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Mediating Role of Self-Disclosure in the Relationship between Attitudes towards Online Counselling and Perception of Social Stigma due to Receiving Psychological Help

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Abstract: People have needed mental health services more and more during Coronavirus disease (COVID-19) pandemic. Due to the contagious nature of the COVID-19 virus, online counseling has been preferred more during the COVID-19 pandemic. Those who need such mental health services might take actions to seek help by demanding psychological assistance from psychological counselors or mental health institutions. However, these people might avoid seeking and receiving such help when they think that they have a weak personality or they somehow will be criticized by the society or experience social stigma because they seek psychological help. This study aims to examine the mediating role of self-disclosure between attitudes towards online counselling and perception of social stigma due to receiving psychological help. Participants of the study consist of 519 adults who live in Turkey and are older than 18 years old. The data for the study were collected through "Distress Disclosure Index", "Online Counseling Attitudes Scale (OCAS)", "Stigma Scale for Receiving Psychological Help (SSRPH)" and "Personal Information Form". The hypothetical model developed in order to determine whether self-disclosure mediates in the relationship between perception of social stigma due to receiving psychological help and online psychological counselling attitudes was tested through SEM (Structural Equation Modeling). The results of the study revealed that self-disclosure play partial mediating role between perception of social stigma and value of online counselling and discomfort with online counselling.

Keywords: *Online counseling, self-disclosure, social stigma.*

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Introduction

Having emerged in China in December 2019 first and spread worldwide in a short time, Coronavirus disease (COVID-19) pandemic has considerably affected mental health of people all over the world. Thus, people are now experiencing higher levels of fear, anxiety and stress (Rajkumar et al., 2020). Social isolation precautions taken by the governments to prevent the pandemic from spreading have also suddenly and inevitably changed individuals' lives. Social relationships have decreased to a minimum level, and people have started to feel more and more lonely (Holt-Lunstad, 2017). In addition, all family members have to stay at home due to lockdown precautions, which is believed to cause more incidents of interpersonal conflicts in family environments. Moreover, it is not possible to perform religious or cultural rituals for deaths caused by COVID-19, and people cannot utter their final farewell words to their beloved ones when they die and have to postpone or cancel their mourning (Wallace et al., 2020). The uncertainties about the illness, insufficient information about it, fear of losing beloved ones and lack of control on the developments during COVID-19 pandemic have triggered anxiety problems and certain fears for many individuals (Brooks et al., 2020). In other words, people have needed mental health services more and more during this period.

Those who need such mental health services might take actions to seek help by demanding psychological assistance from psychological counselors or mental health institutions. However, these people might avoid seeking and receiving such help when they think that they have a weak personality or they somehow will be criticized by the society or experience social stigma because they seek psychological help. Their mental health problems might even reach

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undesired pathologic levels. Indeed, Koydemir et al. (2010) reported that individuals abstain from receiving counselling services and delay their search for a treatment for a long time although a high percentage of the population suffer from mental health problems.

Social stigma refers to society's rejection of an individual because he seeks or receives professional psychological help (Vogel et al., 2006; Vogel et al., 2007; Vogel, et al., 2009). Social stigma has been reported to be the main obstacle for people while they seek or receive psychological help (Komiya et al., 2000; Vogel et al., 2009). When people seek or receive help to overcome their psychological problems, they feel a great deal of fear and anxiety about social stigma (Acun-Kapıkıran & Kapıkıran, 2013; Corrigan, 2004; Vogel et al., 2013) which is called "perception of social stigma" (Deane & Chamberlain, 1994). Such an effect of society on individuals causes them to avoid seeking and receiving psychological help and develop negative attitudes towards this type of assistance (Chang, 2007; Corrigan, 2004; Komiya et al., 2000; Vogel et al., 2005; Vogel et al., 2006). Topkaya and Kağnıcı (2012) stated that when adults in Turkey decide to receive psychological help, they might perceive social stigma as a risk they have to take. The authors also suggested that social stigma has many negative psychological, economic and social effects on individuals, which, in turn, negatively affects their enthusiasm to seek and receive help. There are also other studies in the literature which report that perception of social stigma negatively affects individuals' attitudes towards receiving psychological help (Güç, 2015; Gürsoy, 2014; Gürsoy & Gizir, 2018; Teke, 2017; Topkaya, 2011).

In order to receive psychological help when they need, adults are expected to overcome their fear of social stigma and feel ready about disclosing themselves. Self-disclosure is defined both as a communication process through which an individual shares his feelings and opinions with others and as an important component of new relationships to be established" (Jourard, 1971, as cited in Selçuk, 1989). Self-disclosure is known to be one of the factors affecting individuals' decisions to receive psychological help (Greenidge & Daire, 2010; Komiya & Eels, 2001; Vogel & Wester, 2003; Vogel et al., 2005). The related studies show that those who are able to disclose themselves develop positive attitudes towards receiving psychological help while people who find it difficult to disclose themselves develop more negative attitudes towards receiving psychological help due to fear of social stigma and lack of confidence (Çankaya, 2008; Koydemir et al., 2010; Özbay et al., 2011; Türküm, 2000; Vogel & Wester, 2003).

Those who wanted to start receiving mental health services due to the challenging conditions of COVID-19 pandemic or other personal reasons could not start face-to-face psychological counselling because of the risk emerged due to the transmission of the virus. In addition, those who already started to get face-to-face psychological counselling have had to postpone or cancel these sessions because of the same risk. COVID-19 has affected the provision of mental health services just like in many other fields of service, and online psychological counselling services have become more common accordingly.

Online psychological counselling is defined as mental health services provided for a client or group of clients by using computers or technology (Barak & Grohol, 2011; Richards & Vigano, 2012) when psychological counsellor and clients are physically in different environments (Bloom, 1998). McKenna (1998) suggested that empathy, support or readiness for self-disclosure might also be observed during online psychological counselling just like in face-to-face version of psychological counselling. In addition, in relation to client satisfaction dimension of the process, the related studies found that there was not a significant difference among satisfaction levels of clients regardless of how they receive this counselling (Cohen & Kerr, 1999), clients were satisfied with the process in similar ways (Zeren 2015). Likewise, no differences were found in their therapeutical collaboration levels (Erus & Zeren, 2020), their perceptions about therapeutical collaboration and their subjective well-beings (Zeren et al., 2017). Finally, it has been concluded that online psychological counselling is as effective as face-to-face counselling (Barak et al., 2008; Murphy et al., 2009) and almost all online clients reported positive opinions about online psychological counselling and similar satisfaction levels (Kilroe, 2010).

Mental health services provided by using the internet and technology, in other words online psychological counselling, are no longer considered an alternative to face-to-face psychological counselling due to COVID-19 pandemic; even, it is almost the single compulsory option. However, online psychological counselling have a lot of advantages in addition to its use during pandemics. For instance, it is advantageous for people who live far away from experts or institutions that might provide psychological help for them (Cook & Doyle, 2002; Kilroe, 2010; Shaw & Shaw, 2006). Similarly, Chester and Glass (2006) suggested that people who feel shy and fail to disclose themselves comfortably in face-to-face psychological counselling might feel more comfortable during online psychological counselling. Moreover, it is considered as an alternative to face-to-face psychological counselling because it is more economical, has flexible hours and clients might prefer to be anonymous while disclosing themselves (Awabil & Akosah, 2018; Bozkurt, 2013).

The literature revealed some correlations between receiving psychological help and self-disclosure (Gürsoy & Gizir, 2017; Koydemir et al., 2010), self-stigma (Ina & Morita, 2015; Topkaya, 2014) and social stigma (Gürsoy & Gizir, 2018; Ina & Morita, 2015; Topkaya, 2014). However, there are not any studies focusing on relationships between attitudes towards online counselling and social stigma or self-disclosure. Therefore, it is important to explore the relationship between online psychological counselling and fear of social stigma due to receiving psychological help and the role of self-disclosure in this relationship because people's positive attitudes towards online psychological counselling and

receiving online psychological counselling when they need will positively affect their well-being levels and, in turn, mental health of societies. In addition, determining how perception of social stigma and self-disclosure affect positive or negative attitudes towards online psychological counselling might be an initial step to minimize negative attitudes towards online psychological counselling. The current study is expected to be useful for mental health professionals providing psychological help in online environments in terms of developing preventive mental health services for individuals and taking precautions to eliminate factors that restrain online psychological counselling process. Thus, the current study examines mediating role of self-disclosure in the relationship between attitudes towards online psychological counselling and perception of social stigma due to receiving psychological help. For this purpose, this study seeks answer to the following research question.

Does self-disclosure have a mediating role in the relationship between social stigma due to psychological help and attitudes towards online counseling?

Methodology

Research Goal

This study uses correlational survey model. For this reason, this study aims to explore the mediating role of self-disclosure in the relationship between perception of social stigma and attitudes towards online psychological counselling.

Sample and Data Collection

Participants of the study consist of 519 adults who live in Turkey and are older than 18 years old. The participants were determined by using random sampling method. The average age of the group is 41.71 and their ages range between 18 and 73.

Prior to the administration of data collection tools, the participants read and signed Informed Consent Form, which was prepared by the researchers themselves. In addition, the study was approved by Süleyman Demirel University Academic Ethic Committee (the resolution dated November 30, 2020 and numbered 99/6).

The data collection tools used in the study were sent to the participants via a link prepared by using Google Forms, and all the data were collected online.

Data Collection Instruments

The data for the study were collected through the following data collection instruments, whose reliability and validity studies were already conducted: "Distress Disclosure Index", "Online Counseling Attitudes Scale" (OCAS), "Stigma Scale for Receiving Psychological Help" (SSRPH) and personal information form. Information about these instruments is presented below.

Distress Disclosure Index

Developed by Kahn and Hessling (2001) and adapted to Turkish by Arslan (2017), this 5-point Likert scale consists of 12 items, and 2nd, 4th, 5th, 8th, 9th and 10th items are reversely scored. The lowest point one can get from the scale is 12 and the highest 60. High scores implies high levels of self-disclosure behavior.

During the adaptation study, the reliability of the scale was tested through item analysis, corrected item-total correlation and confirmatory factor analysis. The confirmatory factor analysis showed that single factor analysis have a good fit ($\chi^2=116.05$, $df=50$, $p=0.00$, $RMSEA=.063$, $NFI=.97$, $NNFI=.97$, $CFI=.98$, $IFI=.98$, $RFI=.95$, $GFI=.94$, and $SRMR=.45$). The reliability coefficient of the scale was calculated as .86. The result of the analyses concluded that Turkish form of *Distress Disclosure Index* is valid and reliable.

Within the scope of the current study, the reliability study was also carried out, and Cronbach's alpha reliability coefficient was found to be .79.

Online Counseling Attitudes Scale (OCAS)

The scale was developed by Rochlen et al. (2004) in order to measure individuals' attitudes towards online counselling and adapted to Turkish by Demirci et al. (2014). OCAS has 10 items and a six-point Likert scale. This scale consists of two dimensions; namely, "value of online counselling" and "discomfort with online counselling". The Cronbach's alpha internal consistency coefficient of the scale was .84 for "value of online counselling" dimension and .80 for "discomfort with online counselling".

Within the scope of the current study, the reliability study was carried out, and Cronbach's alpha reliability coefficient was calculated as .90 for "value of online counselling" dimension and .80 for "discomfort with online counselling".

Stigma Scale for Receiving Psychological Help (SSRPH): Developed by Komiya et al. (2000), SSRPH has 12 items and a 7 point Likert scale. SSRPH aims to investigate individuals' perception about social stigma due to receiving psychological help. The scale was adapted to Turkish by Topkaya (2011), who analyzed the construct validity of the scale through confirmatory factor analysis as part of this adaptation study. According to this factor analysis, Chi-Square value $\chi^2 = 11.81$ was found to be significant at degree of freedom = 3.00 $p < .01$. The proportion of Chi-Square value to degree of freedom (χ^2/df) was calculated as 3.93. The goodness of fit values of the model were as follows: AGFI: .94, GFI: .99, CFI: .99, RMSEA: .08 and SRMR: .02.

As for the reliability analysis of the scale, Cronbach's alpha internal consistency coefficient and McDonald's Omega (ω) structural reliability value were calculated. Cronbach's alpha internal consistency coefficient was calculated as .80 and item-total test correlations were found to be between .53 and .67. In addition, McDonald's Omega (ω), which is defined as structural reliability and calculated by using confirmatory factor analysis results, was found to be .79. These results provide sufficient proof regarding the validity and reliability of the scale.

Cronbach's alpha reliability coefficient of the scale was calculated as .73 in this study.

Common method variance refers to the variance that can be based on shared measurement methods rather than the structures themselves. This may cause measurement errors (Podsakoff et al., 2003; Podsakoff et al., 2012). There is a possibility of common method variance bias due to the use of self-assessment method in this study due to fact that variables of self-disclosure, social stigma and online counselling attitudes are evaluated with the same google link, at the same time and by the same individuals.

One of the most common techniques used by researchers to address the issue of common method variance is Harman's single factor test (Podsakoff et al., 2003). In this study, to test the common method variance, Harman's single-factor test applied. Accordingly, all items were subjected to factor analysis under single factor without rotating. Since the percentage of explaining the total variance of all items is below 50% (20.2%), it has been concluded that there is no common method variance error according to this method (Kline, 2015).

Personal Information Form: Prepared by the researchers themselves, *Personal Information Form* includes questions aiming to obtain data about age and gender of the participants.

Data Analysis

SPSS 26 and SPSS AMOS 24 software were used for the purposes of data analysis in the study. Structural equation model (SEM) assumptions were evaluated before the actual structural equation model. SEM requires a large size of sampling. As for sample size, Kline (2015) suggests 200 observations while Tabacknick and Fidell (2015) claim that at least 300 observations will be sufficient. A total of 519 observations were made in the current study, which clearly meets this assumption. Another assumption is multi-variable normality assumption. It is possible to test the presence of multi-variable normality in the data set by examining normality, linearity and homoscedasticity of each variable (Tabachnik & Fidell, 2015). In order to determine whether variables in a data set show normal distribution or not, skewness and kurtosis values are examined (Büyüköztürk, 2015). Normal distribution of the variables in the current study was tested by examining kurtosis and skewness coefficients. The analysis revealed the following skewness and kurtosis values for each data collection instruments: *Stigma Scale for Receiving Psychological Help (SSRPH)*: kurtosis value 1.12 and skewness value 1.04; *Distress Disclosure Index*: kurtosis value -.57 and skewness value .06; Value of Online Counseling: kurtosis value .18; skewness value .74; Discomfort with Online Counseling: kurtosis value -.55; skewness value -.33. Tabachnik and Fidell (2015) suggested that kurtosis and skewness values should be between -1.5 and +1.5 for normal distribution. Kim (2013) stated that either an absolute skew value larger than 2 or an absolute kurtosis larger than 7 may be used as reference values for determining substantial non-normality for sample sizes greater than 300. In this study, it was seen that kurtosis and skewness values were within the recommended values.

Another assumption is about treatment of extreme values, during which extreme values might be excluded from the data set or researchers may decide to include them in the analysis depending on the characteristics of the study since each piece of data is a source of information (Kalaycı, 2010). The extreme values in the data set of the current study were excluded from the analysis.

A final assumption of structural equation model is lack of multiple linearity. .90 and higher correlation among variables shows multicollinearity (Tabacknick & Fidell, 2015). The correlation coefficients between the variables of this study range between .11 and .39 ($p < .01$), which indicates the lack of multicollinearity in the data set.

Prior to SEM analysis, Pearson Moments Product Correlation Analysis was performed to identify the correlations among the variables in the study. Later, the study tested the model regarding the mediating role of self-disclosure in the relationship between online counselling attitudes and perception of social stigma due to receiving psychological help. Finally, the hypothetical model developed in order to determine whether self-disclosure mediates in the relationship between perception of social stigma due to receiving psychological help and online psychological counselling attitudes was tested through SEM (Structural Equity Modeling).

Findings

Prior to analyzing the mediating role through structural equation model, Pearson Moments Product Correlation Analysis was used to calculate the correlations among the variables. The findings were presented in Table 1 below.

Table 1. Correlation and Descriptive Statistics for the Variables

Variables	1	2	3	4
1.Social Stigma	-			
2. Self-disclosure	-.11***	-		
3. Discomfort with online counselling	.25***	-.15***	-	
4. Value of online counselling	-.12***	.15***	-.39***	-
Mean (\bar{x})	8.61	39.70	12.41	20.15
Standard Deviation (SD)	3.09	8.19	5.54	6.55

* $p < .05$; ** $p < .01$; *** $p < .001$

As Table 1 shows, the correlations among the variables are significantly different ($p < .001$) and range between $r = -.39$ and $r = -.11$. Social stigma mean score of the participants is $\bar{x} = 8.61$ and standard deviation is $SD = 3.09$. Self-disclosure mean score of the participants is $\bar{x} = 39.70$, standard deviation is $SD = 8.19$. Discomfort with online counselling mean score of the participants is $\bar{x} = 12.41$, standard deviation is $SD = 5.54$. Value of online counselling mean score of the participants is $\bar{x} = 20.15$, standard deviation is $SD = 6.55$.

Findings about whether the Measurement Model Fits the Data at a Good or Acceptable Level

The measurement model regarding the mediating role of self-disclosure between social stigma and value of online counselling and discomfort with online counselling was tested by using Confirmatory Factor Analysis (CFA). Figure 1 presents the results of the Confirmatory Factor Analysis (CFA) applied to the assessment model. In the context of the assessment model, we examined the significance of standardized regression coefficients. In order to ascertain whether the assessment model is verified, we need to look at the goodness of fit indices, which reveals values falling within the goodness of fit range. According to the results of this analysis, the fit indexes of the model are $\chi^2/df = 2.57$, $CFI = .93$, $GFI = .91$ and $RMSEA = .05$. Since the obtained goodness of fit values range within the limits of good fitness values (Kline, 2015; Meydan & Şeşen, 2015; Tabachnick & Fidell, 2015), it can be concluded that the measurement model meets the necessary conditions in the structural model to be developed.

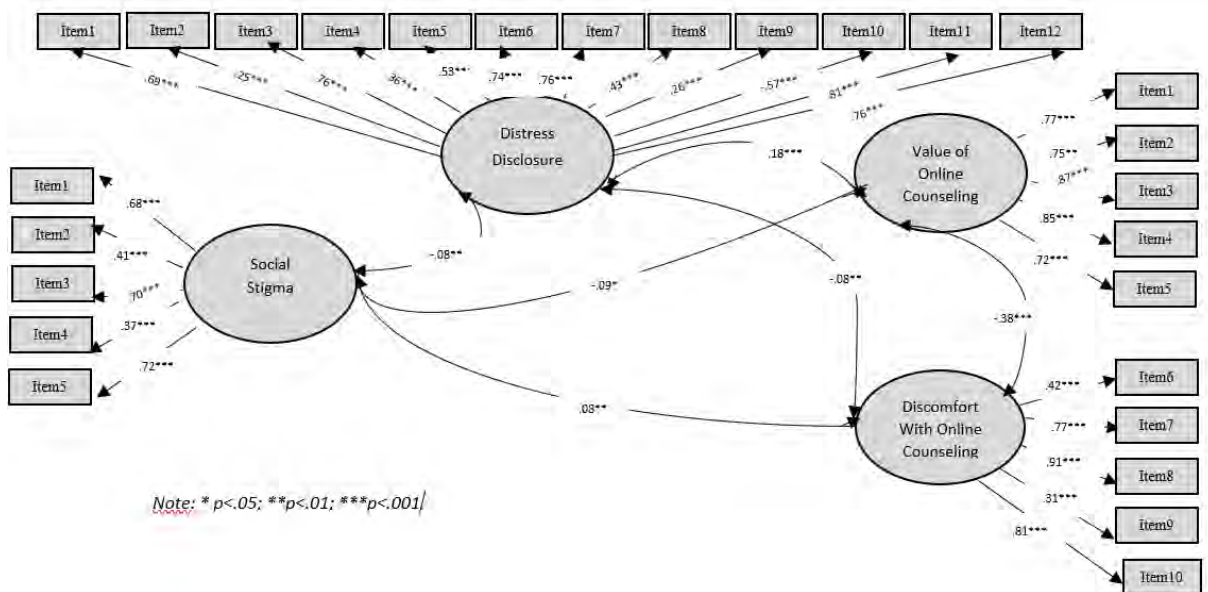


Figure 1. Assessment model

Structural Equation Model Regarding the Mediating Role of Self-disclosure between Social Stigma and Value of Online Counselling and Discomfort with Online Counselling

Prior to the analysis aiming to show whether self-disclosure mediates between social stigma and value of online counselling and discomfort with online counselling in the model, Baron and Kenny's (1986) first hypothesis, whether independent variables have a significant effect on dependent variables, was analyzed. As shown in Figure 2, social

stigma directly and negatively predicts value of online counselling ($\beta = -.16, p < .01$) and positively, directly and significantly predicts discomfort with online counselling ($\beta = .26, p < .001$).

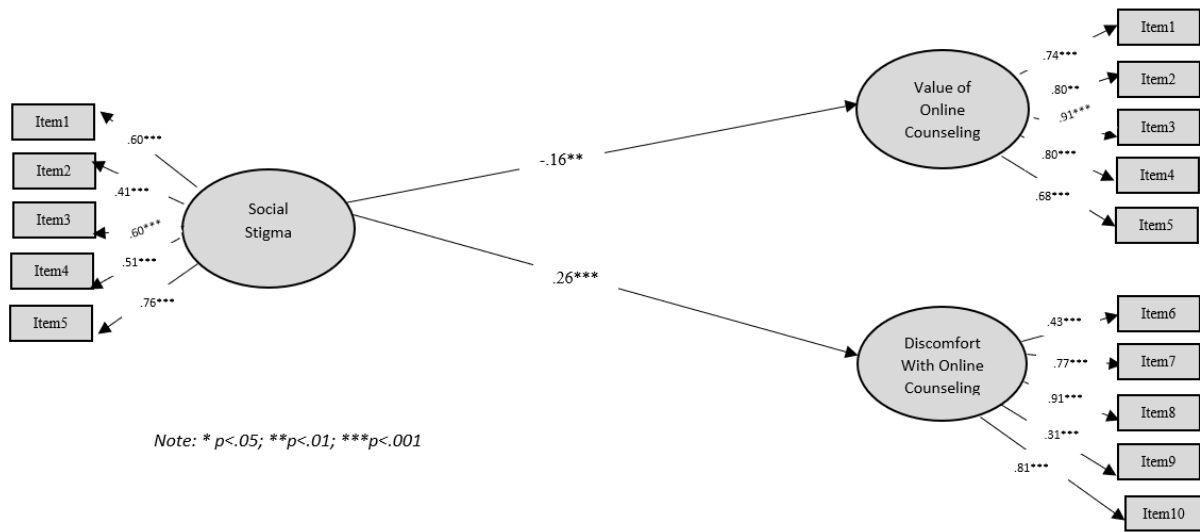


Figure 2. Regression analysis result regarding how social stigma predicts value of online counselling and discomfort with online counselling

It was analyzed whether social stigma had a significant effect on the value of online counseling and discomfort with online counseling. The results of this analysis are displayed in Table 2 below.

Table 2. Regression coefficients regarding how social stigma predicts value of online counselling and discomfort with online counselling

Variables		β	B	S.E	C.R	p
Social Stigma	→ Value of Online Counselling	-.16	-.29	.10	-2.95	.003**
Social Stigma	→ Discomfort with Online Counselling	.26	.28	.06	4.46	.000***

According to Table 2, the direct effect of social stigma on online counselling and discomfort with online counselling is significant. As stated by Baron and Kenny (1986), the first condition has been met before testing the “mediating role”.

Findings Regarding the Mediating Role of Self-Disclosure between Social Stigma and Value of Online Counselling and Discomfort with Online Counselling

The model was tested through Structural Equation Analysis in order to explore the mediating effect of self-disclosure. It is possible to talk about a mediating effect if an independent variable has a significant effect on a mediating variable. In addition, when a mediating variable is included in regression analysis together with an independent variable, mediating variables must have a significant effect on the dependent variable while the effect of the independent variable on the dependent variable decreases or becomes insignificant (Baron & Kenny, 1986). Under the light of these suggestions, the mediating effect was tested and hypothetical model regarding this mediating role was presented in Figure 3.

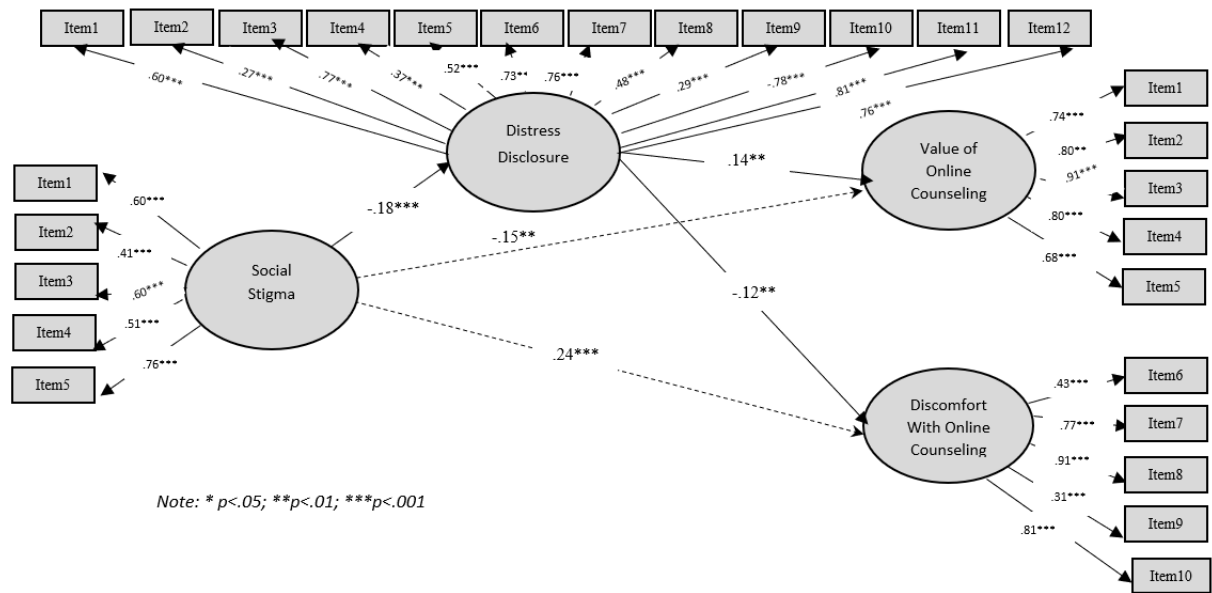


Figure 3. Structural equation model regarding the mediating role of self-disclosure between social stigma and value of online counselling and discomfort with online counselling

As shown in Figure 3, social stigma negatively, directly and significantly predicts self-disclosure ($\beta = -.18, p < .001$). In addition, self-disclosure positively, directly and significantly predicts value of online psychological counselling ($\beta = .14, p < .01$); negatively, directly and significantly predicts discomfort with online psychological counselling ($\beta = -.12, p < .01$). Similarly, social stigma negatively, directly and significantly predicts value of online psychological counselling ($\beta = -.16, p < .01$); but positively, directly and significantly predicts discomfort with online psychological counselling ($\beta = .26, p < .001$). However, when mediating variable is included in the model, it is seen that the effect between social stigma and value of online psychological counselling ($\beta = -.15, p < .01$) and discomfort with online counselling ($\beta = .24, p < .001$) decreases. In this situation, self-disclosure has a partial mediating effect between social stigma and value of online counselling and discomfort with online counselling. When the fit indexes of the structural model are examined, it is seen that the result is 3.93 when Chi Square value is divided by degree of freedom. In addition, the goodness of fit indexes of the model were calculated as follows: GFI=.95, CFI=.96, AGFI=.91 and RMSEA=.07. The values are within the range of good fitness values.

Table 3 below displays the bootstrapping coefficient, which was calculated by using 10.000 resampling method and shows whether the indirect effects of the partial mediation determined in the model are significant. The table also displays lower and upper bounds of 95% confidence intervals.

Table 3. Bootstrapping results regarding the mediation of self-disclosure between social stigma and value of online counselling and discomfort with online counselling

Indirect Effects	Coefficient	SE	%90 Confidence Interval	
			Lower Limit	Upper Limit
Social Stigma → Self-disclosure → Value of online counselling	-.021	.012	-.048	-.006
Social Stigma → Self-disclosure → Discomfort with online counselling	.016	.010	.004	.039
Total Effects				
Social Stigma → Self-disclosure → Value of online counselling	-.122	.066	-.224	-.011
Social Stigma → Self-disclosure → Discomfort with online counselling	.243	.062	.144	.347

According to Table 3, bootstrap analysis shows that partial mediation model is statistically significant. When Table 3 is examined, it can be concluded that all the effects in the model are significant. Bootstrap confidence intervals of both indirect effects and total effects do not include the upper and lower limits of zero. Therefore, the significance of the mediating effect of self-disclosure between social stigma and the value of the online counselling and the discomfort with online counselling was supported.

Discussion

The results of the study revealed that perception of social stigma directly, negatively and significantly predicts self-disclosure. As the perceptions and beliefs of adults about the possibility of experiencing social stigma due to receiving psychological help increase, their self-disclosure levels decrease.

Individuals' receiving psychological help about their personal and emotional problems is considered a self-disclosure behavior (Kushner & Sher, 1989). Clients are expected to disclose themselves so that psychological counselling process can be carried out effectively. However, disclosing personal information to others is considered by the society both a betrayal to the family and a sort of personal weakness (Al-Darmaki, 2003, 2011). Although the need for mental health services has considerably increased, individuals avoid being exposed to discrimination in the society (Üçok, 1999) and experiencing fear of social stigma (Vogel et al., 2005).

The literature review did not reveal any studies that report the correlation between self-disclosure and fear of social stigma. However, the available studies showed that both self-disclosure and perception of social stigma affect attitudes towards seeking and receiving psychological help (Greenidge & Daire, 2010; Komiya et al., 2000; Vogel et al., 2005; Vogel et al., 2009; Vogel & Wester, 2003). Therefore, individuals might think that they are not accepted by the society, i.e they experience social stigma because they seek or receive psychological help (Vogel et al., 2006; Vogel et al., 2007; Vogel et al., 2009) and they may not display self-disclosure behavior.

The current study concluded that self-disclosure directly and positively predicts value of online counselling and directly, negatively and significantly predicts discomfort with online counselling. In other words, as individuals' self-disclosure levels increase, their perception and beliefs regarding value of online psychological counselling increase while their perceptions and beliefs about discomfort with online counselling decrease.

The research also concluded that self-disclosure behavior during psychological counselling can also occur in online environments just like in face-to-face environments (McKenne, 1998), even self-disclosure levels in an online environment are higher than those in face-to-face counselling (Cui et al., 2010). In addition, Vogel and Wester (2003) reported that individuals displaying less self-disclosure behavior have more negative attitudes towards psychological counselling and avoid receiving psychological help. Similarly, this study revealed that self-disclosure levels positively affect positive attitudes towards online psychological counselling (value of online psychological counselling) and negatively affects negative attitudes (discomfort with online counselling).

When compared to face-to-face psychological counselling, online psychological counselling is reported to be more advantageous in terms of accessibility, cost and flexible hours (Awabil & Akosah, 2018; Bozkurt, 2013; Chester & Glass, 2006). Although online psychological counselling seems to have a lot of advantages regarding the issues mentioned above, it might have some disadvantages for individuals having difficulty in disclosing themselves. To illustrate with, although these individuals once had the opportunity to receive face-to-face psychological counselling without informing other family members, they might have to receive this psychological counselling in home environment due to certain reasons; therefore, family members might learn about this counselling sessions or a family member might enter the room during counselling, which interrupts the session and spoils therapeutic relation. Therapeutic relationship is crucial to ensure effective contribution of client, inspires feeling of trust and instils hope (Hackney & Cormier, 2008). Feeling confident helps client to disclose himself about personal and sensitive issues (Erus, 2020).

According to the results of the study, self-disclosure partially mediates between perception of social stigma and the relationship between value of online counselling and discomfort with online counselling. The findings revealed that the participants disclosed themselves less as perception of social stigma increased; and as the self-disclosure levels decreased, the attitudes and beliefs towards value of online psychological counselling decreased while there was an increase in their attitudes and beliefs towards discomfort with online psychological counselling.

The uncertainty of the disease, insufficient information about it, fear of losing beloved ones and lack of control on the developments during COVID-19 pandemic have triggered anxiety problems and some fears for many people (Brooks et al., 2020) and affected their mental health negatively (Duan & Zhu, 2020). Therefore, people need psychological counselling more and more during this period. However, those who want to receive psychological counselling have had to receive this help in online environments. The results of the study showed that perception of social stigma both directly and indirectly as well as negatively and significantly predicts value of online psychological counselling and significantly and positively predicts discomfort with online psychological counselling, which clearly revealed the effect of social stigma on initiating and continuing online psychological counselling as a method preferred more due to the pandemic.

The literature showed a negative correlation between social stigma and seeking psychological help (Kavas et al., 2014; Topkaya, 2011; 2014). Those who think that they are weak or will be looked down on due to seeking for psychological help, i.e they will experience social stigma, will not develop a positive attitude towards online counselling since they are not likely to consider this type of counselling valuable, and they will even develop a negative attitude by feeling discomfort with online psychological counselling. Indeed, as the related studies reported, the fact that those who seek

or receive professional help are labelled by the society as problematic, unwelcomed and unacceptable is the biggest obstacle preventing people from seeking and receiving psychological help (Komiya et al., 2000; Vogel et al., 2009).

Individuals receiving professional mental health service might be regarded weird and labelled as dependent, insecure and asocial by other members of the society (Sibicky & Dovidio, 1986). The study revealed that as perceptions and beliefs of individuals regarding social stigma due to receiving psychological help increase, their tendency to develop positive attitude towards receiving psychological help decreases (Gürsoy & Gizir, 2018; Topkaya, 2014; Vogel et al., 2013). In addition, Hinson and Swanson (1993) suggested that those who would like to receive psychological help is likely to talk to counselor about himself and his problem and volunteer to disclose himself. A similar situation for online psychological counselling is implied by the current study, which concluded that perception of social stigma negatively affects perceptions and beliefs about value of online psychological counselling both directly and through self-disclosure; and positively affects perceptions and beliefs about discomfort with online psychological counselling,

In fact, the related studies in the literature claimed that online psychological counselling is more advantageous than face-to-face psychological counselling (Zeren, 2020). For instance, Joyce (2012) claims that online psychological counselling is a logical option for males experiencing confusion about their gender roles, individuals feeling anxious about experiencing social stigma due to their visits to mental health centers and those having problems in disclosing themselves as a negative personality trait. Chang and Yeh (2003) suggest that online methods rather than traditional ones help males feel less constrained by masculine stereotypes and online counselling provides a more anonymous context to express their emotions and personal concerns. Therefore, although online psychological counselling creates an environment where clients might experience less social stigma, certain obstacles regarding initiation and continuation of online psychological counselling and people's experiencing higher levels of anxiety about social stigma due to a relatively more difficult counselling process at home due to COVID-19 pandemic might have caused clients to develop negative attitudes towards online psychological counselling.

People might think that they are weak, will be criticized by the society, i.e. they will experience social stigma when they seek online psychological help. They may feel anxious about perception of social stigma and being evaluated negatively and refrain from disclosing themselves because their families know about this online psychological help. The reason lying behind this behavior is that Turkish culture gives more importance to environment and family than individuality and encourages people to receive personal and emotional support from the family (Kağıtçıbaşı, 2005). The studies show that friends and families have an important effect on people's decision to receive psychological help (Chadda et al., 2001). When we consider the issue in terms of clients' culture and family environment, we might find that sharing one's problems with a professional, receiving help and expressing one's feelings have negative connotations in collectivist cultures. This situation, in turn, might lead to high levels of social stigma perception because Omarzu (2000) evaluated self-disclosure behavior in psychological counselling in terms of its benefits and risks. "Expected benefit" refers to individuals' perception regarding receiving help from a psychological counsellor (Vogel et al., 2007), and "expected risk" is defined as dangers of disclosing oneself to psychological counsellor (Vogel & Wester, 2003). At this point, although they may need online psychological counselling, they might prefer not to disclose themselves by perceiving the possibility of social stigma by the society and family. Those who fail to disclose themselves might have low levels of attitudes towards value of online counselling, high levels of attitudes towards discomfort with online psychological counselling. In other words, they might have more negative attitude than positive one towards online psychological counselling.

Conclusion

The results of the study revealed that perception of social stigma directly, negatively and significantly predicts self-disclosure. As the perceptions and beliefs of adults about the possibility of experiencing social stigma due to receiving psychological help increase, their self-disclosure levels decrease. In addition the study revealed that self-disclosure directly and positively predicts value of online counselling and directly, negatively and significantly predicts discomfort with online counselling. In other words, as individuals' self-disclosure levels increase, their perception and beliefs regarding value of online psychological counselling increase while their perceptions and beliefs about discomfort with online counselling decrease.

According to the results of the study, self-disclosure partially mediates between perception of social stigma and the relationship between value of online counselling and discomfort with online counselling. The findings revealed that the participants disclosed themselves less as perception of social stigma increased; and as the self-disclosure levels decreased, the attitudes and beliefs towards value of online psychological counselling decreased while there was an increase in their attitudes and beliefs towards discomfort with online psychological counselling.

Recommendations

The following suggestions are based on the findings of the current study. For instance, social stigma tendencies can be minimized and people's self-disclosure behaviors can be encouraged by increasing awareness of the society through public service announcements suggesting the perception that mental health services are also a normal needs for people just like other health services provided by medicine science.

Online psychological counselling might be encouraged by informing people that psychological counselling service might also be received online when needed. Clients receiving online psychological counselling service are likely to develop positive attitude towards that type of counselling service. Moreover, therapeutic relationship they establish with their consultants during online psychological counselling might help them to overcome their fear of social stigma and encourage them to disclose themselves.

Further studies might be designed to focus on variables that affect online psychological counselling attitudes. Finally, further research might deal with the mediating role of other variables that are likely to increase online psychological counselling attitudes by minimizing social stigma.

Limitations

Participants were included in the study regardless of whether they had received previously face-to-face or online counseling. The fact that this variable was not differentiated was seen as a limitation in terms of the research.

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