

Do Words Matter? An Examination of the Words We Use and the Psychological Help We Seek

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INTRODUCTION

In recent years, both public stigma and self-stigma have decreased among college students toward psychological help-seeking¹. Reasons for this change are likely multifaceted and may include increased mental health literacy, social contact with members of the stigmatized group, and social advocacy^{2,3,4}.

As public stigma and self-stigma have decreased, colloquial terminology for mental health treatment has shifted. What was once called “mental hygiene” is now psychiatry⁵; what was once known as psychoanalysis morphed into psychotherapy. Similarly, the term mental illness has been rebranded as mental health and mental health services has emerged as a broad term used to describe a wide range of psychological services.

Using a sample of college students, this study explores the relationship between public stigma and self-stigma, group differences in stigma perception between those who have sought psychological help and those who have not. It also explores whether whether the terms we use to describe psychological help-seeking impacts public and self-stigma perceptions, as well as perceived likeliness to seek help if psychological symptoms emerged.

METHODS

Participants were recruited using Western Carolina University (WCU)'s SONA research participation system in the fall of 2023. were randomly assigned to 1 of 4 conditions: Therapy, Counseling, Mental Health Services, or Behavioral Health Services

Participants were presented with one of these terms to describe psychological treatment and a definition and asked to respond to the stigma questionnaires. Measures were slightly modified to reinforce the target word (i.e., counseling, therapy, mental health services, behavioral health services)

MEASURES

Self-Stigma of Seeking Help-Modified (SSOSH-M)⁶: 10-item measure of self-stigma toward help-seeking.

Stigma for Receiving Psychological Help-Modified (SSRPH-M)⁷ - 5-item measure of public stigma toward help-seeking

History of Help-Seeking: 1 item, yes or no



Photo Caption: Young woman consulting with a psychologist. GETTY.

PARTICIPANTS

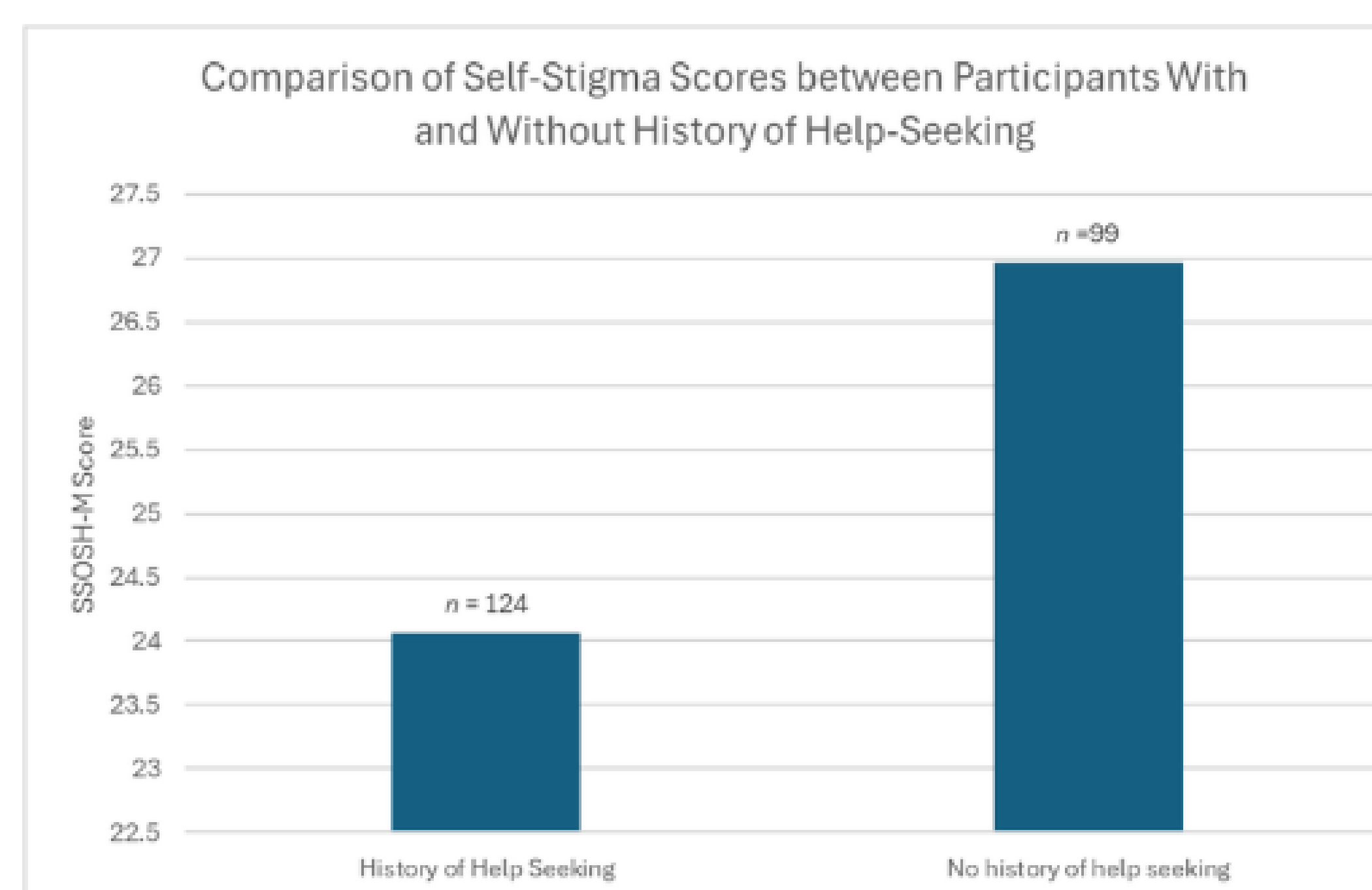
The sample ($N = 224$) was comprised of 50.4% women ($n = 113$), 39.7% men ($n = 89$), and 9.8 % identified as transgender, non-binary, or preferred not to respond ($n = 22$). The average age of participants was 19.05 years old ($SD = 1.74$). The sample was 72.3% white ($n = 162$) and 92.4% ($n = 207$) not Hispanic or Latino. Gender, $\chi^2(6, N = 208) = 4.47, p = .614$, race, $\chi^2(3, N = 224) = 0.91, p = .823$, ethnicity, $\chi^2(3, N = 223) = 1.91, p = .591$, and prior history of seeking help, $\chi^2(3, N = 223) = 5.71, p = .127$, were represented equally across the four conditions. Participant age did not differ across conditions, $F(3, 214) = 1.86, p = .137$.

RESULTS

Multiple regression was used to predict perceptions of self-stigma of help-seeking (i.e., SSOSH-M scores) from public stigma (i.e., SSRPH-M scores). **The SSRPH-M significantly predicted the SSOSH, $F(1, 222) = 63.61, p < .001, R^2 = .22, 95\% CI [1.07, 1.78]$.**

A one-way MANCOVA was conducted to explore whether terminology predicted stigma perception. **Results revealed no statistically significant differences among the four groups across the dependent variables, $F(9, 657) = 1.27, p = .249$, Wilks' $\Lambda = .95$, partial $\eta^2 = .02$.**

To test whether history of psychological help-seeking was associated with self-stigmatizing attitudes, an independent samples t -test was conducted. **The 124 participants who had previously sought psychological help scored lower on the measure of self-stigma of help-seeking (i.e., SSOSH-M; $M = 24.06, SD = 7.75$) compared to the 99 participants who had not previously sought psychological help ($M = 26.96, SD = 6.73$), $t(221) = -2.94, p < .05, d = -.40$.**



Self-Stigma Perception Differs Between Those Who Have Previously Sought Psychological Help and those Who Have Not

CONCLUSIONS AND RECOMMENDATIONS

Consistent with prior research (e.g., Vogel et al., 2006), perceived public stigma toward psychological help-seeking was a significant predictor of self-stigmatizing attitudes about seeking psychological help. This suggests that individuals who perceive greater public stigma towards individuals using mental health services are more likely to internalize those negative attitudes and experience greater self-stigma.

Results did not indicate any significant differences across the four terminology conditions, i.e., therapy, counseling, mental health, behavioral health services, on either measure of stigma. This is particularly noteworthy given the ongoing efforts in healthcare systems to reduce stigma through language modification. The lack of terminology effect suggests that stigma may be more deeply rooted in cultural and social attitudes rather than in specific service labels. Results indicate targeting language alone may be insufficient to address help-seeking barriers. Instead, findings highlight the need for more comprehensive stigma reduction strategies that target underlying beliefs and attitudes about psychological help-seeking.

Individuals who had previously sought psychological help endorsed lower levels of self-stigma when compared to those without a history of help-seeking, though this effect size was small. Personal experience with psychological treatment may partially help counter internalized negative stereotypes about seeking help.

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