Self-Stigma Toward Counseling: Internet Online and Office Settings

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Abstract

While online counseling is increasing as an adjunct to face-to-face therapy or as a standalone treatment, little research has examined the public's differentiating attitudes about types of online counseling. Online counseling is sometimes referred to as teletherapy (Martin, 2013) or computer mediated counseling (Mallen, Vogel, Rochlen, & Day 2005). As Mallen et al. (2005) summarize, clients employ videoconferencing, chat, and asynchronous e-mail instead of or along with face-to-face counseling. Online counseling is usually studied as a unitary phenomenon. There are likely differences in attitudes toward online counseling depending on format. Burns, Durkin and Nicholas (2009) hypothesized that an Internet program reduces stigma in help seeking. Putnam (1998) suggested the greater anonymity of online counseling would appeal to clients with stigmatizing problems. The current study employs The Self Stigma of Seeking Help Scale (SSOSH; Vogel, Wade, & Haake, 2006) to predict attitudes toward help seeking. The SSOSH focuses on face-to-face counseling. The current study expanded the scale and looked at types of online counseling, along with, face-to-face counseling to measure how the public views stigma associated with types of online counseling.

Method

Participants were 354 adults (155 males, 195 females, 3 other, 1 did not specify sex) recruited through Amazon's Mechanical Turk (M-Turk). Ages ranged from 19 to 74 (Median = 31) from across the United States, a range of occupations and incomes. The sample was predominately Caucasian (n=274; 77.4%). Volunteers completed a questionnaire, including a variation on the one factor SSOSH (Vogel, Wade, & Haake, 2006) expanded to include types of online counseling (Skype™/FaceTime®[1], chat/IM and email), and face-to-face counseling. The only recruitment restriction was a M-Turk satisfaction rating above 90 percent. Participants were screened for random responding.

[1]. Skype™ is a trademark of the Microsoft Corporation. FaceTime® is a registered trademark of Apple, Inc.

Results

The means, standard deviations, and correlations appear in Table 1. First, we examined whether participants' attitudes toward face-to-face counseling were related to attitudes toward online forms of counseling. Results indicated moderate to strong correlations among participants' self-stigma (SSOSH) scores for face-to-face, video, chat, and email counseling. Next, we conducted a series of paired samples t-tests to determine whether participants' SSOSH scores for different forms of counseling were significantly different. Results appear in Table 2. Results indicated participants' SSOSH scores for face-to-face counseling were significantly higher than their SSOSH scores for all three forms of online counseling. Additionally, participants' mean SSOSH scores for video counseling were significantly higher than SSOSH scores for chat and email counseling, but there were no significant differences between chat and email counseling. It is notable that these results retained significance after Bonferroni correction to counteract the problem of multiple comparisons (= .008).

Table 1. Means, Standard Deviations, and Bivariate Correlations among Study Variables.

	1	2	3	4	M	SD
1. SSOH - Face-to-face	-	.82	.68	.67	52.33	12.97
2. SSOH - Video		-	.87	.83	49.49	13.24
3. SSOH - Chat			-	.94	47.88	13.67
4. SSOH - Email				-	47.97	13.71

Note. N = 354. All bivariate correlations are sigificant at the $p < .001$ level.

Table 2. The Results of the Paired-Samples t-test Analyses

Pairs	Paired Differences						
	M	SD	SE	95% CI	t	df	p
1. Face-to-face vs. video	2.83	7.91	.68	2.01, 3.66	6.74	353	< .001
2. Face-to-face vs. chat	4.45	10.70	.57	3.33, 5.57	7.83	353	< .001
3. Face-to-face vs. e-mail	4.36	10.86	.58	3.23, 5.50	7.56	353	< .001
4. Video vs. chat	1.62	6.84	.36	.90, 2.33	4.45	353	< .001
5. Video vs. e-mail	1.53	7.90	.42	.70, 2.35	3.64	353	< .001
6. Chat vs. e-mail	-.88	4.73	.25	-.58, .41	-.35	353	.728

Note. N = 354.

Discussion

This study's results indicated that individuals who have self-stigma toward face-to-face counseling will likely hold negative attitudes toward online forms of counseling. However, supporting the theoretical assertions (Burns, Durkin, & Nicholas, 2009), findings indicated that online counseling might reduce self-stigma associated with seeking counseling. Results provide preliminary support for the hypothesis that greater anonymity associated with online counseling may appeal to individuals who have self-stigma associated with seeking help (Putnam, 1998).

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