertness, intent, and stigma, which could improve their clients' attitudes toward seeking professional help. Furthermore, social workers should be knowledgeable about the variables that could influence expertness, intent, and stigma tolerance.

Limitations, Future Research, and Recommendations of the Study

The first limitation is that the data were collected from one group of students in one educational setting in Kuwait at one time. Consequently, the findings of this study may not have external validity, meaning that they might not necessarily be generalizable to all students in all educational settings at all times (Fraenkel & Wallen, 2010).

The second limitation is that the sample of students used in this study comprised volunteers. They were not randomly selected from the target population. Because students who volunteer to participate in research may not be representative of the target population in terms of essential characteristics, the results may be limited by sampling bias (Fraenkel & Wallen, 2010).

The third limitation is that, even after understanding the assurance of confidentiality in the cover letter, some of the students may have provided biased answers or failed to answer some of the items honestly. There may have

been a high proportion of missing values. There was also a possibility of response bias, which refers to the peculiar cultural communication styles of many respondents, particularly in the Middle East. They tend to display consistently biased answer patterns in their responses to questionnaires concerning health and social issues (Baron-Epel, Kaplan, Weinstein, & Green, 2010; Minkov, 2009; Smith, 2004). Some respondents may consistently agree with all of the items (acquiescence response bias), or some respondents may consistently answer at the extreme end of each item scale (extremity response bias) irrespective of what they believe the “true” answer to be. Missing values and response bias may, therefore, have limited the validity and reliability of the results of this study.

Scholars in social work in Kuwait should conduct more research on improving the attitudes of clients toward professional help. Furthermore, this study should be replicated using a different sample population that represents different age groups or students in private universities, who could have different views about seeking professional help. In addition, a quantitative method should be used to explore the reasons behind the effects of family and friends on intent, stigma tolerance, and expertness.

There are some recommendations based on the results of the present study. Social workers could benefit from the results of the current study. The results could improve their

strategies when they are working with clients who have negative views about seeking help. Social workers could also benefit from the findings of the current study by paying close attention to their expertness (and trying to improve it), clients' intent to seek their help (and working on increasing it), and stigma tolerance (and trying to increase it). This would help minimize the obstacles that might prevent clients from seeking professional help from specialists (social workers and/or psychologists).

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عزيزي القارئ:

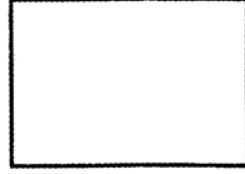
يسر أسرة تحرير حوليات الآداب والعلوم الاجتماعية أن ترحب بكم وتتقدم لكم بأطيب التحيات، شاكرين لكم سلفاً تعاونكم من أجل تطوير الحوليات؛ وذلك من خلال إجاباتكم عن هذه الأسئلة:

- ١ - العمر: سنة
- ٢ - الجنس: ☐ ذكر ☐ أنثى
- ٣ - بلد الإقامة: ☐ الكويت ☐ خارج الكويت (انكر)
- ٤ - التعليم: ☐ ثانوي ☐ جامعي ☐ ماجستير ☐ دكتوراه
- ٥ - طبيعة المهنة: ☐ أكاديمي ☐ إداري ☐ مهني ☐ أخرى (وانكرها) ...
- ٦ - مواضيعك المفضلة: ☐ أدبية ولغوية ☐ سياسية ☐ اجتماعية ونفسية ☐ تاريخية ☐ ثقافية ☐ أخرى (وانكرها) ...
- ٧ - كيف تحصل على الحوليات؟ ☐ شراء ☐ اشتراكاً ☐ استعارة ☐ لا
- ٨ - هل تصلك الحوليات في الوقت المناسب؟ ☐ نعم ☐ لا
- ٩ - رأيك في حجم الحوليات؟ ☐ كبير ☐ متوسط ☐ صغير
- ١٠ - كيف ترى موضوعات الحوليات؟ ☐ متنوعة ☐ غير متنوعة
- ١١ - ما الطابع العام للحوليات من وجهة نظرك؟ ☐ لغوي ☐ اجتماعي ☐ تاريخي ☐ جغرافي ☐ متنوع
- ١٢ - هل تقرأ الحوليات بانتظام؟ ☐ نعم ☐ لا
- ١٣ - هل تقرأ الحوليات فقط إذا كان موضوعها له علاقة بتخصصك؟ ☐ نعم ☐ لا
- ١٤ - هل تقرأ الحوليات فقط إذا كنت ستستعين بمادتها كمرجع لبحث؟ ☐ نعم ☐ لا
- ١٥ - هل تحتفظ بالحوليات بعد قراءتها؟ ☐ نعم ☐ لا
- ١٦ - اقتراحاتك لتطوير الحوليات وتطوير خدماتها للقارئ:

.....

.....

.....



حوليات الآداب والعلوم الاجتماعية
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إصدار شهري

«تصدر مؤقتاً كل ثلاثة أشهر»

نعنى بشؤون الأنظمة والمحاماة



أهداف المجلة :

- * طرح ومعالجة شتى قضايا العصر ذات الطابع الشرعي والقانوني مع التركيز على إبراز الفقه الإسلامي وتبيان تميزه وشموليته في معالجة تلك القضايا .
- * أن تكون ساحة إعلامية لنوعي الإختصاص الشرعي والقانوني يقدمون من خلالها البحوث والدراسات ، فضلاً عن التحقيقات الصحفية المتميزة ذات العلاقة .
- * نشر الوعي بأهمية المحاماة ، وحاجة الناس إليها والتأكيد على أن المحاماة علم ، وفن ، ورسالة .

دعوة للمشاركة :

- * يسر «المحامي» دعوتكم للمساهمة عبر صفحاتها في كل الشؤون الشرعية والقانونية من بحوث ودراسات ومقالات أو تحقيقات .
- * تقدم المجلة مكافأة عن المقالات والمواضيع التي تقبلها للنشر .

رئيس التحرير :

المحامي / طارق المزني

سكرتير التحرير :

حسين العسكر

مسؤول إشتراكات :

خالد يس

الهيئة الاستشارية :

فضيلة الشيخ / عبد الله البسام

فضيلة الشيخ / مصطفى الزرقا

فضيلة الشيخ / سعد البريك

سعادة الدكتور / سعود الدريب

سعادة الأستاذ / عبدالله السبهان

سعادة الدكتور / عبدالفتاح خضر

سعادة المستشار / أحمد منير فهمي

الاشتراكات: المملكة العربية السعودية : ١٠٠ ريال في السنة (للأفراد والمؤسسات)

الدول الأخرى : ٢٧ دولار أمريكي (للأفراد والمؤسسات)

تدفع الاشتراكات باسم المجلة ، بشيك مسحوب على أحد المصارف السعودية أو بتحويل مصرفي باسم رئيس التحرير : حساب رقم ٥٦٤٩/١ - شركة الراجحي المصرفية للاستثمار - الرياض - فرع الروضة .

توجه جميع المراسلات إلى رئيس التحرير : ص . ب ٦٨٧٤ الرياض (١١٤٥٢)

هاتف : ٤٦٥٢٧٢٥ (٩٦٦١) / فاكس : ٤٦١٣١٥٢ (٩٦٦١)

المجلة التربوية



مجلة فصلية، تخصصية، محكمة
تصدر عن مجلس النشر العلمي - جامعة الكويت
رئيس التحرير: أ. د. فهد عبدالله الخزي

نُشَر:

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- مراجعات الكتب التربوية الحديثة
- محاضر الحوار التربوي
- التقارير عن المؤتمرات التربوية
- وملخصات الرسائل الجامعية

❖ تقبل البحوث باللغتين العربية والإنجليزية.

❖ تنشر لأساتذة التربية والمختصين بها من مختلف الأقطار العربية والدول الأجنبية.

الاشتراكات:

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في الدول العربية: أربعة دنائير للأفراد، وخمسة عشر ديناراً للمؤسسات.
في الدول الأجنبية: خمسة عشر دولاراً للأفراد، وستون دولاراً للمؤسسات.

توجه جميع المراسلات إلى:

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مجلة دراسات الخليج والجزيرة العربية



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صدر العدد الأول منها في يناير عام 1975م

رئيس التحرير
أ. د. عثمان حمود الخضر

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منطقة الخليج والجزيرة العربية في مختلف المجالات العلمية.

ومن أبوابها

- البحوث العربية
- البحوث الإنجليزية
- البحوث الفرنسية

الاشتراكات

ترسل قيمة الاشتراك مقدماً بشيك لأمر - جامعة الكويت
مسحوب على أحد المصارف الكويتية

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والنشر - التابعة لمجلس النشر
العلمي بجامعة الكويت
في عام 1976.

* أهداف اللجنة:

- 1- توسيع دائرة النشر العلمي بمختلف التخصصات العلمية لأعضاء هيئة التدريس في جامعة الكويت.
- 2- إثراء المكتبة الكويتية بالكتب والمؤلفات العلمية والتخصصية والثقافية وكتب التراث الإسلامي باللغات العربية والأجنبية.
- 3- دعم وتنشيط عملية الترجمة التي تعد من الأهداف الرئيسية التي انعقد عليها الإجماع العربي.

* مهام اللجنة:

طبع ونشر المؤلفات العلمية والدراسية والأكاديمية والكتب الجامعية (Text Book). والمترجمة لأعضاء هيئة التدريس التي يرغب أصحابها في نشرها على نفقة الجامعة. ويراعى التوازن في نشر هذه المؤلفات بحيث تغطي مختلف الاختصاصات في الكليات الجامعية.

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فَصَلِيَّةٌ عِلْمِيَّةٌ مَحْكَمَةٌ تَصْدُرُ عَنْ مَجْلِسِ الدِّرَاسَاتِ الْعِلْمِيَّةِ بِجَامِعَةِ الْكُوَيْتِ
تُعْنَى بِالْبَحْثِ وَالدراساتِ الْإِسْلَامِيَّةِ

رئيس التحرير الأستاذ الدكتور : عبدالرزاق خليفة الشايحي

صدر العدد الأول في رجب ١٤٠٤هـ - أبريل ١٩٨٤م

- * تهدف إلى معالجة المشكلات المعاصرة والقضايا المستجدة من وجهة نظر الشريعة الإسلامية.
- * تشمل موضوعاتها معظم علوم الشريعة الإسلامية: من تفسير، وحديث، وفقه، واقتصاد وتربية إسلامية، إلى غير ذلك من تقارير عن المؤتمرات، ومراجعة كتب شرعية معاصرة، وفتاوى شرعية، وتعليقات على قضايا علمية.
- * تنوع الباحثون فيها، فكانوا من أعضاء هيئة التدريس في مختلف الجامعات والكليات الإسلامية على رقعة العالمين: العربي والإسلامي.
- * تخضع البحوث المقدمة للمجلة إلى عملية فحص وتحكيم حسب الضوابط التي التزمت بها المجلة، ويقوم بها كبار العلماء والمختصين في الشريعة الإسلامية، بهدف الارتقاء بالبحث العلمي الإسلامي الذي يخدم الأمة، ويعمل على رفعة شأنها، نسأل المولى عز وجل مزيداً من التقدم والازدهار.

جميع المراسلات توجه باسم رئيس التحرير

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صدر العدد الأول

في ربيع الآخر ١٤٠٦ هـ — يناير ١٩٨٦ م

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الملخص

يعتبر موقف الأفراد من طلب المساعدة المهنية أحد الموضوعات المهمة التي تم دراستها في مجال الخدمة الاجتماعية. الغرض من هذه الدراسة الكمية إجراء مسح عن (أ) استكشاف أفكار المشاركين حول استشارة اختصاصي وتفضيلاتهم لطلب المساعدة من الأصدقاء والعائلة؛ (ب) تحديد العوامل التي قد تكون ذات صلة بالمعتقدات في مهارة وخبرة الاختصاصيين، النية لطلب المساعدة من الاختصاصيين، وتقبل التعايش مع وصمة العار. شارك في هذه الدراسة ما مجموعه ٦٠٠ طالب من طلبة جامعة الكويت. وأظهرت النتائج وجود ارتباط بين التفكير في استشارة اختصاصي والعمر في المجموعة (أ) (اختصاصي نفسي). إضافة إلى ذلك، هناك ارتباط بين تفضيلات المشاركين لطلب المساعدة من الأصدقاء والعائلة والجنسية في المجموعة (أ) (اختصاصي نفسي) ولكن ليس في المجموعة (ب) (الاختصاصيين الاجتماعيين). نتائج الدراسة المرتبطة بسؤال البحث: ما هو تأثير جنس المستجيبين في النية لطلب المساعدة وتقبل التعايش مع وصمة العار ومهارة وخبرة الاختصاصيين؟ في المجموعة (أ)، أعرب المشاركون الذكور عن اعتقادهم بدرجة أقل من الإناث في خبرات الاختصاصيين النفسي. كان للذكور نية أكبر من الإناث لطلب المساعدة من الأخصائي النفسي. كان للذكور درجة أقل من الإناث في تقبل التعايش مع وصمة العار. وبالمقارنة، فإن متوسط الدرجات للخبرة والنيات وتقبل التعايش مع وصمة العار لم يختلف اختلافاً كبيراً فيما يتعلق بنوع الجنس في المجموعة ب (الاختصاصيين الاجتماعيين). علاوة على ذلك، فإن الطلاب في كل من المجموعتين (أ) و (ب) الذين كانوا يفكرون في استشارة اختصاصي اجتماعي أو نفسي، كان لديهم اعتقاد/إيمان أكبر في خبراتهم (الاختصاصيين)، وكان لديهم نية أكبر في استشارة الاختصاصي، وكان لديهم قدر أكبر في تقبل وصمة العار مقارنة بالطلاب الذين لم يعتقدوا/يؤمنوا بضرورة الاستشارة.

مصطلحات الدراسة: طلب المساعدة المهنية، الخدمة الاجتماعية، الاختصاصي الاجتماعي.

المؤلف

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جامعة الكويت

حوليات الآداب والعلوم الاجتماعية - الحولية الثانية الأربعون ١٤٤٣هـ / ٢٠٢١م

جاء هذا الإصدار مختلفاً من حيث موضوعاته نوعاً ما؛ إذ إنه اشتمل على أربع رسائل في مجال العلوم الاجتماعية، وعلى رسالتين اثنتين فقط في مجال العلوم الإنسانية وفي اللغة العربية تحديداً. وجاء هذا الإصدار أيضاً ليتضمن أربع رسائل من الكويت، ومن جامعة الكويت تحديداً، في مقابل رسالتين من دول الخليج العربي وبالتحديد من سلطنة عمان ودولة الإمارات العربية المتحدة. ولذلك؛ فقد يكون هذا الإصدار مختلفاً من حيث التنوع المحصور في قالب محدود بخلاف الإصدارات السابقة التي دعت الضرورة إلى أن تكون بهذا الشكل. ففي الرسالة (٥٧٤)، جاءت دراسة: «تحولات بناء السلطة التقليدية في المجتمع العماني»، وبالتحديد في ولاية (الدقم) بوصفها نموذجاً، للباحثين: منير كرادشة وشيخة المدلولية وأمل الهاشمي من مركز البحوث الإنسانية في جامعة السلطان قابوس. وجاءت الرسالة (٥٧٥) عن «التأصيل الإيستيمولوجي لمفهوم التربية الإعلامية من منظور بيداغوجي» للباحث علي أسعد وطفة من كلية التربية في جامعة الكويت. أما الرسالة (٥٧٦)، فهي في مجال الخدمة الاجتماعية وعن: «العوامل المؤثرة في طلب المساعدة المهنية لدى عينة من طلاب مرحلة البكالوريوس في جامعة الكويت»، للباحثين: حمد العسلاوي وهند المعصب من قسم الاجتماع والخدمة الاجتماعية في جامعة الكويت أيضاً. وفي الرسالة (٥٧٧)، قدمت الباحثة حصة الرفاعي من قسم اللغة العربية في جامعة الكويت دراسة حملت عنوان: «حكاية القلنسوة الحمراء: دلالاتها النفسية وغاياتها التربوية». أما الرسالة (٥٧٨)، فقد جاءت تحت عنوان: «دلالة التراكيب النحوية من الآية (٥٦ إلى ٩٣) من سورة النمل»، للباحثة شيخة الزعابي من قسم اللغة العربية بجامعة الشارقة في دولة الإمارات العربية المتحدة. وأما الرسالة الأخيرة التي حملت رقم (٥٧٩)، فقد جاءت تحت عنوان: «دعوة لنقد العقل الشيعي السياسي: تأملات في فكرة الزمكانية والنسبية السياسية لتفاعل الشيعة مع الحدث السياسي في الكويت»، للباحث عبد الله يوسف سهر من قسم العلوم السياسية في جامعة الكويت.

نرجو أن يكون هذا التنوع الفكري قد جاء مناسباً في مسيرة الحوليات، متطلعين إلى إصدارات أخرى مميزة في موضوعاتها وأفكارها وأصالتها البحثية.

افتتاحية الإصدار الأول من الحولية الثانية والأربعين – سبتمبر ٢٠٢١

بقلم رئيس التحرير: أ.د. يعقوب يوسف الكندري

ونحن نمر، وكذلك العالم، بانفراجة حذرة في الإجراءات الوقائية ضد جائحة كورونا المستجد، لا يزال العالم يعاني من جراء هذه الجائحة وهذا العارض الصحي الذي شارب عامه الثاني؛ فقد خلفت هذه الجائحة ما خلفت من آثار اجتماعية ونفسية وتربوية وبيئية، إضافة إلى آثار صحية أودت بأرواح عديد من الأشخاص في مختلف أنحاء المعمورة. ومع بداية الانفراجة، تظهر بين الفينة والأخرى تحورات خاصة بهذا الفيروس تجعل من أعداد الإصابات ترتفع مرة أخرى بعدما قلّت في كثير من الدول؛ فظهر المتحور الهندي (دلتا) - على سبيل المثال - وانتشر بشكل كبير في العالم، ورجعت أعداد حسابات الإصابات إلى مربعها الأول، وسرعان ما عادت كثير من الدول، حتى بعد القيام من هبوط أعدادها بشكل واضح، بموجة ثانية أو حتى ثالثة من ارتفاع في أعداد الإصابات. وعلى الرغم من الزيادة في الأعداد بعد الانخفاض، فإن أعداد الوفيات وأعداد الدخول إلى المستشفيات والعناية المركزة أقل بكثير من هذه الأعداد المتزايدة عما كانت عليه في السابق؛ وهو الأمر الذي يعزز من فاعلية اللقاحات التي حصلت بعض الدول على نصيب كبير منها في اختلال في عملية التوزيع العالمي كما أشارت إليه وحذرت منه منظمة الصحة العالمية من منطلق تحقيق العدالة. هذا، وقد صاحب إحدى الشركات العالمية المنتجة للقاح أن تقترح جرعة ثالثة من اللقاح، في حين عارضتها بعض المنظمات الصحية التي أشارت إلى أن من يحدد الجرعة الثالثة هي المنظمات الصحية المتخصصة وليس شركات الأدوية؛ وهو الأمر الذي أثار كثيراً من الناس وعزّز فكرتهم أن عملية التطعيم تدخل في سوق التجارة بوصفها معياراً رئيساً على حساب الصحة العامة. وبغض النظر عن هذه الآراء، فإن ما أثبتته اللقاحات حتى الآن هو فاعلية جيّدة حدّت من أعداد المصابين، وكذلك حدّت من الوفيات بين المصابين أنفسهم وبنسب مئوية وأرقام ومؤشرات كمية تدعو إلى الاطمئنان حتى هذه اللحظة. وعلى الرغم من هذا الاطمئنان، فإن القادم قد يكون مجهولاً كشعور واتجاه يشعر به أفراد المجتمع العالمي ككل في ظل تزايد حالات التحور الفيروسي، والتي نرجو أن تنتهي معها المعاناة في أسرع وقت ممكن.

ويمكن الرجوع إلى العديد من المواقع التي توضح عملية استخدام المراجع، منها:

quickguide/mla/com.libguides.ircs

ثانياً: في مجال العلوم الاجتماعية، يمكن كتابة المراجع على الوجه الموضح أدناه (APA):

١- كتابة المرجع في المتن: اسم العائلة للمؤلف متبوعاً بفاصلة، ثم سنة النشر. (يُرجى الرجوع إلى دليل التوثيق وفقاً لنظام APA لمزيد من التفاصيل)

مثال: (Cortois, 2001)

٢- قائمة المراجع: يُرجى الرجوع إلى دليل التوثيق وفقاً لنظام APA للتفاصيل.

مثال:

Jones, J. (2005). Writing with style. Style Writing Journal, 12 (6), 1433-.

<http://www.apastyle.org>

ويمكن زيارة موقع:

لمعرفة القواعد الخاصة بهذا النظام.

١١- يجب أن تشمل جميع البحوث على قائمة المراجع كاملة في نهاية البحث، على أن يكون بنط الكتابة بالنص الروماني (Roman Script).

١٢- معرفة قواعد وأخلاقيات النشر رجاء مراجعة موقع الحوليات الإلكتروني.

شروط قبول البحوث في الحوليات:

أ - لا تقبل الحوليات البحوث التي سبق نشرها بأي طريقة.

ب - لا تقبل المجلة نشر أبحاث الماجستير أو الدكتوراه أو أي مستلآت منها.

ج - لا تُرد ولا تُسترجع أصول البحوث المقدمة للنشر، سواء نُشرت أم لم تُنشر.

د - لا يجوز نشر البحوث في جهات أخرى بعد موافقة الحوليات على نشرها. وإذا ثبت ذلك؛

فستتخذ إدارة الحوليات الإجراءات القانونية المتبعة بهذا الشأن.

هـ - يمكن للباحث نشر بحثه في جهات أخرى، بعد الحصول على إذن كتابي سابق من رئيس

التحرير، وبعد انقضاء ثلاث سنوات - على الأقل - على نشره في الحوليات.

و - يُعرض البحث الذي تتوافر فيه القواعد المذكورة سابقاً، بعد موافقة هيئة التحرير، على

محكمين لتقرير مدى صلاحية البحث للنشر في المجلة.

و- تمنح المجلة للباحث خمسين نسخة من بحثه المنشور، كإهداء.

تُرسل البحوث وجميع المراسلات الخاصة بالحوليات إلى رئيس التحرير عن طريق البريد

الإلكتروني للمجلة.

رئيس تحرير حوليات الآداب والعلوم الاجتماعية

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<http://apc.kuniv.edu.kw/AASS>

E-mail: aass@ku.edu.kw

قواعد النشر

في حَوَلِيَّاتِ الآدَابِ وَالْعُلُومِ الاجْتِمَاعِيَّةِ

١- تنشرُ الحَوَلِيَّاتُ البحوثَ والدِّرَاساتِ الأصيلَةَ باللغَتَيْنِ العربيَّةِ والإنجليزيَّةِ في مجال العلوم الاجتماعية والعلوم الإنسانية والآداب.

٢- أن تُمثِّلَ الدِّرَاسةُ إضافةً جديدةً في حقل التَّخَصُّصِ.

٣- لم يسبق نُشْرُ الدِّرَاسةِ بأيِّ صورةٍ كانت، ولم يسبق أيضًا تقديمُها للنَّشْرِ إلى جهةٍ أخرى في أثناء وُرودها إلى الحَوَلِيَّاتِ. ويلتزم الباحثُ بكتابةِ إقرارٍ وتعهُّدٍ بأنَّ البَحْثَ المُقدَّمُ لم يسبق نُشْرُهُ في أيِّ وعاءٍ نشر، أو أُرسِلَ إلى جهةٍ أخرى.

٤- ألا يقلَّ عَدَدُ كلماتِ الدِّرَاسةِ عن (١٥٠٠٠) كلمة، شاملة المراجع والهوامش والجداول، (بحدود ٥٠ صفحة). وألا يزيدَ عَدَدُ الكلماتِ عن (٦٠٠٠٠) كلمة (في حدود ٢٠٠ صفحة).

٥- يُقدَّمُ البَحْثُ بالبريد الإلكتروني: (aass@ku.edu.kw) مكتوبًا بواسطة مُعالِج النُّصوص Microsoft Word وعلى مسافةٍ ونصف، وينط (١٤) Arabic Simplified. في حالة البُحوثِ باللغة العربية، وعلى مسافتَيْن، وينط (١٢) Roman New Times في حالة البُحوثِ باللغة الإنجليزية.

٦- يُرفَقُ الباحثُ ملخَصًا للبحْثِ، مطبوعًا باللغَتَيْنِ العربيَّةِ والإنجليزيَّةِ، في حدود (٢٠٠) كلمة. على أن يحتوي ملخَصُ البَحْثِ على: هَدَفُ الدِّرَاسةِ وأسئلتها، ومُنْهَجُ الدِّرَاسةِ المُستخدَم، وأبرزُ النُّتَاجِ المُستخلصة، وأهم الاستنتاجات.

٧- يُرفَقُ الباحثُ مع البَحْثِ سيرةً علميَّةً مُختصرةً، مطبوعةً باللغَتَيْنِ العربيَّةِ والإنجليزيَّةِ، تشمل أهم مؤلَّفاته وأبحاثه.

٨- تُقدَّمُ الخرائطُ والأشكالُ والرسومُ (إن وُجدت) بأصولها الصالحة للطباعة بصيغة JPG، وبمستوى دَقَّة ٨٠٠٠٦٠٠.

٩- في حالة رغبة الباحثِ بنَشْرِ الصُّورِ أو الخرائطِ أو الأشكالِ البيانيَّةِ الملونة؛ يلتزمُ بدفع تكاليفها.

١٠- يراعي الباحثُ عند كتابة البَحْثِ الالتزامَ بأحدث نسخة من أحد النُّظامين:

أ - Modern Language Association MLA
ب - American Psychological Association APA

يستخدم في البحوث والدِّرَاساتِ في مجال العلوم الإنسانية والآداب نظام MLA، والبحوث في مجال الدِّرَاساتِ الاجتماعية نظام APA، من حيثُ كتابة المراجع والهوامش في مَتْنِ البَحْثِ، أو في قائمة المراجع.

أولاً: في الدِّرَاساتِ في مجال العلوم الإنسانية والآداب، يمكنُ كتابة المرجع على نظام MLA على الوجه الموضح أدناه:

١ - الهوامش: - توضع الهوامشُ في نهاية البَحْثِ في حالة عدم وجود فصول.

- تُرتَّبُ أرقامُ التَّوْثِيقِ بطريقة متسلسلة حتى نهاية كُلِّ فصل، أو حتى نهاية البَحْثِ في حالة عدم وجود فصول.

- تثبت الهوامش عند ذِكْرِها لأوَّلَ مرَّةٍ كاملةً على النَّحْوِ الآتي: اسم المؤلف، عُنْوانُ الكتاب (بالبنط الأسود)، رَقْمُ الجزء، رَقْمُ الطَّبْعَةِ، اسم الناشر، مكان النَّشْرِ، سنة النَّشْرِ، رَقْمُ الصَّفْحَةِ.

مثال: (ابن حزم، الإحكام في أصول الأحكام، جزء ٢، ط ١، دار المعارف، القاهرة، ١٩٦٦، ص ١١٦).

٢- المراجع:

(فؤاد زكريا، آراء نقدية في مشكلات الفكر والثقافة، ط ١، الهيئة المصرية العامة للكتاب، القاهرة،

١٩٧٥، ص ١١).

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مها إبراهيم المسعد
مديرة التحرير

حواصت الآداب والعلوم الاجتماعفة

ANNALS OF THE ARTS AND SOCIAL SCIENCES

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فصلفة علمفة محكمة تتضمن مجموعة من الرسائل،
وتعنى بنشر الموضوعات التي تدخل فف مجالات
العلوم الإنسانية والاجتماعفة.

الحولفة الثانية والأربعون
الرسالة السادسة والسبعون بعد المئة الخامسة
١٤٤٣ هـ / ٢٠٢١ م

حوليات الآداب والعلوم الاجتماعية

فصلية علمية محكمة - تصدر عن مجلس النشر العلمي - جامعة الكويت

العوامل المؤثرة في طلب المساعدة المهنية لدى عينة من طلاب مرحلة البكالوريوس في جامعة الكويت

د. حمد عادل العسلاوي أ.د. هند باقر خالد المعصب
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