

EMBARRASSMENT OF REVIEWING PSYCHOLOGICAL TREATMENTS FOR MOSUL UNIVERSITY STUDENTS

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Research Abstract:

The current research aims to identify the level of embarrassment in seeking psychological treatments among Mosul University students in general, as well as to measure the level of embarrassment in seeking psychological treatments according to variables (gender, academic year, specialization) for the academic year (2024-2025). To achieve the research objectives, the researcher reviewed theoretical frameworks and previous studies related to the research topic in preparation for completing the research. The research population included (20,439) male and female students, from whom the researcher selected an equal stratified random sample of (700) male and female students distributed among (24) colleges, including (9) with scientific specializations and (7) with humanities specializations. To achieve the research objectives, the researcher constructed a scale for embarrassment in seeking psychological treatments, and its psychometric indicators were verified by extracting its various types of validity and reliability. The scale in its final form consisted of (63) items. After statistically processing the data, the results indicated that males have a higher level of embarrassment in seeking psychological treatments than females, and there was no significant difference in the academic year variable (second-fourth), and no significant difference related to the specialization variable (scientific-humanities). In light of the study's findings, the researcher made several recommendations and suggestions.

Abstract:

The present study aims to examine the level of Embarrassment of Reviewing Psychological Treatments for Mosul University students. It also seeks to assess this stigma in relation to the variables of gender, academic year, and field of study for the academic year (2024-2025). To achieve the objectives of the study, the researcher reviewed the theoretical frameworks and previous studies relevant to the topic to build a solid foundation for the research. The research population consisted of (20,439) male and female students. From this population, the researcher selected a stratified random sample of (700) students, equally distributed across (24) colleges (9) representing scientific disciplines and (7) representing humanities disciplines. To meet the study objectives, the researcher developed a scale to measure the stigma of seeking mental health services. The psychometric properties of the scale were verified through the assessment of various types of validity and reliability. The finalized version of the scale comprised (63) items. After statistically analyzing the data, the results indicated that male students exhibit a higher level of stigma toward seeking treatment at mental health clinics compared to female students. No statistically significant differences were found regarding the academic year variable (second vs. fourth year), nor were there significant differences related to the field of study (scientific vs. humanities). In light of the findings, the researcher proposed several recommendations and suggestions for future work.

Chapter One: Research Introduction

Research Problem:

Based on the researcher's perception of a psychological problem, namely the embarrassment of seeking psychological treatments, which affects students in prominent manifestations, including:

- The reluctance of most students to visit educational guidance units at the university and psychotherapy and psychiatry clinics, as they believe they are ineffective or exaggerate their ability to solve their psychological problems without needing help from these psychological centers.
- Through the researcher's meeting with some officials of guidance units in Mosul University colleges, these officials mentioned the presence of shyness and embarrassment among most students, especially female students, when visiting the guidance unit in the college.
- Some students have misconceptions about psychological sciences, mental health, and psychiatry, and errors in self-assessment of their psychological state, as happens when a client searches for information about symptoms of a psychological disorder they suffer from online and misdiagnoses the problem or disorder.
- Some students keep their psychological problems secret and may be afraid to disclose them to maintain their social status and reputation.
- Some students resort to alternative methods and approaches to treat their psychological problems, such as resorting to magic, fortune-telling, ruqyah (Islamic exorcism), or participating in some human development courses and resorting to psychological centers run by non-specialists in psychology and psychiatry.

RESEARCH IMPORTANCE:

Maslow believes that improving human nature improves everything because we remove the main causes of global chaos. By truly understanding ourselves and the personalities of others around us, we can better dominate the problems of modern life, which is more important than achieving a higher standard of living, and more important than new weapons or important technical achievements. History has shown more than once that technological progress brought disasters when placed in the hands of greedy, selfish, or fearful people, or people whose hearts are filled with hatred. Therefore, humanity's greatest hope can lie in a better understanding of itself, so the study of personality may be the most important endeavor in psychology worthy of study (Schultz, 1983, 8-9). Since the dawn of humanity until our current era, humans have faced many challenges and pressures, sometimes reaching a high degree of complexity and difficulty, creating an atmosphere of tension and contraction for humans. This made them seek someone to relieve this tension, and humans have progressed in their pursuit, starting with their family, or closest friends, or those they found upright and religious, and ending with charlatans to help them with that. However, all of that, despite its slight effect, did not provide much treatment, which necessitated the emergence of their need for specialists in this field. Thus, the field of mental health emerged to provide, in a studied manner, the best ways of psychological treatment by supplying society with trained and qualified cadres to perform this task. From this standpoint, there was a need for centers to provide these services, so mental health institutions emerged, including outpatient psychiatric clinics, psychological counseling centers in schools and hospitals, and then psychiatric hospitals, and each of these centers has duties and limits (Abu Hmaidan, 2001: 277).

Personality, including its disturbed or dysfunctional states, has been a subject of human interest since the early stages of civilization, and this interest likely arose concurrently with the birth of consciousness or the moment we became capable of contemplating the "self." Since we became aware of the "self" and recognized the "other," we began to question what motivates and moves us, and what happens to those around us; as the ability to adapt and survive was, at least in part, dependent on this type of insight (Magnavita, 2004: 3).

The importance of the research can be summarized as follows: -

- The study of embarrassment in seeking psychological treatments is a qualitative addition that has no precedent and may be a key to subsequent studies in the future.

RESEARCH OBJECTIVES:

1. Construct a scale for embarrassment in seeking psychological treatments among Mosul University students.
2. Identify the level of embarrassment in seeking psychological treatments among Mosul University students.

3. Identify the significance of differences in the level of embarrassment in seeking psychological treatments among Mosul University students according to gender (male - female), academic specialization (scientific - humanities), and academic year (second - fourth).

Research Delimitations:

The current research is limited to Mosul University students in the second and fourth academic years (morning study) for the academic year (2024-2025).

Definition of Terms:

Theoretical Definition of Embarrassment of Reviewing Psychological Treatments:

The researcher did not find a clear and direct definition of the phrase (embarrassment of reviewing psychological treatments), which prompted the researcher to formulate it as follows: -

It is the psychological state in which an individual feels embarrassed, whether by hesitation, reluctance, or aversion to consulting psychological clinics, whether a counselor, therapist, or psychiatrist, despite their need for them, due to several reasons, which were formulated into five proposed areas: social and health pressures, weak psychological culture, self-esteem, influence of peers, and shyness.

Psychological Sanatorium (Clinic): The term psychological sanatorium is not limited to health institutions specializing in psychiatry, but rather includes all who practice the process of correcting a disturbed, abnormal, or personally problematic condition to a better and healthier state, either through educational and psychological guidance or through psychotherapy procedures.

Operational Definition of Embarrassment of Reviewing Psychological Treatments:

(It is the total score obtained by the respondent as a result of their response to the embarrassment of reviewing psychological treatments scale that will be constructed in the current research).

Chapter Two: Theoretical Framework

Theories Explaining Embarrassment in Seeking Psychological Treatments:

Sigmund Freud's Theory:

Freud postulated three basic systems within the structure of personality: the Id, which represents biological needs; the Super Ego, which represents the voice of social conscience; and the Ego, which represents the thinking, rational force that mediates between the two and deals with reality (Sharif, 2022: 98). Within the psyche, there is an internal conflict between the three systems, and this conflict causes anxiety (Nystul, 2015: 228). Freud believed that the psychological problems his patients exhibited were rooted in early childhood, and therefore his attention turned to that stage and its impact on psychological development and personality formation. He believed that the adult personality is primarily shaped in the first five years (Rabie, 2013: 135). Superstitious methods of controlling fate are based on regressive psychological foundations. The underdeveloped human who believes in them regresses from the rationality that should characterize adult life to a stage of childish thinking that mixes reality with imagination, facts with desires, and material difficulties with subjective fears. Childish subjectivity dominates them, and they resort to practitioners of witchcraft and magical means to confront reality. Furthermore, attributing illnesses to jinn, evil spirits, or the devil is nothing but a projection of unconscious psychological contents and their embodiment in the form of invisible beings. It is a projection of deeply hidden desires that have been subjected to severe social suppression, or it is a projection of fears simmering in one's unconscious, fearing their emergence into consciousness due to the threat they pose to one's status, reputation, or balance. Envy is also a form of superstitious interpretation of life events and misfortunes; it is an explanation that satisfies the envied person as it allows their aggression to erupt without restraint towards the envious person, taking on the character of self-defense against the evil of the envious person in what is known as projection (Hijazi, 2016: 140-141-147-152).

Henry Murray's Theory:

Murray views pressures as the basic influences on behavior. These influences exist in the individual's environment, some of which are material related to objects and others are human related to people. They are governed by several economic, social, and family factors and communication methods such as affection and aggression. Murray divides psychological pressures into two types; Alpha pressures, which exist in the objective reality of the individual's environment, and Beta pressures, which are the pressures as the person perceives and interprets them (Al-Nawaiseh, 2013: 20-21).

Mental health stigma can be divided into two similar types. The first is social stigma, which is characterized by biased attitudes and discriminatory behavior directed towards individuals with mental health problems as a result of the psychiatric label or title given to them. The second type is self-stigma, which is what enters the mind of the person suffering from mental illness upon their perception of discrimination. Perceived stigma can have a profound effect on feelings of shame and lead to poor treatment outcomes (Davey, 2016: 92).

Murray also distinguishes between explicit needs that are allowed to be expressed directly and implicit needs whose expression is inhibited and obstructed. He also linked needs to states of tension within the organism and linked the satisfaction of needs to the reduction of tension (Bravin, 2010: 267). Implicit needs largely exist as a result of the growth of integrated structures (the superego) which determine appropriate and acceptable behavior. There are certain needs that are not allowed to be freely expressed without deviating from customs and standards transmitted by parents from society and often operate at the unconscious level (Hall and Lindsey, 1971: 235).

Aaron Beck's Theory:

Aaron Beck believes that psychological problems can result from ordinary processes such as faulty learning, erroneous reasoning based on insufficient or incorrect information, and the inability to distinguish between imagination and reality. Furthermore, thinking can be delusional because it is derived from false logical premises, and behavior can be self-defeating because it is based on irrational attitudes. These problems can be resolved by sharpening understanding and discernment, correcting misconceptions, and learning more adaptive attitudes (Beck, 2024: 26-27).

Health Belief Model:

A group of social psychologists in the United States developed the Health Belief Model. This model indicates that the likelihood of an individual engaging in a specific healthy behavior is determined by their perception of the health threat posed by the current situation and their evaluation of the recommended behavior. The basic elements of the model are:

- **Perceived Susceptibility:** Meaning the individual's subjective belief that there is a probability they may contract a certain disease.
- **Perceived Severity of the Illness:** Meaning the extent of the negative consequences if they contract the disease or disability.
- **Perceived Benefits of Action:** These are the expected benefits that will be achieved if the individual performs the healthy behavior in this situation.
- **Perceived Barriers or Costs of Action:** Meaning what things will happen during compliance with the specified behavior or non-compliance with it? What are the resulting or accompanying costs or disadvantages, such as embarrassment, for example?
- **Health Motivation:** This explains the fact that individuals differ in their appreciation of the level of health they desire and their willingness to participate in health-promoting activities.
- **Cues to Action:** These are the events leading to the behavior and can be internal (perceived symptoms) or external (such as awareness campaigns, contracting a disease, or the death of a friend). The common denominator among all these elements is "perceived," which confirms that our perception plays a pivotal role in this process, and thus our behavior does not depend on an objective basis but rather on a perceptual basis (Shwaikh, 2012: 61-62).

Carl Rogers' Theory:

Rogers believes that the self has four dimensions: -

- **The Real Self:** This means what a person truly is, and each of us may discover it or come close to it to some extent.
- **The Perceived Self:** This is what a person believes themselves to be, in light of their evaluation and perception of themselves through their interaction with others and the environment they live in.
- **The Social Self:** This is a person's image of themselves as they believe it exists in others.
- **The Ideal Self:** This is a conception of the self as a person wishes to achieve and ought to be, and it is formed by their goals and aspirations that they look forward to and strive to achieve (Al-Albert, 2014: 33).

Rogers views anxiety as a result of the discrepancy between experience and self-concept, and he indicates that individuals strive to maintain a self-concept, especially one associated with a positive view from others. Experiences inconsistent with this self-concept arouse anxiety and lead to defensive maneuvers (Bravin, 2010: Part 2/261).

Erving Goffman's Theory:

Goffman believes that social life occurs through daily acts, rituals, and routines that resemble theatrical performances. When people meet in social situations, they cooperate like teams of actors to maintain the continuity of the performance and support a specific definition of reality. At the same time, individuals are interested in presenting specific characters, which is related to the techniques of self-representation and

impression management. However, the success of these performance operations also depends on audience perceptions. Through studying people's impressions that appear intentionally and unintentionally, we may identify an actor who does not believe in the role they are playing and therefore presents a dubious performance instead of a sincere one (Scott, 2013: 246-247).

Goffman used this analytical framework to describe the mental asylum as an example of a typical interaction of isolation. Goffman views stigma as expressing the difference between the hypothetical social identity given to a person and their real social identity. Stigma is formed in the relationship between them within the framework of social interaction (Doran and Weil, 2019: 390-291). As a result, stigmatized actors are associated with impression management techniques aimed at concealing stigmatizing attributes from the audience's perspective. They can also be helped by groups of other supporters whom Goffman calls (my own people) who share the same stigmatizing attributes and (the wise) who know the actors' stigmatizing attributes but do not expect them to conceal them. Thus, Goffman reminds us that many of the traits we see in others are not merely personal features, but rather role performances that are subject to negotiation in social interaction (Scott, 2013: 250).

William Sumner's Theory:

Sumner believes that human societies, through trial and error and experience, arrive at the most appropriate and least effortful and painful means and behaviors to meet their needs. According to the path taken by human efforts, customs and skills develop to become a method for a human group, and over time, these methods turn into norms that are transmitted to subsequent generations through imitation, tradition, and authorities, resulting in pressure on each individual to adapt to the group (Scott, 2013: 161-163).

Jeffrey Gray's Theory:

Gray used animal research findings to study human personality, assuming that personality depends on the interaction between two basic systems in the brain: a behavioral approach system and a behavioral inhibition system. The first system consists of approach motivation and causes the individual's sensitivity to possible rewards and the search for them. Thus, motivation arises through the search for reward and is used to explain the attractiveness of certain events and objects to others, which the individual sees as rewards. While the second system consists of inhibition motivation, which makes the individual sensitive to punishment or potential danger and tends to avoid these consequences. Fear of certain things like animals and people is a result of this system. Gray linked this theory to two personality variables: impulsivity and anxiety. Individuals with high levels of behavioral approach are described as impulsive and will be strongly driven to seek multiple rewards and see what is available in their lives. Those with low behavioral approach are described as non-impulsive. Individuals with high behavioral inhibition are described as anxious, as they have a sensitivity to potential punishment and therefore tend to see most aspects of their lives as prone to some potential punishment, while those with low behavioral inhibition are described as non-anxious (Maltby et al., 2023: Part 1/358-359).

Fifth - Previous Studies:

The researcher did not find previous studies (Arabic and foreign) that dealt with this variable; therefore, useful previous studies in this regard can be referred to as follows: -

First - Arabic Studies:

Shaker's Study (2018):

(Feeling of Stigma Towards Mental Illness and Mentally Ill Patients Among University Professors)

The research aimed to identify the feeling of stigma towards mental illness and mentally ill patients among university professors and the differences in gender and marital status variables. The research sample included (200) male and female university professors from Iraqi universities, which showed differences in favor of males in the areas of mental illness stigma, and the research concluded with several results and recommendations (Shaker, 2018: 1057).

Ahmed and Al-Yahya's Study (2022):

(Social Acceptance of Mentally Ill Patients in Saudi Society)

This study aimed to identify the reality of social acceptance of mentally ill patients in Saudi society from the perspective of their families. It also aimed to identify the extent to which community members accept marriage, friendship, neighborhood, and work relationships with mentally ill patients, and to identify whether there were statistically significant differences in the community's view of mentally ill patients as perceived by the study sample in light of the following variables: patient's gender, patient's age, patient's social status, patient's educational level, and patient's monthly income.

Data was collected using a specially designed questionnaire, ensuring that it met the scientific requirements for data collection tools. It was reviewed and its validity and reliability were determined. It was applied to a sample of (150) individuals from families of mentally ill patients receiving treatment at Al-Amal Complex for Mental Health in Riyadh, selected using a purposive sampling method. Appropriate statistical methods were used to answer the study questions.

The study results indicated that the community's view of mentally ill patients, from the perspective of the study sample of mentally ill patients' families, was somewhat positive; where this dimension recorded an average of (3.31). The opinions of the study sample of mentally ill patients' families regarding the community's acceptance of marriage, friendship, neighborhood, and work relationships with mentally ill patients fell into the "somewhat agree" category with mean scores of (2.89), (2.80), (2.93), and (2.95) respectively.

The results also showed no statistically significant differences in the community's view of mentally ill patients, as perceived by the study sample of patients' families, attributable to the patient's gender, age, social status, educational level, or monthly income (Ahmed and Al-Yahya, 2022: 40).

Shehab's Study (2024):

(People's Knowledge and Attitudes Towards Mental Illnesses)

The study aimed to identify participants' knowledge and attitudes towards mental illnesses through a cross-sectional study applied to people's knowledge and attitudes about mental illnesses. Data was collected from November 3, 2023, to May 3, 2024, for six months. During the data collection period, 800 participants from various health institutions in Mosul city were included after obtaining their consent to participate in the research. Information from each participant was collected through direct interviews to answer a questionnaire. SPSS software was used for data analysis. Z-test and chi-square were used to show the observed agreement and disagreement in participants' opinions through the study. The researcher concluded that nearly half of the participants did not have sufficient knowledge about mental illnesses, and there was no statistically significant relationship between the cognitive level and the social and demographic characteristics of the participants, and that 76.51% of the participants had positive attitudes towards mental illnesses, with no strong correlation between participants' positive attitudes and their social and demographic characteristics (Shehab, 2024).

Second: Foreign Studies:

Velasco & Other's Study (2020):

(What are the barriers, facilitators, and interventions targeting help-seeking behaviors for common mental health problems in adolescents? A systematic review)

A systematic search was conducted in five databases to identify the most prominent barriers, facilitators, and interventions targeting help-seeking behaviors related to common mental health problems in adolescents aged 10-19 years. The initial search was conducted in June 2018 and updated in April 2019. Two independent screening processes were performed according to inclusion criteria, and a quality assessment of the studies was conducted, while results were summarized through a narrative descriptive analysis.

RESULTS: 90 studies met the inclusion criteria for this review, including studies on barriers and facilitators ($n = 54$) and interventions ($n = 36$). Social stigma and negative beliefs about mental health services and professionals were among the most common barriers. Facilitators included positive past experiences with healthcare services and mental health literacy. Most interventions were based on psychoeducation, focusing on promoting general knowledge of mental health, suicide, self-harm, social stigma, and depression. Other types of interventions included the use of multimedia and electronic tools, peer training, and community initiatives. Overall, the quality of studies ranged from moderate to low, and there was no unified agreement on the definition and measures of help-seeking behaviors.

CONCLUSION: The majority of interventions were conducted within an educational setting; however, it is also important to consider adolescents outside the educational system. Encouraging help-seeking behaviors must be accompanied by greater availability of mental health support services for all adolescents in need, but this remains a major challenge for child and adolescent mental health services. There is also an urgent need for common definitions, clear theoretical frameworks, and higher methodological standards in research on adolescent help-seeking behaviors. This would enhance the consistency and generalizability of results, supporting the development of effective interventions and ensuring appropriate and timely access to psychotherapy (Velasco & Other's, 2020: 1).

Patte & Other's Study (2024):

(Reasons for Students' Reluctance to Seek Help for Mental Health Concerns in Secondary Schools)

Understanding the reasons why adolescents are reluctant to seek psychological help is crucial for improving early detection, especially since schools are a key environment for achieving this. Subgroups of adolescents may have unique reasons for this reluctance, which necessitates adopting different strategies to overcome it. Latent Class Analysis was used to identify patterns of girls and boys based on their reasons for reluctance to seek help from adults within the school. Cross-sectional survey data collected between 2018 and 2019 from 70,794 students in 136 Canadian secondary schools were used. The most common reason was students' preference to deal with their problems themselves.

The analysis resulted in five classes, four of which were common to both males and females: "low reluctance," "self-reliance," "stigma," and a class including high probabilities for all mentioned reasons. Additionally, a "I don't know who I can turn to" class emerged for females, and a "there's no one I feel comfortable talking to" class for males. Students with depression and anxiety showed higher probabilities of belonging to all reluctance classes compared to the "low reluctance" class. Reluctance to seek help within school contexts remains a common phenomenon, especially among students who may be most in need of support. Furthermore, many adolescents who prefer to deal with their problems themselves are concerned about confidentiality and believe that adults in schools will not be able to provide the necessary help (Patte & Other's, 2024: 1).

Chapter Three: Research Methodology and Procedures

First - Research Methodology:

The researcher used the descriptive method according to the correlational approach by finding the relationship between the two variables, which is consistent with the nature and objectives of the study. The descriptive method is defined as "one of the scientific methods that are concerned with collecting accurate scientific descriptions of the phenomena under investigation and describing the current situation in light of its results and interpreting them" (Al-Yasiri, 2017, 192).

Second - Research Population:

The research population is defined as all individual units of the phenomenon to be studied, which the researcher seeks to generalize the research results to (Al-Tikriti, 2019, 378). The current research population consists of Mosul University students for the academic year (2024/2025) distributed among (24) colleges for scientific and humanities specializations. In line with the research objectives, the total number of second and fourth-year students is (20289) male and female students.

Third - Research Samples:

The research sample is defined as: a subset of the research population randomly or systematically drawn from the research population and is representative of the whole, meaning it represents all elements of the population, so that the results of that sample can be generalized to the entire research population (Abbas et al., 2011, 218). In the current research, a random sample was drawn to consider the variables (gender, academic year, and academic specialization), and the following is a detailed presentation of the current research samples.

Exploratory Application Sample:

This sample was used to collect some raw items through the researcher's meeting with two random samples of professors, doctors, and psychotherapists and discussing with them the concept of embarrassment in seeking psychological treatments, along with clarifying the most prominent motives and pressures that cause it, and then formulating some useful items. The researcher also conducted several meetings with random samples of students and discussed with them whether they had embarrassment or otherwise in seeking psychological treatments, whether at the educational guidance unit in the college or with psychiatrists or psychotherapists in case they experienced personal psychological problems. After exchanging conversations, the researcher benefited from formulating some appropriate items for preparing the research tool for embarrassment in seeking psychological treatments. The exploratory sample also helps in presenting the raw tool (embarrassment in seeking psychological treatments) to verify the clarity of its items and its suitability for the research sample, as well as calculating the average time for responding to the tool, as the average response time for the tool was (15) minutes.

Reliability Sample:

To extract the reliability over time for the research tool using the test-retest method, a reliability sample of (60) male and female students was drawn from the Colleges of Education for Human Sciences (Department of Educational and Psychological Sciences and Department of Arabic Language) and the College of Education for Pure Sciences (Department of Chemistry and Department of Physics) for the second and fourth academic years, selected by a stratified random method.

Construction Sample:

To construct the items of the two research tools, a random sample of (400) male and female students was selected, consisting of (2) scientific colleges and (2) humanities colleges. Through the construction sample, the discriminatory power and internal consistency in the relationship of each item with the total score and the relationship of each item with the total score of the domain to which it belongs are revealed.

Final Application Sample for Research Tools:

To achieve the objectives of the current research, the final application sample, known as the main sample, was drawn. After identifying the research population, which consists of students of scientific and humanities colleges at Mosul University, numbering (24) colleges, a stratified random sample of (10) colleges distributed across both scientific and humanities specializations was drawn, consisting of (5) colleges for scientific specialization and (6) colleges for humanities specialization. Then, a random sample totaling (700) male and female students was drawn from the population of second and fourth-year students, numbering (20289) male and female students, from outside the exploratory sample, reliability sample, and construction sample.

Fourth - Research Tool:

To achieve the research objectives, the embarrassment of seeking psychological treatments measurement tool was used. The tool must have psychometric properties, objectivity, and accuracy in measuring what it was designed for. Since there was no ready-made scale for measuring embarrassment in seeking psychological treatments, as it is a variable being researched for the first time, a new scale was constructed for it according to the following steps:

1. Defining the Concept of Embarrassment in Seeking Psychological Treatments (Theoretically):

Given that the researcher did not find an explicit and specific definition for this concept, the researcher was able to formulate it as:

The psychological state in which an individual feels embarrassed, whether by hesitation, reluctance, or aversion to consulting psychological clinics, whether a counselor, therapist, or psychiatrist, despite their need for them, due to several reasons, which were formulated into five proposed areas.

2. Defining the Domains:

The researcher proposed the following domains:

- **Social and Health Pressures:** Embarrassment in seeking psychological treatments occurs due to the individual's fear of being accused by people of madness and social backwardness, as well as their therapeutic fears.
- **Weak Psychological Culture:** The individual suffers from embarrassment due to weak general psychological culture and its role in addressing non-organic and physiological disorders.
- **Self-Esteem:** Embarrassment arises from the individual's conviction in their ability to overcome their psychological problems without the need to consult psychological clinics.
- **Influence of Peers:** The support of peers (family, friends, and colleagues) is considered a suitable alternative to consulting psychological clinics, as long as their role is positive in alleviating the individual's psychological problems or negative if they cause those psychological problems.
- **Shyness:** Embarrassment occurs due to shyness of revealing personal secrets and privacy.

According to the above, the researcher formulated (63) items distributed among the scale domains: (12) items for the social and health pressures domain, (13) items for the weak psychological culture domain, (15) items for the self-esteem domain, (12) items for the influence of peers domain, and (11) items for the shyness domain.

3. Collecting Raw Items from the Following Sources:

- Survey of a random sample of experts (psychiatrists, psychologists, educational counselors) about their understanding of embarrassment in seeking psychological treatments.
- Benefiting from previous literature that dealt with the contents of embarrassment in seeking psychological treatments and adapting them into suitable items.
- The researcher conducted an analytical discussion with the research supervisor to identify the domains and reasons, as well as to formulate suitable items for the tool.

4. Scale Instructions:

After completing the formulation of the raw items and linguistically correcting them, the instructions included how to respond to the scale, as well as data related to the research variables: gender (male

- female), academic specialization (humanities - scientific), academic year (second - fourth), and three response alternatives were determined (agree - neutral - disagree).

5. **Psychometric Properties of the Embarrassment in Seeking Psychological Treatments Scale:**
First: Validity:

It is when the test measures what it was designed to measure (Malham, 2012: 270), and Lindquist defines it as the degree to which the test measures what we want to measure (Michael, 2016: 163), and that the psychological test is useful in achieving a specific goal, which is usually measuring one of the variables (Rabie, 2014: 113). Validity was verified through the following: -

Face Validity: To achieve this type of validity, the scale and its domains were presented to many experts in educational psychology and measurement.

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