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## Fictional portrayals of therapy affect attitudes toward mental health treatment

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# The Effects of Fictional Portrayals of Therapy on Attitudes about Seeking Mental Health Treatment

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## ABSTRACT

Understanding barriers to adequate mental health treatment, such as stigma and negative attitudes about therapy, can allow professionals to work towards alleviating these factors. This study hypothesized that individuals with higher stigma would have more negative attitudes about mental health treatment, and that individuals exposed to positive fictional portrayals of therapy would have more positive attitudes than individuals exposed to negative portrayals. Correlations and regression analyses were used to analyze survey data from 96 young adults in western New York ( $M_{age} = 18.8, SD = 0.902$ ). This study found that stigma was negatively correlated with attitudes about mental health treatment. Additionally, individuals who watched positive portrayals of therapy reported being more interested in therapy than individuals who watched negative portrayals. These findings are consistent with previous research and may have important implications for promoting help-seeking behavior and decreasing the treatment gap in North America.

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Understanding barriers that prevent individuals from receiving necessary mental health treatment can allow professionals to work on alleviating situational and personal factors that stand in the way of adequate care (VanDorn et al., 2006). A commonly reported barrier is stigma, or fear that seeking treatment will lead to being negatively evaluated by others (Vogel, Wester, & Larson, 2007). Additionally, negative attitudes about the therapy process can deter an individual from seeking out mental health treatment (Vogel, Gentile, & Kaplan, 2008). Recent research has found that television portrayals of therapy impact attitudes and stigma about mental health treatment, which then impacts intentions someone may have to seek therapy (Vogel, Gentile, & Kaplan, 2008; Maier, Gentile, Vogel, & Kaplan, 2014). These previous studies have focused on collecting information on general past exposure to television that often portrays psychologists or psychotherapy, without examining the immediate impact of fictional portrayals of therapy on attitudes about seeking mental health treatment. This present study examines how exposure to fictional television portrayals of therapy impacts immediate attitudes and intentions about seeking mental health treatment.

There is a well-known, large gap between those who require treatment and those who actually receive it. There are approximately 44.7 million adults in the United States living with mental illness, and an estimated 45% of those Americans who might benefit from mental health care do not receive it (Corrigan, Druss, & Perlick, 2014; NIH 2017). Additionally, when individuals do seek treatment, there is often a significant delay between the onset of symptoms and receiving professional care (Fikretoglu & Liu, 2015). Timely treatment can significantly minimize symptoms and associated impairment, so it is important to understand the barriers that prevent someone from seeking professional help (Vogel, Wester, & Larson, 2007; Fikretoglu & Liu, 2015). While some barriers are more explicit and structural in nature, there are also perceived barriers that cause individuals to feel as though receiving treatment would not be the best option for them (Corrigan, Druss, & Perlick, 2014). In fact, the perception that there are barriers to treatment increases for individuals who have clinically significant symptoms; Mohr and colleagues (2006) found that while half of non-depressed patients reported at least one barrier, almost 75% of depressed patients reported at least one barrier. This further legitimizes the need to examine perceived barriers, as well as factors that may influence them.

Various studies have documented stigma as a highly reported perceived barrier to seeking out mental health treatment (Owen, LeKeldric & Rodolfa, 2013; Vogel, Wester, & Larson, 2007). Stigma can be an umbrella term, encompassing concepts such as social and public stigma, which are defined as fear of judgement from others in a social network or from others in society as a whole, respectively (Owen, LeKeldric & Rodolfa, 2013). Vogel and colleagues explain that individuals who are in treatment are more likely to be labeled as awkward, dependent, and less in control of their emotions, among other negative descriptions (2007). Self-stigma occurs when individuals internalize these negative cultural messages (Owen, LeKeldric & Rodolfa, 2013). These concepts can become into beliefs that seeking treatment will cause an individual to be thought of negatively; concern about what others would think is then considered a treatment barrier (Lucksted & Drapalski, 2015; Mohr et al., 2006). Despite high levels of distress, individuals who could benefit from mental health treatment may choose to try and handle their problems on their own, in order to avoid negative cultural perceptions. Motivations for seeking out or avoiding treatment inform attitudes about mental health treatment, which in turn influence treatment seeking behaviors (Owen, LeKeldric & Rodolfa, 2013; Vogel, Gentile, & Kaplan, 2008). Researchers have also found that higher levels of perceived social and self-stigma are associated with more negative attitudes towards seeking help (Jennings, et al., 2015; Owen, LeKeldric & Rodolfa, 2013). Higher self-stigma and more negative attitudes toward treatment-seeking predict a preference for self-reliance in times of need, thereby discouraging treatment-seeking behavior (Jennings et al., 2015). The association between stigma, attitudes, and likelihood of seeking help allow researchers to assess attitudes as a predictor of future behavior (Vogel, Wester, & Larson, 2007).

Due to the importance of stigma and attitudes in affecting behavior, researchers have an interest in understanding how these beliefs and thought processes are formed.

Researchers have found that media portrayals of therapy have a significant influence on the public perceptions of mental health professionals (Stinger, 2016). Specifically, after being exposed to a movie portraying a psychologist, individuals who had a negative perception of the characters with mental illness reported higher stigma about seeking help for mental health issues, while those with favorable impressions of the movie character had decreased stigma (Stinger, 2016).

Previous research has also found a relationship between media history and stigma. Maier and colleagues (2014) gave participants a list of TV shows and movies including portrayals of therapists, and they asked individuals how often they had seen each show or movie. Individuals who viewed psychologists or a person with mental illness negatively reportedly held more self-stigma when they thought about seeking help themselves (Maier, Gentile, Vogel, & Kaplan, 2014). When considering television on its own, individuals exposed to a positive portrayal of therapy in the television show *In Treatment* reported more positive beliefs about seeking therapy—and a greater interest in doing so—than individuals exposed to negative portrayals of therapy in *In Treatment* (Robison, 2013). Individuals who viewed therapy as more positive also reported greater interest in recommending mental health treatment to others (Robison, 2013). This is important because social support and help-seeking behavior have been found to be positively related (VanDorn et al., 2006). However, there is a gap in the literature concerning immediate effects of various television portrayals of therapy on attitudes about seeking help.

Overall, previous research has found that stigma and attitudes about seeking help for mental illnesses influence help-seeking behavior. Additionally, media portrayals of psychologists and individuals with mental illness can have an impact on stigma, beliefs about therapy, and intentions to seek help. With this foundation, there is still room for further research examining the immediate effects of television that portray therapy in a positive, realistic light contrasted with negative portrayals. This present study examines how pre-existing stigma and the viewing of television portrayals of therapy impact attitudes about seeking mental health treatment. I hypothesize that individuals who report higher stigma will have more negative attitudes about help-seeking behavior. Additionally, I believe that individuals viewing negative portrayals of therapy will have more negative attitudes about seeking treatment than individuals viewing positive portrayals of therapy.

## METHOD

### Procedure and Participants

Participants for this study included 96 young adults from a mid-sized college in western New York. The average age of the participants was 18.8 (SD = 0.902), and there were 74 women (77%) and 22 men (23%); their ages ranged from 18 to 22 years. Respondents selectively signed up for a study through SONA systems, where they were

granted extra credit as compensation for participation. Participants were randomly assigned to one of two groups: viewing either positive or negative portrayals of therapy.

Participants reviewed and signed an informed consent form, filled out basic demographic information, treatment and media history, and the first four questionnaires.<sup>1</sup> Then, they were exposed to thirteen minutes of either positive or negative portrayals of fictional television therapy. Video clips from eight different fictional television shows were used for this study. Each clip portrays a therapist and a patient speaking together. We used past research, news articles discussing psychologists' views of each television show, and psychological ethical guidelines to help determine which clips were considered positive portrayals of therapy, and which were considered negative (Maier, Gentile, Vogel & Kaplan, 2014; Robison, 2013; Vogel, Gentile, & Kaplan, 2008).

After watching the clips, participants answered some questions about the portrayals of therapy and filled out four more questionnaires. Participants then returned their questionnaire packets to the experimenter, where they were offered a resource sheet listing mental health resources available through their college. Participants were then given extra credit for their time.

## MEASURES

### Treatment history

Participants were asked to indicate if they had ever seen a mental health provider for any reason. If they had, they indicated when they saw the professional (*lifetime, past two years, last year, currently*), how helpful they found the experience (*very unhelpful, somewhat unhelpful, somewhat helpful, very helpful*), and how likely they would be to recommend psychological services to someone else (*very unlikely, somewhat unlikely, somewhat likely, very likely*). Additionally, participants indicated if they had friends or family members who had seen a mental health provider (Robison, 2013).

### Media history

For each of the eight television clips included in the study, participants indicated how much of the show they had watched (*never seen it, one episode, multiple episodes, one season, more than one season*) and estimated how many episodes they had seen. Participants were also given space to list any other shows involving a mental health specialist that they have watched.

### Self-stigma of seeking help

Stigma from an internal perspective regarding seeking psychological help from a therapist was assessed using a scale created by Vogel and colleagues (2006). They used ten statements to examine the feelings of comfort or concern individuals may have with

<sup>1</sup> These questionnaires are available in the online publication of *Proceedings of GREAT Day*.

regards to seeking mental health treatment. An example statement is, “I would feel inadequate if I went to a therapist for psychological help,” with responses ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Statements that expressed positive attributes of therapy, such as, “My self-esteem would increase if I talked to a therapist,” were reverse scored, ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). Responses were averaged together, with higher scores indicated higher levels of stigma. The results demonstrated relatively high internal consistency.

### **Stigma scale for receiving psychological help (SSRPH)**

The SSRPH was used to measure perceived societal stigma about receiving psychological help (Komiya, Good, & Sherrod, 2000). Five statements were used to examine how participants thought someone seeing a psychologist would be evaluated by others. An example statement is, “People will see a person in a less favorable way if they come to know that he/she has seen a psychologist,” with responses ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Responses were summed, with higher scores indicating a greater perception of stigma associated with receiving treatment ( $\alpha = 0.705$ ).

### **Perceptions of stigmatization by others for seeking help (PoS)**

This scale asked participants to consider how people they interact with would treat them if they sought mental health services (Vogel, Wade, & Aschman, 2009). Participants read twenty-one statements and decided to what degree they believed the statement would be accurate. An example statement is, “To what degree do you believe that the people you interact with would think of you in a less favorable way?” Choices ranged from 1 (*not at all*) to 5 (*a great deal*). Responses were summed, with higher scores indicating greater perceived stigma from those the person interacts with ( $\alpha = 0.951$ ).

### **Perceived stigma and barriers to care for psychological problems**

In order to understand concerns that may impact an individual’s decision to seek treatment, participants responded to eleven items either agreeing or disagreeing that it would affect their decision (Hoge et al., 2004). An example item is, “It would be too embarrassing,” as a barrier for treatment, and participants chose a number from 1 (*strongly disagree*) to 5 (*strongly agree*). Responses were summed, with higher scores indicating more perceived barriers to seeking treatment for a psychological problem ( $\alpha = 0.818$ ).

### **Media reactions**

After watching the video clips, participants were asked to consider the clips as a whole. They were given seven statements to respond to, questioning how accurate and posi-



tive they would rate both the overall portrayal of therapy, and the overall portrayal of therapists. The three remaining statements questioned the likelihood that the participant would recommend therapy to a family or friend, the likelihood that they believed a viewer would seek out therapy, and the degree to which they were interested in therapy themselves, if they were going through a rough time. Questions were adapted from Robison's 2013 study, and each question was considered separately.

### **General help seeking questionnaire (GHSQ)**

Participants were given two questionnaires to assess the likelihood that they would seek help from various sources (Wilson, Deane, Ciarrochi, & Rickwood, 2005). The first General Help Seeking Questionnaire (GHSQ) asked participants to consider who they would seek help from if they were experiencing a personal or emotional problem. Example sources of help include an intimate partner and a mental health professional. Each source was rated on a scale from 1 (*extremely unlikely*) to 7 (*extremely likely*). Responses were summed, with higher scores indicating a higher likelihood of seeking help for an emotional or personal problem ( $\alpha = 0.591$ ).

A second GHSQ was used to assess the likelihood that a participant would seek help from various sources if they were experiencing suicidal thoughts (Wilson, Deane, Ciarrochi, & Rickwood, 2005). The sources of help and rating scale were the same as the options for the first GHSQ. Scores from the second GHSQ were considered separately from the first GHSQ. Responses were summed, with higher scores indicating a higher likelihood of seeking help for suicidal thoughts ( $\alpha = 0.707$ ).

### **Attitudes toward seeking professional help**

Participants were assessed on their attitudes about seeking professional mental health help. They were asked to rate the extent to which they agree or disagree with ten statements (as explained by Pheko, Chilisia, Balogun, & Kgathi, 2013). An example statement is, "If I believed I was having a mental breakdown, my first inclination would be to get professional attention," rated on a scale of 1 (*disagree*) to 4 (*agree*). Statements that expressed negative attitudes about professional help, such as, "The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts," were reverse scored, with lower scores expressing agreement. The ten responses were summed, with higher scores overall indicating more positive attitudes toward seeking professional help ( $\alpha = 0.771$ ).

### **Intentions to seek counseling inventory**

Participants responded to seventeen statements expressing the likelihood that they would seek counseling for each of the given concerns, on a scale of 1 (*very unlikely*) to 4 (*very likely*) (Cepeda-Benito & Short, 1998). Example concerns include "depression" and "inferiority feelings." Scores were summed, with higher scores indicated greater willingness to seek out counseling services ( $\alpha = 0.863$ ).

## RESULTS

### Descriptive Statistics

Means, standard deviations, and correlational data for variables pertaining to stigma, attitudes, and intentions are presented in Table 1. Self-stigma and public stigma were significantly correlated with attitudes for help, regardless of condition. Additionally, the correlation between perceived societal stigma and attitudes for help trended towards significance. Gender and condition were not found to be significantly correlated with stigma, attitudes, or intentions variables.

*Table 1: Descriptive Statistics*

	1	2	3	4	5	6	7	8	9	10
1. Self Stigma	-									
2. SSRPH	0.426**	-								
3. PoS	0.523**	0.592**	-							
4. Stigma Barriers	0.455**	0.451**	0.568**	-						
5. GHSQ 1	-0.038	0.103	-0.037	-0.019	-					
6. GHSQ 2	-0.105	0.064	-0.091	-0.128	0.526**	-				
7. Attitudes	-0.387**	-0.186	-0.270**	-0.309**	0.244*	0.117	-			
8. Intentions	0.018	0.038	0.065	0.027	0.177	-0.013	0.389**	-		
9. Sex	-2.346	-1.422	-2.010	-0.676	0.081	-1.012	2.236	0.463	-	
10. Condition	0.549	1.378	0.527	0.786	-2.283	-1.805	0.678	-0.450	-1.7	-
Mean	6.29	23.80	46.40	26.59	37.44	38.51	19.06	40.11	1.22	1.53
SD	23.8	6.29	15.96	8.18	7.48	9.38	4.78	9.16	0.42	0.50
Range	11, 30	0, 11	21, 82	11, 48	16, 57	17, 70	7, 30	17, 65	1, 2	1, 2

Note: \*p < 0.05. \*\*p < 0.01. \*\*\*p < 0.001

### Inferential Statistics

A series of regression analyses were performed to analyze the relationship between condition and media reactions. Consistent with the hypothesis, there were significant differences in media reactions between the positive and negative conditions. The regression analysis indicated that positive portrayals of therapy were rated significantly higher and more realistic than negative portrayals of therapy ( $B = -0.807$ ,  $t = 0.162$ ,  $p = 0.000$ ;  $B = -1.105$ ,  $t = 0.202$ ,  $p = 0.000$ ). Additionally, analysis found that therapists in the positive condition were rated as significantly higher and realistic than therapists in the negative condition ( $B = -0.728$ ,  $t = 0.172$ ,  $p = 0.000$ ;  $B = -1.081$ ,  $t = 0.196$ ,  $p = 0.000$ ).



The regression analyses also found that individuals who viewed positive portrayals of therapy had significantly more positive feelings towards therapy after watching the clips. Compared to the negative condition, individuals in the positive condition reported that a general viewer would be significantly more likely to seek therapy after watching the clips ( $B = -0.720$ ,  $t = 0.186$ ,  $p = 0.000$ ). Individuals also had more positive feelings towards therapy themselves after watching the positive clips, indicating significantly more interest in therapy for themselves, should the need arise, than those who watched the negative condition ( $B = -0.952$ ,  $t = 0.212$ ,  $p = 0.000$ ). Lastly, individuals in the positive condition reported being significantly more likely to recommend therapy to a friend or family member in need ( $B = -1.163$ ,  $t = 0.212$ ,  $p = 0.000$ ). However, there were no significant differences between the conditions in regards to help-seeking behavior, attitudes, and intentions.

## DISCUSSION

The present study examines how pre-existing stigma and exposure to portrayals of fictional therapy impact the views that individuals have about therapy and help-seeking behavior. I hypothesized that individuals with higher stigma would have more negative attitudes about therapy, and that individuals who viewed positive portrayals of therapy would have more positive attitudes than individuals viewing negative portrayals of therapy. These hypotheses were partially supported by the data.

I found that both self-stigma and the perceived stigma from individuals someone interacts with were negatively correlated with attitudes about treatment, which is consistent with previous research (Owen, LeKeldric & Rodolfa, 2013). Interestingly, condition had no impact on this relationship, as stigma was not related to interest in therapy or likelihood of recommending it. It is possible that the media portrayals used in this study were not strong enough to overcome pre-existing stigma, considering that media portrayals have been found to impact stigma in previous research (Maier, Gentile, Vogel, & Kaplan, 2014; Vogel, Gentile, & Kaplan, 2008).

Existing research has demonstrated that individuals exposed to positive portrayals of therapy in a single television show had more positive beliefs about therapy and more interest in seeking it (Robison, 2013). The present study extends those findings to apply to a range of television portrayals of therapy, showing that individuals exposed to positive portrayals of therapy were more likely to rate both the therapist and the therapy as a whole as more realistic and more positive than those viewing negative portrayals. Additionally, we found that condition significantly impacted an individual's interest in therapy where individuals viewing more positive portrayals were more interested in therapy for themselves and more likely to recommend it to someone else. However, contrary to previous research examining past exposure to television shows, condition did not significantly impact attitudes about treatment or intentions to seek help (Vogel, Gentile, & Kaplan, 2008). So, while the positive portrayals piqued an individual's interest in therapy, the clips did not influence the likelihood someone would seek out treatment themselves. This could potentially be due to the fact that

participants were only exposed to about thirteen minutes of video. This short amount of time was enough to immediately influence feelings about therapy without impacting measures of future behavior. It is interesting to consider how impactful even a short amount of exposure to media portrayals can be, and future research should examine how longer exposure to similar portrayals of therapy impact attitudes.

While this study assisted in gaining knowledge about the impact of exposure to media portrayals of therapy, the findings must be considered in light of some limitations. There was a small, mostly homogeneous sample size that made it difficult to assess if there were any effects due to sex or race, and also provided limited power for statistical analyses. Additionally, the limited exposure participants had to media portrayals made it difficult to determine how ongoing effects of media exposure influence an individual's attitudes and behaviors. Future research could focus on finding media that affects stigma, interest, and intentions to better understand how these different factors are related and influenced. It could also be beneficial for future research to implement a follow-up study to examine future participant help-seeking behavior, rather than determining this through hypothetical survey questions.

Overall, the present study works to expand the literature on immediate exposure to portrayals of therapy in the media, giving strength to the findings that media can impact how an individual feels about real life situations (Robison, 2013; Stinger, 2016). Positive portrayals of fictional therapists and therapy can lead to more interest in therapy and greater likelihood of recommending therapy, which may help to reduce the overwhelming treatment gap noted in the United States (Corrigan, Druss, & Perlick, 2014). Understanding how even a brief exposure to ethical portrayals of therapy can positively impact an individual has great implications for encouraging help-seeking behavior and more positive conversations about mental health treatment amongst family and friends.

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