

Abstract No. : 0743

Presentation Category : Posters

Scientific Streams : Therapeutic Processes in CBT

The impact of perceived public and self-stigma on help-seeking attitudes: Mediating effects of self-compassion.

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Introduction: Help-seeking behavior can be defined as any action or activity carried out by a person who perceives herself/himself as needing personal, psychological, affective assistance or health or social services, with the purpose of meeting this need in a positive way (Barker, 2007). Help-seeking behavior is an important first step in the utilization of professional services; however, it has been documented that many individuals, especially young adults, are reluctant to seek help for psychological problems (Nagai, 2015). Some barriers to help-seeking behavior include perceived public stigma, self-stigma, and lack of self-compassion. In addition, it can be inferred that past experiences of successful help-seeking promote positive help-seeking attitudes. Thus, the present study aimed to compare the relationship between public and self-stigma, self-compassion, and help-seeking attitudes between those who have never utilized professional mental health services and those who have previous experience.

Method: A total of 280 university students were surveyed online using Google forms. (1) The 10-item Self-stigma of Seeking Help Scale (Vogel et al., 2006), (2) The 5-item Stigma Scale for Receiving Psychological Help (Komiya et al., 2000), (3) The 10-item Attitudes Toward Seeking Professional Psychological Help: A Shortened Form (Fischer & Farina, 1995), (4) Short version of the Japanese Self-Compassion Scale (Arimitsu et al., 2016), and (5) questions regarding past experiences of help-seeking were administered. Two models were examined, one with perceived public stigma as the independent variable (Model 1), and the second with self-stigma (Model 2). Self-compassion was included as a mediating variable, and help-seeking attitude was the dependent variable.

Result: A multi-group analysis was conducted between those who have never utilized professional mental health services and those who have previous experience. Model fit was good for both models (Model 1 : GFI=.98, AGFI=.95, CFI=.98, RMSEA=.04; Model 2: GFI=.99, AGFI=.95, CFI=.97, RMSEA=.03). For model 1, the direct effect of perceived public stigma on help-seeking attitude was stronger for those who have experience of previous mental health service utilization (beta=-.30, $p<.001$) compared to those without experience (beta=-.15, $p<.05$). Perceived public stigma had a negative effect on self-compassion (those with past experience: beta=-.32, $p<.001$; those without past experience: beta=-.24, $p<.001$), but this did not show a significant effect on help-seeking attitude (beta=.02, $p=n.s.$ for both groups). Thus, the indirect

effect of perceived public stigma on help-seeking attitude was not significant, and only the direct effect reached significance. In model 2, self-stigma showed a negative effect on self-compassion (those with past experience: $\beta = -.42, p < .001$; those without past experience: $\beta = -.35, p < .001$), and higher self-compassion was associated with positive help-seeking attitude (those with past experience: $\beta = .15, p < .01$; those without past experience: $\beta = .17, p < .01$). Thus, the indirect effect of self-stigma via self-compassion was confirmed.

Discussion: The present results highlight the importance of reducing the impact of not only self-stigma but perceived public stigma as well. This was particularly important for those with previous help-seeking experiences, as larger effects were observed in this group. However, while self-stigma was associated with lower self-compassion, no indirect effects were shown for perceived public stigma. Thus, it was suggested that procedures other than compassion-focused intervention is needed in altering perceived public stigma.(3174 characters)

The impact of perceived public and self-stigma on help-seeking attitudes: Mediating effects of self-compassion

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Introduction

Help-seeking behavior can be defined as any action or activity carried out by a person who perceives herself/himself as needing personal, psychological, affective assistance or health or social services, with the purpose of meeting this need in a positive way (Barker, 2007). Help-seeking behavior is an important first step in the utilization of professional services; however, it has been documented that many individuals, especially young adults, are reluctant to seek help for psychological problems (e.g., Nagai, 2015). **Some barriers to help-seeking behavior include perceived public stigma, self-stigma, and lack of self-compassion.** In addition, it can be inferred that past experiences of successful help-seeking promote positive help-seeking attitudes. Thus, the present study aimed to compare the relationship between public and self-stigma, self-compassion, and help-seeking attitudes between those who have never utilized professional mental health services and those who have previous experience.

Method

Participants: 280 university students (Male: 89, Female: 187, Others:4; M :20.34, SD = 1.34)

Measures:

- (1) **The 10-item Self-stigma of Seeking Help Scale** (Vogel et al., 2006)
- (2) **The 5-item Stigma Scale for Receiving Psychological Help** (Komiya et al., 2000)
- (3) **The 10-item Attitudes Toward Seeking Professional Psychological Help: A Shortened Form** (Fischer & Farina, 1995)
- (4) **Short version of the Japanese Self-Compassion Scale** (Arimitsu et al., 2016)
- (5) **questions regarding past experiences of help-seeking**

Procedure: Participants were asked to complete the online survey via Google forms. Participation was voluntary, and all responses were strictly anonymous and confidential.

Results

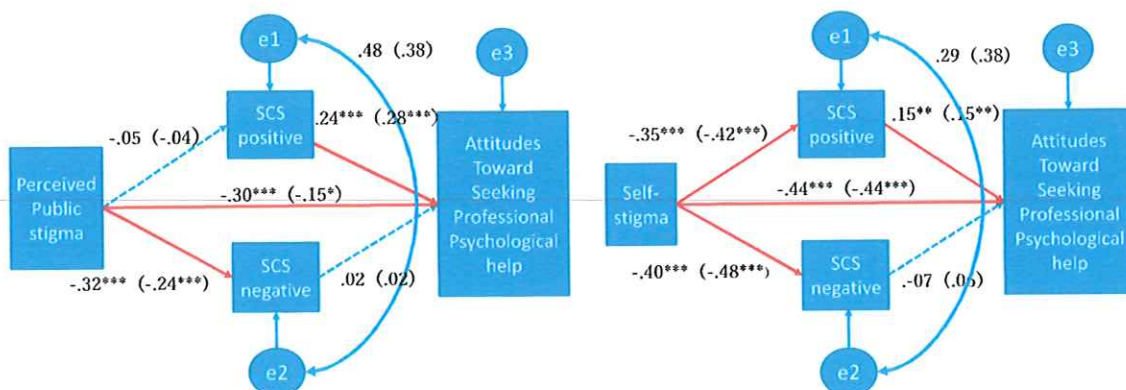
A multi-group analysis was conducted between those who have never utilized professional mental health services and those who have previous experience. **Two models were examined, one with perceived public stigma as the independent variable (Model 1), and the second with self-stigma (Model 2).** Self-compassion was included as a mediating variable, and help-seeking attitude was the dependent variable. Model fit was good for both models. For model 1, the direct effect of perceived public stigma on help-seeking attitude was stronger for those who have experience of previous mental health service utilization ($\beta = -.30, p < .001$) compared to those without experience ($\beta = -.15, p < .05$). Perceived public stigma had a negative effect on self-compassion for both groups, but this did not show a significant effect on help-seeking attitude. **Thus, the indirect effect of perceived public stigma on help-seeking attitude was not significant, and only the direct effect reached significance.** In model 2, self-stigma showed a negative effect on self-compassion ($\beta = -.42, p < .001 / \beta = -.35, p < .001$), and higher self-compassion was associated with positive help-seeking attitude ($\beta = .15 / \beta = .17, p < .01$). **Thus, the indirect effect of self-stigma via self-compassion was confirmed.**

Discussion

The present results highlight **the importance of reducing the impact of not only self-stigma but perceived public stigma as well.** This was particularly important for those with **previous help-seeking experiences, as larger effects were observed in this group.** However, while self-stigma was associated with lower self-compassion, **no indirect effects were shown for perceived public stigma.** Thus, it was suggested that procedures other than compassion-focused intervention is needed in altering perceived public stigma.

Model 1: Perceived Public Stigma

Model 2: Self-Stigma



* $p < .05$, ** $p < .01$, *** $p < .001$

* $p < .05$, ** $p < .01$, *** $p < .001$

発表概要報告書

6月1日から6月4日にかけて行われた10th World Congress of Cognitive and Behavioural Therapies 2023に参加いたしました。正式に参加した経験や、の研究について発表・公表する今までになく、さらに、初の学会発表が認知・行動療法学会の国際であることに期待感を抱くと共に、大きな不安感も抱いておりました。COVID-19の影響により、ここ数年間は多くの人がいるような場所に出向くことが少なく、臨床心理学研究に興味を持つ方との交流なども満足にできませんでした。ようやくCOVID-19のが落ち着き、対面での学会参加を行えるということに対して期待感を抱いてい

ます。ポスター発表のついた際には、さまざまな領域や心理療法に関する研究が、胸躍こと今でも印象深くお

また、今回WCCBTに参加した大きな理由であるスティグマや援助要請行動、セルフ・コンパッションといった研究にも触れることができ、知見を深めることができました。中でも印象深いのは、コンパッション・フォーカス・セラピー (CFT) の考案者であるPaul Gilbert博士の講演です。私がセルフ・コンパッションに深く興味を抱いていることもあり、その近接概念であるCFTにおけるコンパッションの概念を認知行動療法の歴史を踏まえつつ、提唱者自らに解説いただくという経験はとても貴重となりました。

コンパッションの概念は様々な精神疾患に対する効果検証が行われ、有効性も示されていることから近年とりわけ着目されている概念であり、その応用の可能性や発展可能性についての学びを深めたいと考えておりました。実際に今回の学会ではコンパッションに関する研究が多く発表されて特にChoiらの研究は他者からのスティグマが自己スティグマを媒介して援助要請に与える影響と、そのセルフ・コンパッションの調整効果について検証したもので、大変興味深いものでした。私が発表した研究では、他者からのスティグマと自己スティグマがそれぞれ別個に援助要請態度に与え、セルフ・コンパッションが調整効果を持つというモデルしました。Choiらが検証していたような他者からのスティグマと自己スティグマのについて今後スティグマに関する研究を行う上で重要になるのではないかと考え。スティグマの研究は社会学をはじめとして古くから存在し、介入研究や低減するための施策も多く行われてきましたが、日常生活を送っていると精神疾患に対するスティグマはいまだに根強く残っていると感じております。こうしたスティグマの実態や影響について様々な視点検証するとともに、効果的な介入を検証することが、共生社会などの実現に必要なのではないかと考えを抱、研究への熱意がさらに高まることとなりました。

今回の大会は国際学会のため、英語でのやり取りに不慣れな私は困惑させてしまうことや、やり取りに時間がかかってしまうことも多くありましたが、多くのセッション、様々な研究発表に触れさせていただくことができ、大変貴重な経験となりました。また、自身の研究に関して興味を持ってくださる方がいるというたとえ言語の差があろうとも同じ志を持つ方々との交流は楽しく、そして大きな学びになるということを学ばせていただきました。本発表の経験を活かし、今後も研究活動に意欲的に取り組むとともに、積極的に学ぶ姿勢を保ち続けたいと考えます。

最後に、本に際して、準備や運営に尽力されたすべての先生方、スタッフの皆様に心より感謝申し上げます。誠にありがとうございました。

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