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THE ASSOCIATION OF SEXUAL ORIENTATION  
WITH SELF-CONCEALMENT, EXPECTATIONS FROM PSYCHOTHERAPY  
AND PSYCHOLOGICAL HELP-SEEKING ATTITUDES

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**The Association of Sexual Orientation with Self-concealment, Expectations from  
Psychotherapy and Psychological Help-seeking Attitudes**

**Cinsel Yönelimin Kendini Saklama, Psikoterapiden Beklentiler, ve Psikolojik  
Yardım Arama Tutumları ile İlişkisi**

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## ABSTRACT

In the literature, help-seeking attitudes, psychotherapy expectations, and self-concealment have been studied in relation to each other. However, there is lack of research comparing heterosexual and sexual minority individuals' attitudes, expectations, psychotherapist preferences, and concealment tendencies in Turkey. Thus, this study aimed to examine the associations between help-seeking attitudes, psychotherapy expectations, and self-concealment among heterosexuals and LGBQ+. Further, this study explored factors predicting help-seeking attitudes of heterosexuals and LGBQ+ individuals separately. This study also explored preferences regarding psychotherapist characteristics between heterosexual and LGBQ+ individuals. Materials used in this study were Self-concealment Scale (SCS), Milwaukee Psychotherapy Expectations Questionnaire (MPEQ), Attitudes towards Seeking Psychological Help Scale- Shortened (ASPH-S), Background Information Form also including Preferences for Therapist Characteristics questions. The study includes 88 heterosexual, 87 LGBQ+ participants. The results revealed that attitudes and expectations did not significantly differ among sexual orientations. However, LGBQ+ individuals had higher self-concealment tendencies than heterosexuals. Furthermore, lower self-concealment and positive expectations from psychotherapy were found to be associated with positive help-seeking attitudes. Additionally, for LGBQ+, lower self-concealment and positive process expectations from psychotherapy predicted positive attitudes. For heterosexuals, positive outcome expectations, being women, older age, and lower self-concealment predicted positive attitudes. Also, there were significant differences in preferences regarding psychotherapist characteristics among sexual orientations. The results of this study contribute to the literature by showing that there are differences in preferences of psychotherapist characteristics and in predictors of help-seeking attitudes between heterosexuals and sexual minorities.

*Keywords:* help-seeking, self-concealment, psychotherapy expectations, sexual orientation, LGBT

## ÖZET

Literatürde yardım arama tutumları, psikoterapi beklentileri, kendini saklama birbiriyle ilişkili olarak incelenmiştir. Ancak, Türkiye'de heteroseksüel ve cinsel azınlık bireylerin tutum, beklenti ve saklama eğilimlerini karşılaştıran araştırmalar yetersizdir. Psikoterapist özellikleriyle ilgili tercihler daha önce araştırılmıştır, ancak Türkiye'de heteroseksüel ve cinsel azınlık bireylerin tercihlerini karşılaştıran araştırmalar yetersizdir. Bu nedenle, bu çalışma heteroseksüeller ve LGBQ+ arasındaki yardım arama tutumları, psikoterapi beklentileri ve kendini gizleme arasındaki ilişkileri incelemektedir. Ayrıca bu çalışma, heteroseksüellerin ve LGBQ+ bireylerin yardım arama tutumlarını hangi faktörlerin yordadığını ayrı şekilde araştırmaktadır. Bu çalışma aynı zamanda heteroseksüel ve LGBQ+ bireylerin terapist özelliklerine ilişkin tercihlerini incelemektedir. Çalışmada kullanılan materyaller şunlardır; Kendini Saklama Ölçeği (KSÖ), Milwaukee Psikoterapi Beklentiler Ölçeği (MPBÖ), Psikolojik Yardım Almaya İlişkin Tutum Ölçeği-Kısa Form (PYTÖ-K), terapist özellikleri tercihlerine dair soruları da içeren Demografik ve Geçmiş Bilgiler Formu. Çalışma 88 heteroseksüel, 87 LGBQ+ katılımcıyı içermektedir. Sonuçlar, cinsel yönelimler arasında yardım arama tutumlarının ve psikoterapi beklentilerinin önemli ölçüde farklılaşmadığını göstermiştir. Bununla birlikte, LGBQ+ bireylerin, heteroseksüellere göre daha yüksek kendini saklama eğilimlerine sahip olduğu görülmüştür. Ayrıca, daha düşük kendini saklama eğilimleri ve psikoterapiden olumlu beklentiler, olumlu yardım arama tutumlarıyla ilişki bulunmuştur. Ek olarak, LGBQ+ için, daha düşük kendini saklama eğilimleri ve psikoterapiden olumlu süreç beklentileri olumlu yardım arama tutumlarını yordamaktadır. Heteroseksüeller için ise, olumlu sonuç beklentileri, kadın olmak, ileri yaş, ve düşük kendini saklama eğilimleri olumlu tutumları yordamaktadır. Ayrıca, heteroseksüeller ve LGBQ+ arasında terapist özelliklerine ilişkin tercihlerde farklılıklar bulunmuştur. Bu çalışmanın sonuçları, heteroseksüeller ve cinsel azınlıklar arasında, terapist özellik tercihlerinde ve yardım arama tutumlarını yordayan faktörler arasında farklılıklar olduğunu göstererek literatüre katkıda bulunmaktadır.

*Anahtar kelimeler:* yardım arama, kendini saklama, psikoterapi beklentileri, cinsel yönelim, LGBT

## INTRODUCTION

It has been consistently reported in the literature that sexual minorities experience more mental health difficulties as compared to heterosexual individuals (Almedia et al., 2009; Bakker et al., 2006; Burgess et al., 2007; Chakraborty et al., 2011; Cochran et al., 2003; Dunbar et al., 2017). Within this context, discrimination and stigma were mentioned as stressors and as negative influences on mental health (Bostwick et al., 2014; Chakraborty et al., 2011; Meyer, 2003). Despite their experiences of discrimination and stigma in mental health care (Choudhury et al., 2009; Filice & Meyer, 2018; Steele et al., 2017), sexual minorities still use mental health services frequently (Bakker et al., 2006; Chakraborty et al., 2011; Cochran et al., 2003; Dunbar et al., 2017; Platt et al., 2017). For sexual minorities, there are various personal and systematic barriers standing against their help-seeking (Dunbar et al., 2017; Ferlatte et al., 2019; McNair & Bush, 2016; Smalley et al., 2015). Help-seeking attitudes of sexual minority individuals seems important to explore as there is lack of research, especially in comparison to heterosexual individuals in Turkey. Thus, this study will explore psychological help-seeking attitudes of LGBTQ+ and heterosexuals.

Generally, literature shows a strong link between positive expectations and positive attitudes towards seeking help (Cash et al., 1978; Çetinkaya & Güler, 2020; Kakhnovets, 2011). In terms of psychological help-seeking attitudes; being a woman (Fischer & Turner, 1970; Gürsoy & Gizir, 2018; Kakhnovets, 2011; Türküm, 2000, 2005), being older age (Mackenzie et al., 2006; Masuda et al., 2012; Nohr et al., 2021), having a higher level of education (Fischer & Cohen, 1972; Reynders et al., 2013), having a previous help experience (Cheng et al., 2018; Demyan & Anderson, 2012; Türküm, 2000, 2005) are mentioned as predictors of positive attitudes towards seeking help. Furthermore, Vogel, Wester, and Larson (2007) mentioned expectations, self-disclosure, and shame as in relation to help-seeking. In addition, personal beliefs about mental health (Leong & Zachar, 1999), self and public stigma (Barney et al., 2006; Beatie et al., 2016; Benuto et al., 2020; Vogel et al., 2006), locus of control (Chan et al., 2019), ability to recognize one's

need, tolerance of stigma, openness about problems, trust to professionals (Fischer & Turner, 1970), and being aware of mental health symptoms (Cheng et al., 2018; Fung et al., 2021) are mentioned in the literature in association with help-seeking attitudes. Although being a minority and/or having a disadvantaged social status had been included as possible predictors of psychological help-seeking attitudes, these broad associations do not provide exclusive predictors as to groups of different mental health needs.

Many studies showed a link between self-concealment and negative help-seeking attitudes (Cepeda-Benito & Short, 1998; Hogge & Blakenship, 2020; Kelly & Achter, 1995; Masuda et al., 2012; Wheaton et al., 2016), including several studies in Turkey (Özbay et al., 2011; Özdemir, 2012; Serim & Çankaya, 2015). Self-concealment is also linked with various psychological problems (Cruddas et al., 2012; Ichiyama et al., 1993; Larson & Chastain, 1990; Leleux-Labarge et al., 2015; Wild, 2004). Since self-concealment predicts negative attitudes and is linked to worse well-being, it may be especially important for sexual minorities' help-seeking. Literature highlighted that self-concealment, hiding sexuality, or worrying about being open seem to be common struggles among sexual minorities (Durso & Meyer, 2013; Evans & Barker, 2010; Göçmen & Yılmaz, 2016; McDermott et al., 2017; Yasin et al., 2018). Thus, it is expected that self-concealment might negatively influence help-seeking attitudes of non-heterosexual individuals.

In addition to attitudes towards help-seeking, preferences regarding psychotherapist characteristics represent another area regarding mental help-seeking behavior that requires further exploration, especially in Turkey. Literature mostly shows different preferences regarding psychotherapist's gender and sexual orientation among sexual minorities (Bafiti et al., 2018; Evans & Barker, 2010; McDermott et al., 1989; Modrcin & Wyers, 1990), some having no preference, some preferring LGBT or heterosexual therapists, or similar genders to themselves. However, it is observed that most people prefer women therapists (Pikus & Heavey, 1996; Strohmer et al., 2003). Exploration of preferences among LGBTQ+ and heterosexuals in Turkey might contribute to the literature in terms of offering the preferences of both heterosexual and non-heterosexual individuals comparatively.

Overall, there is lack of research comparing LGBQ+ and heterosexual individuals' psychological help-seeking attitudes, and predictors of psychological help-seeking attitudes. This study will explore differences among self-concealment, psychotherapy expectations, and attitudes towards help-seeking among LGBQ+ and heterosexuals. Differences between predictors of attitudes for LGBQ+ and heterosexuals, including expectations and self-concealment, will also be analyzed. This study will further explore and compare preferences regarding psychotherapist characteristics, namely gender, sexual orientation, and age, among sexual minorities and heterosexual individuals in Turkey.

## **CHAPTER 1**

### **LITERATURE REVIEW**

#### **1.1. SEXUAL ORIENTATION AND MENTAL HEALTH**

Mental health difficulties among various sexual orientations are commonly researched in the literature. In this section first, mental health issues and utilization among different sexual orientations will be presented. Then, self-concealment concept and its correlates with various psychological issues are discussed.

##### **1.1.1. Differences of Mental Health Issues and Utilization of Services Among LGBT and Heterosexuals**

It has been shown that LGBT (lesbian, gay, bisexual, transgender) individuals have greater mental health difficulties compared to heterosexuals (Almedia et al., 2009; Bakker et al., 2006; Burgess et al., 2007; Chakraborty et al., 2011; Cochran et al., 2003; Dunbar et al., 2017). Furthermore, a study with LGBQ (lesbian, gay, bisexual, queer) and heterosexual adolescents showed that LGB adolescents were more likely to have safety, sexuality, substance abuse concerns as well as concerns with family and friends (Cniro et al., 2005). Experiencing violence, feeling threatened, experiencing sexual assault, worrying about sexual health, drug use and concerns about drug use were more common among them than heterosexual group (Cniro et al., 2005). In detail, bisexual adolescents had the most concerns about safety and drug use among all sexual orientations. Also, LGB adolescents were willing to speak about these issues more than heterosexual group (Cniro et al., 2005). However, the availability of specific services for LGBT is another issue.

The sociopolitical context and the effect of discrimination seems undeniable on the issue of LGBT individuals having more mental health problems. Meyer (2003) reviewed the literature and highlighted that increased mental health difficulties among LGBT individuals as compared to heterosexuals can be

explained by the minority stress model. Meyer (2003) expressed that being a member of a minority, such as LGBT, puts individuals in more risk for discrimination, stigma, and rejection due to the social and political context that mostly devalues and ignores minority identity and rights, creates unique and consistent stressors, and consequently leads to both mental and physical problems. In detail, Meyer (2003) developed a model indicating that alongside the common stressors of being a minority such as low socioeconomic status, losing a job, loss of someone; particularly sexual minority status makes individuals more vulnerable to specific stressor such as discriminatory events, and also having a minority identity may amplify expectations of rejection, concealment of one's self, and internalizing homophobic beliefs which all contribute to more mental health struggles especially if there are less resources for support and coping. As multiple studies indicated, experiencing discrimination was linked with increased mental health problems in sexual minority individuals (Bostwick et al., 2014; Chakraborty et al., 2011). It was shown that sexual minorities have more experiences of discrimination than heterosexual individuals, and they also struggle more intensively with the negative consequences of discrimination and mental health difficulties (Mays et al., 2001), including increased self-harm tendencies, distress, depression, and suicidality (Almeida et al., 2009). Similarly, another study focused discrimination's influence on mental health for individuals of various minority or stigmatized identities (Thompson et al., 2004). The results indicated that racial and sexual minorities experience more discrimination than white and heterosexual individuals. Alongside being a minority, having a mental disorder were also a further reason for discrimination. In general, increased discrimination was linked with more psychological symptoms, greater belief of being rejected by others, more social struggles, and feeling less control over life choices. However, those experiencing discrimination and distress were also less satisfied with mental health care and reported less beneficial outcome from getting help (Thompson et al., 2004).

LGBT individuals in Turkey also experience discrimination in most areas of their life including health care, work, education; they also struggle with mental health difficulties but experience stigma and discrimination as barriers against

getting help (Göçmen & Yılmaz, 2016; Yasin et al., 2018). Experiencing homophobia, discrimination, was also common among Asian LGBTQ individuals. They expressed feeling lonely and isolated, as well as struggling with mental health problems (Choudhury et al., 2009). They also revealed experiencing discrimination towards their sexuality in healthcare. Being discriminated in the past was interpreted as a barrier against seeking help and being open (Choudhury et al., 2009). A large report done in Ireland showed similar results, although some participants had positive and supportive experiences, there were significant amount of discriminatory and homophobic experiences in social life, school, and work (Mayock et al., 2009). Many LGBT individuals mentioned bullying, homophobic discussions among staff and classmates, lack of LGBT support, lack of visibility and discussion in school such as lack of informational classes for teachers, parents and students, lack of student clubs or support groups, lack of sexuality knowledge and visibility in lectures. They also expressed feeling uncomfortable being and presenting themselves openly at school. In terms of work, fewer individuals mentioned receiving homophobic reactions at work but drew attention to lack of equality and LGBT support in work policies (Mayock et al., 2009). The study indicated that many LGBT individuals experienced discriminatory acts which diminished their well-being and resulted in mental health struggles. In fact, about 60% of LGBT participants revealed that they struggled with depression due to issues about being a sexual or gender minority. Feeling emotionally and socially isolated from others, feeling worthless, struggling with acceptance of oneself, feeling as they are wrong and outside of the norm in a heteronormative society were expressed in addition to depression. Furthermore, denying, or concealing one's sexuality both from self and from other people and was also mentioned along with depressive feelings and self-hatred. Alcohol use problems, self-harm tendencies, and suicidality were also mentioned along with being LGBT and having sexuality related struggles (Mayock et al., 2009).

It seems that LGBT struggle with mental health difficulties more than heterosexuals due to societal norms and discrimination, they also find it harder to get support and help. Despite the difficulty, they still utilize mental health services.

Multiple studies reported that sexual minority individuals use mental health services more than heterosexuals (Bakker et al., 2006; Chakraborty et al., 2011; Cochran et al., 2003; Dunbar et al., 2017; Platt et al., 2017), in fact, it was shown that gay and lesbian clients had more therapists and therapy sessions as compared to heterosexual individuals (Liddle, 1997). Moreover, there seems to be a gender gap among heterosexual men and women indicating that women use services more, whereas this gap is not observed for homosexual individuals using mental health services (Platt et al., 2017). Similarly, a previous study also revealed there were no significant differences between the help-seeking attitudes of homosexual women and homosexual men (Luedders, 1998). However, the helpfulness of such services was questionable as both positive and negative experiences are reported (Filice & Meyer, 2018), as well as limited accessibility, lack of knowledge of and sensitivity to LGBT issues in services, and failure to provide specific support and help for LGBT individuals' needs were commonly reported (Steele et al., 2017). LGBT individuals need more specified psychological help due to their experiences, yet have difficulty reaching out to proper help.

In terms of help-seeking; Vogel, Wester, and Larson (2007) summarized some psychological concepts that may influence or predict attitudes, behaviors, and decisions towards psychological help-seeking. They mentioned societal beliefs and stigma about help-seeking, expectations of benefit or risk from getting help, self-disclosure tendencies, worries about opening up about feelings, and feelings of shame and inadequacy. It seems important to better understand these concepts' role on help-seeking, specifically the concepts of self-concealment and expectations will be explored in this study.

### **1.1.2. Self-concealment**

Self-concealment is defined as hiding or concealing personal information that is perceived as negative or distressing by the individual (Güngör et al., 2010; Larson & Chastain, 1990). Larson and Chastain (1990) highlighted the personal aspect of self-concealment and argued it is an act of concealing personal emotions,

beliefs, behaviors, and experiences. Furthermore, Cramer and Barry (1999) highlighted two different aspects such as “keeping secrets” and “personal concealment”; the first one being hiding information unrelated to its personal relevance, and latter being concealing information that is perceived as personal.

Self-concealment or hiding personal information is generally linked with various personal, social, and psychological struggles like poor mental health, insecure attachment, perfectionism, poor social support, poor life satisfaction, and stigma, which will be presented in detail below.

Larson and Chastain (1990) reported that self-concealment predicts and negatively influences both physical and mental health, even when factors like traumatic past, social support, self-disclosure likelihood are controlled. Self-concealment was found to be related with depression and anxiety in multiple studies (Cruddas et al., 2012; Ichiyama et al., 1993; Larson & Chastain, 1990; Leleux-Labarge et al., 2015; Wild, 2004). Studies also found that self-concealment is related to poor well-being and distress (Williams & Cropley, 2014; Wismeijer & Assen, 2008) as well as less fulfillment of interpersonal needs which also consists of feeling detached from others and feeling like a burden (Hogge & Blakenship, 2020). Furthermore, insecure attachment styles, and diminished comfort with interpersonal closeness are linked with self-concealment as well (Cruddas et al., 2012; Yukawa et al., 2007). Especially those who are insecurely attached and feel more uncomfortable with closeness and dependence were found to conceal more (Cruddas et al., 2012; Yukawa et al., 2007).

Self-concealment is also related to suicidality (D’Agata & Holden, 2018; Hogge & Blakenship, 2020). In detail, it was shown that self-concealment was associated with psychological pain as well as hiding of that pain (D’Agata & Holden, 2018). People who also have more tendency to hide their imperfections feel more psychological pain and have hiding tendencies (D’Agata & Holden, 2018). It seems that when individuals conceal themselves, they feel more psychological pain and suicidality; however, they still hide their struggles from others which may be a barrier for them to receive help and support. In fact, one study revealed that individuals who self-conceal have more dysfunctional

perfectionism and less tendency to perform preventative health behaviors which are influencing both their psychological and physical health (Williams & Cropley, 2014). Another study also revealed perfectionism was related to more self-concealment, and more concealment was linked with more psychological distress; in detail, perfectionism was linked with distress through the self-concealment tendencies (Kawamura & Frost, 2004). These results all together suggest that perfectionism and hiding seems to both influence individual's concealment tendencies and their psychological health and how likely they are to perform health behaviors.

Support and distress are also mentioned in some studies. Individuals who self-conceal experience more distress (Omori, 2007; Williams & Cropley, 2014) and have limited social support (Omori, 2007). Similarly, when individuals self-conceal and have less social support, they struggle with greater distress (Cramer, 1999). Moreover, disclosing one's distress to others results in improvements in social support (Kahn & Hessling, 2001).

Self-concealment is linked with less life satisfaction as well (Williams & Cropley, 2014). Similarly, tendency to disclose distress was linked with increased life satisfaction (Kahn & Hessling, 2001). Self-concealment is also linked with low self-esteem (Ichiyama et al., 1993). Self-concealment was also found to be related to feelings of inferiority, loneliness, and unhappiness. The study revealed that feelings of inferiority including feeling less worthy and capable leads to more self-concealment. Furthermore, this concealment increases individual's feelings of loneliness which diminishes their happiness (Akdoğan & Çimşir, 2019). Moreover, perceiving oneself as more negative and inferior compared to others are shown to be linked with self-concealment (Crudadas et al., 2012). In addition, self-stigma was also found to be related to increased self-concealment (Vogel et al., 2006).

#### **1.1.2.1. Self-concealment by LGBT Individuals**

Self-concealment may be more common for LGBT individuals and may be an important concept in understanding their mental health needs and attitudes

towards professional help due to the heteronormative societies and discriminatory experiences.

Meyer (2015) drew attention to the role of stressors that comes from being a sexual minority and the functional role of resilience on LGBT health. Meyer (2015) highlighted the effect of proximal stressors which are stressors that include personal internalized beliefs resulted from discriminatory experiences. Such stressors were about internalized homophobic biases, negative beliefs about sexuality, anticipation of discrimination and stigma, as well as self-concealment. Meyer (2015) specifically mentioned the role of concealing one's sexuality as a proximal stressor that makes life difficult for LGBT individuals. Furthermore, Meyer (2015) argued that for sexual minority individuals, resilience can be enhanced by communities and are crucial for protecting LGBT's health. However, for LGBT individuals to receive support and benefit from helpful community resources, they need to have some level of belongingness to the community. This may also require identifying oneself as LGBT or be open about their identity so they can be part of the community and benefit from it (Meyer, 2015). So, when LGBT individuals find themselves concealing, they may struggle with experiencing belongingness to the community and developing resilience with the help of that community. Self-concealment appears to be common as both a stressor in itself and a barrier against getting support and help. Kavanagh (1995) broadened the burden of self-concealment concept among LGBT to include that concealing one's sexuality is not just hiding sexuality and sexual behaviors; instead, it includes hiding personal information and life events such as relationships, more specifically who they live with, who they travel with, who they text and call, who they share the housework, who they argue with, who they celebrate birthdays or from whom they receive gifts, etc. Kavanagh (1995) highlighted that concealing sexual behaviors is not the most difficult aspect of self-concealment, in fact it may be relatively easier. However, hiding other personal, emotional, and relational aspects in their life are much more burdensome and difficult for LGBT.

Being open and seeking help may be especially difficult for LGBT individuals. They struggle with being open about themselves in various areas of

their lives like school or work, and “being outed without consent” while seeking mental help was a concern for LGBT (Göçmen & Yılmaz, 2016). LGBT individuals may also be hesitant to disclose their sexuality to professionals, as another study revealed that majority of LGBT were hesitant to disclose their sexual identity in health care settings and those who do had dealt with discrimination from health professionals (Yasin et al., 2018). Similarly, a study with counsellors who work with sexual minorities examined counsellors’ view of client disclosure of sexuality and found that lesbian women may be hesitant to disclose their sexuality to professionals, due to previous discrimination, expectations of judgment, or counsellors not asking about their sexuality (Magee & Spangaro, 2017). However, when services appear to be LGBT-friendly, forms or questions include sexuality and gender inclusive language, and counselors explore sexuality related issues with acceptance and respect, client’s disclosure of their sexuality was seen more likely (Magee & Spangaro, 2017). Another study also revealed that lesbian, gay and bisexual individuals have less tendency to disclose their sexuality to health professionals compared to their family and friends (Durso & Meyer, 2013). Specifically, bisexual men and women were more hesitant disclose to professionals compared to gay men and women. Magee and Spangaro (2017) in their study showed that counsellors working with sexual minorities point out that self-disclosure and openness seem to be more likely if patients are more accepting towards themselves. In general, those who had more internalized homophobic beliefs and had a less affirmative attitude towards their sexuality had less tendency to disclose, in contrast, those who had more belongingness to a LGBT community had more tendency to disclose (Durso & Meyer, 2013). Surprisingly, previous discriminatory experiences found to not predict the disclosure tendencies. However, other studies reported the role of discriminatory experiences on disclosure. Hiding sexual orientation while struggling with mental health issues were present among LGBTQ youth as well; and fear, worrying about rejection and discrimination were common reasons for not disclosing (McDermott et al., 2017). Similarly, a study with LGBTQ individuals noted that some of the reasons behind sexual minority individuals not revealing their sexuality to health care professionals include

professionals never asking, LGBTQ individuals having a belief that their sexuality is not related to their health issues, and worrying about receiving negative reactions (Rossman et al., 2017).

Some LGBT patients also worry about coming out to their counsellors and are sensitive to the counsellor reactions such as “being shocked, making it an issue, not making a big deal, being understanding” (Evans & Barker, 2010). Similarly, when LGBTQ individuals revealed their sexuality, they had received reactions from health care professionals that include being uncomfortable, doubtful, surprised, and presenting a body language that is viewed as disliking them (Rossman et al., 2017). In contrast, when they revealed their sexuality and received validation, knowledge, and respectful reactions from professionals they interpreted these as positive (Rossman et al., 2017).

Overall, it appears that being open versus concealing is a concern for LGBT individuals in both life and health care settings, which is important for help-seeking.

#### **1.2.1.2. Correlates of Self-concealment for LGBT Individuals**

Self-concealment or hiding personal information is linked with various concepts such as low self-esteem, poorer life satisfaction, greater worry about acceptance, and increased stigma. Self-concealment is also associated with various psychological issues like anxiety, depression, distress, somatization among sexual minorities.

LGBT individuals may specifically struggle with acceptance and self-esteem. In fact, among LGBT adolescents, family support and acceptance are tied with higher self-esteem (McDonald, 2018; Ryan et al., 2010); whereas internalized homonegativity is linked with poorer self-esteem (Nguyen & Angelique, 2017), and diminished social support is also linked with increased social anxiety among LGBT individuals (Potoczniak et al., 2007). It seems that how much support and acceptance LGBT individuals receive and how positive they feel about sexual orientation influence their self-esteem and well-being, which then influence their self-concealment tendencies. As shown by research, self-concealment is linked with

low self-esteem (Ichiyama et al., 1993), and those who have high self-esteem are less likely to self-conceal whereas those with higher concerns about losing face are more likely to self-conceal (Topkaya et al., 2019). Similarly, disclosing one's distress was linked with improvements in self-esteem levels (Kahn & Hessling, 2001). Moreover, self-concealment among LGBT was linked with decreased "commitment" aspect of ego identity, which implied decreased commitment to life goals and ideas (Potoczniak et al., 2007). Considering these results, it can be assumed that LGBT's personal and societal struggles influence their well-being, their identity, self-esteem, and their concealment tendencies.

Liao, Rounds, and Klein (2005) argued that self-concealment tendencies, especially higher self-concealment among Asian culture, may be explained by concealment's role as preventing loss of face, meaning that hiding behavior may prevent individuals from feeling shame and losing respect of others. In terms of sexual minorities, those who are more socially anxious experience less social support, and as a result their self-concealment likelihood is high (Potoczniak et al., 2007). Furthermore, worry about acceptance is also linked with concealment among sexual minorities (Hu et al., 2013; Jackson & Mohr, 2016). Specifically, the concealment of sexuality was found to be related to more self-stigma and more worry about acceptance (Jackson & Mohr, 2016).

Alongside worries about acceptance and self-esteem being associated with self-concealment, self-concealment among sexual minorities is linked with lower life satisfaction as well (Jackson & Mohr, 2016). A study done with Chinese LGB individuals highlighted that those with more worries about being accepted reported more self-concealment, and more self-concealment was in turn associated with less life satisfaction (Hu et al., 2013). In other words, self-concealment mediated the association between worry about acceptance and life satisfaction (Hu et al., 2013). Furthermore, LGB individuals tend to conceal sexuality from their families more than their friends, and this concealment of sexuality is also related with poorer life satisfaction (Hu et al., 2013).

In addition to concealment and poorer life satisfaction, stigma's role cannot be overlooked as well. Generally, self-stigma is related to increased self-

concealment (Vogel et al., 2006). A study with an international sample revealed that lesbian, gay, and bisexual individuals tend to conceal their sexual identities more when there is more stigma in a society, which in turn leads to less satisfaction with their lives (Pachankis & Bränström, 2018). Self-concealment actually plays a clarifying role in the link between stigma and life satisfaction. In terms of stigma and concealment, cultural values may also play a role. A study revealed that among African American minorities, greater Afrocentric values including more collectivist views was linked with increased perception of stigma towards getting help and increased tendencies for self-concealment (Wallace & Constantine, 2005). In a way, when minority individuals care about collectivist norms and societal values more, they perceive more stigma and conceal themselves, which has various negative consequences as mentioned previously.

Considering these results together, it seems that LGBT individuals are more likely to struggle with social and self-stigma, about acceptance from others and themselves which contribute to lower self-esteem, tendency to conceal, and less life satisfaction. On the basis of literature, one may expect that LGBT individuals in Turkey may have more worries about acceptance due to the heteronormativity of Turkish society, which may result in more self-concealment compared to heterosexuals.

In addition to self-esteem, worries about acceptance, and self-satisfaction, self-concealment was found to be associated with psychological issues at sub-clinical and clinical levels. This link is also further explored in relation to the psycho-social stressors. For sexual minorities, concealment may be a barrier against social support and resilience. Meyer (2015) indicated that when sexual minorities conceal themselves, they struggle to belong to a community which then inhibits the individual to develop resilience through community support and help resources, thus increasing psychological struggles. In fact, among sexual minorities, self-concealment was linked with increased distress, depression, and anxiety (Leleux-Labarge et al., 2015). Among bisexual men, self-concealment was linked with more depressive and anxious symptoms (Schrimshaw et al., 2013). Similarly, self-concealment, especially the concealment of LGBT identity, was related with more

depressive symptoms and poor well-being (Riggle et al., 2016). Moreover, LGBT individuals who perceive discrimination reported more depression and anxiety especially when there is more tendency to conceal oneself (Bulutlu, 2019).

It seems that how accepting or discriminatory the environment is as well as how self-accepting individuals are influence psychological struggles and self-concealment tendencies. A review of many studies revealed that internalized homophobia was linked with depressive mood (Newcomb & Mustanski, 2010). Furthermore, self-concealment appears to explain this link between internalized homophobia and psychological problems more clearly. For the lesbian, gay, and bisexual individuals, self-concealment was linked with more psychological stress via the role of internalized heterosexism (Hoy-Ellis, 2015). Similarly, for bisexual men, higher levels of self-concealment were also linked with more depressive symptoms through the role of increased internalized homophobia and diminished emotional support (Schrimshaw et al., 2013). Among LGB individuals who conceal their sexuality, discrimination was also linked with worse mental health through internalized homophobia (Walch et al., 2016). It seems that internalizing homophobic or heteronormative ideas as well as being in a less affirming context appears to lead to more psychological problems and concealing among LGBT individuals. Furthermore, it was shown that when LGB individuals perceive a less accepting job environment, their self-concealment tendencies and anxiety levels about their jobs reported as high. Especially those who are less accepting towards themselves and those who self-conceal, struggle with more anxiety in a disapproving environment (Jiang et al., 2019).

Stigma in society is another aspect of a less affirming environment. A study highlighted the stigma's role, concealment's negative influence on individuals and the distress it brings (Quinn & Chaudoir, 2009). The study showed that individuals who tend to have a "concealable identity" meaning that they conceal their identity due to stigma (identities include having a mental or physical disorder, experiencing abuse, having a fetish, minority sexual orientation etc.) and whose identity is more visible and fundamental to themselves and those who expect to be devalued due to their identities expressed more distress. Furthermore, individuals who expect to be

devalued in the cultural context, expressed more disorder symptoms (Quinn & Chaudoir, 2009). Again, it seems that identity concealment is related with more psychological struggles, and for LGBT individuals stigma and expectation of discrimination may increase their tendency to conceal which increases psychological struggles. Similarly, another study with sexual minority individuals who experienced interpersonal trauma in the past revealed that individuals who have more desire to seek help from various sources like friends, family or professionals had fewer notable symptoms of PTSD. Motivation for concealment were linked with more PTSD symptoms (Stenersen et al., 2019). Moreover, for women sexual minorities, hiding and not disclosing one's sexuality to health professionals was related to worse psychological well-being (Durso & Meyer, 2013). Again, for sexual minorities, self-concealment was related to increased somatization and somatic symptoms (Leleux-Labarge et al., 2015). Moreover, psychological inflexibility which is defined as how willing the individual to experience and feel difficult emotions and to worry about controlling them, clarified the link between self-concealment and increased depression and anxiety among sexual minorities (Leleux-Labarge et al., 2015) as well as between self-concealment and increased distress, somatization, and anxiety among Latin American minority students (Mendoza et al., 2018). In detail, sexual minorities who are more inflexible are also more concealing and have more depressive and anxious symptoms (Leleux-Labarge et al., 2015). Researchers argued that self-concealment is used for managing difficult emotions, but it consequently increases problems (Leleux-Labarge et al., 2015) and may be a dysfunctional way to cope with emotions and thoughts (Mendoza et al., 2018). One can also assume that instead of getting help, self-concealment becomes an unfunctional managing strategy especially for psychologically inflexible individuals and prevents getting necessary help. Furthermore, among individuals with obsessive compulsive disorder, self-concealment was found to be more likely and those who tend to conceal had increased symptoms of OCD (Wheaton et al., 2016). Researchers interpreted this as self-concealment being a barrier against opening up about symptoms and experiencing alternative ways of thinking and behaving or it may be related to

feeling shame about symptoms and hiding them from others (Wheaton et al., 2016). These results also highlight the negative consequences of self-concealment including the difficulty it brings about seeking or getting help which may also result in greater psychological struggles.

Overall, various personal and societal factors like stigma, self-esteem, worry of acceptance, perfectionism, and discrimination play a role on psychological problems, self-concealment, and mental health and life quality.

Although self-concealment is linked with mostly negative consequences as mentioned above, it can also guard LGBT individuals against discrimination and help them preserve their safety. Hiding one's true self, true emotions, and true desires due to an unaccepting environment as well as having the need to present a false-self that protects self from discrimination and that allows adaptation to the heterosexist society is present among LGBT patients (Gupta, 2015; Qushua & Ostler, 2018). In fact, Bojarski and Qayyum (2018) interpreted being in the closet with psychoanalytic notion of hiding the true-self and having a false-self in relation to experiencing various struggles in families and environment while growing up. Specifically, discrimination may enhance false-self presentation among transgenders. A study with transgender individuals pointed the importance of use of appropriate language, pronouns and labels (Rodgers & Connor, 2017). When others refused to use their preferred name and pronouns this was felt as rejection, as invalidation, and as a barrier to build a true sense of self. The researcher interpreted this theme with the societal context of not being accepted, validated, seen, and mirrored by public. Receiving discriminatory reactions from others, different treatment compared to other family members, abuse and neglect in family, families invalidating their sexual and gender identity, forcing their own beliefs were common experiences. The researcher touched upon the concept of false-self in relation to transgender individuals struggles of their expression of true gender and others' expectations of them (Rodgers & Connor, 2017). In a way, in order to be accepted they may hide their true selves, which then negatively influences their sense of self and experienced as rejection. As Bojarski and Qayyum (2018)

highlighted closeting the true-self becomes a struggle with aggression, psychological pain, suicidality, and self-criticism.

Similarly, transgender individuals express their ways of controlling how they present their gender in different environments to protect themselves from getting hurt. In fact, they sometimes hid their sexuality and gender, act accordingly to the gender stereotypical body language (Levitt & Ippolito, 2014). Moreover, it was shown that when there is more stigma in a society, individuals concealing their sexuality was linked with fewer discriminatory experiences (Pachankis & Bränström, 2018). Similarly, one study found that those who expressed more discriminatory experiences also tended to be more out about their sexuality (Choudhury et al., 2009). In another study, being out and increased outness were linked with more depressive symptoms as well (Riggle et al., 2016), which may highlight the negative aspect of being out and vulnerable in a discriminatory society. Moreover, it seems that when individuals care about others' values, they may use self-concealment to be less vulnerable which may serve as self-protection. In fact, one study revealed that those who put more importance on social relationships and connectedness are more likely to self-conceal, which then relates to less depressive symptoms (Kealy & Rice, 2020). Thus, concealing may hinder vulnerability especially for those who care about others' values or who are already vulnerable due their minority status. In a way, sometimes concealing oneself and personal life and presenting a "false-self" can be a way to survive. However, in contrast to mentioned studies, it was also shown that authenticity among LGBT, which includes being and presenting your authentic true self, as well as acting accordingly to your true-self and personal beliefs, is linked with improved well-being and diminished depressive symptoms (Riggle et al., 2016). Similarly, one study revealed that LGB individuals who view their identity as more negatively less likely to share their sexuality and their well-being is poorer (Whitman & Nadal, 2015). It seems that concealment versus being disclosing and authentic are complex concepts, especially for minorities, as they allow protection on the one hand, and become a psychological burden on the other.

### **1.2.1.3. Self-concealment and Mental Health Care for LGBT Individuals**

As reaching out for help and therapy requires some level of opening up and vulnerability, self-concealment also has a part on therapy process as well. When lesbian and gay individuals had more negative feelings and associations towards homosexuality, they disclosed their sexuality to less people, and they found it difficult to talk about their sexuality to a counsellor whose sexuality was not known (McDermott et al., 1989). It seems that how LGBT individuals feel about their sexuality plays a role in how revealing they are in counselling or therapy as well as their personal lives. In fact, it was shown that feeling less worthy and capable generally led to self-concealment (Akdoğan & Çimşir, 2019). Another study demonstrated that those who have more tendency to self-conceal told more lies in therapy. Lies about real feelings, symptoms, drug use, therapy's helpfulness were common, in addition 21% of participants expressed they lied about their sexual history as well. Reasons behind lying varied from wanting to be kind and not worrying the therapist to wanting to feel less uncomfortable and preventing therapist's disapproval (Blanchard & Farber, 2016). LGBT individuals may especially struggle with being truly open about emotions and sexuality as they have experiences of discrimination and judgment, and this may influence their look on therapy and decrease the benefit they can get from therapy.

Heterosexism in mental health services is also another factor for self-concealment. A review of multiple studies revealed that LGB individuals have concerns about disclosing their sexualities to health care professionals due to homophobic and discriminatory experiences (See Mitra & Globerman for a detailed review). There is limited knowledge, biased and negative beliefs about LGBT, and limited specific help on LGBT issues in healthcare as well (Mitra & Globerman, 2014).

A study from Turkey also revealed that more than half of the LGBT individuals tend to hide their sexuality from health care professionals, and experiencing discrimination was a reason mentioned (Göçmen & Yılmaz, 2016). In another study, Dorland and Fischer (2001) gave counselling session vignettes with

either heterosexist language or nonheterosexist language (words like partner instead of gender pronouns, separation instead of divorce, etc.) to LGB individuals and examined counselor credibility, willingness to disclose and whether they would come back to counselling with that counsellor. Results showed that when heterosexist language was present counsellor credibility assessed as low and they did not want to self-disclose, especially disclosing sexual orientation was felt more difficult. Additionally, the tendency to come back to that counsellor was low as well.

Overall, self-concealment tendencies are present among people and in health care. Especially those who are sexual minority struggle with disclosure and opening up and may use concealment due to previous discriminatory experiences and as a strategy to protect themselves. Self-concealment, as mentioned, generally is linked with various negative consequences. In addition, it also plays a role on help-seeking attitudes which will be explored in the following sections.

## **1.2. HELP-SEEKING ATTITUDES**

The main focus of this study is to understand psychological help-seeking attitudes comparatively for sexual minorities and heterosexual individuals. Psychological help-seeking attitudes include positive or negative attitudes towards seeking help for mental health issues and are linked with various demographic and personal factors. It is important to understand individuals' attitudes towards help-seeking, as it encourages them to utilize mental health services. Attitudes towards psychological help is related to and predicts how likely individuals are to look for professional help (Deane & Todd, 1996) and how strong their intention to seek help is (Li et al., 2014). Cramer (1999) also reported that having positive attitudes towards seeking help is related with more tendency to reach out for counselling. Fischer and Turner (1970) mentioned factors that may influence help-seeking attitudes such as recognizing that individual needs psychological help, ability to tolerate stigma comes with getting help, being able to be open about problems to others, and having confidence in mental health care providers.

There are various personal and emotional factors that seem to influence attitudes such as beliefs, opinions, self-stigma, and feelings of shame. Fisher and Turner (1970) indicated that individuals who are more authoritarian meaning that they carry inflexible, and hypocritical beliefs, are more traditional, more conforming to authorities and prefer objectiveness over subjectivity have more negative attitudes. Furthermore, individuals who carry the belief that they are not in control of their lives instead the control is due to external factors like others, conditions and chance have more negative attitudes towards psychological help-seeking (Fischer & Turner, 1970). In contrast, internal locus of control was found to be related to positive attitudes (Chan et al., 2019). Leong and Zachar (1999) also argued that people's thoughts, beliefs, and attitudes towards mental illness and individuals with mental health problems may influence attitudes. They reported that viewing individuals with mental health problems more positively and mental health problems as something that can change and improve are related with more positive attitudes. In contrast, viewing mental disorders as badly and devaluing individuals with problems are related with negative attitudes (Leong & Zachar, 1999). Moreover, those who judge people with mental health disorders in a more positive light have more confidence in professionals, whereas those who are more biased against mental health problems and individuals have less tendency to be open and disclosing about struggles to others, which all contribute to general attitudes.

It seems that personal awareness and feelings are also important for attitudes. It was shown that being able to recognize mental health symptoms and disorders (Cheng et al., 2018) and being well-informed and aware of symptoms (Fung et al., 2021) were related to more positive attitudes, which seem similar to recognition of need for help. Another study also found a small but a significant association between being able to recognize mental health problems and more positive attitudes (Beatie et al., 2016).

Furthermore, self-stigma is also linked with negative attitudes (Beatie et al., 2016; Benuto et al., 2020; Cheng et al., 2018; Reynders et al., 2012; Vogel et al., 2006; Yee et al., 2021) and decreased tendency to seek help from mental health professionals. Furthermore, those who feel shame about getting help also have a

less positive attitude and weaker intention to seek help than those who do not (Reynders et al., 2013). Similarly, it was shown that self-stigma regarding getting help was a major predictor of help-seeking attitudes, and diminished self-stigma was related with more positive attitudes (Beatie et al., 2016). Alongside self-stigma, perceived stigma was also found to be related to less tendency to seek help, depressed individuals who are self-stigmatizing and ashamed to seek help, and individuals who perceive stigma and carry beliefs that others will look down to them and they will be viewed as unstable were less likely to seek help from professionals (Barney et al., 2006). Similarly, believing others view mentally struggling individuals as more negative predicted attitudes and those who believe that carry more negative attitudes towards help-seeking (Nohr et al., 2021). Thus, alongside personality and beliefs, recognition of need, stigma and shame seems to play a role on attitudes.

Individuals who perceive greater social and self-stigma are less likely to get help from mental health services and less likely to notice their need for help (Wu et al., 2017). Cauce and colleagues (2002) also drew attention to the specific elements of help-seeking such as recognition and acknowledgement of a problem, deciding to get help, and choosing help sources. The researchers highlighted the possible negative influence of culture and cultural values that stigmatizes mental health problems and getting psychological help on the definition and recognition of problems as well as reaching for professional help (Cauce et al., 2002).

In terms of demographic factors, increased education levels are linked with more positive attitudes (Reynders et al., 2013). Fischer and Cohen (1972) also reported the more educated the individual are, the more positive attitudes they carry towards help-seeking. Furthermore, having previous experience in psychological help was related with more positive attitudes towards seeking help (Cheng et al., 2018; Demyan & Anderson, 2012; Kakhnovets, 2011; Masuda et al., 2012; Reynders et al., 2013; Türküm, 2000, 2005; Vogel & Wade et al., 2007; Yee et al., 2021), and more will to seek help (Solberg et al., 1994). Moreover, having a family member or knowing a person who had previously sought help, having support from family and friends were related to more willingness to seek help and more positive

attitudes for seeking psychological help (Aydın, 2017; Koydemir-Özden, 2010; Vogel & Wade et al., 2007). Although it seems that having a previous experience in mental health care may be linked with more positive attitudes towards seeking help, it may be different for sexual minorities. Being a sexual minority and racial minority are two different experiences however, there may be some commonalities that comes from the minority status. A study with African American and White individuals showed that African Americans with no past experience in seeking help have a more positive attitude towards seeking psychological help; however, those with a past experience of seeking help had a less positive attitude as compared to Whites (Diala et al., 2000). Although the research does not examine the quality of services, it seems likely that receiving care as a minority may be a challenging experience that influences future expectations and view of services, which may be an issue for LGBT and their view of services as well.

In terms of age, it was found that older age is linked with more positive attitudes (Mackenzie et al., 2006; Masuda et al., 2012; Nohr et al., 2021) and younger age was linked with less positive attitudes (Oliver et al., 2005) and less tendency to seek help from professionals (Barney et al., 2006).

In terms of gender, many studies pointed out a gender difference among attitudes and generally women carry more positive attitudes than men (Ang et al., 2004; Deane & Todd, 1996; Fischer & Turner, 1970; Kakhnovets, 2011; Kelly & Achter, 1995; Komiya et al., 2000; Leong & Zachar, 1999), which will be mentioned in more detail in the following sections.

### **1.2.1. Seeking Psychological Help in Turkey**

Multiple studies indicated that individuals in Turkey tend to seek out help from family and friends, choose informal help resources, and have less tendency to seek out for help from professionals when they experience psychological issues (Atik & Yalçın, 2011; Bilican, 2013; Çebi & Demir, 2020; Erkan et al., 2012; Kilinc & Granello, 2003; Koydemir et al., 2010).

In terms of demographic variables, a study with Turkish university students demonstrated that older age, living with family members instead of alone or in student houses, having parents with higher education levels, and having psychological issues were related with more positive attitudes (Koydemir-Özden & Erel, 2010). In contrast, in another study, younger age was linked with positive attitudes (Kilinc & Granello, 2003). Alongside age, higher education level, having past experience in therapy, carrying less religious beliefs, and having more realistic beliefs about mental health issues were linked with positive attitudes (Kilinc & Granello, 2003). In another study, previous help-seeking, social support, and gender predicted help-seeking attitudes; women, those with a past experience, and those with greater social support carried more positive attitudes (Çebi & Demir, 2020). Moreover, knowing the help sources and services in the university, as well as the personality characteristics of being extraverted, agreeable, cooperative, and open to new experiences were related with more positive attitudes (Atik & Yalçın, 2011). Similarly in a more recent study, secure attachment style, and personality traits like extraversion, openness, good-temper, and conscientiousness were linked with positive attitudes (Ülken & Odacı, 2021). Overall, age, education, past experience, living conditions, knowledge of help, support, beliefs, and certain personality traits seems to be related to attitudes in Turkey.

On the other hand, Bilican (2013) showed that Turkish students had various psychological problems; yet majority of them did not get help. Ignoring their need of help, having no knowledge on the location of help sources or the possible providers of help, dealing with problems through talking with family and friends were some of the barriers mentioned. Among Turkish university students, emotional, social, and academic struggles seem to be common as well (Erkan et al., 2012; Koydemir et al., 2010). Erkan and colleagues (2012) reported that male students and students with greater socioeconomic level have more psychological issues, on the other hand female students are more willing to seek psychological help compared to men. Moreover, when students experience academic problems, relational issues, as well as sexual problems, they report having less willingness to seek out help from professionals (Erkan et al., 2012). Koydemir and colleagues

(2010) also mentioned that students struggle with adapting to a new university, new place, new living condition, lectures and professors, struggle with engaging with different cultures and people, and with socialization. They also worry about future. Furthermore, barriers against getting help included students' tendency to keep their problems to themselves, preference to seek help from friends or family instead of professionals, tendency to deny the problem and the need for help, belief that psychotherapy is the last option, unease about self-disclosure due to worries about trusting the professional and professional's attitudes (Koydemir et al., 2010).

Overall, denial of the need for help, avoidance of self-disclosure, preference for other ways to get help, and self-reliance seems to be barriers among Turkish individuals, which may also relate to cultural values. Koydemir-Özden (2010) showed that Turkish individuals with more independent and relational sense of selves -meaning that they find independence and self-respect as well as relationships as more important than being adapted to collective or societal norms- have more positive attitudes. In contrast, those with more collectivist view of self had less positive attitudes. Thus, culture and cultural values are mentioned as influencer of attitudes. A meta-analysis study highlighted that adapting to Western values were associated with more positive attitudes (Nam et al., 2010). In fact, Caucasian Americans having more positive attitudes than Asian Americans, as well as Caucasian women having more positive attitudes than men, were interpreted through the context of Asian culture that highlights shame and stigma about getting help. Similarly, Among Mexican American individuals, those who were more adapted to the American culture carried more positive attitudes than those not (Miville & Constantine, 2006), and compared to European Americans, Asian and African Americans carried more negative attitudes (Masuda et al., 2009). Similarly, among Asian individuals, those greatly adapted to collectivist Asian values had more negative attitudes whereas those carry more European values had more positive attitudes (Miller et al., 2011). Thus, relying on oneself and avoiding professional help among Turkish people may also be related to more collectivist beliefs, shame, and societal stigma about psychological help.

### **1.2.2. Barriers Against Help-seeking Among LGBT Individuals**

There are various external and internal factors that make seeking psychological help a challenge, especially for sexual minorities. Compared to heterosexual individuals, although LGBT individuals have more mental health difficulties and tend to seek professional help, they still struggle with accommodating their mental health needs (Burgess et al., 2007). A study revealed that fewer LGBT individuals used LGBT-specific healthcare services, however most of them indicated that they are interested to use them later on (Martos et al., 2019). There are external and internal factors that can explain this observation. Internal factors such as feeling less positive about own sexuality and feeling less close to the community were related with being less interested in using LGBT services. Besides, the simple external factor of services being located far away was related with less use (Martos et al., 2019). In US, it was shown that services for LGBT were mostly located in cities and there were limited available services in middle states or none in some states (Martos et al., 2017). Similarly, a thesis study revealed that tendency of LGBT students in rural places to seek help were lower compared to heterosexual students (Williams, 2012). Location and presence of help appears to be an important issue.

Especially for LGBT individuals, seeking-help seems to be difficult as studies showed that economic limitations, difficulty finding an available and LGBT-friendly service, discomfort to reveal and speak about sexuality with professionals, being judged and stigmatized in the past due to sexuality, previous discriminatory experiences in mental health care, not feeling prepared to seek help and trying to cope by themselves, as well as worrying about privacy and confidentiality were present obstacles that stand in front of help-seeking (McNair & Bush, 2016; Smalley et al., 2015). Sexual minorities also expressed various systematic and individual barriers regarding help-seeking. Struggling to find LGBT-supportive and knowledgeable health care services, economic problems, discrimination and stigma among health care, worries about being open about sexual identity, not knowing LGBT-specific services were mentioned and especially transgender individuals

experienced stronger barriers (Romanelli & Hudson, 2017). A national survey reported similar difficulties to reach out health services among sexual minorities in Thailand, barriers included financial problems, lack of knowledge regarding help sources, worry about professionals' reactions, worry about revealing their identity (UNDP, 2019).

Stigma was also linked with less use of health care services among transgender individuals (Whitehead et al., 2016). A study done in Ireland noted that limited availability of well-qualified and affordable help options, worries about who to trust as well as the heteronormativity of mental health care were some of the obstacles LGBT experienced (Mayock et al., 2009). Especially for transgender individuals finding support was harder (Mayock et al., 2009). Additionally, most LGBT individuals also talked about their mental health care and therapy experiences in a positive light. Being accepted, validated, being able to open up about vulnerabilities and disclose sexuality, having a "safe space" in therapy were seen helpful and valuable by the most (Mayock et al., 2009).

Furthermore, barriers LGBT individuals experience seem to be more common than heterosexual individuals. Compared to heterosexual individuals, among sexual minorities worry about financial costs, financial problems such as insurance and budget limitations, not knowing the process of finding help including how and where to reach out, worry about confidentiality, feeling ashamed, worrying about how others will perceive their help-seeking, finding difficult to speak about feelings, as well as avoiding problems were also more common obstacles to seek help (Dunbar et al., 2017; Ferlatte et al., 2019).

LGBTQ youth are also hesitant to seek psychological help. One study reported that LGBTQ individuals with suicidal thoughts do not seek professional help but mostly turn to their friends (Lytle et al., 2017). Another study showed that the stigma about sexual orientation and about having a mental health problem, struggling to express emotions and sexuality due to the fear of receiving negative reactions and being perceived as "attention-seeking," feeling embarrassment, feeling weak, and trying to manage their struggles by themselves played some role in their hesitation to seek help (McDermott et al., 2017). Similarly, among Asian

LGBTQ individuals, seeking help was less likely, and feeling ashamed was mentioned in relation to their lack of help-seeking (Choudhury et al., 2009). Furthermore, healthcare services were available for most of the Asian LGBTQ participants however fewer of them actually utilized them. Again, discriminatory experiences were mentioned as the reason for this under-utilization. Moreover, a study with LGBT survivors of relationship abuse and violence highlighted difficulties in asking for help such as blaming oneself, believing there are no support resources due to their sexual orientation, not seeing any LGBT role models, normalizing abuse and having poorer expectancies from relationships, doubting that others may not believe their struggles due their minority status, worrying about discrimination and being outed during help-seeking (Donovan & Barnes, 2019). A review on the same topic also suggested similar personal and systematic barriers (Calton et al., 2015). It seems that both systematic barriers in health care and personal beliefs and struggles regarding getting help make seeking help a challenge for sexual minority individuals.

Some qualitative studies also highlighted specific difficulties that LGBT individuals experience. Negative experiences of getting help which included limited affordable treatment choices, struggle with waiting duration before treatment and difficulty with finding the “right therapist”, expectations of heteronormativity and stereotypical behaviors, and anxiety or fear about disclosing sexuality both in psychological support groups and to health care professionals were mentioned as issues of concern regarding utilization of mental health services (McCann & Sharek, 2014). Furthermore, studies showed that sexual minority individuals experience microaggressions in therapy as well as difficulty finding an affirming source of psychological help (Shelton, 2009; Towns, 2018). In fact, therapists’ stereotypes and assumptions about sexual orientation, avoidance of exploring subjects regarding sexuality, and usage of heteronormative language and pronouns while asking about personal or relational life were commonly expressed (Shelton, 2009; Towns, 2018). Additionally, therapists assuming sexuality being the reason behind problems, giving heteronormative resources such as books and brochures, behaving differently after the patient came out such as behaving excited,

or giving examples of other sexual minority people they worked with to show that they are inclusive towards sexuality were some of the microaggression experiences LGBQ patients expressed (Shelton, 2009). LGBQ patients also drew attention to feeling overly defined by their sexuality, feeling like they are being forced to receive or remain in certain types of treatment, not getting needed empathy and recognition of painful struggles alongside positive aspects related to coming out, and feeling like heterosexuality is the better norm after seeing family photos of their psychotherapists or learning that their therapist is heterosexual (Shelton, 2009). Although these may be issues both relates to therapist and patient bias, projections well as transference and countertransference feelings, it seems that such experiences are perceived as negative by many and may further affect sexual minority individuals' attitudes towards seeking help in the future. However, in contrast to such barriers and struggles, Morgan (1992) revealed that lesbians carry more positive attitudes towards seeking help compared to other women.

It is also noted that even LGBT individuals with positive experiences in counselling still experience and perceive subtle discrimination. Gay men with positive therapy experiences expressed although therapy was helpful, they felt some level of restriction about speaking about their sexual history and behaviors to their therapists and suggested that they would want their psychotherapist to openly ask and encourage them to talk about sexuality related subjects (Mair & Izzard, 2001). It was also argued that exploration of such issues and being careful with the "neutrality" notion as therapists are important especially with LGBT patients as neutrality may be perceived as avoiding or disapproving. It was suggested that at least psychotherapist should draw attention to the unspokenness of certain issues to open a more exploratory therapeutic space (Mair & Izzard, 2001). It was also mentioned that seeing LGBT-friendly posters, brochures, and gender-neutral language in forms and in therapy sessions were found important and advised (Magee & Spangaro, 2017). It seems that LGBT needs more encouragement as well as a more inclusive and affirmative stance so they do not feel like concealing and they can openly talk about their life and problems, therefore can seek help more.

In summary, attitudes seem to be related with age, education and economical level, recognition of need, openness, stigma, trust to others, opinions about mental health and health care, and past experience of help. Specifically for LGBT, it is arguable that limited LGBT-friendly, available, and qualified services, heteronormative and homophobic language and assumptions, negative experiences both in social life and in health care settings, stigma and discrimination, personal feelings such as shame, worries about reaching for help or attending to therapy were common concepts that makes seeking help harder and can contribute to more negative attitudes. Alongside these mentioned limitations, self-concealment concept is also in play in relation to attitudes, which will be further explored.

### **1.2.3. Help-seeking Attitudes and Self-concealment**

Various studies indicated a link between self-concealment and attitudes towards psychological help-seeking. Some studies also included the role of gender roles and openness.

Generally, In Turkey, studies found that self-concealment predicts help-seeking attitudes and revealed that those who are more likely to conceal oneself had more negative attitudes towards psychological help-seeking (Özbay et al., 2011; Özdemir, 2012; Serim & Çankaya, 2015). Being women and identifying with female gender role were linked with positive help-seeking attitudes, whereas greater likelihood of concealing oneself were linked with negative attitudes (Özbay et al., 2011; Özdemir, 2012). Serim and Çankaya (2015) reported when adults are less likely to conceal themselves, more likely to openly express their emotions, and if they are women, they have positive attitudes towards seeking help. They further identified self-concealment as the most influential predictor of attitudes, among other predictors of emotion expression and gender, as identified above. Overall, studies done in Turkey revealed the link between self-concealment and attitudes, as well as the role of gender.

In terms of gender differences, women in Turkey have more positive attitudes compared to men (Gürsoy & Gizir, 2018; Türküm, 2000, 2005). As

Özdemir (2012) also highlighted, carrying more traditional and possibly stereotypical gender role beliefs instead of more egalitarian beliefs were associated with more negative attitudes. Gender's role on willingness to seek psychological help found to be significant among Turkish university students as well, in fact women students' willingness to seek psychological help was higher than men (Aydın, 2017). Other studies done outside of Turkey also supported the difference between men and women in terms of attitudes and revealed that women have more positive attitudes compared to men (Ang et al., 2004; Deane & Todd, 1996; Fischer & Turner, 1970; Kakhnovets, 2011; Kelly & Achter, 1995; Leong & Zachar, 1999) and women had a higher tendency to seek help (Deane & Chamberlain, 1994; Deane & Todd, 1996; Oliver et al., 2005) and women had higher tendency to talk about their problems with others (Oliver et al., 1999). A large meta-analysis also revealed females having more positive attitudes than men (Nam et al., 2010). Similarly, a study investigating sex and sex role orientation on attitudes towards seeking help and receptivity of therapy used example therapy sessions to show and assess participant's desire to seek help and their attitudes. It revealed that females and feminine sex role were linked with and predicted more positive attitudes (Park & Hatchett, 2006).

Generally, men with more traditional masculinity beliefs have more negative attitudes towards help-seeking (Berger et al., 2005; Vogel et al., 2011). Negative attitudes among men were linked with increased gender role conflicts, especially being rigid and having difficulty with expressing emotions (Blazina & Watkins, 1996; Good et al., 1989), with expressing fondness and closeness to other men (Good et al., 1989), as well as concerns of success in terms of competition and power as a man (Blazina & Watkins, 1996) were mentioned. A study investigating differences between heterosexual and gay men twins revealed that heterosexual men were less likely to seek help, had less positive attitudes and more likely to carry masculine norms such as struggling to be emotionally close to other men than gay men (Sanchez et al., 2013). Moreover, it was shown that men feel more shame and stigma regarding getting help and both shame and stigma are linked with less positive attitudes (Reynders et al., 2013), which is understandable as gender roles

about needing help may enhance shame and imply weakness for men. Negative attitudes among men also relates with how men view and judge individuals with mental health problems, in detail men had more tendency to view mental health difficulties as negative and to believe such individuals were a threat to others and carried less positive view of them (Leong & Zachar, 1999). Being able to trust and rely on others seems to influence men's attitudes as well, which may also relate to gender stereotypes. Fischer and Turner (1970) found that among men those who are able to trust and depend on others have more positive attitudes compared to other men. Moreover, a study also revealed that Chinese men are more likely to depend on themselves regarding their problems instead of asking for help from others in comparison to women (Shek, 1992).

Such gender role conflicts are not only associated with negative attitudes but may also increase concealing. For instance, young male students with greater concern with perfectionism tend to self-conceal more, and this results in more negative attitudes towards help-seeking (Abdollahi et al., 2017), this perfectionism and concealing in men may also be related to gender roles as men may hide their imperfections to appear more strong. In contrast to hiding, disclosing one's sexuality were linked with increased help-seeking in men (Whitehead et al., 2016).

A study on seeking help for intimate partner violence revealed that it was difficult to accept and talk about abuse, in fact normalization of abuse, self-blame and fear of judgment were some present obstacles for help-seeking. Moreover, men had more struggles with masculinity norms, gay men specifically had trouble realizing abuse, normalized it as part of being in a two men relationship, worried about judgment, confidentiality, and acceptance of sexual minority identity while seeking help, as well as worried about asking help from family and friends due to fear of disclosing their sexuality and not being understood (Morgan et al., 2016). So, concealment, gender and attitudes are all in relation to each other and it could be expected that disclosure of sexual identity is quite an important element for seeking help for LGBT individuals.

On the other hand, concealment and openness are also considered together with attitudes and gender. Women having more positive help-seeking attitudes than

men were mentioned through higher levels of openness and as women being more comfortable and open about expressing psychological struggles (Mackenzie et al., 2006), which can be assumed as contrasting with concealment. Similarly, it was shown that men carried more negative attitudes, were less able to deal with the stigma that comes with getting help, less likely to realize they need help, less likely to trust professionals, less likely to be open about their problems to others, and more likely to self-conceal than women (Masuda et al., 2009). In contrast, women are found to be more inclined to be open about their problems, to endure stigma that comes with mental health seeking (Johnson, 1988), and to realize and acknowledge that they need help (Ang et al., 2004; Fauteux et al., 2008; Johnson, 1988). Moreover, femininity was related with higher levels of trust to mental health professionals (Johnson, 1988). Another study with Asian and European Americans also indicated that women had more positive attitudes towards seeking help, were more likely to notice their need for help, and more likely to have trust for professionals compared to men (Masuda & Boone, 2011). It seems that differences among attitudes between genders not only is linked with gender roles but can also relate to being open or concealing. When an individual trusts to professional, recognize their need, it becomes easier to be open and ask for help.

Overall, it seems that generally women carry more positive attitudes than men and this difference can be explained by the difference in gender roles and beliefs in gender role stereotypes, realization of needs, being open or comfortable at sharing, having trust to others, thoughts and assumptions about mental health issues, as well as tendencies to be open or to conceal.

Moreover, on self-concealment and attitudes, Cramer (1999) highlighted a model based on previous work for self-concealment, attitudes towards seeking help, and the likelihood of seeking help. It was indicated that higher levels of self-concealment relate to more negative attitudes towards seeking help but also more likelihood of reaching for counselling. Cramer (1999) discussed that self-concealment due to its nature of hiding of upsetting information negatively influences attitudes towards psychological help, but it also increases psychological problems and distress which then may lead individuals to need and seek out for

counselling. Topkaya, Şahin, and Gençoğlu (2019) also found that those who previously sought help had greater levels of self-concealment than those who did not; the author interpreted this as being judged negatively due to their help-seeking thus developing more tendency for self-concealment. It seems that self-concealment is associated with negative attitudes but its link with actual help-seeking frequency is different possibly due to distress levels and stigma perception. In contrast, another study revealed that those who have more tendency to self-conceal have more distress, but they are also more likely to ignore seeking counselling and psychological help compared to those who have less tendency to self-conceal. Furthermore, among those with psychological problems and with more positive attitudes towards psychotherapy the tendency to seek psychological help was higher (Cepeda-Benito & Short, 1998).

Similarly, another study also supported the relationship between psychological problems, self-concealment, and help-seeking. It was found that if individuals with greater interpersonal problems are more likely to self-conceal, they are less likely to seek help, however if they are less likely to conceal their help-seeking increases (Wilks et al., 2019). So, struggling psychologically by itself is not enough to reach for help, individuals must have some degree of comfort on opening up to reach out for help. Similarly, a study with individuals who have obsessive compulsive disorder showed that self-concealment was more likely among obsessive compulsive individuals compared to others and this self-concealment likelihood was also related with negative attitudes towards seeking psychological help as well as projections of getting help will not be helpful (Wheaton et al., 2016).

Other studies also revealed a link between self-concealment and negative attitudes towards help-seeking (Hogge & Blakenship, 2020; Kelly & Achter, 1995; Omori, 2007). In detail, Hogge and Blakenship (2020) showed that alongside the link between self-concealment and negative attitudes, self-concealment was also linked with feeling detached from others and feeling like a burden. Omori (2007) indicated that among Japanese university students, self-concealment was linked with negative attitudes towards psychological help-seeking as well. The study revealed that those who were more likely to self-conceal had lower tendency to be

open with others and had lower tendency to be able to cope with seeking psychological help and the stigma that comes with it (Omori, 2007). Similarly, Kelly and Achter (1995) found that those who are more likely to self-conceal had more negative attitudes towards seeking help, in addition they included the self-disclosure aspect of therapy. The researchers gave different descriptions of counselling, one explaining that counselling includes self-disclosure, one not including such a concept. Those with more tendency for self-concealment expressed more negative attitudes towards psychological help when they read that counselling description that includes self-disclosure (Kelly & Achter, 1995). One can assume that self-disclosure aspect of therapy influences individuals' attitudes more negatively especially if they have more fears of disclosing themselves. Self-concealment is an important factor on attitudes. Moreover, Nadler and Porat (1978) highlighted the "personal anonymity" concept on help-seeking. Among high school students, those who did not reveal their personal information while seeking help and those who carried the belief that their problems are due to external factors more frequently sought help. It seems that being disclosing and open is a difficult task that makes seeking help harder.

Some studies included specific aspects of help-seeking attitudes in relation to self-concealment. It was revealed that there is a link between self-concealment and certain aspects of help-seeking attitudes such as "stigma tolerance" and "interpersonal openness." Higher tendency to self-conceal was linked less ability to tolerate stigma that comes with getting help as well as less tendency to be disclosing and open about difficulties to other people (Mendoza et al., 2015). In contrast to the literature, researchers could not find a link between self-concealment and general help-seeking attitudes, instead they found links with certain aspects of attitudes as mentioned. This was speculated as study being done with Latin Americans and the possible role of culture. Masuda and Boone (2011) also found that self-concealment predicted help-seeking attitudes and "confidence in practitioners." A comparison between Asian Americans and European Americans showed that more tendency to conceal oneself was related with more negative attitudes towards help-seeking for both groups. Self-concealment specifically predicted and was related to decreased

“confidence in practitioners” for Asian group and to decreased “interpersonal openness” for European group. Overall, the Asian group had more tendency to conceal oneself and more negative attitudes towards help seeking compared to European group (Masuda & Boone, 2011). This result may also be related to Asian cultural values of collectivism and family expectations regarding seeking help or mental health difficulties is a shame to the family, thus having negative attitudes or concealing more, as meta-analysis of studies revealed that Caucasian Americans had more positive attitudes than Asian Americans (Nam et al., 2010).

Liao, Rounds, and Klein (2005) also reported that self-concealment was linked with negative attitudes towards help-seeking. In detail, the relationship between self-concealment and negative attitudes was greater among Asian individuals as they were more likely to self-conceal and this was related to having more negative attitudes compared to White individuals. Authors related these results with the Asian culture’s emphasis on shame and losing respect of other people as results also indicated those self-conceal were more compliant to Asian culture and values. One can draw a similarity between Asian culture and Turkish culture on the basis of collectivism where societal values as a collective is emphasized more than individuals and suggest that concealment and negative attitudes may be common among Turkish individuals as it was with Asian groups in mentioned studies.

Another study with African American individuals also confirmed the association between greater self-concealment and increased negative attitudes towards help-seeking (Masuda et al., 2012). The study also included the concept of mental health stigma. In detail, more stigma was linked with more self-concealment. Moreover, increased mental health stigma and self-concealment likelihood were both predicted and was linked with negative attitudes. Although the study was not specifically focused on being a racial minority, researchers interpreted that both social and self-stigma, as well as racial values may play a role on the link between concealment and attitudes (Masuda et al., 2012). Similarly, Vogel and colleagues (2006) also revealed the link between increased self-stigma

about mental health care and increased self-concealment, both concepts also influenced negative attitudes towards seeking help.

Another study also showed that individuals who were less likely to seek help for various problems including parenting and marriage issues, loneliness, depressed mood, were more likely to conceal the information that they are getting help, were less likely to openly speak about their troubles (Tijhuis et al., 1990). Such individuals were also older, had low economic and education status. In contrast, individuals who were more likely to reach out for help were also more likely to be open about getting help and speaking about their issues and they tend to have higher economic and educational status and go for mental health professionals more than general practitioners for help (Tijhuis et al., 1990). It seems that individuals' openness as well as their preferences of professionals and educational or economic status are related with how likely they are to ask for help.

#### **1.2.3.1. Help-seeking attitudes, Self-disclosure, and Openness**

In terms of self-concealment and its link with attitudes, some studies include self-disclosure tendencies, emotional expressiveness, and openness as well. It was shown that self-disclosure has a role on attitudes towards psychological help-seeking (Gürsoy & Gizir, 2018; Türküm, 2000). A study done with Turkish university students showed that more social and personal stigma and lower tendency to disclose personal distress were associated with negative attitudes towards psychological help-seeking (Gürsoy & Gizir, 2018), and higher tendency to disclose oneself was linked with more positive attitudes (Türküm, 2000). Another study comparing German individuals and Syrian refugees highlighted the difference between help-seeking attitudes among both groups and explained the difference through tendency to disclose distress, and Syrians had low tendency to disclose their stressful feelings and carried less positive attitudes (Schlechter et al., 2021).

Generally, it was shown that stigma, expectation of getting benefit or harm from disclosing oneself to a professional, self-disclosure and self-concealment tendencies were linked with attitudes towards psychological help (Vogel et al.,

2005). Higher tendency for self-concealment was associated with more negative attitudes. However, in terms of predictions, self-concealment was not a prominent predictor for help-seeking. It was revealed that higher tendency to self-disclosure, expectations of benefit from disclosing oneself to a mental health professional and having a past experience of getting help significantly predicted and related to more positive attitudes towards seeking psychological help (Vogel et al., 2005). Similarly, expecting more benefit from getting help and from disclosing to a professional were linked with more intention to seek help, and those who are more afraid regarding getting treatment endorsed more risks to disclosure and carried less positive attitudes (Topkaya, 2011)

Similarly, attachment styles are also influential on individuals expectation of positive or negative outcome after self-disclosure as well as attitudes. Those who are more avoidant and anxious in relationships are more likely to see self-disclosure as harmful and as less beneficial, which also relates to more negative attitudes towards psychological help and less motivation to seek help (Shaffer et al., 2006). It seems that when a person finds self-disclosure less difficult and expects more benefit from disclosure, and when they feel more secure in relationships, they tend to have more positive attitudes. Similarly, a meta-analysis study indicated that self-disclosure was linked with more positive attitudes, whereas self-concealment was linked with more negative attitudes (Nam et al., 2013). Furthermore, self-stigma, expectation of benefit or risks from help, self-disclosure were more prominent concepts linked with attitudes, and self-concealment and support were less prominent ones (Nam et al., 2013). Since LGBT individuals struggle with disclosure or being open about sexuality as previously mentioned, self-concealment especially may be important for attitudes towards seeking help. Furthermore, a study that examined attitudes towards both online and face to face counselling revealed that greater self-concealment tendencies were associated with more negative attitudes, whereas expecting positive results and more benefit after disclosing to a mental health professional and tendency to be open to new experiences were associated with more positive attitudes (Bathje et al., 2014). Similarly, it was found that those who expect more benefit from opening up to a

professional had greater intention to seek help (Topkaya, 2011). In addition, more self-concealment was linked with decreased expectancy of benefit from disclosure, which then lead to more negative attitudes (Bathje et al., 2014).

Alongside concealment, being more open and expressive regarding emotions and experiences seem to play a role on attitudes as well. Individuals who see being emotionally expressive and open as more positive and comfortable had more positive attitudes towards help-seeking and openness predicted more positive attitudes (Komiya et al., 2000). Similarly, individuals who are more likely to express their emotions openly carried more positive attitudes (Chan et al., 2019). Moreover, individuals with personalities that are more open to new experiences carried more positive attitudes towards help-seeking (Kakhnovets, 2011). Thus, openness is an important element on help-seeking. Also, believing that getting psychological help will lead others to dislike them, to being judged by others more negatively, will be an inadequacy of them and the belief that the information of getting help must be kept undisclosed from others all predicted negative attitudes towards seeking-help (Komiya et al., 2000). Similarly, Vogel and Wester (2003) showed that when individuals feel more uneasy about self-disclosure, find self-disclosure less helpful and potentially more harmful in counselling, and when they are more likely to self-conceal upsetting information, they had more negative attitudes towards help-seeking. Furthermore, a past experience in counselling related with more positive attitudes towards psychological help.

Turkish university students who expressed feeling uneasy about self-disclosure were also mentioned worrying about trusting the counsellor and about counsellor's possible attitudes. Those who were hesitant about self-disclosure were hesitant about seeking help, whereas those with a past experience found self-disclosure easier (Koydemir et al., 2010). Another study also revealed that individuals' tendency to self-disclose to their family, friends, and counsellors in relation to how serious they view their problems all predicted how eager they are to seek psychological help. Moreover, individuals were more likely to self-disclose to their families and friends than to a counsellor, and they expressed the reasons behind why they would not seek psychological help which were beliefs about their

problem being not important enough, being too intimate for counselling, or that they could manage alone (Hinson & Swanson, 1993). In a way, not only how they feel about self-disclosing to others but also their view and expectations about psychological help can play a role in their help-seeking. Among adolescents, suicidal thoughts, a past experience of getting help, and attitudes towards seeking psychological help all predicted how likely individuals are to seek help from a mental health professional. Those with past experience were more likely to seek help, whereas those with suicidal thoughts and negative attitudes were less likely to seek help (Carlton & Deane, 2000). Also, individuals' comfort level about opening up, about seeking help and feeling of embarrassment were related with the utilization of mental health services. For those who are ashamed about others knowing they seek help and feel uncomfortable seeking help the probability of seeking and using help were lower (Diala et al., 2000).

### **1.2.3.2. Help-seeking Attitudes and Self-concealment Among LGBT Individuals**

In terms of sexual orientation and sexual identity specifically, although more research is needed, there seems to be a commonly agreed link between concealment, opening up, disclosure, and attitudes or tendencies to seek help.

In Turkey, although there were not many studies that included both self-concealment and help-seeking attitudes among LGBT, there are some studies that included being open and out, as well as help-seeking frequencies. It was shown that issues of sexuality and sexual experiences were among the least disclosed topics and Turkish students predominantly preferred to open up to family and friends than they do to professionals (Türküm, 2000). Furthermore, Göçmen and Yılmaz (2016) revealed that more than half of the LGBT individuals wanted to get help from mental health services but fewer of them was actually got help or getting help. LGBT individuals were also not preferring to disclose their sexuality to professionals due to discrimination which also prevented some of them from getting help. LGBT individuals were also worried about economically and “being outed

without consent” while they seek out for mental health care and did not seek help due to these reasons (Göçmen & Yılmaz, 2016). It seems that concealment stands as a significant barrier for positive help-seeking attitudes for LGBT in Turkey as well. Another study revealed that patients in long-term therapy still avoided talking about certain topics and hid some information from their therapists, the most common undisclosed issue was sex and sexuality related topics (Hill et al., 1993).

Luu and Cheung (2010) suggested a framework and argued that self-concealment among LGBT individuals may play a role in help-seeking. They mentioned the role of social acceptance, accepting oneself, or feeling shame about oneself on tendencies of self-concealment, as well as the role of self-concealment and acceptance on well-being and help-seeking attitudes and behaviors. They also discussed the influence of Asian culture on shame, acceptance, and concealment since the culture emphasize collectivist values and “honor” of groups and families, as well as stigma of having psychological problems and getting help, which may also be relevant for Turkish culture as well.

Meyer (2015) also argued that self-concealment among sexual minorities becomes a barrier against getting support and help as when the individual conceals their sexuality, they fail to get benefits from belonging to a community and finding help resources through communities’ help. Among gay and bisexual men, those who are less likely to disclose and be revealing about their sexuality to others were also less likely to use mental health services compared to the ones who are more revealing (Currin et al., 2018). Among Australian sexual minority women, seeking help from health care providers were reported as quite high, however trans women were more likely to seek help compared to other sexual minority women (McNair & Bush, 2016). In terms of sharing their sexuality or gender status, pansexual and bisexual women were less likely to disclose to health care professionals compared to trans and lesbian women (McNair & Bush, 2016). It seems that trans women are more likely to disclose and are also more likely to seek help, one can suggest that self-disclosure may be important for seeking-help and for positive attitudes towards help-seeking in minorities. Among individuals who are both born and assigned male or female, meaning cisgender, and those also with a minority sexual

orientation, disclosure of or being out regarding sexuality to health professionals and use of health care services were more likely (Whitehead et al., 2016). Furthermore, among gay men, being less disclosing about emotions predicted less positive attitudes (Sanchez et al., 2013).

Moreover, lesbian, gay, bisexual patients who were more positive and accepting about their sexual identity were found to be less likely to perceive prejudice in their counselors, which related to more positive attitudes towards seeking help (Spengler & Ægisdóttir, 2015). However, in terms of concealment, those with more tendencies to conceal and worry about acceptance, had more intention to seek help. Researchers speculated that sexual minority individuals may specifically need a more confidential space such as therapy as concealment of sexuality found to be a concern related to their help-seeking attitudes (Spengler & Ægisdóttir, 2015).

Overall, it seems that self-concealment plays a role in help-seeking attitudes and may even be an enabler or a barrier to seek help especially for LGBT individuals. However, self-concealment's role on help-seeking attitudes of LGBT in comparison to heterosexuals have not been studied in Turkey yet to the author's knowledge, which signals a need for more exploration.

### **1.3. EXPECTATIONS FROM PSYCHOTHERAPY**

In the previous sections, mental health needs and self-concealment tendencies were introduced as in relations to psychological help-seeking attitudes, with an emphasis of the differing needs, experiences, and attitudes of LGBT individuals. Another crucial aspect of attitudes towards, and in turn the decision and actual behavior of seeking help is the expectation from psychotherapy, including the expectations from the technique and process as well as from the psychotherapist. It was commonly reported in the literature that clients' expectations from psychological help influence their help-seeking choices and how likely they are to seek help (e.g., Tinsley et al., 1984). A study examining university students' expectations revealed that those who want to get help about personal struggles tend

to choose clinical or counselling psychologists and psychiatrists than career counsellors (Tinsley et al., 1984). Clients also expect clinical and counselling sessions to be useful and specific, to motivate them, to encourage them to open up and to include confrontations. They also expect clinical psychologists to be more direct and confrontative, and those with such expectations were more likely to seek help from such professionals. Clients also expected counselling psychologists to be more attractive and to not reveal personal information and those with such expectations tend to choose counsellors (Tinsley et al., 1984).

Kushner and Sher (1989) emphasized the role of expectations, thoughts, and fears regarding getting treatment on the help seeking behavior. Those who are more fearful were reported less use of mental health services. Worries about therapist behaviors and expectations including therapist will judge, be open, or understand, therapist will have same values as the patient, worries of being judged badly by others, pressure to disclose or change without wanting, worries about confidentiality, of generally changing and anxiety about being in therapy were some of the treatment fears. Individuals who expressed a need for help but neglected seeking help were the ones with greatest fears. It seems that what people think, fear about, and expect from therapy influence their use of mental health care. In their review of literature, they drew attention to feeling of shame, anxiety surrounding general change, preconceived negative beliefs about therapists and psychiatrists, previous therapy experiences, stigma and negative judgment regarding seeking help, cultural beliefs, being a racial or sexual minority as some of the themes that influence individuals' seeking or refusing help (Kushner & Sher, 1991). It is arguable that in terms of health care use and attitudes, expectations and beliefs about psychotherapy should not be overlooked.

Expectations and its link with help-seeking attitudes seems to be influenced by fears about help and the procedures of finding help as well. For instance, fears regarding getting treatment were also found to be related to how realistic the expectations from therapy were and to tendency to seek help. Worries about "image" and "stigma," including worries of being seen weak, problematic, worries of being judged by others, losing respect, and losing relationships predicted

negative attitudes and were linked with less tendency to seek help. Also, when such worries and fears are present, expectations from therapy tended to be more unrealistic (Deane & Chamberlain, 1994).

Expectations from therapy regarding how hard the therapy process would be was also affected by how hard was to reach to help both internally and externally, meaning that when individuals find that acknowledging their problems, believing that therapy may be beneficial, and making a decision to seek help harder and when they spend more time before deciding, they expect therapy process to be longer and harder as well (Elliott et al., 2014). Similarly, when individuals did not have a past experience in therapy, had to wait longer for their appointments they were less likely to come to their session (Swift et al., 2012). Also, when they were feeling less hopeful regarding life goals, they expected worse improvement and outcome from therapy (Swift et al., 2012). It is notable that expectations regarding therapy process is influenced by individuals acceptance of their issues, how hopeful they feel, as well as their deciding process and how long it takes. Furthermore, these experiences and expectancies influence their help-seeking tendencies as mentioned above.

Expectations from psychotherapy also influences therapeutic alliance, outcomes, and termination of therapy. Positive expectations about the process and outcome of therapy were linked with better alliance (Meyer et al., 2002; Safarzade et al., 2020), and better involvement to therapy and better outcome such as less symptoms after treatment (Meyer et al., 2002). Positive expectations were also linked with less probability of early termination as well as better view of psychotherapist skills and qualifications, and better ability to cope with emotionally difficult aspects of therapy and more compliance to treatment goals (Safarzade et al., 2020). Moreover, client expectations about “commitment” to counselling was found to be related to alliance. In detail, clients’ expectations about how long they will attend to sessions, how much they will reveal their feelings, how willing they are to accept their part in counselling, to increase their insight, and to work collaboratively with a professional on their issues were all predicted alliance regarding how much the therapeutic pair comply on similar goals and tasks, as well

as how strong the therapeutic bond is (Patterson et al., 2008). In a way, positive expectations about the therapy process and better engagement to therapy seems to improve alliance in therapy. Thus, it is important to understand how expectations influence and predict help-seeking behaviors, as expectations play a role on attendance and engagement to therapy and consequently how beneficial the outcome is. In contrast, negative expectations regarding counsellors and counselling were related with less psychological improvement and decreased participation to counseling sessions (Watsford & Rickwood, 2013). Constantino (2012) through a meta-analysis work revealed that positive outcome expectations were generally related to positive therapy outcomes and less symptoms after therapy. He (2012) also drew attention to role of alliance, therapist competence, patients' psychological problems in relation to outcome expectations and actual outcome. Considering all these results, client expectations are important for how they view their therapists and therapy, how they comply with treatment, how long they stay in treatment, as well as how they benefit from it.

It is important to note that the link between expectations and attitudes are not a one-way link. In fact, expectations play a role on attitudes, and attitudes also predicts individuals' expectations. Cash and colleagues (1978) highlighted that positive attitudes towards seeking help were linked with more positive expectations among clients, including more expectations of being committed and return to sessions, more positive view of counsellors on skills, understanding, confidence, trust, honesty abilities as well as greater expectations of beneficial outcomes. Furthermore, especially positive expectations seem to influence how much people held positive attitudes. It was shown that individuals with expectations of being active and engaged in treatment, of counsellors to support and care, as well as counsellors to be honest, accepting, reliable and trustworthy held more positive attitudes towards psychological help-seeking (Kakhnovets, 2011). Similarly, Watson (2005) also showed that expectations from counselling explains and predicts help-seeking attitudes. Specifically, among student athletes expectations from counsellors to be more expert was high, but they had negative attitudes towards help seeking compared to students who are not athletes. Researcher

interpreted this expectation and negative attitudes as athletes having difficulty reaching for help because of their specific struggles coming from being an athlete and such struggles may not be truly apprehended by mental health professionals (Watson, 2005). LGBT individuals may also have specific struggles and they may also develop such attitudes and expectations due those struggles and lack of understanding.

There are limited studies done in Turkey regarding expectations from counselling or therapy. For instance, two studies examined the different aspects of expectations from counselling including self-disclosure and acceptance, directiveness, facilitative conditions, and nurturance expectations (Koçyiğit & Pamukçu, 2018; Pamukçu & Meydan, 2019). Pamukçu and Meydan (2019) also included self-concealment, locus of control, and psychological mindedness in relation to expectations. Results revealed that self-concealment was not linked with the expectations, however, locus of control and psychological mindedness were. Furthermore, in both studies women had more expectations regarding self-disclosure and acceptance, meaning that women expect themselves to be more self-disclosing and committed in therapy than men (Koçyiğit & Pamukçu, 2018; Pamukçu & Meydan, 2019). However, Pamukçu and Meydan (2019) also found that women had more expectations than men regarding nurturance, meaning that women expect counsellors to be more supportive and caring. On the contrary, Koçyiğit and Pamukçu (2018) found women having more facilitative expectations than men such as expecting counsellors to be more honest, reliable, and accepting. Besides, Pamukçu and Meydan (2019) revealed that those with a past experience of getting help also had more expectations about self-disclosure and acceptance, and facilitative conditions. In contrast, Koçyiğit and Pamukçu (2018) could not find a difference in terms of expectations and past experience of getting help. Overall, it seems that self-disclosure expectancies are different among genders, and the role of past experiences of getting help seems inconsistent among individuals residing in Turkey.

Regarding the expectation and outcome link, a study from Turkey by Çetinkaya and Güler (2020) supported the literature summarized above revealing

that more positive expectations about the process and outcome of therapy were related with more positive attitudes towards psychological help-seeking. In detail, having process expectations such as believing the therapist will be honest, sympathetic, and supportive, thinking the individual will feel comfortable, will attend all sessions, express true feelings and emotions to the therapist were all related with more positive attitudes. Furthermore, in terms of outcome expectations, individuals believing therapy will bring beneficial outcomes, and thinking that they will have more strength, will be a more positive person, will earn more self-respect after therapy were all related with more positive attitudes (Çetinkaya & Güler, 2020).

Improving expectations seems to be crucial for creating more positive attitudes, however it seems that improving expectations and diminishing self-concealment tendencies are somewhat a challenge. A study showed the difficulty of changing negative expectations and negative beliefs about therapy, including tendencies for self-concealment, worries about stigma, treatment, or disclosure (Demyan & Anderson, 2012). Researchers presented a short commercial style video to one group of participants that encourages help-seeking and compared their attitudes towards help-seeking with the group that has not received the video. Results revealed that those who have seen the video had more positive attitudes towards help-seeking than those who have not. However, expectations and beliefs regarding benefits of treatment, stigma, worries about help, and self-concealment were not significantly different or changed between groups (Demyan & Anderson, 2012). It seems that changing tendencies for concealment, stigma, and negative assumptions regarding treatment is quite challenging whereas attitudes may change relatively easier. Thus, more work and support are needed for diminishing self-concealment and improving expectations, especially for LGBT as they experience more barriers.

### **1.3.1. Expectations and Experiences of Help-seeking Among LGBT Individuals**

When it comes to expectations and its link with attitudes towards help-seeking, the role of past experiences cannot be overlooked. Especially for sexual minorities since they already struggle with finding appropriate help as mentioned in previous sections. A comparison of heterosexual and LGBT patients showed that LGBT group were less pleased with mental health care than heterosexual patients (Avery et al., 2001). In detail, those who also had a racial minority identity were less pleased, and sexual minority women patients were also less pleased compared to heterosexual women (Avery et al., 2001). Moreover, qualitative studies with transgender individuals revealed that transgender individuals may struggle with finding accepting and safe help options (Bess & Stabb, 2009; Levitt & Ippolito, 2014). Some expressed their negative experiences with mental health professionals which included lack of supportiveness, lack of knowledge, and lack of acceptance of their struggles comes with being transgender (Levitt & Ippolito, 2014).

However, positive experiences in therapy were also present among transgender individuals. These included therapists being warm, nonjudgmental, fair, respecting, helpful to self-exploration (Bockting et al., 2004); empathic, accepting, supportive of client's decisions, not forcing their own beliefs, accepting fluidity and diversity in gender identities, having knowledge and working skills on gender identity issues, respecting ethics of confidentiality and boundaries (Bess & Stabb, 2009). Participants expressed these qualities contributed their confidence and honesty with therapists. In contrast, lack of knowledge, invalidation and disrespectful attitudes from therapists were found negative. Participants expressed their expectations from therapists including previously mentioned positive qualities, but also recommending to therapists to have knowledge beyond books, really connect with and see transgenders as humans, as well as deeply explore and offer help to their transitioning journey (Bess & Stabb, 2009). It was shown that LGBQ clients experience in therapy that their sexual orientation being seen as the main factor behind their struggles when other issues were more troubling to them,

their sexual orientation being ignored or certain relationship struggles being glossed over, therapists overidentifying with clients and offering life examples, therapists changing their attitudes and stance drastically to show affirmation, therapists having heterosexist assumptions about their look or beliefs, therapists using heterosexist language and disclosing they are heterosexual, and conflicts between clients and therapists about the need for medication (Shelton & Delgado-Romero, 2011). Considering these experiences, one can predict and understand why that they may have negative expectations from therapy and therapists in the future.

To better understand what LGBT patients expect from psychological help, one can turn to their worries, needs, and what they find helpful. A study revealed that most of the LGB participants are worried about therapists forcing them to change their sexuality, worried about therapists not understanding or accepting, acting discriminatory and aggressively (Iniewicz & Grabski, 2015). They also expressed their need for receiving acceptance, coping with discriminatory experiences, and specifically getting help and support on coming out, and receiving knowledge on sexuality issues from their therapists were seen as more important needs for LGB individuals than seen by the therapists (Iniewicz & Grabski, 2015). Some studies also showed that LGBT clients prefer basic psychotherapist skills such as listening, understanding as similar to heterosexual individuals, but find psychotherapist skills of being knowledgeable and accepting about LGBT issues more valuable than heterosexual clients (Burckell & Goldfried, 2006; Malley & Tasker, 2007).

LGBT clients generally found therapists normalizing and accepting their sexual orientation as helpful, clients also found therapists including sexuality in therapy without being overly focused on that subject, and therapists being warm, listening, flexible, having knowledge on LGBT issues as helpful (Israel et al., 2008a). They benefit working with such therapists and express their life, relationships, behaviors, struggles, self-acceptance, and insight getting better. In contrast, therapists not listening, forcing their own values to clients, not focusing on what client wants to work on, being judgmental, distant and dismissive, having homophobic or heterosexist biases were found unhelpful (Israel et al., 2008a).

Clients also expressed more frequent termination, increasing symptoms, struggles with self-acceptance, relationships, concealing their problems and starting to have negative beliefs and thoughts about therapy. Furthermore, LGBT clients had more beneficial experiences when therapy was in a safe and confidential space, when they reached out to therapists working with LGBT issues, were referred by someone (Israel et al., 2008a).

Therapists working with LGBT clients revealed similar results. Stronger alliance, having knowledge on sexuality, accepting and normalizing sexuality, discovering and working on sexuality related struggles were rated as beneficial by therapists (Israel et al., 2008b). Similarly, experiences that are found to be helpful in counselling included basic therapeutic skills such as therapists listening, not judging, creating a safe field, accepting and normalizing sexuality (Quiñones et al., 2017). Furthermore, therapists allowing and working with clients for exploring their own thoughts and emotions, openly affirming sexual orientation without overfocusing or avoiding, exploring coming out experiences, supporting their journey of building sexual identity and gain insight about internalized homophobia and embarrassment, and therapists having knowledge on LGBT issues and resources such as support groups were found helpful (Quiñones et al., 2017). Moreover, sexuality of the psychotherapist was seen important by some clients and psychotherapist's disclosure of sexual minority status was seen as beneficial. In contrast, unhelpful experiences consisted of therapists not allowing clients to find out their own reflections, ignoring talking sexuality struggles, and making stereotypical comments about their look and identity (Quiñones et al., 2017).

A study about transference and countertransference among LGBT clients and therapists revealed that having respect, being comfortable with same sex attraction and sexualities, as well as being able to identify with the possibility of having same sex attraction were expected from therapists and seen as necessary by some sexual minority clients (Milton et al., 2005). Moreover, Clients noted that therapists being knowledgeable and aware about LGBT issues, understanding and accepting diversity, being aware of their own biases, homophobia in society and that internalized are important elements in therapy. Furthermore, awareness in

therapists regarding their own homophobia and general LGBT struggles were found to be lacking by most clients (Molerio & Pinto, 2012).

In summary, it seems that positive expectations are important for greater alliance, better therapy outcome, engagement and benefit, as well as more likelihood for being open and revealing, and more positive attitudes towards help-seeking. In addition, expectations are influenced and shaped by attitudes, previous experiences, beliefs, and fears regarding help. For LGBT, it seems that they expect basic therapist skills (listening, understanding, respect, acceptance, warmth etc.) but also need a more balanced, affirmative, LGBT-friendly, and knowledgeable stance.

#### **1.4. PREFERENCES REGARDING PSYCHOTHERAPISTS**

Several personal and background characteristics of psychotherapists were identified as reasons for their preference in the literature. Gender and sexuality of psychotherapists seem to be important for some individuals in their selection process. Generally, it was found that women tend to prefer women therapists; whereas men mostly did not have a specific preference (Landes et al., 2013; Lauber & Drevenstedt, 1994; Pikus & Heavey, 1996). Women also express that they feel more comfortable disclosing themselves to or talk to a women therapist (Landes et al., 2013; Pikus & Heavey, 1996) and men with a specific preference wanted to have a women therapist as well for the same reason of feeling more comfortable speaking to a women therapist (Pikus & Heavey, 1996). It was also reported that although majority of patients did not have a preference, both men and women with a preference tend to prefer women counsellors (Strohmer et al., 2003). It seems that most individuals prefer to seek help from women.

In terms of age, it was found previously that older individuals tend to choose older therapists (Lauber & Drevenstedt, 1994), also young and middle-aged individuals tend to choose similar age ranges to themselves (Tall & Ross, 1991). It was also shown that individuals were more likely to disclose to therapists that share similar age ranges to themselves (Tall & Ross, 1991). Similarly, another study

found that majority of patients do not prefer specific ages for counsellors, yet those who have specific choice tend to prefer similar or older age ranges to themselves (Strohmer et al., 2003). Other studies also revealed that most people prefer therapists or counsellors that are older than them (Atkinson et al., 1986, 1989).

Furthermore, alongside age preferences, some studies drew attention to other elements. Majority of clients prefer their counsellors to have a higher education (Atkinson et al., 1986, 1989; Strohmer et al., 2003). Tall and Ross (1994) also showed that individuals tend to view therapists with more experience as more positive. Again, majority of clients also preferred counsellors who share similar values, personality characteristics and attitudes with them (Atkinson et al., 1986, 1989). It seems similarity, knowledge and experience are important in terms of preferences.

Furthermore, patient and counsellor sex and sexual roles were also considered. Women generally view counsellors more positively in terms of trust, attractiveness and empathy than men. However, male counsellors were viewed more positively in terms of expertise, trust, and attractiveness than female counsellors by both male and female patients (Feldstein, 1982). It seems that females carry more positive views of professionals, but male professionals are considered more competent, which may relate to traditional gender roles of males being more effective.

Beliefs about gender, sex and masculinity may be influential and the outcome of matching gender between professionals and patients are difficult to understand as the usefulness of gender or age matching seems uncertain. A review of many studies drew attention to the fact that beneficial outcome of gender-matching is mostly not predominant and its benefit may be due to other factors (Blow et al., 2008). One study revealed that therapists and clients sharing a similar gender or age did not result in a stable increase in the overall sessions' therapeutic alliance, but only when the therapist was a man and the client was a woman, and when the therapist was younger than the client alliance in early treatment was stronger (Behn et al., 2018). In contrast, one study showed that therapeutic alliance was stronger between women therapists and women clients whether it was early or

later on in therapy (Bhati, 2014). Another study revealed that clients who share similar genders with their therapists report greater satisfaction for therapy relationship than those share different genders (Johnson & Caldwell, 2011). In sum, findings of the studies regarding gender match and mismatch between the therapist and the clients are mixed.

There seems to be limited studies done in Turkey regarding preferences for therapist gender and age. Yılmaz-Gözü (2013) studied high school students' counsellor preferences and attitudes towards help-seeking in relation to the kind of problem they struggle with. Gender differences for certain aspects of attitudes towards help-seeking and preference of counsellor gender was found. Yılmaz-Gözü (2013) reported that male high school students with academic problems prefer women counsellors, have more confidence in women counsellors, but also experience more distress. For female students the type of problem they struggle with appears to have no relation to their preferences; however, they tend to carry more positive attitudes than male students in general. Yılmaz-Gözü (2013) speculated that males preferring women counsellors may be due to masculinity norms as male students may fear of being judged by a male counsellor for their struggle, thus may have more trust in women professionals while getting help.

Overall, demographic characteristics of gender and age, process expectations of comfort level, understanding, and disclosure were commonly found to be related to preferences regarding therapists, yet finding on the benefits of sharing similar gender or age were inconsistent.

#### **1.4.1. Gender and Sexual Orientation Preferences for Psychotherapists Among LGBT Individuals**

For LGBT individuals, preferences of whom to seek psychological help from seem to vary. However, regardless of their gender or sexuality preferences, it seems that therapist sexuality cannot be overlooked. Therapist sexuality is sometimes assumed through therapists' offices, whether there were LGBT books and brochures, pronouns they use, or marriage status (Shelton, 2009). It was also

mentioned by sexual minorities that seeing only heterosexist resources in offices are considered as “microaggression” (Shelton & Delgado-Romero, 2011). A qualitative study with gay men revealed that they mostly assumed their counselor’s sexuality as heterosexual based on the counselor’s use of words, behaviors, marriage status, and photographs of family in the office (Mair & Izzard, 2001). It was argued that these are important fantasies to explore in therapy (Mair & Izzard, 2001).

Most of the lesbian and gay individuals also expressed that they research their therapists’ look on sexuality before attending to therapy, by either asking therapists their look or work on sexuality or getting recommendations from their friends or from professional sources. Also, individuals found therapists which they checked and researched before more beneficial (Liddle, 1997). Similarly, a study revealed that transgenders mostly choose their therapist by asking their friends or using communities and transgender-friendly therapists’ lists (Bess & Stabb, 2009). It is clear that LGBT individuals use strategies to find and choose therapists while seeking help.

Previous studies noted differences in preferences and tendencies for therapist gender among LGBT clients. Among lesbian and gay individuals, the preferences for same gendered therapists were different and lesbian individuals expressed more likelihood to seek women mental health professionals whereas gay men were not likely to specifically seek men professionals (Modrcin & Wyers, 1990). Also, among lesbians, feeling comfortable and being understood with women professionals were the reasons behind their choices (Modrcin & Wyers, 1990), and some LGB individuals believed that women are more understanding and less judgmental towards sexuality, thus preferred women (Bafiti et al., 2018). In contrast to women therapist preferences, Jones and Gabriel (1999) found that among sexual minorities both women and men patients mostly preferred similar genders to themselves in the past. Similarly, some sexual minorities prefer sharing a similar gender with their therapist and find it helpful however not as a crucial therapist trait (Burckell et al., 2006).

In terms of sexuality and gender, in one study professionals' sexual orientation revealed to be a non-important factor for both lesbian and gay individuals (Modrcin & Wyers, 1990). However, another study found that some transgender individuals found their therapist being open about their sexuality valuable (Bess & Stabb, 2009). Another study reported that LGB individuals assess women therapists as more helpful regardless of therapist sexual orientation than heterosexual men therapists (Liddle, 1996). Similarly, it was found that lesbian individuals had been in therapy with mostly female therapists and found therapy with lesbian therapists satisfying (Roberts et al., 2005). A qualitative study with transgender men and women revealed that all of them previously worked with women therapists and had more comfort (Bess & Stabb, 2009). It seems that women therapists are generally found to be more positive among clients and sharing a similar sexual orientation is important for some individuals and not crucial for others.

In terms of sexuality, it was found in the past that mostly gay and lesbian individuals are likely to choose gay or lesbian professionals, but some of them did not have a specific preference (McDermott et al., 1989). Another study also revealed that gay men tend to choose mostly gay or bisexual men therapists, whereas lesbian women tend to choose lesbian or bisexual women therapists (Liddle, 1997). However, lesbian and gay individuals still tend to choose therapists of their own gender even when the therapist is heterosexual or when therapist sexuality was not known (Liddle, 1997). It seems that sharing a sexual minority identity is important for lesbian and gay individuals but also sharing a similar gender is important regardless of sexuality of the therapist. In comparison, heterosexuals also had a tendency to choose a therapist of their own gender but heterosexual women's tendency to choose a women therapist was not as strong as lesbian women's tendency (Liddle, 1997). Considering these results, sharing a similar gender seems to be more important than sharing a similar sexuality for some LGBT individuals.

Moreover, on preferences regarding the therapists, some patients prefer heterosexual therapists due to the belief that they will be more objective, some find

acceptance more valuable from a heterosexual therapist, yet some believe homosexual therapists may be more understanding (Bafiti et al., 2018; Evans & Barker, 2010). Although some patients expressed that counselor sexuality is not important as long as they felt validated, for some it was important as they felt their heterosexual counselor could not deeply understand and have knowledge on LGBT experiences (Evans & Barker, 2010). Burckell and colleagues (2006) also reported that the preference for sharing a similar sexual orientation with their therapist was found helpful but not necessary by some LGB individuals. Furthermore, some individuals find knowing their counsellor's sexuality important and positive, some find it unnecessary or negative. Jones and Gabriel (1999) reported that some patients argue therapists must disclose their sexual orientation, some argue that the need for disclosure may change due to the conditions. It was also revealed that when sexual orientation is important for LGB individuals, they find having a LGB therapist as more important (Burckell et al., 2006). One study indicated that some LGB individuals did not need to know counsellor sexuality and thought it was not crucial for their work, but some find it critical as it was related how well they will be understood (Evans & Barker, 2010). Similarly, most of the LGB clients and psychotherapists thought therapist sexual orientation and knowing that orientation was not important, however more LGB clients than therapists believed that therapist being a sexual minority and disclosing that may be more beneficial (Iniewicz & Grabski, 2015). In fact, a qualitative study highlighted that if they reach out for help again, some LGB patients would choose sexual minority therapists (Malley et al., 2007).

Another study with gay and bisexual male clients revealed that when counsellors are more comfortable and affirming with diversity and had more positive attitudes regarding differences, clients found therapeutic alliance as stronger and sessions as deeper. Authors also investigated whether sharing a similar sexual minority identity with their counsellors were linked with more positive consequences (Stracuzzi et al., 2011). However, even when counsellors are more comfortable with diversity, and clients perceived that they share a similar sexual minority identity with them, alliance or outcome of therapy was not significantly

positive. Only when counsellors are less comfortable and affirming of diversity, sharing a same sexual minority identity with counsellors was linked with poorer alliance and therapeutic outcome. The authors Stracuzzi, Mohr, and Fuertes (2011) explained this result as gay or bisexual clients find affirmation more beneficial or reparative from heterosexual counsellors since they mostly experience homophobic reactions in a heterosexist society; and clients especially struggle with being open with a sexual minority counsellor who thinks negatively about being LGBT.

Avoiding stigma was one of the main reasons behind LGBT individuals' preferences for sexual minority professionals, as well as being better understood, receiving more benefit, being more comfortable at sharing (Martos et al., 2018). Some believed that a LGBT professional can empathize, be more helpful, open and understanding, thus preferred such services. Searching for LGBT-friendly professionals and places, asking others, asking professionals before going, researching websites and forums were some of the ways to find specific services and sexual minority professionals to avoid stigma.

It seems that for LGB individuals, knowing their therapists are also a sexual minority may positively influence their view of the therapist and consequently therapy. A study with lesbian, gay and bisexual individuals showed that when LGB participants read session vignettes including counsellors' disclosure of their professional past and personal information with the disclosure of their homosexuality; participants assessed counsellors as more expert, trustworthy and attractive compared to when the vignettes included self-disclosure of counsellors as heterosexual (Borden et al., 2010).

Although being a racial or sexual minority are different experiences, there may be some common experiences coming from the minority status. A study with Black individuals revealed that when they identify more strongly with their specific racial groups, have more focus on empowerment of Black individuals, and when they perceive White individuals as negative and less trustworthy, they tend to choose Black counsellors (Townes et al., 2009). As authors indicate racial identity and cultural attitudes towards races play a role on preferences for some Black individuals. As mentioned before, considering LGBT individuals preferences for

therapist sexuality is linked with how they positively or negatively view heterosexual or sexual minority individuals or therapists this result seems to be in support.

Not only knowing or not knowing therapist sexuality may be important for some LGBT clients, but also self-disclosure is important for LGBT therapists as well. A study drew attention to the experiences of LGBT therapists and revealed that therapists were asked about their sexuality, clients discovered their personal information, and therapists were found themselves disclosing (McPherson, 2019). Disclosure was found difficult, triggered feelings of shame, guilt, shock, emotions of past coming out experiences, and internalized homophobic ideas. Therapists were paying attention to reflect on and explore these countertransference feelings, clients' reactions, and the therapeutic relationship (McPherson, 2019). Similarly, some sexual minority therapists also reported feeling anxious, worrying about clients judging them about self-disclosure, and paid attention to their own internalized beliefs about sexuality (Moore & Jenkins, 2012). It is clear that therapist sexuality cannot be ignored both for LGBT clients and therapists.

Overall, there are various preferences among LGBT regarding therapists, some preferring similar gender and sexual orientation, some focusing more on affirmative attitudes and comfort, but in general it seems that gender and sexuality matching alongside with positive qualities of therapists may result in positive consequences for therapy outcome and therapeutic relationship. However, there is a possibility of risk for transference and countertransference as well.

A study about transference and countertransference with lesbian patients revealed various issues that may emerge in therapy (Igartua & Rosiers, 2004). Authors gave various case examples and drew attention that internalized homophobia, shame, societal discrimination, fears of rejection can be issues of transference and can be projected to the therapist and therapy. Among lesbian therapists and lesbian patients, maternal transference especially merger, identification with and idealization of the lesbian therapist are possible transference issues. Although these can be helpful to some degree for building a stronger sense of self, they must be carefully worked through. Moreover, between

therapists, who disclosed as or were assumed to be heterosexual, and lesbian patients, projections of internalized homophobic beliefs to the therapist and projections of heterosexist societal biases to therapist are possible transference issues that need to be explored and worked through. For instance, a lesbian patient when assumed her therapist as heterosexual thought the therapist was homophobic, however when she saw LGBT books in the office, she then assumed her therapist was lesbian and thought she would pressure her to come out. Igartua and Rosiers (2004) interpret these as patient's own fears and biases that are being projected to the therapist and that needs working through. Erotic transference is another issue that involves therapist sexuality, authors suggest that for some lesbian patients, expressing their erotic feeling to a heterosexual therapist may trigger shame, feelings of rejection, and may lead to hiding of such feelings. However, for some patients expressing erotic feelings to a heterosexual therapist may feel more safe, comfortable and bearable as patients feel that it is more likely to remain as fantasy rather than becoming real. Considering these issues, preferences for therapists, as well as sharing similar gender or sexual identities are complex and need careful exploration in therapy. Similarly, patients' internalized beliefs or biases can also influence their preferences in therapy. Authors mention some reasons behind why lesbian patients prefer a particular therapist sexuality and revealed that lesbian patients assuming heterosexual therapists cannot understand them or assuming lesbian therapists would have problems like them (Igartua & Rosiers, 2004).

Overall, expectations and experiences about help, transference and countertransference issues including fantasies and projections about sexuality are influential on therapist preferences of LGBT individuals, and there needs to be more exploration of preferences of Turkish individuals. In addition, it seems that LGBT patients expect a deeper understanding, acceptance, and knowledge of sexuality from therapists and therapy, but there are differences among their preferences of therapist sexuality. Yet how and which of these expectations play a greater role in help-seeking attitudes of LGBT individuals in comparison to heterosexual individuals in Turkey needs exploration.

## 1.5. CURRENT STUDY

Considering the LGBT individuals' concern of being open about themselves and their issues, various positive and negative expectations from therapy and therapists, negative experiences regarding disclosure, and self-concealment's link with negative help-seeking attitudes; concealing oneself seems to be an important element for both LGBT and heterosexual people and their attitudes for seeking help. Especially in Turkey, the lack of research on such concepts signals a need for better understanding of help-seeking attitudes among sexual orientations.

In the light of the literature review presented above, it is expected that LGBT+ individuals might have different psychological help-seeking attitudes, psychotherapy expectations, self-concealment tendencies, and psychotherapist preferences. Specifically, this study expects LGBT+ individuals to have a (1) lower level of positive attitudes towards help-seeking; (2) lower level of positive expectations from psychotherapy; and (3) higher level of self-concealment tendencies. As regards psychotherapist preferences, since the findings are mixed in the literature, this study did not specify a directional hypothesis; instead, aims at comparing the heterosexual and LGBT individuals as to their gender, sexual orientation, and age preferences.

Besides marking differences between sexual minorities and heterosexuals, in some studies being a minority was included as a predictor of psychological help-seeking attitudes. Although this approach provides the researchers and psychotherapists with a foundation for further studies, it does not zoom in on the differing needs of each group. Thus, instead of exploring sexual orientation as a factor in predicting help-seeking, this study aims at identifying the set of factors that predict help-seeking attitudes separately for heterosexual and LGBT individuals. This comparative exploratory outlook is expected to contribute to the understanding of both the similarities and differences of heterosexual and LGBT individuals, as well as provide a more specified depiction of the LGBT individuals.

## CHAPTER 2

### METHOD

#### 2.1. PARTICIPANTS

Participants of this study were recruited via convenience sampling, with an extra effort to deliver the access link to non-heterosexual individuals, as described in the procedure section. Only inclusion criterion was being over the age of 18. Of the 314 individuals who voluntarily responded to the online survey, 139 were excluded (5 for being younger than the required age of 18, 132 for incomplete data, and 2 for being significant outliers). The final sample of this study consisted of 175 participants.

In terms of gender, 116 participants self-identified as women (66.3%), 36 as men (20.6%), 10 as queer (5.7%), 7 as transsexual men (4 %), 3 as transsexual women (1.7%), and 3 as non-binary (1.7%).

In terms of sexual orientation, 88 out of 175 participants identified themselves as heterosexual (50.3%), 17 as lesbian (9.7%), 16 as gay (9.1%), 32 as bisexual (18.3%), 11 as queer (6.3%), 11 as other (6.3%). Among those who chose the other option, 6 individuals described their orientation as pansexual, 3 as asexual and 2 as demisexual. Overall, 88 (50.3%) of participants were heterosexuals and 87 of participants were non-heterosexual (49.7%) including lesbian, gay, bisexual, queer, and other sexual minority orientations which was grouped as LGBTQ+.

The ages of the participants ranged between 18 to 54. The mean age was 26.42 ( $M = 26.42$ ,  $SD = 6.97$ ). For the heterosexual sub-sample, ages of the participants ranged between 18 to 54, and mean age was 28.45 ( $SD = 7.28$ ). For the LGBTQ+ sub-sample, ages of the participants ranged between 18 and 44, and the mean age was 24.37 ( $SD = 6.02$ ). LGBTQ+ individuals on average were slightly younger.

A summary of the sociodemographic descriptors of the sample and sub-samples are presented in the Table 2.1. In the general sample the education level was reported by 72.6% of participants as university or post graduate level, and high

school level or below as 27.4 %. In terms of student and employment status, 62.9% of participants are students, 45.1% is currently working. The income level was reported as middle by the majority (64 %).

**Table 2.1.**

*Sociodemographic Characteristics of Heterosexual and LGBQ+ Individuals*

Orientation	Heterosexuals		LGBQ+		Total Sample	
	N	%	N	%	N	%
Education level						
High school graduate or below	9	10.2	39	44.8	48	27.4
University or above	79	89.8	48	55.2	127	72.6
Currently working	49	55.7	30	34.5	79	45.1
Currently a student	52	59.1	58	66.7	110	62.9
Income level						
High	14	15.9	6	6.9	20	11.4
Middle	55	62.5	57	65.5	112	64
Low	19	21.6	24	27.6	43	24.6

In terms of sexual orientation, most of the heterosexual participants were university or postgraduate level (89.8%), few individuals were high school graduate or below (10.2%). Slightly more than half of the LGBQ+ participants were university or postgraduate level (55.2%), and the other half (44.8%) were high school graduate or below. Among heterosexuals, 59.1% of them are students and 55.7% of them are currently working. Among LGBQ+, 66.7% of them were students, whereas only 34.5% of them are currently employed. Both in heterosexual and LGBQ+ groups the income level was reported as middle by majority, 62.5% and 65.5%, respectively.

## **2.2. INSTRUMENTS**

In this study the following instruments were used: Background Information Form including Preferences for Therapist Characteristics questions, Self-Concealment Scale (SCS), Milwaukee Psychotherapy Expectations Questionnaire (MPEQ), and Attitudes towards Seeking Psychological Help Scale- Shortened (ASPH-S). The descriptions and psychometric properties of the instruments are presented below.

### **2.2.1. Background Information Form**

Background Information Form (See Appendix B) includes information on gender, sexual orientation, age, education and work status, income level, current psychological help and help-seeking status, previous psychological health and help-seeking experience, and if applicable, the possible reasons of not seeking psychological help. The reasons included financial limitations, lack of ability to access appropriate help sources, distrust to people and institutions, disbelief in helpfulness of help, fear or anxiety about diagnosis or treatment, previous negative experiences, and other reasons that was assessed by 1 to 5, 1 being none, 5 being a lot. The reliability measured by Cronbach alpha was found as .55. This form is a slightly revised version of the demographic form used by Mutlu (2020) for her master's thesis on psychological help-seeking.

For the purposes of this study, 3 questions were added to this form, in order to gather data on participants' preference for psychotherapist characteristics of gender, sexual orientation, and age range.

### **2.2.3. Self-concealment Scale**

Self-Concealment Scale (SCS) measures the tendency to hide or conceal personal information that is found as "distressing or negative" and it is originally developed by Larson and Chastain (1990). The scale is translated to Turkish by

Terzi, Güngör, and Erdayı (2010; See Appendix C). The scale consists of 10 items that has five-point Likert scale response options ranging from 1 = strongly disagree to 5 = strongly agree. Higher scores represent higher levels of self-concealment.

For the translated Turkish scale (Terzi et al., 2010), in terms of criteria validity, a significant negative relationship ( $r = -.25$ ) between Self-disclosure scale and Self-concealment scale was reported as support. Internal consistency of the scale as measured by Cronbach alpha coefficient was found to be .82, and the test-retest reliability was found to be  $r = .72$ . It was concluded that self-concealment scale is a valid and reliable instrument. In this study, the internal consistency of SCS was found to be very good as indicated by Cronbach's alpha value of .90.

#### **2.2.4. Milwaukee Psychotherapy Expectations Questionnaire**

Milwaukee Psychotherapy Expectations Questionnaire (MPEQ) is originally developed by Norberg, Wetterneck, Sass, and Kanter (2011) and its adaptation to Turkish is made by Çetinkaya and Güler (2020; See Appendix D). The scale measures the process and outcome expectations from psychotherapy. It has 13 items regarding expectancy rated from 0 to 10, 0 being none and 10 being very much. Higher scores represent higher positive expectations from psychotherapy.

As shown by Çetinkaya and Güler (2020), MPEQ has 2 factors, namely Process Expectations and Outcome Expectations, both of which are found to be positively correlated with measures of Attitudes towards seeking professional psychological help ( $r = .309$ ,  $r = .381$ , respectively), and negatively correlated with sub-dimensions of Thoughts about psychotherapy scale that measures fears about seeking psychological support; supporting the validity of the scale. The Process Expectations subscale has an internal consistency coefficient of .84, and a test-retest reliability of .82. The Outcome Expectations subscale has an internal consistency coefficient of .88, and a test-retest reliability coefficient of .76, indicating good reliability.

The good reliability of the subscales and the total scale of MPEQ are confirmed with the sample of the current study. The Cronbach's alpha coefficients were found as .82 for the Process Expectations subscale, .84. for the Outcome Expectations subscale, and .86 for the total scale.

#### **2.2.5. The Scale of Attitudes towards Seeking Psychological Help Scale - Shortened**

The Scale of Attitudes towards Seeking Psychological Help Scale - Shortened (ASPH-S) measures the attitudes of individuals towards seeking psychological help and is developed by Türküm (1997; See Appendix E). The scale is a self-report measure with 18 items to be rated on a 5-point Likert scale, 1 being strongly disagree and 5 being strongly agree. Items representing negative views towards help-seeking include item 2, 8, 12, 13, 16, 17, and are reverse-coded for the overall scale. Higher scores represent more positive attitudes.

The internal consistency as indicated by the Cronbach alpha coefficient was found to be .90 and the test-retest reliability was found to be .77 (Türküm, 1997). The scale has Positive and Negative attitudes dimensions, and the internal consistency was found to be .92 and .77 for the Positive and Negative dimensions, respectively (Türküm, 1997). Thus, the scale was reported to be a reliable instrument. The scale's discriminant validity was measured by using t-test. The comparison of those with and without previous help experience revealed a significant difference and of those were satisfied or not with the help experience also revealed a significant difference, supporting the scale's validity (Türküm, 1997).

In this study, reliability of ASPH-S was verified by the Cronbach alpha coefficients of .89 for the Positive Attitudes dimension, .79 for the Negative Attitudes dimension, and .88 for the totals scale.

### **2.3. PROCEDURE**

Prior to data collection, ethics approval was obtained from the ethics committee of İstanbul Bilgi University. The data is collected through an online survey platform. The survey link was shared through websites, social media platforms, and online forums. To be able to reach out to sexual minorities, and to compare and represent both sexual minorities and heterosexual individuals in the sample, the survey link is specifically shared more in LGBTQ+ online groups and forums.

An online Informed Consent Form (See Appendix A) is presented to the participants in the beginning of the survey. The form included a short description of the study's topic and aims, estimated time for completing questions. Form also emphasized voluntary participation and freedom to withdraw any time. At the end of the form, confidentiality was mentioned, and contact information of the researcher is presented in case participants have any questions about study or want to get information about possible psychological help services and resources. After the participant's consent was taken, the participant was presented with Background Information Form, Self-Concealment Scale (SCS), Milwaukee Psychotherapy Expectations Questionnaire (MPEQ), and Attitudes towards Seeking Psychological Help Scale - Shortened (ASPH-S), in the mentioned order.

### **2.4. DATA ANALYSIS**

Prior to analyses addressing the aims of the study, the data was planned to be checked for the inclusion criterion, missing values, and outliers. The first aim of this study was to examine the differences of LGBTQ+ and heterosexual individuals regarding help-seeking attitudes, expectations from psychotherapy, and psychotherapist preferences. On the basis of the literature, sexual minority individuals were expected to have more negative attitudes towards help-seeking, more negative expectations regarding psychotherapy, and a higher tendency to self-conceal as compared to heterosexual individuals. Given that the assumptions are

met, these expectations were planned to be analyzed by One-way ANOVA analyses with psychological help-seeking attitudes, expectations from psychotherapy, and self-concealment scores as dependent variables and sexual orientation as the between-subjects factor. Additionally, the background information regarding the mental health and help-seeking status of LGBQ+ and heterosexuals were also planned to be compared via Chi-square. As to the preferences about psychotherapist characteristics, no expectations could be specified as literature showed mixed results. The preferences of heterosexual and LGBQ+ participants on the psychotherapist characteristics of gender, sexual orientation, and age group were planned to be explored using Chi-square.

As outlined above, in addition to the group comparisons, this second major aim of this study was to identify the factors that predict the help-seeking attitudes of sexual minority individuals and heterosexual individuals, thus, to inspect whether there are distinctive predictors. Within the context of this aim, initially, the associations between help-seeking attitudes, expectations, and self-concealment were intended to be analyzed with Pearson correlation analyses, separately for heterosexual and LGBQ+ subsamples, in order to confirm the list of potential factors that predict psychological help-seeking attitudes and to have a preliminary idea of multicollinearity. Then, the separate set of predictors were proposed to be identified via two separate Stepwise Regression Analyses for LGBQ+ and heterosexual subsamples. For these analyses, the dependent variable would be psychological Help-seeking Attitudes. Given that preliminary analyses do not suggest otherwise, the objective was to include Process Expectations, Outcome Expectations, Self-Concealment predictors, and any possible demographic variables as controls.

## CHAPTER 3

### RESULTS

Prior to analyses, data from participants that did not meet the inclusion criterion or with missing values for the study variables were excluded. For the remaining data, the scale scores for The Scale of Attitudes toward Seeking Psychological Help – Shortened (ASPH-S), Self-concealment Scale (SCS), and sub-scale scores for Milwaukee Psychotherapy Expectations Questionnaire (MPEQ) as Process Expectations and Outcome Expectations were calculated according to the instructions. Descriptive statistics for all scale and sub-scales were calculated (See Table 3.1).

**Table 3.1.**

*Descriptive Statistics of the Scale Scores*

	<i>Min</i>	<i>Max</i>	<i>Mean</i>	<i>SD</i>
Positive Help-Seeking Attitudes	44	90	76.40	9.69
Positive Process Expectations	27	90	69.67	13.93
Positive Outcome Expectations	0	40	27.08	9.69
Self-Concealment	10	50	25.46	10.25

Broadly, the mean scores of attitudes and expectations being relatively closer to the maximum scores of the scales indicate that the participants of this study, overall, have rather positive attitudes towards psychological help-seeking and positive expectations from psychological help. Nonetheless, the normality of distributions was checked and confirmed.

### 3.1. COMPARISON OF LGBQ+ AND HETEROSEXUALS ON PSYCHOLOGICAL HELP-SEEKING

#### 3.1.1. Comparison of Attitudes and Expectations

This study expected LGBQ+ individuals to have less positive psychological help-seeking attitudes and expectations from psychotherapy than heterosexuals. The descriptive statistics are presented in Table 3.2.

**Table 3.2.**

*Descriptive Statistics of Help-seeking Attitudes, Expectations from Psychotherapy, and Self-Concealment for LGBQ+ (n = 88) and Heterosexuals (n = 87)*

	LGBQ+		Heterosexuals	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
Positive Help-Seeking Attitudes	75.48	9.80	77.30	9.56
Positive Process Expectations	69.18	15.17	70.15	12.65
Positive Outcome Expectations	25.98	10.30	28.17	8.98
Self-Concealment	27.89	10.68	23.05	9.25

These expectations were tested by One-way ANOVA with sexual orientation as between-subjects factor. For Positive Help-Seeking Attitudes, it was observed that LGBQ+ and heterosexual individuals did not significantly differ,  $F(1, 173) = 1.55, p < .214$ . LGBQ+ individuals have a slightly lower level of positive attitudes towards psychological help-seeking than heterosexuals (See Table 3.2.), but the difference is not statistically significant; failing to support the expectation of this study.

The one-way ANOVAs comparing expectations of LGBQ+ and heterosexual individuals also revealed that Process Expectations,  $F(1, 173) = .213, p = .645$  and Outcome Expectations,  $F(1, 173) = 2.23, p = .137$ , did not significantly differ. Again, there were slight differences between the means in the expected

direction (See Table 3.2.), but the differences were not statistically significant; failing to support the expectation of this study.

### **3.1.2. Comparison of Self-Concealment Tendencies**

This study expected LGBQ+ individuals to have a higher tendency to self-conceal than heterosexuals. A One-way ANOVA was conducted; and it was observed that self-concealment significantly differed as to sexual orientation,  $F(1, 173) = 10.27, p = .002$ . LGBQ+ individuals had higher self-concealment ( $M = 27.89, SD = 10.68$ ) in comparison to heterosexuals ( $M = 23.05, SD = 9.25$ ), supporting the expectation of this study.

### **3.1.3. Comparison of Current Psychological Issues and Help-Seeking Experiences**

In addition to the attitudes, expectations, and self-concealment, background information gathered in this study provided further data on self-reported psychological health and help-seeking experiences of the participants. Additional comparisons of LGBQ+ and heterosexuals were conducted using this information.

Approximately half of the whole sample reported to currently experience (44%) and to have previously experienced (47%) a psychological health problem. Almost half of the participants (46%) indicated they are currently receiving psychological help, whereas a majority (84.5%) had previously sought psychological help. The mental health problems reported by the participants included mood disorders (30.7%), anxiety disorders (16.8%), co-morbid mood and anxiety disorders (16.8%), and other problems such as eating disorders, personality disorders, ADHD, OCD (35.6%). The descriptive statistics of current and past mental health issues and help-seeking experiences were presented separately for heterosexual and LGBQ+ individuals, as well as the whole sample, are presented in the Table 3.3. Due to some missing data, valid percentages were presented.

**Table 3.3.***Help-seeking Among Heterosexuals and LGBQ+*

Orientation	LGBQ+		Heterosexuals		Total Sample	
	<i>N</i>	<i>Valid Percent</i>	<i>N</i>	<i>Valid Percent</i>	<i>N</i>	<i>Valid Percent</i>
Current psychological problem						
Have	50	58%	27	31%	77	44%
Have not	37	43%	61	69%	98	56%
Currently getting help						
Yes	26	42%	25	51%	51	46%
No	36	58%	24	49%	60	54%
Currently uses medication						
Yes	19	53%	9	27%	28	41%
No	17	47%	24	73%	41	59%
Past psychological problem						
Have	46	53%	37	42%	83	47%
Have not	41	47%	51	58%	92	53%
Sought help in the past						
Yes	42	81%	40	89%	82	85%
No	10	19%	5	11%	15	16%
Used medication in the past						
Yes	31	78%	26	63%	57	70%
No	9	23%	15	37%	24	30%

Current mental health and help-seeking experiences of LGBQ+ and heterosexual individuals were compared via Chi-square analyses. The results revealed that there was a significant difference between LGBQ+ and heterosexuals in terms of having a current psychological issue,  $\chi^2(1, N = 175) = 12.74, p < .001$ .

Approximately 58% of LGBQ+ and 31% of the heterosexuals reported having a current psychological issue. In terms current help-seeking status, there was no significant difference between LGBQ+ and heterosexuals,  $\chi^2(1, N = 111) = .91, p = .340$ . However, there was a significant difference for current medication use

between LGBQ+ and heterosexuals  $\chi^2(1, N = 69) = 4.64, p = .031$ . Majority of heterosexuals were not using medication (72.7%), however more than half of LGBQ+ were using medication currently (52.8%). Overall, the number of LGBQ+ individuals who have mental health issues and who use medication is higher than heterosexuals.

In terms of past mental health and help-seeking experienced, LGBQ+ and heterosexuals did not significantly differ in terms of previously experiencing a mental health problem,  $\chi^2(1, N = 175) = 2.05, p = .151$ ; past experience of getting psychological help,  $\chi^2(1, N = 97) = 1.21, p = .270$ ; and past medication use,  $\chi^2(1, N = 81) = 1.92, p = .165$ . Approximately half of both LGBQ+ and heterosexual individuals previously experienced a mental health issue, and majority of both LGBQ+ and heterosexuals sought help and used medication in the past.

In terms of the types of mental health problems (See Table 3.4.), there was no significant difference between LGBQ+ and heterosexuals,  $\chi^2(3, N = 101) = 4.71, p = .194$ .

**Table 3.4.**

*Types of Current or Past Mental Health Issues Among Heterosexuals and LGBQ+*

Orientation	LGBQ+		Heterosexuals		Total Sample	
	<i>N</i>	<i>Valid Percent</i>	<i>N</i>	<i>Valid Percent</i>	<i>N</i>	<i>Valid Percent</i>
Mood disorders	14	25%	17	38%	31	31%
Anxiety disorders	8	14%	9	20%	17	17%
Mood and anxiety disorders	9	16%	8	18%	17	17%
Other	25	45%	11	24%	36	36%

Lastly, participants were asked to rate their reason for hesitancy about seeking help on items of financial limitations, lack of access, distrust to people and institutions, disbelief in effectiveness of help, anxiety about diagnosis or treatment, and previous negative experiences on a 5-point scale. Only 57 of LGBQ+ and 42 of the heterosexual participants responded to this question. Mean ratings of LGBQ+

and heterosexual individuals were compared via One-way ANOVA and found as significantly different,  $F(1, 98) = 8.16, p = .005$ . Mean assessment of perceived barriers was significantly higher for LGBQ+ ( $M = 2.74, SD = .96$ ) as compared to heterosexuals ( $M = 2.23, SD = .72$ ).

These additional observations demonstrate that more LGBQ+ individuals have a current mental health issue and use medicine; and LGBQ+ individuals perceive a higher level of barriers towards help-seeking than heterosexuals, whereas their past-experiences or types of psychological issues do not differ.

### **3.2. COMPARISON OF LGBQ+ AND HETEROSEXUALS ON PSYCHOTHERAPIST PREFERENCES**

Another aim of this study was to explore differences and similarities between LGBQ+ and heterosexual individuals' preferences for therapist characteristics. The preferences were analyzed for each of the assessed characteristics -gender, sexual orientation, age group- with Chi-square analyses. The frequencies and percentages for each preference category are presented in Table 3.5.

#### **3.2.1. Preference for Psychotherapist Gender**

The difference between preferences for psychotherapist gender of LGBQ+ and heterosexuals was not significant,  $\chi^2(2, N = 174) = 1.03, p = .599$ . Majority of both heterosexuals (71%) and LGBQ+ (73%) indicated no preference for therapist gender. Around 20% of both groups preferred a female psychotherapist, whereas around 5 to 7% preferred male psychotherapists. It seems that regardless of sexual orientation of participants, gender preferences are not prominent. However, the minority who have a specific preference tend to prefer women therapists over men therapists in both groups of sexual orientation.

**Table 3.5.***Psychotherapist Preferences on the Basis of Gender, Sexual Orientation, and Age Group*

Orientation	LGBQ+		Heterosexuals		Total Sample	
	<i>N</i>	<i>Percent</i>	<i>N</i>	<i>Percent</i>	<i>N</i>	<i>Percent</i>
<b>Gender</b>						
Female	17	20%	22	25%	39	22%
Male	6	7%	4	5%	10	6%
No preference	63	73%	62	71%	125	72%
<b>Sexual Orientation</b>						
LGBQ+	20	23%	1	1%	21	12%
Heterosexual	2	2%	13	15%	15	9%
No preference	64	74%	74	84%	138	79%
<b>Age Group</b>						
35+	48	55%	71	81%	119	68%
21-34	39	45%	17	19%	56	32%

**3.2.2. Preference for Psychotherapist Sexual Orientation**

Chi-square analyses showed a significant difference between LGBQ+ and heterosexual groups in preferences regarding sexual orientation  $\chi^2(2, N = 174) = 25.96, p < .001$ . Among heterosexuals, a great majority indicated no preference for therapist sexual orientation (84%). However, compared to heterosexuals slightly fewer LGBQ+ individuals indicated no preference for therapist sexual orientation (74%). Among heterosexuals, 15% prefer heterosexual therapists whereas only 2% of LGBQ+ prefer heterosexual therapists. Very few heterosexual individuals indicated a preference for other minority sexual orientation identities among therapists (1%), whereas 23% of LGBQ+ indicated they prefer lesbian, gay, bisexual, or other minority orientations including pansexual, queer, or any LGBT identity in therapists. It seems that LGBQ+ individuals have a stronger preference for therapist sexual orientation and tend to prefer therapists with a minority sexual orientation than a heterosexual orientation compared to heterosexual individuals.

### **3.2.3. Preference for Psychotherapist Age**

Chi-square analyses showed a significant difference between LGBQ+ and heterosexual groups in preferences regarding age group of the psychotherapist,  $\chi^2(1, N = 175) = 13.08, p < .001$ . Majority of heterosexuals (81%) and slightly more than half of the LGBQ+ individuals (55%) indicated a preference for psychotherapist who are 35 or older. On the other hand, almost half of the LGBQ+ (45%) whereas approximately one-fifth of heterosexuals (19%) prefer therapists between ages of 21 and 34. It seems that although the percentage of participants who prefer 35+ therapists is higher than the ones who prefer younger therapists for both groups, this preference is strikingly stronger for heterosexuals whereas minor for LGBQ+.

## **3.3. PREDICTING PSYCHOLOGICAL HELP-SEEKING ATTITUDES**

As mentioned before, another main aim of this study is to identify and compare the predictors of help-seeking attitudes for LGBQ+ and heterosexuals separately. For this purposes, preliminary analyses were conducted and presented for the associations of background characteristics with help-seeking and the associations of expectation and self-concealment with each other as well as help-seeking, respectively. Following the identifications of the set of predictors and the assumption checks, Stepwise Regression Analyses are conducted and the reported.

### **3.3.1. Psychological Help-Seeking Attitudes and Background Characteristic**

Background characteristics that might differentially influence help-seeking attitudes for heterosexual and LGBQ+ groups were examined. The data was split by sexual orientation into two groups: LGBQ+ and heterosexuals. For exploratory purposes, multiple One-way ANOVA analyses were conducted with the help-seeking attitudes as dependent variable and demographic variables including

gender, education level, student status, employment status, income level, presence of a current or past psychological issue as factors. Association of age with help-seeking was explored via Pearson Correlation, again separately for LGBQ+ and heterosexuals.

For the heterosexual group, gender and age were found to be significantly associated with psychological help-seeking attitudes. It was observed that help-seeking attitudes of gender groups were significantly different,  $F(1, 84) = 27.84, p < .001$ . For heterosexuals, women had a higher level of positive attitudes ( $M = 79.97, SD = 7.02$ ) in comparison to men ( $M = 68.55, SD = 11.61$ ). Age significantly correlated with psychological help-seeking attitudes for heterosexuals,  $r(86) = .31, p = .003$ ; indicating that as age increases so does the positive attitudes. Remaining demographic variables were not significant, thus were not included for further analyses.

For the LGBQ+ group, none of the demographic variables listed above were significantly associated with help-seeking attitudes. On the other hand, for LGBQ+ subsample, there were 21 participants who identified their gender as not woman or man. Thus, the man, woman, and other categories for the gender variable were recoded into binary and non-binary. One-way ANOVA revealed that the help-seeking attitudes of binary and non-binary LGBQ+ individuals were significantly different,  $F(1, 85) = 11.89, p = .001$ . LGBQ+ individuals with a binary gender had a higher level of positive attitudes towards help-seeking ( $M = 77.40, SD = 8.70$ ) in comparison to non-binary individuals ( $M = 69.42, SD = 10.77$ ).

In summary, older age and being women were associated with more positive attitudes among heterosexuals. Being binary was associated with more positive attitudes among LGBQ+.

### **3.3.2. Psychological Help-Seeking, Expectations, and Self-Concealment**

Pearson correlation coefficients were computed to examine the associations among help-seeking attitudes, expectations, and self-concealment. The findings are presented in Table 3.6.

**Table 3.6.***Correlations of Study Variables Among Heterosexuals and LGBQ+*

Orientation	Variable	1	2	3
LGBQ+	1. Positive Help-seeking Attitudes	-		
	2. Positive Process Expectations	.44**	-	
	3. Positive Outcome Expectations	.19	.56**	-
	4. Self-Concealment	-.32*	.05	.17
Heterosexual	1. Positive Help-seeking Attitudes	-		
	2. Positive Process Expectations	.42**	-	
	3. Positive Outcome Expectations	.59**	.46**	-
	4. Self-Concealment	-.43**	-.17	-.18
Total Sample	1. Positive Help-seeking Attitudes	-		
	2. Positive Process Expectations	.43**	-	
	3. Positive Outcome Expectations	.38**	.52**	-
	4. Self-Concealment	-.38**	-.05	-.00

\*  $p < .05$ \*\*  $p < .01$ 

Help-seeking attitudes and Process Expectations are significantly positively correlated for the whole sample,  $r(173) = .43$ ,  $p < .001$ , as well as each of the LGBQ+,  $r(86) = .42$ ,  $p < .001$ , and heterosexual subsamples,  $r(85) = .44$ ,  $p < .001$  with equivalent strength. In other words, as positive expectations regarding process increase, positive attitudes towards help-seeking increase for everyone. Help-seeking attitudes and Outcome Expectations are also significantly positively correlated for the whole sample,  $r(173) = .38$ ,  $p < .001$ . However, when separate correlations were inspected, it is seen that this association is stronger and statistically significant for heterosexuals  $r(86) = .59$ ,  $p < .001$ , whereas considerably weaker and not significant for LGBQ+ group,  $r(85) = .19$ ,  $p = .065$ . This finding

indicates that as positive expectations regarding outcome increase, positive attitudes towards help-seeking also increase only for heterosexuals.

Correlation analyses were conducted also for help-seeking and self-concealment. Help-seeking attitudes and Self-Concealment were significantly negatively correlated for the whole sample,  $r(173) = .38, p < .01$ , as well as for the LGBTQ+ sample,  $r(86) = -.32, p < .05$ , and for heterosexual subsample with a higher strength,  $r(85) = -.43, p < .01$ . Higher level of self-concealment is associated with less positive attitudes towards seeking help for everyone, especially heterosexuals.

Last, correlations among process expectation, outcome expectation, and self-concealment were inspected to confirm that they capture unique variances that might explain the variance in help-seeking attitudes. As expected, process and outcome expectations are positively correlated, still share approximately 25% of the variance indicating that. Their unique variances as well as their different patterns of associations described above warrant their inclusion of both as potential predictors. Self-concealment, on the other hand, did not have significant associations with measures of expectancy.

### **3.3.3. Factors That Predict Help-Seeking Attitudes for LGBTQ+ and Heterosexual Individuals**

This study aimed at identifying the set of factors that predict help-seeking attitudes separately for heterosexual and LGBT individuals. In the preceding sections, preliminary analyses regarding the associations of help-seeking with potential predictors of background characteristics and study variables. Two separate Step-wise Regression Analyses were conducted for heterosexual group and LGBTQ+ group with help-seeking attitudes as the dependent variable and self-concealment, process and outcome expectations, and determined demographic variables for each group as predictor variables.

For heterosexual group, a stepwise regression was conducted with help-seeking attitudes as the dependent variable and self-concealment, process and

outcome expectations, also with age and gender as independent variables. Summary of the models are presented in Table 3.7.

**Table 3.7.**

*Summary of Stepwise Regression Analysis for Help-seeking Attitudes of Heterosexuals (N = 86)*

Model	R	R <sup>2</sup>	Adj. R <sup>2</sup>	SE of the Est.	R <sup>2</sup> Change	F Change	df1	df2
1	.61 <sup>b</sup>	.384	.376	7.39	.384	52.31	1	84
2	.71 <sup>c</sup>	.506	.494	6.65	.123	20.60	1	83
3	.75 <sup>d</sup>	.566	.550	6.28	.059	11.20	1	82
4	.76 <sup>e</sup>	.586	.566	6.17	.020	3.99	1	81

a. *LGBQ+ or heterosexual = Heterosexual*

b. *Predictors (Constant), Outcome Expectations*

c. *Predictors (Constant), Outcome Expectations, Gender*

d. *Predictors (Constant), Outcome Expectations, Gender, Age*

e. *Predictors (Constant), Outcome expectations, Gender, Age, Self-concealment*

For the heterosexual group, in model 1, Outcome Expectations entered and explained 38.4% of the variance in help-seeking attitudes,  $F(1,84) = 52.31$ ,  $p < .001$ . Then in model 2, gender was added, explaining an additional 12.3%,  $F(1,83) = 20.60$ ,  $p < .001$ . Next, age entered and explained another 5.9% of the variance  $F(1,82) = 11.20$ ,  $p = .001$ . In the final model, self-concealment is added, explaining an additional 2% of variance,  $F(1,81) = 3.99$ ,  $p = .049$ . The final model including outcome expectations, gender, age, and self-concealment explained 58.6% of variance for help-seeking attitudes of heterosexuals,  $F(4,81) = 28.67$ ,  $p < .001$ . Process expectations did not significantly predict help-seeking attitudes.

The regression coefficients of the predictors are presented in the Table 3.8. It is seen that for heterosexuals, outcome expectations positively predict help-seeking attitudes, increasing the positive help-seeking attitudes by .65 and being the strongest predictor ( $\beta = .61$ ). Next, being a woman increases positive attitudes by 8.294, being the second stronger predictor ( $\beta = .36$ ). The third predictor, age, increases positive attitudes by .31 and is a relatively weaker predictor ( $\beta = .24$ ). Finally, self-concealment negatively predicts attitudes and increase in self-

concealment decreases positive attitudes by .16. Self-concealment is the weakest predictor among other variables ( $\beta = -.15$ ).

**Table 3.8.**

*Results of Stepwise Regression Analysis for Variables Predicting Help-seeking Attitudes of Heterosexuals (N = 86)*

	B	B SE	Beta	t	Sig.
Constant	59.01	2.68		21.95	.000
Outcome Expectations	.65	0.09	.61	7.23	.000
Gender	8.29	1.82	.36	4.53	.000
Age	.31	0.09	.24	3.34	.001
Self-concealment	-.16	0.08	-.15	-1.99	.049

The second stepwise regression was conducted with help-seeking attitudes of the LGBQ+ subsample as the dependent variable and self-concealment, process and outcome expectations, and age and binary vs. non-binary gender as independent variables. Summary of the models are presented in Table 3.9.

**Table 3.9.**

*Summary of Stepwise Regression Analysis for Help-seeking Attitudes of LGBQ+(N = 87)*

Model	R	R <sup>2</sup>	Adj. R <sup>2</sup>	SE of the Estimate	R <sup>2</sup> Change	F Change	df1	df2
1	.44 <sup>b</sup>	.197	.188	8.83	.197	20.88	1	85
2	.56 <sup>c</sup>	.319	.303	8.18	.122	14.99	1	84

a. LGBQ+ or heterosexual = LGBQ+

b. Predictors (Constant), Process Expectations

c. Predictors (Constant), Process Expectations, Self-concealment

For LGBQ+, process expectations entered the model in the first step and explained the 19.7% of variance,  $F(1,85) = 20.88, p < .001$ . Then, self-concealment entered and explained an additional 12.2% of variance,  $F(1,84) = 14.99, p < .001$ . The final model with both process expectations and self-concealment explained a

total variance of 31.9%,  $F(2,84) = 19.66, p < .001$ . Outcome expectations, age, and binary vs. non-binary gender did not significantly predict help-seeking attitudes for LGBQ+ individuals.

The summary of the coefficients for LGBQ+ group are presented in the Table 3.10. For LGBQ+, results revealed that process expectations positively predict help-seeking attitudes, as one unit increase of process expectations increases positive attitudes by .28. Process expectations is the strongest predictor for help-seeking attitudes ( $\beta = .44$ ). The next stronger predictor, self-concealment, negatively predicts help-seeking attitudes as one unit increase in self-concealment decreases positive help-seeking attitudes by .32 ( $\beta = -.34$ ).

**Table 3.10.**

*Results of Stepwise Regression Analysis for Variables Predicting Help-seeking Attitudes of LGBQ+ (N = 87)*

	B	B SE	Beta	t	Sig.
Constant	55.63	4.44		12.51	.000
Process Expectations	.28	0.06	.44	4.57	.000
Self-concealment	-.32	0.08	-.34	-3.87	.000

Results showed that the potential predictors identified in the current study - process and outcome expectations, self-concealment, age and gender- were stronger in predicting heterosexuals' help-seeking attitudes than LGBQ+ individuals' attitudes as approximately 59% of the variance in psychological help-seeking attitudes of heterosexual subsample was explained, whereas approximately 32% of the variance in psychological help-seeking attitudes of LGBQ+ subsample was explained.

Self-concealment negatively predicted psychological help-seeking attitudes for both heterosexuals and LGBQ+. It was observed that when other variables were controlled, self-concealment was a stronger predictor for LGBQ+ ( $R^2$  Change = .12;  $\beta = -.34$ ) than for heterosexuals ( $R^2$  Change = .2,  $\beta = -.15$ ). In terms of expectancy, positive expectations regarding only the psychotherapy Outcome significantly predicted the psychological help-seeking attitudes of heterosexuals, whereas

positive expectations regarding only the psychotherapy Process significantly predicted the psychological help-seeking attitudes of LGBTQ+. Lastly, background characteristics of gender and age were significant predictors of help-seeking attitudes only for heterosexuals.

## **CHAPTER 4**

### **DISCUSSION**

In this section, first, summary of the study findings will be presented. Then, differences in help-seeking attitudes and predictors for help-seeking attitudes of heterosexual and LGBQ+ individuals will be discussed. Further, demographic factors like mental health issues and help-seeking experiences among sexual minorities will be discussed. Lastly, differences in preferences for therapist characteristics between heterosexual and LGBQ+ individuals will be discussed.

#### **4.1. SUMMARY OF THE FINDINGS**

This study expected that LGBT+ individuals to have a lower level of positive attitudes towards help-seeking, lower level of positive expectations from psychotherapy and a higher level of self-concealment tendencies. The findings failed to support the first two expectations that LGBQ+ and heterosexual individuals did not significantly differ in their attitudes towards psychological help-seeking, process expectations or outcome expectations. The last expectation was supported, as LGBQ+ individuals were found to have higher levels of self-concealment. Additional comparisons of mental health-related data demonstrated that a higher number of LGBQ+ individuals reported to have current psychological issues and to use psychiatric medication than heterosexuals. Besides, LGBQ+ perceived a higher level of barriers towards help-seeking than heterosexuals. Past experiences of psychological difficulties or help-seeking experiences did not differ as to sexual orientation.

About psychotherapist preferences, this study aimed at comparing the heterosexual and LGBQ+ individuals as to their preferences regarding psychotherapists' gender, sexual orientation, and age. The findings indicated that participants, regardless of sexual orientation, did not have a gender preference. However, significantly more LGBQ+ participants than heterosexuals indicated preference for LGBQ+ psychotherapists, and significantly less LGBQ+ participants

than heterosexuals indicated preference for heterosexual psychotherapist. Lastly, regarding age, the preference for psychotherapist older than 35 was more prominent for heterosexuals as compared to LGBQ+ individuals.

In addition to these comparisons, another major aim of this study was to separately document the predictors of psychological help-seeking attitudes for heterosexual and LGBG+ individuals. In this study, outcome expectations, gender, age, and self-concealment predicted the help-seeking attitudes of heterosexuals, explaining more than half of the variance. For heterosexuals, having more positive outcome expectations, being a woman, being older, and being less self-concealing were associated with more positive attitudes towards help-seeking. On the other hand, only process expectations and self-concealment predicted the help-seeking attitudes of LGBQ+, explaining approximately one third of the variance. For LGBQ+, having more positive process expectations and being less self-concealing were associated with more positive attitudes towards help-seeking.

#### **4.2. HELP-SEEKING ATTITUDES OF LGBQ+ AND HETEROSEXUAL INDIVIDUALS**

In this study, it was expected that LGBQ+ individuals will have less positive attitudes towards help-seeking and less positive expectations from psychotherapy than heterosexuals. However, contrary to the expectations, the help-seeking attitudes or expectations from psychotherapy of LGBQ+ individuals were not significantly different than heterosexuals. This result is partly not in line with the current literature, as studies show that sexual minorities worry about discrimination and stigma in health care (Choudhury et al., 2009; Donovan & Barnes, 2019; McCann & Sharek, 2014; McNair & Bush, 2016; Smalley et al., 2015; Romanelli & Hudson, 2017), experience more systematic and personal barriers against help-seeking like economic limitations, lack of LGBT-friendly services, and worry about opening up more than heterosexuals (Dunbar et al., 2017; Ferlatte et al., 2019), have negative experiences (Filice & Meyer, 2018; Levitt & Ippolito, 2014; Steele et al., 2017; Shelton & Delgado-Romero, 2011), and are less satisfied (Avery et al., 2001)

with mental health care. A large report done by Bachmann and Gooch (2018) also showed that LGBT individuals experience discrimination in health care and do not seek help due to worry about discrimination. It was expected from such struggles and barriers to influence LGBQ+'s attitudes and expectations negatively. However, this study failed to find a significant difference. There are some studies showing similar results to this study; there were not any differences among heterosexual and homosexual individuals' help-seeking attitudes (Luedders, 1998) and no difference between sexual minorities and heterosexuals in their trust to health care providers (Bakker et al., 2006). On the other hand, surprisingly, some studies indicated sexual minorities carrying more positive attitudes than heterosexuals. One study showed heterosexual men have more negative attitudes than gay men (Sanchez et al., 2013), another study revealed that lesbian women compared to other women carry more positive attitudes (Morgan, 1992). However, there are not many research done comparing help-seeking attitudes of heterosexuals and sexual minorities in Turkey to the authors knowledge. Calton, Cattaneo, and Gebhard (2015) in their review of LGBTQ's help-seeking pointed out a need for more research on help-seeking. Thus, it seems that more research needs to be done to certainly conclude if or why there is a difference between attitudes of heterosexuals and sexual minorities. However, in my study majority of sample were university graduates and had middle income level, which can also explain the lack of significant difference between LGBQ+ and heterosexual individuals' help-seeking attitudes and psychotherapy expectations, as literature indicates that higher education is linked with positive attitudes towards help (Fischer & Cohen, 1972; Reynders et al., 2013) and as financial difficulties are mentioned as barriers against minorities' help-seeking (Mcnair & Bush, 2016; Smalley et al., 2015).

In this study, it was also expected that process and outcome expectations will predict attitudes towards help-seeking. In general, outcome and process expectations are found to be influencing therapies' helpfulness (Greenberg et al., 2006), thus it is important to understand their contribution. This expectation was partly supported. Greater positive process expectations were a significant predictor for more positive help-seeking attitudes among LGBQ+, whereas greater outcome

expectations predicted more positive help-seeking attitudes among heterosexuals. It seems that LGBQ+ put more importance in therapy process, whereas heterosexuals put more importance to outcome of therapy. Process expectations include items about how therapists will be and will act such as giving feedback, being sympathetic, being interested, supportive, sincere, also about how therapy process will be for the patient such as the patient will feel comfortable, be honest about feelings, thoughts, worries about therapy, and will attend sessions (Çetinkaya & Güler, 2020). This is line with the literature that sexual minority individuals find therapist characteristics such as supportiveness, warmth, listening as helpful (Israel et al., 2008a), alongside basic counselling skills; acceptance, normalization, support, and exploration of sexual orientation also found beneficial (Quiñones et al., 2017), moreover supportiveness, warmth, being non-judgmental, empathic, and accepting were found in positive therapy experiences of sexual minorities (Bess & Stabb, 2009; Bockting et al., 2004). It seems that sexual minority individuals mostly mention therapist qualities that influence process of therapy rather than outcome improvements when they talk about their therapy experiences. Thus, process expectations appear to be crucial for them in this study as well.

One reason behind why process expectations predicted positive attitudes among LGBQ+ can be that LGBQ+ may expect more support during therapy process, as sexual minorities experience discrimination and stigma, which makes them worry about being discriminated and judged in mental health care (Choudhury et al., 2009; Donovan & Barnes, 2019; McCann & Sharek, 2014; McNair & Bush, 2016; Smalley et al., 2015; Romanelli & Hudson, 2017).

Another explanation may be that LGBQ+ receiving support and seeing sincere therapist attitudes can work as corrective emotional experiences for LGBQ+. Since they struggle with acceptance, being accepted in therapy may act as an outcome improvement by itself. Stracuzzi, Mohr, and Fuertes (2011) pointed out in their study that receiving acceptance from heterosexual therapists can be helpful and repairing for sexual minorities as they mostly are discriminated among heteronormative societies. Thus, instead of expecting the outcome of therapy being better contributing to their attitudes, expectations regarding the process being more

positive and supportive may seem more important for LGBQ+ as process may act as an improvement in the outcome as well.

Another reason for process expectations predicting attitudes among LGBQ+ may be explained by the image concerns. Increased image concerns were related with less positive process expectations (Çetinkaya & Güler, 2020), and image concerns included worrying about negative judgment due to getting help, and it predicted less positive attitudes (Deane & Chamberlain, 1994). Since sexual minorities experience discrimination, stigma, negative judgements commonly and worry about such experiences (Göçmen & Yılmaz, 2016; Yasin et al., 2018) in Turkey, and outside of Turkey (Choudhury et al., 2009; Ferlatte et al., 2019; Mayock et al., 2009; Mays et al., 2001; McDermott et al., 2017; Thompson et al., 2004; Whitehead et al., 2016), they may also worry more about their image and being judged negatively in therapy, thus their process expectations including therapist behaviors and their comfort level in therapy may played a bigger role on their attitudes towards seeking help. In contrast, therapist reactions and image concerns were not related to outcome expectations (Çetinkaya & Güler, 2020), thus LGBQ+'s attitudes not being explained by outcome expectations in this study may be explained by this as well.

On the other hand, outcome expectations seem to be more important among heterosexuals for help-seeking attitudes than it was for LGBQ+. Outcome expectations include items about the positive outcome of therapy such as the patient becoming more self-respecting, more positive, better, and stronger to cope with problems (Çetinkaya & Güler, 2020). It seems that heterosexuals put importance to improve as a result of therapy and this expectation influences their help-seeking attitudes more than process expectations. This is in line with previous studies showing that positive outcome expectations are linked with more positive attitudes (Cash et al., 1978; Çetinkaya & Güler, 2020), better alliance (Meyer et al., 2002; Safarzade et al., 2020), and better therapy outcome (Constantino, 2012; Meyer et al., 2002). A study also showed that patients view “cognitive control” aspect of expectations, meaning that being more aware and controlling of their thoughts, as more crucial (Tzur Bitan & Abayed, 2019), thus supporting the notion that outcome

expectations and expecting to improve at the end of treatment may be especially important for some people.

One reason behind heterosexuals' outcome expectations explaining more of their attitudes than process expectations may be that since they are not minorities they may not need or expect as much validation, support, or visible acceptance as LGBTQ+ individuals. Çetinkaya and Güler (2020) also showed that outcome expectations were not related to therapist reaction and image concerns.

In terms of self-concealment, it was expected that self-concealment will predict attitudes and this expectation was supported. Self-concealment was a predictor of less positive attitudes towards help-seeking for both heterosexuals and LGBTQ+. This is in line with the literature as multiple studies indicated that self-concealment predicts and is related to negative attitudes (Cepeda-Benito & Short, 1998; Cramer, 1999; Hogge & Blakenship, 2020; Kelly & Achter, 1995; Masuda & Boone, 2011; Masuda et al., 2012; Omori, 2007; Vogel et al., 2005). This is also in line with Turkish literature as studies done in Turkey also showed self-concealments' prediction and association with negative attitudes (Özbay et al., 2011; Özdemir, 2012; Serim & Çankaya, 2015). An explanation behind this study's result may be that therapy is a space of opening up, thus those who tend to conceal may be hesitant to seeking help, as it was shown self-concealers carry negative attitudes especially if self-disclosure is included in the therapy (Kelly & Achter, 1995). Furthermore, studies also showed that self-disclosure and being open relating to more positive attitudes (Gürsoy & Gizir, 2018; Komiya et al., 2000; Nam et al., 2013; Schlechter et al., 2021; Türküm, 2000; Vogel et al., 2005) and feeling more comfortable and likely to self-disclose predicting positive attitudes (Vogel & Wester, 2003). Although this study used the self-concealment scale, the scale's validity was measured with its negative correlation to self-disclosure. Thus, the results of this study support the literature of help-seeking attitudes that include self-disclosure concept as well.

Furthermore, for LGBTQ+ individuals, self-concealment was a stronger predictor for help-seeking attitudes than it was for heterosexuals. This result supports the current literature that self-concealment or disclosure of sexual

orientation is a concern for sexual minorities when seeking help (Abdollahi et al., 2017; Donovan & Barnes, 2019; Göçmen & Yılmaz, 2016; McDermott et al., 2017; Morgan et al., 2016), and those who conceal more use less mental health services as well (Currin et al., 2018). Similarly, Luu and Cheung (2010) theorized that self-concealment playing a role on help-seeking of sexual minorities, and Meyer (2015) argued that self-concealment keeps sexual minority individuals away from community benefits and from finding help with community resources. Thus, this study provides support for the current literature.

Moreover, as mentioned in the previous section, self-concealment levels were different between heterosexuals and LGBTQ+ individuals in this study and LGBTQ+ had higher self-concealment. This result is in line with the literature as multiple studies showed that sexual minorities struggle with being open and disclosing to others or health professionals (Durso & Meyer, 2013; Evans & Barker, 2010; McDermott et al., 2017; Rossman et al., 2017). In fact, the theoretical basis for sexual minority stress model was also supported as the authors suggest that concealment is a unique and difficult stressor for sexual minorities (Kavanagh, 1995; Meyer, 2015). Studies in Turkey also highlighted sexual minorities' concern for being open (Göçmen & Yılmaz, 2016; Yasin et al., 2018). Thus, self-concealment explaining more variance and being a stronger predictor of attitudes for LGBTQ+ in comparison to heterosexuals in this study may be explained with these studies highlighting that LGBT individuals commonly struggle with being open or concealing. One reason behind self-concealment's likelihood in LGBTQ+ may be self-protection in life and in therapy context, as studies indicated that if stigma is high, concealment or not being out linked with fewer discriminatory experiences (Choudhury et al., 2009; Pachankis & Bränström, 2018). Omurov (2017) also explained the concealment with "securityscape" concept and revealed that in a discriminatory environment concealing one's LGBT identity works as preserving protection and safety.

Furthermore, another reason behind self-concealment's prediction of less positive attitudes among LGBTQ+ may be the role of stigma and worry of acceptance. Sexual minorities conceal themselves when they face with stigma in the society

(Pachankis & Bränström, 2018) and when they worry about acceptance more (Hu et al., 2013; Jackson & Mohr, 2016), or when they perceive less accepting environment (Jiang et al., 2019). Since therapy requires some sort of opening up, such worries of stigma and acceptance may have influenced their concealment and attitudes negatively. Other reasons may be heterosexism, fear of discrimination and negative judgment in health care, as it was shown that heterosexist language was linked with less self-disclosure and less tendency to come back to heterosexist professionals (Dorland & Fischer, 2001), and as discrimination, negative judgements, and worrying about revealing their sexuality make seeking help difficult for minorities (Mcnair & Bush, 2016; Romanelli & Hudson, 2017; Smalley et al., 2015).

However, process expectations were a stronger predictor than self-concealment for help-seeking attitudes of sexual minorities in this study. It seems that expectations regarding how positive therapy process will be and how supportive and sincere will therapists act are more important for LGBTQ+ than their own concealing tendencies. One can conclude that LGBTQ+ individuals, even if they have concealment tendencies may still have positive attitudes especially if they expect therapy process and therapists to be more supportive and positive, thus may develop more positive attitudes. This is line with the literature as some studies revealed that sexual minorities care about and prefer being accepted, understood, and listened from professionals as well as therapists being knowledgeable (Burckell & Goldfried, 2006; Malley & Tasker, 2007). A study also highlighted that counsellors see that when sexual minority patients receive validation and supportive reactions, they can be more likely to disclose to professionals (Magee & Spangaro, 2017), so it seems that even LGBTQ+ have concealment tendencies, if they see validation and support, they may still open up. Considering the literature and the results of this study, self-concealment among LGBTQ+ may become less prominent if expectations from therapy process is more positive which increases positive attitudes towards help-seeking.

Another explanation may be the self-view of LGB identity. As it was shown previously positive view of LGB identity is related to more positive attitudes and

less view of prejudice in professionals (Spengler & Ægisdóttir, 2015) and negative view of identity relates to negative attitudes (Lappin, 2020). If individuals view of their identity as positive and they perceive less prejudice from professionals, their expectations regarding therapists and process to be more positive and their positive attitudes can be explained by their own positive view of LGB identity. Since process expectations were a stronger predictor of LGBQ+'s attitudes in this study, their view of their identity may have influenced their process expectations and attitudes. LGBQ+ sample of this study was reached out by social media sites mostly, and those who are already in a LGBTQ+ online group may also be more open and positive about their identities; thus, their positive expectations may have played a stronger role on explaining their attitudes more than their self-concealment tendencies due to this.

Self-concealment may change with therapy as well. One study found that self-concealment likelihood decreased with attendance of therapy (Wild, 2004). Therapy may serve as an accepting supportive environment which can help individuals be more disclosing and vulnerable. Therapy may also help with self-acceptance of sexual minority identities and reduce concealment. Goldblum and colleagues (2017) argued that steps in therapy with sexual minorities should include acceptance, encouraging disclosure and diminishing concealment. Thus, considering all of these results together, it seems that improving process expectations, reducing self-concealment, and encouraging acceptance are important for sexual minorities' help-seeking attitudes and experiences. As supporting this study's result of positive process expectations and lower self-concealment predicting more positive attitudes among LGBQ+ group.

In terms of demographic factors and help-seeking attitudes, this study found that older age relates to more positive attitudes, and only age and gender predicted attitudes for heterosexuals. This is similar to the literature as studies revealed that older age is associated with more positive attitudes (Koydemir-Özden & Erel, 2010; Mackenzie et al., 2006 ; Nohr et al., 2021), being women relate to more positive attitudes (Ang et al., 2004; Deane & Todd, 1996; Fischer & Turner, 1970; Kakhnovets, 2011; Kelly & Achter, 1995; Leong & Zachar, 1999) indicated by

studies done outside of Turkey and done in Turkey (Gürsoy & Gizir, 2018; Türküm, 2000, 2005). In line with the literature, heterosexual women in this sample had more positive attitudes than heterosexual men. However, no gender difference was found for LGBTQ+, which is in line with previous studies showing no difference in attitudes (Luedders, 1998) or mental health service use (Platt et al., 2017). Literature explains this gender difference through gender roles and stereotypes and reveals that men struggle with traditional masculinity norms have more negative attitudes (Berger et al., 2005; Blazina & Watkins, 1996; Good et al., 1989; Vogel et al., 2011), whereas women are found to be more trusting to professionals, more likely to notice their need, and more likely to open up about struggles (Ang et al., 2004; Fauteux et al., 2008; Mackenzie et al., 2006; Masuda & Boone, 2011; Johnson, 1988).

Age could not predict LGBTQ+ individuals' attitudes towards seeking help. A previous study with Turkish students found that age was not a predictor for willingness to seek help (Aydın, 2017). Furthermore, binary gender did not significantly predict help-seeking attitudes for LGBTQ+. This is partly in line with a previous studies as there were no gender gap for sexual minorities using mental health services (Platt et al., 2017) and no difference was found between homosexual men and women's help-seeking attitudes (Luedders, 1998). One reason may be that sexual minorities are already considered being different than the norm in heteronormative society, as it was mentioned in one study that they may be less prone to normative gender roles and masculinity norms, especially gay men (Platt et al., 2017) and studies showed that heterosexual men had stronger masculine norms compared to gay men (Sanchez et al., 2013; Vogel et al., 2011), which can explain the lack of gender difference between women and men sexual minorities in this study. In contrast, gender including being binary or non-binary significantly differed for the attitudes of LGBTQ+ individuals, which is in with the literature as studies show that transgender individuals struggle more when seeking help (Bess & Stabb, 2009; Levitt & Ippolito, 2014; Mayock et al., 2009; Romanelli & Hudson, 2017), have negative experiences (Levitt & Ippolito, 2014) and cannot get needed help and support for their mental health issues (Steele et al., 2017). Trans and other

gender minorities see discrimination as a bigger obstacle for seeking help more than others (McNair & Bush, 2016), and being discriminated because of being a gender minority were mentioned as a barrier for not seeking help (Choudhury et al., 2009). Non-binary and trans individuals also reported experiencing negative events in mental health care more than cisgender individuals and viewed such events as stronger obstacles for help-seeking (Ferlatte et al., 2019). Thus, in line with the literature, although non-binary gender could not predict attitudes of LGBTQ+, non-binary LGBTQ+ individuals compared to binary ones carried less positive attitudes towards seeking help in this study, possibly due to reasons of facing more stigma and struggles in health care.

Previous studies also found that increased education relates to more positive attitudes (Fischer & Cohen, 1972; Kilinc & Granello, 2003; Reynders et al., 2013), however contrary to literature, in this study the education levels did not significantly differed for help-seeking attitudes of LGBTQ+ or heterosexuals. Moreover, contrary to the literature as it shows that previous experience in help-seeking associates with more positive attitudes (Cheng et al., 2018; Demyan & Anderson, 2012; Kakhnovets, 2011; Reynders et al., 2013; Türküm, 2000, 2005; Vogel et al., 2007; Yee et al., 2021), this study could not include past experience as low number of participants indicated seeking help. Thus, it seems invalid to interpret.

#### **4.3. MENTAL HEALTH ISSUES AND HELP-SEEKING EXPERIENCES OF HETEROSEXUALS AND LGBTQ+ INDIVIDUALS**

In this study a large percent of heterosexual individuals reported not having a current psychological problem, whereas among LGBTQ+ individuals more than half of them reported having a current psychological problem and this difference was significant. This result is in line with the literature that LGBTQ+ have more psychological struggles than heterosexuals (Almedia et al., 2009; Bakker et al., 2006; Burgess et al., 2007; Chakraborty et al., 2011; Cochran et al., 2003; Dunbar et al., 2017). One reason behind this may be discrimination and stigma they face in the society, as literature showed that discrimination's negative influence on

minorities' mental health (Bostwick et al., 2014; Chakraborty et al., 2011; Mays et al., 2001; Thompson et al., 2004) and as sexual minority stress model suggested that sexual minorities struggle due to their minority status and being a minority puts individuals to risk of various stressors (Meyer, 2003).

In terms of the types of mental health problems, there was no significant difference between heterosexuals and LGBTQ+. Mood disorders were common among both groups. This is in line a large report done in the UK reporting mood disorders like depression are common among sexual minorities (Bachmann & Gooch, 2018), and Semlyen and colleagues (2016) reviewed multiple studies and reported that anxiety and depression are also common among sexual minorities. However, majority of LGBTQ+ in this study reported other and various types of mental health problems, which suggests that sexual minorities may struggle with various issues. In line with this result, one study reported that depression and relationship problems were common reasons to seek therapy among lesbian women, but majority reported other problems (Roberts et al., 2005).

Multiple studies indicated that sexual minorities use mental health services more than heterosexuals (Bakker et al., 2006; Chakraborty et al., 2011; Cochran et al., 2003; Dunbar et al., 2017; Platt et al., 2017), however, this study found no significant difference between LGBTQ+ and heterosexual individuals' in terms of their current or past help-seeking. However, low number of individuals reported their help-seeking status so it may be invalid to interpret this result. However, among those who disclosed their help-seeking status, the number of individuals who sought help in the past were more than those who did not in both heterosexuals and LGBTQ+ group. It seems that individuals in this study sought help in the past. This is in contrast to studies done in Turkey as they indicated Turkish individuals more likely to choose to get help from informal ways like friends and family than they prefer professionals (Atik & Yalçın, 2011; Bilican, 2013; Çebi & Demir, 2020; Erkan et al., 2012; Kilinc & Granello, 2003; Koydemir et al., 2010). Moreover, although low number of individuals disclosed their current help-seeking status, among LGBTQ+ group more individuals indicated that they are not seeking help currently in this study. This is in line with previous studies done in Turkey with

LGBT individuals, indicating that sexual minorities need psychological help but do not seek it due to financial problems, worry about discrimination or being outed (Göçmen & Yılmaz, 2016; Yasin et al., 2018).

LGBQ+ individuals in this study assessed their decisions and barriers related to their hesitancy to help-seeking higher than heterosexuals. This is in line with previous studies showing that sexual minorities experience more and various personal and systematic barriers against help-seeking (Dunbar et al., 2017; Ferlatte et al., 2019; McNair & Bush, 2016; Romanelli & Hudson, 2017; Smalley et al., 2015). In line with this study, literature also shows that sexual minority individuals struggle with economic limitations and finding affordable available help sources (Mayock et al., 2009; McNair & Bush, 2016; Romanelli & Hudson, 2017; Smalley et al., 2015). In this study, although most individuals expressed middle income levels, majority of LGBQ+ individuals were not employed, which may also explain their current lack of help-seeking. As a Turkish study also highlighted that financial problems being a barrier against seeking help (Göçmen & Yılmaz, 2016).

In this study, more LGBQ+ expressed that they have a current psychological issue, and their self-concealment was also higher compared to heterosexuals. This is in line with previous studies. Literature revealed that self-concealment has negative consequences in terms of mental health (Cruddas et al., 2012; D'Agata & Holden, 2018; Hogge & Blakenship, 2020; Ichiyama et al., 1993; Larson & Chastain, 1990; Leleux-Labarge et al., 2015; Wild, 2004; Williams & Cropley, 2014; Wismeijer & Assen, 2008). One reason behind higher self-concealment and mental health issues among LGBQ+ may be the stress and burden of concealing oneself brings to sexual minorities (Kavanagh, 1995; Meyer, 2015).

#### **4.4. PREFERENCES FOR THERAPIST CHARACTERISTICS**

One of the aims of this study was to explore individuals' preferences for therapist characteristics. In this study, there was no significant difference for therapist gender preference between heterosexuals and LGBQ+. Both group did not have a strong preference for therapist gender, however among those who have a

preference women therapists were generally preferred than men therapists. This result is in line with the literature that most individuals do not have a specific preference, but women therapists are more preferred than men by both women and men (Pikus & Heavey, 1996; Strohmer et al., 2003). A previous study indicated similar results for sexual minorities, showing that therapists being the same gender as the client was not necessary (Burckell et al., 2006), however some LGB individuals viewed women therapists more positively (Liddle, 1996), some lesbian individuals mostly been in therapy with women therapists (Roberts et al., 2005), and some transgender individuals mostly been in therapy with women therapists and felt comfortable (Bess & Stabb, 2009). Thus, although most individuals do not have a strong gender preference, it seems that women therapists are more preferred in this study and in the literature. One reason behind this may be the gender roles as a Turkish study revealed that male students preferring women counsellors for their academic problems (Yılmaz-Gözü, 2013) and the author Yılmaz-Gözü (2013) interpreted this as males being pressured by masculinity norms, afraid of being judged by a man professional and trusting women professionals easier. Another reason may be stereotypes about femininity and being women, as Pikus and Heavy (1996) reported that individuals preferred women due to reasons of being more comfortable, believing they will be better understood, and believing women therapists will be warmer. Another reason may be that women professionals may actually be more supportive. For instance, one study indicated that female therapists carried more positive attitudes towards LGB identities and had a stronger belief that they can carry LGB-affirmative counselling compared to men therapists (Alessi et al., 2015).

In terms of sexual orientation preferences, in this study, there was a significant difference for therapist sexual orientation preference between heterosexuals and LGBQ+. However, both heterosexuals and LGBQ+ individuals mostly reported that they do not have a specific preference. This is partly in line with the literature as sexual minorities do not put a great importance on having a sexual minority therapist (Burckell et al., 2006; Evans & Barker, 2010), especially when they receive validation, sexual orientation of the therapist is not as crucial

(Evans & Barker, 2010). However, literature also showed that some preferences among sexual minorities. Some preferring heterosexuals and some preferring homosexual therapists (Bafiti et al., 2018; Evans & Barker, 2010; Igartua & Rosiers, 2004). Some of the reasons behind such preferences were seeing acceptance from a heterosexual therapist as more helpful, thinking that the heterosexual therapist can be more objective, or believing that homosexual therapists can be better at understanding (Bafiti et al., 2018; Evans & Barker, 2010). Similarly, heterosexual therapist preference among lesbian patients was due to their own biases and projections such as lesbian therapists would have similar problems to them, and preferences for lesbian therapists came from the belief that heterosexuals cannot understand them (Igartua & Rosiers, 2004). In this study, contrary to some minority individuals' heterosexual preferences in the literature, LGBQ+ preferred LGB therapists over heterosexual therapists. This is in line with previous studies that stated sexual minorities choosing similar orientations in their therapists (Liddle, 1997; McDermott et al., 1989). Moreover, previous studies revealed although sexual orientation is not a prominent factor, sexual minority therapists are viewed as more helpful (Martos et al., 2018; Iniewicz & Grabski, 2015), more expert, trustworthy, and attractive (Borden et al., 2010), and especially when sexual identity is an important issue for the individual, therapists being a sexual minority seemed important (Burckell et al., 2006). So, these positive assumptions may be the reason behind LGBQ+ preferences for LGB therapists in this study.

Another reason may be to eliminate any possible discrimination and heterosexist biases that may come from heterosexual therapists, as it was found heterosexism was mentioned as a possible concern for not going to therapy among lesbian women (Morgan, 1997) and heterosexism among professionals was mentioned as a negative experience in health care by lesbian women (Saulnier, 2002). Another reason may be that LGBQ+ individuals may believe that LGB therapists can be more knowledgeable about sexuality and understand them better, as it was shown that sexual minorities care about therapists being knowledgeable and affirmative about LGBT issues than heterosexuals (Burckell & Goldfried,

2006; Malley & Tasker, 2007). They also find seeing LGBT-friendly brochures and inclusive language in forms and therapy important (Magee & Spangaro, 2017). Thus, another reason behind their preference for sexual minority therapists can also be their belief of they will be similar to their therapists and will be better accepted. Similarly, Jones and Gabriel (1999) reported that some sexual minorities believe that therapists have to be sexual minorities themselves to be able to carry an accepting and validating therapy.

It was also mentioned as important by sexual minorities for therapists to understand their own biases and gain knowledge about diversity (Molerio & Pinto, 2012), being comfortable with diverse sexual attractions among others and themselves (Milton et al., 2005), as well as openly explore sexuality related issues in therapy (Mair & Izzard, 2001). So, it is important for them to be understood, accepted, and encouraged to explore their issues. Thus, they may go for minority therapists believing they can get their needs better met.

However, there may be a risk for sexual minority therapists working with minority patients in terms of transference and countertransference issues such as being overly involved or merged with the therapist, identification to and idealization of therapist, maternal transference, or projections about their own sexual beliefs (Igartua & Rosiers, 2004). Thus, it seems important to research more on such preferences to better understand the benefits and risks.

Moreover, on sexual orientation preferences, one study revealed that regardless of sexual orientation of the therapist, similar genders are preferred among gay men and lesbian women (Liddle, 1997). In contrast to this result, therapist gender preferences were not different among heterosexuals and LGBTQ+, in fact, those with a preference, preferred women therapists. However, as the majority of the sample in this study are women, choosing a women therapist may also mean that individuals prefer sharing a similar gender with their therapist.

In terms of age preferences for therapists, a significant difference was found between heterosexuals and LGBTQ+ individuals in this study. Moreover, heterosexuals prefer older therapists. This is in line with previous studies as some studies showed that individuals prefer similar or older age ranges to themselves

(Atkinson et al., 1986, 1989; Lauber & Drevenstedt, 1994; Strohmer et al., 2003; Tall & Ross, 1991). Among LGBQ+, approximately half of them prefer older therapists, slightly less than half of them prefer younger therapists. However, compared to heterosexuals, more LGBQ+ individuals preferred younger therapists. A reason behind LGBQ+ preferences for younger therapists may be the belief that young professionals can be less traditional and be more accepting of diversity. Another reason may be the similarity factor. As it was also shown people prefer sharing similar values, personality characteristics and attitudes with counsellors (Atkinson et al., 1986, 1989). Since the mean age for heterosexuals were slightly older (approximately 4 years) than LGBQ+ in this study, such preferences may also mean individuals prefer similar ages to themselves, which is line with a previous study showing that young and middle-aged individuals preferring similar age ranges to themselves (Tall & Ross, 1991). Also, some people tend to choose younger therapists for issues belong to young adulthood like relationship problems involving dating apps, bullying in the online web, conflicts with parents (Kessler et al., 2020), some LGBQ individuals in this study (as younger than heterosexuals) may have chosen younger therapists as their issues may also consist of being a young adult. Another reason for choosing similar or older ages to themselves may be the expertise factor as older therapists may be more experienced, as it was also shown that greater levels of education in counsellors was preferred by many (Atkinson et al., 1986, 1989; Strohmer et al., 2003), which can explain why majority of heterosexuals and some LGBQ+ individuals preferred older therapists in this study.

In summary, as shown by this study, therapist gender is not a prominent preference for both heterosexuals and LGBQ+, but among those with preferences women therapists are preferred by both heterosexuals and LGBQ+ individuals, and although most LGBQ+ do not report specific preferences on therapist sexuality, sexual minority therapists over heterosexual therapists are preferred by LGBQ+ individuals. In terms of age, majority of individuals prefer older ages, but more LGBQ+ individuals compared to heterosexuals prefer younger therapists.

#### **4.5. CLINICAL IMPLICATIONS**

This study confirmed the associations between lower self-concealment, more positive process and outcome expectations from psychotherapy, and more positive attitudes towards seeking help. It also revealed that there were no significant differences between LGBQ+ and heterosexuals' attitudes towards seeking help and expectations from psychotherapy.

This study also highlighted that self-concealment was higher among LGBQ+, was a stronger predictor for LGBQ+ individuals' help-seeking attitudes in comparison to heterosexuals, and high self-concealment decreased positive attitudes. It is important for therapists to be more accepting and affirmative towards sexual orientations to help individuals be less concealing so they can seek help more comfortably.

This study also indicated that outcome expectations from psychotherapy could not predict attitudes of LGBQ+ individuals. Instead, positive process expectations from psychotherapy predicts positive attitudes and seems to be more important for sexual minorities. Thus, professionals should pay particular attention to how to improve sexual minorities' expectations from therapy process rather than the outcome. Professionals should present a more supportive and positive therapy process to increase minorities' help-seeking. One way to do that may be using gender and sexuality inclusive language, having LGBT-friendly visual signs and resources in offices, or openly state that they are LGBT-affirmative in their work. Furthermore, non-binary LGBQ+ individuals had less positive attitudes in this study, which signals a need for more affirmative stance in mental health care towards gender minorities.

This study also showed that being women, older age, as well as greater outcome expectations regarding therapy predict positive help-seeking attitudes among heterosexuals, whereas process expectations could not predict heterosexuals' attitudes. It seems that outcome is more important for heterosexuals' attitudes. Professionals should work on improving men's and younger people's attitudes, as well as focus on improving expectations about how therapy can be

beneficial at the end. One way to do that may be advertising gender neutral norms against masculinity norms and presenting resources that points out beneficial outcomes of getting help like symptom reduction, increased self-esteem, improved coping skills and relationships.

This study also highlighted that women therapists are preferred by many. Men therapists should be aware of stereotypes about their gender, should work on improving more egalitarian beliefs among individuals. Men therapists should increase their flexibility about their own masculinity beliefs and assumptions as well. Moreover, although it was found that majority of LGBQ+ do not report specific sexual orientation preference for therapists, a significant amount of them still prefer LGB+ therapists over heterosexuals. It seems important that how heterosexual professionals react to sexual orientation, thus heterosexual therapists and mental health professionals should improve their knowledge on LGBT health, realize their own biases and develop a more affirmative and accepting stance specifically.

#### **4.6. STRENGTHS, LIMITATIONS, AND FUTURE RECOMMENDATIONS**

One of the expectations of this study was that sexual minorities will have more negative attitudes than heterosexuals. However, the difference between their attitudes were not significant and this expectation could not be supported. The sample size of this study was not large as it consisted of 88 heterosexuals and 87 LGBQ+ individuals. The differences among heterosexuals' and LGBQ+ individuals' attitudes may have been significantly different if the sample size was larger, thus sample size may be a limitation of this study. On the other hand, the comparison of help-seeking attitudes between LGBQ+ and heterosexual individuals especially in Turkey is a limited research area, thus this study contributed to the literature.

Another limitation in the sample could be the gender. In this study, majority of the participants were women. Thus, it is recommended for future studies to include somewhat equal numbers of women and men for better measurements.

Moreover, sexual orientations including lesbian, gay, bisexual, queer or other minority identities are considered as one group in this study due to convenience and for comparison with heterosexual group. However, considering sexual minority identities as a homogenous group can be a limitation as there might be differences among them in terms of attitudes or expectations. It is recommended for future studies to include sexual minority orientations separately to explore differences in more detail.

Another limitation may be that self-concealment was measured with the same scale for both heterosexuals and LGBTQ+ individuals. However, some LGBTQ+ individuals may be generally less concealing but more concealing when it comes to their sexual orientation. Exploring their outness or concealment of sexual orientation may be included for better exploration of self-concealment among sexual minorities. Thus, it is recommended for future studies to not only measure general self-concealment but also measure outness, concealment of sexual orientation, or view of sexual identities specifically.

This study revealed that there are different predictors of help-seeking attitudes for LGBTQ+ and heterosexuals, which is a contribution to the literature. Since process expectations of psychotherapy are important for LGBTQ+ and outcome expectations are important for heterosexuals, future studies may explore why expectations regarding process or outcome predicts attitudes specifically for heterosexuals or LGBTQ+ individuals. This difference needs further exploration.

Help-seeking attitudes are found to be related to certain demographic variables like current or past help-seeking in the literature, however due to low number of participants that reported help-seeking, these concept could not be included to analyses, which is a limitation. Especially, for LGBTQ+, majority of demographic variables related to attitudes could not be measured alongside expectations and self-concealment. Future studies should explore which demographic variables can predict LGBTQ+ individuals' attitudes towards seeking help.

In terms of preferences for therapists, this study contributed to the limited literature of preferences among sexual minorities in Turkey. However, only gender,

age and sexual orientation preferences were included. Future studies may explore the possible concepts or reasons that influence such preferences like gender role beliefs, beliefs regarding ageing, or stereotypes regarding sexual orientations. Future studies may also include other therapist characteristics such as perceived therapist attitudes, beliefs, education level, expertise, or theoretical orientation to see what individuals prefer in their therapists and whether preferences for other characteristics are different for heterosexuals and LGBTQ+ individuals.

## CONCLUSION

Self-concealment and expectations from psychotherapy are commonly mentioned in relation to help-seeking attitudes. Self-concealment especially is an important concept for sexual minorities as they experience discrimination and stigma widely in societies which relate to worse well-being. Sexual minorities also tend to conceal and hide more. According to these, mental health and help-seeking status, help-seeking attitudes, self-concealment, and expectations of LGBQ+ and heterosexuals were analyzed. However, help-seeking frequency, attitudes and expectations were not significantly different between LGBQ+ and heterosexuals.

On the other hand, LGBQ+ had also more psychological problems compared to heterosexuals, supporting that sexual minority status is a risk for mental health due to societal discrimination and stigma. Self-concealment was also significantly different, and LGBQ+ had more self-concealment compared to heterosexuals, supporting that LGBQ+ struggle commonly with concealment.

Studies also focused on self-concealment's prediction of negative help-seeking attitudes. Thus, predictors of help-seeking attitudes among LGBQ+ and heterosexuals were analyzed. Self-concealment in this study predicted negative attitudes towards seeking help for both LGBQ+ and heterosexuals, however self-concealment was a stronger predictor for LGBQ+ attitudes supporting the framework of self-concealment being an important concept for sexual minorities.

Furthermore, expectations from psychotherapy relate to help-seeking attitudes and more positive expectations are related to more positive attitudes. According to this, expectations' association with and prediction of help-seeking attitudes were analyzed. In this study, more positive process and outcome expectations were associated with more positive attitudes. Moreover, process expectations predicted more positive attitudes among LGBQ+, and positive outcome expectations predicted more positive attitudes among heterosexuals, indicating that there are some differences regarding what predicts their attitudes.

Being women and older age predicted more positive attitudes for heterosexuals, but gender or age did not predict attitudes for LGBQ+, supporting

that there are also demographic differences predicting individuals' attitudes. Moreover, non-binary LGBQ+ individuals had less positive attitudes, supporting that gender diverse individuals may struggle more with help seeking.

Preferences regarding therapist characteristics are explored previously and women therapists, similar or older ages are preferred. Furthermore, among sexual minorities preferences for heterosexual, homosexual, or sexual minority therapists are present. Due to the limited research done in Turkey, preferences in this study explored and suggested that women therapists are preferred. For LGBQ+, LGB+ therapists over heterosexual therapists are preferred, and most individuals prefer older therapists, some LGBQ+ individuals prefer younger therapists. This study supported that there are differences among minorities and heterosexuals in terms of therapist preferences.

In summary of this study, results highlight that self-concealment is higher in LGBQ+ individuals, current mental health problems are more common among LGBQ+, and self-concealment and process expectations are important for LGBQ+'s help-seeking attitudes, whereas gender, age and outcome expectations are more important for heterosexuals' attitudes. In addition, there are some differences in preferences regarding therapist characteristics. Women therapists are preferred. Older therapists are preferred by heterosexuals and LGBQ+, but more LGBQ+ individuals prefer younger therapists compared to heterosexuals. Sexual minorities also seem to prefer sexual minority therapists over heterosexual therapists.

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## APPENDICES

### Appendix A: Informed Consent Form

Bu çalışma İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı kapsamında, yüksek lisans tezi olarak Dr. Öğr. Üyesi Alev Çavdar Sideris'in danışmanlığında Dilan Özcan tarafından yürütülmektedir. Çalışma *Türkiye'de yaşayan bireylerin psikolojik yardıma yönelik tutumlarını ve cinsel yönelimin bu tutumlar ile ilişkisini* araştırmaktadır. Çalışmanın amacı bireylerin yardım arama tutumlarını ve bu süreçte farklı cinsel yönelimler için nelerin psikolojik yardım alma kararında etkili olduğunu anlamaktır.

Araştırmaya katılım gönüllülük esasına dayanmaktadır ve soruları tamamlamak yaklaşık *15-25 dakika* sürmektedir. Bu çalışmaya katılmanın herhangi bir olumsuz etkisi olması beklenmemektedir. Yine de araştırma esnasında istediğiniz zaman *anketleri doldurmayı bırakma ve araştırmadan çekilme hakkınız* vardır.

Yardım arama tutumlarını anlamak, özellikle LGBT bireylerin tutum ve beklentileri açısından *ruh sağlığı alanındaki kısıtlı bilgileri arttıracak* ve ruh sağlığı alanında *çalışanlar ve verilen hizmetlerin planlanması için faydalı* olacaktır.

Bu formu imzalayarak araştırmaya katılmaya onay vermiş olacaksınız. Kimlik bilgileriniz araştırmanın hiçbir aşamasında sorulmayacaktır. Kimlik bilgisi içermeyen sayısal veriler gizli tutulacaktır ve sonuçlar yalnızca bilimsel araştırma ve yayın amacıyla kullanılacaktır.

Araştırmaya dair sorularınız veya iletmek istedikleriniz olduğu takdirde araştırmacıya ... e-postası adresi üzerinden ulaşabilirsiniz.

Psikolojik danışmanlık ve destek için yönlendirme ihtiyacınız olursa araştırmacıya ulaşabilirsiniz.

\* Araştırmaya katılım onayı:

Yukarıdaki bilgileri okudum ve anladım. İstedğim zaman bu araştırmadan çekilebileceğimi biliyorum. Bu araştırmaya katılmayı kabul ediyorum.

## Appendix B: Background Information Form

1) Yaşınız: \_\_\_\_\_

2) Cinsiyetiniz:

Kadın  Erkek  Transseksüel kadın  Transseksüel erkek  Queer  Diğer (belirtiniz) \_\_\_\_\_

3) Cinsel Yöneliminiz:

Heteroseksüel  Lezbiyen  Gey  Biseksüel  Queer  Diğer (Belirtiniz)

4) Öğrenim durumunuz (lütfen en son bitirmiş olduğunuz okulu işaretleyin):

İlköğretim  
 Lise  
 Üniversite (ön lisans/lisans)  
 Lisansüstü (yüksek lisans/doktora)  
 Diğer (Lütfen belirtiniz) \_\_\_\_\_

5) Şu anda öğrenci misiniz?

Evet  Hayır  Diğer

6) Şu anda çalışıyor musunuz?

Evet  Hayır  Diğer

Evet ise, mesleğiniz: \_\_\_\_\_

Gelir Düzeyiniz:

Düşük  Orta  Yüksek

7) Şu anda herhangi bir ruh sağlığı sorunuz var mı?

Evet (Lütfen belirtiniz: )

Hayır

7a) Evet ise, şu anda bu konuda profesyonel bir yardım alıyor musunuz?

Evet, bir ruh sağlığı uzmanından yardım alıyorum.

Hayır, yardım adım ve süreci yarıda bıraktım.

Hayır, yardım adım ve süreci tamamladım.

Hayır, yardım almam gerektiğini biliyorum ama almıyorum.

Hayır, yardım almaya gerek görmüyorum.

Diğer

7b) Şu anda bu konuda profesyonel bir yardım alıyorsanız, lütfen aşağıdaki seçeneklerden uygun olanları işaretleyin (ikisini de işaretleyebilirsiniz).

Bir klinik psikologla görüşüyorum.

Diğer (örn. psikolog, psikolojik danışman, grup desteği gibi)

Ne zamandır sürüyor? \_\_\_ yıl \_\_\_\_\_ ay

Ne sıklıkta görüşüyorsunuz?

düzensiz haftada 1 haftada 2 haftada 3+

Bir psikiyatrla görüşüyorum.

Ne zamandır sürüyor? \_\_\_ yıl \_\_\_\_\_ ay

Ne sıklıkta görüşüyorsunuz? düzensiz haftada 1 haftada 2 haftada 3+)

İlaç kullanıyor musunuz?

evet, düzenli

evet, düzensiz

önerildi ama kullanmıyorum

önerilmedi

**7c) Geçmişte bir ruh sağlığı sorunu yaşadınız mı?**

Evet (Lütfen belirtiniz: )

Hayır

**7d) Evet ise, geçmişte bu konuda profesyonel bir yardım almış mıydınız?**

Evet, yardım aldım ve sürecim sonlandı.

Evet, yardım aldım ve süreci yarıda bıraktım.

Hayır, yardım almam gerektiğini biliyordum ama almadım.

Hayır, yardım almaya gerek görmedim.

Diğer

**7e) Geçmişte bu konuda bir profesyonel yardım aldıysanız lütfen aşağıdaki seçeneklerden uygun olanları işaretleyin.**

Bir klinik psikologla görüştüm.

Diğer (örn. psikolog, psikolojik danışman, grup desteği gibi)

Ne kadar sürdü? \_\_\_ yıl \_\_\_\_\_ ay

Ne sıklıkta görüştünüz? düzensiz haftada 1 haftada 2 haftada 3+

Bir psikiyatrla görüştüm.

Ne kadar sürdü? \_\_\_ yıl \_\_\_\_\_ ay

Ne sıklıkta görüştünüz? düzensiz haftada 1 haftada 2 haftada 3+)

İlaç kullandınız mı?

evet, düzenli

evet, düzensiz

önerildi ama kullanmıyorum

önerilmedi

**7f) Bir ruh sađlıđı sorununuz iin profesyonel yardım almadıysanız bu kararınızda sizce ařađıdakiler ne kadar etkili oldu?**

	1	2	3	4	5
Maddi imkânsızlık					
Uygun yardım kaynađına ulařamama					
Kiřilere / kurumlara güvensizlik					
İře yarayacađına inanmama					
Teřhis ya da tedavi ile ilgili korkular / kaygılar					
Gemiř olumsuz deneyimler					
Diđer _____					

**8. Őimdi bir psikoterapi sürecine bařlayacak olsanız, ařađıdaki özelliklere göre nasıl bir psikoterapist tercih edersiniz?**

**Terapistinizin cinsiyetinin ne olmasını tercih edersiniz?**

- Kadın Erkek Transseksüel kadın Transseksüel erkek Diđer(Belirtiniz)  
 Fark etmez

**Terapistinizin cinsel yöneliminin ne olmasını tercih edersiniz?**

- Heteroseksüel Lezbiyen-Gey Biseksüel Diđer(Belirtiniz)  
Fark etmez

**Terapistinizin yař aralıđının ne olmasını tercih edersiniz?**

- 21-24 25-34 35-44 45-54 55-64 65+

## Appendix C: Self-concealment Scale (SCS)

### KENDİNİ SAKLAMA ÖLÇEĞİ

Lütfen, aşağıdaki ölçekte kullanılan ifadelerin her birini kabul etme derecenizi belirtiniz.

1	2	3	4	5
Kesinlikle Katılmıyorum	Biraz Katılıyorum	Kararsızım	Oldukça Katılıyorum	Tamamen Katılıyorum

Herbir ifade için bir rakamı işaretleyiniz.

Başkalarıyla paylaşamayacağım kadar önemli bir sırrım var.	1	2	3	4	5
Arkadaşarımla bütün sırlarımı paylaşırsam, beni beğenmezler.	1	2	3	4	5
Kendimle ilgili sakladığım, pek çok şey var.	1	2	3	4	5
Bazı sırlarım bana fazlasıyla acı verir.	1	2	3	4	5
Başıma kötü bir olay geldiğinde bunu kimseye anlatmam.	1	2	3	4	5
Söylemek istemediğim bir şeyi açıklamaktan çoğu kez korkarım.	1	2	3	4	5
Bir sırrı paylaştığımda sıkıntıya düşerim ve bu sırrı paylaştığım için pişman olurum.	1	2	3	4	5
O kadar özel bir sırrım var ki eğer birisi bana onunla ilgili bir şey sorarsa, ona yalan söylerim.	1	2	3	4	5
Başkalarıyla paylaşamayacağım kadar utanç verici sırlarım var.	1	2	3	4	5
Kendimle ilgili, hiçbir zaman başkalarıyla paylaşamayacağım olumsuz düşüncelerim var.	1	2	3	4	5

## Appendix D: Milwaukee Psychotherapy Expectations Questionnaire (MPEQ)

### Milwaukee Psikoterapi Beklentileri Ölçeği

Aşağıda, psikoterapi ile ilgili olası beklentilerinizi açıklayan ifadeler listelenmiştir. Bu ifadeler terapidaki davranışlarınızı, gelecekteki terapistinizi ve terapi süreci ile ilgili beklentilerinizi kapsamaktadır. Daha önce bir psikoterapi deneyiminiz olmayabilir veya olası beklentileri daha önce düşünmemiş olabilirsiniz lakin şimdi bunlarla alakalı düşünmenizi istiyoruz. Her bir ifadeyi dikkatlice okuyup, ifade edilen durumla ilgili ne düzeyde beklenti içerisinde olduğunuzu gösteren rakamı işaretleyiniz.

	Hiç değil	Biraz	Çok fazla
1. Terapistimin bana destek vermesini beklerim.	0	1	2 3 4 5 6 7 8 9 10
2. Terapistim bana geri bildirim verecektir.	0	1	2 3 4 5 6 7 8 9 10
3. Terapide gerçek düşünce ve hislerimi ifade edebileceğim.	0	1	2 3 4 5 6 7 8 9 10
4. Terapistimleken kendimi rahat hissedeceğim.	0	1	2 3 4 5 6 7 8 9 10
5. Terapistim samimi/içten olacaktır.	0	1	2 3 4 5 6 7 8 9 10
6. Terapistim söyleyeceğim şeylere ilgi duyacaktır.	0	1	2 3 4 5 6 7 8 9 10
7. Terapistim sempatik olacaktır.	0	1	2 3 4 5 6 7 8 9 10
8. Her terapi randevuma gideceğimi düşünüyorum.	0	1	2 3 4 5 6 7 8 9 10
9. Terapi kendime olan saygımın artmasını sağlayacaktır.	0	1	2 3 4 5 6 7 8 9 10
10. Terapiden sonra, gelecekte yaşayabileceğim sıkıntılı hislerden kaçınmak için gerekli güce sahip olacağım.	0	1	2 3 4 5 6 7 8 9 10
11. Terapi neticesinde daha iyi bir insan olmayı umuyorum.	0	1	2 3 4 5 6 7 8 9 10
12. Terapiden sonra çok daha iyimser olacağım.	0	1	2 3 4 5 6 7 8 9 10
13. Terapi ile alakalı endişelerim olduğunda bunu terapistime söyleyeceğimi düşünüyorum.	0	1	2 3 4 5 6 7 8 9 10

## Appendix E: The scale of Attitudes towards Seeking Psychological Help

### Scale- Shortened (ASPH-S)

**Açıklama:** Aşağıda psikolojik yardımla ilgili, çeşitli cümleler yazılmıştır. Her bir cümleyi okuyarak, bu fikre ne ölçüde katıldığınızı işaretleyerek belirtiniz. Cümlelerin tek bir doğru veya yanlış cevabı yoktur. Sizden beklenen kendi görüşlerinizi samimiyetle işaretlemenizdir. Vakit ayırıp, özen göstererek destek sağladığınız için teşekkür ederim.

	Kesinlikle Katılmıyorum	Pek Katılmıyorum	Kararsızım	Oldukça Katılıyorum	Tamamen Katılıyorum
1. Psikolojik rahatsızlığım kendiliğinden geçmiyorsa, psikolojik yardım almak benim için bir çözümdür.	( )	( )	( )	( )	( )
2. Danışacağım uzmanım benim ruh sağlığı bozuk bir kişi olduğunu düşünmesinden çekinirim.	( )	( )	( )	( )	( )
3. Psikolojik yardım alarak, ruhsal sıkıntılarımın nedenini anlayabilirim.	( )	( )	( )	( )	( )
4. Yakın bir arkadaşım, benden ruhsal problemi ile ilgili olarak fikrimi sorduğunda, psikolojik yardım almasını önerebilirim.	( )	( )	( )	( )	( )
5. Kendimi çok rahatsız hissedersen psikolojik yardım isteyebilirim.	( )	( )	( )	( )	( )
6. Gerektiğinde, duygusal sorunların çözümüne yardımcı olması için, kişisel sırlarımı bir uzmana açabilirim.	( )	( )	( )	( )	( )

7. Kişi psikolojik yardım alarak, yıpratıcı duygularıyla nasıl baş edebileceğini öğrenebilir.	( )	( )	( )	( )	( )
8. Ruhsal sorunlarımın olduğunun duyulması beni utandırır.	( )	( )	( )	( )	( )
9. Psikolojik yardım, kişinin sorunlarla başa çıkma gücünü yükseltir.	( )	( )	( )	( )	( )
10. Psikolojik yardım alarak, duygularımı gözden geçirebilecek güvenli bir ortam bulabilirim.	( )	( )	( )	( )	( )
11. Psikolojik yardım alan kişinin diğer insanlarla iletişimi kolaylaşır.	( )	( )	( )	( )	( )
12. Hakkımda söyleneceklerden dolayı, psikolojik yardım almaktan çekinirim.	( )	( )	( )	( )	( )
13. Psikolojik yardım, kişinin kendine saygısını azaltır.	( )	( )	( )	( )	( )
14. Bir uzmanla sorunlar hakkında konuşmak, duygusal çatışmalardan kurtulmanın etkili bir yoludur.	( )	( )	( )	( )	( )
15. Yaşamımda karşılaşılabileceğim duygusal bir krizi psikolojik yardımla atlatabileceğime inanıyorum.	( )	( )	( )	( )	( )
16. Kişi, çevresiyle ilişkilerinin zarar görmesini istemiyorsa, ruhsal bir tedavi gördüğünü onlardan saklamalıdır.	( )	( )	( )	( )	( )
17. Ruhsal tedavi gördüğü bilinen kişi, arkadaşlarını kaybetmeye mahkumdur.	( )	( )	( )	( )	( )

18. Eđer bir ruhsal bozukluęum olduęunu düşünürsem, ilk yapacaęım şey, profesyonel yardım almak olacaktır.	( )	( )	( )	( )	( )

## **ETHICS BOARD APPROVAL**

Ethics Board Approval is available in the printed version of this dissertation.