Stigma and Attitudes Toward Seeking Counseling: A Pilot Study of Cross-Cultural Differences Between College Students in the US and Cyprus

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Abstract

The present study investigated differences between college students from Cyprus and a small, Midwestern university in the U.S. with regards to public and self-stigma towards seeking professional psychological help as well as help-seeking attitudes. Three ANCOVA tests, controlling for gender, were used to assess differences between the samples from the two countries. Participants from Cyprus reported greater public stigma toward counseling than participants from the U.S. did. However, the two groups did not differ in terms of self-stigma and attitudes towards seeking psychological help. Clinical implications in regards to public stigma and attitudes toward seeking counseling in Cyprus are discussed.

Keywords: Public stigma; Self-stigma; Attitudes towards seeking counseling; Cross-cultural comparison

Introduction

Many studies have shown that a large percentage of people with mental health problems do not seek professional psychological help, a phenomenon called the "service gap" (Cramer, 1999). According to the National Institute for Mental Health (NIMH), approximately seventy-five percent of Americans impacted by mental illness never seek treatment (NIMH, 2005). The "service gap" has been demonstrated in multiple investigations with similar health-care utilization rates across studies (e.g. Kessler et al., 2001). This tendency to avoid seeking professional help is not unique to the United States (U.S.), but has been shown to exist in other countries as well. For example, in a study of service utilization in Australia, one ninth of a large representative sample of the Australian population indicated they had sought professional help in the past year and only one third of people who met criteria for a DSM-IV diagnosis had sought help (Andrews, Issakidis, & Carter, 2001). The rates of service utilization in Canada, The

Netherlands, and the United Kingdom (U.K.), are 22 %, 32 %, and 23-27 %, respectively (Alegria, Bijl, Lin et al., 2000; Bebbington, Meltzer, Brugha et al., 2000).

Researchers have attempted to identify reasons for the underutilization of mental health services. Investigators have assessed participants' attitudes toward seeking professional psychological help and have found these attitudes have a direct and strong effect on intentions to seek counseling and actual experience with counseling (Cramer, 1999). Many factors affecting help-seeking attitudes have been identified and can be divided into six categories: dispositional factors, psychological barriers, familiarity with the mental health profession, demographic variables, type of mental health problem, and stigma of mental illness and counseling.

Dispositional factors affecting attitudes toward seeking professional psychological help include self-concealment, which is the tendency to conceal personally distressing information, and self-disclosure, which refers to one's willingness to self-disclose information about emotions. Both of these variables have been shown to predict attitudes toward seeking counseling (Vogel & Wester, 2003). Kessler et al. (2001) found that psychological barriers were presented as reasons for not seeking treatment by 80 % of their participants. The anticipated risks and benefits of treatment have also been found to affect one's attitudes toward seeking treatment (Vogel & Wester, 2003).

Another factor found to be associated with attitudes toward seeking professional psychological help is familiarity with the mental health profession. It has been demonstrated that previous experience with counseling is associated with more positive attitudes toward seeking help (Vogel & Wester, 2003). Women have more favorable attitudes than men (Vogel & Wester, 2003; Andrews, Issakidis, & Carter, 2001; Komiya, Good, & Sherrod, 2000) and younger people are less likely to seek treatment and more likely to drop out of treatment early (Andrews, Issakidis, & Carter, 2001; Kessler et al., 2001). Marital status and education have also been shown to affect attitudes toward seeking help (Andrews, Issakidis, & Carter, 2001).

The stigma associated with mental illness and seeking treatment is the most frequently presented reason for why people do not seek professional help (Corrigan, 2004). Corrigan and Penn (1999) state, "Studies have shown that many citizens in the United States and in most Western nations endorse stigmatizing attitudes about mental illness" (Corrigan & Penn, 1999, p. 766.) The perception of stigma associated with seeking professional help has been found to negatively affect both help-seeking attitudes (Komiya, Good, & Sherrod, 2000) and the self-esteem of people with mental illnesses (Link, Struening, Neese-Todd, Asmussen, & Phellan, 2001). Stigma has been divided into two categories: public stigma and self-stigma (Corrigan, 2004). Public stigma refers to what the public believes about and does to a stigmatized group, whereas self-stigma is the internalization of public stigma for one's self (Vogel et al., 2007).

Stigma and Attitudes toward Seeking Help

Several studies have shown an inverse relationship between public stigma and care seeking (Corrigan et al., 2003), and public stigma and treatment adherence (Sirey et al., 2001). Studies with college students have shown that stigma is not only associated with mental illness, but also with seeking counseling, even at a university counseling center (Komiya, Good, & Sherrod, 2000). The belief that one is responsible for his

mental illness has been shown to negatively affect college students' attitudes toward seeking help and help-seeking behaviors (Cooper, Corrigan & Watson, 2003).

Self-stigma refers to one's internalization of the culture's attitudes and stereotypes toward mental illness and seeking counseling, which leads to diminished self-esteem as the person believes themselves to be socially unacceptable (Vogel et al., 2007). A recent study has provided support for this hypothesized relationship between public and self-stigma (Vogel, Bitman, Hammer, & Wade, 2013), confirming assertions about the internalization of negative stereotypes regarding mental illness and seeking counseling. Self-stigma uniquely predicts attitudes toward and intent to seek psychological help over and above other factors affecting such attitudes (Vogel, Wade, & Haake, 2006). Additionally, men report more self-stigma than women (Vogel, Wade, & Haake, 2006). Several studies have demonstrated that self-stigma is associated with decreased willingness to continue treatment, avoidance of seeking services, decreased treatment compliance, and lowered self-esteem (Link et al., 2001; Wade et al., 2011).

Vogel, Wade, and Hackler (2007) examined the relationship between public and self-stigma with regard to attitudes toward and intentions to seek professional help. Both of these concepts were negatively related to help-seeking attitudes and intentions, which gives further support to the argument that public and self-stigma affect care seeking (Vogel, Wade, & Hackler, 2007). Moreover, self-stigma mediated the relationship between public stigma and help-seeking attitudes. Public and self-stigma explained Fifty-seven percent of the variance in attitudes toward seeking help. Thirty-four percent of the variance in willingness to seek help was explained by perceived public stigma, self-stigma, and attitudes toward seeking help (Vogel, Wade & Hackler, 2007). Subsequent studies have replicated the relationship between public stigma, self-stigma, and attitudes toward counseling with varying forms of treatment- e.g. individual counseling (Conner et al., 2010), career counseling (Ludwikowski, Vogel, & Armstrong, 2009) and group counseling (Vogel, Shechtman, & Wade, 2010).

Public and self-stigma are two of the most prevalent reasons for the underutilization of mental health services (Corrigan, 2004). Moreover, many studies have shown the most important variable associated with help-seeking is attitudes toward counseling (Cramer, 1999). Given the deleterious effects of public and self-stigma on people's self-esteem and the negative consequences of avoiding seeking professional help when needed, it is important for researchers to continue to examine these variables in order to identify ways in which they can be eliminated.

Present Study

The present investigation is a pilot study aimed at measuring and comparing public stigma, self-stigma, and attitudes toward counseling in samples of college students from Cyprus and the U.S. Stigma is linked to social and cultural norms (Coker, 2005) and may, therefore, differ across populations from diverse backgrounds. Previous investigations have shown that help-seeking attitudes differ among people of diverse ethnicities and acculturation levels (Corrigan & Watson, 2007). Thus, it is very important to assess these constructs in countries other than the U.S. to identify possible cross-cultural differences. This pilot study is the first to assess public stigma, self-stigma, and attitudes toward counseling in college students from Cyprus. Therefore, it provides novel

preliminary data regarding similarities and differences in these constructs between college students from the U.S. and Cyprus.

Psychology as a profession is relatively new in Cyprus and therefore, the role of mental health professionals is not clearly understood by many people. Furthermore, knowledge of mental illness and what it means to have a mental disorder is limited among lay people. Tsemberis and Orfanos (1996) argue that "any type of psychotherapy is considered stigmatizing for first-generation Greeks, and they must be either persuaded or mandated to seek counseling" (p. 522). A study comparing attitudes towards mental illness between first- and second-generation Greek-Cypriots and those of English ethnicity found that the former had less contact with mentally ill people, and were less knowledgeable about and more stigmatizing towards people with mental health problems (Papadopoulos, Leavey, & Vincent, 2002). It is, therefore, expected that public stigma towards counseling will be higher in the Cyprus sample than the U.S. sample.

Cyprus is a small island and the Greek-Cypriot culture resembles collectivist cultures in terms of emotional interdependence within families. When compared to university students from Britain, Germany, and the Netherlands, students from Cyprus and Greece had a higher degree of emotional closeness to their extended families (Georgas, 1997). Given the assumption that individuals from cultural backgrounds that promote collectivistic values may face greater self-stigma related to help-seeking (Goldston et al., 2008; Papadopoulos, Foster, & Caldwell, 2013), it is expected that the Cyprus sample will report more self-stigma than the U.S. sample.

The availability of support from one's family can have both positive and negative consequences. On the one hand, such support may act as a protective factor against psychological problems. On the other hand, this interdependence leads to a sense of responsibility toward one's family and obligation to stand up to the challenge of making them proud (Tsemberis & Orfanos, 1996). Such phrases as, "Shame on you" and "What will people say?" are frequently used by Greek parents in disciplining their children (Tsemberis & Orfanos, 1996). Because of the emphasis placed on the public's view of a person in Greek culture, it is hypothesized that the relationship between public stigma and self-stigma will be greater between the Greek-Cypriot than the U.S. participants.

Another characteristic of the Greek culture is the reliance on extended family and kin as well as on community institutions and hometown-based civic organizations (Tsemberis & Orfanos, 1996) for support. This characteristic may increase the probability that Greek-Cypriots will prefer consulting with relatives and/or Greek Orthodox priests instead of seeking professional psychological help. Furthermore, Greeks are more likely to transform their emotional problems into physical ones, which are considered more acceptable in this culture (Tsemberis & Orfanos, 1996). It is, therefore, expected that Greek-Cypriots' students help-seeking attitudes will be more negative than those of Americans' in our samples.

In summary, this study has four hypotheses. First, it is hypothesized that college students' perception of public stigma toward counseling will be greater in the Cyprus than the U.S. sample. Second, self-stigma will also be greater in the Cyprus than the U.S. sample. Third, the relationship between public and self-stigma will be greater in the sample from Cyprus than the one from the U.S. And fourth, Greek-Cypriot college students will have less favorable attitudes toward seeking counseling than Americans in our samples.

Method

Participants

Participants for this study were recruited from the college populations of a small, midwestern university in the U.S. and a university in Cyprus. In order to participate, individuals from Cyprus had to be permanent residents of Cyprus, be able to read and understand Greek, and be between the ages of 18 and 25 years. The inclusion criteria for the U.S. population included being a U.S. citizen, being able to read and understand English, and being between the ages of 18 and 25 years. Exclusion criteria for the U.S. population included not being a U.S. citizen and being a first- or second-generation immigrant as previous studies have shown that members of ethnic minorities with low levels of acculturation into the U.S. culture hold more negative attitudes toward seeking professional help when compared to people who primarily identify with the American culture (e.g. Price & MacNeill, 1992). Exclusion criteria for the Cyprus college population included not being a Greek-Cypriot and being raised outside of Cyprus. For both participant populations, an exclusion criterion was being a psychology student. Since this was a study of attitudes toward counseling, it was expected that psychology students would have more favorable attitudes than people in other disciplines and thus, they were excluded from the study.

One hundred and five participants took part in this study, 51 from the university in the U.S. and 54 from the university in Cyprus. In the U.S. sample, 46 of the participants were female and 5 were male. The Cyprus sample consisted of 36 females and 18 males. Table 1 summarizes the demographic information for each sample. Two participants in the Cyprus sample did not report their academic year in college and one participant in the U.S. sample did not report ethnicity.

Table 1. Demographic information

	U.S. Sample (N=51)		Cyprus Sample (N=54)	
	N	Percentage	N	Percentage
Academic year				
Freshman	29	56	1	1.9
Sophomore	8	15	13	24
Junior	8	15	11	20
Senior	4	7.8	14	25
Graduate Student	2	3.9	13	24
Ethnicity/Race				
African-American	4	7.8	--	--
Caucasian	43	84	--	--
Hispanic	1	1.9	--	--
Other	2	3.9	--	--

Measures

The authors of the scales used in this study granted permission to both use these scales and translate them into Greek for the purposes of this project. Each scale was first

translated into Greek by the first author and was subsequently translated back into English by the second author. The English translation was then checked for compatibility with the original scale. Both authors are fluent in Greek and English.

*Demographic Information Questionnaire. P*articipants in both countries were asked to provide their age, sex, academic year in college, major and minor, citizenship status, and nationality/ethnicity. The Cyprus college population was asked how many years they have resided on the island. On the other hand, the U.S. college population was asked to state whether they have at least two generations of relatives in the U.S.

Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS*;* Fischer & Farina, 1995). The ATSPPHS that was used in the present study was an abbreviated version of the original 29-item scale. The shortened version is a 10-item scale that measures attitudes toward counseling. Items are rated on a Likert-type scale from 0 (disagree) to 3 (agree), with five items reversed scored. Higher scores on the scale indicate more favorable attitudes toward counseling. The correlation between the abbreviated and original scale was found to be .87 (Fischer & Farina, 1995). The abbreviated scale differentiated between participants who had previously sought professional help and those who had not. The one-month test-retest reliability of the scale is .80 and its internal consistency reliability is .84.

Stigma Scale for Receiving Psychological Help (SSRPH; Komiya et al., 2000). The SSRPH scale was developed to measure the perception of stigma associated with seeking professional help. It consists of five items, rated on a scale from 0 (strongly disagree) to 3 (strongly agree), with higher scores indicating greater perception of stigma. Internal consistency is reported to be .72, and factor analyses confirmed a unidimensional structure (Komiya et al., 2000). This scale has been found to correlate negatively with attitudes toward seeking professional help (Komiya et al., 2000).

Self-Stigma of Seeking Help Scale (SSOSH; Vogel et al., 2006). The SSOSH scale is a ten-item self-report instrument designed to measure self-stigma related to seeking counseling. Respondents rate each item on a 5-point Likert-type scale, from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicate higher self-stigma. Internal consistency of the scale ranges from .86 to .90 and its test-retest stability at a two-week interval is .72 (Vogel et al., 2006). Criterion validity was established with two other measures: the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS) and the Intentions to Seek Counseling Inventory (ISCI) (Vogel et al., 2006). At a two-month follow-up, the scale differentiated between those participants who had sought professional help from those who had not (Vogel et al., 2006).

Procedures

Procedures were approved by the Institutional Review Board of the U.S. university. Students from the U.S. were recruited via a campus-wide email sent to their university email accounts. In addition, fliers advertising the study were posted on the university information boards and in the dormitories. Students from Cyprus were recruited by using both the snowball method of data collection and via email. The

demographic questionnaire and scales were administered together in the form of an online survey. All participants completed the instruments in the same order: demographic information questionnaire, ATSPPHS, SSRPH, and SSOSH scale.

Analytic Plan

Given the fact that previous research has shown women hold more favorable attitudes toward counseling than men do (e.g. Vogel & Wester, 2003; Andrews, Issakidis, & Carter, 2001), we first examined if there were any statistically significant gender differences between our samples. A chi-squared test showed the two samples differed in terms of gender composition, with the Cyprus sample having proportionately more males than the U.S. sample, x^2 (1)= 8.49, p= .004. For this reason, we controlled for gender in subsequent analyses comparing the two samples. We used ANCOVA tests, controlling for gender, to examine between-group differences on attitudes, and public and self-stigma toward seeking professional psychological help. In order to test the hypothesis that the relationship between public and social stigma would be stronger in the Cyprus than the U.S. sample, the Pearson correlation statistic was used.

Results

Table 2 summarizes the descriptive and group comparison statistics for the two samples.

Table 2. Descriptive and group comparison statistics

	U.S. sample		Cyprus sample		Group comparison statistics
	Range	M (SD)	Range	M (SD)	F
ATSPPHS	5-28	16.63 (5.12)	7-24	15.02 (4.56)	1.05
SSRPH	6-17	11.43 (2.32)	6-20	13.63 (2.82)	17.76***
SSOSH	16-43	27.18 (6.88)	10-44	27.33 (4.99)	.04

* p< .05, ** p< .01, *** p< .001

Note. ATSPPHS= Attitudes Toward Seeking Professional Psychological Help Scale; SSRPH= Stigma Scale for Receiving Psychological Help; SSOSH= Self-Stigma of Seeking Help Scale

Our hypotheses regarding group differences in self-stigma and attitudes toward seeking counseling were not confirmed as our groups did not differ statistically on these constructs. However, our hypothesis regarding group differences in public stigma was confirmed as participants from Cyprus reported greater perceived public stigma with regards to seeking professional psychological help than did the participants from the U.S.

The correlation between social and public stigma was strong in both the U.S. and Cyprus samples, U.S.: r = .61, n= 51, p = <.001; Cyprus: r = .56, n= 54, p = <.001. Statistical comparison of the two correlation coefficients disconfirmed our hypothesis as there were no group differences in the strength of these correlations in our samples, z = 0.44, p= 0.66. Public stigma was not significantly correlated with attitudes toward seeking professional psychological help in either sample, U.S.: r= -.08, n= 51, p = .291;

Cyprus: r = -.21, n= 54, p = .061. Conversely, self-stigma was significantly negatively correlated with attitudes toward seeking professional psychological help in both samples, U.S.: r = -.49, n= 51, p = < .001; Cyprus: r = -.40, p = .001.

Discussion

The present study was the first to measure public and self-stigma, and attitudes toward seeking professional psychological help in a sample of college students from Cyprus. It was hypothesized that participants from Cyprus would report higher levels of public and self-stigma toward counseling than participants from the U.S. It was also hypothesized that participants from the U.S. would have more positive attitudes toward seeking professional psychological help than the Cypriot participants. Finally, it was purported that the relationship between public and self-stigma would be stronger for the Cyprus than the U.S. sample.

Participants from Cyprus reported more public stigma than the U.S. participants, thus confirming our first hypothesis. This result suggests that college students from Cyprus perceive significant public stigma with regards to seeking professional psychological help, which may have various negative consequences. Stigma has been negatively linked to intentions to seek therapy (Vogel, Wade, & Hackler, 2007), as well as treatment compliance and treatment adherence, including missed appointments, early termination, and intention to continue treatment (Sirey, Bruce, Alexopoulos, Perlick, Raue, et al., 2001; Wade, Post, Cornish, Vogel, & Tucker, 2011). Furthermore, given the relationship between public and self-stigma (Vogel et al., 2013), public stigma can lead to lowered self-esteem and self-efficacy should it be internalized (self-stigma). It is, therefore, important to examine the presence of public stigma in larger and more representative samples in Cyprus to ascertain if the current findings hold true for the larger population. If so, such findings would suggest a need for the implementation of strategies that aim at reducing public stigma toward seeking professional psychological help, such as the ones proposed by Corrigan (2004).

Contrary to our hypotheses about self-stigma and attitudes toward seeking professional psychological help, there were no statistically significant differences in these constructs between Cypriot and American college students in our samples. It should be noted that the means of both the Cyprus and U.S. samples on the self-stigma scale in this study were comparable to the means of college students in previous studies measuring this construct (Vogel, Wade, & Haake, 2006; Vogel, Wade, & Hackler, 2007). Therefore, Cypriot college students did not report experiencing more self-stigma than American college students did. This was an interesting and surprising result given the fact that Greek-Cypriots reported more public stigma than did Americans, and public and self-stigma have been shown to be positively correlated with each other both in this study and in previous research. However, this result is consistent with previous research showing a sample of Greek college students reported lower levels of self-stigma on the SSOSH (Vogel, Armstrong, et al., 2013) than a U.S. sample. These researchers speculated that lower levels of reported self-stigma in the Greek sample were a reflection of a cultural focus on collectivism and interconnectedness. The SSOSH may over-represent individualistic values and, therefore, addition of items focusing on collectivist values may make this scale more representative of self-stigma in less individualistic countries like Greece and Cyprus (Vogel, Armstrong, et al., 2013).

Participants in our Cyprus and U.S. samples reported comparable attitudes toward seeking professional psychological help. This result was unexpected given the hypotheses of the study, but it is unsurprising given the fact that the two samples did not differ in terms of self-stigma. Previous researchers have shown that self-stigma mediates the relationship between public stigma and attitudes toward seeking professional psychological help (Vogel, Wade, & Hackler, 2007). Even though the participants from Cyprus reported greater public stigma than the ones in the U.S., the fact that they did not show greater self-stigma and thus, internalization of the public stigma, may be the reason the attitudes of the two groups did not differ from each other. Alternatively, age differences between the two samples may account for the lack of differences in help-seeking attitudes. Participants from Cyprus were further along in their studies and therefore, possibly older than participants from the U.S. As shown in previous studies, age and education level are positively correlated with attitudes toward seeking counseling (Andrews, Issakidis, & Carter, 2001) and may have been confounding factors in our data. Unfortunately, we were unable to statistically control for age in our analyses as the participants did not report their actual age, but only answered a question confirming they were between the ages of 18 and 25 years.

It should be noted that the means of both groups on the ATSPPHS in this study were lower than the means of college students on this scale in previous studies (Vogel, Wade, & Hackler, 2007; Komiya, Good, & Sherrod, 2000). This indicates less positive attitudes toward seeking professional psychological help in the participants of this study as compared to previous investigations. It could, therefore, be possible that the lack of differences between the two groups on the ATSPPHS scale is attributable to the fact that both groups hold relatively negative attitudes toward seeking psychological help. Given the fact that the U.S. sample was recruited from a small, conservative university, it could be argued that students at this university are more conservative in their views toward counseling than students attending bigger universities in the U.S. The findings, therefore, would indicate that Greek-Cypriot college students had similar attitudes toward seeking counseling as American college students attending a small, conservative university in the Midwest.

The correlation between public and self-stigma was comparable in the two samples. This finding disconfirms the study hypothesis about Cypriot students internalizing public stigma more than Americans do. This study demonstrated that there is a significant positive relationship between public and self-stigma toward seeking professional psychological help both in the U.S. and Cyprus samples, as has been shown in previous studies. If Vogel, Armstrong, et al.'s (2013) argument that the SSOSH does not completely represent self-stigma in more collectivistic countries like Cyprus is true, this may account for the lack of support for our third hypothesis. It can be argued that additional items on the SSOSH that better capture collectivist values may lead to a stronger correlation between public and self-stigma in samples from collectivistic countries.

In line with previous research, self-stigma was negatively correlated to attitudes toward seeking counseling in both samples. This gives further support to the idea that self-stigma directly affects these attitudes (Vogel, Wade, & Hackler, 2007). This relationship indicates people who believe that seeking psychological help will negatively affect their self-concept hold more negative attitudes toward counseling. Surprisingly,

public stigma was not correlated to attitudes toward seeking counseling in this study. This may explain the lack of differences between the two groups in attitudes, even though the groups differed in terms of perceived public stigma toward seeking counseling. The lack of correlation between these two constructs was unexpected given previous research demonstrating a negative correlation between them. It is possible that the greater number of participants used in previous studies allowed for the detection of the relationship between public stigma and attitudes toward seeking counseling. It is also possible that public stigma toward counseling is not a defining factor for participants in this study in terms of forming their attitudes toward this behavior.

Limitations

There are some important methodological limitations of this study. The scales that were used in this study were developed using college students in the U.S. With the exception of the SSOSH (Vogel, Armstrong, et al., 2013), the psychometric properties of the translated scales have not been examined. Another limitation was the fact that the samples used in this study consisted of college students. Therefore, the results may not generalize to people of other ages or educational levels. In addition, the sample sizes of the groups used in this study were small. Further research utilizing larger and more representative samples is needed to replicate current findings. Our samples differed in two important ways from each other: in terms of academic year in college and gender ratio. Even though we were able to control for gender in our analyses, we were unable to control for age as our participants indicated their academic year in college rather than their chronological age. The present study focused on attitudes towards seeking professional help and not on actual help-seeking behaviors. Therefore, no conclusions can be drawn in terms of whether the two samples in this study differ in their intent to seek professional help or their actual utilization of mental health services.

Conclusion

In this pilot study, college students from Cyprus reported more public stigma toward counseling than students from a small, Midwestern university in the U.S. However, the two samples reported comparable levels of self-stigma and similar attitudes toward seeking counseling. Help-seeking attitudes of the samples in this study were more negative than previous studies of college students in the U.S., potentially showing a need for outreach programs to improve these attitudes in college students from Cyprus and small, conservative campuses in the U.S. This study was the first to measure public stigma, self-stigma and help-seeking attitudes in college students from Cyprus, and to compare them to college students from the U.S. More research is needed, utilizing larger and more representative samples from Cyprus, in order to identify cross-cultural differences in these constructs. Given the relationship between stigma and attitudes towards seeking counseling, and utilization of mental health services, future research should continue to examine these constructs in order to identify appropriate outreach efforts for populations at risk for underutilizing mental health services.

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