Since in many situations, people consider seeking psychological help as their last resort after eliminating all other options (Hinson & Swanson, 1993), the majority of those who might benefit from psychological treatment do not, in the end, seek psychological therapy for a solution (Andrews, Issakidis, & Carter, 2001; Erol, Kılıç, Ulusoy, Keçeci, & Şimşek, 1998; Kessler et al., 2001). Why so many people are reluctant to seek psychological help has been a topic of interest for researchers, with many studies having been conducted to determine the factors influencing one's reasons for seeking, or not seeking, psychological help (Bayer & Peay, 1997; Kelly & Achter, 1995; Vogel, Wester, Wei, & Boysen, 2005).

The results of such studies indicate that one of the best predictors of seeking psychological treatment is one's attitude toward the notion of seeking psychological help itself (Carlton & Deane, 2000; Cepeda-Benito & Short, 1998; Codd & Cohen, 2003; Deane & Todd, 1996; Topkaya, 2011a; Vogel & Wester, 2003). The results of studies conducted in various countries reveal that as negative attitudes toward psychological help-seeking increase in a society, so does the use of psychological services for treatment decrease (Bicil, 2012; Cepeda-Benito & Short, 1998; Cramer, 1999; Deane & Todd, 1996; Kelly & Achter, 1995).
An individual's attitude toward seeking psychological help reflects whether he sees the consequences of seeking psychological help as positive or negative (Fisher & Turner, 1970). Until now, in addition to studies depicting attitudes toward seeking psychological help as being the main factor behind an individual's decision as to whether to undergo psychological treatment, other studies have been conducted to identify which factors influence attitudes toward one's decision to seek psychological help. It has been understood that many factors influence attitudes toward psychological help-seeking, such as self-concealment (Kelly & Achter, 1995) social norms, social support, previous help-seeking experiences (Koydemir-Özden, 2010; Vogel et al., 2005), attachment styles (Shaffer, Vogel, & Wei, 2006; Vogel & Wei, 2005), emotional openness, (Komiya, Good, & Sherrod, 2000; Vogel, Wade, & Hackler, 2008; Vogel & Wester, 2003), self-esteem level and locus of control (Barwick, de Man & McKeilvie, 2009), and personality factors (Kakhnovets, 2011). The results of the above mentioned studies show that the link between one's attitudes toward psychological help-seeking and the societal, or individual, stigma associated with psychological help-seeking is the most widely cited barrier behind one's choice to utilize psychological services. In other words, researchers have found that the stigma associated with seeking psychological help is negatively associated with attitudes toward psychological help-seeking (Deane & Todd, 1996; Komiya et al., 2000; Pfohl, 2010; Vogel et al., 2005; Vogel, Wade, & Hackler, 2007).

The literature acknowledges two separate types of stigmatization that influence one's decision to seek help; namely, public stigma and self-stigma (Corrigan, 1998, 2004). Public stigma refers to the society's negative beliefs, attitudes, and behavioral consequences about mental disorders, all of which lead to stereotyping, prejudice, and discrimination against people with mental health disorders (Corrigan, 2004). The public stigma associated with seeking mental health services, therefore, is the perception that a person who seeks psychological treatment is undesirable or socially unacceptable (Vogel, Wade, & Haake, 2006). Self-stigma also includes stereotyping, prejudice, and discrimination. An individual endorsing self-stigma applies negative beliefs and attitudes associated with mental disorders to oneself (Corrigan & Watson, 2002). Self-stigma may lower the self-esteem or self-worth of an individual as a result of self-labeling himself or herself as socially unacceptable in the case of seeking psychological help for a personal or emotional problem (Vogel et al., 2006).

Many studies have been conducted to examine the relationship between attitudes toward psychological help-seeking and the stigmatization associated with psychological help seeking in different countries. In one of these studies, Vogel and his colleagues (2006) found that not only did the self-stigma associated with psychological help-seeking predict attitudes toward psychological help-seeking, but also that the two variables were negatively correlated. In another study (Vogel et al., 2007), it was reported that the self-stigma associated with psychological help-seeking was negatively correlated with the attitudes toward psychological help-seeking. Conner (2008), on the other hand, despite finding self-stigma to be a mediator between ethnicity and public stigma, found no significant relationship to be identified between ethnicity and public stigma or between attitudes toward the treatment of mental health disorders and public stigma. Thus, public stigma was not found to be a mediator among those variables.

In Turkey, researchers have examined the factors related with attitudes toward psychological help-seeking. As a result, the following factors have been delineated: (1) problem areas (Özbay, 1996), (2) self-disclosure tendencies (Türküm, 2000), (3) dealing with stress, optimism, and cognitive distortions (Türküm, 2001), (4) problem solving skills and problem areas (Ayaydın & Özbay, 2003), (5) empathic tendency and psychological symptoms (Şahin & Özbay, 2003), (6) gender and gender roles (Kalkan & Odacı, 2005), (7) psychological needs and psychological adjustment levels (Annaberdiyev, 2006), (8) class level, gender, one's perceived socio-economic level, the education level of one's mother and father, the utilization of help-seeking services within schools, whether one finds help-seeking services in schools effective, whether a family member has received counseling before, and the area in which one has lived the longest(Kırımlı, 2007), (9) the nursing students' year in medical school (Çankaya, 2008), (10) gender, gender roles, and self-concealment (Özbay, Erkan, Cihangir-Çankaya, & Terzi, 2008), (11) perceived social support, psychological distress, previous help-seeking experience, and gender (Çebi, 2009), (12) self-disclosure, anxiety, and social support (Karalp, 2009), (13) gender and socio-economic level (Keklik, 2009), (14) internal working models, rumination, and psychological symptoms (Turan, 2009) and lastly, (15) gender, self-construal, and perceived social support (Koydemir-Özden, 2010).
In a review of the literature, it was observed that no study has yet to be conducted that directly investigates the relationship between attitudes toward psychological help-seeking and the stigma associated with seeking psychological help in Turkey. However, the researcher found two studies examining the relationship between one's intentions behind seeking psychological help and the stigma associated with psychological help-seeking. In one of these studies, the relationship between one's intent behind seeking help, the public stigma associated with psychological help-seeking, treatment fears, and the perceived benefits and risks of one's self-disclosure to a counselor were investigated. A significant, albeit weak, correlation ($r = -0.20$) between attitudes toward psychological help-seeking and the public stigma associated with seeking psychological help was reported in this study (Topkaya, 2011a). The results of the second of the two studies mentioned above, which was conducted to examine the relationship between one's intentions behind seeking psychological help intent, the public stigma associated with psychological help-seeking, self-efficacy, and the practical barriers preventing one from receiving psychological help, demonstrated also a significant, but weak, correlation ($r = -0.17$) between attitudes toward psychological help-seeking and the public stigma associated with psychological help-seeking (Bicil, 2012).

Previous studies have indicated that females and males might experience different social consequences as a result of their psychological problems and symptoms (Hackler, 2007). The results of previous studies yielded that males hold more negative attitudes toward psychological help than do females (Deane & Chamberlain, 1994; Kalkan & Odaci, 2005; Keklik, 2009; Komiya et al., 2000; Tata & Leong, 1994; Türküm, 2000, 2001) and that males are more likely to harbor both the public and self-stigma associated with psychological help-seeking (Hackler, 2007). Stewart (2008) also found that self-stigma associated with psychological help-seeking was significantly higher among females than males. Eisenberg, Downes, Golberstein, and Zivin (2009) determined that females were less likely to have stigmatic concerns as compared to males.

The decision to seek counseling, as in the stigmatization of mental disorders, leads to public stigma and self-stigma associated with psychological help-seeking (Ghaffari, 2011). According to Conner (2008), even the perception of being stigmatized causes negative attitudes toward the treatment of mental health disorders. However, the relationship between attitudes toward psychological help, gender, and both the self-stigma and public stigma associated with seeking psychological help have yet to be directly examined in Turkey. Therefore, the results of the current study may provide information to the literature on help-seeking in order to understand the level of importance of the self-stigma and public stigma associated with psychological help-seeking on the attitudes toward seeking psychological help for individual counseling. Knowing whether attitudes toward psychological help may be predicted by the self-stigma and public stigma associated with psychological help-seeking may help researchers and psychological health professionals to identify interventions aimed at overcoming these factors. Moreover, identifying whether the self-stigma and public stigma associated with psychological help-seeking differ with respect to gender may provide significant data for use in future studies aiming to reach females and males, thereby encouraging them to seek psychological help. Therefore, this study has aimed to identify the role of gender, and both the self-stigma and public stigma associated with psychological help-seeking in predicting attitudes toward psychological help-seeking. Moreover, gender differences with respect to both of these stigmata were investigated.

**Method**

**Research Design**

This study is a correlational survey study. Correlational studies are also one of the types of survey studies because the relations between the variables are defined as they are. In correlational studies, the relations between two or more variables are examined without any manipulation (Fraenkel & Wallen, 2003). In the current study, the relations among gender, both the self-stigma and the social stigma one experiences for receiving psychological help and, and attitudes toward psychological help-seeking have been examined.

**Participants**

A total of 218 females (60.2%), 95 (26.2%) males, and 49 (no report) (13.5%) undergraduate students participated in the study. The mean age of the participants was 20.54 ($SD = 1.63$). Of the participants, 84.5% (306) had previously
received psychological help from a mental health practitioner while the other 15.5% (56) had never before received psychological help.

**Measures**

A demographic data form, Self-Stigma of Seeking Help Scale, Social Stigma Scale for Receiving Psychological Help, and Attitudes toward Seeking Professional Psychological Help Scale-Short Form were used to collect data in the present study. The relevant information for each measure is described below.

**Demographic Data Form:** With this form, information was obtained regarding students’ gender, age, and history of psychological help.

**Self-stigma of Seeking Help Scale:** The Self-Stigma of Seeking Help Scale (SSOSH) was developed by Vogel et al. (2006). The Turkish form of the scale was adapted by Topkaya (2011b). The SSOSH is a 10-item scale consisting of items such as “I would feel inadequate if I went to a therapist for psychological help.” Items are rated on a 5-point, partly anchored scale ranging from 1 (strongly disagree) to 5 (strongly agree). Scale point 3 is anchored by agree and disagree equally. Higher scores reflect greater self-stigma. Estimates of the internal consistency range from .86 to .90, and the 2-week test–retest reliability has been reported to be .72 in university student samples (Vogel et al., 2006). The internal consistency of the scores obtained in the current sample was .81.

**Social Stigma for Receiving Psychological Help Scale:** The Social Stigma for Receiving Psychological Help Scale (SSRPH) was developed by Komiya et al. (2000). The Turkish form of the scale was adapted by Topkaya (2011a). The SSRPH is a 5-item scale consisting of such items as “People tend to like less those who are receiving professional psychological help.” Items are rated from 1 (strongly disagree) to 4 (strongly agree). Higher scores reflect greater perceptions of public stigma. The SSRPH correlates with attitudes toward seeking therapy and has a reported internal consistency of .73 in university samples (Komiya et al., 2000). The internal consistency of the scores obtained in the current sample was .71.

**Attitudes toward Seeking Professional Psychological Help Scale:** The Attitudes toward Seeking Professional Psychological Help Scale—short form (ASPPHS-SP) was developed by Fischer and Farina (1995). The Turkish form of the scale was adapted by Topkaya (2011a). This is a 10-item revision of the original 29-item measure (Fischer & Turner, 1970) consisting of items such as “If I believed I was having a mental breakdown, my first inclination would be to get professional attention.” Items are rated from 1 (disagree) to 4 (agree), with higher scores reflecting positive attitudes. The revised and original scales are correlated at .87, suggesting that they tap into a similar construct (Fischer & Farina, 1995). The revised scale also correlates with the previous use of professional help for a problem ($r = .39$). Estimates of the internal consistency ($\alpha = .84$) and the 1-month test–retest ($r = .80$) reliabilities have been reported for university student samples. The internal consistency of the scores obtained in the current sample was .79.

**Data Analysis**

The demographic data from, as well as other scales, were administered to the voluntary undergraduate students in their classes by the researcher. It took twenty minutes for participants to complete the instruments. The analysis of the study was conducted by the SPSS 16 program. Hierarchical regression analyses and a t-test were utilized in the data analysis procedure. When performing a hierarchical regression analysis, the researcher determines the entrance order or blocks of the variables based on theoretical or logical ground (Tabachnick & Fidell, 2007). An independent samples t-test was conducted in order to determine whether self-stigma and public stigma differed with respect to gender. The effect sizes are reported as .01, .06, and .14; in other words, as small, medium, and large effect sizes, respectively (Stevens, 2002).

**Results**

The results from the first step of the hierarchical regression analysis showed that gender ($\beta = .29$, $t = 5.88, p < .001$) accounted for a low, albeit significant, amount of variance on attitudes toward seeking psychological help $R^2 = .088$, $F(1, 359) = 34.598$, $p < .001$. In the second step, entering self-stigma associated with psychological help-seeking resulted in a significant increase in the amount of explained variance, $\Delta R^2 = .157$, $F(2, 358) = 58.030$, $p < .001$. Self-stigma associated with psychological help-seeking ($\beta = -.41$, $t = -8.62$, $p < .001$) was a significant predictor of attitudes toward psychological help-seeking. In the third step, entering public stigma associated with psychological help-seeking did not result in a significant increase in the amount of
explained variance, $\Delta R^2 = .000, F(3, 357) = 38.580, p < .001$. As such, public stigma associated with help-seeking was found not to be a significant predictor of attitudes toward psychological help-seeking ($b = .00, t = .065, p = .948$).

In order to examine the differences in self-stigma and public stigma associated with psychological help-seeking with respect to students’ gender, an independent samples t-test was performed. The results of the test conducted to evaluate the differences in self-stigma associated with psychological help-seeking with respect to gender were found to be significant, $t(311) = -5.29, p < .001, \eta^2 = .08$. The effect size was moderate. The means of male students experiencing self-stigma associated with psychological help-seeking ($M = 27.00, SD = 5.74$) were greater than the means of female students ($M = 22.81, SD = 6.22$). Moreover, the results of the test conducted to evaluate the differences in public stigma associated with psychological help-seeking with respect to gender were also found to be significant, $t(311) = -3.39, p < .001, \eta^2 = .04$. The effect size was small. The means of male students experiencing public stigma associated with psychological help-seeking ($M = 14.29, SD = 3.10$) were greater than the means of female students ($M = 12.89, SD = 3.43$).

**Discussion**

This study aimed at determining the role of gender, and both the self-stigma and public stigma associated with psychological help-seeking in predicting attitudes toward psychological help-seeking. Moreover, the gender differences with respect to the self-stigma and public stigma associated with psychological help-seeking were investigated.

The findings of the study demonstrated that there is a significant negative weak correlation between attitudes toward psychological help-seeking and the public stigma associated with psychological help-seeking. Furthermore, the results of the correlation analysis showed there to be a significant negative moderate correlation between attitudes toward psychological help-seeking and gender as well as the attitudes toward psychological help-seeking and the self-stigma associated with psychological help seeking. The results of the hierarchical regression analysis suggested that gender and the self-stigma associated with psychological help seeking significantly predicted attitudes toward psychological help-seeking. However, the public stigma associated with seeking psychological help was found to not be a unique predictor of attitudes toward psychological help-seeking. The findings indicated that males and individuals who held more self-stigma associated with psychological help seeking were more likely to hold negative attitudes toward psychological help-seeking.

These results were consistent with previous research findings; for instance, Conner (2008) examined the relationship between attitudes toward the treatment of mental disorders and both the self-stigma and public stigma associated with psychological help-seeking. Although the findings of the study demonstrated a weak negative correlation between attitudes toward treatment of mental illnesses and self-stigma, no significant relation was observed between attitudes toward treatment of mental illnesses and public stigma associated with psychological help-seeking. A study conducted to understand the role of gender and both the self-stigma and public stigma for receiving psychological help in predicting attitudes toward psychological help-seeking (Pfohl, 2010) showed that, just as in this study, gender and the self-stigma for receiving psychological help both significantly and negatively predicted attitudes toward psychological help-seeking. However, the public stigma for receiving psychological help was not a significant predictor in predicting attitudes toward psychological help-seeking in the same study. Similarly, Stewart (2008) reported a significant negative moderate relationship between the self-stigma for receiving psychological help and attitudes toward psychological help-seeking. Finally, Hackler, Vogel, and Wade (2010) found that the self-stigma for receiving psychological help both significantly and negatively predicted attitudes toward psychological help-seeking. Although a significant relationship between the public stigma associated with psychological help-seeking and attitudes toward psychological help-seeking was found, the public stigma associated with psychological help-seeking was found not to be a significant predictor of attitudes toward psychological help-seeking. In other words, the public stigma associated with psychological help-seeking accounted for no amount of variance in attitudes toward psychological help-seeking. This finding indicates that the self-stigma associated with psychological help-seeking is more important than the public stigma associated with psychological help-seeking in explaining attitudes toward psychological help-seeking. In this respect,
interventions should be designed and applied in order to diminish the self-stigma associated with psychological help-seeking. Therefore, in their explanations or materials (i.e., brochures) aiming to inform the public about psychological treatment, mental health professionals may emphasize that having mental illness should not be perceived as a personal weakness or as a situation for which one should feel ashamed. They may try to change misperceptions, and by doing so, increase their ability to reach a higher number of people (Vogel et al., 2007).

Buckley and Malouff (2005) found that participants who had watched a short videotape of individuals expressing positive attitudes toward psychological help-seeking also formed more positive attitudes toward seeking psychological help, were more tolerant of the self-stigma associated with psychological help seeking, and became more willing to disclose their personal information to a mental health professional (as cited in Pederson & Vogel, 2007). Blocher (2011) compared two different programs, showing that a theory-based program was effective in increasing perceived benefits of counseling and in reducing the self-stigma associated with psychological help-seeking. Moreover, it was found that both theory-based and alternative programs were effective in altering attitudes toward psychological help-seeking in a positive direction, while also diminishing the stigma associated with psychological help seeking in potential patients. These kinds of psychoeducation studies can be used to change attitudes toward psychological help-seeking in Turkey from negative to positive.

The findings of this study have indicated that gender is a significant predictor of attitudes toward psychological help-seeking and that females are more likely to have positive attitudes toward psychological help-seeking. This result was in line with previous research results (Çebi, 2009; Kakhnovets, 2011; Kilinc & Granello, 2003; Komiya et al., 2000; Koydemir-Ozden, 2010; Türküm, 2000, 2001). The results of all these studies have shown that males hold more negative attitudes toward psychological help-seeking. For, males receive specific messages, such as not disclosing emotions, being powerful, having self-control, and not needing anyone. Therefore, these kinds of values related with traditional males' gender roles might negatively influence attitudes toward psychological help-seeking (Berger, Levant, McMillan, Kelleher, & Sellers, 2005).

The results of study demonstrated that males experience higher levels of both self-stigma and public stigma associated with psychological help-seeking than do females. These findings are consistent with previous research findings (Eisenberg et al., 2009; Hackler, 2007; Stewart, 2008; Vogel et al., 2006), and this finding can be interpreted as males are more influenced by the negative public views associated with help-seeking than females (Hackler, 2007).

Researchers have acknowledged the important need to better understand the specific reasons as to why women and men avoid seeking psychological help. Identifying those factors which influence attitudes toward seeking psychological help seems to be important in order to design effective interventions aimed at increasing the utilization of psychological services. This study was carried out with the goal to analyze this unmet need and is important in demonstrating that gender and the self-stigma associated with help-seeking are significant predictors of attitudes toward psychological help-seeking. The findings are also important in showing that participants care about what they will think about themselves if they seek help (Pfohl, 2010). At the same time, a number of limitations of this study should be addressed. One of these being that the participants of the study were university students. As such, a similar study could be conducted with different age groups. Another limitation is the self-reporting nature of the study as participants might not have reflected upon their thoughts regarding the self-stigma associated with help-seeking and attitudes toward psychological help-seeking.

In order to identify which factors affect one's decision to seek counseling, future research might examine the potential of other variables (i.e., the perceived benefits and risks of undergoing psychological treatment) that could explain attitudes toward seeking psychological help. Additionally, another area open to further study is to ask just how effective psychoeducation studies are at altering negative attitudes toward the idea of seeking psychological help into more positive ones.
References/Kaynakça


