IMPACT OF SELF STIGMA AND SOCIAL STIGMA OF MENTAL ILLNESS ON THE ATTITUDE OF PEOPLE TOWARDS SEEKING PSYCHOLOGICAL HELP

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ABSTRACT

The aim of the present study is to determine the prevalence of self /social stigma of mental illness, attitude of people towards seeking psychological help and the impact of self-stigma/social stigma of mental illness on the attitude of people towards seeking psychological help. Another objective of the study was to see the impact of demographics on the study variables. The sample comprised of 200 participants (males= 68 and females=132) between the age range of 20 to 60 years. Data was collected through convenient purposive sampling from the twin cities of Pakistan i.e. Rawalpindi and Islamabad. Attitude Toward Seeking Professional Psychological Help Scale (ATSPPHS) (Fischer and Farina, 1995), Self-Stigma of Seeking Help Scale (SSOSHS) (SSOSHS; Vogel et.al., 2006) and Social Stigma for Receiving Psychological Help Scale (SSRPHS) (SSPRH; Komiya et.al., 2000) were used for data collection.

Results found moderate reliability for the psychometric properties of scales. The prevalence of attitude towards seeking psychological help was found to be 59.5%, self-stigma was 61 % and social stigma was 60% in the entire sample. There was significant negative correlation between Attitude towards seeking psychological help with self-stigma (r= -.01, p<.01) and social stigma (r= -.36, p<.01). Further results indicated that the impact of demographic variables (age, education, gender and marital status) on study variables (Attitude towards seeking psychological help, self stigma and social stigma) were non-significant. These findings suggested that perceived self stigma and social stigma does have an impact on the attitude of people towards seeking psychological help.

Keywords: Attitude towards seeking psychological help, Self Stigma, Social Stigma

INTRODUCTION

Mental health is an important part of generalized health of a human being. One third of the importance is given to the psychological aspect of health by the "Bio-Psycho-Social Model of disease". In daily human life; lack of education, real life stressors and poor financial conditions etc. are all the causative factors of mental health problems in Pakistan (Batool *et.al.,* 2008). Unfortunately mental health problems are subjected to such a disgrace and nonscientific understanding that most people having mental health problems seldom pursue treatment (Corrigan, 2004).

In most societies, mental health problems are disreputable and disapproved. Such attitudes have adverse effects on social adaptations and attitude towards seeking mental health counseling and services (Deborah *et.al.,* December, 2011).

Link and Phelan (2001) described that people tend to differentiate and label the differences existing in humans. Members of dominant culture in a society tend to mark the individuals with undesirable attributes. People who are negatively marked are placed in separate categories from those who are not stigmatized. As a result of these factors, individuals who are labeled tend to face status loss and are marginalized. The one who is in power and has access to economic, social and political power can stigmatize individuals. Thus, stigmatization is a systematic process; it starts from labeling a behavior, followed by the creation of groups on that basis, and results in discrimination at large.

In other words, any act that is categorized as unacceptable and undesirable by the society is referred to as a stigma. And when an individual deviates from norms and indulge in any such act, he is stigmatized by the society and has to face denunciation (Link & Phelan, 2001).

Self Stigma is a process in which a person with a mental illness knows about the prevailing stereotypes about mental health and illness and thus inherently internalizes those stereotypes to him or herself. This often results in low self esteem and hopelessness (Dunion & McArthur, 2002) i.e. individual will have a negative belief about the self (stereotype) that he or she is incompetent and weak. As a result, there will be agreement with this belief and thus negative feelings will be formed by the individual i.e. feelings of insignificance and low self efficacy. This can lead to behavioral reactions like failure to complete a task or a job (Corrigan & Watson, 2002).

Stereotype is the prejudice that one group of individuals have about the other groups. People who form prejudice against such groups tend to conform to these beliefs and thus generate negative emotional responses. For instance, stereotypes against mental illness include blame, dangerousness and uselessness. This prejudice then leads to Discrimination which is the behavioral reaction to the prejudice. This discrimination is inflicted in various ways like coercion, withholding help, loss of opportunities, isolation and avoidance etc. (Corrigan, Larson & Rusch, 2009) Thus mental health stigma is the belief that the person who seeks mental health services is flaw-full and socially undesirable (Vogel, Wade, & Haake, 2006).

Mental health problems are usually considered flaw full and shameful, and are least talked about. Most individuals do not seek help, and proper mental health services. In Pakistani culture, however, consulting spiritual healers is considered more desirable than seeking no help at all.

Individuals with reportedly high levels of self-stigma give less importance to care provided by general practitioners or psychiatrists (Pattyn, Verhaeghe, Sercu & Bracke, 2014). Individuals with higher levels of perceived Public-stigma rated informal help seeking as less important (Pattyn, Verhaeghe, Sercu & Bracke, 2014). However, the presence of any mental health problem in an individual or in someone among his peers contributes to the mental health stigma differently. People with depression show more social tolerance towards people with mental health problems, and a positive view towards medication like antidepressants (Aromao, Tolvanen, Tuulari & Wahlbeck, 2011).

Researchers suggest that the stigmatization of mental health problems can also be subjected to the "Mental Health illiteracy". In many societies there is a lack of awareness about various mental health issues and many members of public are unaware of specific mental health problems and distresses (Jorm, 2000).

The present study was conducted to measure the impact of two major types of stigmatization, i.e. social stigma and self stigma of mental health, on the attitude of people of Rawalpindi and Islamabad to seek mental health consultation and specialized services. The demographics were designed in such a way that helped to view the impact of stigma in light of factors, like, gender, age, educational background, marital status, and monthly income. Mental health stigma is one of the least studied aspects of Mental Health in Pakistani society. Age and Education is considered one of the most important factors for variation in knowledge, perception and attitude (Batool, I., 2008).

Psychology is a field of study that is till now not being accepted by general population. It is not just in Pakistan, but in the whole world, people have their beliefs and false perceptions about it. These beliefs have stigmatized Psychologist/Psychiatrist and thus people abhor seeking help or going to mental health professionals. This research attempts to identify the extent to which this stigma is present in Pakistani society. It also focuses on the attitude of people towards mentally ill individuals and towards seeking Psychological help.

RESEARCH METHOD

OBJECTIVES

- To see the prevalence of self stigma and social stigma of mental illness and attitude of people toward seeking psychological help.
- To see the impact of self and social stigma of mental illness on the attitude of people to get psychological help.
- To see the impact of demographics(age, education, gender and marital status) on self and social stigma.

SAMPLE

The sample of study comprised of 200 participants who were chosen through convenient purposive sampling from twin cities i.e. Islamabad and Rawalpindi. The age range of sample was between 20 and 60. They belonged to different educational backgrounds.

INSTRUMENT

Demographic Sheet: The demographic sheet asked the participant's age, gender, educational background, monthly income and marital status.

Attitude Towards Seeking Professional Psychological Help Scale (ATSPPHS): The attitude of people towards seeking professional help was measures through ATSPPHS (Fischer and Farina, 1995) which is a ten item, likert type, self reporting questionnaire and is the revised version of the original that had 29 items (Fischer & Tunner's, 1970). Five items i.e. 2, 4, 8, 9 and 10 are reverse scored. Maximum score that can be achieved on the scale is 40 which reflects more positive attitude. The reliability of scale is .83.

Self Stigma of Seeking Help Scale: For measuring self stigma, Self-Stigma of Seeking Help Scale was used (SSOSHS; Vogel *et.al.,* 2006). It is a 10 item self reporting scale that had items like, "Seeking psychological help would make me feel less intelligent." The responses are rated on a 5 point likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Maximum score is 50 and higher the score, the grater self stigma. The internal consistency of the scale was found out to be between .86 to .90 with the reliability of .72 (Vogel *et.al.,* 2006).

Social Stigma for Receiving Psychological Help Scale*:* In order to evaluate the participant's perception about the stigma attached to seeking professional psychological help, the Social Stigma for receiving psychological help scale was utilized. (SSPRH; Komiya *et.al.,* 2000). This scale comprises of five items that are rated on a 4 point likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). The highest score that can be obtained is 20. The higher score indicate the presence of more social stigma associated with seeking professional help by individual.

PROCEDURE

The sample of the research was taken through convenient purposive sampling from Islamabad and Rawalpindi. The purpose of the research was made clear to them. Firstly they were asked to read the consent form and sigh it if they agree to be a part of research. They were then given the necessary instructions about the questionnaire and were asked to complete it as truthfully as possible. The maximum time taken by participants to fill it was 15 minutes. At the end they were thanked for their participation in the research. The data was screened and analyzed through SPSS version 20.

RESULTS

The study comprised of 200 participants among which 68 were males (n=200) and females were 132 (n=200). Descriptive statistics (i.e. means, standard deviations, and frequencies) and Psychometric properties (i.e. reliability coefficients of instruments) were calculated. All scale mean scores, standard deviations and reliability coefficients were found to be inconsistent with their respective published data (Table-1). First objective of study was to see the prevalence of self stigma and social stigma of mental illness and attitude of people towards psychological help in the twin cities of Pakistan i.e. Rawalpindi and Islamabad. The results showed that the prevalence rate of attitude of people toward seeking psychological help is 59.5% among entire sample, 60% in male and 59% in female (Table-2), frequency of self stigma is 61%, among males 65% and among females it is 59% (Table-2) & the prevalence of social stigma in the whole sample is 60% while 62% among males and 59% among females (Table-2).

TABLE-1
MEAN, STANDARD DEVIATION AND ALPHA COEFFICIENT OF ATTITUDE OF PEOPLE TOWARD SEEKING PSYCHOLOGICAL HELP, SELF STIGMA AND SOCIAL STIGMA (N=200)

Variables	***M***	***SD***	***a***
ATSPPHS	26.36	5.39	.66
Self Stigma	29.45	4.01	.186
Social Stigma	12.17	2.81	.55

Note: ATSPPHS-Attitude of people toward seeking psychological help
SSOSHS-Self Stigma of Seeking Help Scale:
SSPRH-Social Stigma for Receiving Psychological Help Scale

TABLE-2
PREVALENCE OF ATTITUDE OF PEOPLE TOWARD SEEKING PSYCHOLOGICAL HELP, SELF STIGMA AND SOCIAL STIGMA (N=200)

Symptoms	***F***	***%***
ATSPPHS	119	59.5
SSOSHS	122	61
SSPRH	120	60

Note: ATSPPHS-Attitude of people toward seeking psychological help
SSOSHS-Self Stigma of Seeking Help Scale:
SSPRH-Social Stigma for Receiving Psychological Help Scale

Second objective of present study was to find correlation between attitude of people towards seeking psychological help, self stigma and social stigma of mental illness. Pearson correlation was used to find the relationship between variables. Significant negative correlations were found between the

attitude of people and self stigma *(r= -.01, p< .01)* and negative correlation between attitude of people and social stigma *(r= -.36, p< .01)* was also significant (Table-3).

TABLE-3
PEARSON CORRELATION BETWEEN ATTITUDE OF PEOPLE TOWARD SEEKING PSYCHOLOGICAL HELP, SELF STIGMA AND SOCIAL STIGMA (N=200)

Variables	1	2	3
ATSPPHS	---	-.014	-.361**
SSOSHS	-	-	-
SSPRH	-	-	-

Note: ATSPPHS-Attitude of people toward seeking psychological help
SSOSHS-Self Stigma of Seeking Help Scale:
SSPRH-Social Stigma for Receiving Psychological Help Scale
** Significant Correlation at the point of 0.01

Third objective of the study was to find the impact of demographics on self and social stigma. The demographic variables of age, years of education, gender and marital status were studied. To examine these differences, independent sample t-tests were calculated (Table 4, 5, 6 & 7). Results indicated that age has a non significant correlation with the study variables. Years of education and study variables were found to have a negative correlation. Results showed that the impact of self stigma and social stigma is similar on male and female and also the attitude toward seeking psychological help doesn't differ across gender. Married and single individuals also do not differ in their attitudes towards seeking psychological help and the influence of self stigma and social stigma also doesn't differ.

TABLE-4
PEARSON CORRELATION BETWEEN AGE AND ATTITUDE OF PEOPLE TOWARD SEEKING PSYCHOLOGICAL HELP, SELF STIGMA AND SOCIAL STIGMA (N=200)

Variables	**Age**
Attitude of people toward seeking psychological help	.095
Self Stigma	.090
Social Stigma	.081

The correlation between age and study variables is non-significant.

TABLE-5
PEARSON CORRELATION BETWEEN YEARS OF EDUCATION AND ATTITUDE OF PEOPLE TOWARD SEEKING PSYCHOLOGICAL HELP, SELF STIGMA AND SOCIAL STIGMA (N=200)

Variables	**Years of Education**
Attitude of people toward seeking psychological help	-.021
Self Stigma	-.104
Social Stigma	-.014

There is negative correlation between years of education and study variables.

TABLE-6
MEAN DIFFERENCES ACROSS GENDER ON ATTITUDE OF PEOPLE TOWARD SEEKING PSYCHOLOGICAL HELP, SELF STIGMA AND SOCIAL STIGMA (N=200)

	Males		Females						
	(n=68)		*(n=132)*				95% *CI*		Cohen's *d*
Variables	*M*	*SD*	*M*	*SD*	*t (200)*	*p*	*LL*	*UL*	
APTSPH	26.07	5.49	26.50	5.36	-.529	.598	-2.02	1.16	-.07
Self Stigma	30.19	3.84	29.07	4.06	1.88	.06	-.050	2.29	.27
Social Stigma	12.47	2.48	12.01	2.96	1.11	.27	-.362	1.28	.16

Note: APTSPH- Attitude of people toward seeking psychological help

TABLE-7
MEAN DIFFERENCES ACROSS MARITAL STATUS ON ATTITUDE OF PEOPLE TOWARD SEEKING PSYCHOLOGICAL HELP, SELF STIGMA AND SOCIAL STIGMA (N=200)

	Single		Married						
	(n=56)		*(n=144)*				95% *CI*		Cohen's *d*
Variables	*M*	*SD*	*M*	*SD*	*t (200)*	*P*	*LL*	*UL*	
APTSPH	26.17	5.27	26.77	5.72	-.674	.501	-2.251	1.104	-.09
Self Stigma	29.47	4.22	29.41	3.43	0.86	.931	-1.194	1.303	.12
Social Stigma	12.03	2.98	12.52	2.25	-1.11	.27	-1.361	.380	-.16

Note: APTSPH- Attitude of People Toward Seeking Psychological Help

DISCUSSION

The results of the present study showed that the prevalence rate of attitude of people toward seeking psychological help is 59.5% among entire sample, 60% in male and 59% in female, frequency of self stigma is 61%,

among males 65% and among females it is 59%; similarly the prevalence of social stigma in the whole sample is 60% while 62% among males and 59% among females. According to the finding of a similar research, it showed that self stigma was higher in males, older student and people with lower socio economic status (Golberstein, Eisenberg & Gollust, 2008).

The second objective of the present study was to find out the impact of self stigma and social stigma on the attitude of people toward seeking psychological help. There was significant negative correlation between attitudes of people and self stigma *($r= -.014$, $p< .01$),* correlation between attitude of people and social stigma was also significantly negative *($r= -.361$, $p< .01$)*.The results of the present research are supported by a similar study conducted by Hobson (2008) which found a significant negative correlation between self stigma and attitude of people was found *($r= .58$, $p <.01$)* whereas between social stigma and attitude of people was also significant *($r=.60$, $p<.01$).* The result of the present research is confirmed by the previous researches which illustrated that the higher the self or social stigma, the more negative will be the attitude of people toward seeking psychological help (Hobson, 2008,).The results of this study are also in line with the results found in a previous research i.e. negative correlation of self stigma and social stigma with the attitude of people toward seeking psychological help (Vogel, Wade & Hackler, 2007).

The third objective of the present study was to find out the influence of demographic variables (age, education, gender and marital status) on the study variables. The correlation between age and attitude of people was non-significant. Similarly the correlation between years of education and attitude of people was negative but not significant. This means that an individual with less knowledge has more stigmatized and negative attitude toward seeking psychological help. The results are supported by another research which showed that the participants' attitude toward seeking help was more positive after watching informative programs related to psychotherapy (Smithson, 2009).

The research at hand also found that the impact of self stigma and social stigma on the attitude of people toward seeking psychological help does not differ across gender or marital status. The demographic variable of marital status was also found to have non-significant correlation with the attitude of people towards seeking psychological help. This is supported by a previous study which found that the demographic variables (age, years of education, gender and marital status) have no effect on the attitude of people and internalization of stigma. Except that the lesser years of education correspond to more stigma of mental health (West, Yanos, Smith, Roe & Lysaker, 2011).

LIMITATIONS

The sample of the research was small and was taken from a particular geographical location. Instead of purposive sampling, random sampling should have been used to generate more generalized results. Further research should be done by keeping these issues in mind.

CONCLUSION

The study at hand found that the prevalence rate of Self stigma was 61%, social stigma 60% and attitude of people toward seeking psychological help in the entire sample was 59%. It also found that there is significant negative correlation between attitude of people with self and social stigma. The correlation between study variables and demographic variables was non-significant. Although the correlation between education and study variables was found non-significant, it showed negative correlation which suggested that the lower level of knowledge of an individual about mental health and illness and the psychological services lead to internalization of self stigma and social stigma and thus a negative attitude toward seeking psychological help. Therefore the results indicate that self stigma and social stigma does influence the attitude of people toward seeking psychological help and the stigmatization of psychological help is due to lack of education and awareness about mental illness.

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