Theoretical Approaches to Seeking Professional Counselling

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Abstract

Eight theoretical models, namely, social behavioural model (SBM), the five-stage model of mental health help-seeking, the network-episode model (NEM), the threats-to-self-esteem model, reactance theory, attribution theory, modified labelling theory, and theory of planned behaviour (TPB) were explored, to understand the formation of individuals' decision to seek professional counselling. In conclusion, the eight help-seeking models have provided an overview of insightful knowledge, which includes the impact of demographics, social networks, process to seek professional counselling, attitudes, stigmas, emotion and ability that affect individuals' decision to seek professional counselling.

Keywords:
Counselling, theoretical frameworks, help seeking, attitude, stigma, theory of planned behavior, mental health

Background

To seek professional counsellors or not, depends largely on demographics, social support, and attitudes if so, it seems pertinent to understand the formation of individual's decision to seek professional counselling for their mental well-being (Fuller, Edwards, Procter, & Moss, 2000) by exploring help-seeking behavioural frameworks. Therefore, it is crucial to explore "What are the theoretical models available to guide an individual's decision to seek professional counselling for their psychological problems?" "How do these theoretical models explain these help-seeking behaviour?" and "Which theoretical model is the most preferred for explaining an individual's decision to seek professional counselling?"

Thus, a wide range of theoretical models were reviewed, and eight theoretical models were identified and selected, that includes the social behavioural model (SBM), the five-stage model of mental health help-seeking, the network-episode model (NEM), the threats-to-self-esteem model, reactance theory, attribution theory, modified labelling theory, and theory of planned behaviour (TPB). While exploring the eight help-seeking theoretical models, it hopes to shed some light on understanding one's decision to seek professional counselling. The current study on help-seeking theories encompassed many learned scholars and researchers as well as literature reviews. Every theory espoused by these scholars contain transformative and potent explanations for the research questions, but not every framework as set out has clearly identified the variables that affect an individual's decision to seek professional counselling (Grant & Osanloo, 2014). No one theory fits all as the old cliché goes. However, the eight models found were aligned with and support the key dimensions impacting an individual's decision to seek professional help. These eight models provide many angles to shed light on an individual's decision to seek professional counselling for their psychological problems (see Table 1) which must necessarily include demographics, social networks, the process to seek professional counselling, attitudes, stigmas, emotion and an individual's own ability to seek professional counselling. These eight models have provided the background that support the key dimensions, as well as establishing well-supported rationale in an organised manner – based on facts elicited from previous research and formed a theorised relationship among the key dimensions (demographics, social networks, process to seek professional counselling, attitudes, stigmas, emotion and an individual's ability to seek professional counselling). Essentially, the goal of the study is to convey why the key dimensions are related, so the inclusion of previous research and theories that support my beliefs are essential to defending the rationale of the study. The eight models apply to the research questions and inform what to expect in the study.

In accordance with Grant and Osanloo (2014), to select the most appropriate and best-suited theoretical frameworks, the following guidelines were considered:

1. Identifying the beliefs for an individual's decision to seek professional counselling through extensive literature reviews to find support for these identified beliefs.
2. Carefully considering several theories that correlate with epistemological values.
3. Expanding the knowledge of these theories to understand why it is relevant and reliable.
4. And finally, selecting one theoretical framework that provides an in-depth explanation of the research questions.

There are many theoretical models available but the research on the subject matter; bearing in mind the eight theoretical frameworks have based the foundation of the research questions dictate that the best-fitted models would be most suitable for my purposes. Accordingly, eight models that best explain why individuals choose to go for professional counselling were selected. Through the analysis of these eight theoretical models (see Table 1) and a review of the literature underpinning these models, the theoretical model (TPB) that best explains the individual's decision to go for professional counselling or not was also identified. The following are the eight theoretical models.

Social Behavioural Model (SBM)

Andersen's SBM (Aday & Andersen, 1974; Andersen, 1995) is often used to evaluate the utilization of health care services. SBM identifies three external factors, i.e., predisposing, enabling, and need. When the SBM is applied to the context of seeking professional support and counselling, the three external factors are evaluated to understand how likely individuals are to seek support and counselling (Heider et al., 2014).

Predisposing factors are characteristics (e.g., attitude, values, and beliefs) and traits (e.g., demographics of gender, ethnicity, age) possessed by individuals that influence their inclination to visit health care services before needing to do so (Andersen, 1995; Heider et al., 2014). Similarly, Setiawan (2006) suggested that those who believe that seeking professional counselling is beneficial (positive attitude) are more likely to seek counselling when needed. Also, demographics of ethnicity, for example, American students were more likely to seek professional counselling than American born Korean students (Yoo & Skovholt, 2001) and Asians were less likely than Westerners to seek professional counselling for their psychological problems (Huang & Spurgeon, 2006; Leong, Kim, & Gupta, 2011). Females were more likely to seek professional counselling than males (Sheikh & Furnham, 2000), and younger students were more likely to seek professional counselling than the older students (Kilinc & Granello, 2003). However, the presence of predisposing factors may indicate an inclination to seek professional counselling but was insufficient to influence an individual's decision to seek professional counselling. In accordance with SMB, enabling factors on personal, family and community levels, and need factors must also be present (Andersen, 1995; Heider et al., 2014).

Enabling factors on a personal level include an individual's ability to afford, travel, and follow through health care services. Indeed, Thoits (2005) use of data (n = 5,877) from the National Comorbidity Survey on mental health utilisation, in which participants were aged 15–24, with family income divided into four categories: $0–$19,999; $20,000–$34,999; $35,000–$69,999; and $70,000 or more, have shown that higher income, better-educated individuals were more likely to seek professional counselling because higher-income individuals were usually better educated and equipped with better knowledge of seeking professional counselling. Further afield, enabling factors on a family level includes the support and approval of their family and significant others for them to seek health care services (Cusack, Deane, Wilson, & Ciarrochi, 2004). Likewise, Blais and Renshaw (2013) conducted a study of 165 United States Iraq/Afghanistan veterans with post-traumatic stress symptoms regarding their intention to seek professional counselling following their return from deployment, have concluded that married individuals were more likely to seek professional counselling when faced with psychological problems than unmarried individuals. The reason for the difference was that married individuals found it more difficult to hide their psychological problems from their spouses because their spouses were aware of the changes and would encourage them to seek professional counselling to reduce their psychological problems (Blais & Renshaw, 2013).

Enabling factors on a community level includes their knowledge of accessibility and availability to seek health care services (Luoma et al., 2007). Similarly, Fuller et al. (2000) found that those residing in the northern and southern rural area of South Australia were less likely to seek professional counselling for their psychological problems because they did not have an awareness of the benefits of professional counselling, lacked the ability to recognise psychological problems when they occurred, and was difficult to find professional counsellors to work in rural areas.

Need factors include the recognition that individuals' physiological problems are beyond their coping abilities, medical diagnoses that they required professional health care services, the occurrence of other physiological problems, and prior experience with

professional help (Andersen, 1995; Heider et al., 2014; Komiya, Good, & Sherrod, 2000). In line with prior experience in the need factors, Al-Darmaki (2014) reported that those who lacked prior experience had delayed treatment because they were fearful of stigmatisation, and were uncertain about the usefulness of the intervention. Thus, applying SBM to the context of seeking professional counselling, explained that when an individual has met the requirement of predisposing, enabling, and need factors, they would most likely seek professional counselling.

Five-stage Model of Mental Health Help-Seeking

Fischer, Winer, and Abramowitz (1983) have proposed that individuals often go through five stages of help-seeking behaviour. The first stage involves the individual's awareness and recognition of a psychological problem and the extent to which it is causing harm (Fischer et al., 1983; Raviv, Raviv, Propper, & Fink, 2003). Once the need to seek help is established, individuals would progress to the second stage. In the second stage, the individuals would first attempt to correct their psychological problem themselves. Failing such attempt, they would then ask for informal help from friends, family or religious leaders.

Tried and found unsatisfactory from the informal help, they would then conduct a cost-benefit analysis of whether to seek a professional counsellor in the third stage (Fischer et al., 1983; Kilinc & Granello, 2003; Lin, 2002; Raviv et al., 2003). The cost-benefit analysis included factors ranging from counsellor-related aspects, such as the perceived effectiveness of counselling and its financial costs, and personal factors functioning as attitudes towards seeking professional counselling and acceptance of the problem, as well as social factors of being stigmatised from family and society (Raviv et al., 2003). Indeed, Millar (2003) found that the cost, confidentiality, availability, and accessibility of professional counselling were a hindrance to individuals seeking professional counselling. Another example, Tisbhy et al. (2001), Leong et al. (2011)and Vogel, Shechtman, and Wade (2010), have noted that individuals would not seek professional counselling for fear of disclosing private information, social stigma, and a perceived lack of commitment on the part of professional counsellors to keep their details confidential.

Meanwhile, an escalation of the psychological problem (a trigger event) must occur, and the individual is spurred into the fourth stage. Similarly, Angermeyer, Matschinger, and Riedel-Heller (2001) found that individuals were more likely to seek professional counselling for severe psychological problems (schizophrenia), compared with the less severe psychological problem (mild depression). The fifth and final stage will result in the meeting with a professional counsellor, but obstacles (a lack of resources or inability to secure an appointment, or negative attitude and stigmatization) may still prevent this (Raviv et al., 2003). Likewise, Meltzer et al. (2003) revealed that individuals who were suffering severe psychological problems were not seeking professional counselling because they did not have the intention to seek professional counsellors due to their held negative attitudes towards such assistance.

Network-Episode Model (NEM)

NEM (Pescosolido & Boyer, 1999) recognised how individuals acknowledged, respond and utilised health care services. When explaining such help-seeking behaviour, NEM incorporates four key components: the social context, the illness career, social support system, and treatment system (Pescosolido & Boyer, 1999). The first key component of NEM is the notion of social context describing the population characteristics, which includes , prior experience, and the means to afford and access of health care services (Pescosolido & Boyer, 1999). When NEM is used in the context of seeking professional counselling, for instance, Chan and Hayashi (2010), Mackenzie, Gekoski, and Knox (2006), (Gonzalez, Alegria, & Prihoda, 2005), et al (2005); (Leung, Cheung, & Tsui, 2012), and (Cusack,

Frank, Wilson, & Ciarrochi, 2006), have indicated that gender, age, ethnicity, prior experience, has significant effect on the help-seeking behaviour. In another study, Boyd et al. (2007) reported that the primary barrier to seeking counselling was the lack of transport and convenient access to the counselling centre.

The second key component of NEM, the illness career describes the journey of care of the help seeker. Illness career component depends on the degree of physiological problems (chronic role or acute role) and may seek different options before finally seeking a health care practitioner (Pescosolido & Boyer, 1999). Correspondingly, Turner and Quinn (1999) indicated that university students sought professional counselling for severe psychological problems (chronic role) rather than vocational or social difficulties (acute role). During the journey of care, these individuals may seek help from friends and family members first, and if that does not work, they may then seek religious leaders, and finally a professional counsellor. Equally, Sullivan, Marshall, and Schonert-Reichi (2002) have concluded that young people preferred to approach their friends and family before seeking professional counselling.

The third key component of NEM is the social support system (informal network), which includes support and approval from friends, family members, religious leaders, and colleagues when seeking professional health care practitioners (Pescosolido & Boyer, 1999). As Vogel, Wade, and Hackler (2007) have noted, social support and approval have the most significant influence on individual's help-seeking behaviour. Similarly, Miville and Constantine (2007) and Bathje and Pryor (2011) have noted that social stigma was the most significant predictor for not seeking professional help. Thus, the NEM seeks to emphasise the importance of social events and networks in an individual's decision to seek counselling, with a particular focus on coercion by others.

The fourth and final key component of NEM is the treatment system (formal network), refers to the location, availability, and accessibility of the health care centres (Pescosolido & Boyer, 1999). Applying NEM to seeking professional counselling, both Judd et al. (2006) and Sheffield, Fiorenza, and Sofronoff (2004) reported that the lack of knowledge about the location, availability, and accessibility of the professional counsellors were the common barriers to help-seeking assistance.

Threats-to-Self-Esteem Model

The threat-to-self-esteem model (Fischer et al., 1983) is a theory postulating that seeking help, at times, interpreted as insecurity and shame to the self that threatens their self-esteem because it denotes that those who seek help are weak or inferior. In such scenarios, those that seek help might react negatively (Fischer et al., 1983). On the contrary, Smith (2004) found that most participants were likely to seek professional counselling if the counsellor was a good listener and was committed to confidentiality. Therefore, if they perceived seeking professional counselling to be affirmative action, the help they received would be viewed as being self-supportive.This, as such, influences the individual's decision to seek professional counselling for their psychological problems. Thus, the threat-to-self-esteem model is based on the assumption that those who seek help, to be positive or negative, depends on the characteristics of the counselling help, counsellor, client, and internal context.

According to the threat-to-self-esteem model, an individual's characteristics and traits can also affect the way they perceive help-seeking behaviour (Gonzalez et al., 2005; Moses, 2009). For example, individuals who were ego-involved and placed emphasis on self-stigma and pride felt more threatened, shameful and vulnerable in the helping process. Although different individuals may have similar psychological problems, they may view help-seeking behaviour as being either ego-central or nonego-central. Those who were ego-central may view seeking professional counselling as being self-threatening to their self-esteem, causing self-stigma, while individuals without such issues may perceive this help as being self-supportive (Wade, Post, Cornish, Vogel, & Tucker, 2011).

Thus, the threat-to-self-esteem model examines internal factors that affect an individual's decision or perception of seeking professional counselling. Consequently, self-stigmatisation is a critical component of the threats-to-self-esteem model that determines how inferiority, shameful and embarrassing an individual views the act of seeking professional counselling from professional counsellors, and their eventual decision to do so (Duncan & Johnson, 2007; Gloria, Castellanos, Yong Sue, & Kim, 2008; Gonzalez et al., 2005).

Reactance Theory

Reactance theory (Brehm, 1966) was used to explain why older people have an adverse reaction towards seeking help from a health practitioner, mainly, when they feel that their autonomy and freedom are threatened. As a result of this perceived threat, older people are motivated to re-establish limited freedom, and the compensatory or \corrective behaviours known as reactance effects occur. There are four elements for this process to happen: perceived freedom; threat to that freedom; reactance; and restoration of freedom.

In line with reactance theory, Smith, Tran, and Thompson (2008) revealed that males who believed that men should be strong, independent, self-reliant and robust (perceived freedom), felt that the act of seeking professional counselling would restrict their freedom or autonomy to live as they wish (threat to that freedom). Therefore, when men sense that threat to freedom, then they would rather suffer than to be seen as weak or incapable (reactance), and decided not to seek a professional counsellor for their psychological problems (restoration of freedom). In line with Smith et al. (2008), Corrigan (2004) emphasized that men attempted to appear strong and avoid help-seeking behaviour because they were fearful of being seen as demonstrating a lack of self-autonomy and inadequacy.

In a six-month smoking cessation study by Williams et al. (2006), patients with more autonomy support from their counsellors had higher cessation rates as compared to smokers that were not receiving autonomy support. Those who perceive a lack of autonomy as a threat to self-esteem often behave aggressively whenever their reactance level is high (Dillard & Shen, 2005). Consequently, it can be challenging to help solve individuals' psychological problem if they are defensive in seeking counselling. Nonetheless, Timlin-Scalera, Ponterotto, Blumberg, and Jackson (2003) reinforced that men have a higher level sense of threat to self-esteem compared to women when seeking professional counselling, even though they were often engaged in higher risk behaviours of drinking and drug abuse (Mahalik, Good, & Englar-Carlson, 2003).

Attribution Theory

Attribution theory (Weiner, 1985) suggests that in the cause of an event, individuals predict, discover and assigned the reasons on how and why it occurs, to themselves (internal attribution) or their environment (external attribution) (Eberly, Holley, Johnson, & Mitchell, 2011). If individuals attribute the cause or reason for an event to their internal locus (internal attribution), they reason that the event was a result of self-failure. As such, they may experience lower self-esteem, have a lower self-perception, and may feel stigmatized if they were to seek professional counselling from a counsellor. On the other hand, if the cause or reason for an event is attributed to external factors (external attribution), it may be easier for the individual to seek professional counselling without the sense of self-stigmatisation. However, mixed results have been found about attribution theory (internal and external) that increases help-seeking behaviour.

For example, when a spouse predicts and assigned the cause of divorce to him or herself (internal attribution), then internal attribution may cause him or her not to seek professional counselling from professional counsellors. Conversely, an individual is more likely to seek professional counselling

when the cause of a particular event is assigned to others or the situation itself (external attribution), for instance, the purpose of divorce is due to in-law interference. This is because those who attribute their psychological problems internally rather than externally have better control over their psychological problems (Barwick, de Man, & McKelvie, 2009; Simoni & Adelman, 1991).

However, Bryant and Spencer (2003) found to the contrary with participants attributing domestic violence to external causes and so do not see the need to seek professional counselling. In contrast, Wall and Hayes (2000) found that depressed clients internally attributed their psychological problems and took the responsibility to seek professional counselling than individuals who were not depressed.

Modified Labelling Theory

According to Becker (1963), labelling theory is concerned with how individuals are classified, and the effect of the classification would impact on their help-seeking behaviour. That is, if individuals were labelled as being mentally ill or weak, others might stereotype them as threatening and socially undesirable, then help-seeking behaviour would be ceased. Later, Link, Cullen, Struening, Shrout, and Dohrenwend (1989) conceptualized a variant of this theory, their 'modified labelling theory,' which builds on the original by increasing the stages to five. The modified labelling theory's five stages (Link et al., 1989) include beliefs about devaluation and discrimination, official labelling through treatment, patients' responses to their stigmatising status, consequences of the stigma process on patients' lives and vulnerability to future disorder.

In stage one of the modified labelling theory, if individuals' intention to seek professional counselling were made known to their family, friends, and colleagues, they experienced 'devaluation and discrimination,' and would be fearful to be labelled as inadequate, crazy or weak. Social stigma is sufficient to cease them to seek help from a counsellor (Link et al., 1989). This is further confirmed by three other studies (Vogel, Wade, Wester, Larson, & Hackler, 2007; Vogel & Wester, 2003; Vogel, Wester, Wei, & Boysen, 2005).

However, when the individuals seek professional counselling intervention discreetly and were officially diagnosed as psychologically distressed, they may self-labelled themselves as inadequate, or crazy, and experienced self-stigma. This process refers to stage two of modified labelling theory as 'official labelling through treatment.' Thus, official labelling through treatment with self-stigma in stage two is also another common negative reaction to cease seeking professional counselling (Bathje & Pryor, 2011; Feldman & Crandall, 2007; Kroska & Harkness, 2006).

When stigmatised individuals who have been diagnosed as being psychologically distressed have decided to seek professional counselling, they entered stage three 'Responses to their stigmatising status' in modified labelling theory. They would hide their need for seeking professional counselling from others, withdraw from their social contact, and proceed to seek professional counselling (Link et al., 1989).

Stage four of the modified labelling theory stated that individuals experienced 'consequences of the stigma process on patients' lives.' That is, they are more likely to experience a sense of shame, self-failure, and social rejection. These individuals are also more likely to curtail their self-esteem and to limit their chances in life by withdrawing from society (Link et al., 1989; Pederson & Vogel, 2007).

Lastly, at stage five of the modified labelling theory, an individual becomes 'vulnerable to future psychological distress.' Consequently, such individuals will experience less support and fewer opportunities and resources in society (Link et al., 1989). This, in turn, causes them to be further isolated from their community and sink further into self-stigmatisation. Sometimes, they may escalate into further psychological problems, without appropriate counselling intervention.

Theory of Planned Behaviour (TPB)

Using the framework of TPB, Ajzen (1991) proposed that individuals' help-seeking behaviour is guided by their attitudes, values, and beliefs (behavioural beliefs), with or without support and approval from family, friends, and colleagues (normative beliefs), and whether they have the experience or ability to carry out (control beliefs) the intended help-seeking behaviour. Studies utilizing TPB have shown that attitude (behavioural beliefs) is a significant factor when predicting an individual's intention to seek help (Smith et al., 2008; Vogel et al., 2005). Positive attitudes consist of seeking professional that was believed to be beneficial, and helpful, and counselling intervention was valued as supportive and necessary were commonly displayed among participants that seek professional counselling (Babitsch, Gohl, & Lengerke, 2012; Jackson et al., 2007; Komiti, Judd, & Jackson, 2006).

Another significant predictor, social stigma was found in help-seeking behaviour. For example, both Rickwood, Deane, Wilson, and Ciarrochi (2005), and Vogel, Wade, and Ascheman (2009) have established that individuals whose family and close friends who were supportive (normative beliefs) of their intention to seek counselling were more likely to seek a counsellor to solve their psychological problems.

In TPB, control beliefs in seeking a counsellor focus on an individual's prior experience to seek professional counselling, affordability, accessibility, and availability of a counsellor, so that the individual has the confidence of how to seek a counsellor when needed and what to expect during the counselling intervention. Indeed, several studies reported that individuals with prior experience in seeking professional counselling developed greater positive attitudes and were less stigmatised about seeking a counsellor, were more likely to seek counselling again (Elhai, Schweinle, & Anderson, 2008; Vogel, Wade, & Haake, 2006; Vogel & Wester, 2003; Vogel et al., 2005). Furthermore, Stuart and Arboleda-
Florez (2001), Vogel et al. (2006), Mackenzie et al. (2006), and Sturm and Sherbourne (2001) also reported that more educated and employed individuals tended to have more knowledge about accessing counselling, and have the mean to afford counselling, tend to have more positive attitudes toward seeking professional counselling, and less stigmatised about counselling. According to TPB, behavioural beliefs, normative beliefs, and control beliefs, together exert an individual's intention to seek professional counselling (Ajzen, 1991) TPB argues that individuals' intentions are closely related to their actual behaviour.

Discussion

The SBM that includes predisposing, enabling, and need factors, was primarily developed to explain how health care services, for example, visitation to the hospitals and clinics for physiological problems, were being utilised, rather than psychological problems (Andersen, 1995; Heider et al., 2014; Walter, Webster, Scott, & Emery, 2012). That is, SBM explains utilizing health care services of a surgeon for a knee injury (physiological state) instead of individuals utilising counselling intervention for psychological problems (psychological state). Although in SBM, predisposing factors, and enabling factors have been consistency in the findings for seeking a counsellor, the need factors is, arguably, determined by cognitive and affective factors. Furthermore, the ability of individuals to perceive and realize their need to seek professional counsellors may be challenging without proper and accurate identification of the symptoms of psychological distress that was often difficult to retrieve from history visitations from various counselling centres. Thus, SBM may not be complete in explaining the behaviour of an individual seeking professional counselling as it has focused more on the pathways to utilize health care services for patients with physiological problems than psychological problems (Bradley et al., 2002; Heider et al., 2014; Walter et al., 2012).

The five-stage model for mental health help-seeking behaviour has value when attempting to understand the process (from

stage one to three) that motivates individuals to seek help for their psychological problems (Raviv et al., 2003). However, according to the five-stage model for mental health help-seeking behaviour, at stage four, an individual's intention to seek professional counselling is assumed to appear only after an escalation of their psychological problem (subjective trigger event) occurs, which may not be so. Even the progression to stage five resulting them to seek professional counselling was still obstructed if they were faced with obstacles (a lack of resources or inability to secure an appointment, or negative attitude and stigmatization) (Raviv et al., 2003). Thus, it seems that the five-stage model for mental health help-seeking behaviour cannot explain individual's decision to seek professional counselling. To summarise, within NEM, the pathway to utilising health care, including interactions with members of an individual's social network is the central underlying mechanism that shapes help-seeking behaviour (Pescosolido & Boyer, 1999). Thus, the responsibility for deciding to seek professional counselling rests with family and friends or the community. It is acknowledged that social support and social influence are important factors when choosing to seek counselling.However, regarding methodology, there are some critical limitations.Testing NEM among specific populations (social context) of minority and ethnic groups has been slow to develop. Typically, non-white participants comprise a small proportion of the total number of study participants. Indeed, some research has indicated that the effect of social network factors may be fundamentally different among racial and ethnic minority groups of low socioeconomic status (Pullen, Perry, & Oser, 2014).

The threats-to-self-esteem model emphasizes older people's decision to seek health care services through psychological considerations, serving as autonomy and self-esteem while overlooking demographic characteristics or the affordability of professional counselling. While providing some insights into decision-making for older people in health care, the threat to self-esteem model is inconsistent with findings of age group, ethnicity, or gender in seeking professional counselling. For example, the theory assumes that older people who are lower self-esteem tend to experience higher adverse reactions to seeking professional help (Newsom & Schulz, 1998). However, this contradicts laboratory studies on seeking professional counselling with age groups, gender, or ethnicity, indicating that those with higher self-esteem are more likely to react negatively to help (Knapp et al., 2016; Martire et al., 1998; Mikulincer, Shaver, Bar-On, & Sahdra, 2014; Nadler, Jazwinski, Lau, & Miller, 1980). For example, Mackenzie et al. (2006) surveyed 206 Canadian adults between the ages of 18 and 89 found that adults over 65 years were more likely to seek professional counselling as they were well aware of the value of seeking help based on what the authors called their rich life experiences, i.e. the greater quantity, diversity, and depth of the encounters, observations, and knowledge gleaned from living a long time and being exposed to more of the world. In line with the Mackenzie et al. (2006), Berger, Levant, McMillan, Kelleher, and Sellers (2005) studied the impact of gender role conflict, traditional masculinity ideology, alexithymia (the inability to identify and describe emotions in the self), and age on men's attitudes toward psychological help-seeking in the United States have found that positive attitudes to counselling increased with age among men.

Reactance theory examines, in particular, why individuals react negatively towards seeking professional counselling from counsellors, even though these actions have positive outcomes (Miller, Lane, Deatrick, Young, & Potts, 2007). For example, an individual is seen to be more reluctant to seek professional counselling if they felt they were being forced by their spouse to do so. In this example, the husband feels his freedom of choice is being threatened which in turn creates reactance and an attempt to regain the freedom to choose. A display of reactance among individuals can reduce the efficacy of an individual's recovery and treatment when seeking professional counselling. However, Miller et al. (2007) found that clients who showed signs of reactance during their counselling sessions tended to recover more slowly following treatment for alcoholism. A

problem with reactance theory is that it has not always taken account of generational and international differences in the expectation of freedom. Reactance, as it relates to freedom, has historically been difficult to measure.

An alternative mechanism to explain an individuals' help-seeking behaviour is attribution theory. In conclusion, attribution theory refers to how individuals perceived an issue that requires professional counselling, whether it is due to their actions (internal factors) or those of others (external factors) before seeking that help. This could assist in the understanding the motivation of individuals' intention to seek professional counselling and extend the knowledge of self-stigmatization. A potential weakness of Weiner's attribution theory is the effect of cultural differences. For example, it has been found that North Americans held more individualistic cultural views compared to those of Hindus', whose views were of a more holistic cultural orientation (Miller, 1984). Following these findings, Miller (1984) argued that objective information might produce contrasting effects depending on the cultural values held by the attributor interpreting the data.

One of the significant barriers to seeking professional counselling is stigmatization (Vogel et al., 2010). Modified labelling theory explains the importance and effects of stigma on individuals seeking professional counselling. The consequences of stereotyping and stigmatization are the central concept of this theory (Evans-Lacko, Knapp, McCrone, Thornicroft, & Mojtabai, 2013). This theory provides an understanding of individuals' reluctance to seek professional counselling. Although labelling theory can improve our understanding of how stigma affects an individuals' decision to seek counselling in general, it has been criticized for its focus on a relatively limited range of behaviours and its lack of focus on the causes of that behaviour.

Lastly, TPB has provided a better understanding of help-seeking behaviour (see Table 1), primarily due to its integration of behavioural beliefs, normative beliefs and control beliefs leading to an intention to seek help (Charng, Piliavin, & Callero, 1988; Hagger, Anderson, Kyriakaki, & Darkings, 2007; Sparks & Guthrie, 1998). According to Armitage and Conner (2001), a meta-analysis of TPB proved the effectiveness of the theory, accounting for 27% and 39% of the variance in an individual's behaviour and intention, respectively. TPB's variable attitude (behavioural beliefs) accounted for between 40% and 50% of the variance in predicting an individual's intention to seek help (Ajzen, 1991). Although TPB has also been used in a wide range of studies aimed at understanding the motivation behind a variety of behaviours, the focus is on the intention, not the actual behaviour. Indeed, Reavley, Yap, Wright, and Jorm (2011) conducted a telephone survey involving 2,005 young Australians found that 93% rated seeking professional counselling as helpful (positive attitude) and intended to seek professional help when needed, but only 45% used counselling services. Thus, it has shown that intention to seek professional counselling does not account for actual help-seeking behaviour. Furthermore, the TPB ignores emotional variables (i.e., the fear threat of positive and negative feelings) potentially minimising the role of help-seeking behaviours that are primarily influenced by emotion.

Nonetheless, TPB seems to be the closest choice of explaining individuals' decision to seek counselling from intention to the actual behaviour, while the rest of the models and theories, specifically, SBM, the five-stage model of mental health help-seeking, NEM, the threats-to-self-esteem model, reactance theory, attribution theory, and modified labelling theory have particular merits and limitations, a unifying model that has higher explanatory power to fully explain individuals' decision to seek professional counselling does not yet exist.

Conclusion

Table 1 has delineated the key dimensions that affect an individual's decision whether to seek professional counselling or not. To summarise, these factors that affect the individual's decision are as follows:

(a) Demographics (for example, race, age, gender, religion)
(b) Social networks (how supportive are family, friends, co-workers, peers for the individual to seek professional help)
(c) Process to seek professional counselling
(how easily available are counselling resources)
(d) Attitudes (a person's values and beliefs
generally in admitting the necessity to seek help in the first place)
(e) Stigmas (the negative reaction of the individual and others when it is revealed that the individual is seeking professional
counselling)
(f) Emotion (the individual's emotional state when seeking professional counselling)
(g) Ability (the individual's resources in enabling him/her to seek professional counselling when it is needed)

The above key dimensions are drawn from the eight models towards the understanding of an individual's predilection for seeking of professional counselling. The eight theoretical models mention in some detail these key dimensions. Not surprisingly, all eight models mention attitudes and stigmas as key factors in deciding whether an individual would seek professional help. If he has the right attitude and recognises that he needs professional counselling, that individual is more likely to seek professional counselling. Similarly, if that individual's social milieu does not stigmatise him and is generally supportive of him seeking professional help then he would be more likely to do so. If he feels shame in seeking professional counselling, there is less likelihood that he would do it.
It is submitted that TPB is the best theoretical model in examining the reasons whether an individual is predisposed to seeking professional help in the first instance as mentioned in the discussion in the penultimate paragraph of this article. The reason for drawing the aforementioned conclusion is straightforward, as the TPB model addresses seven out of the eight key dimensions, which were identified above. For a better and more well-rounded understanding of the individual's predisposition to seeking professional counselling, TPB would help crystallise the issues and better focus any organisation's understanding of the counselling needs of an individual. In the premises, there would be a better deployment of resources in addressing the psychological problems of individuals wherever they may be found.

The impact of the study on counselling and further research cannot be understated. If we understand what affects a person's decision to seek professional counselling when he realises that he has issues, we can tailor professional counselling practice in such a way to be more readily accessible to him. For example, if society stigmatises an individual for having depression, then society's attitudes can be changed via a targeted social campaign to persuade people that it is common for many people to have depression and that they should seek professional counselling rather than suffer in isolation and silence.

Further research on the subject of the factors that affect an individual's decision to seek counselling is rendered more effectively because the key dimensions underlying the same has been identified and explained. It is not the purpose of the current study to be a definitive study on the subject in question. Hopefully, researchers would be encouraged to do more study and reflection, that allow these models to be measured and tested, which would result in the contribution of more extensive study, in what is an area that requires critical research. Conclusively, society as a whole would benefit exponentially from a more focused study based on the key dimensions that have been identified.

Table 1. Summary of the Impact on the Eight Theoretical Models

Eight Theoretical Models	Demographics	Social Networks	Process to Seek Professional Counselling	Attitudes	Stigmas	Emotion	Ability
SBM	✓	✓		✓	✓		✓
Five-stage Model of Mental Health Help-seeking			✓	✓	✓		✓
NEM	✓				✓		✓
Threats-to-Self-Esteem Model	✓			✓	✓		
Reactance Theory	✓		✓			✓	
Attribution Theory			✓	✓	✓		
Modified Labelling Theory			✓	✓	✓	✓	
TPB	✓	✓	✓	✓	✓		✓

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