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PSYCHOLOGICAL ATTITUDES OF SAUDI ARABIAN INTERNATIONAL STUDENTS
TOWARD MENTAL HEALTH COUNSELING

A

DISSERTATION

Presented to the Faculty of the Graduate School of
St. Mary's University in Partial Fulfillment
of the Requirements
for the Degree of

DOCTOR OF PHILOSOPHY

In

Counselor Education and Supervision

by

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San Antonio, Texas

April 2016

PSYCHOLOGICAL ATTITUTES OF SAUDI ARABIAN INTERNATIONAL STUDENTS
TOWARD MENTAL HEALTH COUNSELING

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Abstract

PSYCHOLOGICAL ATTITUDES OF SAUDI ARABIAN INTERNATIONAL STUDENTS TOWARD MENTAL HEALTH COUNSELING

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St. Mary's University, 2016

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The purpose of this study was to explore the psychological attitudes of Saudi Arabian international students toward mental health services. One of the problems that prompted this research is the scarcity of scientific literature on this issue. This research used a mixed-method study convergent design with a convenience sampling of 162 for quantitative section and 35 for the qualitative. The main validated instrument used was the Beliefs About Psychological Services Scale (BAPS) along with a demography survey and some qualitative open-ended questions. The researcher found that licensed psychologists and professional counselors had the highest statistical representation of relationship with intent. In terms of the stigma factor, male participants were more likely to feel stigmatized by counseling than female participants. Females had a higher tolerance score than men. Additionally, the researcher found that most participants for qualitative part on this research described their counseling or psychotherapy experience as positive and expressed being enthusiastic about seeking mental health services. The main factors for pursuing counseling included were personal growth and development, family issues, stress management, crisis management and suicidal ideations. The barriers to counseling reported by responders were the counselor's cultural insensitivity, discrimination, suspicions and fear of being incriminated for being from the Middle East.

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Indeed, with hardship [will be] ease. – The Holy Qur'an [94:6]

Writing my dissertation was not an easy assignment, but with the guidance, patience, and love from everyone who was around me, I was able to accomplish this task.

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Chapter One: Introduction

A recent flow of students from Saudi Arabia has significantly contributed to the increasing number of international students enrolled in U.S.A. universities and colleges. The Institute of International Education (IIE, 2014) reported that in the academic year 2012–2013 there were 44,566 Saudi Arabia students enrolled in universities and colleges in the United States, a number that increased to 53,919 students in the academic year 2013–2014. The current figure makes Saudi Arabia the fourth highest among countries whose citizens are studying in the U.S., exceeded only by China, India, and South Korea (IIE, 2014). The most recent report (Naffee, 2014) states that the number of Saudi students in the United States has reached 110,000.

When international students, including those from Saudi Arabia, arrive at overseas universities or colleges, they soon find circumstances partially or completely different from the environments in their home country. These new conditions offer competing and even contradictory roles. These contradictory positions may factor into the differences in students' backgrounds—personal, social, and cultural. If they succeed in understanding and playing the new roles, they are likely to be successful in their study. However, If they fail to learn the new roles, they may find role conflict that affects their emotional well-being and presents obstacles to the achievement of their educational goals (Khoo, Abu-Rasain, & Hornby, 2002; Pedersen, 1991).

Regardless of their various countries of origin and home cultures, these international students are expected to adapt to the culture of their host country, as their success will be greatly affected by their ability to play their new roles in the new country. For students who come from countries that have similar cultures or languages to the culture and language of the host country, this process of adaptation is not difficult, but many more students come from countries with

cultures and languages that differ greatly from those of the host country (Khoo et al., 2002).

Because of the stress related to these adjustment problems, many of these international students have a tendency to experience different types of psychiatric disorders and psychological problems (Leong & Chou, 2002).

As is well understood, Saudi Arabia is almost completely different from the United States and other Western countries in terms of language and culture, signifying different ways of adaptation to the new language and culture. Due to these differences, Saudi Arabian students in the U.S, like other international students and sojourners, are likely to experience a whole range of adjustment problems, including culture shock, language difficulties, feelings of loneliness, and a different academic atmosphere.

Khoo et al. (2002) give a list that well summarizes the distinctive aspects of international student clients that require special attention during the counseling process. The first aspect is that international students are people in transition both physically and socially. They have left their home country and the places they used to stay or visit and the family and friends they used to get along with to pursue an educational goal in a foreign country with all its different circumstances. Second, international students have different basic assumptions and values from those embraced by the people in their host country. Many international students feel that their problems cannot be solved through counseling, and they even think that coming to a counselor will damage their integrity (Pedersen, 1991).

A third aspect is that international students are living in unfamiliar settings academically and socially. They have to pursue their educational goal using a new language in the education system and interact with new people different from those in their own culture. This point leads to the most important distinctive aspect of international students, that is, their communication

styles. These styles are likely to be different from the styles used by their professors on campus or by counselors in counseling services, possibly leading to misunderstanding among them. All the distinctive aspects that Khoo et al. (2002) have mentioned are reasons why international students are prone to mental health problems, and therefore should be provided with appropriate counseling services.

In addition to having these distinctive features, international students also face various problems in their academic journey. The major problems they face include, but are not limited to, adjustment to a new culture, academic differences, conflict among fellow nationals, impact of developments in home countries, cross-cultural male-female relationships, mental disturbances, financial difficulties, racial discrimination, social isolation, fear of immigration authorities, stressful relationships with local residents, dealing with the death of family back home, deciding where to live after graduation, and anxieties about returning home (Khoo et al., 2002; Leong & Chou, 2002; Thomas & Althen, 1989).

Likewise, Arabs, especially Muslim Arabs, possibly have more issues regarding their life adaptations in the United States than do other students, for reasons related to their cultural and religious beliefs (Faragallah, Schumm, & Webb, 1997). For example, they have more restrictions in what they can eat and drink, as well as in the type of clothes they can wear in public. Moreover, scholars have noted that their psychological adjustments are influenced by particular qualities, such as attitudes about self-esteem and social support from family and people around them (Awad, 2010; Gaudet, Clement, & Deuzeman, 2005; Johnson, 2004, Padela & Heisler, 2010). These distinctive features of international students, especially Arabs, owing to their cultural and religious beliefs, contribute to their level of success in adapting to the new circumstances in the host country.

Furthermore, international students from Saudi Arabia face a number of problems, ranging from social and psychological to personal situations. For example, Gielen, Loeb-Adler, and Milgram (1992) explained that throughout their educational journey into studying abroad Saudi students face personal situations as a result of the cultural and social trauma of being away from their families. Gielen et al. (1992) reported that cases of schizophrenia appeared with Saudi students abroad as a result of civilizational, cultural, and social trauma they faced in their host countries.

With reference to this mental health issue, the Consulting Center called on parents or family members to configure their children across multiple sessions before undertaking education abroad. The Center also called on the attention of the Saudi Ministry of Higher Education to redefine the scholarship rights and duties and the laws in the country to incorporate students' religious aspects and include courses on interpersonal skills and abilities and social acceptance of others in the scholarship program. The Center also insisted that courses that can bridge or integrate students' culture and crisis or problem resolution be provided free of charge in order to prevent mental health issues such as schizophrenia among students in the scholarship countries.

In addition, it is important to have a deeper look into the psychological aspects of the adjustment process and the impact of prejudice on Saudi Arabian students in the United States, as many of us have known that since the September 11th attacks on the World Trade Center (WTC) in New York, Arabs and Arab Americans have experienced increased discrimination and been the target of offences and prejudices (Abu-Ras & Abu-Bader, 2008; Amer, Hovey, Fox, & Rezcallah, 2008; Cainkar, 2004). They are allegedly associated with the WTC attackers even

when they have no relationship with the attackers except for the fact that they originally came from the same country as those attackers.

Studying the factors that impact the psychological adjustment of Saudi Arabian students in the United States, Rundles (2013) concluded that self-esteem, social support, and discrimination contribute to the students' adjustment. The results of this study indicated that both self-esteem and social support were important in students' adjustment experiences. However, social support is considered one of the most important factors that influence students' success or failure in adjusting to the situation in a new country. The participants admitted that they could not have made it through difficult times without support from various sources, especially from their families.

Other factors that were significantly helpful in their psychological adjustment experience included high self-confidence and a strong belief in themselves. In contrast, prejudice and discrimination, which were previously described as barriers to students' adjustment, did not have a significant impact on their adjustment experience, although these caused anger and upset among the students. These findings may have implications for the provision and improvement of counseling and programming for international students (Rundles, 2013). In addition, these findings may have implications on the pre-departure orientation programs for students who will be pursuing tertiary education in the United States and other Western countries.

Statement of the Problem

A problem with research in this area—that is, the psychological attitudes of Saudi Arabian students toward mental health counseling—is the scarcity of current literature on this issue. Recent studies (Rundles, 2013; Shaw, 2009) reveal a shortage of research on Arab, Middle Eastern, or Saudi international students, evidenced in no research on this population being found

that dates from before 1973. Even if current studies discussing these populations are largely available in the form of dissertations, rather than post-doctoral research studies (Rundles, 2013).

Most studies on psychological attitudes toward mental health counseling are usually concerned with the psychological adjustment of international students in general (Al-Sharideh & Goe, 1998; Danielsen, Samdal, Hetland, & Wold, 2009; Gong & Fan, 2006; Johnson & Sandhu, 2007; Yeh & Inose, 2003), and lack a focus on more specific issues such as attitudes toward mental health providers or counseling. To make things more problematic, empirical studies on such issues have focused on particular groups of international students, such as Asian and Hispanic populations (Amer & Hovey, 2007; Dao, Lee, & Chang, 2007; Kashima & Loh, 2006; Rudmin, 2009; Searle & Ward, 1990; Shaw, 2009; Wang, 2009), while neglecting other groups.

Saudi Arabian and Arab students in general are among the populations that have been ignored in research on international students, especially in the United States (Rundles, 2013). This might be related to the stigma that many Arab cultures attach to mental health services if the services involve people outside of family members (Elzubeir, Elzubeir, & Magzoub, 2010). The scarcity of literature on Arab students in the U.S. provides little information about the issue under investigation as well as a lack of theoretical and methodological frameworks for the research. As a result, the present study is framed within the existing information about Arabs and Arab students in general, together with limited pieces of information about the psychological attitudes of Saudi students pursuing academic goals in the U.S. Regardless of the distinctive features they have and the problems they face, international students may have different attitudes toward counseling services. Recent research concerning international students (Ebbin & Blankenship, 1986; Harju, Long, & Allred, 1998) has focused on the use of medical and psychological services on a university campus. Ebbin and Blankenship (1986) compared

international and domestic students in their frequency of use of the medical and psychological services centers on their campuses. Results suggested that the percentage of international students' visiting their campus health centers was larger than their percentage of the student population, and at the same time they presented more psychiatric or counseling problems to psychological service centers more often than did domestic students.

These findings indicate that international students encounter more psychological issues than do their domestic counterparts, and as a result, the availability of psychological service centers becomes more crucial. These centers can help international students endure the hardships of their academic journey, as evidenced in the results of a survey by Harju, Long, and Allred (1998). Harju et al. surveyed 107 international students at a large public university on the West Coast of the U.S. and found that 14% of the students had used psychological counseling services on campus at some time and 93% expressed satisfaction with the service they received.

However, other people disfavor visiting psychological service centers as a way of finding a solution for their problems. Topkaya (2014) reported from different studies (e.g., Andrews, Issakidis, & Carter, 2001; Kessler et al., 2001; Hinson & Swanson, 1993) that people usually consider seeking psychological help as their last rather than their first choice, and thus the majority of those who might benefit from psychological treatment end up skipping psychological therapy. Following other scholars (e.g., Bayer & Peay, 1997; Vogel, Wester, Wei, & Boysen, 2005) who have conducted research on the factors that influence the decision to look for or forgo psychological help, Topkaya (2014) goes on to ask why so many people are reluctant to seek psychological help. Research shows that the decision to seek psychological treatment is related to one's understanding of counseling or beliefs about the idea of looking for psychological help (Carlton & Deane, 2000; Codd & Cohen, 2003; Vogel & Wester, 2003).

Various studies conducted in different countries have shown an increase in negative attitudes toward psychological help-seeking in a society and a decrease in the use of psychological services for treatment (Cepeda-Benito & Short, 1998; Cramer, 1999). Another study by Jang et al. (2011) regarding the attitudes toward mental health services among Hispanics indicated that negative attitudes towards mental health services were related to participants' age and beliefs about depression and counseling itself. Advancement in age, the belief that having depression would disappoint family members, and the belief that counseling causes bad feelings all contributed to negative attitudes toward mental health services (Jang et al., 2011). These research findings have implications on how to change default views and beliefs about psychological service centers, as well as how such centers can create a positive image of themselves through constant campaigns and the provision of quality services for students and others across a variety of sociocultural backgrounds and beliefs. One of the most extensively observed concepts in cross-cultural psychology deals with individualism versus collectivism. These two concepts differ in the way they perceive how individuals in a particular society are bound or tied to each other. The ties between individuals in individualistic society are loose, as everybody is relied upon to take care of themselves and their close relatives, whereas the ties are strong and cohesive in a collective society, in which individuals receive protection from their group in exchange for loyalty (Hofstede, 2001). These two concepts are generally diametrically opposed when considering East–West relationships, with the East being collectivistic and the West individualistic. The opposing concepts manifest differently in counseling practices in Eastern versus Western cultures.

Analogously, the collectivistic experience of Arabs versus the individualistic West may be manifested explicitly or implicitly in counseling with a Western counselor (Dwairy, 2006).

Through the transference and countertransference processes, many Arab clients may display their Arab/Muslim collective culture in a counseling session and consider the Western counselor as a representative of all that the West means for the Arab/Muslim. Transference of the child–parent relationship in collective Arab culture as well as transference of the Arab/Muslim–West relationship may manifest in the Arab/Muslim client expressing submissiveness to the Western counselor.

The way an Arab client expresses anger and rage, on the one hand, and inferiority feelings, shame, or fear of anger and rage, on the other hand, may reflect an Arab/Muslim's transference toward a Western counselor. For example, an American therapist, in the eyes of some Arab or Muslim clients, may represent the whole American regime and its overall policies toward the Arabic and Islamic nations (Dwairy, 2006). Therefore, as members of a collectivistic society, Arabs may experience more anxiety and dissatisfaction with life in the Western countries, which are traditionally bound to an individualistic culture (Abi-Hashim, 2008; Al-Krenawi, 2005). Such an understanding of cross-cultural psychology has implications for methodological change in counseling services in order to improve the treatment of Arab students in Western countries.

According to Mahmoud Abdullah Saleh (1987), in an Islamic country like Saudi Arabia, counseling is seen as a process through which a counselor finds ways to help a counselee choose, plan, and adjust the counselee's behaviors in such a way that they align with an Islamic way of life. Utilizing Islamic beliefs as a potential motivation in solving problems, the counselor assists the client to develop effective intra- and interpersonal behaviors for the sake of his or her own well-being. In other words, the counselor, with all his competence and beliefs, serves to help the client make personal, social, and academic adjustments with reference to Islamic values.

As a way of life, Islam is believed to have a central role in the development of emotional, personal, and social behaviors of a Muslim (Badri, 1978). As it is proclaimed in the Qur'an (e.g., 5:3), this religion has been perfected by Allah, the Creator, and provides complete guidelines for humankind to reach ultimate prosperity and wellbeing in this world and in the hereafter. In spite of having a meaningful religion as a moral and behavioral framework, Muslims are not automatically free from temptation. Instead, they will still always experience conflicts and emotional and psychological turbulences in their life (Hamid, 1978). In this view, counseling should be able to prevent turbulent situations, offer remedy after the turmoil, and give reinforcement to the client to be stronger in facing possible problems in the future (Saleh, 1987). Here lies the importance of guidance and counseling for Muslims and the need for Muslim scholars who understand and are skillful in counseling or psychological treatment.

Islamic counseling differs from Western counseling, as they represent different methods or techniques, rooted in various religious, philosophical, and cultural values. Just as "client-centered counseling represents a truly American approach" (Shertzer & Stone, 1968, p. 285, cited in Saleh, 1987, p. 279), Islamic counseling represents a Muslim approach to solving psychological problems. For example, in Saudi Arabia, where the Islamic religion is influential, supernatural forces such as witchcraft, the evil eye, and spirits are culturally accepted. Moreover, the traditional practices carried out by religious Faith Healers (FHs) are based on the supernatural and bound by faith. To give some examples, these practices include reciting specific verses from the Holy Qur'an and the sayings of the Prophet Mohammad (Peace Be Upon Him).

Regardless of advances in the mental health sector, a large number of mentally ill Saudi Arabian patients still seek counsel from FHs before approaching mental health professionals (Alosaimi, 2014; Saleh, 1987). These methods of healing, which are widely practiced in Muslim

communities, may have little significance in Western society simply because the methods grow and develop within a society that embraces different religious and cultural values from the West. In other words, in an Islamic country like Saudi Arabia, counseling is rooted in Islamic teaching values, whereas Western counseling is historically tied to Western traditions, which are also religious and philosophical in nature.

Therefore, Saleh (1987) argues that the cultural disparity between the Saudi and Western cultures is great, assuming that counseling methods and techniques are culturally bound. In his view, counselors are imprinted and woven into the fabric of their own culture, which in the case of Saudi Arabia means that the counselors and their ways of counseling are guided by the Islamic pattern of society, the philosophy of their educational system, and the counselors' own understanding of Islamic beliefs. As it is inevitable for counselors to bring their own values into their relationship with clients, Saudi counselors are expected to bring into their counseling Islamic values and provide a role model of the Islamic way of life when dealing with their clients (Saleh, 1987).

The Qur'an provides motivation for believers to stay firm during the time of tribulation and seek refuge from Allah, the Almighty, while actively seeking professional help to alleviate the hard situation they are facing. Allah says,

Did we not expand for you, [O Muhammad], your breast? And we removed from you your burden? Which had weighed upon your back? And raised high for you your repute? For indeed, with hardship [will be] ease. Indeed, with hardship [will be] ease. So when you have finished [your duties], then stand up [for worship]. And to your Lord direct [your] longing. (Qur'an 94:1-8)

This kind of motivation has inspired Muslims to stay firm during the time of hardship and be sure that they will have the capacity to find the solutions to the problems they face. Their belief that Allah, their Almighty Lord, will provide the solution to their problem keeps them optimistic in seeking for remedies to their psychological issues. So, it is interesting to examine how Saudi Arabian students with all their cultural and religious attributes—Islamic, collectivistic, and religiously motivated among others—deal with psychological problems in a foreign country, which is non-Islamic, individualistic, and philosophical in nature. It is also fascinating to explore how students with all distinctive features they have as international students somehow manage to seek counseling or psychotherapy services and present themselves in front of counselors, who are not part of their family, have their own values and beliefs about psychological problems and the way or ways to remedy the problems, and speak a language the students arguably do not fully understand.

Purpose of the Study

The purpose of this research was to explore the psychological attitudes of Saudi Arabian international students toward mental health services. Specifically, this study intended to identify the relationship between the psychological attitudes of Saudi international students toward mental health services and selected demographic variables, including gender, age, education, marital status, previous experience, and counselor type.

This research was a mixed-method study using a convergent design. According to Creswell and Clark (2011), convergent designs combine a quantitative and a qualitative research methodology at the same time. This design was implemented to answer both quantitative and qualitative research questions. Quantitative research defines a particular phenomenon and examines relationships between variables. After the data are gathered, normally through surveys,

the relationships between the variables are analyzed through various statistical procedures (Polit & Beck, 2004). A survey research design was used to address the quantitative research questions of the study.

This design was appropriate, as the intention was to explore opinions and perceptions of a particular subject. Qualitative research uses a flexible design to investigate narratives from participants who voluntarily share their lived experiences to explain a phenomenon, typically through survey writing (Creswell & Clark, 2011; Polit & Beck, 2004). This study used a phenomenological research design to analyze written narratives from participants who, in addition to sharing their opinions on the survey, decided to answer the open-ended survey questions in writing. Phenomenology Heuristic Analysis was used to understand the qualitative answers of the Saudi Arabian students in regard to their counseling experiences.

Quantitative data gathered was analyzed using Statistical Package (R) software. The descriptive statistics used for this study included frequency distribution, mean, standard deviation, Pearson's correlation, and chi-square test statistics. Inferential statistics in this research included Analysis of Variance (ANOVA), Regression, and Factor Analysis. For a through convenience sampling, the researcher collected information from Saudi Arabian students living in the U.S. The researcher invited prospective respondents to fill out a Qualtrics survey containing a demographic section, open-ended questions, and the Beliefs About Psychological Services Scale (BAPS). The sample population of this study was Saudi Arabian students who were 18 years of age or over and were taking undergraduate and graduate courses in American universities or colleges.

Research Questions

The research questions for this study included three quantitative questions and three qualitative questions.

Quantitative Research Questions

1. What is the relationship between the psychological attitudes of Saudi international students toward mental health services and their gender, age, education, and marital status, and the counselor type?
2. Do gender, educational level, and clinician qualifications predict the psychological attitudes that Saudi international students have toward mental health services?
3. Are the factors of the psychological attitude scales confirmed for Saudi international students?

Qualitative Research Questions

4. What motivates Saudi Arabian students to seek counseling services as relates to clinician qualifications, gender, previous counseling experience, and length of residence in the United States?
5. What barriers do Saudi Arabian students face in seeking counseling or psychotherapy?
6. How do Saudi Arabian students describe their counseling/psychotherapy experience?

Significance of the Study

The importance of conducting research on the psychological attitudes of Saudi Arabian students towards mental health counseling services lies in the need to provide adequate services to a large and growing population of Saudi Arabian students in the United States. As mentioned above, to date, there are roughly 110,000 students under the auspices of (Naffee, 2014). It is possible that the number will increase tremendously in years to come, owing to the close

relationship between governments of Saudi Arabia and the United States. Parallel to the increase in the population of Saudi students' in the United States, extensive efforts to provide appropriate services need to be made, as these students will be significant assets of the Saudi Kingdom in the future.

Understanding the psychological behavior of the students will allow the Saudi government to anticipate psychological issues the students may have that can hinder the achievement of their educational goals. Meanwhile, the Kingdom requires the students to succeed in their studies and return home to start making a contribution to their country. This view is in line with the efforts of the Saudi Arabian government to develop guidance and counseling in the Kingdom. Mahmoud Abdullah Saleh (1987) reported that Saudi Arabia's government is especially striving to develop guidance and counseling programs, which are intended to prepare an educated and well-trained generation of Saudis who can shoulder the burden of development within the Kingdom and serve the nation. This same understanding will allow educational institutions in the host country to provide better counseling services for the student wellbeing.

Along with the need to understand the psychological attitudes of Saudi Arabian students in the United States and to participate in the development of guidance and counseling in the Kingdom of Saudi Arabia, there is also a need on the students' part to contribute to the enrichment of the academic literature in this particular area, as there is little information in the literature about the attitudes of Saudi Arabian students toward mental health counseling services as recent studies have indicated (Rundles, 2013; Shaw, 2009). These needs signify the practical and academic importance of the present study and provide justification for the study. Therefore,

in terms of theory, the findings of this research added to the current literature on this topic, as well as, in terms of practice, providing insights into how to deal with the issue in the field.

Limitations of the Study

Due to the limited literature regarding Saudi Arabian students' attitudes toward mental health counseling services, there is little information to provide historical perspective to situate the issue within the context of Saudi Arabian students studying in the United States (Rundles, 2013; Shaw, 2009). Instead, the theoretical analysis of this issue was framed within the context of international students pursuing educational goals in universities or colleges in the United States, as well as in other Western countries, focusing on attitudes toward mental health services in the multicultural literature.

The theoretical analysis was also framed within the context of Arab/Muslim students and immigrants living in the United States or in other Western countries, focusing on their attitudes toward mental health services in the West while reflecting on mental health services in Arab countries. While working within these frameworks, the researcher made repeated efforts to find more relevant literature to frame the theory and methods for conducting this research. This framing meant that at various stages in the development of the current study, the researcher frequently revisited the theoretical and methodological frameworks to meet the standards of scientific research. The researcher took this framing approach to allow her to continue working with the limited information she had while seeking to collect more information to situate the research within a dynamic, ongoing process of research development.

Other limitations include the social, psychological, and linguistic complexes described by Hofer (2009) in regard to surveying Saudi Arabian students in the United States. First, like other international students at American universities, Saudi students may perceive research studies and

surveys with suspicion, and as being too difficult to understand, too laborious, or time consuming, which results in a lower number of surveys being returned or incorrect information being reported. Second, the students may also be concerned with potential consequences if they respond to surveys in an open and candid way. The potential for negative repercussions may prevent them from giving honest replies. Third, as non-native speakers, students possessing low English proficiency levels may not understand the survey, or may think that responding to the survey is just a waste of their time. Finally, although Saudi students share some common challenges with other international students, there are unique problems that Saudi students face which cannot be attributed to the entire international student population (Hofer, 2009). In order to minimize these complex limitations, the present study will use a survey written in English supported by a brief demographic survey and the use of a Likert-type Scale

Definition of Terms

Several technical terms in this research need to be explicitly defined in order to provide a common understanding for the readers, giving them basic knowledge about the issues being discussed so that they can smoothly follow the ideas developed in this research without worrying about ambiguity in meaning. The technical terms include psychology, psychological attitudes, Saudi Arabian students, mental health, counseling, and counseling services.

Psychology. Psychology can be defined as the study of behavior, the science of mental life, or the laws of the psyche. Initially, psychology was part of philosophy, but then it developed to a point where it claims to be a science in its own right. Its main subject is human behavior, but only behavior that can be observed objectively is a legitimate subject for psychological study. Harsh critics of this discipline come from among psychologists themselves, who argue that it is no more than elaborate common sense or that it has become an overly scientific activity alienated

from its original subject—humanity and the human mind (Feltham & Dryden, 2004). From the word *psychology*, we have a derivative form *psychological*, which is often used as a synonym of the word *emotional*, as in the phrase “psychological/emotional problems,” although behaviorists only reluctantly approve of this usage (Feltham & Dryden, 2004).

Attitude. An attitude is a cognitive or emotional disposition toward others, events, and life; an attitude is also a habitual position. Attitudes cover the notions of worldviews, scripts, and schemas. Different personality types, for example introverts and extroverts, are considered to have fundamentally different attitudes. Attitudes can also be fleeting. The counselor is required to have a respectful, helpful, and personable attitude. The person-centered approach to counseling is sometimes said to require certain attitudes and qualities rather than skills (Feltham & Dryden, 2004). So, *psychological attitudes* can be operationally defined as cognitive or emotional dispositions towards others, events, or life due to psychological or emotional circumstances rather than physical ones. For example, rejecting food provided by someone whom you hate reflects a psychological attitude, whereas rejecting food because you do not eat spicy food does not. The former attitude is psychological or emotional driven, while the latter is physically driven.

Mental health. Mental health refers the healthy functioning of the person, as in Freud’s dictum that the mark of maturity is the “ability to love and to work.” It also refers to the unproblematic functioning of the mind. Optimal mental health might include the qualities of alertness, flexibility, creativity, joyfulness, and equanimity. A mentally healthy person would perceive him- or herself and others accurately and be able to engage with life without being crippled by anxiety. Mental health counseling is a well-developed profession in the U.S.

(Feltham & Dryden, 2004). *Mental health services* can be defined as all types of services provided to help people live a healthy life as indicated by unproblematic functioning of the mind.

Counseling. Counseling has different meanings, and many of them are problematic as well. Traditionally, counseling has been understood as advice giving, but modern world considers counseling a profession, an activity carried out by individuals who agree to fill the roles of counselor and client. The relation between counselor and client is portrayed by the use of one or more psychological theories. These theories are combined with an accepted set of communication skills that change with experience, instinct, and other interpersonal components, to solve a client's intimate concerns, problems, or aspirations (Feltham & Dryden, 2004). "People become engaged in counseling when a person, occupying regularly or temporarily the role of counselor offers or agrees explicitly to provide time, attention, and respect to another person or persons temporarily in the role of client" (British Association for Counselling, 1985, cited in Feltham & Dryden, 2004, p. 51). Counseling services, then, refer to the services provided to allow the counseling process to take place between counselor and client.

Saudi Arabian international students. This term refers to both undergraduate and graduate students of Saudi Arabia pursuing academic degrees in the United States. Non-degree seeking students, such as those taking pre-academic language courses or taking crash programs or short courses, are excluded from the definition. Saudi students who are taking degree-seeking courses in Saudi Arabia or in countries other than the United States are also excluded from this definition. By means of the research title of *Psychological Attitudes of Saudi Arabian International Students Toward Mental Health Counseling*, I was indicating that as a researcher I would like to explore the cognitive, emotional, or behavioral dispositions of Saudi Arabian students toward professional services called mental health counseling in the United States, where

the students are pursuing their tertiary education. Through this study, I would like to see how factors such as attitudes, motivation, and mental health services are intermingled in students' decisions to seek or not to seek counseling or psychotherapy services on campuses in the United States.

The next chapter (Chapter 2) includes a review of the current literature as a basis for conceptual and theoretical frameworks for the topic under scrutiny.

Chapter Two: Review of the Literature

Introduction

This chapter briefly introduces the historical background of the research, including a global perspective on the construct to be investigated, as well as issues and controversies about it, and the delivery of specific information about the different variables involved. This chapter also critically analyzes the scientific data and theoretical opinions relevant to the research questions of the study, in this case, a mix of quantitative and qualitative research studies. In other words, this chapter provides the theoretical framework for the study by providing a description, analysis, and comparison of the previous research on the topic of students' psychological attitudes toward mental health counseling services. From a careful review of previous research, this chapter informs the reader as to what is and is not known about the different variables within the topic of investigation.

Saudi Arabia's Religion and Culture

The Kingdom of Saudi Arabia is one of the richest countries in the Middle East. Much of its wealth is a result of the discovery and exploitation of oil from the mid-20th century onwards. Since then, Saudi Arabia has experienced rapid social and economic change that has seen the country modernized and at par with many major Western economies. However, despite these Saudi Arabia's achievements and successes, the attitude to mental health services in the country is affected by centuries-old traditions, practices, and religion.

The Prophet Muhammad said, "Shall I not inform you of something more excellent in degree than fasting, prayer and almsgiving (sadaqah)? The people replied: Yes, Prophet of Allah!

He said: It is putting things right between people, spoiling them is the shaver (destructive)” (The Hadith, n.d.). The official religion in Saudi Arabia is Islam, and close to 100% of the population is Muslim. Islam means to believe there is one God, “Allah,” and that the prophet Muhammad is the last messenger of God. Being a Muslim means having to believe and practice five acts. The first act is to say and believe the *Shahada*, meaning to believe that there is only one God (Allah), and that the Prophet Muhammad is the messenger of God. The second act is to pray five times a day to be in contact with God. The third is to pay *zakat*, or alms, from your wealth to poor people. The fourth act is fasting during the holy month of Ramadan. The fifth act is a pilgrimage to Mecca, if you are able to do so, once in your life. Islam in Saudi Arabia plays an outstanding role in affecting the behavior and attitudes of the Saudi people. The law and practiced role comes from Islam’s holy book (the Qur’an) and the actions of the Prophet Muhammad (the Sunnah). Saudi Arabian people speak the Arabic language, which is the language of the Qur’an.

Islam is the state religion of Saudi Arabia. Within Muslim culture and Islam, there is a belief in *jinns* (evil spirits). For centuries, many of the mental afflictions people have faced in the region have been blamed on *jinns* or other spiritual maladies. The remedy for mental illness was thus a visit to a traditional healer. Almoshawah (2005) noted in his doctoral thesis that visits to traditional healers have continued up to the modern day, with there being many types of traditional healers within Saudi Arabia. Treatments may involve Quranic recitation, herbs, enchanting, cauterization, and dream analysis. Traditional healers gain legitimacy through Islam, and as Almoshawah (2005) further pointed out, a high percentage of mentally ill patients within psychiatric centers in Saudi Arabia have previously sought help from a traditional healer.

In addition, Saudi Arabia is built upon a strict hierarchical structure based on age and gender relationships. Almoshawah (2005) observed that cultural attitudes in Saudi Arabia dictate

communication patterns that follow the hierarchy of relationship between persons, as well as their social status. Inefficient communication has hampered efforts at talking therapies such as counseling, where the psychologically ill are required to intimately share their thoughts in a confidential environment. Therefore, when the patient and counselor are of different genders, age groups, or social status, the communication between them is affected, making counseling ineffective. Also, in Saudi Arabian culture, a person does not share their thoughts with persons with whom they lack familiarity; hence the need for mental health professionals to build a trusting and intimate relationship with the patient before treatment.

Family in Saudi Arabia is extremely important, as the relationship between members is the basis of the social institutions. Saudis respect old people, obey their parents, and listen to them. The Prophet Muhammad said, “He is not one of us who does not have mercy upon our young, respect our elders, and command good and forbid evil” (The Hadith, n.d.). According to House (2012), family in Saudi Arabia is the essential basis of one’s personhood and individual status. Therefore, the family becomes the current focus of individual sincerity and loyalty. The Prophet Muhammad said, “Who among the people is most deserving of a fine treatment from my hand? He said: Your mother. He again said: Then who (is the next one)? He said: Again it is your mother (who deserves the best treatment from you). He said: Then who (is the next one)? He (the Holy Prophet) said: Again, it is your mother. He (again) said: Then who? Thereupon he said: Then it is your father” (The Hadith, n.d.).

Culture and religion in Saudi Arabia are different and it is important to understand that not all the attitudes and behaviors of Saudi Arabian students stem from religion; however, most people in other countries do not know the different between Islam and Saudi culture and think that every attitude and behavior of Saudis comes from their religion, not from their culture.

Attitudes Toward Mental Health Services in the Multicultural Literature

To begin with, the study of attitudes toward different racial and ethnic groups is increasingly popular in the multicultural literature, probably because researchers intuitively perceive that different attitudes are dependent upon the target race and that attitude research is fairly easy to conduct, especially when researchers can sample involved audiences (Ponterotto et al., 2002). Moreover, the study of potential client attitudes toward counseling and clients' preferences for various types of counselors has been an important focus in multicultural counseling research for more than two decades. One reason for doing research in this area is that having reliable information on potential client attitudes and preferences regarding mental health professionals can lead to improved utilization of such services by minority group members (Ponterotto et al., 2002).

Among the studies conducted in this area is Coleman et al.'s (1995) meta-analysis of 21 studies, which examined the counselor preferences of members of racial and ethnic minority groups. This research reveals that racial/ethnic minority group members tend to favor ethnically similar counselors over European American counselors. Abreu and Gabarain (2000) reported similar results, finding that Mexican American students preferred ethnically similar counselors to counselors from other ethnic backgrounds. Atkinson et al. (1989) found that Asian American undergraduates also preferred ethnically similar counselors to ethnically dissimilar ones. These results are in accordance with the outcomes of Coleman et al.'s (1995) meta-analysis mentioned above, finding that participating students sought out counselors with attitudes and values similar to their own and this preference was related to the students' level of acculturation to host culture.

Similarly, Fuertes (1999) studied undergraduate African American and Asian American students' perceptions of counseling and found that universality-diversity orientation (UDO)

could be used to predict students' perception of counselor competence and the students' willingness to engage the counselor in longer period of counseling. In another experimental study, Abreu (2000) found that Mexican American undergraduate students rated a prospective Mexican American counselor higher than a matched European American counselor regarding positive expectations for the value of counseling. Finally, Lee and Mixon (1995) assessed ratings for counselors and counseling effectiveness with actual clients. They found that Asian American students who used the university counseling service rated the counselor and the counseling as less helpful for personal-social-emotional concerns than did their matched Caucasian counterparts when the majority of the staff in the center was 75% Caucasian and 13% Asian American. When taken with the aforementioned research findings, Lee and Mixon's (1995) study leads to the conclusion that the students participating in these studies preferred ethnically similar counselors over ethnically dissimilar ones.

Research in the area of attitudes toward mental health counseling services attracted active attention as early as the late 1950s; de Vries and Valadez (2006), for example, cited Nunally and Kittross (1958), who assessed public attitudes toward mental health and health-related professionals using a semantic differential rating instrument. Nunally and Kittross (1958) revealed that the public generally regarded all mental health professionals quite favorably. McGuire and Borowy (1979) conducted research to assess attitudes toward various contemporary mental health professionals. This research revealed an overall highly favorable perception of professionals in the mental health field, but it also revealed that, although the research sample highly valued mental health professionals, they did not see themselves as having a comparable degree of understanding of how these practitioners performed within their areas of specialization.

The mid 1990s witnessed a growing attention being paid to counselors' and graduate students' mental health and fitness to practice. This growing attention can be seen in the special edition on the topic released by the *Journal of Humanistic Education and Development* in 1996 (McGowan, Hazler, & Kottler, 1996). The aforementioned study by de Vries and Valadez (2006) examined the mental health and attitudes toward counseling of counseling graduate students at a Southern university and found that formal or informal gatekeeping procedures were not as useful as was commonly thought and that impaired students consistently gained entry into and graduated from the graduate counseling program.

In 2011, Jang et al. published their study on misconceptions and personal beliefs associated with depression. The researchers explored predictors of attitudes toward mental health services in a sample of older Hispanic adults living in public housing. The study showed that being elderly, the belief that they would disappoint their families by being depressed, and the belief that counseling brings up repressed feelings of anger and sadness contributed to negative attitudes toward mental health services among the study sample (Jang et al., 2011).

Another study by Shaw and Morgan (2010) examined inmate attitudes toward treatment, mental health treatment utilization, and treatment effects that maximized treatment effectiveness. Multiple linear regression analysis indicated that inmate attitudes toward treatment were predictive of the number of mental health treatment sessions (dosage) the inmates received. Hierarchical linear regression analysis showed that positive help-seeking attitudes were related to a diminished number of incidences and seriousness of misconduct while in institutions, as well as a positive score on risk assessment tests of future criminality. Additionally, the treatment dosage an inmate received was related to an increase in the number and seriousness of the misconduct at institutions. These findings showed that the dosage of psychoactive drugs and

inmate behavior was affected by the prisoner attitude toward treatment. Accordingly, correctional psychologists may be able to anticipate which inmates will receive the most benefit from services.

To sum up, the study of potential client attitudes toward counseling and clients' preferences for various types of counselors has been an important focus in multicultural counseling research for more than two decades (Ponterotto et al., 2002). These types of studies (e.g., Abreu & Gabarain, 2000; Atkinson et al., 1998; Coleman et al., 1995) examining the counselor preferences of members of racial and ethnic minority groups indicate that participating students tend to meet with counselors with attitudes and values similar to the students' cultural values. As a result, students tend to rate the counselors of the same ethnic background as they are more highly than counselors from other ethnic backgrounds (Abreu, 2000; Fuertes, 1999; Lee & Mixon, 1995). All these studies reveal that students participating in the research preferred ethnically similar as opposed to ethnically dissimilar counselors. Research in the area of attitudes toward mental health counseling services has shown that the public generally regarded all mental health professionals quite favorably, although the research participants had little knowledge or understanding of how these professionals performed within their areas of expertise (McGuire & Borowy, 1979; Nunally & Kittross, 1958).

Mental Health Services in Arab Countries

In Arab countries, guidance and counseling or mental health services have only begun to develop recently. Day (1983) assessed the attitudes of Middle Easterners on both the government and the individual level toward the profession of counseling based on two survey studies. The first study was based on responses from 10 Middle Eastern countries to a survey questionnaire regarding the status of counseling and the projection for counseling services in the future for

each country. The results showed that counseling was present in each of the countries surveyed and it was predicted that counseling services would increase in the future. The second study was drawn from the responses to a self-report survey of 40 college students from Middle Eastern countries who had prior experience with counseling. The research found that around 80% of the students in the survey were satisfied with counseling services, and 80% said that they would suggest the counseling services to their peers if the need emerged. The two studies described in Day's (1983) article showed that the Arab countries were ready for counseling. This readiness was made possible by the economic development in those countries, which brought with it rapid technological change.

In Saudi Arabia, the launch of modern mental health and psychiatry services is marked by the construction of Shahr Hospital in Taif in 1962, followed by the building of similar hospitals in Jeddah, Riyadh, and other major cities. Along with the construction of hospitals, the government also launched a program that integrated mental health services with primary health care and the provision of special training in psychiatry with a national certification by the Saudi Kingdom and an international certification through the Arab Board (Mohit, 2001). Saleh's (1987) study on counseling and guidance in the Kingdom of Saudi Arabia indicated that Saudi Arabia's government was actively striving to develop guidance and counseling programs to serve its people. The programs were intended to prepare an educated and well-trained generation of Saudis who could shoulder the burden of development within the Kingdom.

To conclude, even though guidance and counseling or mental health services are relatively new in Arab countries, users of the services have been satisfied with them, and therefore, they have good prospects for the future (Day, 1983).

According to Koenig et al. (2014), mental health care in Saudi Arabia has been developing from year to year since the 1950s, when there were no psychiatric clinics. Then in 1952, the first mental health hospital was built in Taif; in 1969, the first medical school in Riyadh opened, and in 1989, the first primary care centers were constructed. In 1997, people began training for psychiatry. Between 2007 and 2013, a mental health atlas was established, as well as child psychiatry programs, and surveys were carried out on the national mental health of Saudi Arabians. In 2014, private investors were building community mental health centers.

Arab Muslims' Beliefs About Mental Health

The views of Arab Muslims, as well as those of Muslims all over the world, about mental health and psychotherapy are fundamentally based on their religion, Islam, and on the Qur'an as their scripture. In Arabic, the word "Islam" means submission, surrender, and peace. It entails the meaning of entering into a peaceful state through submission or surrender to the will of God. For Muslims, the Qur'an is "a guide and a healing to those who believe" (Qur'an 41:44). It provides codes of conduct and basic principles that can serve as procedures to prevent and cure psychological or emotional disturbances. Being a guide and as a source of enlightenment, the Qur'an addresses a wide variety of psychosocial issues, such as marital and family relationships, child rearing, honesty, justice, modesty, and treatment for the ill.

The Qur'an promises a high reward and a healthy mental state for those who are truly committed to the Islamic way of life, including those who "show patience in hardship and adversity, and the time of distress" (Qur'an 2:177). Despite providing principles and guidelines for living a mentally healthy life, the Qur'an does not serve as a substitute for prevailing medical knowledge and treatment for mentally ill persons (Abu-Ras, Gheith, & Cournos, 2008). Based on this view, treatment for emotional disturbances should take a spiritual approach as outlined in the

Qur'an and the Hadith of the Prophet Muhammad, as these are the two sources of Islamic teachings, hand in hand with medical and psychological health care.

According to Abu-Ras et al. (2008), the way Islam promotes good mental health is based on an understanding of the struggle between the spiritual self and the physical self. They argued that the spiritual self, which is selfless and tends to be constructive, seeks to uncover human flaws, emotional weaknesses, and hidden potential, whereas the physical self, which is selfish and tends to be destructive, seeks to assert its tendency toward cruelty, greed, and aggression. Islam urges its followers to resolve their inner conflict through devoting themselves to the will of Allah and committing to good useful work and, in return, they may expect to live peaceful and meaningful lives. However, as part of human nature, people have to face their human deficiencies and seek to overcome them, and so do Muslims.

As humans, Muslims are positioned in the middle of a moral battlefield where they have to comprehend the nature of mental illness that could prevent them from overcoming their inherent weaknesses. In explaining mental illness, Islam suggests that it may be a result of God's punishment, a flawed relationship with God, or the incalculable result of God's will (Abu-Ras et al., 2008; Al-Krenawi & Graham, 1999). In these views, mental disturbance is considered a part of human suffering that is often regarded as a way of paying for sins. This pain may be doubly or multiply rewarded if it is endured with patience and prayer. Illness or disease is also understood as a divine trial of how pious, devoted, loyal, and faithful a Muslim is towards Allah, his Lord. In time of such a trial, Muslims are supposed to be steadfast, increase their personal strength and healing, intensify their ritual acts of devotion through different acts of worship, such as prayer, fasting, repentance, and recitation of the Qur'an (Abu-Ras et al., 2008).

According to Mohit (2001), the mental or spiritual self is dynamic in nature; it continuously develops and evolves, beginning from a purely self-gratifying stage (*nafsi ammareh*) and moving forward to a stage of inner peace and self-assuredness (*nafsi mutma'enneh*). Along the way through the journey of life, an individual goes through periods of self-doubt, self-accusation, and self-acceptance to get to the pure self, which is the ultimate peaceful self. In Islam, this therapeutic process, which integrates elements of cognitive, behavioral, and psychodynamic therapy, is known as *Tazkiat Alnafis*. As a form of Islamic psychotherapy, this procedure has been successfully used by Muslim scholars or imams to treat individuals who are in distress (Mohit, 2001). This therapeutic process is one of the reasons why many Arab Muslims have a tendency to go to imams rather than to mental health services when facing mental distress. It also explains how religion and spirituality play an important role in the lives of many Arabs and Muslims.

The Arab/Muslim theory of mental health is all-inclusive, to the extent that it interlaces supernatural entities with people's lives. Arab Muslims often tend to attribute mental illness primarily to possession by supernatural entities such as the demon *jinn*s, the evil eye (*nathla*), or magic (*seher*) (Al-Adawi et al., 2002; Al-Issa, 2000; Al-Krenawi, Graham, & Kandah, 2000; Al-Subaie & Alhamad, 2000). Marwan Dwairy (2006) has explained that the Arabic term for mental illness or insanity, *jinnoon*, is derived from the noun *jinn*, which means devil or demon. *Jinnoon* refers to a state when a *jinn* possesses the body of the insane person. When the *jinn* takes control of the body, the afflicted person does not control his or her actions and exhibits abnormal behavior. *Jinn* possession occurs as a result of a sin that the person or a family member has committed, or through the evil eye of someone who possesses feelings of jealousy.

The way the Arabs/Muslims ascribe mental illness to external evil entities frees the afflicted person from any responsibility for her or his deviant behavior. Based on that theory, the individual is excused from acting out forbidden drives such as aggression and sex, and takes no responsibility for his or her resulting actions (El-Islam, 1982). According to the Arab/Muslim theory, the only responsibility of mentally ill clients is avoiding sin and submitting themselves to religious healers for an exorcism of *jinn*. These beliefs prevent the client from playing an active role in psychotherapy based on self-responsibility and on “working on the self” (Dwairy, 2006). Empirical studies in different Arab countries provide evidence of how strongly Arabs/Muslims hold their cultural or religious beliefs about mental health problems and the ways the problems should be dealt with.

Al-Adawi and colleagues (2002) explored attitudes toward mental illness through a survey of 468 respondents in Oman. These researchers found that the majority of survey participants had an inclination to refuse the genetic explanation for mental illness and instead ascribed the cause of mental illness to spirits. The researchers concluded that education and exposure to general mental health services should be expanded to alter the cultural and traditional beliefs about the cause of mental illness. Likewise, Al-Krenawi et al. (2000) examined the use of mental health services among 87 respondents, who were nonpsychotic mental health outpatients in the Jordanian city of Zarka. The research was intended to examine the extent to which Arab Muslim males and females are dissimilar in soliciting and using formal biomedical services. The research revealed that the participants, especially older people, less educated individuals, and women, were inclined to ascribe mental illness to the evil eye, magic, or envy, and that the majority of the respondents preferred informal resources and traditional healing to biomedical services.

Arab Muslims also believe that mental illness comes from Allah, the Almighty, either as a punishment for sins or as a test. This belief leads ill persons to endure the illnesses and submit themselves to the will of Allah, which may prevent them from seeking medical or psychological treatment. The belief in Allah's control and wisdom allows Arab Muslim individuals with mental illness to be perseverant and tolerant, considering the illness to be a test for their patience and a reflection of Allah's mercy (Aloud, 2004; Aloud & Rathur, 2009). Similarly, Al-Krenawi (2005) discussed issues related to the attitudes of mental health patients in Arab countries, noting that patients tend to express their psychological problems in terms of physical symptoms to avoid feeling the disgrace of suffering mental illnesses. The patients also tend to show their reluctance to use mental health services, maintain negative attitudes toward formal mental health services, and rely heavily on the deity and on religious leaders to cope with mental health issues.

Therefore, Dwairy (2006) suggested that counselors who work with Arab/Muslim clients should bear in mind that intrapsychic constructs such as self, ego, and superego are not independent constructs, but rather are collective structures that include collective norms and values. Counselors are directed to give more attention to intrafamilial conflicts and coalitions than to intrapsychic processes within the individual client. Western counselors may find it difficult to understand the rationale of an authoritarian parenting style since they have not experienced for themselves (as Arabs/Muslims have) the vital individual–family interdependence that exists where state-provided care is absent. Counselors may easily find themselves opposing the authority of Arab/Muslim families and employing therapeutic and legal means to create liberal egalitarian order in the family. Imposing such Western values on Arab/Muslim families is, however, both unethical and counterproductive.

Despite the emergence of guidance and counseling or mental health services, the Arab/Muslim theory of mental health is all-inclusive, to the extent that it interlaces supernatural entities with people's lives; mental illness is ascribed to external evil entities such as *jinn* or the evil eye (Dwairy, 2006). Arabs/Muslims also believe that illness and tribulation come from Allah as a test for their perseverance and a sign of mercy for them (Aloud, 2004; Aloud & Rathur, 2009). These beliefs often prevent such clients from seeking psychotherapy for their illness and instead they rely heavily on the deity and on religious leaders to cope with mental health issues (Al-Krenawi, 2005; Dwairy, 2006; El-Islam, 1982).

Mental Health Clinicians in Saudi Arabia

Koenig et al. (2014) observed that mental health clinics in Saudi Arabia were generally in the hospital, meaning there were no special clinics for different mental illnesses. After that, private mental health clinics with specialty psychiatrists were created. The private mental health clinics in Saudi Arabia offer psychotherapy, addiction facilities, psychological medicine, and rehabilitation facilities to the elderly, adults, adolescents, and children. In 2007, Saudi Arabia began a social health atlas, and after four years they completed it, leading to an increase in the quality of mental health care and an improvement of national mental health facilities that could improve mental health providers. Koenig et al. (2014) explained that there are other barriers in Saudi Arabia related to mental health treatment, and these include primary care physicians who do not always make a distinction between psychiatric symptoms and medical symptoms, and often these symptoms appear together. Primary care physicians have to be clearer and understand there are some physical symptoms that are related to and cause psychological symptoms.

Koenig et al. (2014) explained that the religion in Saudi Arabia is Islam, and most of the Saudi students in the U.S. are Muslim. Mental health clinicians, when they deal with Saudi

Arabian people, must keep in mind that religion and culture are important and influence them. Muslims believe in the holy Qur'an and how it maintains them mentally and is the reason for treatment. In Islam, Muslims are required to pray five times a day, and this influences their behavior and attitude. Muslims believe that how much they pray is a factor that can protect them mentally and affect their treatment. Because of this, most Saudi Arabian people, when they have psychological symptoms, seek a traditional healer to read the Holy Qur'an and blow on them. Most of Saudi Arabians believe that mental illnesses come from the evil eye, punishment from God, and magic, or evil spirits.

Almshawah's dissertation (2005) explained the importance of mental health services within counseling practice in Saudi Arabia, and sought to assess and evaluate the mental health care provision in Saudi Arabia, to assess the practice of mental health care, to raise awareness of the aims and objectives, roles and responsibilities, patient referral system, treatments' effectiveness and personal development of practitioners in the field of mental health, to ascertain the meaning of therapeutic change and therapeutic outcome within the context of patients–counselor and patient–psychiatrist experience in the mental health setting in Saudi Arabia, and to contribute to knowledge about establishing new services within a mental health context.

The primary cause for lost years and reduction in the quality of life all over the globe are mental disorders. Estimates from the World Bank indicate that five of the major causes of disability in the world are psychiatric in nature, with depression at number one. Defining the role of mental health care may help tackle the common mismatch between counseling theory, research, practice, and the experience of counseling patients in Saudi Arabia. Contradictory rationalities and conflicts are connected with poor treatment outcomes for persons diagnosed, which were connected to an impediment Poor Law, one which cares for people suffering from

different mental health disorders, which was generally based on freely-available treatment related to preventive programs from the Ministry of Health. Almoshawah's dissertation (2005) looked at the ideas and concepts that underlay the approach, and the effect of strategy upon the administration and patients.

Almoshawah's dissertation (2005) portrays the ways in which the service was influenced by the ever changing and sometimes contradictory the needs of the mental patients and the general populace. Most health care providers concerned with psychiatric cases agreed that the current treatment plans were detrimental to patients and might even be harmful. Most of the psychiatrists believe that the main benefit of treatment occurs in the first week of commencing the treatment in the patient. The first part of the study examined the general mental health provision, historical background, and the use of the current medical model in Saudi Arabia, while the second part of the study explained the qualitative and quantitative methodology employed in the project. Counseling research and practice in mental health care has been restricted by the exclusive use of Western models to predict people's mental health and well-being. This study examined how a counseling model could be applied in the context of mental health in Saudi Arabia.

From the questionnaire, exploratory interviews, and the analysis carried out, the major results revealed statically significant differences between medical practitioners in their aims and objectives, roles and responsibilities, effectiveness, awareness, personal development, referral system and techniques. Both practitioners and patients felt dissatisfied with services offered in their hospitals as a whole. Furthermore, practitioners believed the referral system was inflexible and vague, and psychiatrists and counselors did not understand the needs of their patients. The

study concluded that there was a lack of standard training among practitioners and proposed several recommendations. The major recommendations were as follows:

1. There is a need for a viable model for mental health in Saudi Arabia.
2. There is a need to improve the current provision through regulation.
3. There is a need to establish mental health care through legislation in Saudi Arabia.

Effects of Stigma on Arab Americans' Attitudes

Toward Mental Health Services

Understanding the characteristics and attitudes of Arabs in their countries of origin with regards to mental health practices and services will provide an understanding of their attitudes toward mental health services in the United States and other Western countries. There is a need to understand that Arab Americans are a frequently misunderstood group because their unique characteristics and cultural heritage have received little attention in the mental health literature. To address this issue, professionals in mental health institutions need to be aware of their own biases and misperceptions regarding Arab Americans. Such professionals also need to have a better understanding of Arab cultural, social, and political backgrounds, and be able to culturally identify the appropriate interventions to be used on Arab American clients (Erickson & Al-Timimi, 2001). This understanding can significantly correct common beliefs that many American people have that stigmatize Arab Americans. Such understanding can also eradicate the negative impact these stereotypes can have on the development of a positive Arab American ethnic identity, and simultaneously offer culturally relevant mental health services to Arab American clients.

Al-Krenawi and Graham (2000) argued that mental health services in the West should consider a number of culturally specific attributes of ethnic Arab peoples in Arab countries or in

Western nations. These considerations should take into account different aspects, including gender relations, individuals' place and role in their families and communities, the patterns of mental health services use, and so forth. Such aspects provide the basis for specific guidelines for working with mental health clients from Arab ethnic group. Al-Krenawi (2005) found that nationality was not statistically significant as a variable determining whether an individual would have a positive attitude toward seeking professional help. Instead, the year of study, marital status, and age were found to contribute significantly to a positive attitude towards seeking help. Interestingly, many of respondents among the different nationalities relied more on God through prayer rather than mental health services during times of psychological distress.

It has been widely reported that the Arab/Muslim population within the United States has experienced a wide range of cultural, social, and political problems. These problems worsened in the aftermath of September 11, 2001, and there was an increase of social stressors for this population. These social stressors include but not limited to issues such as cultural adjustment, immigration problems, domestic violence, and child abuse, all of which greatly influence mental health status in a negative way. These painful experiences suggest the need for the availability of affordable, accessible, and culturally acceptable health and mental health services for this group, as several scholars have suggested (Abu-Ras, 2003; Farrag & Hammad, 2005; Kulwicki, Miller, & Schim, 2000).

The September 11 incident has created massive emotional and mental health problems, especially depression and post-traumatic stress disorder for many people of Arab origins (Farrag & Hammad, 2005; Pierre, 2002). For example, the Federal Bureau of Investigation (FBI) reported that attacks on Muslim individuals increased 1,500% in 2002 as compared to the year 2001 (Neary, 2002). The Council on American-Islamic Relations (CAIR, 2002) also published a

survey showing that an increased number of Arabs and Muslims had reported discrimination following the attacks of September 11. This is not to mention the cases that went unreported or uncovered by the media or governmental and nongovernmental organizations.

In turbulent situations in which mental health treatment is needed, Arab Muslims tend to avoid seeking professional mental health services for a number of reasons. One reason for their reluctance to seek mental health services is related to their unfavorable attitudes toward these services and their providers (Al-Adawi et al., 2002; Savaya, 1995, 1998). In contrast, people who favor formal mental health services tend to seek such services when they experience mental health and psychological difficulties.

Research has shown that attitudes toward health care performance are influenced by various personal and environmental factors (Ajzen, 1991; Ajzen & Fishbein, 2000). In particular, religion and spirituality play a key role in the lives of many Arab and Muslims in the United States. Religious beliefs are an integral part of their identity and have a significant impact on their mental health as individuals, families, and communities (Abudabbeh, 1996; Al-Krenawi, 1996). For example, these groups of people still have a tendency to turn to traditional healers for issues related to mental health, regardless of their level of education, urban-dwelling, and familiarity with modern psychotherapy (Gorkin & Othman, 1994). Instead of fading away in the shadow of Western psychotherapy, Islamic psychotherapy, represented by traditional and Qur'anic healing methods, remains popular within most Muslim communities. These psychotherapists have even regained legitimacy in the works of Muslim scholars (Bari, 1993).

All this information adds up to an explanation of the attitudes of Arabs and Muslims in the United States and other Western countries towards seeking mental health services. Therefore, in regard to Arab Muslims' attitudes toward seeking formal mental health services, mental health

professionals need to recognize the factors underlying the attitudes. Mental health professionals can also benefit by gaining knowledge about the culture and religion of their Arab clients through understanding the Arab and Islamic cultures that shape Arab individuals' attitudes and behavior towards seeking and using health care services.

In other words, in order to understand the Arabs' attitudes toward mental health counseling or services, mental health professionals need to be aware of the subjective views of Arabs. They also need to understand Arab cultural and sociopolitical backgrounds. Mental health service providers should also take into account a number of cultural aspects such as how the Arabs view gender relations, the status and roles of individuals in their families and society, their experience with mental health services, and their level of acculturation. With an understanding of such issues, counselors in the United States and in other Western countries will likely be able to address effectively the needs or psychological problems of the Arabs studying or living in Western countries.

In Figure 1, Aloud and Rathur (2009) provide a model that well summarizes the mental health help-seeking pathways and modifying factors among Arab Muslim populations. The figure presents many factors that influence the way Arab Muslims approach mental health care as well as pathways to deal with them.

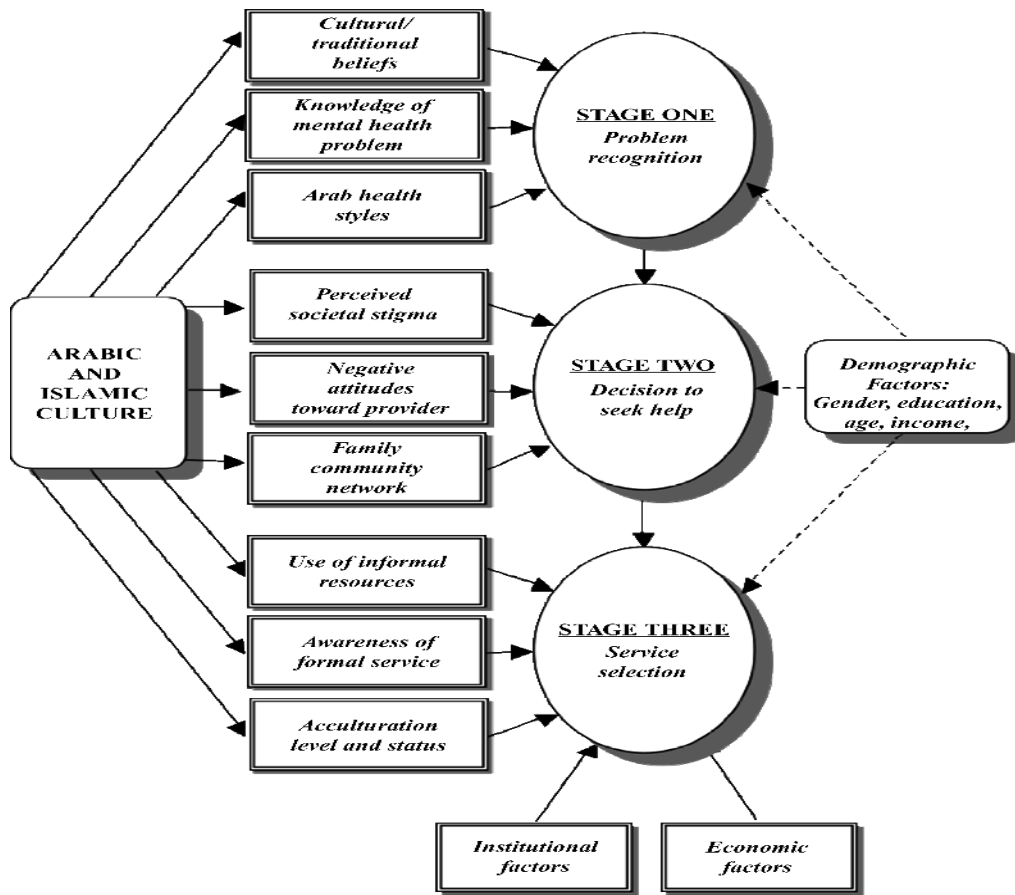


Figure 1. A model of mental health help-seeking pathways and modifying factors among Arab Muslim populations (HSPAM) (Aloud & Rathur, 2009, p. 87)

Saudi Arabian Students' Attitudes Toward Mental Health Services in the West

A review of the literature reveals that little is known about the attitudes of Saudi Arabian students toward counseling services in the United States as well as in other Western countries. However, some studies (e.g., Aloud & Rathur, 2009; Elzubeir, Elzubeir, & Magzoub, 2010; Rundles, 2013; Soheilian & Inman, 2009) provide an understanding of factors that influence Arab students' attitudes towards seeking professional help from mental health services in Western countries, especially in the United States. In a systematic review of studies reporting on stress, anxiety, and coping among Arab medical students in Canada, Elzubeir, Elzubeir, and

Magzoub (2010) suggested that Arab students have a high prevalence of perceived stress, depression, and anxiety, with increased levels of perceived psychological stress as high as those reported in the international literature for medical students in other regions of the world. This research confirmed the existing literature that stress, depression, and anxiety are common among Arab medical students, just as they are among other students elsewhere.

Aloud and Rathur (2009) assert that Arab Muslim attitudes toward seeking formal mental health services are apparently influenced by cultural and traditional beliefs about mental health problems, understanding and familiarity with formal services, perceived public shame, and the use of informal homegrown resources. Soheilian and Inman (2009), in their research on the mediating effect of the self-stigma of mental illness on the relationship between the perceived public stigma of mental illness and attitudes toward counseling, found that students with greater levels of self-stigma exhibited more negative attitudes toward counseling. Rundles (2013) studied the factors that impact the psychological adjustment of Saudi Arabian international students in the United States and found that self-esteem, social support, and discrimination contributed to the students' psychological adjustment to their new life in the target country.

Along with previous studies about the attitudes of other international students towards similar counseling services, studies about students' distinctive aspects and problems they encountered, and studies about Arab/Muslim immigrants in the United States and other Western countries, the aforementioned studies about the attitudes of Saudi Arabian students toward counseling services in the United States as well as in other Western countries (e.g., Aloud & Rathur, 2009; Elzubeir et al., 2010; Rundles, 2013; Soheilian & Inman, 2009) provide insights into the psychological attitudes of Saudi Arabian students toward mental health counseling services in the country where they are pursuing tertiary level of education. These studies also

provide understanding of factors that influence Arab students' attitudes towards seeking professional help in mental health services in the Western countries, especially in the United States.

The Barriers That Saudi Arabian Students Face When Seeking Counseling Services

Saudi Arabian students face a number of barriers in their quest for counseling in the United States of America, a foreign country. Although these barriers stem from various causes, the main reason is stigmatization, because these students bear in mind that they are in a foreign country and they are hence required to carry themselves in a certain way in order to fit in with the rest of the native students. According to Ciftci, Jones, and Corrigan (2013), stigmatization exists in two forms, which are label avoidance and public stigma. In label avoidance, the individual fails to seek counseling or psychotherapy for fear that critics may call them certain names if they attempt to do so. The individual will hence retain their problem and stay quiet about it to avoid this type of embarrassment. The issue of barriers is not limited to the U.S. and in fact applies to individuals of Arab descent in other Western countries. For example, Youssef and Deane's (2006) study of 35 Arabs living in Australia found that stigma was the main reason behind the reluctance of Arabs to seek help from psychiatrists because they were ashamed of exposing their personal and family issues to outsiders.

Ciftci et al. (2013) noted that the second form of stigmatization, public stigma, is a situation created by the public itself in regard to certain practices in the society that have been deemed unworthy. In this respect, counseling practices for foreigners may be misinterpreted by others who may see them as strange, hence discouraging the Arab students from seeking counseling. The factors that characterize stigma are attitude, prejudice, stereotypes, and

discrimination (Ciftci et al., 2013). Many researchers have also stated the fact that in the Muslim culture, it would be shameful for one to disclose that he or she is having some psychological problems, a matter that stems from other people's not wanting to associate with such individuals

In fact, the nature of the Islamic religion is also another barrier that Saudi Arabian students encounter when seeking counseling, because almost all Saudi Arabians are Muslims, and Muslims are people who follow religious teachings strictly. The problems that an individual experiences that may require counseling may be viewed as a situation in which they are required to seek Allah, and the imams may subsequently assume the responsibility of talking to patients with mental problems, in the process preventing Saudi Arabian students from receiving professional help from trained counselors and psychiatrists (Ciftci et al., 2013). In some Muslim cultures, it is believed that when an individual is depressed, this is due to evil spirits that should be driven out of them, and this makes them avoid visiting hospitals or seeing a psychiatrist.

Skepticism of people who are non-Muslim and unrelated was another impediment to students' access to psychological health care. Aloud and Rathur (2009) interviewed a number of people on matters relating to the issue of stigmatization, and the results showed that 21% of the individuals would seek counseling from members of their family, 19% would seek the intervention of the religious leaders, and only 11% would visit a health professional for counseling. The appropriate solution was the inclusion of the family and the religious leaders in the counseling exercise.

Awad et al. (2013) noted that among Arabian women, the factors that may be a hindrance to them seeking psychotherapy are cultural values and the roles they are supposed to play in society based on their gender. In their study, to study the experiences of immigrants they used a case study of a 40-year-old Muslim woman who had moved to the United States with her

husband when she was 20 years old. They concluded that individuals conducting psychotherapy for Muslim women should strive to understand the influences that culture, experiences in acculturation, and gender roles have on psychotherapy. Further, they postulated that therapists should seek to address any biased beliefs that they have about Muslim women prior to the therapy session. This is due to the prevalent misconceptions that many non-Muslims have about Muslim practices since most of them are strikingly dissimilar from those of other religious groups. They also noted that their points of consolation and counseling are the family and religious intervention, as opposed to direct counseling by strangers, an act which could be seen to destroy the reputation of a woman's family. According to most researchers, this affects mostly Muslim women, who may lack suitors because no Muslim man would want to associate with a woman who goes against the practices of the religion. Research of Awad et al. (2013) shows that another barrier that a person of Arabian descent may experience is the lack of awareness about how the Western countries carry out their psychotherapy.

Awad et al. (2013) observed that other researchers have discovered that many women tend only to be comfortable seeking psychotherapy services from female psychiatrists and in the case where there is a prevalence of male psychiatrists in a region, the women tend to shy away from seeking their services. They further argue that, though it is considered trivial, the prevalence of males in psychiatry is another factor that acts as a barrier to many Arab women who want to seek counseling. Moreover, in some instances, a disadvantage may ensue when female psychiatrists attend to women because the therapy session will lean toward the collaborative side because women tend to have a spirit of togetherness. Concomitantly, the psychiatrist may not tell the client about her shortcomings, which will render the counseling sessions ineffective.

Cheng (2013) asserts that the overall barrier to Saudi Arabian students seeking psychotherapy lies in the problems that generally all international students face in a foreign country that impede a successful transition in learning institutions. Usually, Cheng notes, foreign students experience the stress of adjusting to the new environment and this makes them feel a sense of loneliness. Furthermore, these students are unsure whether practicing their culture in a foreign land will make them to be isolated from the native students around them. Cheng describes how this leads to a condition called “foreign student syndrome,” an “uprooting disorder” characterized by symptoms of alienation, depression, and also a sense of helplessness among foreign students, and to many of them, seeking therapy is not an option due to other challenges such as the language barrier. Cheng goes on to point out that researchers have acknowledged that the process of transition can be hastened by a number of processes. In her opinion, foreign language fluency and matters related to culture must be addressed as soon as foreign students step into schools so that they can feel welcome and free to attend therapy sessions like their native counterparts.

What Motivates Saudi Arabians in the U.S. to Seek Counseling Services?

According Abraham Maslow (1943, 1954), motivation is the desire of the individual to satisfy the five levels of needs: the physiological level such as food and water; the security level such as safety for personal, health; the belonging and love level such as family and friendship; the esteem level such as self-esteem, achievement, and confidence; and the self-actualization level such as problem solving, acceptance, and lack of prejudice to fact. Individual attitudes and behaviors can be affected by motivations and needs.

Although Saudi Arabian students may find it difficult to seek therapeutic intervention from non-Muslim therapists due to the rigid Islamic doctrines they adhere to, at times they find it

necessary to seek help from these therapists. Ali et al. (2004) have shown that a majority of the Saudi Arabian clients who visit non-Muslim therapists are motivated by the fact that they feel constricted by the rules of Muslim culture, and since they have been living in a foreign land, they may have admired the cultural practices of the native students as opposed to their own. For instance, matters to do with arranged marriages are a common motive for seeing a non-Muslim therapist, as it would be unwise to go to a fellow Muslim.

Another issue is alcoholism, which is not accepted in the Muslim culture, despite the fact that this is a common behavior in learning institutions and affects Muslim students. In such cases, Saudi Arabian students are likely to admire non-Muslim practices but they feel that they will be going against their cultural beliefs, leading them to see a non-Muslim therapist. Ali et al. further contend that among female Saudi Arabian students, there may be a temptation to stop dressing in accordance with Muslim principles and they may want to dress the Western way, because of acceptance issues. Such an issue transgresses religious teachings and therefore seeking religious intervention may not necessarily help to ameliorate that problem. The only solution to the problem would be for the Saudi Arabian woman to seek professional help, and in most cases, she would decide to see a non-Muslim psychiatrist just to get a second opinion on facts and try to balance that with the views of religious leaders.

Saudi Arabian international students remain one of the most misunderstood classes of students because of the many unique factors that surround their student life. This is why it is paramount that mental health clinicians become adequately versed in cross-cultural competence skills to ensure effective handling of international students. One of the most problematic issues that these students face is their “sojourner” status (Boghosian, 2011). In simple terms, a sojourner is a person who visits a far country for the sole purpose of acquiring something that is

important to them. As for the Saudi international students, they are in search of a good education and most of them expect to go back to their country once the period of study is over (Terrazas-Carrillo, Hong, & Pace, 2014). Many psychology experts feel that the sojourner status is usually the beginning of the complicated living situation for most international students. To begin with, the knowledge that one will be in the host country for a short period generates conflicting interests within oneself. That is, the student feels conflicted about whether to adopt the new culture or to hold onto the culture of their home country since, after all, they will be going back home.

Research shows that the type of study course a student takes to may further complicate their psychological health at school, and eventually their decision of whether to seek help or not. A study carried out by the Colchester Hospital University Foundation Trust showed that students in the medical field were likely to bear the worst psychological brunt in an international setting (Elzubeir et al., 2010). This observation originates from the fact that medical courses are stressful in and of themselves due to the rigorous coursework and having encounters with death. Such pressures added to the stress of acculturation can lead to depression. However, some researchers note that international students are likely to admit that they need mental therapy in situations where they feel overwhelmed and that there is no other option (Elzubeir et al., 2010). This may be a helpful motivator in most cases because the student is aware that failure to seek counseling may adversely affect their academic life.

Prior counseling experience acts as a significant contributor to the kind of attitude a Saudi international student might have on matters concerning counseling. Some previous studies to evaluate the influence of prior counseling experiences on a student's readiness to seek help reveal that international students who have had a positive experience with mental health

interventions in their home country were likely to appreciate the need for help-seeking. The kind of experience did not matter, whether it was personal or a successful intervention for a relative or friend (Boghosian, 2013; Al Nawayseh, 2014). Most psychology experts, therefore, argue that in an individual's first encounter with mental illness, the treatment, whether direct or indirect, shapes their perception of counselors. This correlates to the Saudi situation, where seeking mental health therapy is still looked down upon or done covertly, mostly within the family.

The initial disregard for mental health specialists shapes students' perception of counseling services even when they move to a foreign country. It is also important to note that in Saudi Arabia everything related to health revolves around the well-being of the physical body. As such, many international students do not believe that one can be mentally unwell since treatment in their home country emphasizes the health of the body. Contrastingly, medical health in Western nations clearly demarcates mental ailments and physical disease (El-Islam & Ahmed, 1971). The result of such perceptions is an increase in somatization disorders witnessed among Saudi Arabian international students. Somatization is a phenomenon whereby an emotional or psychological distress, manifests itself physically—that is, the client exhibits symptoms of bodily illness while actually the origin of the disease is a psychological factor (Okasha, 1999; El-Islam, 1994). These findings imply that the number of psychologically ill international students from Saudi Arabia could be greater than the apparent amount, since some of them exhibit physical symptoms.

The rarity of Saudi nationals in the health sector of the host country appears to influence significantly the decision of most Arab international students to seek mental therapy. Studies have shown that foreign Saudi students were more willing to attend psychology therapy sessions where the therapist was a Saudi national as well (Al-krenawi & Graham, 2003; Erickson & Al-

Timimi, 2001). This situation excludes cases whereby the student was attracted to the Western culture and considered abandoning the Saudi/Muslim culture. In this case, the fact that there are very few Arab nationals serving as psychiatrists in the U.S. and other Western nations renders counseling services unattractive to many Arab students. Statistics show that up to now, there are very few professional mental therapists or social workers in the U.S. who are of Arabic origin. This attitude can be attributed to the collectivist nature of the Saudi culture, where most people are taught to associate with their own in-group first (Al-krenawi & Graham, 2003; Aloud, 2004).

The financial status of Arab students in Western countries, to some extent, affects their attitude and ability to access mental therapy services. Even though most Saudi Arabian students that come to the U.S. are, generally, adequately funded one cannot ignore the fact that harsh economic times might put seeking professional counseling services at the bottom of their priority list (Al-Krenawi, 2002). Due to background prejudice and fear of stigmatization, Saudi students may steer clear of the counseling services offered in their institutions of learning. This means that some students recognize the need to find psychological help, but most of them avoid using the services provided at school because they fear that their issues might go public. Therefore, if such a student cannot afford to pay to see a professional counselor, then they might choose to suffer in silence or until their financial status improves.

Some psychology experts argue that the duration of the course of study, along with the length of stay in the host country, significantly changes the attitude of international Saudi students. There is a general feeling that the longer a foreign student remains in a Western host country, the more agreeable they become to help-seeking (Lefdahl-Davis & Perrone-McGovern, 2015; Al Nawaysah, 2014). The argument behind this kind of reasoning is that with continued stay, most Saudi foreign students begin to understand the importance of counseling. With time,

their perception of mental therapy changes, and they become more open to the new culture of seeking help.

Other demographic factors such as age reveal an interesting trend in the attitude of Saudi international students towards seeking mental health services. Boghosian (2011) notes that older students, for example, those that are pursuing their masters or doctorates, tend to possess a more positive attitude towards mental therapy than do fresh undergraduates. Therefore, older students are more likely to seek psychological treatment services and complete the therapy sessions than are their younger counterparts. The reason behind such attitude would be previous international exposure or the fact that most older students are likely to carry out research within the local community, and hence be more willing to adapt to new trends.

Some studies on this subject reveal that the gender factor predisposes some students to higher levels of negative attitude towards help-seeking than others. A study carried out at the University of Western Michigan showed that male Arab students were more ready to speak about their social challenges to their professors, tutors, and teaching assistants than were their female counterparts (Heyn, 2013; Lefdahl-Davis & Perrone-McGovern, 2015). This indicates that male Saudi students are more willing to abandon the belief that psychological issues can only be discussed within a family setting or with a religious leader. However, a complete change in attitude had yet to take place because none of the respondents in that study attested to seeing a professional counselor (Heyn, 2013). Some psychologists believe that this is happening because in the host country, Saudi Arabian men do not face the societal pressure of keeping up their social role and are, thus more open to change.

Summary of the Chapter

The findings of this dissertation indicate that much more research needs to be done about the subjective experiences of Saudi international students in the United States. Nevertheless, the results of the studies that have been done so far can be useful in improving programming, orientation, counseling, and outreach for this population. In particular, psychologists can use this information to provide outreach to ensure that the needs of students are being met, including the opportunity to develop social support and improve their language skills. In addition, information from this dissertation suggests ways in which to improve orientation to prepare students better and create support networks for the transition.

Chapter Three: Methodology

Introduction

The researcher will be discussing the theoretical and methodological framework of the research, including epistemology, theoretical perspective, design, and method. It also describes the research process, including the sampling technique, data collection, and data analysis. In addition, the researcher will also attach axiological elements of the research along with the explanation of each element.

Purpose of the Study

The purpose of this research was to explore the psychological attitudes of Saudi Arabian international students toward mental health services. Specifically, this study intended to identify the relationship between the psychological attitudes of Saudi international students toward mental health services and selected demographic variables, including gender, age, education, marital status, previous experience, and counselor type.

This research was a mixed-method study using a convergent design. According to Creswell and Clark (2011), convergent designs combine a quantitative and a qualitative research methodology at the same time. This design will be implemented to answer the quantitative and qualitative research questions. Quantitative research defines a particular phenomenon and examines relationships between variables. After the data are gathered, normally through surveys, the relationships between the variables are analyzed through various statistical procedures (Polit & Beck, 2004). A survey research design was used to address the quantitative research questions of the study.

This design was appropriate, as the intention was to explore opinions and perceptions of a particular subject. Qualitative research uses a flexible design to investigate narratives from

participants who voluntarily share their lived experiences to explain a phenomenon, typically through survey writing (Creswell & Clark, 2011; Polit & Beck, 2004). This study used a phenomenological research design to analyze written narratives from participants who, in addition to sharing their opinions in the survey, decide to answer the open-ended questions of the survey in writing. Phenomenology Heuristic Analysis was used to understand the qualitative answers of the Saudi Arabian students in regard to their counseling experiences.

Quantitative data gathered was analyzed using Statistical Package (R) software. The descriptive statistics to be used for this study include frequency distribution, mean, standard deviation, Pearson's correlation and chi-square test statistics. Inferential statistics in this research included Analysis of Variance (ANOVA), Regression, and Factor Analysis. Using convenience sampling, the researcher collected information from Saudi Arabian students living in the U.S. The researcher invited prospective respondents to fill out a Qualtrics survey containing a demographic section, open-ended questions, and the Beliefs About Psychological Services Scale (BAPS). The sample population for this study was Saudi Arabian students who were 18 years of age or over and were taking undergraduate and graduate courses in American universities or colleges.

Research Questions

The research questions for this study include three quantitative questions and three qualitative questions.

Quantitative Research Questions

1. What is the relationship between the psychological attitudes of Saudi international students toward mental health services as related to gender, age, education, and marital status, and the counselor type?

2. Do gender, educational level, and therapy experiences predict the psychological attitudes Saudi international students have toward mental health services?
3. Are the factors of the psychological attitude scales confirmed for Saudi international students?

Qualitative Research Questions

4. What motivates Saudi Arabian students to seek counseling services in relation to clinician qualifications, gender, previous counseling experience, and length of residence in the United States?
5. What barriers do Saudi Arabian students face in seeking counseling or psychotherapy?
6. How do Saudi Arabian students describe their counseling/psychotherapy experience?

Theoretical and Methodological Framework

Epistemology

Epistemology deals with the nature of knowledge—what can be known—and the relationship between the knower (the researcher) and the known (participant, cultural group). In the positivist paradigm, it is argued that reality exists external to the researcher and must be investigated through the rigorous process of scientific inquiry via observation, experimentation, and measurement (Marshall & Rossman, 2014). This implies that there is an objective reality. In the positivist paradigm, quantitative analysis is used to interpret the data; that is, the results and conclusions are derived based on descriptive and inferential statistical analysis, as was done for the quantitative portion of this study.

Positivists believe that objectivity is possible if a researcher disregards human emotion and remains objective. Though it could be effectively argued that even the most objective researchers are impacted by their emotions, this is not really the purpose of this dissertation.

What is of importance here is that it becomes obvious that a positivist perspective would not be the most appropriate way to understand human experience or a social phenomenon. Because of the disconnect between the positivist perspective and the desire to examine a very personal social experience that may have been fraught with emotion—that is, the counseling experience—the qualitative section of the study necessitated an epistemological shift away from positivism and toward interpretivism. As this portion of this study is phenomenological in nature, a constructivist epistemological reference point (Piaget, 1970) would be one of the best epistemological perspectives to undergird the qualitative research processes and data interpretation. This is because meaning is constructed, not discovered—in other words, reality is understood through one’s dynamic experience of it. Advocates of constructivism believe that truth or reality is not objective, but rather it is symbolically constructed (Hatch, 2002). Taking a constructivist epistemological approach implies that the researcher allows participants to construct their own unique meaning.

More is known about international students and Arab/Muslim immigrants in the United States and other Western countries, but less about Saudi Arabian students. Therefore, it might be useful if the analysis of the current behavior of Saudi Arabian students is compared to the behavior of other international students as well as to that of the Arab Muslim immigrants that we know of.

Theoretical Perspective

As a hypothetical model, a theoretical perspective provides an explanation for a given point of view, based on certain assumptions that bring attention to particular features of a phenomenon. In the social sciences, theoretical perspectives explain human behavior and social processes.

Some researchers are purists who select a particular framework and adhere to all of its traditions, whereas other investigators have successfully integrated concepts from multiple frameworks—for example, Richards (2004). Though qualitative research allows for flexibility, including emerging and shifting frameworks as a study progresses (Creswell, 2003; Elliott & Ladislav 2015; Schwartz-Shea & Yanow, 2013), for the present study the researcher took a more of a purist approach and selected a phenomenological framework before the study commenced.

Phenomenology was selected because the purpose of a phenomenological study is to try to comprehend the human experience as related to a particular phenomenon (Patton, 1990). Giorgi (1995, p 39–40) stated that the phenomenological researcher “attempts to understand people's perceptions, perspectives and understandings of a particular situation.” As the purpose of the qualitative portion of this study was to explore the counseling experiences of Saudi Arabian students in the United States, phenomenology was the best approach to exploring these lived experiences.

The theoretical framework of this study was to provide qualitative data that were complementary to the quantitative data. Polit and Beck (2004) refer to the technique of triangulation in which the researcher uses several methods to collect and interpret data about a phenomenon in order “converge on an accurate representation of reality” (p. 734). The goal of the triangulation technique is to achieve a better understanding of the phenomenon in question. The quantitative and the qualitative data will be merged in order to gain clarity on what motivates Saudi Arabian university students to seek or not to seek psychological services.

Research Design

This research design for this study was a mixed-method approach that combined both quantitative and qualitative methods. Studies that combine quantitative and qualitative methods

have variety of names, such as multitrait-multimethod research, interrelating qualitative and quantitative data, methodological triangulation, multimethodological research, mixed model studies, and mixed-methods research (Creswell, 2014; Dörnyei, 2007). A straightforward way of describing mixed-methods research is to define it as some sort of combination of qualitative and quantitative methods within a single research project (Dörnyei, 2007). It involves the collection and analysis of both quantitative and qualitative data in a single study with some attempts to integrate the two approaches at one or more stages of the research process.

The researcher in this study used a convergent parallel design. A convergent design consists of concurrent quantitative and qualitative data collection and involves collecting and analyzing two independent sets of quantitative and qualitative data at the same time and in a single phase. After the analysis, the results of the two sets of data are merged. Later, the convergence, divergence, contradictions, or relationships between two data sets are presented. According to Creswell and Clark (2011), the reason for collecting both the quantitative and qualitative data is to provide a deeper understanding of the two forms of data to bring about greater insight into the problem. The mixed-methods approach allows the researcher to gain a more in-depth understanding of the phenomenon that would otherwise not be obtained if the data were collected separately.

The quantitative part of this study was a survey research design, which was used to address the research questions of this study. That identified the relationships between variables that capture common features of Saudi Arabian students in American universities (Dörnyei, 2007). The quantitative aspect of this study involved the use of numbers, a priori categorization, and variables instead of cases, statistics, and standardized procedures to evaluate objective reality. The demographic survey and the Beliefs About Psychological Services Scale (BAPS)

was utilized to categorize respondents and compare data about the relationship between variables, e.g., psychological attitudes and mental health counseling services. The BAPS instrument captured the motivation or intent to seek counseling and the barriers or stigma the students face in seeking counseling or psychotherapy.

Qualitative research was used to investigate narratives from participants who voluntarily share their lived experiences to explain a phenomenon, typically through survey writing (Creswell & Clark, 2011; Polit & Beck, 2004). “Qualitative researchers are interested in understanding how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences” (Merriam, 2009, p. 5).

In this study, the qualitative phase was used to uncover how Saudi Arabian students describe their counseling or psychotherapy experiences during their pursuit of education in the United States. The researcher was used a survey of open-ended questions to allow the students to describe their experiences in their own words. The qualitative phase was focused on the narratives from the Saudi students in order to gain a more in-depth understanding of their psychological attitudes towards mental health services.

Assumptions and Rationale of the Mixed-Methods Approach

The assumptions of a mixed-methods approach in a convergent design that encompasses collecting, analyzing, and merging quantitative and qualitative data and results at the same time can raise issues regarding the philosophical assumptions on which this research is based. The premise of pragmatism is well suited for guiding the work of merging the two approaches to creating a better understanding of the research topic of the attitude Saudi Arabian students toward counseling/psychotherapy (Creswell & Clark, 2011). The mixed-methods approach focuses on collecting and analyzing both quantitative and qualitative data in either a single study

or a series of studies. Its central assumption is that the use of both quantitative and qualitative approaches provides a better understanding of research problems than would either approach alone. The rationale for this study uses survey data from the quantitative and qualitative approach to explore the attitudes among Saudi Arabian students. This research consisted of minimum number of 130 participants for the quantitative part and 10 participants for the qualitative portion of the study.

The Appropriateness of the Mixed-Methods Design

The mixed-methods research design has its strengths and weaknesses. This study was unique due to the scarcity of formal research examining what motivates students from Saudi Arabia living in the United States to seek mental health services. This mixed-methods approach is appropriate for this study since the goal was to merge both types of data in order to gain a more in-depth of the phenomenon in question. Both the quantitative and the qualitative data were collected at the same time, and each set and type of data was merged in order to gain a more robust understanding of the problem. According to Creswell and Clark (2011), the convergence of these two types of data will enable the researcher to gain a better understanding of the phenomenon under study. The strength of the quantitative approach will provide a wealth of information that will enable professional counselors to be more effective in counseling students from Saudi Arabia. The General Directorate of Saudi Arabia supports this study (see Appendix D). There is an urgent need to understand the psychological attitudes of Saudi Arabian students towards mental health services.

The weaknesses of using the mixed-methods design are that it is difficult for one researcher to carry out both the qualitative and quantitative research, particularly when two or more approaches are to be carried out concurrently. The researcher may find it difficult to

discover the best tools to be applied to both quantitative and qualitative research.

Reliability and Validity

Reliability and validity are two terms often discussed when someone is conducting or reviewing research. According to the Standards for Educational and Psychological Testing (AERA, APA, & NCME, 2014), reliability represents the “consistency of scores across replications of a testing procedure” (p. 33). It was defined as “the degree to which test scores for a group of test takers are consistent over repeated applications of a measurement procedure and hence are inferred to be dependable and consistent for an individual test taker; the degree to which scores are free of random errors of measurement for a given group” (p.222-223). The 2014 definition does not vary from the 1999 version except in wording “the consistency of measurements when the testing procedure is repeated on a population of individuals or groups” (p. 25). In each case, in the broadest sense, reliability refers to the stability of scores overtime across various occurrences of the testing procedure and versions of the instrument. It is the confidence one can have that different test scores reflect actual differences in the characteristic being measured (Heale & Twycross, 2015). Reliability refers to the accuracy or dependability of the score of a particular instrument in measuring what it is trying to measure. “A measurement procedure is considered reliable to the extent that it produces stable, consistent measurements. That is, a reliable measurement procedure will produce the same (or nearly the same) scores when the same individuals are measured twice under the same conditions” (Gravetter & Wallnau, 2011, p. 476). For example, if a person’s mathematic ability was measured 90 out of 100, five days ago using a standardized text, one would expect to obtain nearly the same score if one measured the same person’s mathematic ability again today. According to Gravetter and Wallnau (2011) the idea of reliability of measurement has to do with the notion that each individual measurement

includes an element of error, which is expressed in equation: $\text{measured score} = \text{true score} + \text{error}$. They give an example of measuring one's intelligence with an IQ test. The score the tester receives from the test is determined partially by the testee's actual level of intelligence, but the score is also influenced by a variety of other factors such as the current mood, level of fatigue, and general health of the testee at the time of test. These other factors are called error and considered a part of any measurement. The error component changes randomly from one measurement to the next and causes the testee's score to change.

Reliability can be measured in different ways, depending on the nature of the instrument or tool. One way to evaluate reliability is to use correlations to determine the relationship between two measurements. When reliability is high, the correlation between the two measurements should be strong and positive. The most frequently used approach is to look at the internal consistency, which measures the variance of response in one item with the overall variance. The analysis produces a coefficient alpha (Cronbach's alpha) or Kuder-Richardson Formula 20 (KR-20). Another way to measure reliability is through a stability test. This is achieved when a test is administered more than once and each administration gives the same or similar results. The reliability of an instrument can also be tested through inter-reliability that also measures consistency. Two or more raters are used to observe and measure the same incidence. Finally, reliability can be measured through equivalence or through two instruments that measure the same thing. As Green and Salkind (2005) have noted,

Reliability can be measured with a variety of methods, including test-retest, equivalent forms, and internal consistency approach. With test-retest reliability, individuals are administered the measure of interest on two occasions. In contrast with equivalent

reliability, individuals are administered the measure of interest on one occasion and an equivalent form of the measure on a second occasion. (p. 325)

In regard to the notion of reliability, the BAPS was initially developed to measure attitudes toward seeking psychological services from a psychologist (Ægisdóttir & Gerstein, 2009). The BAPS employed in this research has been used in a study involving a college student sample where the terms *mental health counselor(s)* and *mental health counseling* were used instead of *psychologist(s)* and *psychological services*, and the change in target professionals and services did not have a negative influence on the BAPS's reliability (subscale scores) or its factor structure (Ægisdóttir et al., 2011). Additionally, Ægisdóttir et al. (2011) indicated that this instrument was administered to a U.S. population of persons who were 50 years and older as part of a doctoral dissertation conducted in 2010 at the Ball University (Seyala, 2010). In the study, the instrument maintained an internal reliability of its subscales that was similar to the reliability coefficients indicated by Ægisdóttir and Gerstein (2009) for college students. Several other studies conducted using the BAPS with diverse populations have shown similar consistent results. Moreover, the BAPS tool has been converted to various languages that include Chinese (simplified), Icelandic, Turkish, and Korean, and data have been collected from college students in China, Turkey, and South Korea. Data were also collected from the general public in Iceland and Ægisdóttir and Einarsdóttir (2012) published. The cross-cultural adaptation of the BAPS (I-BAPS)

According the Standards for Educational and Psychological Testing (AERA, APA, & NCME, 2014), validity refers to “The degree to which evidence and theory support the interpretations of test scores entailed by the proposed uses of tests” (p.11). This indicates that validity is not in reference to a test or research instrument, but to the scores yielded from such

instruments, from which valid inferences can be made for one group of test-takers. For example, the scores reveal that the researchers measured what they wanted to measure, such as symptoms of stress, and not something else, such as depression. In other words, validity indicates that the scores or findings from a survey truly represent the phenomenon that is being measured.

According to Gravetter and Wallnau (2011), one common technique for demonstrating validity is to use a correlation, which means that if the test actually measures the testees' ability in, say, mathematics, then the scores on the test should be related to other measures of ability in mathematics—for example, standardized mathematic tests, performance on learning tasks, problem-solving ability, and so forth. The test developers could measure the correlation between the new test and each of the other measures of mathematic tests to demonstrate that the new test is valid. In other words, a test is considered valid if it measures what it should measure.

According to Maughan (2009), validity is much harder to measure than reliability because there are no formulas or scores that measure it. He gave an example of a survey which is valid in one area but may not be valid in another situation. However, validity can be measured in different ways. The first measure is through content knowledge in a specific area, and it is usually based on the judgment of experts. For example, to measure the validity of a mathematics test given to grade 2 students for final exam, one needs to refer the test to the content material in the math syllabus for grade 2 taught for that semester, and needs to confirm that with math teachers, or someone highly qualified in math. Similarly, the open-ended questions for the qualitative part of the present study were developed with reference to the research questions and purposes. The survey questions were formulated based on the researcher's judgment of the content knowledge this research was intended to explore; thus, by definition, they were valid as a measure of what they were supposed to measure.

Though the reliability and validity of the BAPS have been established, as discussed above, because the BAPS has never been used with Saudi Arabian participants, it is difficult to predict the reliability and validity of the instrument in regard to this population. Although the purpose of this study was not to test out the reliability and validity of the BAPS with a Saudi Arabian audience (that would be a different dissertation), thought was given to this topic.

In regard to reliability, this is difficult to measure because it requires repeated measures that are beyond the scope of this study. For example, the implementation of test-retest reliability, parallel forms reliability, and establishing internal consistency reliability were not possible in the given timeframe. Establishing validity is also a time-consuming process; however, the instrument does have face validity. The questions were phrased appropriately for a Saudi Arabian audience, as were the options for responding, such as the use of a Likert scale. Content validity is related to whether the questions asked were aligned to the subject area they are intended to address. Typically, experts will decide the question of content validity. In the case of this study, the researcher and a colleague reviewed the questions and they agreed that the questions were related to the subject area. Construct validity refers to the degree to which a tool measures the construct that it was intended to measure (College Board, 2016). In this case, was the survey able to capture the attitudes of Saudi Arabians toward counseling services? Establishing construct validity is a complex process that is established over time. According to the College Board (2016), “Construct validation requires the compilation of multiple sources of evidence” (p. 17). Because of this, in the course of this study, it was not possible to know whether this survey would have construct validity in the Saudi Arabian context. However given that the BAPS survey has established construct validity in a variety of divergent cultures, it is likely to have construct validity in the Saudi Arabian context as well. As more researchers use

this survey with Saudi Arabian audiences and evidence accumulates, more will be known about whether this survey has construct validity in the Saudi Arabian context or not. The BAPS survey in a Saudi Arabian context appears to have criterion validity. When the findings were compared to others studies examining Saudi Arabian attitudes towards mental health services (Al-Darmaki, 2003; Al-Krenawi & Graham, 2000; Aloud & Rathur, 2009; Elbur, 2014; Koenig et al., 2014; Tork & Abdel-Fattah, 2015), there were similarities in the participants responses in relation to gender, help-seeking behaviors, stigma, culture, and negative attitudes.

In conclusion, the BAPS survey already has well-established reliability and validity. This includes its use within a variety of cultures that are quite divergent from the culture in which the survey was originally developed. Though it was difficult to judge the reliability and validity of a survey that was used for the first time in a new cultural context, much thought was still given to reliability and validity. The researcher ensured that the demographic questionnaire and the BAPS instrument reflected the purpose of the study and made attempts to establish the validity of the survey in the Saudi Arabian context as much as possible, as explained previously. For the qualitative aspect of the study, the researcher used open-ended questions that were based on her own judgment of the content knowledge that was being investigated, considering the purpose of the study and the research questions.

Unlike quantitative research, whose purpose is to quantify information under rigidly maintained conditions in order to avoid the influence of variables, qualitative research delves into the variable-driven, chaotic realm of cultural, economic, faith-based, social, political, psychological, and gender-based nuances of human experience. Such experiences cannot be understood within the vacuity of quantitative research, and consequently reliability and validity does not look the same within the frame of these two very different research paradigms.

Human experience is complicated to process, understand, and report on both for the participant and for the researcher. The understanding of a given experience or phenomenon is furthered complicated in that different people may have different perceptions of the same experience. Because of this complexity, qualitative investigations are not clear-cut, and neither is establishing the validity and reliability of a qualitative study (Tong et al., 2007). Given the nature of qualitative data, “researchers caution against the absolute application of any criteria or standards to qualitative research” (Northcote, 2012, p. 7). Still, despite such injunctions, just like quantitative research, qualitative research has traits of goodness that can be evaluated to determine the rigor of the study. In that regard, Lincoln and Guba’s (1985) criteria were used to establish the trustworthiness (reliability and validity) of the data. These criteria are credibility, transferability, dependability, and confirmability.

Credibility is the degree of confidence that can be placed in the findings. Of importance is whether the researcher accurately captured and interpreted the phenomenon being examined (Lincoln & Guba, 1985; Macnee & McCabe, 2008). Lincoln and Guba (1985) associated credibility with the quantitative assessment of internal validity. Transferability refers to whether the research process and the findings of the study can be applied (transferred) to other contexts and other participants. Lincoln and Guba (1985) compared transferability to external validity. Dependability is how stable the findings are overtime. This suggests that researchers investigating the same phenomenon in a similar setting may have comparable results (Cutcliffe & McKenna, 1999). Bitsch (2005) took this a step further and applied the concept to methodology as well. Focusing on whether the methods used were consistently applied during the course of the study. For example, was constant comparison analysis applied throughout the entire data collection and analysis process? Lincoln and Guba (1985) compared dependability to

the quantitative notion of reliability. Confirmability refers to ability of others of others to confirm that the research and analytical processes were relevant to the question being investigated, and ultimately, whether the findings were derived from the data rather than from some preconceived notions of the researcher (Baxter & Eyles, 1997; Tobin & Begley, 2004). To achieve confirmability, a researcher needs to show that the findings are grounded in the data. Lincoln and Guba (1985) stated that confirmability is related to the positivist construct of objectivity.

Research Method

The instruments to collect data for this mixed-methods research included quantitative surveys using demographic questions about age, gender, marital status, education, and geographical location, and previous counseling experience (see Appendix C) and the Beliefs About Psychological Services Scale (BAPS; see Appendix D) developed by the Department of Counseling Psychology and Guidance Services, Ball State University, Muncie, Illinois.

The BAPS consists of seven negatively worded items and 11 positively worded items. Before analysis, the negatively worded items (5, 8, 10, 11, 13, 15, and 17) need to be reverse scored. Additionally, the BAPS tool includes three factors, which are Intent, Stigma Tolerance, and Expertness. The scores, which range from 1 to 6, are calculated by adding up the values of each item on a subscale, after which the result is divided by the total number of items. A high score indicates a more positive outlook on psychologist and their services—that is, the higher the score the greater the belief in the merits of psychological services due to psychologists' expertness, the greater the tolerance for stigma, and the greater the willingness to seek help if in need (Ægisdóttir, & Gerstein, 2009). The variables for this study were the participants' beliefs

about psychological services and the demographic variables of gender, age, education, marital status, and counselor type.

Qualitative research uses a flexible research design to investigate narratives from participants who voluntarily share their lived experiences to explain a phenomenon, typically through survey writing (Creswell & Clark, 2011; Polit & Beck, 2004). A total of 35 volunteer Saudi Arabian international students participated in the qualitative part of the study. Instruments to collect qualitative data will include survey demographic question about age, gender, marital status, education, and geographical location, previous counseling experience, and open-ended questions about what motivated the participant to seek counseling/psychotherapy services, what prevented the participant in the past from seeking counseling/psychotherapy services, how the participant would describe the experience with counseling/psychotherapy (see Appendix C). The researcher used survey writing to explore how individuals described a topic and used the findings to better understand Saudi Arabian students' attitudes toward counseling /psychology.

The psychometric characteristics of the BAPS instrument include validation, reliability, cultural fairness, and practicality of assessment. The BAPS has been utilized in a research study with a college student sample where the terms *mental health counselor(s)* and *mental health counseling* were used instead of *psychologist(s)* and *psychological services*. This change did not adversely influence the BAPS's reliability (subscale scores) or its factor structure (Ægisdóttir, & Gerstein, 2009).

Research Process

The decisions on design in accordance with the research aims would have an impact on the size of the sample. Participants in this research included a population of Saudi Arabian students taking undergraduate and graduate courses in American universities or colleges.

Participants were restricted to students age 18 and over in order to avoid the exploitation of a vulnerable population.

However, this sample size for mixed-methods research in convergent design was unequal. For the quantitative portion the size is relative because there is a rule of thumb that “in the survey research literature, a range between one percent to ten percent of the population is usually mentioned as the magic sampling fraction, with a minimum of about 100 participants” (Dörnyei, 2007, p. 99). Following the criteria agreed on by several scholars, Dörnyei (2007) further asserts that if the research is correlational or has a relational survey design, the sample size should be at least 30, or at least 50 participants in each group for causal-comparative and experimental studies, or at least 100 participants for a large population survey or for factor analytic and other multivariate procedures (Cohen et al., 2000, p. 93; Dörnyei, 2007, pp. 99-100). For the present research, the sample size was 162 participants, which is considered to be the minimum required number (as suggested by Cohen et al., 2000; Dörnyei, 2007),

The sample for this research was obtained by convenience sampling. According to Gravetters and Forzano (2015), “the most commonly used sampling method in behavioral science research is probably convenience sampling. In convenience sampling, researchers simply use as participants those individuals who are easy to get. People are selected on the basis of their availability and willingness to respond” (p. 147). For the sake of securing the anonymity of the source of information collected, the researcher directed the respondents to a Qualtrics survey where they could respond to the questionnaire without having to worry about being identified.

The instrument for the collection of data was the Beliefs About Psychological Services Scale (BAPS), a concept developed by the Psychology and Guidance Services Department of Ball State University, Muncie, Illinois. Individuals using the BAPS are required to employ three

subscale scores, namely, intent, stigma tolerance, and expertness, instead of a total score, to gather extensive information about people's attitudes, beliefs, and willingness to seek psychological services. The BAPS has been utilized in a research study with a college student sample whereby the terms *mental health counselor(s)* and *mental health counseling* were used instead of *psychologist(s)* and *psychological services*. This change in target experts and services did not adversely impact the BAPS's reliability (subscale scores) or its element structure.

The procedure for collecting data involved the use of e-mails to invite the research participants. The researcher sent out the survey questions to prospective participants through e-mails that directed the participants to a Qualtrics survey where data could be entered anonymously. The researcher stopped sending out the questionnaire once she received the maximum number of the participants (383 as suggested by Creative Research Systems (2014) Sample Size Calculator) aged 18 or over with complete responses to the questionnaire, regardless of gender or age distribution, or at least 130 participants, considered to be the minimum required number (as suggested by Cohen et al., 2000; Dörnyei, 2007), if she passed the timeline of data collection, while anticipating sample attrition or dropout. If the respondents from the Qualtrics survey were fewer than 130 participants, the researcher would have obtained participants from various Saudi Arabian organizations in the San Antonio area, including mosques and social and civic organizations that serve Saudi Arabian students.

The questionnaire was distributed to the prospective sample in October of 2015 and by December the researcher had collected the completed survey and began analyzing the responses.

The researcher analyzed the survey data using statistical analysis. The qualitative data were analyzed using Moustakas (1994) modified Van Kaam method of phenomenological heuristic analysis. The results of the two data sets were then examined for areas of convergence

and divergence. Data analysis for quantitative variables was carried out using parametric statistical methods. Parametric statistics “are statistical tests based on the premise that the population from which samples are obtained follows a normal distribution and the parameters of interest to the researcher are the population mean and standard deviation” (Creswell, 2002, p. 237). Statistical analysis was conducted using R, an open source statistical package. Descriptive statistics used were frequency distribution, mean (or proportion) and standard deviation, and Pearson’s correlation and chi-square test statistics. Inferential statistics in this research were Analysis of Variance (ANOVA), Multiple Regression, and Factor Analysis.

RQ1: What is the relationship between the psychological attitudes of Saudi international students toward mental health services and gender, age, education, marital status and counselor type?

Statistical Analysis: For research question #1, Pearson’s correlation was used to compare the relationship between age and BAPS score results and means/ANOVA test statistics was used to determine the relationship between BAPS score and the variables: gender, educational level, marital status, and counselor type. A geographical location was used to differentiate which respondents were included in the sample (those living in the U.S.) from those that were excluded (those currently living in Saudi Arabia or another country).

RQ2: Do gender, educational level, and therapy experience predict the psychological attitudes international Saudi students have toward mental health services?

Statistical Analysis: For research question #2, a multiple regression analysis was used to attempt to predict student attitudes toward counseling services.

RQ3: Are the factors of the psychological attitude scales confirmed for Saudi international students?

Statistical Analysis: For research question #3, confirmatory factor analysis was used to test whether intent, stigma, and expertness from the BAPS scale also worked for Saudi international students. If this did not appear to be a good fit, then exploratory factor analysis would have been employed to look for other possible ways to group the questions on the BAPS scale.

Data analysis for qualitative questions was carried out using Phenomenology Heuristic Analysis to understand the experiences of Saudi Arabian students in regard to counseling /psychology, what motivated Saudi Arabian students to seek counseling/psychotherapy services, and what prevented Saudi Arabian students in the past from seeking counseling/psychotherapy services. Phenomenological research is a method of qualitative research that focuses on exploring the experience of an individual in regard to a particular phenomenon and how the individual relates to their experiences with a view toward understanding the essence of the phenomenon (Merriam, 2009). A researcher using this qualitative research method can draw conclusions about what it is like to encounter a particular phenomenon from the perspective of an individual who has experienced it.

Phenomenology is based on the works of Edmund Husserl, who was one of the first philosophers to discuss how studying one's experience could be beneficial in creating meaning (Moustakas, 1994). Husserl argued that objects that exist in the external world are independent of each other, and that information on the objects is reliable. He concluded that to ascertain reliability, anything that exists outside immediate experience is ignored, and only the contents of personal consciousness are regarded. Martin Heidegger, a student of Husserl later developed the phenomenological research method.

Compared to other traditional methods of research, the goal of phenomenological research is to describe accurately the essence of a phenomenon without a pre-given framework. In the opinion of Welman and Kruger (1999, p. 189), “the phenomenologists are concerned with understanding social and psychological phenomena from the perspectives of people involved.” This research method is thus devoid of any speculations or theories that extend beyond the essence of personal consciousness while striving to remain faithful to the facts.

Clark Moustakas developed heuristic research as a form of phenomenological research. According to Moustakas (1990), the heuristic inquiry method is a qualitative method that seeks to explore or interpret an experience based on the self of the researcher. The heuristic research approach was identified as useful in this study exploring the psychological attitudes of Saudi Arabian international students toward mental health counseling. During this study, the heuristic research approach was used to answer the question, what is my experience of this phenomenon and the shared experience with other individuals experiencing this phenomenon? This approach may be the only way to truly understand the experience.

Moustakas (1990) identified six phases in conducting a qualitative heuristic research. These stages are initial engagement, immersion, incubation, illumination, explication, and creative synthesis. The description of the process I have experienced follows the same sequence as identified by Moustakas. The initial stage is identification where I recognized my interest in the patterns of connectivity. The succeeding step of immersion involved wondering about the value the research topic. The subsequent steps included finding meaning and focus, conducting the research, and analyzing the data.

According to Moustakas (1994), the phenomenological and heuristic research models share certain characteristics. One commonality between the two models is that they are very

suitable for human science studies, whereas quantitative approaches are not suitable for studies of human experiences. Also, the phenomenological and heuristic research model seeks to identify the essence of an experience, rather than an explanation for the phenomenon under study. Another similarity between the two models is that they collect data from primary sources. In addition, the two models do not focus on parts or objects of an experience but on the entirety of an experience. Lastly, the phenomenological and heuristic research model both consider data from an experience to be crucial in the comprehension of human behavior and as proof for further scientific inquiry.

Meanwhile, the qualitative data was analyzed using qualitative content analysis. This type of analysis follows an exact generalized sequence of coding for themes, looking for patterns, making interpretations, and building theory (Dörnyei, 2007). This type of analysis is language-based in nature, as it is mainly done with words. It also involves an iterative rather than linear process, subjective intuition rather than formalization, and generic analytical moves rather than specific methodologies (Dörnyei, 2007). Qualitative coding entails “segmenting and labeling text” (Creswell, 2002, p. 266) to identify experience or themes. Qualitative analysis was conducted using a software package called NVivo.

Triangulation of the quantitative and qualitative data refers to finding the relationships and meaning between and among variables to gain a deep understanding of the complexity of psychological attitudes of Saudi Arabian international student toward mental health counseling. Both the quantitative and the qualitative data work together to develop the theme and relationships between variables.

Chapter Four: Results

Introduction

Chapter Four presents the findings of the study. An online survey was used to explore in a mixed-methods study format the attitudes of Saudi Arabian students toward counseling, and their counseling experiences. The participants were all based in the United States. The data were collected and analyzed as stated in Chapter Three of this dissertation and then reflected on in regard to the overall aim of this study posed in Chapter One of this dissertation. The aim was to explore the psychological attitudes of Saudi Arabian students in the United States toward mental health services. The quantitative data were analyzed using R, an open source statistical package. Descriptive statistics used were frequency distribution, mean (or proportion) and standard deviation, and Pearson's correlation and chi-square test statistics. Inferential statistics in this research were Analysis of Variance (ANOVA), Multiple Regression, and Factor Analysis. The qualitative data were analyzed using Moustakas' (1996) modified van Kaam method. Included in Chapter Four are sections on the following topics: participant demographics, quantitative data analysis process, qualitative data analysis process, quantitative and qualitative results. At the end of Chapter 4, a summary of the findings is presented.

Quantitative Data

Counseling Experiences and Attitudes Toward Counseling: Quantitative Data

The researcher used R, an open source statistical package. Descriptive statistics to be used are frequency distribution, mean (or proportion), standard deviation, Pearson's correlation, and chi-square test statistics. Inferential statistics in this research will be Analysis of Variance (ANOVA), Multiple Regression, and Factor Analysis to answer the three quantitative questions.

1. What is the relationship between the psychological attitudes of Saudi international students toward mental health services and their gender, age, education, marital status, and the counselor type?
2. Do gender, educational level, and therapy experiences predict the psychological attitudes Saudi international students have toward mental health services?
3. Are the factors of the psychological attitude scales confirmed for Saudi international students?

Data Analysis: The survey request received 378 responses. These responses were first evaluated for meeting the survey criteria and 26 records that looked suspicious (because there were multiple entries from the same IP address at the same time of day) were investigated and excluded because the IP addresses were based in Saudi Arabia or countries other than the United States. Another 84 records were excluded because the individual stated they currently lived in a country other than the United States or the latitude and longitude of the IP address was from a country other than the U.S., and 29 records were excluded either because the individual failed to give consent, or was younger than 18 years old. Of the remaining records, 70 had no answers to the BAPS questions, so they were removed. Three records that were complete had exactly the same demographics as a complete response from an earlier day or time of day, and were dropped as duplicate entries from the same person. Finally, four surveys were eliminated because the answers to the BAPS questions were all 1's or all 6's (indicating that the respondent was not making a serious effort because some of the BAPS questions are purposefully worded to be the reverse version of other questions). This left 162 records that met all the criteria and answered the questions that revealed psychological attitudes.

The 18 BAPS questions were sorted into the three factors identified by their originator: Intent (questions 1, 2, 3, 4, 6, and 12), Stigma Tolerance (questions 5, 8, 10, 11, 13, 15, 17, and 18), and Expertness (questions 7, 9, 14, and 16). Each respondent rated each question from a value of 1 (Strongly Disagree) to 6 (Strongly Agree). The rating for each question was added together for the Intent and Expertness factors, while the rating for the first seven questions in the Stigma Tolerance factor were reverse scored (6 becoming 1, 2 becoming 5, and so on) before being added together. The minimum possible score for the Intent factor was 6 and the maximum was 36; for Stigma Tolerance the minimum and maximum were 8 and 48 respectively; and for Expertness the scores could range from 4 to 24.

Table 1 shows the demographic breakdown of the eligible participants in the study, which matches the expectations for a typical Saudi Arabian student in the United States. Note that about a fourth of the participants reported receiving a therapist's services at some point in their life. Table 1 also lists responses to questions about future use of counseling services, and the BAPS factor scores. The BAPS scores show that the participants ranged over the entire spectrum of possible scores on each of the factors, but the mean score in each category indicated that the typical participant was more likely than not to be in agreement with each of the factors.

Table 1.

Participant Demographics

Characteristic	Statistic
Age	Mean: 28.8, Range: 19 to 45
Gender	55.6% Male, 44.4% Female
Marital Status	58.6% Married, 41.4% Not currently married
Education Status (Highest Level achieved)	16.7% less than Bachelor's degree 35.2% Bachelor's degree 48.1% Master's degree or Doctorate
Received Therapist Services?	25.0% Yes, 75.0% No
Likely to Seek Psych Services in the Future if experiencing difficult emotional issues?	64.2% Somewhat likely to very likely 35.8% Somewhat unlikely to very unlikely
What would prevent you from receiving services?	45.7% Nothing 16.7% Lack of availability of suitable counselors 16.0% Shame reasons 21.6% Financial, Family, or Other reasons
BAPS Factor 1: Intent	Mean of Total: 25.0, Range: 6 to 36 Mean of the Mean: 4.2
BAPS Factor 2: Stigma Tolerance	Mean of Total: 33.4, Range: 13 to 48 Mean of the Mean: 4.2
BAPS Factor 3: Expertness	Mean of Total: 18.3, Range: 5 to 24 Mean of the Mean: 4.6

Research Question 1: The first research question sought to determine the relationship between psychological attitudes and certain demographic features of the participant population. As with each of the first three research questions, analysis was done using R, an open source statistical package. Pearson's correlation test was used to check the relationship between Age and each of the three BAPS factors. Age was determined to be unrelated to all three factors, with correlation coefficients of 0.12 (p -value = 0.13) for Intent, 0.08 (p -value = 0.31) for Stigma Tolerance, and 0.06 (p -value = 0.45) for Expertness.

The Analysis of Variance (ANOVA) F -test was used to check the relationship between the categorical variables of Gender, Marital Status, Education Status, and the type of counselor used (for example, either a psychologist was consulted or one was not used by the participant). For the Intent factor, gender had a statistically significant relationship, with a p -value of 0.03, with females being more likely to achieve a higher Intent score. Those who had seen a psychologist and those who had used services from a Licensed Professional Counselor (LPC) also had statistically significant relationships with Intent, with p -values of 0.004 and 0.00001, with the users of these services more likely to achieve a higher Intent score. Education status, marital status, and the use of psychiatrists or other types of therapists had no relationship with the Intent score. For the Stigma Tolerance factor, only gender had a statistically significant relationship with the score, with a p -value of 0.0004, with females achieving a higher Tolerance score on average. For the Expertness factor, the variables with a statistically significant relationship were the use of psychologists and the use of LPCs, each with p -values of 0.046, again with the Expertness score more likely to be larger for those who had used services from a psychologist or an LPC in the past.

Research Question 2: The second research question focused on using multiple linear regression to determine whether gender, education status, and therapy experience could predict the psychological attitude scores of Saudi international students living in the U.S. For each factor, a statistical model was established in the following manner, for example with Intent:

$$\text{Intent score}_i = b_0 + b_1 * \text{Gender}_i + b_2 * \text{Education Level}_i + b_3 * \text{Services Received}_i + \sum b_j * \text{interactions}_i + \text{error}_i$$

where the subscript i refers to each individual participant, b_0 is a mean value of the factor score after taking into account variations caused by the variables of interest (gender, etc.), b_j are coefficients to multiply by the variables of interest, interactions are possible effects in which the factor score depends on specific levels of two or three variables, and error means random variations in the data caused because humans are unique. Once the model was established and the data applied to the model, tests were done of the hypothesis that the model was better than just using the mean alone, and of the hypotheses that one or more of the coefficients were effectively zero (i.e., unimportant). If the statistical evidence indicated that the interactions coefficients were zero, the model was re-run without them. If any variables of interest were determined to have coefficients equal to zero, they also were removed from the model one at a time until the remaining variables had evidence of non-zero coefficients. This statistical method for multiple linear regression is called backward elimination.

For the Intent factor, the ANOVA table 2 for the regression equation with interactions is given below:

Table 2.

Intent Factor, ANOVA for Regression Equation with Interactions

Variable of Interest	Degrees of Freedom	Sum of Squares	Mean Square	<i>F</i> -value	<i>p</i> -value
Gender	1	190	190	5.29	0.023
Education Level	2	16	8	0.22	0.804
Services Received?	1	606	606	16.89	<0.001
Gender*Educ	2	12	6	0.17	0.848
Gender*Services	1	4	4	0.11	0.738
Educ*Services	2	78	39	1.09	0.340
Gender*Educ*Serv	2	36	18	0.51	0.603
Error	150	5381	35.9	--	--

From this table, it can be seen that the hypothesis that the coefficients for the interaction terms are zero was supported, because the *p*-values are all large (from 0.340 to 0.848). The interaction terms were removed from the model and regression was re-run, resulting in the following ANOVA shown in Table 3.

Table 3.

ANOVA for Interaction Terms Removed from the Model with Regression Re-Run

Variable of Interest	Degrees of Freedom	Sum of Squares	Mean Square	<i>F</i> -value	<i>p</i> -value
Gender	1	190	190	5.40	0.021
Education Level	2	16	8	0.22	0.801
Services Received?	1	606	606	17.26	<0.001
Error	157	5511	35.1	--	--

From this table, one can quickly see that the hypothesis of values of zero for the coefficients was rejected for gender (p -value = 0.021) and services (p -value < 0.001), but there was enough evidence to support the coefficient for education level being zero. After dropping education level as a variable, the final ANOVA was as shown in Table 4:

Table 4.

Final ANOVA After Dropping Education Level as a Variable

Variable of Interest	Degrees of Freedom	Sum of Squares	Mean Square	<i>F</i> -value	<i>p</i> -value
Gender	1	190	190	5.47	0.021
Services Received?	1	616	616	17.74	<0.001
Error	96	5517	34.7	--	--

The final model, with coefficients included, is as follows:

Intent score = 24.9 – 1.9 (if male) + 4.5 (if previously used services).

This indicates that for a female Saudi student living in the U.S. who has never used psychological services, the expected Intent score is about 25. For a male Saudi student who has never used psychological services, the expected Intent score is 23, and the Intent score of anyone who has used psychological services is expected to rise by 4.5 points.

Multiple linear regression with backward elimination was also used to model the Stigma Tolerance and Expertness scores. It was found that only gender had a statistically significant effect on Stigma Tolerance. The ANOVA for the full model for Stigma Tolerance is shown in Table 5 below (the reduced tables are not shown because they reveal nothing new):

Table 5.

ANOVA for Full Model for Stigma Tolerance

Variable of Interest	Degrees of Freedom	Sum of Squares	Mean Square	<i>F</i> -value	<i>p</i> -value
Gender	1	511	511	12.83	<0.001
Education Level	2	53	26.5	0.66	0.518
Services Received?	1	1	0.5	0.01	0.907
Gender*Educ	2	15	7.5	0.19	0.824
Gender*Services	1	7	7	0.17	0.681
Educ*Services	2	39	19.5	0.50	0.610
Gender*Educ*Serv	2	74	37	0.92	0.400
Error	150	5976	39.8	--	--

The final model is as follows:

Tolerance score = 35.4 – 3.6 (if male).

This indicates that female Saudi students living in the U.S. would average a Stigma Tolerance score of just over 35, whereas male Saudi students would average a score of just less than 32 points.

For the Expertness factor, only past use of psychological services was determined to have a coefficient statistically different from zero. Again, only the ANOVA for the full model is shown in Table 6 because the reduced tables reveal nothing new.

Table 6.

ANOVA Table for Full Model for Expertness

Variable of Interest	Degrees of Freedom	Sum of Squares	Mean Square	<i>F</i> -value	<i>p</i> -value
Gender	1	40.9	40.9	3.14	0.078
Education Level	2	5.0	2.5	0.19	0.826
Services Received?	1	93.4	93.4	7.18	0.008
Gender*Educ	2	1.2	0.6	0.05	0.956
Gender*Services	1	7.2	7.2	0.56	0.457
Educ*Services	2	7.8	3.9	0.30	0.743
Gender*Educ*Serv	2	48.6	24.3	1.87	0.158
Error	150	1951.5	13.0	--	--

The final model for Expertness is as follows:

Expertness score = 17.9 + 1.9 (if previously used services).

This indicates that the expected score for a Saudi student who has never used psychological services, regardless of gender or educational level, is about 18. The Expertness score of anyone who has used psychological services is expected to be greater by about 2 points.

Research Question 3: The third research question asked if the factors were confirmed for Saudi international students living in the U.S. In other words, should the 18 questions included in the BAPS survey be combined in the same manner to arrive at the Intent, Stigma Tolerance, and Expertness factors that have been determined for U.S. students, and other groups in other countries? This test is called a Confirmatory Factor Analysis (CFA). Within the R environment, CFA for this project was conducted using the statistical package called LAVAAN, which stands for Latent Variable Analysis, created by Yves Rosseel. The hypothesis was that, for the set of data coming from Saudi students, the BAPS questions 1, 2, 3, 4, 6, and 12 would adequately combine together into one factor, that questions 5, 8, 10, 11, 13, 15, 17, and 18 would satisfactorily group together into a second factor, and that the remaining questions (7, 9, 14, and 16) would be a third factor. Diagnostic values that have been shown to be effective for this test are the Root Mean Squared Error of Approximation (RMSEA), which is expected to be 0.07 or less if the factors are confirmed; the Tucker-Lewis Index (TLI), which is expected to be 0.9 or above if the factors are confirmed; and the Comparative Fit Index (CFI), which is expected to be 0.95 or above if the factors are confirmed. All three of these diagnostic tests will always return a value between 0 and 1.

When confirmatory factor analysis was conducted on the data from the 162 Saudi students in this project, the RMSEA was 0.086, TLI was 0.804, and CFI was 0.831. This

indicates that the combination of questions established for U.S. students and other groups has relevance for the Saudi student population, but does not adequately account for all the nuances of this group. The latent variable parameter estimates were reviewed for each proposed factor to try to determine which specific latent variables do not fit with the rest of the model. Those estimates and their *p*-values are given in Table 7 below:

Table 7.

Latent Variable Parameter Estimates Reviewed for Each Proposed Factor

Factor grouping	Parameter Estimate	<i>p</i> -value
- Latent variables		
(Intent) BAPS1	1.00 (fixed)	---
BAPS2	0.90	0.000
BAPS3	0.89	0.000
BAPS4	0.89	0.000
BAPS6	0.75	0.000
BAPS12	0.56	0.000
(Stigma) BAPS5	1.00 (fixed)	---
BAPS8	1.66	0.003
BAPS10	0.87	0.024
BAPS11	2.23	0.003
BAPS13	2.07	0.002
BAPS15	1.45	0.005
BAPS17	1.97	0.003
BAPS18	-1.13	0.010
(Expert) BAPS7	1.00 (fixed)	---
BAPS9	0.80	0.000
BAPS14	0.98	0.000
BAPS16	0.89	0.000

A good fit of the data to the factors would result in the absolute value of all parameter estimates being between 0.7 and 1.3, as compared to the fixed variable (the arbitrarily chosen first variable within each group), and p -values being less than 0.05. A review of the parameters indicates that Stigma Tolerance is the least well-fitted factor for Saudi students. Five of the eight questions have parameter estimates larger than 1.3, which indicates that they have substantial dissimilarities from the other three questions, arguing for a possible separation of these questions into two or more factors. (Note that the parameter estimate for BAPS18 is negative because it is the only question in this factor which is not meant to be reverse scored). On the other hand, the factors associated with Expertness all fit together nicely, as do the factors associated with Intent, except question 12 (with a parameter estimate of 0.56).

Because CFA could not confirm the grouping of questions into the established factors, Exploratory Factor Analysis was conducted to look at other possible ways to group the questions for Saudi students living in the U.S. Within the R statistical package, the princomp function was used to perform Principal Component Analysis to search for the optimum number of factors involved, and the factanal function was used to perform Exploratory Factor Analysis. Table 8 below shows the variance results for the first eight components from Principal Component Analysis.

Table 8.

Variance Results for the First Eight Components From Principal Component Analysis

Component:	1	2	3	4	5	6	7	8
Proportion of Variance	0.285	0.149	0.078	0.070	0.065	0.046	0.043	0.040
Cumulative Proportion	0.285	0.434	0.512	0.582	0.647	0.693	0.736	0.776

There is no single agreed-upon measure for how to select the best number of factors. Some sources say the cumulative proportion of variance should be at least 0.7, and others say 0.8 or more. Other sources state that the number of factors should be chosen based on a steep drop in the proportion of variance from one component to the next, and most agree that it is best to limit the number of factors to no more than 6 or 7, for simplicity of interpretation. In this case, the results of principal component analysis are mixed. There is a steep drop in proportion between two and three components, but two components account for only 43.4% of the variance. There is a moderate drop in proportion between five and six components, but five components account only for 64.7% of the variance. It takes six components to achieve a cumulative proportion of almost 0.7, and more than eight components to achieve 0.8. Based on the results of the Confirmatory Factor Analysis, it was decided to try five factors for Exploratory Factor Analysis because of the moderate drop-off in proportion of variance at that point, and it would keep the analysis simple, while still accounting for almost 65% of the variance.

Results of Exploratory Factor Analysis with five factors are shown in Table 9. One value that can be calculated by this method is Uniqueness, an indicator of whether the question acts uniquely as a factor on its own. Table 9 gives the largest eight values for the BAPS questions. With Uniqueness values close to or greater than 0.7, questions 5, 15, and 18, and 10 might be uniquely different from the five factors attempted with this method. Table 10 shows the loadings for the four potential factors on a scale between 0 and 1 (a value of --- is equivalent to 0). Loadings with an absolute value between 0 and 0.3 can be ignored. Usually, each question is only associated with the factor with the largest loading, shown in bold in Table 9. A test of the hypothesis that five factors were sufficient achieved a chi-square of 79.1 with 73 degrees of freedom and a *p*-value of 0.293; thus, five factors were good enough to separate the questions.

Table 9.

Largest Eight Values for the BAPS Questions

Question:	5	15	18	10	9	12	8	6
Uniqueness:	0.811	0.696	0.689	0.682	0.658	0.618	0.597	0.561
Loadings:	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5			
Question 1	0.774	0.161	---	-0.171	---			
Question 2	0.764	0.200	---	-0.202	0.230			
Question 3	0.637	0.454	---	---	---			
Question 4	0.722	0.225	---	---	---			
Question 5	0.122	---	0.373	---	0.167			
Question 6	0.538	0.305	---	---	-0.206			
Question 7	0.357	0.692	-0.157	---	---			
Question 8	---	-0.185	0.591	0.131	---			
Question 9	0.173	0.532	---	-0.145	---			
Question 10	---	0.215	0.516	---	---			
Question 11	-0.160	---	0.360	0.604	-0.311			
Question 12	0.287	0.531	---	---	-0.118			
Question 13	-0.191	-0.461	0.498	0.273	0.128			
Question 14	0.191	0.665	---	-0.102	0.392			
Question 15	---	---	0.531	---	---			
Question 16	0.166	0.720	0.100	---	---			
Question 17	---	---	0.333	0.689	---			
Question 18	0.171	0.305	---	-0.423	---			

In the above Table 9, it is clear that the questions that group together for Factor 1 are 1, 2, 3, 4, and 6. For Factor 2, the associated questions are 7, 9, 12, 14, and 16. For Factor 3, the associated questions are 5, 8, 10, 13, and 15, and for Factor 4, questions 11, 17, and 18. No questions load onto Factor 5. Factor 1 is similar to Intent, but with question 12 removed. Factor 2 is essentially the Expertness factor, but with question 12 added. Factors 3 and 4 are a split of Stigma Tolerance. Note that there is substantial confusion about whether question 13 should be in Factor 2 or Factor 3 (loadings of -0.461 and 0.498 respectively), and mild confusion for questions 3, 11, and 14.

This grouping of factors was then tested using Confirmatory Factor Analysis to see if the RMSEA, TLI, and CFI could be improved. The results are shown in Table 10 below. For this new grouping of factors, the RMSEA was 0.075, TLI was 0.852, and CFI was 0.875, which are better than the previous set of factors, but the model still does not adequately account for the unique responses of the Saudi international students. It is clear that additional exploration of what is unique about Saudi students is warranted.

Table 10.

The Four Potential Factors Shown on a Scale Between 0 and 1

Factor grouping - Latent variables	Parameter estimate	<i>p</i> -value
(Factor 1: BAPS1 Similar to BAPS2 Intent) BAPS3 BAPS4 BAPS6	1.00 (fixed) 0.90 0.85 0.87 0.72	--- 0.000 0.000 0.000 0.000
(Factor 2: BAPS7 Similar to BAPS9 Expertness) BAPS12 BAPS14 BAPS16	1.00 (fixed) 0.81 0.88 0.95 0.87	--- 0.000 0.000 0.000 0.000
(Factor 3: BAPS5 Partial BAPS8 Stigma BAPS10 Tolerance) BAPS 13 BAPS15	1.00 (fixed) 1.76 0.77 2.42 1.44	--- 0.003 0.038 0.002 0.006
(Factor 4 BAPS 11 Partial St BAPS 17 Tolerance) BAPS18	1.00 (fixed) 0.92 -0.48	--- 0.000 0.000

Analysis of Questions 9 through 12 and questions 14 and 15 quantitatively explored the participant’s experiences with counseling and their attitudes towards counseling.

Question 9 asked the participants from whom they had received psychotherapeutic services. Responders were allowed to select more than one response so though there were 54 people who responded. This implies that some responders used more than one type of helper. Of the respondents, 27 (50.0%) reported that they went to a counselor, 22 (41.0%) stated that they saw to a psychologist, 12 sought services from a psychiatrist (22.0%), eight from a family therapist (15.0%), five went to a social worker (9.0%), three participants reported they went to an imam (6.0%), four participants (7.0%) indicated that nothing stopped them from obtaining psychotherapeutic services. Figure 2 below summarizes the data.

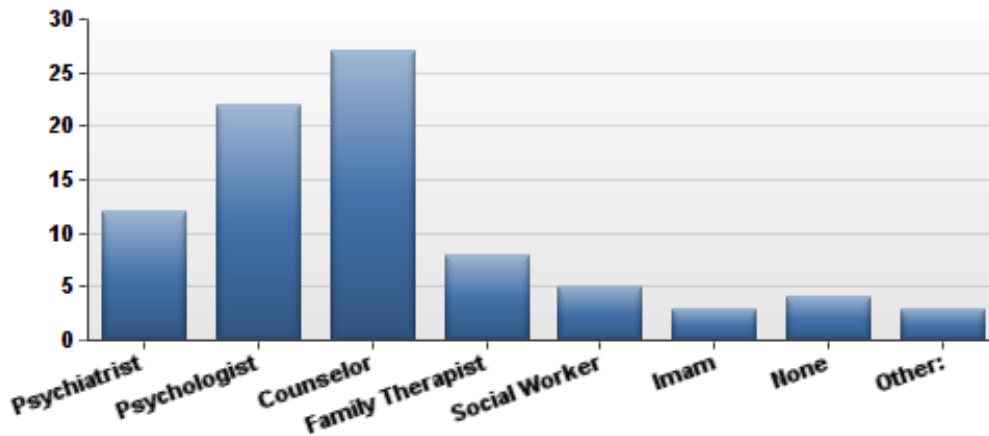


Figure 2. Whom the participants received psychological/psychotherapist services from

Three participants selected the “Other” response and wrote in the following:

- A life coach,
- General physician
- Practice counseling sessions

The majority of the participants went to clinics and engaged counselors or psychologists to assist them in their problem solving. This was surprising, because Arab Muslims have a tendency to go to imams rather than to professional counselors when facing mental distress. According to Blumberg (2015), people in the Muslim community will first seek out their spiritual leader for help with their personal problems. Ali, Milstein, and Marzuk (2005) stated that Muslims have a God-centric view of healing and so when Muslims have personal problems they are likely to consult with their imam. However, these results seem to imply that Saudi Arabians in the United States prefer to see counselors followed by psychologists, and that an imam was least likely to be consulted. The qualitative data did not indicate or hint at why that may be, but it may be related to acculturation or simply to availability. For example, a counseling center on campus may be easier to access than an imam. Given that only three respondents stated that they went to see an imam, it could not be determined if the preference to see an imam was related to age, gender, or length of time in the United States.

Question 10 asked the respondents how satisfied they were with the counseling services and 39 answered these questions. Seven respondents were very satisfied, 23 were satisfied, seven were unsatisfied, and two were very unsatisfied. The results indicated that in regard to the participants, males, people with master's degrees, married, people and people in the 26 to 30-year-old age group were more likely to be unsatisfied with the counseling they received than other people were (see Figures 3 and 4 below).

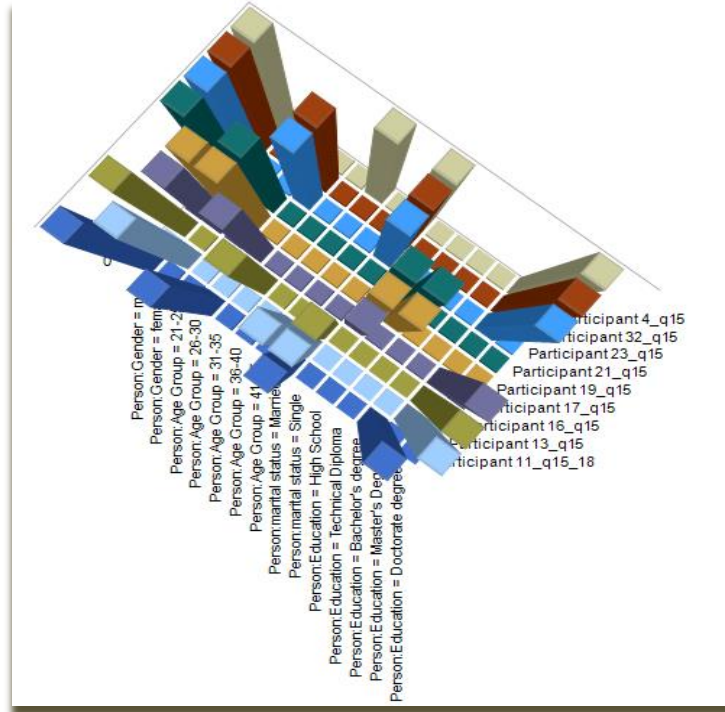


Figure 3. Case attributes of participants that were not satisfied with counseling process

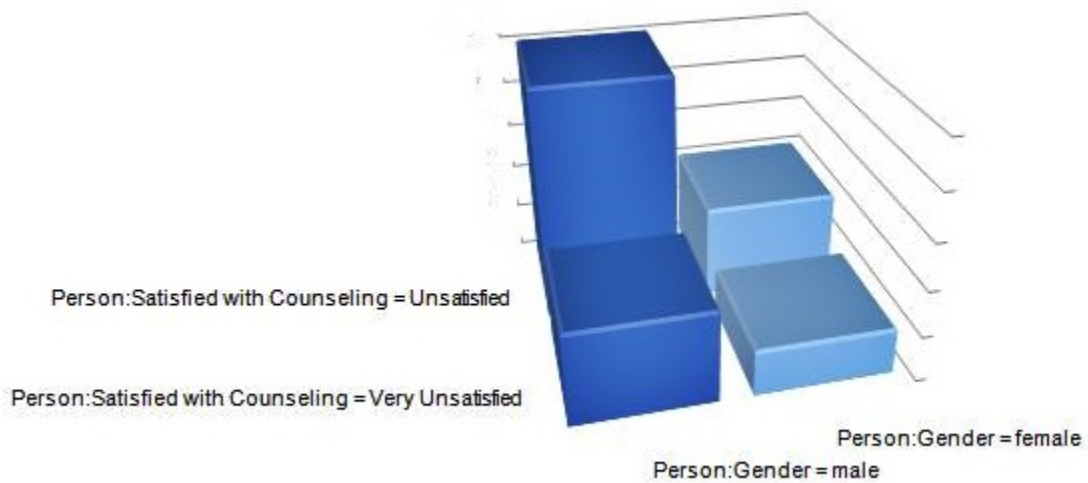


Figure 4. Close-up of age vs. dissatisfaction with the counseling process

Most of the responders held master's degrees, so this could explain why so many more people with master's degrees were dissatisfied. The average age of the participants was 28.8%, which may be why people dissatisfied with the counseling clustered around the 26 to 30-year-old age group. Since slightly more men than women responded to this question, so it would be expected that perhaps slightly more men than women may have been satisfied or dissatisfied with the counseling process. In this case though, as shown in Figure 4 for the matrix query satisfaction vs. gender, men were about twice as dissatisfied with their counseling experiences as women were.

Question 11 asked where the respondents went for psychotherapeutic services. Responders were able to choose all that applied and 54 responded. Of these, 35 went to a clinic (65.0%), eight responded "Other" (15.0%), seven participants went to a hospital (13%), five went to a mosque (9.0%), and four used online counseling (7.0%) as shown in Figure 5. Those who selected "Other" wrote in the following responses:

- My school in US offered
- Counselors at classes
- Therapists Office
- In the school
- School health center
- Private practices

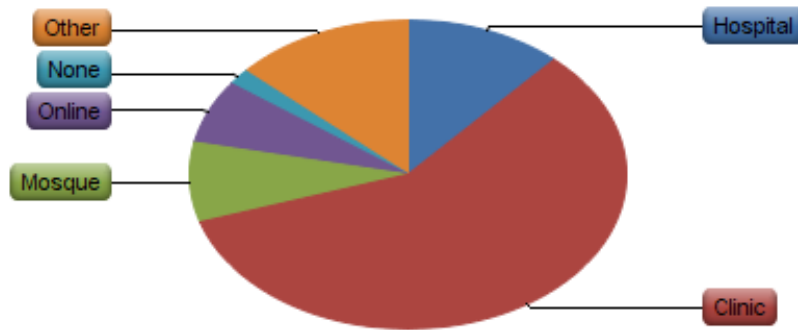


Figure 5. Where the respondents went for psychotherapeutic services

Question 12 asked, “What motivated you to seek counseling/ psychotherapy services?” There were 53 responses for this question of which 28 stated that personal reasons motivated them (53.0%), nine were motivated by a physician (17.0%), six of the participants were motivated by a family member (11.0%), another six selected “Other” (11.0%), two participants stated none of these (4.0%), one person had been recommended to counseling by an imam (2.0%), and one respondent said they were legally mandated (2.0%); see Figure 6. Three of the six people who chose the “Other” response wrote in the following:

- I'm studying mental health counseling, so, we in class make sessions to each other.
- Myself
- To improve myself

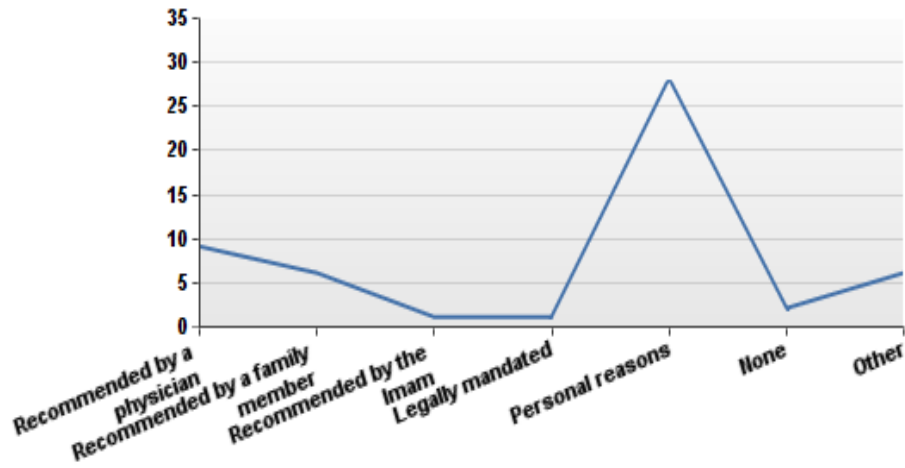


Figure 6. “What motivated you to seek counseling/psychotherapy services?”

In Question 14, all respondents, whether they previously attended counseling or not, were asked, “If you experience difficult emotional and relational issues how likely are you to seek counseling/psychotherapy services in the future?” Most responders suggested that they were likely to seek counseling services when facing these issues in life as shown in Figure 7. The men in the study were less likely to seek counseling than the women. This is consistent with many other studies that show men are less likely to seek counseling (Winerman, 2005).

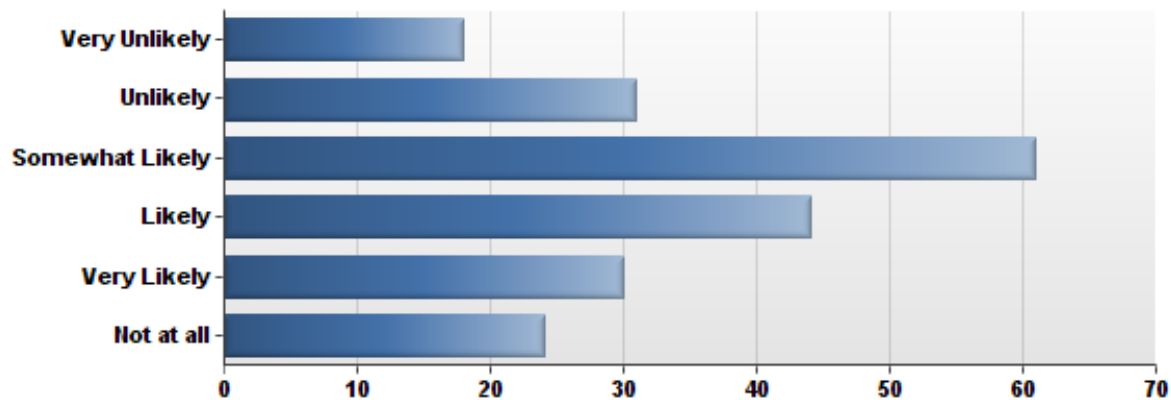


Figure 7. “If you experience difficult emotional and relational issues how likely are you to seek counseling/ psychotherapy services in the future?”

Question 15 was used to know what kept people from seeking out counseling services in the past. The majority of the participants stated that nothing kept them from seeking out counseling services, whereas others indicated that shame, lack of availability, economic factors, family influences and religious reasons. Some of them expressed their thoughts this way:

- I help people going through their problems.
- The reputation of Saudi student seeking mental health in the western world (USA) would be bad for me due to reasons of possible recognition as an instable by the US authorities.
- no time for that
- I personally used to think that if I know much about mental conditions; it can backfire in imagining every mental state or emotional state that occurs as a mental issue.
- No knowledge
- Not familiar in my culture

- I don't think they can help.
- I am not really sure about its benefits
- Waiting time and long questionnaires.
- I didn't believe I was having a serious problem. I was thinking that what I was facing, was just minor things so no need to see a counselor.
- No enthusiasm
- I wouldn't share my issues with strange people.

These were interesting responses. Counselors are trained that in order to help others they need to be in a “good psychological space” themselves, yet the first response given for not seeking out counseling in the past was “I help people going through their problems.” This response came from a 34-year-old married male who was probably a master’s degree student in counseling/psychology. This student also indicated that he was very unlikely to seek out counseling for difficult emotional and relational issues. He disagreed with the statements that counselors can help you with your problems; he agreed that seeing a counselor meant you were a weak person, and he slightly agreed with the idea that going to counseling can stigmatize your life. This gives pause to reflect on how many other counselors/helpers think this way, and how these attitudes may impact the counseling process.

Another compelling response was “The reputation of Saudi student seeking mental health in the western world (USA) would be bad for me due to reasons of possible recognition as an instable by the US authorities.” This response came from a 34-year-old married male who had a bachelor’s degree. Since 9/11 some Americans have been very vocal about negative feelings they have about people from the Middle East and people who are Muslims. Even the United States presidential hopeful Donald Trump has made incendiary remarks about Muslim people, so it

would not be surprising if this comment made by the participant may be a reflection of the fears that some students from the Middle East may have about going to counseling. The following qualitative responses may also indicate a fear of going to counseling because of possible incrimination related to being from the Middle East or for the participant's religious faith:

I have seen three different psychologists. The first one was very helpful and caring, but I was very worried about what she would think of me because I'm a Muslim student seeking help for depression and suicidal thoughts. (P 3)

I was hesitating to consult a doctor since I am a Saudi Student here at the USA. but I can't afford going to Saudi for every time I need to see a psychiatric or therapist. So And after 4 years of not complaining I went to see one month ago when it (the health problem) started to impacted m ability to perform. (P 11)

What may also be important to note in regard these comments is that, like the qualitative data, the quantitate data also revealed that culture may play a part related mental help-seeking behaviors and counseling outcome as the comments "Not familiar in my culture," having "no knowledge" of counseling, and "I wouldn't share my issues with strange people" may all be comments related to culture. These comments, unlike those in the qualitative data section, came from individuals who had not received any counseling services. The first comment is obviously related to culture, whereas the other two are not. Nonetheless, having no knowledge of counseling seems like a comment from someone outside of Western culture, where numerous types of counseling and psychotherapy services are offered to students and the public. In Western culture, talking to a stranger, e.g., a counselor/other helper, is commonplace, but in

other cultures talking to strangers about one’s personal problems is not; for example, Richards, Pennymon, and Govere, (2004) found that in Zimbabwe it went against the culture to talk to strangers about one’s personal problems.

Counseling and Stigma

Among all the participants, men were more likely to feel uneasy going to counseling because of what some people may think of them than women were (62.7% vs 37.3%). Among participants who went to counseling, 66.7% of males and 33.3% of females were more likely to feel uneasy about going to counseling because of what some people might think of them. In regard to SQ10, among all the participants, men were more likely to think that having received help from a psychotherapist stigmatizes a person’s life than women were (57.3% vs 42.7%). Among participants who went to counseling, 66.7% of males and 33.3% of females were more likely to think that having received help from a psychotherapist stigmatizes a person’s life.

Table 11: SQ5 Participants attended counseling

Having received help from a psychotherapist stigmatizes a person’s life				
Gender	4-slightly agree	5- Agree	6-Strongly Agree	Total
Males	5	3	4	12
Females	3	2	1	6
	8	5	5	18
	4-slightly agree	5- Agree	6-Strongly Agree	Total
Single	2	2	2	6
Married	5	4	3	12
	7	6	5	18

Table 12: SQ5 All Participants

Having received help from a psychotherapist stigmatizes a person’s life				
Gender	4-slightly agree	5- Agree	6-Strongly Agree	Total
Males	28	13	6	47
Females	20	13	2	35
	48	26	8	82
	4-slightly agree	5- Agree	6-Strongly Agree	Total
Single	16	10	2	28
Married	30	13	5	48
	46	23	7	76

Table 13: SQ10 Participants attended counseling

I would feel uneasy going to a psychotherapist because of what some people might think				
Gender	4- slightly agree	5- Agree	6- Strongly Agree	Total
Males	15	16	6	37
Females	7	8	7	22
	22	24	13	59
Marital Status	4- slightly agree	5- Agree	6- Strongly Agree	Total
Married	8	10	5	23
Single	12	13	8	33
	20	23	13	56

Table 14: SQ10 All Participants

I would feel uneasy going to a psychotherapist because of what some people might think				
Gender	4- slightly agree	5- Agree	6- Strongly Agree	Total
Males	5	2	3	10
Females	1	0	4	5
	6	2	7	15
Marital Status	4- slightly agree	5- Agree	6- Strongly Agree	Total
Married	7	0	4	11
Single	1	0	3	4
	8	0	7	15

There was a conspicuous difference between married people and single people who answered these two questions related to stigma. In regard to SQ5, 41.1% of single people and 58.9% of married people would feel uneasy going to a psychotherapist because of what some people might think. For the people who attended counseling, 73.3% of married people and 26.7% of single people reported that they were more likely to think that having received help from a psychotherapist stigmatizes a person’s life. For SQ10, 63.2% of married people and 36.8% of single people were more likely to think that having received help from a psychotherapist stigmatizes a person’s life. For the people who attended counseling, 66.7% of married people and 33.3% of single people reported that they would feel uneasy going to a psychotherapist because of what some people might think.

Qualitative Data

Counseling Experiences: Qualitative Data

Capturing Saudi Arabian students' thoughts and attitudes toward counseling is essential to creating viable counseling services for these students. Equally important, however, is understanding Saudi Arabian students' first-hand experiences with counseling services. Such perceptions provide fundamental insight into how counseling services are best delivered to Saudi Arabian students. What aspects of the counseling process are critical to a positive outcome when working with Saudi Arabian students?

Question 13 was designed specifically to capture qualitative data. The question asked the participants to describe their counseling experience. 57 (25.0%) from 225 reported receiving counseling services, and 35 of them answered question 13. These 35 participants were assigned numbers 1- 35 to assist in readily identifying them from all of the other participants. As is to be expected, some of the participants had difficulties in expressing themselves in the English language. To keep the text authentic, verbatim quotations are given. In most cases where the spelling or grammar was inaccurate it was still easy to understand the text. If it seemed there was need of any explanation, this explanation is given in brackets following the text in question.

Each of the writing was coded to highlight the respondents' experiences with counseling services. Through coding and analysis, the researcher sought to understand the meaning attached to a phenomenon, as it is the meaning that represents the essence of the lived experience (Moustakas, 1994). In that regard it was hoped that the qualitative portion of the study would reveal answers to the following questions:

4. What motivates Saudi Arabian students to seek counseling services as related to clinician qualifications, gender, previous counseling experiences, and length of residence in the United States?
5. What barriers do Saudi Arabian students face in seeking counseling or psychotherapy?
6. How do Saudi Arabian students describe their counseling/psychotherapy experiences?

The Data Analysis Process

NVivo. NVivo was used to organize, code, and structure the data. The transcripts were created from the survey data collected from St Mary's University Qualtrics online survey site (see Appendix E), formatted, and then pulled into NVivo (see Appendix F for a view of the transcripts in NVivo). Nodes were then created for each question to code the responses to (see Appendix G). The coding scheme was developed as shown in Appendix H, and the data were coded. A screen shot of an example of coding stripes is in Appendix I. The data were coded to the relevant question number, and in addition to the question numbers a few other coding categories emerged, such as 'culture impacts.' Appendix J is an example of how the coded data were aggregated on a node, in this case the node for question 13 (Q13). The data on Q13 were also broken down by responses, such as good and bad counseling experience responses. In NVivo attributes were created for each participant who answered Q13 asking them to describe their counseling experience, there attributes were as follows:

- Gender
- Marital Status
- Age Group
- Current Residence
- Educational Status
- Satisfaction Level with Counseling
- Ever have Counseling Services
- Where Educated
- Years in USA

Appendix K is a view of the attribute structure in NVivo. Appendix K shows the case attributes assigned to participant 15 (P15), and Appendix L is a table showing all the attributes assigned to each case. Once all the data were coded and the attributes assigned to their respective cases, queries were then run on the data. For example, what did the men say that was related to stigma? Appendix M shows the queries that were run. For some cases memos were created that captured the researcher's thoughts on a particular aspect of the data, for example, "Does an extended time in USA impact on the perspective of Saudi Arabians' view of counseling?" Appendix N shows examples of some of the memos.

The Data Analysis Framework

A modified Van Kaam method of analysis (Moustakas, 1994) provided the framework for the data analysis process. Van Kaam's method was used to explicate the invariant constituents; these are the expressions that consistently emerge from data. It is these constituents that elicit potential meanings of the phenomenon. The steps of the process are bracketing and *epoche*, horizontalization, reduction and eliminations, and clustering and thematizing. This method uncovers the essence of the phenomenon by revealing the *noesis* and *noema* of the experience (Husserl, 2012). McIntyre and Smith (1989) point out that *noesis* and *noema* are difficult concepts to understand, they were not well defined by Husserl, and they have been interpreted in different ways by different people. Because of this, after reading various interpretations of what *noesis* and *noema* are (McIntyre & Smith, 1989; Calabi, 1987; Kryzstofiak, 1995; Reuter, 1999), I believe that *noesis* is the act of interpreting and giving meaning to the various elements of the experience, and that *noema* relates to how the overall experience is characterized/judged by the participant.

Bracketing and *epoche* are the first steps in phenomenological analysis.

Phenomenological researchers use bracketing to examine their experiences with the phenomenon being investigated and then present that exploration as a means to set aside the researcher's pre-conceived thoughts about the phenomenon (Moffett, 2005). This setting asides of judgments and opinions is known as *epoche*. Moffett suggested this practice so that the researcher can maintain a detached perspective during the course of the study. Bracketing is typically presented in written form, whereas *epoche* is abstract, so it is unseen. As bracketing and *epoche* are considered key components that help to reduce researcher bias, the researcher's personal experiences with the research topic were reflected on and stated in the following section.

Horizontalization is the identification of every expression that may be relevant to the phenomena, and as such may represent an invariant constituent. This identification of horizons was obtained through content analysis. Reduction and elimination examines the horizons to determine if each expression has relevance to the research question or not (Giorgi, 2005). Those horizons without relevance are removed from the data set. The horizons that remain at the end of reduction and elimination represent the invariant constituents of the experience (Moustakas, 1994). The final step in the process is the clustering and thematizing the invariant constituents to identify the "core themes of the experience" (Moustakas, 1994, p. 121).

Qualitative Findings

Question 13 was "How would you describe your experience with counseling or psychotherapy?" Most of the participants who answered this question interpreted this as being related to the goodness, or lack thereof, of the counseling experience. Among those who answered, 24 of the 35 expressed that they had a good counseling experience. Most of the participants who viewed this question as related to the goodness or badness of the counseling

experience wrote in one word or short answers; for example, below are short answers made by some of the participants that expressed that they had a good counseling experience:

- I found truly helpful. (P 5)
- Not bad I have know what wrong with me. (P 6) [implies participant understood what they thought was wrong with them after they saw the counselor]
- Good (P 8)
- I liked it (P 10)
- Enlightening (P12)
- It was good and helped me a lot (P 14)
- Very good (P 18)
- Lean new things (P 20)
- Productive (P 25)
- Good experience (P 35)

Comments such as “Enlightening,” “truly helpful,” “helped me a lot,” ”Lean new things.” and “Productive” indicate that the counseling experience was not just a good/nice experience, but useful as well in that that they personally gained something from the experience.

Other respondents stated or implied that they had a bad experience; some examples of this from the data are as follows:

No satisfied at all. I felt that I had waisted [sic] my time. (P 4)

I went to seek help with stress management, but the psychologist was not very helpful.

She offered some advises that I already knew from Google! (P17)

Not usfule [sic] (P 32)

Some respondents seemed to have mixed feelings about their experience. They were able to see shades of grey in the good vs bad dichotomy, providing perhaps a more balanced view of the overall experience.

Some time I agree [with counselor] some time the counselor not update them self. (P1)

Not every counseling session was successful. (P 16)

It was fine, but not very satisfying. (P 19)

They help for the short term. (P 21)

In the beginning I do not understand the counselor and I do not like it then after 4 sessions I felt how I change and how my thinking change. (P 27)

It depends on the Imam which means the way that he does it (P 31)

These experiences reveal that counseling can be ‘good’ at times, and ‘bad’ at others, even with the same counselor. Though most counselors would probably like to be spot on 100% of the time, and may feel incompetent if they are not, such comments from the participants make one realize that no one can perfectly deliver 100% all of the time. As an aside, Participant 27’s and 31’s experience are consistent with McIntyre and Smith’s (1989) belief that future events may prove that a previously constructed *noema* was specious.

Some participants dug deeper into their experiences, revealing in more depth their attitudes toward counseling and/or their experience with counseling:

I am not a sensitive go to counselor to help me to find out my problem even in USA or other countries. I believe go to counselor not i have problem mantel heath or some. I just believer I am human I need some help some time to get it from counselor has a good experiences more then me. I really appropriate [appreciate], this is subject is really interested. Sincerely) (P 1)

I have seen three different psychologists. The first one was very helpful and caring, but I was very worried about what she would think of me because I’m a Muslim student seeking help for depression and suicidal [sic] thoughts that concern me at that time, but she helped me understand that all of these are just thoughts, but then she had to transfer me to long term counseling in psychology clinic. The second therapist I saw was very

tough with me because she doesn't want me to be attached to her, and she made me doubt myself a lot but I didn't know at that time that I could just stop going to her, but I didn't, so I had several panic attacks and failed my whole classes that semester because she made me feel like I don't care about school and should drop out. In the last session, she even told me she doesn't care about me, which really hurt me. After this, I saw the last therapist [therapist] and she was completely different and uses the CBT methods with me and let me do what I want to do, but it was hard to trust her in the beginning because of previous experience, but I did well in my classes and was able to get back to my regular life and be happy again. (P 3)

I found it [the counseling] truly helpful. My husband and I got to know our rights towards each other. Also, lots of problems have been solved. We had such a clear picture of our shared life. (P 5)

I wish that I have been there many years ago. It has significantly changed and improved my way of living life. (P 15)

I have many issues so I thought will be end on my life so then went to them to help me in my life. (P 29)

The participants who wrote the most detailed comments indicated that counseling was beneficial and that they had had positive attitudes toward counseling. Participant 3's comment about her second counselor was perplexing though. Was this counselor she referred to acting inappropriately? Did the client and or counselor misread the situation? Clients are known to go through periods of distress (e.g., anxiety, self-doubt, fears) while going through the counseling process as they speak about the painful experiences in their lives. Is this what happened or was the counselor just brutal? Something went wrong, in some way(s) the counselor failed, but did the client also play a role in the failure? It has been my experience that trainee counselors are given a case study and asked to diagnose the client, plan out goals, or state what they would do as a counselor. However, counselor trainees should read stories of clients' counseling experiences to reflect on, in order for them to develop an idea of what a counselor can do to create the best client experience.

Culture and the Counseling Experience

These four participants mentioned that culture played a role in the counseling process. They suggest that when the counselor is not able to work cross-culturally that the counseling may not be successful:

I love go to counselor of the counselor know my culture and know what I believe (P1)

Because I met an American counseling, I found that she does not understand my culture, needs, and feeling. That's way I decided not to see her (P13)

It's really difficult for an american councilor to understand the background for a Saudi guy due to the cultural differences. therefore sometimes they find it difficult to connect with me. (P 16)

Good but cultural conflictmake it hard to solve my problem especially family matters. (P 26)

Several other participants that never went for counseling services but responded to the quantitative questions also mentioned culture as a dynamic of the counseling process.

Carl Rogers' Core Conditions

Some of the comments made by participants indicated that they valued counselors that listened, were non-judgmental, caring, that were trustworthy and created safe environments. Of interest is that these comments have relevance to Carl Rogers' core conditions, which stress both listening and unconditional positive regard (Rogers, 1957). Rogers' core conditions may have some utility in cross-cultural counseling dyads consisting of Saudi Arabian students and American counselors:

I have seen three different psychologists. The first one was very helpful and caring... (P3)

I never felt abnormal. Going to a psychologist is just like going to a surgeon for example. (P 7)

It was an eye opening for details that I never paid attention to. Also, it's definitely different taking advices from someone who is trained and listen to me carefully with no judgements. (P 23)

It's a safe environment. It creates an opportunity to state whatever you think and feel. It's a place to connect reasons, feelings and impulsive actions. It's a place to make sense and set confusion straight if I may say. Most importantly, you become aware of you and what you allow to affect you. As I search for prescribed guidance and textbook solutions, I find clarity and peace in two things - satisfaction and trust. I work with my therapist to help make these two an ongoing integral part of my thoughts and being. (P 24)

I really like to talk without stoping [sic] me from any body or reason until end my issue. This is what the counselor had doing with me. (P 28)

What Motivated Participants to Seek Counseling?

The data provided some insight into why the participants went for counseling. Their comments indicated that mainly they were interested in self-improvement/awareness (P12, P15, P23, P25, P27), or to get help with personal issues/problems (P1, P3, P5, P10, P12, P14, P19, P20, P29, P33). The types of problems they wanted help with were health (P11), stress management (P17, P33), suicidal ideation (P3, P29), and family issues (P5, P16, P26). Some of their comments are presented below:

I believe go to counselor not i have problem mantel heath or some I just believer I am human I need some help some time to get it from counselor has a good experiences more then me. (P1)

I found truly helpful. My husband and I got to know our rights towards each other. Also, lots of problems have been solved. We had such a clear picture of our shared life. (P5)

...I went to see one month ago when it (the health problem) started to impacted m ability to perform. (P11)

It has significantly changed and improved my way of living life. (P15)

I went to seek help with stress management...(P17)

Learn new things (P20)

I have many issue so I thought will be end on my life so then went to them to help me in my life. (P29)

Quantitative and Qualitative Data Examined in Relation to One Another

Questions 10, 13, and 14

The responses to question 10, asking participants how satisfied they were with the counseling services, the qualitative findings from question 13, asking about the students' experience with counseling, and responses to question 14 that asked, "If you experience difficult emotional and relational issues how likely are you to seek counseling/psychotherapy services in the future?" were explored in relation to one another.

Thirteen respondents, three males and ten females, made somewhat contradictory statements, or contradictory statements. Ten of the participants had satisfying or very satisfying counseling experiences and also wrote positive comments about their experience in question thirteen. However, they were only somewhat likely, unlikely, or very unlikely to return to counseling again for difficult emotional or relational issues. Participant 2 stated that he was satisfied with his experience and later described it as "fair." However, he was unlikely to go to counseling again for a difficult emotional or relational issue. Participant 3 reported seeing three counselors, of which two of her counseling experiences (including her last one) were very positive, and one was negative. She also reported overall being satisfied with her counseling experiences. However, she was only somewhat likely to return to counseling again for a difficult emotional or relational issue. Participant 5 stated, "I found truly helpful," but like participant 3, she was only somewhat likely to go to a counselor again for future problem solving. Participant 14 was satisfied with the counseling and stated "it was good and helped me a lot." However she was only somewhat likely to return to counseling. Participant 15 reported being very satisfied with the counseling experience and wrote, "I wish that I have been there many years ago. It has significantly changed and improved my way of living life," yet she was unlikely to return to counseling for help for a future difficult period in her life. Participant 22 reported that the experience was satisfying and wrote that it was "good." However, she was only somewhat likely

to go to counseling again for a difficult emotional or relational issue. Most striking was Participant 24's response. She indicated that she was satisfied with her counseling experience and wrote a glowing review of her experience:

It's a safe environment. It creates an opportunity to state whatever you think and feel. It's a place to connect reasons, feelings and impulsive actions. It's a place to make sense and set confusion straight if I may say. Most importantly, you become aware of you and what you allow to affect you. As I search for prescribed guidance and textbook solutions, I find clarity and peace in two things - satisfaction and trust. I work with my therapist to help make these two an ongoing integral part of my thoughts and being. (P 24)

Despite all the positive thoughts she had about her counseling experience, she was very unlikely to go to counseling again for another difficult emotional or relational issue. Participant 26 said her counseling experience was very good and wrote that the experience was "good," yet she was very unlikely to go to counseling again. Participant 27 stated she was satisfied with the counseling experience and that even though it started off a bit rough, that "after 4 session i felt how i change and how my thinking change." However, if she had another emotional or relationship problem, she was very unlikely to return for counseling for future problems. Participant 34 stated the experience was satisfying and that it was "good," yet he was only somewhat likely to return to counseling for future difficult emotional or relational issues.

Though this was not reported as often, there were three participants who reported not having good counseling experiences, yet they were willing to go to counseling again for future difficult emotional or relational issues. Participant 4 stated he was very unsatisfied with the counseling, and wrote for question 13 that he was "Not satisfied at all" with the counseling experience, yet he also reported that if he experienced a difficult emotional or relational issue he was likely to return to counseling. Participant 13 reported she was unsatisfied with the counseling experience and wrote, "I found that she does not understand my culture, needs, and

feeling. That's way I decided not to see her." However, she also stated that she was somewhat likely to return to counseling. Participant 17 reported being very unsatisfied with the counseling experience and also later stated that the counseling was "not very helpful," but wrote that she would likely return to counseling for help with a difficult emotional or relational issue.

Questions 10, 13, 14, 15, and 16

The researcher wanted to know if the participants who reported having a good counseling experience also reported that they were satisfied with their counseling experience: did they find the counselor helpful and what did they think of 'talk' therapy? Did the counseling experience leave the participant feeling they could trust a counselor with their most intimate thoughts? Would participants suggest that their friends see a counselor for help with problem solving and would they return to counseling in the future if they had emotional or personal issues to be resolved? Did the participants view themselves as weak, shameful or potentially stigmatized because of their counseling experience, and did these negative feelings impact on how the participants viewed the counseling experience? To answer these questions, questions 10, 13, 14, 15, and 16 were examined in relation to one another. In this case the sub-questions SQ 1-3, SQ5, SQ10, SQ 13, and SQ15 from question 16 BAPS were included in the analysis.

One would expect that people who had a good counseling experience and were satisfied with the experience would report positive attitudes toward counseling. The findings though were somewhat perplexing (see Appendix O for a summary table of the cases). Among the participants, 33 answered questions 10, 13, 14, 15, and 16, and of these, 20 reported having a good experience, six reported having a mixed experience with elements of both good and bad, five reported having bad experiences, and two respondents did not define the level of goodness (or badness) of their counseling experience.

Of the 20 with good experiences all of them reported being satisfied (80.0%) or very satisfied (20.0%) with the counseling experience. However, only P18 and P35 reported no negative attitudes toward counseling. Sixteen of the participants reported one or more negative attitudes towards counseling, and two participants P 12 and P24, though not expressing discernible negative attitudes, reported attitudes that were perhaps potentially negative. Table 15 highlights those contradictions in red text. Potentially contradictory responses are in black text with bolding and underlining. Appendix O contains all 33 of the participants' responses toward questions related to their attitudes and experiences toward counseling.

To better understand the table, the survey questions examined were as follows:

- Q 10 asked the participants how satisfied they were with the counseling services,
- Q 13 asked participants to describe their counseling experience,
- Q 14 asked participants how likely they would be to see a counselor in the future if they experienced difficult emotional and relational problems,
- Q 15 asked participants what kept them in the past from seeking out counseling services,
- Q 16 asked a series of question asking participants about their attitudes toward counseling:
 - SQ1 - If a good friend asked my advice about a serious problem, I would recommend that he/she see a psychotherapist.
 - SQ2 - I would be willing to confide my intimate concerns to a psychotherapist.
 - SQ3 - Seeing a psychotherapist is helpful when you are going through a difficult time in your life.
 - SQ5 - I would feel uneasy going to a psychotherapist because of what some people might think.

- SQ8 - Going to a psychotherapist means that I am a weak person.
- SQ10 - Having received help from a psychotherapist stigmatizes a person's life.
- SQ13 - Psychotherapists make people feel that they cannot deal with their problems.
- SQ15 - Talking about problems with a psychotherapist strikes me as a poor way to get rid of emotional conflicts.

The table is presented in sections related to whether the participants had a good, mixed (good and bad) or bad counseling experience.

Table 15.

Summary Presentation of Potentially Contradictory Responses

Participants with good experiences	Level of satisfaction Q10	Q14	Q15	SQ1	SQ2	SQ3	SQ5	SQ8	SQ10	SQ13	SQ15
			Shame								
P1	S	VL	No	A	SA	A	D	<u>SA</u>	SA	D	D
P2	S	VL	No	SA	SA	SLA	SD	<u>SLA</u>	D	SD	SA
P5	S	SWL	No	SLA	<u>SLA</u>	A	SLD	D	SLD	D	SLA
P6	S	L	No	SA	A	SA	SLA	SD	A	D	SLA
P8	S	L	Yes	A	A	A	SLA	SD	A	D	SLA
P12	S	VL	No	A	<u>SLA</u>	A	D	SD	D	D	D
P14	S	SWL	No	A	A	SA	SLA	SD	SLA	SD	D
P15	VS	VUN	Yes	SA	<u>SLA</u>	SA	SD	SD	SLA	D	SLD
P20	S	L	No	SA	<u>SLA</u>	A	SLD	D	SLA	D	SLD
P22	S	SWL	Yes	A	<u>SLA</u>	A	SLA	D	SD	SD	SLA
P23	VS	L	No	SA	SA	SA	D	SD	SLA	SD	D
P24	S	VUL	Yes	A	SA	A	D	SD	SD	D	D
P25	VS	L	No	SD	<u>SLA</u>	SA	SD	D	D	D	D
P28	S	VL	No	A	<u>SLA</u>	A	SA	A	SLA	<u>SLA</u>	SA
P29	S	VL	No	SA	A	SA	SLA	<u>SLA</u>	SA	SLD	A
P30	VS	L	Yes	A	A	A	SLA	D	A	A	A
P33	S	L	No	SA	A	SA	D	SD	A	D	D
P34	S	SWL	Yes	SA	SA	SA	SA	D	SLD	SD	SD

Table Key:

VS = Very Satisfied, S = Satisfied, US = unsatisfied, VUS = Very Unsatisfied,
 VL = Very Likely, L = Likely, SWL = Somewhat Likely, UL = Unlikely, VUL = Very Unlikely
 SLA = Slightly Agree, A = Agree, SA = Strongly Agree, SLD = Slightly Disagree, D = Disagree, SD = Strongly Disagree

Sub-question 10 indicated the most conflict. Of the 18 participants that answered it, 11 slightly agreed, agreed, or strongly agreed with the statement, “Having received help from a psychotherapist stigmatizes a person’s life.” This particular attitude would create psychological conflict for the participant every time they thought about going to counseling or when they went for a counseling session. Of these 11 people, seven also reported on SQ5 that “I would feel uneasy going to a psychotherapist because of what some people might think” (in all, eight people reported this for SQ5), and three of them stated that shame kept them in the past from seeking counseling.

Also thought provoking was that eight people thought that talking about problems with a psychotherapist was a poor way to get rid of emotional conflicts. This seems to be an unusual response for people who reported having a good or very good counseling experience. It could be that their therapy was more cognitive-behavioral based, or a form of brief therapy which is typical on college campuses, as opposed to a psychoanalytic approach. Even at that, though, there may be a degree of “talk therapy” involved.

In regard to SQ2, “I would be willing to confide my intimate concerns to a psychotherapist,” five people stated that they would only slightly agree that they would be willing to confide their intimate concerns to a psychotherapist. Though that is a form of agreement, the ‘slightly’ aspect implies that the participant may not be agreeable to confiding their intimate concerns to the counselor. This attitude may make it difficult for a client to achieve their counseling goals.

The most conflicting cases for people who had a good counseling experience were P14, P22, and P30. Participant 30’s case will be used as an example to show these contrary attitudes: Participant 30 reported being very satisfied with the counseling services she received and stated

that she would go to counseling again if she felt the need. She would confide her intimate concerns to a counselor and also would recommend counseling to a friend. However, on question 19 sub-questions, she disagreed with the idea that psychotherapists are good to talk to because they do not blame you for the mistakes, she agreed that talking about problems with a psychotherapist struck her as a poor way to get rid of emotional conflicts, slightly disagreed with the idea that psychotherapist can help you find solutions to your problems, and agreed that psychotherapists make people feel that they cannot deal with their problems. She agreed that having received help from a psychotherapist stigmatizes a person's life, and slightly agreed that she would feel uneasy going to a psychotherapist because of what some people might think.

Though the researcher have been examining the attitudes of people with good counseling experiences, it was striking that participants with bad counseling experiences also expressed some contradictory attitudes that have been included here. The five people who reported a bad experience also reported being unsatisfied or very unsatisfied with their experience. Four of them presented conflicting attitudes, and one participant, P32, though making no clear expression of conflicting attitudes, did express potentially conflicting attitudes. One of the striking features was that despite having bad experiences, three participants, two of whom reported having "very unsatisfactory" experiences, were likely to see a counselor in the future if they experienced difficult emotional and relational problems, and one participant was somewhat likely to do so.

Another striking contradiction was that four of the participants, slightly agreed, agreed, or strongly agreed that seeing a psychotherapist is helpful when you are going through a difficult time in your life. I was struck by the incongruity of having a bad counseling experience, yet still being very willing to see a counselor for a future emotional or relational problem. Participant 4's case will be used as an example that illustrates these contrary attitudes:

- SQ1 - If a good friend asked my advice about a serious problem, I would recommend that he/she see a psychotherapist.
- SQ2 - I would be willing to confide my intimate concerns to a psychotherapist.
- SQ3 - Seeing a psychotherapist is helpful when you are going through a difficult time in your life.
- SQ5 - I would feel uneasy going to a psychotherapist because of what some people might think.
- SQ8 - Going to a psychotherapist means that I am a weak person.
- SQ10 - Having received help from a psychotherapist stigmatizes a person's life.
- SQ13 - Psychotherapists make people feel that they cannot deal with their problems.
- SQ15 - Talking about problems with a psychotherapist strikes me as a poor way to get rid of emotional conflicts.

Participant 4 stated she was “No satisfied at all. I felt that I had waisted [sic] my time.” And she was “Very unsatisfied” with her counseling experience. However, she strongly agreed with the idea of recommending counseling to a friend, and that she was willing to confide her intimate concerns to a psychologist; she agreed that seeing a psychotherapist is helpful when you are going through a difficult time in your life, that mental health clinicians provide valuable advice, and that a psychotherapist can help you find solutions to your problems. She slightly agreed that she believed that if she was having a serious problem, her first inclination would be to see a psychotherapist.

A study carried out at the University of Western Michigan showed that male Arab students were more ready to speak about their social challenges to their professors, tutors, and

teaching assistants than were their female counterparts (Heyn, 2013; Lefdahl-Davis & Perrone-McGovern, 2015).

Summary of the Chapter

The first question helped in determining the relationship between psychological attitudes of the demographic features of the Saudi student population in the U.S.A. The age of students, their marital status, their educational status, and the type of counselor they saw were referred to the base of the study. The researcher was carried out using an open source statistical package. Three correlations which have been used show the relationship of coefficients among them is intent, stigmas tolerance and expertness. Those Psychologists who were offering service and the legit license of operations from (LPC) had the highest statistical representation of relationship with intent. They had P-values of 0.004 and 0.00001. For stigma tolerance factor the female gender had achieved a high tolerance score of a p- value 0.004 basically because they are the most vulnerable. The expertness factor relationship showed significant variables of p- values of 0.0046. The expertness was high because of those people who had used a psychologist's services in the past.

Gender, education level, and therapy experience were able to predict the Psychological attitudes of International Saudi Students toward mental health. The statistical figures presented provide evidence. Using the linear regression method, it becomes easy to eliminate error in a backward method. The mean value of the factor score was taken into together with the variations scored. They were multiplied with the coefficient of the valuable interest. Technically, they produce when an error is produced it means random. Therefore, the variations in the set were taken into account because human beings are unique. After rerunning the procedure and eliminating errors, the data support the hypothesis.

In the confirmatory analysis conducted on the data from 162 Saudi students in this project the RMSEA was 0.086, the TLI 0.804, and the CFI 0.7 was rated as 0.731. This combination answers the question whether the factors of psychological attitude are confirmed with Saudi international students. The indications show that combinations of the questions established from U.S.A. students and another relevant group with relevance to the Saudis populations there so adequate account for the nuances of this group. With the use of the latent variable parameters, each proposed factor has no specific variables and does not fix the rest of the model.

In regard to the qualitative aspect of the study, one question, question 13, was designed specifically to prompt qualitative data. NVivo, a qualitative data analysis software package, was used to organize, code, and structure the data from this question. Moustakas' (1994) modified Van Kaam method was then used to analyze the data. Question 13 asked, "How would you describe your experience with counseling or psychotherapy?" Most of the participants who answered this question interpreted this as being related to the goodness, or lack thereof, of the counseling experience. Of the 35 participants, 24 expressed that they had a good counseling experience. Motivators for counseling were centered on personal growth and development and wanting help or advice with a problem or issue. The types of problems the participants wanted help with were related to health, stress management, and suicidal ideation. The barriers to counseling that were reported were the counselor's not being culturally relevant from the participant's viewpoint, the counselor's not providing any help or information that the participant thought was useful, and the participant's fear of going to counseling because of possible suspicions or incrimination related to being from the Middle East.

Several findings were surprising. Saudi Arabian students may respond to counselors who take a client-centered approach and implement Carl Rogers' core conditions. Also surprising was

that the participants reported going to professional helpers rather than religious figures for counseling. The juxtaposition of participants having good counseling experiences, yet negative attitudes toward counseling, and participants having bad experiences, yet positive attitudes toward counseling, was also a surprise. Though it is understandable that the male participants were more likely to feel stigmatized by attending counseling than female ones, because men the world over are taught that part of being a man means being strong emotionally, it was a surprise that many more married people thought counseling was stigmatizing than did single people.

Chapter Five: Summary, Implications, and Recommendations

Summary

Currently, there is an increasing number of students from Saudi Arabia enrolled in United States universities. According to the statistics from the Institute of International Education (IIE, 2014), Saudi Arabia was ranked fourth after India, China, and South Korea in the number of its students studying in the United States of America. International students from countries sharing the same culture and language with the United States have an easy time adapting to the new life in the U.S., whereas those from the countries with cultures and languages different from those of the United States have difficulties adapting to the new environment and often experience psychiatric and psychological problems.

A notable example is students from Saudi Arabia. Due to the vast cultural difference between Saudi Arabia and the United States, the students have difficulties in adapting to the new environment including language difficulties, culture shock, loneliness, and difficulties in adapting to the new environment. There are other difficulties faced by international students that need attention such as financial difficulties, racial discrimination, and fear of the immigration authorities, new relationships with the locals, religious differences, isolation, and life after graduation from school. All these difficulties experienced by international students from Saudi Arabia need to be addressed by counseling.

The present study has aimed to discover the psychological attitudes of these students from Saudi Arabia towards the mental health counseling. Despite the difficulties of the students from the Arab countries, there is little research on their attitudes towards counseling. Most of the literature looks at how the students adjust psychologically to the new environment. Moreover, most of the research has focused on Hispanic and Asian students. The lack of the research on the topic of the present study provides very little information on the literature review and the method

that should be adopted. There are international students who are willing to visit campus counseling centers freely, while others are unwilling since they want to find their own solutions to their problems. Such students only seek counseling as the last options to their problems. Other studies have revealed a negative attitude towards the counseling services (Cepeda-Benito & Short, 1998; Cramer, 1999). In fact, different students have different attitudes towards mental health services. Thus, it was an issue worthy of consideration in relation to Saudi Arabian students.

The present study is vital in addressing the needs of the increasing number of students from Saudi Arabia in the U.S. An assessment of the literature available reveals that the attitudes towards mental health counseling are affected by the attitudes toward certain ethnic and religious factors. Thus, there will be a difference in the attitudes of the natives and the international students towards mental health counseling in the United States. Moreover, Islam in the Arabic countries has huge impacts on the attitudes of people from those countries toward mental health counseling. Al-Krenawi and Graham (2000) argued that the mental health services in Western countries should give considerations on the cultural differences between the students who come from different countries.

The present study utilized both qualitative and the quantitative methods. The reason for using both of these research approaches was to obtain a detailed understanding of the problem under study. In the quantitative study, the survey design was used to understand the variables that describe the Saudi Arabian students in American colleges and universities. On the other hand, the qualitative research was used in understanding the description of Saudi Arabian students' attitudes towards mental health counseling. The researcher utilizing the qualitative

method has the ability to understand a phenomenon from the perspective of a person who has experienced it.

The present research utilized surveys and the Beliefs About Psychological Services Scale (BAPS) in the collection of the data. Moreover, the convenience-sampling method was utilized in the study. In the method, the researcher utilizes individuals who are easily available for the research study. The questionnaires were sent to the research participants through a Qualtrics survey, which was a convenient and economical method of carrying out the study. The analysis of the data was done separately for both quantitative and the qualitative portions and then later these were merged. The methods applied in the analysis included R, an open source Statistical Package Software, descriptive, and inferential statistics.

The first research questions aimed at establishing the relationship between specific demographic factors and the psychological attitudes. The analysis done using ANOVA revealed that, for the Intent factor, gender had a significant relationship, with a p -value of 0.03. Those who had utilized the services of the Licensed Professional Counselor had a significant relationship with the Intent. The research also found no relationship between the marital and the educational status with the Intent score. Results showed that the females and the males who had never used the services of a counselor had intent scores of 25 and 23, respectively. Moreover, the females and the males had stigma tolerances of 35 and 32, respectively.

The participants visited the counseling professionals such as psychologists and counselors. Only 6.0% of the participants sought the counseling services from imams. The participants were aware that they could get help from professional counselors rather than from imams, who concentrate on the spiritual nourishment of individuals. Crucially, it was also noted that there were a large number of students at the masters' level who were dissatisfied with the

counseling services they had received from professionals in the United States. Notably, out of the 39 participants who responded to this question, seven participants were very satisfied, while the same number of the students remained dissatisfied with the counseling services offered. Moreover, 53.0% of the participants indicated that personal reasons had made them seek the counseling services. A large number of the participants who had visited a counselor showed dissatisfaction with the services that had been provided; 36.0% of the respondents were not willing to visit the counselor again, while 64.0% were not sure if they would seek the services again. Importantly, discrimination was identified as a significant factor that prevented Saudi Arabian international students from visiting counselors. The qualitative responses showed the varied experiences of the participants with the counselors. Some responses indicated dissatisfaction, whereas others revealed a great deal of satisfaction. Notably, the ability of the counselors to serve people from the different cultures was a significant factor in the success of the counseling.

Establishing the Trustworthiness of the Findings

According to Denzin and Lincoln (2004), trustworthiness is an important element that ensures the foundation of a qualitative study, and ultimately, the quality and value of the researcher's findings. Trustworthiness consists of four components: credibility, transferability, dependability, and conformability. Each of these four components was used to ensure the trustworthiness of the findings.

Credibility was established through triangulation; negative case analysis; a review of the research process, analysis, and findings by doctoral committee members; and through reflexivity, including bracketing and *epoche*. Triangulation consisted of comparing the findings from this study to the results of other studies. Though there were few studies relevant to counseling Saudi

Arabian students in America, the researcher was able to demonstrate through triangulation that some of the findings of this study were similar to the findings of other researchers. During triangulation, negative cases were identified. For example, it was noted in other studies that Saudi Arabians preferred to see their imam when they needed support and guidance, but the majority of the participants in the present study preferred to see professional counselors or psychologists. Triangulation also occurred between the quantitative and qualitative portions of this study, and the resulting comparisons and contrasts were presented. Memos were made that reflected on various aspects of the study, and bracketing and *epoche* provided the researcher a 'point of contact' for reflections on her own experience with the phenomenon and how it may impact on the interpretation of the data. Throughout the data analysis and interpretation process, the researcher reviewed her written *epoche* and compared it to interpretations as they emerged.

The question of transferability, that is, whether the methodology and findings are relevant to other researchers, cannot be answered by the researcher but rather by those researchers. Because of this, the researcher made transferability feasible by facilitating the process through the use of purposeful sampling, providing a concise description of the research methods, explaining the findings in detail, and by presenting the limitations of the study so that other researchers can make conclusions about the applicability of the information to their situations.

In regard to dependability, the goal is to maintain the consistency and stability of the methods and findings overtime so that they are useful to other researchers (Cutcliffe & McKenna, 1999). Dependability is determined by the standard of quality by which the data were obtained, analyzed, and interpreted (Williams, 2011). Therefore, dependability was ascertained by presenting the research methods, procedures, and results in detail. A code-recode strategy (Chilisa & Preece, 2005) was employed to determine the consistency of the coding. Additionally,

constant comparative analysis (Glasser, 1965) was carried out so that the similarities and differences between emerging pieces of data and their resulting interpretations could be compared to previously identified pieces of data and how they were interpreted.

Confirmability is concerned with whether or not the interpretations of the data have been derived objectively. Lincoln & Guba (1985) and Bowen (2009) suggested that confirmability is accomplished through a paper trail, triangulation, and external auditing. A paper trail was laid down for this study. The principal pieces of the trail consist of the project proposal, raw data, memos, code book, process notes, response tabulations, attributes list, data summary tables, various Nvivo screen shots related to data classification and organization, and the dissertation itself. When available, triangulation with other studies was used to confirm the findings of this study. Furthermore, external auditors (doctoral committee members) reviewed the entire study processes and findings to confirm that the research and analytical processes were relevant to the study, and that the study was conducted ethically and appropriately. The external auditors also examined how the findings were interpreted and whether or not they seemed biased.

Implications

The study forms part of significant research that needs to be done on the attitude of Saudi Arabian students toward counseling services. It forms a vital foundation for other research to be conducted on the same topic to ensure that international students from Saudi Arabia are treated in a manner that supports their education. Earlier researchers had largely ignored the subject of Saudi Arabian students. The present study opens a path and provides a foundation for research in an area that has largely been ignored by scholars. It was difficult to find literature that correlated with the topic of the research. The vital literature that the present researcher could have used was missing. The researcher had to take great pains to find literature relevant to the study. The

present research contributes significantly to the theoretical literature available on the attitudes of Saudi Arabian international students toward mental health services.

The success of the research proves the likelihood of more research on the same topic being conducted successfully. There was a belief that it was difficult to obtain valid results from Saudi Arabian students. There was a suspicion that there would be very low response rate from the participants, that they would consider the task of filling out the survey to be difficult, that they would also fear the effects of filling the questionnaires on their educational life in the United States, and it would also be difficult to generalize the results obtained from Saudi Arabian students to the whole population of international students. Thus, the success of the present research acts as proof that research conducted among Saudi Arabian students can succeed.

The present study also contributes to understanding the importance of the culture in influencing the success of the counseling services among Saudi Arabian students in the U.S. The research revealed the difficulties experienced by the students from the Saudi Arabia in their efforts to adapt to change while in the United States. More importantly, it revealed the great dissatisfaction they have after visiting the mental health services. The present study revealed major differences in the way the counseling services are conducted in the United States and in Saudi Arabia. The counseling in the United States is based on American traditions.

The counseling in Saudi Arabia is carried out based on the Islamic religion. From the findings, a large number of the Saudi Arabian students who originally seek counseling are unwilling to visit the counselor again. With the increased difficulties faced by these students in adapting to American culture, there are vital issues that need to be addressed. The researcher brings into light experiences of Saudi Arabian students that need to be considered. The researcher reveals that students from Saudi Arabia have trouble in their efforts to obtain an

education in the United States compared to other students from other nations and cultures. There are actions that are needed to guarantee an environment conducive to the well-being of students from Saudi Arabia.

The results of the present study made clear that many Saudi students prefer to visit the professionals for counseling, and not specifically religious leaders. Only a few students visited imams for mental counseling services. Those concerned with the life of the international students in the United States should consider getting professional psychologists and counselors who are familiar with the culture of the international students rather than increasing the number of Islamic religious leaders. The combination of the fear of and the dissatisfaction with the counseling services leads to increasing students' negative attitudes toward education in the United States. There are also those students who consider solving their problems. School administrators in the United States should consider how to build a positive image for the counseling services.

The present study also found that many of the students went to the counselors for personal reasons. There were very few who were directed to counseling by physicians or family members. The findings raise the probability that the cause of the students' psychological problems is associated with the culture. The research proves that the people seek the mental health services due to the difficulties associated with culture shock. It is vital to consider the difficulties brought about by culture shock, such as mental disturbances, learning new languages, different modes of clothing, and new relationships, as well as other problems associated with being in a foreign country, as the major contributors to international students' psychological difficulties.

Recommendations

Future researchers should consider carrying out more research on this topic, considering the vital findings of the present research. One of the imperative areas they need to examine is the reasons why the master's students were more dissatisfied with the mental health services than were students at the undergraduate level. Moreover, the males, married people, those in the age bracket of 26 to 30 also experienced more dissatisfaction with the mental health counseling services. Since the research questions never covered these topics, it would be important for future researchers to consider initiating research in the area. Moreover, the research also found that 38.72% of men and 30.24% of women had sought mental health services. The findings were consistent with the previous studies that had confirmed the same in the research.

Researchers can investigate the same topic with a goal of confirming or rejecting the findings among Saudi Arabian students. As stated earlier, the research provides a basis on which other researchers may confirm the findings on the dissatisfaction of Saudi Arabian students with the counseling services in the United States. Research in the area would provide a broad understanding of the experiences of Saudi Arabian students in the United States. With increased research in the area, other researchers could evaluate the validity and the reliability of the data obtained in the present study. The increased research would be able to provide more facts on the issue and suggest more actions that could be taken to solve the problems of Saudi Arabian students.

The education sector and mental health service providers should be keen to understand the varied needs of international students. The culture of the Saudi Arabia is very different from the culture in the United States. Saudi students face difficulties in their effort to adapt to the new culture in the United States. As they are struggling to use a new language in the classroom, they

have trouble in relating with people who have different behaviors and a different culture from that of their homeland. They are also alienated because the attackers of September 11 belonged to their culture. Therefore, administrators should consider the special needs of students from Saudi Arabia. Their troubles should not be allowed to develop to an extent that would require the intervention of a psychiatrist.

Courses should be provided to the students that are constructed in such a way that they integrate the considerations of the students' religion, intelligence, and the ease of becoming accepted in the community. The course offered should also combine with the students' culture and their ability to solve their problems. The students should be supported to learn English without being charged. If such factors were taken into consideration, the provision of mental services would not be necessary since Saudi Arabian students would adapt to the environment in the United States more easily. The main goal of this recommendation is to make certain that students do not develop psychological problems. Moreover, students' being dissatisfied with the mental health services would be avoided.

The students should also be provided with social support so that they can have the ability to adapt to the American culture more easily. The students lack the support of their families and close relatives. Thus, any effort made to show concern for the students would increase their positive attitude in adapting to the new culture. They would also be able to be assisted positively by the counselors in the United States. Moreover, social acceptance would ensure that the students do not experience discrimination. They would gain self-confidence and courage to cope with life in the United States. The actions taken following these recommendations would help reduce the number of students who need mental health services. Moreover, they would increase the probability of students' getting satisfaction from the mental health services.

Due to the increasing number of the international students from Saudi Arabia in the U.S., there should be specialists who have knowledge of Saudi Arabia's culture. The awareness of the culture would help the counselors to offer personalized treatment for students from Saudi Arabia. From the findings, it was evident that a large number of students would not go back to the mental health services based on their first experiences. Out of the participants, 64.0% had indicated that they would go for the services, while the 36% indicated that they would not. Moreover, others openly stated their dissatisfaction because the counselors failed to consider their culture. Efforts should be made to ensure that mental health services are only offered to students by the most qualified professionals. Also, the professionals that should be readily available to address the needs of Saudi Arabian international students include psychiatrists, counselors, and psychologists, since they are those whose services are most sought.

It is evident that international students in the United States have trouble in adapting to the new environment. The failure to address these difficulties causes personal problems to the students who decide to seek counseling services. It is vital to take measures that can ensure that the problems of Saudi Arabian students are addressed before they rise to the level of mental difficulties. Moreover, the Saudi government should consider employing specialists with a knowledge of Islamic culture. Significantly, the students should be provided with social support so that they can adapt to the new environment easily. The government should realize that the main aim of international students is to get a quality education. Therefore, a conducive environment should be created for them.

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APPENDICES

Appendix A

St. Mary's University

Invitation letter to Participation: Dissertation project.

Dear participant,

This letter is an invitation for your voluntary participation in a dissertation project title, **Psychological Attitudes of International Saudi Arabian Students toward Mental Health Counseling.**

I will use the following procedures:

I am collecting information about the psychological attitudes of international Saudi students living in the USA. I am hoping to have a minimum of 130 participants for the quantitative section of the study. There are three questions for the qualitative part of the research. Your participation is completely voluntary. If you agree to participate first you will see a consent form before you start taking the survey that contains three parts; the demographic information, the three open-ended questions, and the 18 items scale. Please know that the open-ended can be omitted. Your anonymity is protected. You will complete a survey, which you can finish in about 30 minutes.

Your responses will be kept completely confidential. You will not be asked to mention your name or to provide your contact information. All information will be securely stored in a double locked password-protected folder. Your information will not be used for any purposes other than researching the attitude of Saudi Arabian students toward mental health counseling.

There are no known benefits to you that would result from your participation in this research.

Your participation may help the researcher to understand and learn more about the attitudes of Saudi Arabian students toward mental health counseling.

If you have any questions or concerns about this research study or if any problems arise, please contact the Principal Investigator: Ruba Alajlan at (210) 364-0287 E-mail:

Ralajlan@stmarytx.edu .You may also contact the faculty advisor for this research study,

Esteban Montilla, PhD. at (210) 438-6406. E-mail: rmontilla@stmarytx.edu

ANY QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH PARTICIPANT MAY BE ADDRESSED BY THE ST.MARY'S UNIVERSITY INSTITUTIONAL REVIEW BOARD HUMAN SUBJECTS.ONE CAMINO SANTA MARIA. SAN ANTONIO, TX 78228. CHAIR, INSTITUTIONAL REVIEW BOARD. 210-436-3736 or email at IRBCommitteeChair@stmarytx.edu. ALL RESEARCH PROJECTS CARRIED OUT BY INVESTIGATORS AT ST. MARY'S UNIVERSITY ARE GOVERNED BY REQUIREMENTS OF THE UNIVERSITY AND THE FEDERAL GOVERNMENT.

Your collaboration and participation in this project is highly appreciated.

Sincerely,

Ruba Alajlan

Appendix B

Consent Form

Consent Form for Participation in a Research Study

Dear participant,

I appreciate your interest in participating in a survey research question study entitled; Psychological Attitudes of International Saudi Arabian Students toward Mental Health Counseling.

Purpose of the study: The purpose of this research is to explore the Psychological attitudes of Saudi Arabian students toward mental health counseling and the relationship between attitude and demographic questions.

Benefits of the study: There are no known benefits to you that would result from your participation in this research. Participants may help the researcher understand and learn more about the attitudes of Saudi Arabian students toward mental health counseling.

Risks of the study: There are no known risks associated with this research. You could choose not to participate in this research and you can terminate your consent to participate at any time without penalty.

What will be done: You will complete a survey, which will take about 30 minutes to finish. This survey includes demographic information (e.g., age, gender, marital status, education level, counseling experience), and attitude scales.

Confidentiality: Your responses will be kept completely confidential. You will not be asked to mention your name or provide your contact information. All information will be securely stored in a double locked password-protected folder. Participant information will not be used for any

purposes other than researching the attitude of Saudi Arabian students toward mental health counseling.

Contact information: If you have any questions or concerns about this research study or if any problems arise, please contact the Principal Investigator; Ruba Alajlan at (210) 364-0287. E-mail: Ralajlan@stmarytx.edu .You may also contact the faculty advisor for this research study, Esteban Montilla, PhD. at (210) 438-6406. E-mail: rmontilla@stmarytx.edu

Confirmation of consent: Your participation in this survey is voluntary. You may decide not to participate and you may withdraw your consent to participate at any time. You will not be punished in any way if you decide to not participate or to withdraw from this study.

ANY QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH PARTICIPANT MAY BE ADDRESSED BY THE ST.MARY’S UNIVERSITY INSTITUTIONAL REVIEW BOARD HUMAN SUBJECTS.ONE CAMINO SANTA MARIA. SAN ANTONIO, TX 78228. CHAIR, INSTITUTIONAL REVIEW BOARD. 210-436-3736 or email at IRBCommitteeChair@stmarytx.edu. ALL RESEARCH PROJECTS CARRIED OUT BY INVESTIGATORS AT ST. MARY’S UNIVERSITY ARE GOVERNED BY REQUIREMENTS OF THE UNIVERSITY AND THE FEDERAL GOVERNMENT.

Checking the “**yes**” button below indicates that you have read and understood the above information, you voluntarily agree to participate, and you are a Saudi Arabian student 18 years of age or over. Checking “**NO**” indicates that you are not interested in participating in this research study.

Appendix C

Demographic Form

1-What is your age? _____

2-What is your marital status?

- Single
- Married
- Separated
- Divorced
- Widowed
- Other _____

3-What is your gender?

- Female
- Male
- Other

4-Where do you currently live?

- Saudi Arabia
- USA
- Other _____

5-What is the highest degree or level of school you already completed?

- Primary/Elementary education
- Secondary/Intermediate education
- High school graduate

- Technical diploma
- Bachelor's degree
- Master's degree
- Doctorate degree

6-In what country have you attended to school? (You can choose more than one)

- Saudi Arabia
How many years: _____
- USA
How many years: _____
- Others _____
How many years: _____

7-For how long have you lived in the USA?

- _____ Months
- _____ Years

8- Have you ever received psychological/psychotherapist services (mental health services or counseling from an Imam or a professional such as: Psychiatrist, Psychologist, Professional Counselor, Family Therapist, Social Worker)?

- Yes
- No

9- Who have you received psychological/psychotherapist services from (choose all that apply)?

- Psychiatrist
- Psychologist

- Counselor
- Family Therapist
- Social Worker
- Imam
- None
- Other: _____

10-How satisfied were you with the counseling/psychotherapy services you received?

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied
- None

11-Where have you gone for counseling/psychotherapy services (choose all that apply)?

- Hospital
- Clinic
- Mosque
- Online
- None
- Other _____

12-What motivated you to seek counseling/psychotherapy services?

- Recommended by a physician
- Recommended by a family member

- Recommended by the Imam
 - Legally mandated
 - Personal reasons
 - None
 - Other _____
-
-
-

13-How would you describe your experience with counseling/psychotherapy?

14-If you experience difficult emotional and relational issues how likely are you to seek counseling/psychotherapy services in the future?

- Very Unlikely
- Unlikely
- Somewhat likely
- Likely
- Very likely
- Not at all

15-What has prevented you in the past from seeking counseling/psychotherapy services?

- Economic reasons
- Shame reasons
- Religious reasons
- Family reasons
- Lack of availability of psychotherapist/counselors

- None
- Other _____

Appendix D

Beliefs About Psychological Services Scale (BAPS)

Q16-Instructions: Please rate the following statements using the scale provided. Place your rating of each statement by choice the number that most accurately reflects your attitudes and beliefs about seeking psychotherapist services. There are no “wrong” answers, just rate the statements as you honestly feel or believe. It is important that you answer every item.

A psychotherapist is a mental health professional such as: Psychiatrist, Psychologist, Professional Counselor, Marriage and Family Therapist, Clinical Social Worker, Psychiatrist Nurse Practitioner.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. If a good friend asked my advice about a serious problem, I would recommend that he/she see a psychotherapist.	1	2	3	4	5	6
2. I would be willing to confide my intimate concerns to a psychotherapist.	1	2	3	4	5	6
3. Seeing a psychotherapist is helpful when you are going through a difficult time in your life.	1	2	3	4	5	6
4. At some future time, I might want to see a psychotherapist.	1	2	3	4	5	6

5. I would feel uneasy going to a psychotherapist because of what some people might think.	1	2	3	4	5	6
6. If I believed I was having a serious problem, my first inclination would be to see a psychotherapist.	1	2	3	4	5	6
7. Because of their training, psychotherapist can help you find solutions to your problems.	1	2	3	4	5	6
8. Going to a psychotherapist means that I am a weak person. .	1	2	3	4	5	6
9. Psychotherapists are good to talk to because they do not blame you for the mistakes you have made.	1	2	3	4	5	6
10. Having received help from a psychotherapist stigmatizes a person's life.	1	2	3	4	5	6
11. There are certain Problems that should not be discussed with a stranger such as a psychotherapist.	1	2	3	4	5	6
12. I would see a psychotherapist if I were worried or upset for a long period of time.	1	2	3	4	5	6
13. Psychotherapist make people feel that they cannot deal with their problems.	1	2	3	4	5	6
14. It is good to talk to someone like a psychotherapist because everything you say is confidential.	1	2	3	4	5	6
15. Talking about problems with a psychotherapist strikes me as a poor way to get rid of emotional conflicts.	1	2	3	4	5	6

16. Psychotherapists provide valuable advice because of their knowledge about human behavior. 1 2 3 4 5 6

17. It is difficult to talk about personal issues with highly educated people such as psychotherapist. 1 2 3 4 5 6

18. If I thought I needed psychotherapist help, I would get this help no matter who knew I was receiving assistance. 1 2 3 4 5 6

Appendix E: Except From a Transcript Created by NVivo

Participant 1

2. What is your age?

Text Response

40

4. What is your gender?

<u>#</u>	<u>Answer</u>	<u>BarResponse</u>	<u>%</u>
1	Male	1	100%
2	Female	0	0%
3	Other	0	0%
	Total	1	

11. How satisfied were you with the counseling/psychotherapy services you received?

<u>#</u>	<u>Answer</u>	<u>BarResponse</u>	<u>%</u>
1	Very satisfied	0	0%
2	Satisfied	1	100%
3	Unsatisfied	0	0%
4	Very unsatisfied	0	0%
5	None	0	0%
	Total	1	

15. How would you describe your experience with counseling/psychotherapy?

I have been to see a counselor, some time I agree some time the counselor not update them self . I love go to counselor of the counselor know my culture and know what I believe. I am not a sensitive go to counselor to help me to find out my problem even in USA or other countries. I believe go to counselor not i have problem mantel heath or some . I just believer I am human I need some help some time to get it from counselor has a good experiences more then me. I really appropriate , this is subject is really interested. Sincerely):

Appendix F: A Glimpse of the Interview Transcripts in NVivo

The screenshot shows the NVivo Pro interface with the 'Internals' source selected. The main window displays a table of interview transcripts. The table has columns for Name, Nodes, References, Created On, and Created By. The data is as follows:

Name	Nodes	References	Created On	Created By
Participant 9_q15		0	1/28/2016 1:44 AM	RA
Participant 8_q15		0	1/28/2016 1:44 AM	RA
Participant 7_q15		0	1/28/2016 1:44 AM	RA
Participant 6_q15		0	1/28/2016 1:44 AM	RA
Participant 5_q15		0	1/28/2016 1:44 AM	RA
Participant 45_q18		0	1/28/2016 1:44 AM	RA
Participant 44_q18		0	1/28/2016 1:44 AM	RA
Participant 43_q18		0	1/28/2016 1:44 AM	RA
Participant 42_q18		0	1/28/2016 1:44 AM	RA
Participant 41_q18		0	1/28/2016 1:44 AM	RA
Participant 40_p18		0	1/28/2016 1:44 AM	RA
Participant 4_q15		0	1/28/2016 1:44 AM	RA
Participant 39_q18		0	1/28/2016 1:44 AM	RA
Participant 38_q18		0	1/28/2016 1:44 AM	RA
Participant 37_q18		0	1/28/2016 1:44 AM	RA
Participant 36_q18		0	1/28/2016 1:44 AM	RA
Participant 35_q14_q15		0	1/28/2016 1:44 AM	RA
Participant 34_q15		0	1/28/2016 1:44 AM	RA
Participant 33_q15_q18		0	1/28/2016 1:44 AM	RA
Participant 32_q15		0	1/28/2016 1:44 AM	RA
Participant 31_q15		0	1/28/2016 1:44 AM	RA
Participant 30_q15		0	1/28/2016 1:44 AM	RA
Participant 3_q15		0	1/28/2016 1:44 AM	RA
Participant 29_q15		0	1/28/2016 1:44 AM	RA
Participant 28_q15		0	1/28/2016 1:44 AM	RA
Participant 27_q15		0	1/28/2016 1:44 AM	RA
Participant 26_q15		0	1/28/2016 1:44 AM	RA
Participant 25_q15		0	1/28/2016 1:44 AM	RA
Participant 24_q15		0	1/28/2016 1:44 AM	RA
Participant 23_q15		0	1/28/2016 1:44 AM	RA
Participant 22_q15		0	1/28/2016 1:44 AM	RA

Q15 is Q13 asked participants to describe their counseling experience.

Q18 is Q 15 asked participants what kept them from seeking out counseling in the past.

Q 14 is Q 12 asked the participants, “What motivated you to seek counseling/psychotherapy services?”

Appendix G: Nodes in NVivo

Look for Search In Fi

Nodes

Name
<input type="radio"/> Clients worried about how they are perceived
<input type="radio"/> Culture Impacts
<input type="radio"/> Question 10 other responses to who provided counseling services
<input checked="" type="radio"/> Question 12 other responses to where went for counseling
<input type="radio"/> Question 13 other responses to motivation for seeking counseling
<input type="radio"/> Question 15 Counseling Experience
<input type="radio"/> Bad
<input type="radio"/> Counseling Experience as Concept
<input type="radio"/> Good
<input type="radio"/> Mixed Feelings
<input type="radio"/> Okay
<input type="radio"/> Overall Negative Counseling Experiences
<input type="radio"/> Overall Positive Counseling Experience
<input type="radio"/> Very Good - Great
<input type="radio"/> Waste of Time
<input type="radio"/> What participants thought of their counselors
<input type="radio"/> Question 18 other responses to what prevented from going to counseling in past
<input type="radio"/> Question 19 attitudes and beliefs about counseling
<input type="radio"/> SQ 1 If a good friend asked my advice
<input type="radio"/> SQ 10 Stigma for seeing counselor
<input type="radio"/> SQ 13 Can't deal with problems
<input type="radio"/> SQ 15 Talking is a poor way to get rid of emotional conflicts
<input type="radio"/> SQ 2 Confide to counselor
<input type="radio"/> SQ 3 Counselor is helpful
<input type="radio"/> SQ 5 Feel uneasy
<input type="radio"/> SQ 8 Weak Person

Appendix H: Coding Scheme

Complete Coding Scheme with Number of Data Point References

Name	References
Clients worried about how they are perceived	2
Culture Impacts	5
Question 10 other responses to who provided counseling services	2
Question 12 other responses to where went for counseling	5
Question 13 other responses to motivation for seeking counseling	3
Question 14 Counseling Experience	33
Bad	4
Counseling Experience as Concept	18
Good	13
Mixed Feelings	7
Okay	2
Overall Negative Counseling Experiences	10
Overall Positive Counseling Experience	24
Very Good - Great	5
Waste of Time	3
What participants thought of their counselors	8
Question 18 other responses to what prevented from going to counseling in past	12
Question 19 attitudes and beliefs about counseling	0
SQ 1 If a good friend asked my advice	33
SQ 10 Stigma for seeing counselor	32
SQ 13 Can't deal with problems	33
SQ 15 Talking is a poor way to get rid of emotional conflicts	33
SQ 2 Confide to counselor	33
SQ 3 Counselor is helpful	33
SQ 5 Feel uneasy	33
SQ 8 Weak Person	33

Appendix I: Coding in NVivo

Coding Stripes Showing How Sections of Text Were Coded

The screenshot displays the NVivo interface with a text document on the left and a coding density chart on the right. The text document contains several paragraphs, each with a reference link and coverage percentage. The coding density chart shows the distribution of codes across the text, with a legend on the right side.

is what the counselor had doing with me.

<Internals\Interviews\Participant 3_q15> - § 1 reference coded [5.41% Coverage]

Reference 1 - 5.41% Coverage

I have seen three different psychologists. The first one was very helpful and caring, but I was very worried about what she would think of me because I'm a Muslim student seeking help for depression and suicidal thoughts that concern me at that time, but she helped me understand that all of these are just thoughts, but then she had to transfer me to long term counseling in psychology clinic . The second therapist I saw was very tough with me because she doesn't want me to be attached to her, and she made me doubt myself a lot but I didn't know at that time that I coil just stop going to her, but I didn't, so I has several panic attacks and failed my whole classes that semester because she make me feel like I don't care about school and should drop out. In the last session, she even told me she doesn't care about me, which really hurt me. After this, I saw the last tgerapist and she was completely different and uses the CBT methods with me and let me do what I want to do, but it was hard to trust her in the beginning because of previous experience, but I did well in my classes and was able to get back to my regular life and be happy again.

<Internals\Interviews\Participant 30_q15> - § 1 reference coded [0.09% Coverage]

Reference 1 - 0.09% Coverage

Like them to much

<Internals\Interviews\Participant 31_q15> - § 1 reference coded [0.28% Coverage]

Reference 1 - 0.28% Coverage

it depends on the Imam which means the way that he does it

Coding Density Chart Legend:

- Participant 24_q15
- Participant 1_q15
- Participant 3_q15
- Bad
- Mixed Feelings
- Overall Negative Counseling Experiences
- What participants thought of their counselors
- Good
- Counseling Experience as Concept
- Question 14 Counseling Experience
- Coding Density

Very Good - Great

Appendix J: Example of Data Aggregated by NVivo

<Internals\Interviews\Participant 1_q13> - § 1 reference coded [2.60% Coverage]

Reference 1 - 2.60% Coverage

I have been to see a counselor, some time I agree some time the counselor not update them self . I love go to counselor of the counselor know my culture and know what I believe. I am not a sensitive go to counselor to help me to find out my problem even in USA or other countries. I believe go to counselor not i have problem mantel heath or some . I just believer I am human I need some help some time to get it from counselor has a good experiences more then me. I really appropriate , this is subject is really interested. Sincerely):

<Internals\Interviews\Participant 10_q12_q13> - § 1 reference coded [0.23% Coverage]

Reference 1 - 0.23% Coverage

I liked it

<Internals\Interviews\Participant 11_q13_15> - § 1 reference coded [1.50% Coverage]

Reference 1 - 1.50% Coverage

I was hesitating to consultate a doctor since I am a Saudi Student here at the USA. but I cant afford going to Saudi for every time I need to see a psychiatric or therapist. So And after 4 years of not complaining I went to see one month ago when it (the health problem) started to impacted m ability to perform.

<Internals\Interviews\Participant 12_q13> - § 1 reference coded [0.06% Coverage]

Reference 1 - 0.06% Coverage

Enlightening

<Internals\Interviews\Participant 13_q13> - § 1 reference coded [0.67% Coverage]

Reference 1 - 0.67% Coverage

Because I met an American counseling , I found that she doesnot understand my culture, needs, and feeling. Thats way I decided not to see her

Appendix K: Case Classification Attributes

Case Classification Attributes Structure

The screenshot displays the NVivo Pro interface with the 'VIEW' tab selected. The 'Classifications' pane on the left shows a tree structure with 'Case Classifications' expanded. The main window displays a table of 'Case Classifications' for a participant named 'Person'.

Name	Created On	Created By
Person	1/28/2016 1:29 PM	RA
<ul style="list-style-type: none"> Name Gender Age Group marital status Current Residence Education Where Educated Years in USA Ever have mental health services Satisfied with Counseling 	Type	Created On
	Text	1/28/2016 1:29 PM
	Text	1/28/2016 1:29 PM
	Text	1/28/2016 1:33 PM
	Text	1/28/2016 1:34 PM
	Text	1/28/2016 1:36 PM
	Text	1/28/2016 1:37 PM
	Text	1/28/2016 1:40 PM
	Text	1/28/2016 1:41 PM
	Text	2/5/2016 2:06 AM

Attributes were assigned to every participant who described their counseling experience (Q13). Below are shown the case attributes for participant 15.

Case Properties

General Attribute Values

Classification Person

Attribute	Value
Gender	male
Age Group	26-30
marital status	Single
Current Residence	USA
Education	Bachelor's degree
Where Educated	USA & Saudi Arabia
Years in USA	4-5 years
Ever have mental health services	yes
Satisfied with Counseling	Very Satisfied

Apply OK

Appendix L: Attributes

Attributes for Participants with Qualitative Data or Who Wrote in “Other” Responses

Participant	Age Group	Current Residence	Educational Status	Ever have coun. services	Gender	Where Educated	Years in USA	Marital status	
3	36-40	USA	Doctorate degree	Yes	Male	USA	8-9 years	Married	Satisfied
3	31-35	USA	Master's Degree	Yes	Male	USA & SA	4-5 years	Married	Satisfied
3	21-25	USA	Technical Diploma	Yes	Female	USA & SA	4-5 years	Single	Satisfied
3	36-40	USA	Master's Degree	Yes	Male	USA & SA	8-9 years	Married	v. unsati
3	26-30	USA	Bachelor's degree	Yes	Female	USA & SA	4-5 years	Married	Satisfied
3	26-30	USA	Bachelor's degree	Yes	Female	USA & SA	2-3 years	Single	Satisfied
3	26-30	USA	Bachelor's degree	Yes	Female	USA & SA	1-2 years	Other	Satisfied
3	26-30	USA	Bachelor's degree	Yes	Male	USA & SA	4-5 years	Married	Satisfied
3	21-25	USA	High School	Yes	Male	SA	6-7 years	Single	Satisfied
12_q13	26-30	USA	Bachelor's degree	Yes	Male	USA & SA	2-3 years	Single	Satisfied
13_15	26-30	USA	Bachelor's degree	Yes	Male	USA & SA	4-5 years	Married	Unsati
13	31-35	USA	Bachelor's degree	Yes	Female	USA	31-35	Married	Satisfied
13	41-45	USA	Master's Degree	Yes	Female	USA & SA	2-3 years	Married	Unsati
13	26-30	USA	Master's Degree	Yes	Female	USA & SA	1-2 years	Married	Satisfied
12_q13	26-30	USA	Bachelor's degree	Yes	Male	USA & SA	4-5 years	Single	V. Sati
13	31-35	USA	Master's Degree	Yes	Male	USA SA Other	4-5 years	Married	Unsati
13	26-30	USA	Master's Degree	Yes	Female	USA & SA	2-3 years	Single	v. unsati
13	26-30	USA	Master's Degree	Yes	Female	USA & SA	4-5 years	Married	Satisfied
13	21-25	USA	High School	Yes	Female	USA & SA	4-5 years	Single	Unsati
13	26-30	USA	Bachelor's degree	Yes	Female	USA SA Other	2-3 years	Single	Satisfied
13	21-25	USA	High School	Yes	Male	SA	2-3 years	Single	V. Sati
13	31-35	USA	Bachelor's degree	Yes	Male	USA & SA	1-2 years	Married	Satisfied
13	26-30	USA	Master's Degree	Yes	Male	USA & SA	4-5 years	Married	v. unsati
13	36-40	USA	Master's Degree	Yes	Female	USA & SA	4-5 years	Married	Satisfied
13	31-35	USA	Master's Degree	Yes	Female	USA & SA	4-5 years	Single	V. Sati
13	31-35	USA	Master's Degree	Yes	Female	USA & SA	8-9 years	Married	V. Sati
13	31-35	USA	Master's Degree	Yes	Female	USA & SA	8-9 years	Married	Satisfied
13	36-40	USA	Master's Degree	Yes	Male	SA & other	8-9 years	Married	Satisfied
13	26-30	USA	Bachelor's degree	Yes	Male	SA & other	4-5 years	Married	Satisfied
13	26-30	USA	Bachelor's degree	Yes	Female	SA & other	4-5 years	Single	Satisfied
13	26-30	USA	Bachelor's degree	Yes	Male	USA & SA	2-3 years	Married	V. Sati
13	26-30	USA	Master's Degree	Yes	Male	USA & SA	4-5 years	Married	Unsati
13_q15	26-30	USA	Master's Degree	Yes	Male	USA	2-3 years	Single	Satisfied
13	21-25	USA	Bachelor's degree	Yes	Male	USA & SA	2-3 years	Single	Satisfied
12_q13	26-30	USA	Bachelor's degree	Yes	Male	USA & SA	1-2 years	Married	Satisfied
15	31-35	USA	Bachelor's degree	No	Male	USA & SA	6-7 years	Married	N/A

15	36-40	USA	Master's Degree	No	Female	SA & other	4-5 years	Married	N/A
15	26-30	USA	Bachelor's degree	Yes	Male	USA & other	4-5 years	Single	N/A
15	21-25	USA	High School	No	Male	Saudi Arabia	1-2 years	Single	N/A
15	21-25	USA	High School	No	Male	USA & SA	4-5 years	Single	N/A
15	21-25	USA	Bachelor's degree	No	Female	SA	< year	Single	N/A
15	41-45	USA	Master's Degree	No	Male	USA & SA	4-5 years	Married	N/A
15	31-35	USA	Master's Degree	No	Male	SA & other	4-5 years	Married	N/A
15	31-35	USA	Bachelor's degree	No	Female	SA	1-2 years	Single	N/A
15	21-25	USA	Bachelor's degree	No	Male	USA & SA	1-2 years	Single	N/A

Appendix M: Queries

A Screen Shot of the Queries Run in Nvivo

The screenshot shows the Nvivo software interface with the 'Queries' tab selected. The 'Results' pane displays a table of query results. The 'Satisfied' query is highlighted in blue.

Name	Sources	References
age vs marital status	44	62
Men vs negative counseling experience	4	4
Men vs positive counseling experience	7	7
Men vs stigma	16	32
Question 14 vs men	17	17
Question 14 vs women	16	16
Satisfied	22	22
Satisfied vs stigma	19	38
Unsatisfied	5	5
Unstatisfied vs stigma	5	11
Very Satisfied	5	5
Very Satisfied vs Stigma	5	9
Very Unsatisfied	3	3
Very unsatisfied vs stigma	0	0
Women vs Negative Counseling Experiences	6	6
Women vs Positive Counseling Experiences	10	10
women vs stigma	16	32

Screen Shot of Queries in the Form of Crosstabs From the St Mary University Survey Webpage

Name
PSYCHOLOGICAL ATTITUDES OF INTERNATIONAL SAUDI ARABIAN STUDENTS TOWARD MENTAL HEALTH COUNSELING Cross Tabulation(1)
PSYCHOLOGICAL ATTITUDES OF INTERNATIONAL SAUDI ARABIAN STUDENTS TOWARD MENTAL HEALTH COUNSELING Cross Tabulation(1)
PSYCHOLOGICAL ATTITUDES OF INTERNATIONAL SAUDI ARABIAN STUDENTS TOWARD MENTAL HEALTH COUNSELING Cross Tabulation(1)
PSYCHOLOGICAL ATTITUDES OF INTERNATIONAL SAUDI ARABIAN STUDENTS TOWARD MENTAL HEALTH COUNSELING Cross Tabulation(1)
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PSYCHOLOGICAL ATTITUDES OF INTERNATIONAL SAUDI ARABIAN STUDENTS TOWARD MENTAL HEALTH COUNSELING Cross Tabulation(1)
PSYCHOLOGICAL ATTITUDES OF INTERNATIONAL SAUDI ARABIAN STUDENTS TOWARD MENTAL HEALTH COUNSELING Cross Tabulation(1)

Appendix N: Memos

Cross-Section of Interviews in Nvivo shows Memos Attached to Interviews,
As Represented by Yellow Icons.

Sources	Interviews	Name	Nodes	References	Created On
Internals	Interviews	Participant 4_q15		15	16 1/28/2016 1:53 PM
Externals		Participant 40_p18		2	2 1/28/2016 1:53 PM
Memos		Participant 41_q18		2	2 1/28/2016 1:53 PM
Framework Matrices		Participant 42_q18		2	2 1/28/2016 1:53 PM
		Participant 43_q18		2	2 1/28/2016 1:53 PM
		Participant 44_q18		2	2 1/28/2016 1:53 PM
		Participant 45_q18		2	2 1/28/2016 1:53 PM
		Participant 5_q15		17	19 1/28/2016 1:53 PM
		Participant 6_q15		17	19 2/5/2016 12:23 AM
		Participant 7_q15		15	17 1/28/2016 1:53 PM
		Participant 8_q15		2	2 1/28/2016 1:53 PM
		Participant 9_q15		2	2 1/28/2016 1:53 PM

Q15 is Q13 asked participants to describe their counseling experience.

Q18 is Q 15 asked participants to what kept people in the past from seeking out counseling services.

Examples of Memos Created

Coding Problem Memo

I had to recode question 17 three times for participant 15 before it was noticeable in the nodes and references.

Overall Rating Vs Reality Memo

Could it be that a person who overall rated her/his counseling sessions highly would rate it poorly on individual counseling aspects if they thought they would be stigmatized for going to counseling.

Women and Marriage and Age

I noticed that some of the women seemed to be older and unmarried. I wondered if education impacts on this choice to remain single

Appendix O: Questions 10, 13, 14, 15, & 16 in Tabular Form

Tabulation of Responses From All Participants Who Answered Questions 10, 13, 14, 15 & 16

Participants with neither good or bad experience	Satisfaction Level Q10	Q14	Q15	SQ1	SQ2	SQ3	SQ5	SQ8	SQ10	SQ13	SQ15
P7	S	VL	No	SA	SA	SA	SLA	D	D	SD	D
P11	UNS	UL	No	SA	SA	SA	SA	SD	SD	SD	SD
Participants with good experiences	Satisfied Participants Q10	Q16		SQ1	SQ2	SQ3	SQ5	SQ8	SQ10	SQ13	SQ15
P1	S	VL	No	A	SA	A	D	SA	SA	D	D
P2	S	VL	No	SA	SA	SLA	SD	SLA	D	SD	SA
P5	S	SWL	No	SLA	SLA	A	SLD	D	SLD	D	SLA
P6	S	L	No	SA	A	SA	SLA	SD	A	D	SLA
P8	S	L	Yes	A	A	A	SLA	SD	A	D	SLA
P12	S	VL	No	A	SLA	A	D	SD	D	D	D
P14	S	SWL	No	A	A	SA	SLA	SD	SLA	SD	D
P15	VS	VUN	Yes	SA	SLA	SA	SD	SD	SLA	D	SLD
P18	S	L	No	SA	A	SA	SD	SD	SD	SD	SD
P20	S	L	No	SA	SLA	A	SLD	D	SLA	D	SLD
P22	S	SWL	Yes	A	SLA	A	SLA	D	SD	SD	SLA
P23	VS	L	No	SA	SA	SA	D	SD	SLA	SD	D
P24	S	VUL	Yes	A	SA	A	D	SD	SD	D	D
P25	VS	L	No	SD	SLA	SA	SD	D	D	D	D
P28	S	VL	No	A	SLA	A	SA	A	SLA	SLA	SA
P29	S	VL	No	SA	A	SA	SLA	SLA	SA	SLD	A
P30	VS	L	Yes	A	A	A	SLA	D	A	A	A
P33	S	L	No	SA	A	SA	D	SD	A	D	D
P34	S	SWL	Yes	SA	SA	SA	SA	D	SLD	SD	SD
P35	S	L	No	A	A	SA	D	D	D	D	D
Participants with mixed Experience	Satisfied Participants Q10	Q14	Q15 Sham	SQ1	SQ2	SQ3	SQ5	SQ8	SQ10	SQ13	SQ15
P3	S	SWL	No	A	SLA	A	SA	SD	SD	SLD	SLD
P19	US	UL	No	SD	A	SLA	A	SD	D	SD	SA
P21	VS	SWL	No	D	SLD	A	SD	D	SLA	SD	SA
P26	VS	VUL	No	SA	A	SA	D	SD	SD	SD	SD
P27	S	VUL	Yes	SA	SA	SA	SA	SD	A	SD	D
P31	S	SWL	No	A	SA	SLA	SLA	A	SA	SLA	SLA
Participants with bad Experience	Satisfied Participants Q10	Q14		SQ1	SQ2	SQ3	SQ5	SQ8	SQ10	SQ13	SQ15
P4	VUS	L	No	SA	SA	A	SLD	SD	SLD	SD	SD
P13	US	SWL	No	A	SA	SA	SD	SD	SD	SD	SD
P16	US	L	Yes	SD	A	A	SLA	A	D	D	D

P17	VUS	L	No	A	A	SLA	SLA	D	SLA	SLD	SLD
P32	US	UL	No	D	D	D	D	SD	SLA	D	D