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Willingness to Seek Psychological Help among Turkish Adults

Nursel TOPKAYA¹

Abstract

The aim of the current study was to examine the relationships between loss of face, public stigma, social network stigma, attitudes towards seeking psychological help, and willingness to seek psychological help among Turkish adults. The results of structural equation modeling of data from 202 Turkish adults demonstrated that loss of face was significantly and directly related to willingness to seek psychological help. The results also revealed that the relationship between public stigma and willingness to seek psychological help was mediated by attitudes toward seeking psychological help. Furthermore, 10% of the variance in attitudes toward seeking psychological help and 48% of the variance in willingness to seek psychological help were explained by the final model. The results are discussed in the current socio-cultural context and previous research findings.

Keywords: loss of face, public stigma, social network stigma, attitudes, help seeking, Turkey.

Introduction

As in many other countries, researchers noted high prevalence of mental health problems among Turkish people and unwillingness to seek psychological help for those problems (Erol, Kiliç, Ulusoy, Keçeci, & Şimşek, 1998; Topkaya & Meydan, 2013). This makes it important for researchers and practitioners to understand the factors that may impact one's willingness to seek psychological help in Turkey.

Loss of face, public stigma, and social network stigma have all been showed to correlate with both attitudes and willingness to seek psychological help (Gong, Gage, & Tacata, 2003; David, 2010; Leong, Kim, & Gupta, 2011; Ludwikowski, Vogel & Armstrong, 2009; Yakunina & Weigold, 2011). Gong et al., (2003) state

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that concerns for loss of face are not solely an “Asian American” or “Asian” concern, but also affect individuals from all societies and ethnic groups (p. 471). Yet, the relationships between loss of face, attitudes and willingness to seek psychological help have remained largely as unexplored in Turkey. Moreover, there are gaps in the literature related to loss of face, public stigma, and social network stigma and how these factors impede on Turkish adults. Therefore, the purpose of this study was to examine the implications of loss of face, public stigma, social network stigma, and attitudes on willingness to seek psychological help.

Help-Seeking In Turkey

Culture not only influences the perceptions but also the explanations and behavioral choices regarding the health and illness concerns (Arnault, 2009). Turkish culture is generally considered to value collectivist norms of the importance of family and close relationships (Imamoglu, 1987). In collectivist cultures, the self is defined by important relationships, group memberships, and social roles, while in individualistic cultures the self is defined by consistent expression of unique personal characteristics independent from social relationships (Cross, Gore, & Morris, 2003; Markus & Kitayama, 1991; Triandis, 1989). In Turkish culture, the family is considered central and family members are often close (Aytaç, 1998; Imamoglu, 1987; 2003). Family is also one of the main sources of support in addressing problems (Imamoglu, 2003). Turkish people usually obtain psychological help from their families or other informal social support networks rather than from formal professional sources (Mocan-Aydın, 2000). Traditionally, it is more suitable not to self-close private experiences to the people outside the family. Moreover, the fear of public stigmatization in relation to willingness to seek psychological help is common pattern among Turkish people (Kocabaş & Aliustaoğlu, 2003; Topkaya, 2011a). Therefore, Turkish people may experience increased public-stigma, social network stigma, and loss of face due to the desire to protect not only their own reputation but also that of their family.

Study Variables in relation to Willingness to Seek Psychological Help

Reviews of research have shown that some cultural factors are not examined as the other factors in the help-seeking literature. Loss of face is such factor. Face is one's situations defined by specific roles that one carries out as a member and representative of a group concerning his/her social character and social integrity (Zane & Yeh, 2002). Loss of face can be defined as deterioration in one's social image (Kam & Bond, 2008). In recent years, a number of research studies have been conducted to examine the loss of face or the negative experiences associated

with loss of face and how these factors affect the individuals (Zane & Yeh, 2002; Mak, Chen, Lam, & Yiu, 2009; Lin & Yamaguchi, 2011).

To date, some of the empirical studies included the loss of face as a variable in help-seeking literature and the results of empirical investigations have produced inconsistent results. Some studies demonstrated that higher loss of face concerns lead to negative attitudes towards seeking psychological help or less willingness to seek help. For example, Zayco (2008) found that lower loss of face concerns were significant predictors of positive help-seeking attitudes of Asian Americans. Leong et al., (2011) found that higher loss of face was associated with negative attitudes toward seeking psychological help among Asian American college students. On the other hand, the results of some studies demonstrated that there was a significant positive relationship between loss of face and intentions to seek counseling or no relationship. For instance, a study with Asian international students (Yakunina & Weigold, 2011) showed that greater loss of face concern was related to greater intention to seek help. Leong, Wagner, and Kim (1995) found that loss of face was not a significant predictor of positive attitudes toward group counseling.

Another variable that is related to willingness to seek psychological help is public stigma. Public stigma refers to the perception endorsed by a group or society that an individual is socially unacceptable if the person seeks psychological help (Corrigan, 2004). Certainly, research studies indicate that public stigma associated with seeking mental health services keep the people from seeking psychological help. One study conducted in Turkey revealed that public stigma was negatively and directly related with the help seeking intentions of Turkish adults (Topkaya, 2011a). Iwasaki (2005) reported that higher levels of stigma concerning depression were negatively related to continuing treatment among Japanese participants.

In addition to public stigma, one of the several distinct forms of stigma may be perceptions of stigmatization by one's social network for seeking psychological help. Social network stigma can be defined as negative stereotypes and prejudice about seeking psychological help held collectively by people in a person's direct social group (Vogel, Wade, & Aschman, 2009). The influence of an individual's social network seems to play a crucial role in the decision whether to seek psychological help similar to public stigma (Vogel, Wade, Wester, Larson, & Hackler, 2007). Accordingly, it might be expected that help-seeking will be inhibited if an individual's social network holds negative attitudes concerning help-seeking.

Individuals' attitude toward seeking psychological help is one factor that has been investigated frequently in help seeking literature. Attitudes toward seeking psychological help have been linked with various demographic and psychological factors (e.g., gender, gender roles, emotional openness, self-disclosure, and self-

concealment) (Nam et al., 2013) in the studies. Moreover, positive or negative attitudes toward seeking psychological help were one of the main factors and accounted for the explained variation in the willingness to seek psychological help (Bayer & Peay, 1997; Cepeda-Benito & Short, 1998; Kelly & Achter, 1995; Vogel, Wade, & Hackler, 2007; Vogel & Wester, 2003).

Current Study

The influence of loss of face, public stigma, and an individual's social network stigma should play a crucial role in the decision whether to seek psychological help. However, no study has examined all three and how they are linked to Turkish individual's decisions to use mental health services through attitudes toward psychological help. Based on above mentioned studies, it was hypothesized that the relations of loss of face, public stigma, and social network stigma to willingness to seek psychological help would be mediated by attitudes toward seeking psychological help. Therefore, individuals with higher loss of face, perceived public stigma and social network stigma would experience less positive attitudes toward psychological help, and then decreased likelihood of seeking professional help (see Figure 1).

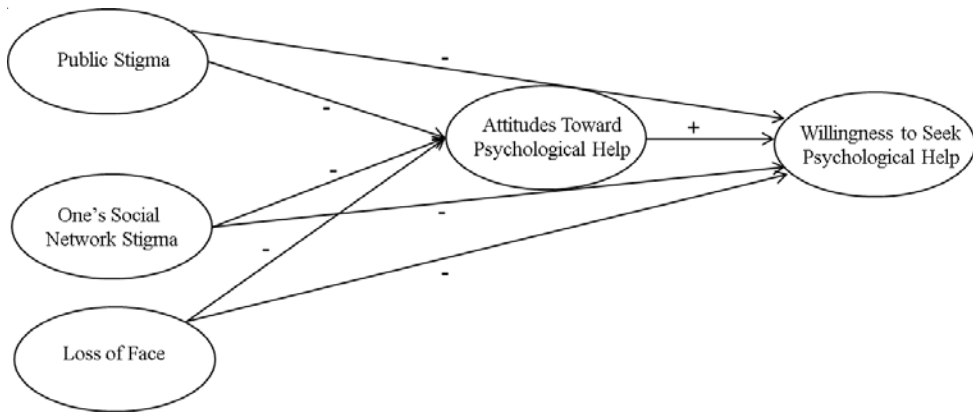


Figure 1. Hypothesized Mediated Model. A plus sign indicates a positive correlation between the latent variables, while a minus sign indicates a negative correlation between the variables.

Method

Participants

Two hundred two Turkish adults participated in this study. The mean age of the participants was 34.12 ($SD = 8.84$). 50.5% (102) of them was female, and 47.5% (96) of them was male, and 2.0% (4) of them did not report. Twenty eight participants (13.9%) reported that they had received psychological help before, and 163 (80.7%) participants reported never having received psychological help.

Measures

Loss of Face was measured with the Loss of Face Scale (LOF; Zane & Yeh, 2002). The 21-item LOF is designed to assess concerns with losing the person's social integrity. Participants answered items on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Higher scores indicate greater concerns for losing face. Example item includes "Before I do anything in public, I prepare myself for any possible consequence. For the present study, the estimated internal consistency reliability of the scale scores was .82.

Public stigma was measured with the Stigma Scale for Receiving Psychological Help Scale (SSRPH; Komiya, Good, & Sherrod, 2000). The 5-item SSRPH is designed to assess perceptions of the public stigma associated with seeking professional help. Participants answered items on a 4-point Likert scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Higher scores indicate greater perception of public stigma. Example item includes "It is advisable for a person to hide from people that he/she has seen a psychologist." For the present study, the estimated internal consistency reliability of the scale scores was .81.

Social network stigma was measured with the Perceptions of Stigmatization by Others for Seeking Help (PSOSH; Vogel et al., 2009) scale. The 5-item PSOSH is designed to assess the extent that people agree or disagree with items predicting how those they interact with would respond to their own potential help-seeking behaviors. Participants answered items on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Higher scores indicate greater perceived stigmatization by one's social network. Example item includes "React negatively to you". For the present study, the estimated internal consistency reliability of the scale scores was .92.

Attitudes were measured with the Attitudes toward Seeking Professional Psychological Help Scale (ATSPPH-SF; Fischer & Farina, 1995). The 10-item ATSPPHS is designed to assess attitudes toward seeking psychological help.

Participants answered items on a 4-point Likert scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Higher scores indicate positive attitudes towards seeking psychological help. Example item includes “A person should work out his or her own problems; getting psychological counseling would be a last resort.” For the present study, the estimated internal consistency reliability of the scale scores was .70.

Willingness was measured with the Help-Seeking Intentions Inventory for Adults (HSIIA; Topkaya, 2011a). HSII is designed to measure how likely people would be to seek counseling if they were experiencing the problem listed. Participants answered items a 4-point Likert scale ranging from 1 (very unlikely) to 4 (very likely). Higher scores indicate greater likelihood of seeking psychological help. Example item includes “relationship difficulties”. For the present study, estimates of internal consistency were $\alpha = .77$ for relational concerns, $\alpha = .70$ for traumatic concerns, and $\alpha = .71$ for emotional and behavioral concerns subscales.

Procedure

After completing an informed consent, participants received a packet containing the above measures and demographic questions. The participants completed Turkish translated versions of the scales. After finishing the questionnaire, the purpose of the study was explained to all participants. Participants were recruited on a volunteer basis.

Results

Descriptive Statistics

Table 1 lists the zero-order correlations, means, and standard deviations for the overall scale scores.

Table 1. Means, Standard Deviations, and Zero-Order Correlations ($N = 202$)

	Mean	S	2	3	4	5
1. Willingness	32.60	6.07	.43	-.25	-.15	.19
2. Attitude	22.57	3.87		-.13	-.20	-.11
3. Public stigma	12.62	3.90			.22	.10
4. Social network stigma	9.91	5.36				.06
5. Loss of Face	83.38	21.06				-

Testing Mediated Effects

Two-step procedure recommended by Anderson and Gerbing (1988) was followed with regard to testing mediation using SEM: (a) conducting a confirmatory factor analysis to develop a measurement model with an acceptable fit to the data, and then (b) conducting a structural model to test the hypothesized relationships. The recommendation of Holmbeck (1997) was also followed and compared the hypothesized, partially mediated structural model with a modified structural model to select the best fitting model. The maximum likelihood method in the LISREL 8.54 program was used to examine the measurement and structural models. Four indexes were used to assess the goodness of fit of the models: the comparative fit index (CFI; .95 or greater), the incremental fit index (IFI; .95 or greater), the standardized root-mean-square residual (SRMR; .08 or less), and the root-mean-square error of approximation (RMSEA; .06 or less; see Hu & Bentler, 1999; Martens, 2005).

Item Parcels. Following the recommendation of Russell, Kahn, Spoth, and Altmaier (1998), observed indicators (or parcels) for each of the latent variables was created except for willingness to seek counseling, which was estimated from the three HSII subscales. Two indicators for public stigma, social network stigma, and attitudes towards seeking psychological help and three indicators for loss of face were created (see Table 2 for parcel correlations).

Table 2. Zero-Order Correlations among the 12 Observed Variables (N = 202)

Measured variable	2	3	4	5	6	7	8	9	10	11	12
Public stigma 1	.60	.20	.24	.08	.10	.07	-.15	-.21	-.14	-.23	-.26
Public stigma 2		.15	.17	.12	.08	.08	-.06	-.10	-.05	-.16	-.18
Social network stigma 1			.87	-.03	.09	.10	-.13	-.21	-.14	.00	-.14
Social network stigma 2				-.02	.10	.10	-.16	-.19	-.15	-.10	-.18
Loss of face 1					.56	.69	-.03	-.09	.13	.16	.06
Loss of face 2						.61	-.08	-.16	.09	.13	.10
Loss of face 3							.00	-.06	.23	.19	.09
Attitude 1								.56	.50	.06	.34
Attitude 2									.28	.14	.32
Willingness 1										.42	.54
Willingness 2											.38
Willingness 3											-

Normality. The maximum likelihood procedure used to test the hypothesized model assumes normality therefore; the multivariate normality of the observed variables was checked (see Bollen, 1989). The result indicated that the multivariate data were not normal, $\chi^2 (2, N = 202) = 3230.111, p < .001$. Therefore, Satorra–Bentler scaled chi-square (see Satorra & Bentler, 1988) was reported in following analyses.

Measurement Model. A test of the measurement model provided a good fit for the data: $\chi^2 (44, N = 202) = 92.67, p = .000$ (CFI = .94; IFI = .94, RMSEA = .074; 90% CI [.053, .095]; SRMR = .058). The means, standard deviations, and zero-order correlations for the 12 observed variables (i.e., parcels) are shown in Table 2. Table 3 shows the unstandardized and standardized factor loadings, standard error, and Z statistic for each of the 12 observed variables on their latent variables. The measured variables’ loadings on the latent variables were all statistically significant, $p < .001$.

Table 3. *Factor Loadings for the Measurement Model (N = 202)*

Measured Variable	Unstandardized factor loading	SE	Z	Standardized factor loading
Public stigma				
Public stigma parcel 1	1.55	.42	8.64	.76***
Public stigma parcel 2	1.73	.45	8.17	.76***
Social network stigma				
Social network stigma parcel 1	1.96	.06	9.20	.97***
Social network stigma parcel 2	1.58	.37	8.05	.79***
Loss of Face				
Loss of face parcel 1	5.94	.45	11.37	.74***
Loss of face parcel 2	6.43	.57	13.90	.66***
Loss of face parcel 3	6.21	.22	13.54	.89***
Attitude				
Attitude parcel 1	1.81	.33	8.83	.82***
Attitude parcel 2	1.45	.50	8.29	.71***
Intent				
Intent parcel 1	1.62	.52	9.12	.69***
Intent parcel 2	1.07	.68	6.86	.57***
Intent parcel 3	1.87	.50	8.83	.71***

*** $p < .001$.

Structural Model. First, the hypothesized partially mediated structural model (see Figure 1) was tested with the maximum likelihood method in LISREL Version 8.54 with the same fit indices used above. The structural model provided a good fit to the data: $\chi^2(43, N = 202) = 70.91, p = .000$ (CFI = .97; IFI = .97, RMSEA = .057; CI [.032, .080]; SRMR = .052). But, the indirect paths from social network stigma and loss of face to attitudes, and direct path from social network stigma to willingness to seek counseling paths were not significant. Next, following the recommendation to examine other comparative models (see Martens, 2005), the hypothesized partially mediated structural model was compared against a modified model using the Satorra–Bentler scaled chi-square differences test. In the modified model, indirect paths from social network stigma and loss of face to attitudes, and direct path from social network stigma to willingness to seek counseling paths were constrained to zero. Results of the modified model also provided a good fit to the data: $\chi^2(47, N = 202) = 70.75, p = .010$ (CFI = .97; IFI = .97, RMSEA = .052; CI [.025, .075]; SRMR = .054). However, a scaled chi-square differences test comparing the models showed statistically not significant difference between compared two models: $\chi^2(3, N = 202) = .20, p < .001$. In addition to parsimony principle, the modified model with the inclusion of the direct path from loss of face to willingness to seek help had slightly better fit indexes for the data. As such, the modified model was selected as the best fit to the data and was subsequently used in the bootstrap procedure. The parameter estimates for the alternative model are shown in Figure 2.

Figure 2. *Final Mediated Model.* Dashed line indicates non-significant relation.

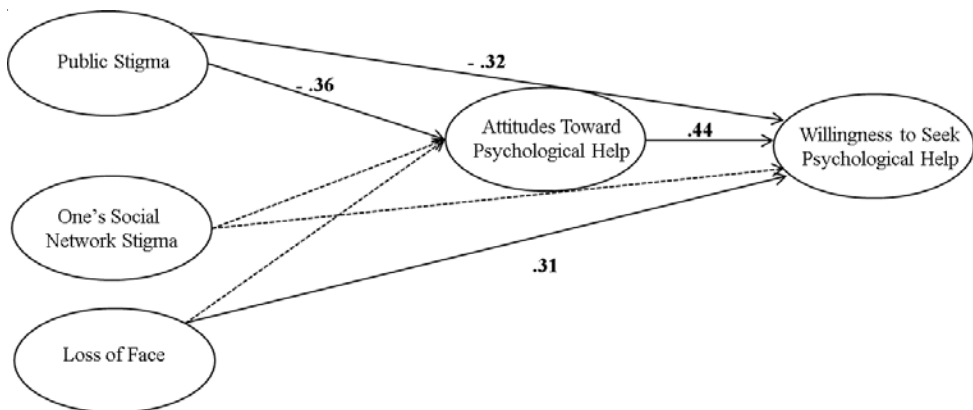


Table 4. Correlations among Latent Variables for the Measurement Model (N = 202)

	1	2	3	4	5
1. Public stigma	-	.30	.30	-.29	-.34
2. Social network stigma		-	.19	-.18	-.14
3. Loss of Face			-	-.05	.21
4. Attitude				-	.60
5. Willingness					-

Significance levels of indirect effects. Shrout and Bolger’s (2002) bootstrap procedure was used to examine the significance levels of the indirect effect. The first step was to compose 10000 bootstrap samples (N = 202) from the original data set using random sampling with replacement. The modified model was then run once with each bootstrap sample to yield 10000 estimations of each path coefficient. LISREL’s output of the 10000 estimations of each path coefficient was used to calculate an estimate for indirect effect. The indirect effect of public stigma on willingness was calculated through the attitudes mediators by multiplying 10000 pairs of two path coefficients: (a) from public stigma to attitudes, and (c) from attitudes to willingness to seek psychological help. The final step was to see whether the 95% CI for the estimate of a given indirect effect included zero. If it does not, one can conclude that the indirect effect is statistically significant at the .05 level (Shrout & Bolger, 2002). As can be seen in Table 5, the indirect effect was significant (i.e., the 95% CI values did not include zero). It is also important to note that 10% of the variance in attitudes was explained by public stigma; and 48% of the variance in willingness to seek psychological help was explained by loss of face, public stigma, and attitudes.

Table 5. Bootstrap Analyses of the Magnitude and Statistical Significance of the Indirect Effect

Independent variable	Mediator variables	Dependent variable	β Standardized indirect effect	β Mean indirect effect	SE of Mean	95% CI ^a Mean indirect effect (Lower & upper)
Public stigma →	Attitude →	Willingness	$(-.36) \times (.44) = -.1584$	4.1378	.13034	.3.882, 4.393

^a These values based on unstandardized path coefficient. CI = confidence interval.

Discussion

The aim of the current study was to examine the relationships between loss of face, public stigma, social network stigma, attitudes towards seeking psychological help, and willingness to seek psychological help among Turkish adults. Specifically, it was hypothesized that Turkish adults who were less concerned about loss of face, public stigma, and social network stigma would report more positive attitude, leading to greater willingness to seek psychological help. The findings partially supported the hypotheses. Public stigma was found to be related to willingness to seek psychological help both directly and through the attitudes toward psychological help. Counter to expectations, loss of face was positively and directly, rather than negative and indirect, associated with willingness to seek psychological help. On the other hand, social network stigma was not found to be significantly related to both attitudes and willingness to seek psychological help.

The results of the current study demonstrated that loss of face was associated positively to willingness to seek psychological help among Turkish adults. This result indicated that people who had more loss of face concerns were more likely to have willingness to seek psychological help. This result was inconsistent with the previous research findings. For instance, one of the earliest study conducted by Gong et al., (2003) demonstrated that high level of face concerns lead to decreased utilization of mental health services among Filipino Americans. In another study, Zayco (2008) found that loss of face is negatively related to attitudes toward seeking psychological help. Likewise, David (2010) reported that people with less loss of face concerns had more positive attitudes toward seeking psychological help yet; loss of face was not a significant predictor of positive attitudes toward seeking psychological help. The results of the current study indicate that loss of face, one of the socio-cultural variables related with the willingness to seek psychological help operates differently than the way from the other cultures. The findings also revealed that loss of face was not associated with attitudes toward psychological help. These findings suggest that Turkish adults might be willing to seek psychological help in order to save their face even they do not have positive inclination to use mental health services. In the same vein, although Zayco (2008) found that loss of face is negatively related to attitudes toward seeking psychological help, she also found that higher concern for loss of face predicted higher confidence in mental health professionals. Therefore, mental health professionals should plan some interventions to reach people caring about loss of face to increase willingness to seek psychological help.

Limitations and Future Directions

Although, this is the first study that addresses loss of face in the help-seeking literature with Turkish adults, it has a number of limitations. This study provides an empirical link between loss of face and willingness to seek psychological help however, additional research is needed to confirm the external validity of this result. Moreover, more research is needed to understand the role of one's social network stigma in help-seeking literature. Using more representative sample might increase the generalizability of the findings to other Turkish populations from different regions. Future researchers could also incorporate other psychological variables in the extant literature (e.g., psychological distress) in exploring some potential mediation effects in the relationships between loss of face, public stigma, social network stigma and willingness to seek psychological help. Despite the above mentioned limitations, the present study especially contributes significantly to our understanding of how loss of face relates to willingness to seek psychological help among Turkish adults. It is hoped that such findings will spark future research to understand help-seeking behavior in specific cultural contexts.

Conclusion

The results of the study showed that public stigma was related to willingness to seek psychological help directly. Moreover, it was found that public stigma influence attitudes which, in turn, willingness to seek psychological help. These results indicate that participants with higher public stigma concerns were less likely to seek help and participants who held more positive attitudes were more likely to seek help. This finding was in the same line with the findings of previous studies (Topkaya, 2011a; Vogel, Wade, & Hackler, 2007; Vogel, Wester, Wei, & Boysen, 2005).

One of the interesting findings of the study was not observing significant relationship between social network stigma and either, attitudes towards seeking psychological help or willingness to seek psychological help. These findings suggest that Turkish people do not care much about the stigmatization one's he or she interacts with or think that they might tolerate the consequences of the social network stigma.

It is noteworthy that attitudes toward seeking psychological help remained a significant predictor of willingness to seek psychological help among Turkish adults in this study. This finding was also consistent with previous research findings (Topkaya, 2011a; Vogel & Wester, 2003; Vogel et al., 2005). Goh and his colleagues (2007) emphasize the role of culture in shaping people's attitudes toward psychological help. Likewise, Chen and Mak (2008) state that the attitudes toward seeking psychological help are formed through the influence of culture. Therefore,

some culture-specific interventions might be designed to reach people with less positive attitudes to eliminate the effects of public stigma and to increase willingness to seek psychological help.

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