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Attitudes towards Psychotherapy in relation to Self-Stigma of Seeking Help and Coping Style. The Role of Interactions with Disabled People

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Abstract: The present study investigated the relationships between stigma and attitudes towards psychotherapy, discomfort experienced in interacting with people with disabilities and stigma, emotion-focused coping and avoidant coping. In addition, we examined differences between people who know people with disabilities in terms of discomfort experienced in interacting with people with disabilities and differences between people who have been to psychotherapy and those who have not been to psychotherapy in terms of attitudes toward psychotherapy. The research was conducted on a sample of 171 people aged between 18 and 63 (M = 26.00; SD = 8.07). They filled out questionnaires that measure attitudes towards psychotherapy, self-stigma of seeking help, coping style, and interaction with disabled people. The results highlighted that the higher the level of self-stigma occurs, the more negative the attitudes towards psychotherapy will be, as well as that people who have been to psychotherapy have on average a more positive attitude towards psychotherapy. With regard to disabilities, results revealed a significant positive association between discomfort in interacting with people with disabilities and stigma, emotion-focused coping and avoidant coping, together with the fact that people who know people with disabilities experience less discomfort in interacting with people with disabilities We discuss the theoretical and practical implication of the present findings, delineating both factors that favour seeking help and factors that limit them in addressing the need for psychotherapy by adopting a range of attitudes towards it.

Keywords: *people with disabilities; psychotherapy; self-stigma of seeking help; coping style; attitudes.*

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Introduction

The last decade has seen a major concern for mental health. This concern has been heightened as society has experienced a series of destabilising situations, such as the Covid-19 pandemic and the war in Ukraine. These issues call for additional attention to the need for prompt interventions. However, psychological 'healing' brings with it a number of collective stereotypes, with emotional (mental) difficulties often perceived as unhealable, as is the case with many disabilities. It is therefore fair to ask how attitudes towards the two overlap, especially when both psychological needs and disabilities place the individual in a position of stigma.

Predisposing factors for seeking professional help

Some of the most important variables influencing unfavourable attitudes toward getting professional help are fear of emotions, perceptions of stigma, fear of treatment (Komiya et al., 2000) and reluctance to self-disclose (Hinson & Swanson, 1993). Self-stigma is the psychological effect of having a stigmatizing trait that is internalized. Losses in self-esteem and self-efficacy might result from self-stigmatization. Even if they are frequent, such losses are not always the result of having a stigmatizing trait (Corrigan & Watson, 2002; Harvey, 2001). The general attitude toward seeking professional psychological help, the negative beliefs about what others will think of those who seek help, and the negative beliefs about one's own self-image if one were to seek treatment, known as self-stigma, are just a few of the factors that have a significant impact on attitudes about the use of psychotherapy services (Bathje & Pryor, 2011; Clement et al., 2015). This image can often be associated with the idea of abnormality, just as disability is perceived. This refers to any physical or mental limitation that prevents a person from engaging in common activities and social interactions in their surroundings (Scheer & Groce, 1988). Disability is also part of the human experience, being a dimension of humanity, its limits being very fluid, and anyone can enter the category of people with disabilities, at any time, as a result of unfortunate circumstances, illnesses or accidents (Gherguţ, 2013). This possibility that any person can enter the ranks of those with disabilities of any kind can represent real stressors, arousing certain extremely intense emotional feelings.

Depending on the coping style adopted by each person, the strategies for dealing with these extremely intense feelings are very diverse. According to Lazarus and Folkman (1987), people can respond with either adaptive or maladaptive coping behaviours when faced with stressors. While positive

coping involves long-term constructive strategies, negative coping is detrimental to our well-being (Bippus & Young, 2012). Coping style could also be divided considering its function into emotion-focused coping and problem-focused coping. The former is characterised by emotional venting, use of emotional support, humour, etc. (Schoenmakers et al., 2015), while problem-centred coping is characterized by aspects of active coping, use of informational support, planning, and positive reframing, including various active efforts to manage stressful situations (Schoenmakers et al., 2015).

In Romania, 852,565 persons with disabilities are officially and possessing a "disability certificate" (*European Commission. Directorate General for Employment, Social Affairs and Inclusion & Human European Consultancy, 2021*). With such a high proportion of Romanians having disabilities, it is natural that disability is an important part of everyday life. Despite this, it is well known that people do not feel comfortable in the company of people with disabilities, creating a high level of stress and stigma when interacting with them. For example, "SCOPE = Equality for disabled people", a disability equality charity in England and Wales, carried out a study which found that 67% of people admit that speaking with people with disabilities makes them uncomfortable (Scope, 2014). It should be borne in mind that the above-mentioned study was carried out in a culture where inclusion is at a much higher level than in Romania. These adverse attitudes can develop for a number of reasons, including social interactions with disabled people and media exposure of data about them (Armstrong et al., 2017). Preconceptions formed as a result of information presented in sources such as television, news or social media can contribute to a lack of confidence in treating individuals with disabilities and then, when we may need professional help, including psychotherapy, due to preconceptions formed about the lack of effectiveness in treating difficulties, a high level of stigma can result. In this way, mechanisms can be set up whereby people may avoid help services, including psychological help, which would demonstrate to the person seeking them that they are unstable or unbalanced, as they themselves see disabled people.

The present study

Based on previous findings, the aim of the present study was to test how stigma is associated with attitudes towards psychotherapy and how previous experience with a mental health specialist influences current attitudes. In addition, we explored associations between discomfort experienced in interacting with people with disabilities and stigma, emotion-focused coping and avoidant coping, as well as differences between people

who know a person with a disability in terms of discomfort experienced in interacting with them.

Hypotheses

H1. There is a significant association between stigma and attitudes towards psychotherapy.

H2. There is a significant association between discomfort experienced in interacting with people with disabilities and stigma, emotion-focused coping and avoidant coping.

H3. There are significant differences between people who know people with disabilities and people who do not know people with disabilities in terms of discomfort experienced in interacting with people with disabilities.

H4. There are significant differences between people who have been to psychotherapy and those who have not been to psychotherapy in terms of attitudes towards psychotherapy.

Method

Participants

Our sample consisted of 171 participants aged between 18 and 63 (M = 26.00; SD = 8.07). From the total participants, 151 were females (88.3%), 15 were males (8.8%) and 5 were non-binary (2.9%). Regarding marital status, 72 were in a relationship (42.1%), 30 were married (17.5%), 64 were not in a relationship (37.4%) and 5 were divorced (2.9%). Among the study participants, 123 people lived in urban areas (71.9%) and 48 people lived in rural areas (28.1%). In terms of previous experience with psychotherapy, 70 people had not received psychological help (40.9%) and 101 people had received psychological help (51.1%). In addition, 46 did not know a close person with a disability (26.9%) and 125 knew a person with a disability (73.1%).

Measures

Attitudes towards psychotherapy. To measure attitudes towards psychotherapy, we adapted the items of the Attitudes towards seeking professional psychological help - Short Form scale whose reliability and validity was made by Elhai et al. (2008) to refer to psychotherapy. The scale contains 10 items (e.g., "I consider discussing my problems with a psychotherapist to be an ineffective way to get rid of emotional conflicts."). and was rated on a 4-point Likert scale, from 0 (disagree) to 3 (agree). Alpha

Cronbach of $\alpha = 0.84$ was obtained. Higher scores indicated more positive attitudes toward psychotherapy.

The Self-Stigma of seeking psychological help. To measure the psychological distress, we used *The Self-Stigma of Seeking Help scale* (SSOH; Vogel et al., 2006) is a 10-item measure of self-stigma of seeking psychological help. On a 5-point Likert scale, participants assess each topic from 1 (strongly disagree) to 5 (strongly agree). The SSOSH has items including "I would feel inadequate if I went to a therapist for help" and reversed-scored items including "My self-confidence would NOT be threatened if I sought professional help," among others.

Alpha Cronbach of $\alpha = 0.78$ was obtained. Higher scores indicate a high level of perceived self-stigma towards seeking psychological help.

Interaction with Disabled People Scale. To measure the level of discomfort felt when interacting with people with disabilities we used The Interaction with Disabled Persons Scale (Gething & Wheeler, 1992), consisting of 20 items (e.g., Contact with a person with a disability reminds me of my own vulnerability) for which respondents indicate their level of agreement/disagreement for each item using a Likert-type scale from 1 (strongly disagree) to 6 (strongly agree). High scores indicate a high level of discomfort when engaging with persons with impairments. Total scores might vary from 20 to 120. Alpha Cronbach of $\alpha = 0.68$ was obtained.

Brief-COPE. To measure the level of using different coping strategies we used the *Brief-Cope scale* (Carver, 1997). Brief-COPE was developed to assess the efficiency of various coping mechanisms under challenging life circumstances. The following three subscales of the scale can be used to identify people's principal coping mechanisms: Avoidant Coping, Problem-focused Coping, and Emotion-focused Coping each include eight components (8 items). The following coping strategies are also reported: active coping, use of instrumental assistance, positive reframing, planning, emotional support, ventilation, humour, acceptance, self-blame, religion, distraction, denial, substance use, behavioural disengagement, and positive reframing. A Likert type scale is used from 1 (I did not do this at all) to 4 (I did this a lot) Alpha Cronbach of $\alpha = 0.74$ was obtained for problem-focused coping, $\alpha = 0{,}69$ for emotion-focused coping and $\alpha = 0.68$ for avoidant coping (0.69). Higher scores for each dimension indicate greater use of that type of coping.

Procedure

The surveys were administered between February 1st, 2023 and February 8th, 2023. The Romanian language was used to apply these scales. Utilising the snowballing method, we conducted convenience sampling. The questionnaires were completed online using Google Forms, and the links to them were shared online in groups. Facebook was the website where the online groups were located. The opportunity to withdraw at any moment without additional consequences was made clear in the informed consent form, which the participants read before completing the set of questionnaires. Participants were given the assurance that the information collected would be kept private and their participation was voluntary. The average completion time was 10-15 minutes.

The study was approved by the Ethics Committee of the Faculty of Psychology and Educational Sciences, "Alexandru Ioan Cuza" University, Iaşi, Romania.

Results

H1. There is a significant association between stigma and attitudes towards psychotherapy.

According to the results (see Table 1), there is a significant negative association between stigma and attitude towards psychotherapy.

Table 1. Associations between the main variables

	1	2	3	4	5	6
1.Attitudes towards psychotherapy	1					
2.Discomfort experienced in interacting with people with disabilities	-0.11	1				
3.Stigma	-0.54**	0.22**	1			
4.Problem-focused coping	0.12	0.11	-0.12	1		
5.Emotion-focused coping	-0.01	0.29**	-0.004	0.46**	1	
6.Avoidant coping	-0.11	0.17*	0.15*	-0.22**	0.25**	1

Source: Author's own conception

H2. There is a significant association between discomfort experienced in interacting with people with disabilities and stigma, emotion-focused coping and avoidant coping.

According to the results (see Table 1), there is a significant positive association between discomfort experienced in interacting with people with disabilities and stigma, emotion-focused coping and avoidant coping.

H3. There are significant differences between people who know people with disabilities and those who do not know people with disabilities in terms of the discomfort they feel when interacting with people with disabilities.

According to the results, there are significant differences between people who know people with disabilities and people who do not know people with disabilities in terms of discomfort in interacting with people with disabilities (*t(169) = -2.20; p = 0.02*), in that people who know people with disabilities experience less discomfort in interacting with people with disabilities (*M = 71.04*) compared to people who do not know people with disabilities (*M = 75.08*).

Table 2. Differences between people who know people with disabilities and those who do not know people with disabilities in terms of the discomfort they feel when interacting with people with disabilities

Variables	N	M	SD	t	df	p
Discomfort experienced in interacting with people with disabilities				-2.20	169	0.02
People who know people with disabilities	125	71.04	9.09			
People who do not know people with disabilities	46	75.08	11.13			

Source: Author's own conception

H4. There are significant differences between people who have been to psychotherapy and those who have not been to psychotherapy in terms of attitudes towards psychotherapy.

According to the results, there are significant differences between people who have been to psychotherapy and those who have not been to psychotherapy in terms of attitude towards psychotherapy (*t(169) = -4.07; p < 0.001*), in that people who have been to psychotherapy have on average a more positive attitude towards psychotherapy (*M = 33.11*) compared to people who have not been to psychotherapy (*M = 29.48*).

Table 3. Differences between people who have been to psychotherapy and those who have not been to psychotherapy in terms of attitudes towards psychotherapy

Variables	N	M	SD	t	df	p
Attitudes towards psychotherapy				-4.07	169	0.001
People who have been to psychotherapy	101	33.11	5.68			
People who have not been to psychotherapy	70	29.48	5.81			

Source: Author's own conception

Discussions

The current research has shown a significant negative association between stigmatisation towards seeking professional help and attitudes towards psychotherapy, as the higher the level of self-stigma occurs, the more negative the attitudes towards psychotherapy will be. These results are supported by the existing research, reinforcing the fact that people who have more positive attitudes toward seeking treatment through psychotherapy are going to experience less social stigma and less self-stigma, and therefore would have more favourable opinions about psychotherapy (Elkins et al., 2017). Furthermore it has been highlighted that in comparison to those who had never sought professional psychological assistance, those who had previously sought such assistance showed more favourable opinions regarding professional help (Masuda et al., 2005). Stigma tolerance and interpersonal openness were related conceptually and empirically to a help-seeking orientation. According to a substantial number of studies, attitudes about the use of psychotherapy services are largely influenced by a range of factors such as the overall attitude toward seeking professional psychological help, the negative beliefs about what others will think of those who seek our help, and the negative beliefs about one's own self-image if one were to seek treatment, known as self-stigma (Bathje & Pryor, 2011; Clement et al., 2015). It has also been discovered that attitudes and intentions to seek treatment are related to fear of social stigma. Similarly, it has been discovered that self-stigma has a special detrimental impact on attitudes toward and desire to seek treatment (Vogel et al., 2006, 2007).

Our study also revealed a significant positive association between discomfort in interacting with people with disabilities and stigma, emotion-focused coping and avoidant coping. Other people's perceptions of a person with disabilities may be influenced by a variety of factors, including their personality traits, the type and severity of their disability, the physical environment adaptations that are available, financial resources, social inclusion practices, cultural beliefs and traditions (Babik & Gardner, 2021). These people's perceptions of people with disabilities may also be influenced by the coping style that each person has, in the sense that we know about coping styles that are the cognitive and behavioural adjustments that come about as a result of an individual's specific external/internal stressors. (Billings & Moos, 1981; Folkman & Lazarus, 1985). Such external stressors may be represented by interaction with disabled people, with 67% of people known to feel uncomfortable when interacting with them (Scope, 2014). Our results are also explained by the fact that particularly people with emotion-focused

coping or avoidant coping may feel uncomfortable in the presence of disabled people, with greater discomfort experienced in the context of these coping styles.

In addition, it was found that there are significant differences between people who know people with disabilities and people who do not know people with disabilities in terms of the discomfort experienced in interacting with people with disabilities, in that people who know people with disabilities experience less discomfort in interacting with people with disabilities compared to people who do not know people with disabilities. Our results are supported by existing literature, increased exposure to people with disabilities may result in a better knowledge of their condition and greater levels of acceptance (Hong et al., 2014). It is also known that interacting with and having generally pleasant experiences with persons with disabilities helps people learn about the details of this field, locate resources in diversity and ultimately reduce preconceptions (Pachiţa & Gherguţ, 2021). Lack of knowledge about particular disabilities or a tendency on the side of both parties to avoid social connections due to a number of causes, can both reduce the likelihood of having contact with a person with a disability (Kattari et al., 2018).

According to the results, there are significant differences between people who have been to psychotherapy and those who have not been to psychotherapy in terms of attitude towards psychotherapy in the sense that people who have been to psychotherapy have on average a more positive attitude towards psychotherapy compared to people who have not been to psychotherapy. The likelihood of individuals seeking professional psychological help is related with their prior history of seeking help, according to previous research findings. Previous research revealed an inverse association between the prior experience and unfavourable views of psychotherapy. Participants with no prior experience seeking professional mental health assistance expressed higher unfavourable attitudes of psychotherapy (Sunkar, 2018).

Limits and future research

A first limitation of the present study is that there is a large number of females in the sample, which is a heterogeneous gender ratio. At the same time, another limitation of the study derives from the use of self-reports in data collection, which may increase the degree of subjectivity and social desirability in completion, as well as addressing sensitive topics such as disability and stigma that may make participants place themselves in a better light in providing answers, showing demand characteristics.

For future research directions we propose testing in this setting for specific disabilities (e.g. ASD, mental impairments) to see specific differences in levels of discomfort in interaction and how this influences stigma in seeking psychological help and attitudes towards psychotherapy. At the same time, an attractive direction of research is to conduct a longitudinal study to reveal certain patterns of referral to psychotherapy services in prolonged interaction with people with disabilities.

Nonetheless, future research may aim to explore the psychological mechanisms that influence attitudes towards the effectiveness of psychotherapy for people close to people with disabilities (e.g. teachers, caregivers, parents of children with disabilities, close friends, etc.).

Conclusion

As a conclusion, we mention that our results contribute to both theoretical and empirical understanding of the mechanisms that cause people to differ in their seeking of specialized psychological help, delineating both factors that favour help seeking and factors that limit them in addressing the need for psychotherapy by adopting a range of attitudes towards it. From a practical point of view, our results can form the basis for designing an information programme on the diversity of humanity and its needs, deconstructing stereotypes of disability as abnormality, and facilitating the use of psychotherapy services without feeling stigma towards this process.

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