

Psychological Help Seeking

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Sex, Attitudes, Prior Experience and Distress in Seeking Professional Psychological Help

Psychology 1B Lab Report

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Abstract

This study looks at sex differences, prior experience and psychological distress towards attitudes in seeking professional psychological help (attitude). A sample of 262 adult participants, (133 females, 129 males) completed both the Brief Symptom Inventory, BSI, (Derogatis & Spencer, 1982) and attitude scales, ATSPPH, short-form (Fischer & Farina, 1995). Results revealed no correlation between participants distress and attitudes towards psychological help-seeking. T-tests between participants sex and attitudes established that females express more positive attitudes than males. Moreover individuals with prior counselling experience (PCE) also expressed more positive attitudes. In addition age was also negatively correlated with distress yet positively correlated with attitudes. This study with further research could be useful in promoting awareness for psychological help in particular towards young individuals or populations that are particularly at risk, who are distressed and who have low attitudes.

Professional medical help seeking, in particular psychological help seeking, is usually perceived with stigma and attitudes unlike other medical professions (Fischer & Turner, 1970). Individuals who seek professional medical help usually believe that the services they require are far from what social supports such as what friends and family can provide (Fischer & Turner). Moreover the need to seek professional medical help is usually due to preconceptions of the immediacy or 'press' of the problem, for instance seeking help for anxiety and or depression may seem less obvious to the individual as opposed to seeking help for a sprained ankle (Fisher & Turner). Therefore the knowledge of the problems and processes, PCE whether favourable or unfavourable may influence their willingness to seek help (Fischer & Farina, 1995). Individuals who recognise the need for help who are more open and who are confident in professionals are possibly less likely to be effected by stigma, and may find themselves more willing to talk openly about themselves to a stranger. These factors are important in not only establishing awareness of psychological help but encouraging more positive attitudes and help-seeking in general. Therefore like Fischer & Turner found, that individuals Interpersonal Sensitivity (IS) similar to these factors can affect their counselling expectations.

Sex orientation of the participants may also profess significantly different attitudes. Personality, interpersonal and social expectations, may all contribute the way individuals rationalise the stigma that surrounds psychological help (Fischer & Turner, 1970). In particular males and females may tolerate stigma and fears differently in respect to the social expectations of their biological sex. Fischer & Farina, (1995) stated that stigmatised individuals do act 'differently' and more importantly 'fears have a realistic basis' and may deter individuals who are considering psychological help. Sex orientation is not only restricted to the participants biological sex, but more importantly their levels of femininity

and masculinity based on the Bem's (1974) BSRI, measurement of androgyny. Therefore participants may reflect levels contrary to their biological sex.

Past research shows that there are significant correlations between sex orientation and attitudes (Johnson & Knackstedt, 1993). Studies have established that females students hold more positive attitudes towards professional psychological help-seeking than males. Furthermore females were found to be more tolerant of stigma associated with seeking professional psychological help, more willing to recognise a personal need for help and more open to sharing problems with others (Johnson, 1988). Past research also suggests that male participants in particular were more likely to perceive mental conditions as a sign of personal weakness more so than physical conditions, which are more likely to be discussed openly amongst friends and family (Fischer & Farina, 1995). Moreover perception may vary between cultural, socioeconomic and psychological differences and may contribute to the condition being more or less acceptable to be discuss openly (Fischer & Turner, 1970).

Past research also suggests that stigmatisation associated with psychological help, something that is seen as socially unacceptable, is also inclusive of terms such as 'mental hospital', 'psychiatrist' and the fear of being labelled 'crazy' or 'insane' which are all likely to discourage individuals considering psychological help (Fischer & Turner, 1970). Moreover, stigmatisation may also effect or be effected by individuals general levels of distress such as, Somatisation (SOM), Depression (DEP), Anxiety (ANX) and may increase or decrease individuals general level of distress, stigmatisation and or attitudes. Moreover PCE is also likely to affect attitudes as Fischer & Turner's studies indicate, both sexes with PCE had significantly more positive attitudes than those without PCE.

The aim of this study is to understand the effects of sex differences, PCE and distress and the way they effect individuals attitudes. In view of previous studies three hypothesise were established. Firstly it was hypothesised that individuals who were less distressed would have more positive attitudes. Secondly individuals sex differences would indicate that females would have more positive attitudes than males and Thirdly individuals with PCE would yield more positive attitudes than individuals without PCE.

Method

Participants

The sample included 262 participants (133 females, 129 males, 159 with PCE, 103 without PCE, 39 with illness, 223 without illness) conveniently selected from the adult population. Participants ranged from 15-68 years of age and participated voluntarily.

Instruments

Survey demographic information consisted of age, sex, occupation, country of birth, PCE, Illness and non-specific illness details. Brief Symptom Inventory, BSI, (Derogatis & Spencer, 1982) was used to measure individuals distress and consisted of 53 items, measured on a 5 point scale, ranging from *Not at all* (0) to *Extremely* (4), higher values indicating more distress. BSI, subscales used, included Somatisation (SOM), distress from perceptions of bodily dysfunction, Depression (DEP), clinical depression and Anxiety (ANX), nervousness, tension, panic attacks and feeling of terror and Global Severity Index (GSI). These subscales were standardised to give a score ranging from (0-4), higher values indicating higher levels of distress. ATSPPH, short-form (Fischer & Farina, 1995) was used to measure the individuals attitudes.

This consists of a 4 point scale, ranging from *Disagree* (0) to *Agree* (3) some items were reverse coded, lower values indicating higher attitudes.

Procedure

Selected participants received the survey inclusive of 2 instruments, BSI and ATSPPH, short-form. After all participants completed these instruments anonymously, they were then collected.

Results

The results of this study was calculated with SPSS version 14 with an alpha level of $p < .05$. Descriptive means and standard deviations (see Table1) indicated that participants showed relatively low levels of distress (M= 0.6) ranging between (0-4) higher values indicating more distress Participant also indicated moderate (M=16) attitudes overall, ranging between (0-30) higher values indicating more positive attitudes.

Table 1

Means and Standard deviations of Brief symptoms Inventory (BSI) items and Attitudes.

Measure	Minimum	Maximum	Mean	Std. Deviation
ATSPPH	.00	30	15.96	6.61
Anxiety	.00	4.00	.57	.65
Depression	.00	3.67	.61	.72
Somatisation	.00	3.14	.50	.63
Global severity index	.00	2.89	.66	.53
Age in years	15.00	68.00	29.80	12.49

Note. * $p < .05$ (two-tailed). ** $p < .001$ (two-tailed).

Table 2

Correlations between Brief symptoms Inventory (BSI) items and Attitudes.

Measure	ATSPPH	Anx	Dep	Som	Gsi	Age
ATSPPH		.156*	.105	.016	.042	.228**
Anxiety			.641**	.687**	.750**	-.148*
Depression				.618**	.726**	-.225**
Somatisation					.705*	-.129*
Global severity index						-.191**
Age in years						

Note. * $p < .005$ (two-tailed). ** $p < .001$ (two-tailed).

Pearson correlations were performed (see Table2) to examine the relationship between distress and participants' attitude towards psychological help seeking. Results indicated that age was negative correlated with participants distress and positively correlated with attitudes. Of the 4 distress scales only anxiety was significantly related to attitude, which was a weak positive relationship, higher anxiety was related to more positive attitudes.

Table 3

Means and Standard deviations of Sex and Attitudes.

Sex	Mean	Std. Deviation	Std. Error
Male	13.9	6.64	.58
Female	17.9	5.96	.51

Note. * $p < .005$ (two-tailed). ** $p < .001$ (two-tailed).

A test for two independent samples (t-test), (see Table3) was performed to examine gender differences in participants' attitude towards psychological help seeking. Results indicated that on average females (M = 17.9, SD = 5.9) had a more positive attitude than males (M = 13.9, SD = 6.6). This difference was significant; $t(260) = -5.1, p < .001$.

Table 4

Means and Standard deviations of Prior experience and Attitudes.

PCE	Mean	Std. Deviation	Std. Error
Never consulted before	15.0	6.04	.47
Prior experience	17.4	7.19	.70

Note. * $p < .005$ (two-tailed). ** $p < .001$ (two-tailed).

A test for two independent samples (t-test), (see Table4) was performed to examine the effect of PCE on participants' attitude towards psychological help seeking. Results indicated that on average those with PCE (M = 17.4, SD = 7.1) had a more positive attitudes than those without had not (M = 15.0, SD = 6.0). This difference was significant; $t(191) = -2.8, p = .005$, two-tailed.

Discussion

The findings from this study show that the hypotheses regarding gender difference and PCE was supported whereas the study regarding distress was contrary to expectations.

Firstly results have indicated that there was no significant relationship between participants overall level of distress (i.e. GSI), depression or somatisation and attitudes. Therefore, being distressed appears to have no association with individuals attitudes. On the other hand we found a significant, positive correlate between participants anxiety and their attitudes.

Surprisingly anxious individuals appear to be more likely to express positive attitudes than

individuals with other symptoms. In view of the BSI dimensions and past studies (Derogatis & Cleary, 1977) it can be suggested that symptoms related to anxiety are seemingly more congruent with individuals IS than other symptoms, as IS was found to be positively correlated with counselling expectations (Bem, 1974). Therefore anxious individuals are possibly more likely to recognise stigma, need, openness and confidence in regard to attitudes. In conclusion this hypothesis was not supported.

Secondly results have indicated that there was a significant difference in attitudes between males and females. Thus, female individuals yielded more positive attitudes than males and is consistent with past research (Fischer & Turner, 1970; Fischer & Farina, 1995; Johnson, 1988; Johnson & Knackstedt, 1993). Past research suggests (Fischer & Turner, 1970) that females within a student population are seen to be less likely associated and effected in particular by stigma that surrounds professional psychiatric care than males. Whether females are actually effected by stigma in this study is unknown, however it can be proffered that if stigma is only correlated with males through factor analysis, it may explain why females score higher in the remaining three other subscales, need, openness and confidence, than do males as past research suggest (Johnson, 1988; Fischer & Turner, 1970). Subsequently stigmatised individuals are possibly more likely to score lower in these three subscales as opposed to less stigmatised individuals such as females. Therefore overall in this study females consistently have more positive attitudes (Fisher & Turner) and consequently this hypothesis was supported.

Thirdly results have indicated that there was a significant difference in attitudes between individuals with PCE and those without PCE. Thus, individuals with PCE yielded more positive attitudes than individuals without PCE. This also suggests that the majority of PCE is

favourable and therefore their knowledge and counselling expectations were confirmed. Individuals with PCE have potentially already recognised the need for help, have possibly developed openness and confidence as a result and thus may have already rationalised stigma. Overall the hypothesis was supported.

In addition this study found that participants age was significantly yet negatively correlated with participants distress. As individuals' age decreased their distress increased, particularly depression. This may suggest that younger individuals are seemingly more distressed and importantly in need of psychological help. More concerning is that younger individuals appear to have far less attitudes who are seemingly more at risk than the rest of the population. Age was significantly, positively correlated with attitudes, as their age decreased so did their attitudes. Therefore it can be proffered that younger individuals are most likely, less able due to cultural, socioeconomic and psychological differences to seek psychological help (Fischer & Turner, 1970). More importantly are possibly more fearful towards stigma related to sharing these problems with family and friends (Fischer & Farina, 1995) that may deter them from considering psychological help and subsequently they have less acquired attitudes. It can be suggest that increased awareness into psychological problems and psychological help-seeking amongst young people, may provide them with more positive attitudes and to also increase their opportunity to receive the psychological help they may need.

The method from this study contained no obvious flaws. Some limits regarding convenient sample selection may affect the study sample and it's outcomes, as it's not a true reflection of the population. This study with further research could be useful in promoting awareness for psychiatric help in particular towards young individuals or populations that are

particularly at risk, who are distressed and who have low attitudes. Moreover to reverse the possible effects of stigmatisation in society and encourage people who are at risk to consider psychological help.

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