

# Self-Stigma in Face-to-Face and Online Counseling: Demographic Differences

Mary M. Livingston<sup>1</sup>, Güler Boyraz<sup>1</sup>, Christopher D. Coleman<sup>1</sup>, and Margaret L. Hindman<sup>2</sup>

<sup>1</sup>Department of Psychology and Behavioral Sciences, Louisiana Tech University; Ruston, Louisiana <sup>2</sup>Department of Counseling Education, University of Arkansas; Fayetteville, Arkansas



## Abstract

Self-stigma of seeking help (SSOSH), believing that one is weak for seeking counseling, is related to willingness to seek therapy. The present study extended the literature by using a broader sample to examine whether demographic findings for face-to-face counseling apply to the types of online counseling. Participants completed the SSOSH Scale that was expanded to include types of online counseling. Results indicated significant interaction between gender and ethnicity in SSOSH for all types of counseling, and gender differences in SSOSH scores for White participants but not minority participants. White women participants reported higher self-stigma toward all forms of counseling than did men. Participants with graduate education expressed higher self-stigma towards online counseling than those with less education.

### Introduction

Self-stigma of seeking help (SSOSH), believing that one is weak for seeking counseling, is related to willingness to seek therapy. Men generally indicate higher SSOSH than women (Vogel, Wade, & Hackler, 2007); however, Joyce (2012) found that college age men had lower SSHS than women. Research also suggests women have greater tendency to seek therapy and hold more favorable attitudes toward counseling than men (Ayalon & Young, 2005; Corrigan, 2004; Corrigan & Wassel, 2008; Padesky & Hammen, 1981). Also, findings indicate non-majority men seek counseling less than European American men (Chandra et al., 2009; Husaini, Moore, & Cain, 1994; Shin, 2002; Solberg, Ritsma, Davis, & Tata, 1994).

Atoward counseling, most studies have employed college students. Further, little is known regarding demographic differences in people's attitudes toward online counseling (e.g., video, chat, and email counseling). The purpose of the present study was to extend the existing literature in this area by using a broader sample and examining whether findings related to demographic differences (gender, ethnicity, and education level) for face-to-face counseling apply to online forms of counseling (video, chat, and email).

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# Method

Participants were 155 males and 190 females (age range = 19 - 47, M = 34.64; SD = 11.65) recruited through Amazon's Mechanical Turk (M-Turk) reported ethnicity as 78.5 % White, 7.1% African American/Black, 5.3% Hispanic, 6.5% Asian, 1.2% American Indian/Alaskan Native, and 1.5% other or biracial or multiracial (see Table 2, for education level). Participants completed a demographic questionnaire and the Self-Stigma of Seeking Help Scale (SSOSH; Vogel et al., 2007), which was expanded to include types of online counseling (Skype/Face Time, chat/IM, and email). The only recruitment restriction was a M-Turk satisfaction rating of 90%. Participants were screened for random responding.

# Results

A series of 2 X 2 (gender X ethnicity) Analysis of Variances (ANOVA's) were conducted to examine potential gender and ethnic differences in SSOSH scores for face-to-face and online counseling (video, chat, and online) and to determine possible significant interactions between gender and ethnicity. Due to the small number of minority participants, exploratory analysis was made of Caucasian versus Minority participants. Results indicated significant interaction between gender and ethnicity for all four types of counseling. Follow-up, simple main effect analyses revealed significant gender differences in SSOSH scores for White participants but not for minority participants. Among White participants, women reported significantly higher self-stigma toward all forms of counseling than men (see Table 1 for descriptive statistics).

The results of univariate ANOVA's indicated significant differences in SSOSH scores for all forms of online counseling but not for face-to-face counseling across education level (see Table 2 for descriptive statistics). Participants with some graduate courses or a graduate degree had significantly higher levels of self-stigma toward all three forms of online counseling than participants, who had some college courses or had a bachelor's degree. There were no significant differences between the other pairs.

Table 1. Descriptive Statistics by Gender and Ethnicity

Ethnicity	Gender	M	SD	N	Ethnicity	Gender	M	SD	N
Face-to-face counseling				Chat counseling					
White/Caucasian	Female	55.07	12.96	151	White/Caucasian	Female	50.95	13.92	151
White/Caucasian	Male	48.96	12.91	115	White/Caucasian	Male	44.84	12.47	115
Other	Female	54.69	11.31	39	Other	Female	46.67	13.53	39
Other	Male	50.62	10.09	34	Other	Male	46.50	11.18	34
Video counseling				Email counseling					
White/Caucasian	Female	52.55	13.05	151	White/Caucasian	Female	51.09	13.89	151
White/Caucasian	Male	46.82	12.77	115	White/Caucasian	Male	45.02	12.43	115
Other	Female	49.56	12.94	39	Other	Female	46.79	13.58	39
Other	Male	46.03	11.88	34	Other	Male	45.71	12.06	34

#### Discussion

Stigma is generally regarded as an obstacle in willingness to seek psychotherapy (Joyce, 2012; Owen, Thomas, & Rodolfa, 2013), and also it may impact the course of therapy (Komiya, Good, & Sherrod, 2000; Vogel, Wester, Wei, & Boysen, 2005; Wade, Post, Cornish, Vogel, & Tucker, 2011). The greater self-stigma reported by White women than White men in current study is of particular

interest. In most previous research, males generally indicate higher self-stigma than did females and females indicate more positive attitudes and are shown to be more likely to seek therapy. The current study's finding of greater self-stigma for White women is more in line with Joyce's (2012) results. Further research with a more ethnically diverse sample would allow for a clearer picture of the relationship between gender and ethnicity.

Current findings are at odds with Gary's (2005) theorization that minorities face double stigma of ethnic stereotype and stereotypes toward mental health and the Owen et al. (2013) finding that racial minorities exhibit more self-stigma. The present study's predominately White sample is a limitation and so this study's results related to minorities should be viewed as suggestive. Joyce (2012) found that "people with self-stigma toward counseling services may feel less stigmatized when considering services online" (p. 210). The current study's results indicate that participants with graduate course work and degrees have higher self-stigma towards online counseling than those with less education. Previous studies on this topic have often only employed college students, which may have limited the generalizability of previous findings. Future studies should seek a sample that is diverse both ethnically and educationally.

Table 2. Descriptive Statistics by Education Level

Education	M	SD	N					
Face-to-face counseling								
High school or less	51.57	11.63	35					
Some college or college degree	51.68	13.07	229					
Some graduate courses or graduate degree	55.46	12.07	75					
Video counseling								
High school or less	50.11	10.99	35					
Some college or college degree	48.28	13.51	229					
Some graduate courses or graduate degree	53.43	11.94	75					
Chat counseling								
High school or less	47.03	12.86	35					
Some college or college degree	46.96	13.54	229					
Some graduate courses or graduate degree	51.37	12.67	75					
E-mail counseling								
High school or less	46.80	12.80	35					
Some college or college degree	46.96	13.68	229					
Some graduate courses or graduate degree	51.69	12.46	75					