Analysis of the Causes of Human Resistance to Psychological Services in Today's Society

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Abstract. For people who is currently under significant life stressors and suffering from implicit mental illness, mental health services have great significance as it can offer useful guidance and psychological assistance, which could save people's lives to some extent. Therefore, the degree of recognition of the necessity of public mental health infrastructure sharply increases in societies, especially during the pandemic. However, a crucial question has been pointed out based on studies - considerable amount of people who is currently suffering from mental illness take passive attitude to deal with their mental problems, or even refuse to be treated. According to study, persons who encounter psychological problems are more likely to develop depression, which could make the problem worse because their mental issues might make them more afraid to seek psychiatric assistance. Many people suffer in silence because they are reluctant to seek psychological help from trained professionals. The most common reason why people are reluctant to seek psychotherapy is because they fear embarrassing outcomes. Although it affects people of all ages, fear of self-disclosure is particularly pronounced in older adults, which prevents them from receiving social support, such as psychotherapy. This paper elaborates on the topic of how to improve the acceptance of public mental health services by conquering the defensiveness of people with mental problems with solutions generated by existing relevant studies.

Keywords: psychological service · mental problems · stress · depression

1 Introduction

Psychotherapy and counseling are two mental health interventions that can enhance mental health [1]. When people are feeling lost and despondent, these programs can literally save lives [1]. However, the unwillingness to accept psychological assistance will prevent many people from having the chance to get well or get out of difficult circumstances. The majority of individuals do not treat psychological difficulties as a serious issue and are hesitant to seek treatment from psychological services, which is a problem that exists in today's culture when it comes to counseling, according to the author. Investigating the causes of people's reluctance to get psychological services is the author's goal.

The belief that those who seek psychological assistance are ill and mentally "odd" will have very negative effects. When someone is in severe psychological anguish or on

the verge of collapsing, they will refuse to receive psychological services. The mental condition becomes worse as a result of this refusal to accept care. In a study by Chen et al., it was discovered that teenagers with higher mental health issues were less likely to ask for help and had more negative attitudes [2]. They further explained that the reason why many mentally ill people do not want to seek professional help is social stigma [2]. In many cases, when people begin to fear that they will be judged negatively by others, people will force themselves not to seek for psychological services, and this can lead to more serious problems. That is where the fear comes in. People are afraid of what the outside world will say about them going to counselling, afraid that things will get worse. Similarly, people worry about not being able to afford psychological counselling and not being able to get effective additional treatment.

2   Literature Review

The exploration of the reasons as to why, despite counseling and psychological assistance being paramount, people are reluctant to seek these services is discussed in this paper. The author will analyze the methods, findings, strengths and weaknesses, variances, and integration between the scholarly articles in relation to continued reluctance of people to seek counseling and psychological assistance despite increased cases of mental problems.

To measure participants' level of anxiety toward receiving psychological assistance as well as concerns about the therapist's response, reputation, and compulsion, Cepeda and Short used the Attitudes Toward Seeking Professional Psychology Help Scale (ATSPPHS) and the Thoughts About Psychotherapy Survey (TAPS) [3]. On the TAPS, they discovered that those who declined therapy fared better than those who accepted it. The TAPS score increases with the number of questions. The 10-item Self Concealment Scale measures an individual's inclination to hide sensitive information, such pain or negative emotions. Higher scale scores were found to enhance the chance of self-concealment. While this study finds out that mentally ill people who do not get mental therapy tends to fare worse, another study by Kang et al. suggests that people who suffer from mental problems do tend to do so much better after they received therapy [4]. Kang et al. interviewed a group of medical staff who suffered from mental problems such as anxiety or even depression during the initial outbreak of the pandemic, and most of the interviewees said that the mental services they received did help them wade through the most difficult times [4].

However, a number of earlier research indicate that those who do have distressing personal information frequently avoid treatment. Self-repression of this nature might make psychological issues worse. Additionally, self-concealment had a negative correlation with social support ($r = -.30$), which indicates that low levels of self-concealment were negatively correlated with the perceived likelihood of seeking counseling. Higher social support is associated with a higher likelihood of seeking psychological services. People who are less willing to share private information are therefore less likely to receive social support and seek out psychiatric assistance.

TAPS was used in an experiment to measure individuals' anxiety about receiving psychological assistance. The trial included samples from both clinical and non-clinical

populations; however, the non-clinical participants were not questioned if they were currently using or had previously sought out mental health services, whereas clinical participants were. They also inquire about the patients' history of needing mental health treatment [5]. Bretherton uses a combination of observation and article reviews to evaluate the frequency with which older and younger persons seek assistance for mental health difficulties [4]. In addition, he assesses the incidence of psychological issues in both the young and the elderly by using the epidemiological study approach. The fact that older people are less likely to seek help for these problems is a crucial finding that emphasizes the value of social support in encouraging younger people to seek treatment for depression and stress. The disadvantages of information disclosure to opening up to psychological specialists are highlighted by David et al. in their interview with the population on the reasons why people are reluctant to seek psychiatric therapy [5]. Additionally, they include simulation research in which they create an authentic phenomenon study; the biggest barrier to receiving essential psychological support and counseling is individual perspectives. According to their investigation, one of the biggest barriers for mental patients to opening up and seeking professional help is the issue of disclosure. In order to highlight important findings about the dangers of self-disclosure and the dread of seeking psychiatric aid as significant barriers to getting help, Vogel et al. and Kushner used documentary research methodologies [5, 6].

The fear of seeking and using psychological aid is one of the key reasons cited by Matt et al. and in their analyses of why people avoid getting psychological help [5]. There are multiple reasons why many people might feel hesitant to seek psychological aid. Sullivan et al. conducted a survey among British men, and they found out that masculinity stands in the way of some of these men seeking professional help [6]. Some of the British men thought that it would be unmasculine to seek such help, hence they tended to keep the problem to themselves [6]. This kind of stigma and anxiety really deters people from wanting to get medical help. The conclusion drawn from this is that reducing and resolving patients' worries will significantly enhance peoples' preference for counseling and psychology support when dealing with mental illnesses. Gurin et al. draw attention to the lack of information and resources needed to seek psychological support [6]. Actually, patients do not know where to go for psychological help, who to speak with, or how to go about doing so. People begin to avoid the process as a result of its increasing futility and difficulty. A public education program that aims to teach and educate people on the nature, procedures, and ways of obtaining medical aid is crucial, it can be inferred from their analysis. This will raise people's awareness of psychological wellbeing, thereby reducing a critical knowledge gap in the field of psychology.

The duration of self-concealment by social engagement and worries of treatment are two additional variables that Cepeda and Short take into consideration [3]. The two variables provide important insights into why mental patients could have trouble communicating and accepting psychological support. People are discouraged from seeking counseling because they find the exposure of personal information uncomfortable, there is a lack of personal privacy, and they are afraid of counseling. The study by Cepeda and Short does contain a flaw, though. Due to their varied approaches, these academics were unable to get the same same outcome as Kelly and Achter's experiment.

According to Kelly and Achter, seeking counseling is associated with depressive symptoms, a therapeutic attitude, social support, and self-concealment. Bretherton relates the predominance of older and younger people to that of people seeking counseling and psychological assistance [7]. This comparison highlights important flaws in the reasoning behind why older people put off obtaining medical care and why people suggests solutions.

Herzog goes beyond exploring the fears of psychotherapy to the assessing negative consequences of taking psychotherapy, hence the non-preference of psychotic sessions [5]. This echoes another study by Pope and Keith-Spiegel [8]. They found out that when the boundary is crossed in mental counseling, the patients would feel uncomfortable, which will affect they willingness to seek such help again [8]. The author can effectively handle the drawbacks of psychotherapy with the help of this investigation, as well as ways to lessen concerns about psychotherapy. Lack of access to counseling and psychological aid is cited by Gurin et al. and others [8] as a major deterrent to seeking counseling and assistance [8]. This aspect would draw attention to more significant social issues, like the general lack of understanding about where and how to get psychological help. Even though Gurin et al. mention the higher expense of getting psychiatric help as a deterrent to getting such services, they do not offer any practical ways to overcome this obstacle [5]. The issue at hand would be effectively addressed by incorporating how financial crisis would be minimized by the adoption of well-defined and affordable psychological procedure [9]. Similar to how social support can help with psychological issues, emphasizing how social support also promotes lifetime good mental health and boosts individual self-esteem would be crucial in understanding how social support works. The journal does not mention these elements.

These research examined disclosure, the value of counseling, counseling anxiety, and addiction anxiety. But different research techniques are employed. Cepeda and Short calculated the degree of self-concealment and the degree of fear related to disclosure in the future and looked at the relationship with psychotherapy [3]. The same topics are being investigated by Vogel and Kushner, but with literary support. Bretherton focuses on the ways that young people and older people seek aid differently [10]. David assesses the negative effects of obtaining psychotherapy in addition to the above-mentioned anxiety of measuring psychotherapy [11].

3   Discussion

Since David and Stephen addressed the issue of anticipated risk and utility, it can be concluded that in order to resolve the issue of people's resistance to receiving psychological treatments, clients' expectations of potential repercussions and the usefulness of self-disclosure should be positive [6]. Additionally, clients' concerns about the risk of self-disclosure include the likelihood that word of their participation in therapy will spread and their worry that their therapists won't treat them with professionalism. These concerns can lead to second-degree hurt, especially when someone is vulnerable and self-disclosing [11]. Speaking about self-value, disclosure's many people question the efficacy of psychological therapies. They are unaware of how psychotherapy works and do not believe that talking to someone can make them feel better. Similarly, another

reason why people do not seek out psychiatric therapy is because they do not have the means to do so [5]. In this situation, accessibility and price should also be taken into account.

Therefore, the problem could be approached from any of these three angles: how to lessen the potential negative effects that clients are concerned about; how to inform the public of the benefits and advantages of using psychological services; and how to increase their accessibility and affordability globally.

A good place to start is by reducing negative thoughts and the dread of psychiatric services that increase the danger of self-disclosure. It would be quite beneficial if the term "psychological counseling" were changed. Contrary to popular belief, counseling is not the same as therapy. Perhaps education, consulting, or coaching can be used to define counseling. People will treat counseling and psychological services as regular educational services, just like yoga classes or diet consultations, if they are defined as consultations or coaching. Treating psychological services as a type of coaching or service that anyone can access when they're in need, as opposed to a specific type of care. People who require psychiatric services will not be as burdened when counseling becomes commonplace and no one will blame others for choosing to see therapists. The following question, for instance, can be used to gauge this point later on: "What do you think about psychiatric counseling?" or "What do those who are close to you think of psychological counseling?" One can observe how much more favorable the views will be by comparing the current and future questionnaires. People will communicate with psychologists as coaches or teachers rather than as doctors when the concept of counseling is replaced with coaching, which will help lessen patient anxiety.

Patients are also concerned about the outcome of psychological counseling. Making psychological counselors' treatment methods and job duties more well-known will help with this. The client's concern regarding treatment success would be alleviated once the treatment effect was quantified and the standard set. For example, the pre-treatment diagnostic depression scale was 6 before the patient began therapy. However, when they were reassessed following a course of treatment, the scale was still 1 to 10, and this time it could be 4 or 5, or it may stay the same. Therefore, patients can use their emotions to judge the success of psychological counseling.

By putting the aforementioned interventions into practice, it is possible to evaluate their efficacy by looking at the statistics on the rising rate of psychological services used annually. The interventions are successful if the numbers are rising. Furthermore, the population's readiness to receive psychological services can be assessed using the questionnaires.

4   Conclusion

The author is confident that the problem will be handled in due course. Because, historically speaking, psychology has grown in acceptability and popularity. Therefore, as time goes on, fewer people will have a negative attitude and a poor understanding of psychiatric counseling. Several alternatives are put forth in this paper, such as utilizing terminology like coaching or psychological consultation to decrease the "mystery" surrounding psychological consulting and open psychological counseling to educate the

public on the benefits of psychological counseling. All of these can assist psychological counseling in being open and respectable in the society of the future. When psychological therapy starts to provide services to the general public, the pool of providers will grow steadily, further resolving the issues with accessibility and affordability of psychological services. Prices will decrease as supply of psychological services grows and competition heats up, allowing more individuals access to these treatments at lower costs. The stigma associated with seeking psychological services will diminish as more people have access to them, and those in need of such services won't be hesitant to accept counseling due to the perceptions of others. More people will choose to use psychological services as public acceptability of these treatments rises. A distinctive and specialty service's awareness will increase in popularity as its audience grows. The aforementioned measures all support and improve one another. People's resistance to using psychological therapies will eventually fade.

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