

Making sense of the stigma of psychological help-seeking

an Interpretative Phenomenological
Analysis

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Historical development of stigma theories

- Stigma very hard to define – researched by many academic disciplines
- Goffman (1963) – discredited and discreditable
- In a review of stigma literature, Jones *et al* (1984) identified six key dimensions
 - Concealability
 - Course of the mark
 - Disruptiveness
 - Aesthetics
 - Origin
 - Peril

Towards a multi-component model of stigma (Link & Phelan, 2001)

- Labelling
- Stereotyping
- The separation of us and them
- Status loss
- Discrimination
- Power

Stigma processes:

- **Biocultural model** – highlights those not seen as being effective group members
- **Downward comparison theory** – increase one's sense of control and feelings of self-esteem (Wills, 1981)
- **Attribution theory** – our human need for causal relationships: people with mental health problems may be judged as weak-willed to provide an explanation
- **Perceived internal Vs external locus of control** – fits with Jones' *et al* (1984) *Controllability* factor
- **Felt stigma** – feeling of being judged, of being labelled as somehow deviant and different
- **Enacted stigma** – actual stigmatisation by others, explicit stigma

Aims of the research:

- What it means for clients to feel stigmatised about seeking psychological help
- What is it like to talk about their therapy to others
- What is it about seeking help for emotional problems compared to seeking help for physical problems that is so stigmatisable?
- Dearth of research in this area meant that I had to pull back focus of research; look at stigma and help-seeking as a whole
- Stigma and mental health widely researched but little research on actual stigma of being in therapy

The study

- Qualitative design
- Interpretative Phenomenological Analysis (IPA)
 - **Phenomenological** – lived experience studied on its own terms
 - **Ideographic** – the study of the individual, an in-depth exploration of each participant's experience of stigma
 - **Double hermeneutic** – making sense of the participants' sense-making

Participants

- Challenges in deciding inclusion criteria – Age, therapy type, reasons for therapy, referred or self-referred.
- 8 adults with experience of psychological help-seeking and stigma
- 6 female, 2 male
- Wanted 50/50 split but gender proportion indicative of help-seeking gender split
- Recruitment:
 - Posters and email campaign
 - Decided Online forum unethical
 - Snowball sampling most successful

Analysis process:

- Listening to interview
- Initial note-making,
- Emergent themes,
- Clustering themes before moving on to next participant
- Comparisons/contrasts/convergence,
- Master themes

Results: master themes:

- The hidden self
- Critical others
- The justification of therapy
- Strength and weakness

The hidden self:

- The secrecy and concealment of therapy
- Clear divide between talking about therapy with friends/family and work
- Importance of information management
- Monitoring for reaction

Paul: "I've taken that step [of disclosure] but you don't understand it, and it can be a bit upsetting, so I'm going to pull back. I'm not going to sort of share any more with you, really, about [my therapy]."

Interviewer: So, you think [knowledge of your therapy] would have a detrimental effect on your career?

Jennifer: Yes, for sure. I don't think it, I know."

Critical others:

- How participants feel others view them for seeking psychological help
- Fear of being judged
- Therapy acts as a marker to others – *proxy indicator*

Jennifer: “I think I worry, you know, I’m in my thirties and yet to have a child. So I’m on records, I’m on NHS records that I’ve had therapy and one was, sort of, via a drug thing. I worry massively that if I didn’t have a child and I wanted to adopt, I wouldn’t be able to because of that. And that’s a huge...that’s systemic stigma.”

The justification of therapy:

- The need for participants to justify their therapy to others
- A need to justify the effectiveness and validity of therapy – use of the phrase *professional help*
- Fear that therapy is seen as quackery by others
- A divide between therapy for obvious reasons versus more explorative therapy

Jennifer: I've had a lot of comments: if you give me the 100 quid I'll give you therapy, or whatever."

Madeline: So, I felt, for her, she needed it, but maybe there were some people that I felt could've handled things by themselves, maybe. It was a crutch. But that's very judgemental of me to say that."

Strength and weakness

- Therapy as weakness
- Importance of needing to be seen as strong

Paul: Something like, you know, that I can't cope, I'm giving in to it, and I should be stronger and be able to cope with it, and it's a weakness."

Karen: Obviously with my family, you know, the whole culture of that was to not admit to any weakness, you know. They like to keep going, whether you have depression, or problems, or whatever.

Discussion: Implications for help-seeking

- To seek help for some people is to become attached to proxy indicator of madness and weakness
- Marks the potential client out as someone unpredictable, dangerous and out of control
- Importance of promoting therapy within the workplace
- Therapists can help clients to acknowledge felt stigma and help promote empowerment
- Therapists well placed to help devise anti-stigma campaigns
- Importance of value of more long-term therapy as well as continued promotion of CBT

Study limitations and future research

- Findings cannot be generalised to a larger population
- Female participants bias
- The most stigmatised could not be reached
- Future research focus on males/females
- Possible Grounded Theory study investigating stigma processes
- Questions