

The Psychological Antecedents as a Predictor Towards the Willingness to Seek Counselling Among Lesbian, Gay, Bisexual and Transgender (LGBT)

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Abstract -- Lesbian, Gay, Bisexual and Transgender (LGBT) is not a disorder by itself but LGBT individuals just like everyone else, they experience psychological illness. LGBT individuals may also encounter unique risks to their psychological health and well-being. This study attempted to investigate the relationships between the psychological factors (the overall psychological distress, the general feelings of distress, performance difficulties, somatic distress and the attitudes towards seeking professional psychological help) and the willingness to seek counselling among lesbian, gay, bisexual and transgender (LGBT) people. A total of 100 LGBT individuals participated in this study and four types of questionnaires were used which were the Demographic questionnaire, the Hopkins Symptom Checklist-21 (HSCL-21), the Attitudes towards Seeking Professional Psychological Help Scale-Short Form (ATSPPH-SF) and the Intention to Seek Counselling Inventory (ISCI). In Pearson correlation analysis, the overall psychological distress was found to have significant low positive correlation with the willingness to seek counselling ($r=.245$). It follows that the general feelings of distress ($r=.251$) and performance difficulties ($r=.236$) were also found to have low positive correlation with the willingness to seek counselling. On the other hand, somatic distress were found not to have significant positive correlation with the willingness to seek counselling. Furthermore, the attitudes towards seeking professional psychological help was found to have also low significant positive correlation with the willingness to seek counselling ($r=.299$). These variables underwent Simple Linear Regression and the attitudes towards seeking professional psychological help was the best predictors to the willingness to seek counselling among LGBT people. Finally, the conclusion and implication of the study are discussed.

Keywords -- Psychological antecedent, Willingness to seek counseling, LGBT

I. INTRODUCTION

Lesbian, Gay, Bisexual and Transgender (LGBT) is not a disorder by itself but LGBT individuals just like everyone else, they experience psychological illness. LGBT individuals may also encounter unique risks to their psychological health and well-being. Past researches showed that LGBT individuals were about 250% higher risk than other men and women in their lifetime to suffer from psychological disorder related to mood, anxiety and substance abuse (Cochran, Sullivan & Mays, 2003). Furthermore, gay and bisexual male had higher threat in experiencing major depression and panic disorder while lesbian and bisexual females were three times greater

possibility in suffering from generalized anxiety disorder (Meyer, 2003).

As a result, LGBT individuals face challenges in psychological well beings as shown in past literatures. Yet, the literatures originated from other developed countries such as Western developed countries.

The literatures of lesbian, gay, bisexual and transgender (LGBT) blossomed in Western developed countries over the past 30 years (Elliason, DeJoseph, Dibble & Chinn, 2012). From the earlier studies on LGBT as a psychological disorder and its treatments, then a removal of LGBT as an illness, to the studies of physical and psychological health issues of LGBT, improvement of professional health care and support for LGBT folks, motivation and barriers of seeking professional helps, rights of LGBT people and the education to the public for the openness and acceptance of LGBT culture (Elliason, DeJoseph, Dibble & Chinn, 2012). In consequence, LGBT individuals are able to live their lives in a more healthy and happy manner.

From the past researches, LGBT individuals are highly at risk to endure prejudice and discrimination from the community, family members, peers, colleagues and schoolmates (Bostwick, 2007; Herek, 2009). As a result, they are at risk to suffer from various psychological disparities such as depression, anxiety, substance abuse and panic disorder (Omoto & Kurtzman, 2006; Meyer, 2003; Cochran, Sullivan & Mays, 2003).

Worst still, social stigma further aggravates the present psychological health problems among LGBT people. For instance, societal stigma in the form of verbal and physical violence endured by LGBT individuals had resulted in LGBT individuals experienced symptoms of depression, anxiety and even post-traumatic stress (Herek, Gillis & Cogan, 1999). Some of the LGBT people suffered from homophobia as they internalized the negative views from the society to themselves (Eubanks-Carter, Burckell & Goldfried, 2005). This situation would definitely affect an LGBT individual psychological well-being.

Even though LGBT individuals endure psychological distress, not all of them accept to involve in counselling or reject to seek counselling even they are in need. This situation could lead to more serious psychological illnesses. Thus, it is important to identify the variables which are affecting their willingness to seek counselling. In addition, there were too little papers studied on LGBT individuals psychological well beings and the knowledge on helping local LGBT people remains scarce.

As a result, there is an alarming need for local researchers to project into LGBT issue as to improve psychological well being of LGBT folks and generate the

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minority group to positive assets for the nation. Hence, it is crucial to identify the types of psychological challenges faced by LGBT people, their attitudes towards help seeking and then to predict the willingness to seek counselling among them. Thus, counsellors can gain more understanding on LGBT groups and provide more beneficial counselling services for LGBT.

II. OBJECTIVES AND HYPOTHESES

Research Design

Since the research on psychological well being and the willingness to seek counseling among lesbian, gay, bisexual and transgender (LGBT) people is rather new, the main purpose of the study was to explore whether the psychological antecedents (psychological distress and attitudes towards seeking counselling) would be a predictor towards the willingness to seek counselling among LGBT individuals.

This study was a correlation research with the main objective of exploring the psychological antecedents would be a predictor towards the willingness to seek counselling among lesbian, gay, bisexual and transgender (LGBT) people. Here, seven null hypotheses are proposed:

H₀₁: There is no significant relationship between the overall psychological distress and the willingness to seek counselling among LGBT individuals.

H₀₂: There is no significant between the general feelings of distress and the willingness to seek counselling among LGBT individuals.

H₀₃: There is no significant relationship between the somatic distress and the willingness to seek counselling among LGBT individuals.

H₀₄: There is no significant relationship between the performance difficulties and the willingness to seek counselling among LGBT individuals.

H₀₅: There is no significant positive between the psychological distress and the attitudes towards seeking counselling among LGBT individuals.

H₀₆: There is no significant relationship between the attitudes towards seeking counselling and the willingness to seek counselling among LGBT individuals.

III. METHODOLOGY

Research Methods

This research was a quantitative survey with the purpose of gathering data on the status of lesbian, gay, bisexual and transgender (LGBT) which the status included opinions, demographics, beliefs, opinions and other variables (Wiersma, 1995). This study drew attention to the variables which were able to test the hypotheses. Moreover, the study was a correlation research where the associations of the variables were examined.

Sampling Method

Simple random sampling was used in the present study to ensure the equal and independent chance of being chosen as the sample (Ary, Jacobs, & Sorensen, 2008). For the randomization method, a population of 135 lesbian, gay, bisexual and transgender (LGBT) were identified. The population was identified from a few active LGBT group. Then, the randomization procedure was performed by using fish bowl technique to draw a total of 100 samples which the sample size was sufficient for the present study.

Instrumentation

The questionnaire of the study consisted four categories. The first category was the demographic questionnaire, the second category was to measure the psychological distress of lesbian, gay, bisexual and transgender (LGBT) respondents which consist of the Hopkins Symptom Checklist-21 (HSCL-21) by Green, Walkey, McCormick and Taylor (1988). Then, the third category was to measure the attitudes of LGBT individuals in seeking counselling by using the Attitudes towards Seeking Professional Psychological Help Scale-Short Form (ATSPPH-SF) by Fischer and Farina (1995) and the last category was to predict the willingness of LGBT individuals to seek counselling by using the Intentions to Seek Counselling Inventory (ISCI) by Cash, Begley, McCown, and Weise in (1975).

Procedures for Data Collection

First, formal letters of request to participate in the study were sent through electronic mails and facebook message to 100 lesbian, gay, bisexual or transgender (LGBT) samples. Each of the respondents was briefed with the purposes of the research and the confidentiality of their responses before they agreed to answer the questionnaire. Besides, the respondents were required to signed on the inform consent upon agreeing to become a respondent of the study. The willingness of participation was taken care. Thus, the willingness of LGBT individuals to participate in this study were respected and honoured. After completing the questionnaire, the respondents were required to send their answered questionnaire to the researcher through electronic mail. Moreover, the respondents were told not to reveal their name in order to ensure privacy.

Data Analysis

Descriptive Statistics was the first part of the statistical analysis which consisted of the entire calculations and interpretations of the data by using the SPSS frequencies and descriptive procedures. Next, to respond to the hypotheses proposed, the strength and the direction of relationship between variables were determined by calculating the correlation coefficients for each of the relationship. Here, the Pearson product moment correlation (r) was used as a parametric technique because the variables studied in the research was interval or ratio data in which

the data were normally distributed. This inferential statistics was applied to conclude the rejection or the acceptance of the tested null hypotheses and the level of statistical significance would be stated in the probability value (p). The null hypothesis would be rejected if the level of significance (α) is less than .05. Lastly, Simple Linear Regression was used to predict the best predictor variable towards the willingness to seek counselling among LGBT people.

IV. RESULTS

Descriptive Statistics

Demographic Information

The overall demographic data collected from this study is shown in Table 1. Based on Table 1, 69 males (69%) and 31 females (31%) were randomly selected for the study. The age of the subjects ranged from 18 to 34 years old which was a group of young adults. Subjects with 23 lesbian women (23%), 67 gay men (67%), 8 bisexual men and women (8%) and 2 transgender individuals (2%).

TABLE 1: DESCRIPTIVE STATISTICS ON DEMOGRAPHIC DATA

Demographic information	Frequency (n = 100)	Percentage (%)
Gender		
Male	69	69.0
Female	31	31.0
Age-group		
Adolescent (12-17)	0	0
Young Adult (18-34)	100	100.0
Middle Age (35-49)	0	0
Gender Identity		
Lesbian	23	23.0
Gay	67	67.0
Bisexual	8	8.0
Transgender	2	2.0
Marital status		
Single	100	100.00
Married	0	0
Divorced	0	0
Widowed	0	0
Education level		
Primary	2	2.0
Secondary	14	14.0
Tertiary	82	82.0
Others	2	2.0
Current involvement in counselling		
Yes	2	2.0
No	98	98.0
Previous involvement in counselling		
Yes	27	27.0
No	73	73.0

All of the subjects remained single for their marital status. 2.0% of the subjects received primary education (n=2), 14% of the subjects received secondary education (n=14), 82% of the subjects underwent tertiary education (n=82) and 2.0% remained unknown (n=2). Only 27% (n=27) of the subjects had been involved in counselling sessions previously, while 73 % (n=73) did not experienced counselling. Only 2 out of the 100 subjects (2%) were currently involved in counselling sessions, while 98 subjects (98%) did not currently involved in counselling sessions.

Major Variables

TABLE 2: DESCRIPTIVE STATISTICS ON MAJOR VARIABLES

Variables	Mean	Std. Deviation (SD)	Range	Min	Max
Psychological Distress ^a	38.53	10.86	45.00	21.00	66.00
General Feelings	13.82	5.33	20.00	7.00	27.00
Somatic	10.61	3.62	13.00	7.00	20.00
Performance	14.10	4.46	18.00	7.00	25.00
Difficulties Attitudes	24.51	3.42	20.00	12.00	32.00
Willingness	32.36	10.64	49.00	17.00	66.00

^a Overall levels of Psychological Distress scores were computed by of summation all three subscales scores to compute a total mean.

Refer to Table 2, the mean (M) score of the overall level of psychological distress for 100 respondents was 38.53 with standard deviation (SD) of 10.86 while the minimum and maximum scores are ranged between 21.00 and 66.00 respectively. Further breakdown of the three subscales of psychological distress showed that the mean score for performance difficulties ($M = 14.10$, $SD = 4.46$) recorded the highest among the three subscales of psychological distress followed by the general feelings of distress ($M = 13.82$, $SD = 5.33$) and lastly somatic distress ($M = 10.61$, $SD = 3.62$). Then, the mean score of the attitudes towards seeking professional help was 24.51 with standard deviation of 3.42 while the difference between the lowest (12.00) and highest (32.00) score is 20.00. Finally, the mean score of the willingness to seek counselling was 32.36 with standard deviation of 10.64 while the difference between the lowest (66.00) and highest (17.00) score is 49.00.

Inferential Statistics

The aim of the present study was to explore whether psychological antecedents could be a predictor towards the willingness to seek counselling among lesbian, gay, bisexual and transgender (LGBT) individuals. All six research hypotheses (H_{01} to H_{06}) were tested by using Pearson product moment correlation (r).

**Pearson Product Moment Correlation (r)
Hypothesis 1**

It was hypothesized that there is no significant relationship between the overall psychological distress and the willingness to seek counselling among LGBT individuals. Table 3 below presents the results of the Pearson product moment correlation.

TABLE 3: PEARSON CORRELATION BETWEEN PSYCHOLOGICAL DISTRESS AND WILLINGNESS TO SEEK COUNSELLING

			Willingness to Seek Counselling
Pearson Correlation	Psychological Distress	Correlation Coefficient	.245
		Sig. (1-tailed)	.007
		N	100

The Pearson correlation calculated was $r(100) = .245$ ($p < .05$). The positive correlation between the overall psychological distress and the willingness to seek counselling was statistically significant because the p is less than .05. Thus, the null hypothesis was rejected. There was a positive relationship between the overall psychological distress and the willingness to seek counselling. In other words, LGBT people who had higher psychological distress tended to be more willing to seek counselling. According Cohen (1988), the relationship was low. The r^2 indicated that approximately 6% of the variance in the willingness to seek counselling could be predicted from the overall psychological distress.

Hypothesis 2

It was hypothesized that there is no significant relationship between the general feelings of distress and the willingness to seek counselling among LGBT individuals. Table 4 below presents the results of the Pearson product moment correlation.

TABLE 4: PEARSON CORRELATION BETWEEN GENERAL FEELING OF DISTRESS AND WILLINGNESS TO SEEK COUNSELLING

			Willingness to Seek Counselling
Pearson Correlation	General Feeling Of Distress	Correlation Coefficient	.251
		Sig. (1-tailed)	.006
		N	100

The Pearson correlation calculated was $r(100) = .251$ ($p < .05$). The positive correlation between the general feelings of distress and the willingness to seek counselling was statistically significant because the p is less than .05. Thus, the null hypothesis was rejected. There was a positive relationship between the general feelings of distress and the willingness to seek counselling. In other words, LGBT people who had higher general feelings of distress were more willing to seek counselling. According Cohen (1988), the relationship was low. The r^2 indicated that

approximately 6.30% of the variance in the willingness to seek counselling could be predicted from the general feelings of distress.

Hypothesis 3

It was hypothesized that there is no significant relationship between the somatic distress and the willingness to seek counselling among LGBT individuals. Table 5 below presents the results of the Pearson product moment correlation.

The result showed that $r(100) = .075$ ($p > .05$). Thus, the positive correlation between the somatic distress and the willingness to seek counselling was not statistically significant because the p is more than .05 and the null hypothesis cannot be rejected. In other words, there was no statistically significant positive association between the somatic distress and the willingness to seek counselling among LGBT people. As a result, the somatic distress could not act as a predictor towards the willingness to seek counselling.

TABLE 5: PEARSON CORRELATION BETWEEN SOMATIC DISTRESS AND WILLINGNESS TO SEEK COUNSELLING

			Willingness to Seek Counselling
Pearson Correlation	Somatic Distress	Correlation Coefficient	.075
		Sig. (1-tailed)	.230
		N	100

Hypothesis 4

It was hypothesized that there is no significant relationship between the performance difficulties and the willingness to seek counselling among LGBT individuals. Table 6 below presents the results of the Pearson product moment correlation.

TABLE 6: PEARSON CORRELATION BETWEEN PERFORMANCE DIFFICULTIES AND WILLINGNESS TO SEEK COUNSELLING

			Willingness to Seek Counselling
Pearson Correlation	Performance Difficulties	Correlation Coefficient	.236
		Sig. (1-tailed)	.009
		N	100

The Pearson correlation calculated was $r(100) = .236$ ($p < .05$). The positive correlation between the performance difficulties and the willingness to seek counselling was statistically significant because the p is less than .05. Thus, the null hypothesis was rejected. There was a positive relationship between the performance difficulties and the willingness to seek counselling. When LGBT people had higher performance difficulties, they were more willing to seek counselling. According Cohen (1988), the relationship was low. The r^2 indicated that approximately 5.57% of the variance in the willingness to seek counselling could be predicted from the general feelings of distress.

Hypothesis 5

It was hypothesized that there is no significant relationship between the psychological distress and the attitudes towards seeking counselling among LGBT individuals. Table 7 below presents the results of the Pearson product moment correlation.

TABLE 7: PEARSON CORRELATION BETWEEN PSYCHOLOGICAL DISTRESS AND ATTITUDES TOWARD SEEKING COUNSELLING

			Attitude towards seeking Counselling
Pearson Correlation	Psychological Distress	Correlation Coefficient	.145
		Sig. (1-tailed)	.075
		N	100

The result showed that $r(100) = .145$ ($p > .05$). Thus, the positive correlation between the psychological distress and the attitudes towards seeking counselling was not statistically significant because the p is more than .05 and the null hypothesis cannot be rejected. In other words, there was no statistically significant positive association between psychological distress and the attitudes towards seeking counselling among LGBT people.

Hypothesis 6

It was hypothesized that there is no significant relationship between the attitudes towards seeking counselling and the willingness to seek counselling among LGBT individuals. Table 8 below presents the results of the Pearson product moment correlation.

TABLE 8: PEARSON CORRELATION BETWEEN ATTITUDES TOWARD SEEKING COUNSELLING AND WILLINGNESS TO SEEK COUNSELLING

			Willingness to Seek Counselling
Pearson Correlation	Attitude towards Seeking Counselling	Correlation Coefficient	.299
		Sig. (1-tailed)	.001
		N	100

The Pearson correlation calculated was $r(100) = .299$ ($p < .05$). The positive correlation between the attitudes toward seeking counselling and the willingness to seek counselling was statistically significant because the p is less than .05. Thus, the null hypothesis was rejected. There was a positive relationship between the attitudes toward seeking counselling and the willingness to seek counselling. As LGBT people who had more positive attitudes toward seeking counselling, they tended to be more willing to seek counselling. According Cohen (1988), the relationship was low. The r^2 indicated that approximately 8.94% of the variance in the willingness to seek counselling could be predicted from the attitudes toward seeking counselling.

Simple Linear Regression

Simple Linear Regression was used to analyse how well the psychological factors would be a predictor towards the willingness to seek counselling among lesbian, gay, bisexual and transgender (LGBT) individuals. Here, the psychological factors were listed in Table 9.

TABLE 9: PSYCHOLOGICAL FACTORS

Factor	Variable
Factor I:	General feeling of distress
Factor II:	Somatic distress
Factor III:	Performance difficulties
Factor IV:	Attitude towards seeking counselling

(REFER TABLE 10 AT PAGE 25)

A Simple Linear Regression was conducted to investigate the best predictors of the willingness to seek counselling among LGBT people. The means, standard deviations, and inter-correlations can be found in Table 10. The combination of variables to predict the willingness to seek counselling from factor I, II, III and IV was statistically significant, $F(4, 99) = 4.32$, $p < .05$. The beta coefficients are presented in Table 4.11. The highest score in factor IV, the attitude towards seeking counselling was significantly predicted the willingness to seek counselling when all four factors were included. The adjusted R^2 value was .154. This indicated that 15.4% of the variance in the willingness to seek counselling was explained by the model. According to Cohen (1988), this is a low effect.

TABLE 11: SIMPLE LINEAR REGRESSION ANALYSIS SUMMARY FOR FACTOR I, II, III AND IV IN PREDICTING THE WILLINGNESS TO SEEK COUNSELLING (N=100)

Variable	B	SEB	β
Factor I	.094	.265	.047
Factor II	-.221	.306	-.075
Factor III	.577	.322	.242
Factor IV	.944	.313	.303**
Constant	2.146	8.22	
		6	

Dependent Variable: Willingness to seek counselling
Note. $R^2 = .154$; $F(4, 99) = 4.32$, $p < .05$, $**p < .01$

In support of the hypothesis that the overall level of psychological distress was significantly positive related with the willingness to seek counselling, findings indicated that the two subscales of psychological distress which were the general feelings of distress and the performance difficulties were positively related with the willingness to seek counselling, yet, the third subscale which was the somatic stress was not significantly positive related to the willingness to seek counselling. In addition, results also demonstrated the attitude towards seeking counselling was significantly positive related to the willingness to seek counselling and the attitude towards seeking counselling was the best predictor to predict the willingness to seek counselling among LGBT individuals.

TABLE 10: MEAN, STANDARD DEVIATION, AND INTER-CORRELATIONS FOR WILLINGNESS TO SEEK COUNSELLING AND PREDICTORS VARIABLES (N=100)

Variable	M	SD	Factor I	Factor II	Factor III	Factor IV
Willingness to seek counselling	32.36	10.64	.251**	.075	.236**	.299**
Predictor variable						
Factor I	13.82	5.33	--	.318**	.660**	.226*
Factor II	10.61	3.62		--	.399**	.127
Factor III	14.10	4.46			--	-.021
Factor IV	24.51	3.42				--

V. DISCUSSION, CONCLUSION AND IMPLICATION

The result of study showed mean scores of the psychological distress in the present study were lower (M=38.53) than the mean scores of past researches on general population (Aghanwa, Walkey & Tylor, 2003), which was surprising at the first glance. This finding was not consistent with the result from past researches (Meyer, 2003) which stated that the psychological distress of lesbian, gay, bisexual and transgender (LGBT) people was higher than general groups. This situation could be explained by assuming that LGBT people refused disclose their psychological distress due to fear of being discriminated and stigmatized (Fredriksen, 1999).

The mean scores of the attitudes towards seeking professional psychological help were lower (M=24.51) than the mean scores of the past researches in general population (Elhai et al., 2008). This scenario was explained by the impact of Asian cultural values on professional psychological help seeking and perceptions towards minority groups. Asians have more negative attitudes towards seeking professional psychological help, thus they tended to deny and suppress the emotion to avoid the culture stigmatization of mental illness (Komiya, Good & Sherrod, 2000). Worst still, being in society which had less acceptant towards lesbian, gay, bisexual and transgender (LGBT) culture, the attitude of LGBT individuals towards professional psychological help was affected (Baba, 2001).

The results from the present study indicated lesbian, gay, bisexual and transgender (LGBT) people who have higher level of the overall psychological distress were more willing to seek for counselling. The subscales which were the general feelings of distress and the performance difficulties also showed significant positive relationship with the willingness to seek counselling. However, all the strength of the relationships was low.

Today, psychological health problems among lesbian, gay, bisexual, and transgender (LGBT) people remained unclear in society. Meanwhile, past researches in Western society showed that the risk of psychological disparities among LGBT people was higher because of their prolonged experience to behaviours of violence, prejudice and discrimination which related to stressors from the community with anti-LGBT attitudes (Meyer, 2003). The

impacts of these experiences became worse for LGBT individuals because of the scarce psychological health

services available (Baba, 2001). Moreover, LGBT people neglected to seek for professional psychological help might also due to the societal norm of heterosexually oriented service systems (Eliaison & Hughes, 2004; Gamm, Stone & Pittman, 2003). As a result, the dominant heterosexual culture in society had caused the willingness to seek counselling among LGBT individuals was low even though they were enduring psychological distress or disorders.

Here, the barriers of LGBT people in seeking counselling were further discussed. The four major level of barriers identified which were: a) discrimination and intolerance; b) individual barrier; c) organizational barrier; and d) policy barrier (Coon, 2003).

First, discrimination and intolerance occurred in society where no legal protections for LGBT individuals. In consequence, LGBT people lived in the society with fright of prejudice and intolerance, unemployment/ low employment and stigmatization which blocked them from seeking professional psychological help (Fredriksen, 1999). Furthermore, LGBT individuals shielded themselves from assessing to any type of professional psychological help as to defend themselves although they might need to consider to the appropriate information on physical and psychological health (Coon, 2003). Truthfully, LGBT people felt very vulnerable to be discriminated and hated which resulted in societal loneliness. According to Greene (1994), LGBT individuals were living in a society where the dominant heterosexual people possessed negative perceptions on them that led to double, triple or even more risk of being stereotyped if they revealed their genuine gender identity.

Next, LGBT people were shaped by the societal views and values in heterosexual society could lead to internalized homophobia (Meyer & Dean, 1998), a condition which LGBT people had negative perceptions and attitudes on their gender identities, further affected their behaviour on professional psychological help seeking. Some LGBT individuals struggled hard to redefine themselves and manage their families and friends who recognized them as their natural genders, and this process of 'coming-out' was very overwhelming and stressful (Matteson, 1996). Coming out was a personal choice for LGBT individuals which could bring both constructive and destructive impacts to themselves (Coon, 2003). As a result, most LGBT people chose to remain unrevealed (Coon, 2003) of their real gender identities which further affected their willingness to seek counselling.

In society, LGBT people experienced multiple organizational barriers in seeking counselling. For instance, insurance agencies and health care centres in society based on the discrimination policy, they viewed that LGBT 'coming-out' process with the aid of professional psychological help was discouraging (Kauth, Hartwig & Kalichman, 2000; Phillips & Fischer, 1998). These organizations also added financial and psychological burdens to LGBT people who had domestic partners because these organizations could not provide any benefits for their partners (Coon, 2003). If their partners were sent to health care centres under long term treatments, LGBT partners were refused by the organization to pay visitation (Coon, 2008). In consequence, LGBT people decided to remain closeted with the genuine gender identity to continue enjoying the benefits from insurance agencies and health care services, thus, this became a barrier from them to seek counselling for help.

The study focused on the exploration of psychological well being of lesbian, gay, bisexual and transgender (LGBT) folks and further predicted their willingness to seek counselling. Thus, the finding is important for professional helpers in understanding the unique psychological challenges faced by LGBT folks and identifying their willingness in seeking counselling. Hence, counsellors could better equip themselves in providing counselling to LGBT individuals.

It is important for counsellor to further understand the attitudes and the intention of LGBT individuals in seeking counselling. Hence, counsellors discover more approaches in utilizing counselling services for the benefit of LGBT individuals. Although there were organizations providing counselling services for LGBT people such as PT foundation, but the response from LGBT people was not consistent. Thus, the findings help the organizations that concern of the well beings of LGBT folks to understand the attitudes and intentions to seek counselling among LGBT people.

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