

Hyper Independence as a Barrier to Seeking Psychological Help Among Working Female University Students

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ABSTRACT

This study explored hyper independence as a barrier to seeking psychological help among part-time working female university students at the University of Karachi. Hyper independence refers to an excessive reliance on oneself and a strong resistance to seeking help from others, even when it is genuinely needed. The study examined how this tendency relates to the self-stigma individuals feel when considering seeking professional psychological help. A cross-sectional correlational design was used with a sample of 102 working female university students. Two validated instruments were used: The Hyper Independence Questionnaire (HIQ) and the Self-Stigma of Seeking Help Scale (SSOSH) [1,2]. Pearson correlation analysis revealed a statistically significant positive relationship between hyper independence and self-stigma of seeking help ($r = .503, p < .001$). Simple linear regression confirmed that hyper independence significantly predicted self-stigma of seeking help, accounting for 25.3% of the variance in SSOSH scores ($R^2 = .253, F(1, 100) = 33.844, p < .001$). Both scales demonstrated strong internal consistency (Cronbach's $\alpha = .943$ and $.824$, respectively). These findings suggest that working female university students who are more hyper independent are also more likely to feel stigmatized about seeking professional psychological help. Implications for mental health services in Pakistani university settings are discussed.

Keywords: Hyper Independence; Self-Stigma; Help Seeking; Working Female University Students; Psychological Services; Pakistan

INTRODUCTION

Mental health challenges among university students have become a growing concern globally. Despite the availability of psychological services, a large number of individuals who are struggling emotionally never reach out for professional help. Research has consistently found that fewer than 40% of people with identifiable mental health difficulties seek any kind of professional support [3]. Among those who do not seek help, stigma has been identified as one of the most significant barriers, particularly the internalized belief that seeking help reflects personal weakness or failure [2,4].

In Pakistan, cultural expectations around self-reliance, privacy, and emotional strength make this issue even more pronounced. Research specifically examining Pakistani women has found that low mental health literacy, stigma, and a lack of culturally informed services are among the most consistent barriers to seeking psychological care [5]. Female university students who are also working part time represent a group that faces a unique combination of pressures. They are managing academic demands, professional responsibilities, financial

constraints, and social expectations all at once. Over time, this kind of lifestyle can push a person toward doing everything alone, not out of choice, but out of necessity. This pattern is what researchers refer to as hyper independence, and it goes far beyond healthy self-reliance [1].

Hyper independence is the tendency to refuse support from others, handle all problems independently, and feel deeply uncomfortable when depending on anyone else. When hyper independent individuals face emotional or psychological difficulties, they are unlikely to seek professional help because doing so feels like an admission of weakness. This connects directly to the concept of self-stigma, which refers to the reduction in self-worth and self-confidence that a person anticipates if they were to seek psychological help [2].

While the relationship between self-stigma and help seeking has been well studied in Western contexts, the specific role of hyper independence as a barrier in this relationship has received much less attention in Pakistan. A systematic review of barriers to mental health care in Pakistan found that stigma, self-reliance, and cultural norms were among the most

commonly reported obstacles to seeking help [7]. This study examines whether hyper independence is associated with greater self-stigma of seeking psychological help among working female university students at the University of Karachi.

Theoretical Framework

This study draws on two theoretical perspectives. The first is Corrigan's Self-Stigma Model, which explains how individuals internalize negative societal beliefs about mental illness and help seeking [4]. When a person becomes aware that seeking psychological help is viewed negatively by others, they may begin to apply those beliefs to themselves. This self-stigmatization reduces self-esteem and willingness to seek help. Vogel extended this framework by demonstrating that self-stigma is a distinct construct that uniquely predicts help seeking attitudes and intentions, even after controlling for other known barriers [2].

The second perspective is Bandura's Social Cognitive Theory, which highlights the role of self-efficacy beliefs in shaping behavior. Hyper independent individuals hold very strong beliefs in their own ability to manage all challenges independently [6]. When they face difficulties they cannot resolve alone, this belief is threatened. Rather than seeking help, which would feel inconsistent with their self-image, they may experience heightened self-stigmatizing thoughts that further prevent them from reaching out. Together, these two frameworks explain the psychological pathway through which hyper independence amplifies self-stigma and creates a barrier to help seeking.

Research Objectives

This study had the following objectives:

1. To examine the relationship between hyper independence and self-stigma of seeking psychological help among working female university students.
2. To determine whether hyper independence significantly predicts self-stigma of seeking psychological help.
3. To describe the demographic profile of working female university students in relation to their help seeking history.

Hypotheses

H1: There will be a significant positive relationship between hyper independence and self-stigma of seeking psychological help among working female university students.

H2: Hyper independence will significantly predict self-stigma of seeking psychological help among working female university students.

LITERATURE REVIEW

Hyper Independence as a Psychological Construct

Hyper independence refers to an excessive and often rigid reliance on oneself, accompanied by a strong resistance to accepting help or support from others, even when such support is appropriate and available [1]. It is important to distinguish hyper independence from healthy independence. A healthily

independent person can look after themselves effectively while also recognizing when they need help and feeling comfortable seeking it. A hyper independent person, by contrast, finds depending on others deeply uncomfortable and may go to considerable lengths to avoid it, regardless of the difficulty of their circumstances.

Askaree conducted a study among university students in Pakistan and found that hyper independence was significantly and positively correlated with childhood trauma, particularly emotional neglect and parentification ($r = .36, p < .01$) [1]. Their findings suggested that hyper independence often develops as a coping mechanism in individuals who learned early in life that depending on others was unsafe or unreliable. This learning becomes deeply embedded and persists into adulthood, showing up as a consistent pattern of avoiding help and managing everything alone.

Pal and Hasan explored the relationship between hyper independence, attachment avoidance, and internalized shame among young adults. Their findings revealed that hyper independence was significantly correlated with elevated levels of both attachment avoidance and internalized shame, suggesting that what may appear on the surface as self-sufficiency often functions as a defensive psychological posture against deep-seated relational fears. This research highlights the maladaptive nature of hyper independence and its role in creating barriers to genuine connection and support seeking [8].

Mikulincer and Shaver similarly found that individuals with avoidant attachment styles, which overlap considerably with hyper independence, consistently show lower rates of help seeking and greater discomfort with vulnerability. These findings suggest that hyper independence is not simply a personality preference but a deeply ingrained psychological pattern with real consequences for how people manage their difficulties [9].

In the context of working female university students, hyper independence may develop or become reinforced through the experience of managing academic and professional demands simultaneously. Students who work part time often have little room for error and must constantly self-manage. Over time, this can solidify a pattern of doing everything alone and feeling that asking for help is simply not an option [10]. For female students in Pakistan, this tendency may be further reinforced by cultural expectations that women should be strong and capable without complaint.

Self-Stigma of Seeking Psychological Help

Corrigan made an important distinction between public stigma and self-stigma in the context of mental health. Public stigma refers to the negative attitude's society holds toward people who seek mental health services [4]. Self-stigma is what happens when an individual internalizes those negative attitudes and applies them to themselves. A person experiencing self-stigma might feel that seeking help makes them weak or inferior, even if they would never think that about someone else in the same situation.

Vogel, Wade, and Haake developed the Self-Stigma of Seeking Help Scale (SSOSH) to measure this construct directly [2]. Across five studies involving more than 2,000 participants, they demonstrated that self-stigma was a significant and unique predictor of attitudes toward seeking help and of actual help seeking intentions, even after controlling for public stigma and other relevant variables. Their work established self-stigma as a construct that is both distinct from public stigma and more directly powerful in its effect on individual help seeking decisions.

Corrigan and Wassel further demonstrated that people who experience higher self-stigma are significantly less likely to engage with mental health services, even when they recognize they are struggling and help is available [11]. For someone who already places high value on self-sufficiency, this psychological cost feels even greater, making the combined effect of hyper independence and self-stigma particularly significant.

In Pakistani and other South Asian cultural contexts, self-stigma related to help seeking is often intensified by collectivist values that emphasize family honor, emotional privacy, and appearing strong in public [12,13]. Research in Pakistan has consistently identified stigma as one of the primary reasons people do not seek mental health services, even when experiencing serious difficulties [7].

Help Seeking Among University Students

University students are generally considered a high-risk group for mental health difficulties due to the combined pressures of academic demands, social transitions, and financial stress [10]. Despite this vulnerability, university students are among the groups least likely to seek professional psychological help. Andrews found that fewer than 40% of individuals with diagnosable mental health conditions seek any professional help at all [3].

Multiple barriers to help seeking have been identified, including concerns about confidentiality, a desire to handle problems independently, and stigma [4,14]. Recent research by Yang among college students found that self-stigma of seeking help significantly mediated the relationship between mental health literacy and actual help seeking behavior, further underscoring the central role that self-stigma plays in preventing students from accessing psychological support. Self-stigma has consistently emerged as one of the most powerful predictors of reduced help seeking, particularly among individuals who place high value on self-reliance [15]. Working university students face additional barriers, as the repeated experience of managing employment alongside academic demands may strengthen hyper independent tendencies over time [1].

Guenther found in a cross-sectional survey that many university students who experienced significant mental health difficulties still did not seek professional help, with personal barriers such as self-reliance and stigma being among the most commonly reported reasons. These findings highlight the persistent gap between need and help seeking behavior in university populations [16].

Mental Health Help Seeking Among Pakistani Women

Research specifically examining help seeking behavior among Pakistani women has consistently found that cultural stigma, self-reliance, and fear of damaged reputation are the most prominent barriers to accessing psychological care. Casier conducted a qualitative study with young Pakistani women experiencing severe mental health difficulties and found that internalized stigma, driven by cultural expectations and fear of social judgment, was the central barrier to seeking help [5]. Participants described a deep tension between knowing they needed support and feeling that seeking it would reflect poorly on them and their families.

Choudhry conducted a systematic review of barriers and facilitators to mental health care in Pakistan and found that stigma was the most consistently reported barrier across all studies reviewed [7]. The review highlighted that women in particular faced compounded barriers due to gender role expectations, which discouraged the expression of emotional vulnerability and reinforced the cultural ideal of silent endurance. These findings are directly relevant to the present study, which examines how these culturally embedded patterns of self-reliance manifest as hyper independence and contribute to self-stigma of help seeking.

Gender and Help Seeking

Research has generally found that women are more willing than men to seek psychological help, which has been attributed to gender role socialization [17]. However, this finding does not apply uniformly across all cultural contexts. In societies where female strength and self-sacrifice are culturally valued, women may face just as much pressure as men to manage difficulties independently and avoid appearing vulnerable.

Addis and Mahalik argued that both masculine and feminine gender roles can discourage help seeking under certain conditions [17]. For women who have internalized values of self-sufficiency through cultural socialization or work experience, the self-stigma associated with seeking help may be just as powerful a barrier as it is for men. Working female university students, whose dual identity as students and employees creates particular expectations around competence and self-reliance, represent a highly relevant population for studying this relationship.

Summary and Research Gap

The literature reviewed above establishes that self-stigma is a significant barrier to psychological help seeking and that hyper independence is a meaningful psychological tendency with real consequences for how individuals manage difficulties. Research on Pakistani women specifically confirms that cultural norms and internalized stigma create serious obstacles to seeking mental health support [5,7]. However, very little research has directly examined the relationship between hyper independence and self-stigma of seeking help, particularly among working female university students in Pakistan. The present study addresses this gap.

MATERIALS AND METHODS

Research Design

This study used a quantitative cross-sectional correlational research design. This design examines the relationship between variables at a single point in time without manipulation [18]. It was chosen because it is well suited to the objectives of this study and allows for efficient data collection within a defined timeframe.

Participants

The sample consisted of 102 female university students who were also engaged in part-time employment, recruited from various universities through online platforms. A total of 104 individuals responded to the questionnaire, but two did not provide consent and were excluded, leaving a final valid sample of $N = 102$. Participants ranged in age from 18 to 27 years, with the majority in the 21 to 23 age group (42.2%). Most participants were single (96.1%). The most common form of part-time work was online freelancing (38.2%), followed by tutoring and teaching (32.4%) and office or corporate employment (22.5%). A notable finding was that 76.5% of participants had never sought help from a mental health professional.

Sampling Procedure

Participants were recruited using convenience sampling. The online questionnaire was distributed through WhatsApp groups, social media platforms, and personal networks. Convenience sampling was chosen for its practicality in reaching the target population within the constraints of this study. While this method limits the generalizability of findings, it is widely accepted in undergraduate research [18].

Inclusion and Exclusion Criteria

Participants were required to meet the following inclusion criteria: currently enrolled as a female undergraduate student, engaged in part-time employment at the time of data collection, aged between 18 and 27 years, and able to read and understand English. Individuals who did not provide informed consent or who were not working part time were excluded from the study.

Instruments

Two validated self-report instruments were used to collect data for this study.

Hyper Independence Questionnaire (HIQ). The HIQ is a 25-item self-report questionnaire developed to measure hyper independent tendencies among university students. Items are rated on a five-point Likert scale from 1 (Strongly Disagree) to 5 (Strongly Agree), with higher scores indicating greater hyper independence. Possible scores range from 25 to 125. The scale was developed and validated with a Pakistani university student sample, making it particularly appropriate for the present study.

A sample item is: 'I prefer to handle my problems on my own rather than seek help from others.' In the present study, the HIQ demonstrated excellent internal consistency (Cronbach's $\alpha = .943$) [1].

Self-Stigma of Seeking Help Scale (SSOSH). The SSOSH is a validated 10-item scale that measures the degree to which a person anticipates that seeking psychological help would negatively affect their self-worth, self-confidence, and sense of personal value. Items are rated on a five-point Likert scale from 1 (Strongly Disagree) to 5 (Strongly Agree), with higher scores indicating greater self-stigma. Possible scores range from 10 to 50. The scale has demonstrated strong psychometric properties across multiple studies, with internal consistency estimates ranging from .86 to .91. A sample item is: 'I would feel inadequate if I went to a therapist for psychological help.' In the present study, the SSOSH demonstrated good internal consistency (Cronbach's $\alpha = .824$) [2].

Procedure

This study was conducted in accordance with the ethical guidelines of the American Psychological Association [19]. Informed consent was obtained from all participants prior to data collection. Participation was voluntary and anonymous, and participants were informed of their right to withdraw from the study at any time without penalty. An online questionnaire was created using Google Forms and distributed through WhatsApp groups and social media platforms. The first page contained a full informed consent statement. Only participants who agreed to the consent statement were permitted to proceed. Data collection took place over approximately two weeks.

Data Analysis

Data were analyzed using Python (version 3.11) with the SciPy and NumPy statistical libraries. Descriptive statistics including frequencies, percentages, means (M), and standard deviations (SD) were computed to summarize the sample and scale scores. Cronbach's α was calculated to assess internal consistency. Prior to inferential analyses, data were screened for violations of statistical assumptions. Preliminary analyses confirmed that the data met the assumptions of linearity and homoscedasticity. Pearson product-moment correlation was conducted to examine the relationship between hyper independence and self-stigma of seeking help. Simple linear regression was then conducted to determine whether hyper independence significantly predicted self-stigma of seeking help. The alpha level for all analyses was set at .05.

RESULTS

Demographic Characteristics

The final sample consisted of 102 working female university students. Table 1 presents the full demographic profile of the sample.

	Variable	n	%
Age	18-20 years	38	37.3
	21-23 years	43	42.2
	24-26 years	19	18.6
	27 years and above	2	2
Current Semester	1st-2nd semester	18	17.6
	3rd-4th semester	26	25.5
	5th-6th semester	28	27.5
	7th-8th semester	30	29.4
Marital Status	Single	98	96.1
	Married	2	2
Type of Part-Time Work	Online Freelancing	39	38.2
	Tutoring/Teaching	33	32.4
	Office/Corporate Job	23	22.5
	Retail/Service	6	5.9
	Other	1	1
Previously Sought Mental Health Help	No	78	76.5
	Yes	24	23.5

Table 1: Demographic Characteristics of the Sample (N = 102)

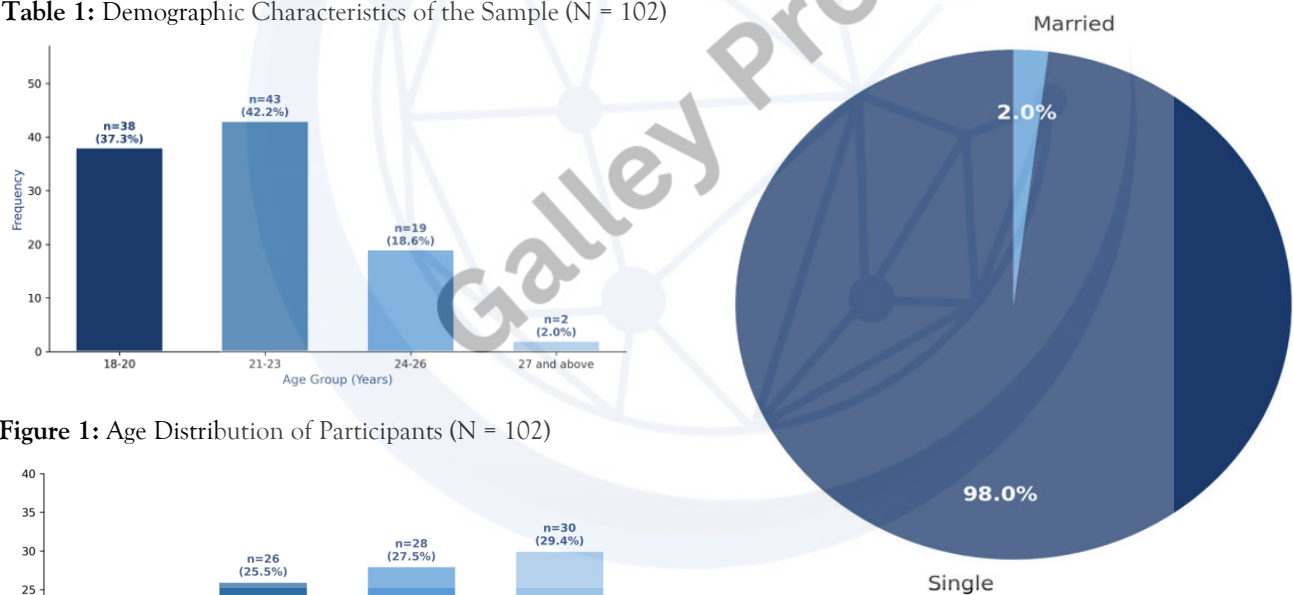


Figure 1: Age Distribution of Participants (N = 102)

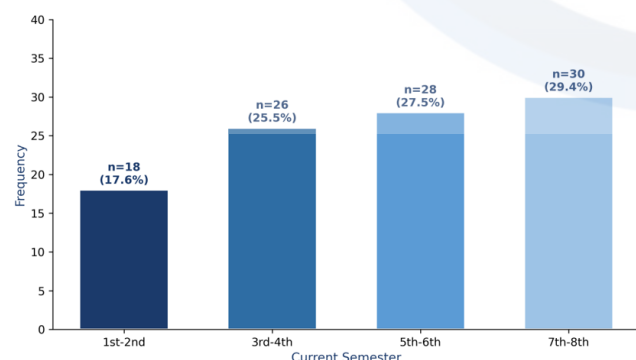


Figure 2: Semester Distribution of Participants

Figure 3: Marital Status of Participants

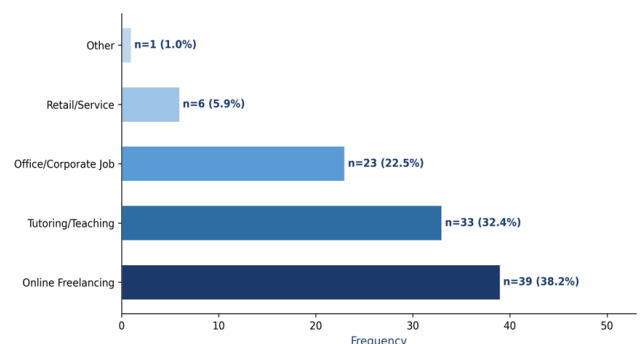


Figure 4: Type of Part-Time Work Reported by Participants

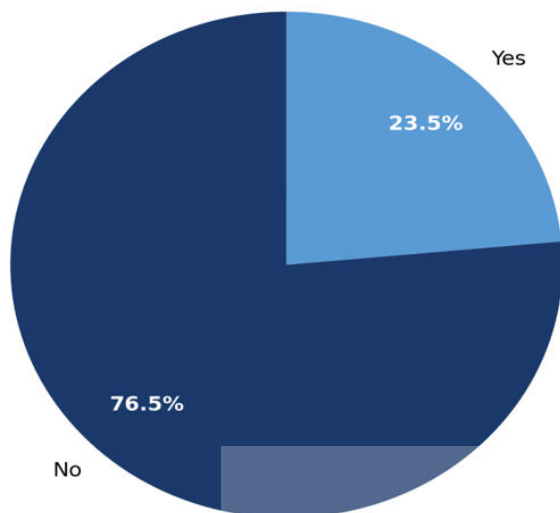


Figure 5: Proportion of Participants Who Had Previously Sought Mental Health Help

Descriptive Statistics for Scale Scores

Table 2 presents the descriptive statistics for scores on the HIQ and SSOSH

Scale	M	SD	Min	Max
Hyper Independence Questionnaire (HIQ)	103.75	14.56	26	125
Self-Stigma of Seeking Help (SSOSH)	35.19	6.64	21	50

Table 2: Descriptive Statistics for HIQ and SSOSH Scores (N = 102)

Note: HIQ possible range = 25–125; SSOSH possible range = 10–50. Higher scores indicate greater hyper independence and greater self-stigma, respectively.

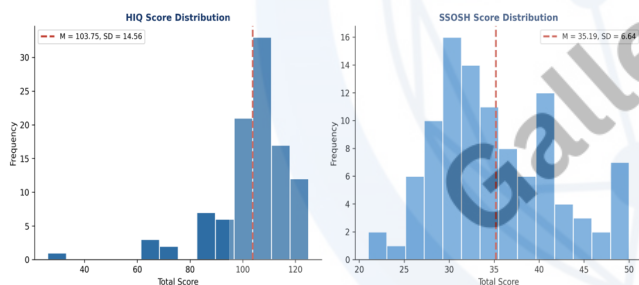


Figure 6: Distribution Of HIQ And SSOSH Scores Among Participants

Reliability Analysis

The internal consistency of both scales was assessed using Cronbach’s α . The HIQ demonstrated excellent internal consistency (Cronbach’s $\alpha = .943$), and the SSOSH demonstrated good internal consistency (Cronbach’s $\alpha = .824$). Both values exceed the commonly accepted minimum threshold of .70, confirming that both instruments produced reliable measurements in this sample. Table 3 presents the reliability results [20].

Scale	No. of Items	Cronbach’s α
Hyper Independence Questionnaire (HIQ)	25	0.943
Self-Stigma of Seeking Help (SSOSH)	10	0.824

Table 3: Internal Consistency Reliability of the HIQ and SSOSH

Hypothesis 1: Pearson Correlation Analysis

A Pearson product-moment correlation was conducted to examine the relationship between hyper independence and self-stigma of seeking psychological help. Results revealed a

statistically significant positive moderate correlation, $r(100) = .503, p < .001$. This indicates that working female university students who reported higher levels of hyper independence also reported significantly greater self-stigma when considering seeking professional psychological help. Hypothesis 1 was supported. Table 4 presents the correlation results.

Variables	r	p
Hyper Independence × Self-Stigma of Seeking Help	0.503	< 0.001

Table 4: Pearson Correlation Between Hyper Independence and Self-Stigma of Seeking Help

Note: N = 102. Two-tailed test of significance

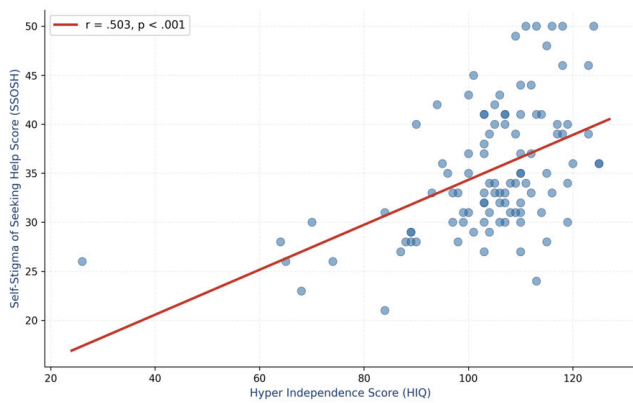


Figure 7: Scatter Plot Showing the Positive Correlation Between HIQ And SSOSH Scores ($R = .503, P < .001$)

Predictor	B	SE	β	t	p
Hyper Independence	0.229	0.039	0.503	5.818	< .001

Table 5: Simple Linear Regression: Hyper Independence Predicting Self-Stigma of Seeking Help

Note: N = 102. $R^2 = .253$; $F(1, 100) = 33.844, p < .001$; 95%CI for B [.152, .307]

DISCUSSION

This study set out to examine whether hyper independence functions as a psychological barrier to seeking help among working female university students in Pakistan. The findings provide clear and consistent support for both study hypotheses and contribute meaningfully to the literature on help seeking barriers in non-Western cultural contexts.

Hyper Independence and Self-Stigma of Seeking Help

The significant positive correlation found between hyper independence and self-stigma of seeking psychological help ($r = .503, p < .001$) confirms that working female university students who are more hyper independent also experience greater self-stigma when it comes to seeking professional help. This is consistent with Corrigan’s Self-Stigma Model. If a person has deeply internalized the belief that they must manage everything independently, the idea of seeking help is likely to feel threatening to their sense of self. Vogel demonstrated that self-stigma often operates through exactly this kind of self-threat, where individuals anticipate feeling inadequate or inferior if they were to seek psychological support [2,4].

This finding also aligns with Social Cognitive Theory, Hyper independent individuals hold very strong beliefs in their own ability to handle challenges without external support [6]. When they face difficulties they cannot resolve alone, seeking help challenges this self-belief. Rather than adjusting their self-concept, they may experience heightened self-stigma as a way of maintaining the belief that needing help is unacceptable. The present finding extends the work of Askaree and Pal and Hasan, both of whom identified hyper independence as a psychological pattern with significant implications for how individuals relate to support and vulnerability [1,8].

Hypothesis 2: Simple Linear Regression Analysis

A simple linear regression analysis was conducted to determine whether hyper independence significantly predicted self-stigma of seeking psychological help. The overall regression model was statistically significant, $F(1, 100) = 33.844, p < .001$. Hyper independence accounted for 25.3% of the variance in SSOSH scores ($R^2 = .253$). For every one-unit increase in hyper independence score, self-stigma of seeking help increased by .229 units ($B = .229, SE = .039, 95\% CI [.152, .307], \beta = .503, t = 5.818, p < .001$). Hypothesis 2 was supported. Table 5 presents the full regression results.

Hyper Independence as a Predictor of Self-Stigma

The regression results showed that hyper independence accounted for 25.3% of the variance in self-stigma of seeking help scores ($R^2 = .253, F(1, 100) = 33.844, p < .001$). This is a meaningful proportion of explained variance for a single predictor, particularly given that self-stigma is shaped by a range of individual, social, and cultural factors. Yang similarly found that stigma of seeking help was a significant mediator in the relationship between mental health literacy and actual help seeking behavior among college students, further supporting the central role that self-stigma plays in discouraging individuals from accessing psychological support. This finding suggests that interventions specifically targeting hyper independent beliefs may be an effective way to reduce self-stigma and improve help seeking in this population [15].

Cultural and Contextual Considerations

The finding that 76.5% of participants had never sought help from a mental health professional is striking and underscores the relevance of this study. In the Pakistani context, this pattern reflects deeply rooted cultural norms around emotional privacy, self-reliance, and the stigmatization of mental health difficulties. Choudhry identified stigma and cultural norms around self-reliance as the most consistently reported barriers to mental health care access across Pakistani studies, findings that are directly consistent with the results of the present study [7]. Causier specifically noted that young Pakistani women experience internalized stigma driven by fear of damaged reputation and cultural expectations around emotional strength, creating a double barrier to seeking help [5].

The diversity of work types reported by participants, with online freelancing being the most common (38.2%), is also noteworthy. Online freelancing is a particularly self-directed form of employment that rewards individual effort and self-management. Sustained engagement in this kind of work may reinforce hyper independent tendencies over time.

LIMITATIONS

Several limitations should be considered when interpreting these findings. First, the use of convenience sampling means that results may not be fully generalizable to working female university students at other institutions or in other cultural contexts. The relatively small sample size further limits generalizability, and future studies with larger and more diverse samples would provide stronger evidence. Second, all data were collected through self-report measures, which are vulnerable to social desirability bias. Third, the cross-sectional design does not allow for causal conclusions. While hyper independence and self-stigma are significantly related and hyper independence predicts self-stigma, causal claims cannot be made from these data alone. Longitudinal research would be needed to examine this question more rigorously. Fourth, the study did not control for other variables that may influence self-stigma, such as prior experience with mental health services, current levels of psychological distress, or attachment style.

CONCLUSION

This study provides clear empirical evidence that hyper independence is a meaningful psychological barrier to seeking help among working female university students in Pakistan. A significant positive relationship was found between hyper independence and self-stigma of seeking psychological help, and hyper independence emerged as a significant predictor of self-stigma, accounting for 25.3% of the variance in SSOSH scores. These findings are consistent with broader research on help seeking barriers among Pakistani women Choudhry and add to this literature by identifying hyper independence as a specific psychological mechanism through which cultural norms around self-reliance translate into self-stigma [5,7].

Universities should consider developing mental health awareness programs that are sensitive to the specific pressures faced by working female students. Programs that address hyper independence directly, help students recognize when self-reliance has become a barrier to their own well-being, and normalize the act of seeking professional help could make a meaningful difference. Peer support initiatives and awareness campaigns that frame help seeking as a sign of self-awareness and courage, rather than weakness, may also help shift cultural attitudes and reduce self-stigma.

Future research should build on these findings by examining the relationship between hyper independence and actual help seeking behavior using behavioral measures alongside attitudinal scales. Research with larger and more diverse samples drawn from multiple universities across Pakistan would strengthen the generalizability of the findings. Longitudinal studies examining how hyper independence and self-stigma develop and change over time would also be a valuable contribution to this growing area of research.

In closing, this study makes a meaningful contribution to the psychological literature on help seeking barriers by identifying hyper independence as a distinct and significant predictor of self-stigma among working female university students in Pakistan. The findings highlight the importance of developing

culturally sensitive mental health interventions that genuinely address the psychological realities of this population.

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