# Counselling V. Coaching, the Effect of Terminology on the Perception of Mental Health Help-Seeking

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# Submission of Thesis and Dissertation

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## Abstract

**Background:** Present research suggests perception of mental health support is a major contributor in attitudes towards and the use of psychological intervention. Research was conducted with the aim of discovering the effects of terminology on the barrier of perception in regards to mental health help-seeking. The researchers were specifically interested in examining the perceptions of counselling and coaching. The goal of this paper is to understand whether substituting terms for similar interventions will have an effect on the perceptions, and in turn the utilization of the interventions.

**Methods:** Virtually recruited participants took a questionnaire aimed to assess perceptions on counselling and coaching. The ATSPPH-SF was adapted to include "counselling" and "coaching" in place of the term "psychological help".

**Results:** There was a significant difference between scores ($p = .001$) where counselling scored higher than coaching with a large effect size (Cohen's $d = .70$). Gender differences displayed a significant difference where males scored higher than females meaning males attitudes were more negative towards the interventions ($p < .001$). The effect size here was large (Cohen's $d = .78$).

**Conclusion:** Language can impact the attitude an individual has towards psychological interventions. Areas such as health and education should consider this when labelling professional positions. The findings included the results should be considered when discussing the regulation of coaching as an alternative. As a regulated practice, coaching could be preformed to a universal set of standards, as well as considered for insurance coverage.

## Introduction

One in three individuals in the UK who are living with a common mental health problem seek treatment (Mental health statistics: people seeking help, 2020). Globally, an estimated seventy percent of individuals do not seek help for a mental health issue (Henderson et al., 2013). It is important to understand why two of the three individuals with a mental health issue are not seeking treatment.

There are a myriad of reported barriers to seeking psychological counselling. One of the major barriers in seeking psychological help is being unfamiliar with mental health services. Jorm, Wright, and Morgan (2007) examined intentions of young people in Australia. When asked whom they would go to when experiencing a psychological issue, family and general practitioners were the top answers. Psychological professionals were not named as a considered option by the participants as a source of mental health support. Relatedly, Kuhl et al. (2007) found potential barriers to help-seeking were "sufficient family support" as well as "self-sufficiency". While these barriers may seem beneficial as apposed to detrimental, in cases where the individual believes themself to be capable of problem solving for themself, the result may not be as advantageous as with professional psychological support (Sareen et al., 2007). Likewise, with a belief in self-sufficiency could come a low perceived need for mental health support (Andrade et al., 2014).

There are many types of psychological support available; however, there is a lack of awareness among the general population of the extent of their options when seeking mental health support. There is a lack of understanding of the helpfulness, and how that helpfulness, relates to the mental health issue they may seek to address as well (Vidourek et al., 2014). There are different categories of professional

mental health support that are most effective in different areas or issues. Behavioural therapies such as ACT, acceptance and commitment therapy, and CBT, cognitive behavioural therapy, are shown to be most effective when addressing issues such as depression, anxiety, and addiction (Harris, 2019; A-Tjak et al., 2014; Hofmann et al., 2012). ACT is focused on developing psychological flexibility in order for the client to be more cognitively present. The aim is for the individuals to accept the private events, or thoughts, that are causing distress; and commit to addressing them, leading to a more valuable experience (Ruiz, 2010).

Cognitive Behavioural Therapy is commonly a short-term support that focuses on attainable goals and skill the individual can continue outside of the sessions (McGinn & Sanderson, 2001). There is vast research that supports the effectiveness of these therapies; however, to access the supports, the individual must make the choice to seek the treatment. In behavioural therapies, the issue the individual is facing is likely to be disruptive in their every day life; causing a greater need for help-seeking. That being said, individuals who are suffering with less acute symptoms for example OCD, might be likely to continue facing the issue through self support.

Talk therapies, such as group therapies, interpersonal therapy, and psychological counselling, by contrast, are shown to be most effective in addressing issues such as depression and executive functioning (Areán et al., 2010). Counselling is the main interest of the current study. While a study in the US suggests rates of participation and treatment are growing, from 19% in 2007 to 34% in 2017; there is still a deficit when it comes the percent of individuals in need who are not seeking

mental health support (Lipson et al., 2019). The above-mentioned barriers towards help-seeking, including self-support, low perceived need, and stigma, are only some of the potential causes for that deficit.

The previously mentioned study by Jorm (et al 2007) found embarrassment or fear of preconception of mental health help-seeking behaviour was the main barrier for the young adults. Gulliver and colleagues (2010) conducted a thematic analysis involving the participant's reasons for not seeking professional mental support. The researchers discovered perception and stigma to be, again, the highest ranked concern when deciding to seek mental health support. Because perception continues to be an apparent barrier, studies have looked at the effect changing target words can have on an individual's perception.

Priming is the concept that specific words, smells, or colours can be associated with cognitive constructs; and, therefore influence behaviours (Krpan, 2017). Perception and cognition, however, are separate but connected elements of human nature (Stokes, 2013). When the cognitive influence and the perceptual element are misaligned, there can become a rift called cognitive dissonance (Bem, 1967). This dissonance may be a contributing cause for the lack of mental health help-seeking by those who need it. If an individual cognitively understands the need for mental health support, the implications of the perceptions others may have could cause the individual to decide not to seek help. Priming can help to bridge the gap formed by cognitive dissonance (Sasha et al., 2012).

Researchers Yousaf and Popat (2015) attempted to use semantic priming to alter openness in men. Their study had participants unscramble words that included

positive communication terms that were related to psychological openness. The experiment was successful in improving the willingness of men to seek professional mental health help. Additional research asserted that effective priming elicits an authentic emotional effect (Ferré & Sánchez-Casas, 2014). The idea that the emotion elicited by the priming is authentic is important because it is vital the individual feels in control of thrown choices (Larson, 1989).

Another priming example that illustrates how attitudes can be altered through a change in term usage was a study by Kingdon et al (2008). In this study the researchers examined the difference in attitudes towards schizophrenia when it was referred to by alternate names such as integration disorder or drug induced psychosis. Their results demonstrated that individuals perceived schizophrenia as the most “dangerous” and would "never recover” when compared to the other alternatives. This finding was present across genders and age groups. The impact of using different terminology could be the difference between an individual with a fear of perception seeking help or choosing to go without. The current study’s research questions aim to examine the effect the changing terminology for psychological supports has on perception.

An example of a study aimed at addressing perception through a change in terminology was done by Nickel et al in 2017. Nickel and colleagues conducted a study of patients experiencing low risk conditions such as conjunctivitis. Changing the terminology used to describe the condition impacted the type of treatment the patient was willing to undergo. When they were presented with a description of their illness that illustrated the condition to be low risk, the patient was less willing

to face an aggressive treatment method. Alternately, when given a negative and stressing description of they . These findings can be linked to the above-mentioned barriers of low perceived, self-sufficiency, and most relevant, perception. The current study aims to examine how these barriers can be applied to participation in counselling.

The literature suggests counselling has a negative connotation in the eyes of its potential user, creating barriers for help-seeking (Jagdeo, Cox, Stein & Sareen, 2009; Henderson, Evans-Lacko & Thornicroft, 2013). A potential contribution affecting negatively towards counselling was gender. In multiple studies men have been found to be more reluctant than women to being open to seeking professional mental health treatment (Addis & Mahalik, 2003;Yousaf, Popat, & Hunter, 2015;Roska et. al., 2017). Specifically, in the 2017 study by Roska et al, the researchers found that when tested for psychological openness and help-seeking propensity, men scored lower than women. This finding, especially, highlights a potential factor contributing to the higher suicide rates among men (Rich et al., 1998). Being closed off to the idea of psychological support and not help-seeking when an issue arises may contribute to the actions of men suffering with psychological issues. Alternatively, a study aimed to examine the role of masculinity and male norms on the attitude of men asked to participate in both a therapy condition and an executive coaching one (McKelley & Rochlen, 2010). The researchers discovered that, on a whole, men had similar views of each intervention and there was no significant difference. However, they also found that men, who self reportedly conformed to typically masculine norms, found therapy less favourable.

The current study acknowledges their findings and seeks to reaffirm them in order to establish a potential manner in which to increase male participation in mental health interventions.

Likewise, some research has suggested that one of the reasons men practice less help-seeking behaviour is due to the perceived lack of masculinity inherent in the idea of help-seeking itself (Sagar-Ouriaghli et al., 2019). Perhaps, if men were presented with a more relatable outlet, such as coaching which has ties to masculinity, help-seeking would seem more appealing (Kellett, 2002). This leads to the exploration of the concept of personal coaching as an intervention for a mental health concern.

Personal coaching has historically been a less utilized outlet for psychological assistance. Gillon (2007), describes personal coaching as an new and unlicensed profession with the goal of enabling "functioning" individuals to meet their goals. He asserts the idea that coaching blends with psychology, even with coaching's, traditionally, non-clinical nature. Gillon suggests a mixed methods approach could be highly effective in clinical cases; thus supporting this study's research aim to better understand the public's attitudes towards coaching, given the potential effectiveness when seen as an psychological alternative to counselling.

Personal coaching, while often similar in practice to counselling, focuses on goals and positive outcomes (Bora et al., 2010). Researchers Grant and Green aimed to develop clarity on the differing elements of coaching and counselling (2018). They suggested that the focus of counselling is to alleviate distress and restore regular functions, but the focus of coaching was to attain goals and create personal

achievement. Furthermore, they agree that coaching and counselling can offer much to each other and that each would benefit from a greater understanding of each other's practices. The idea of coaching and counselling being employed together for a mixed methods intervention has been shown to have high levels of effectiveness (Flynn, Sharp, Walsh, & Popovic, 2017;Biswas-Diener, 2009).

However, according to Carl Rogers, a head figure in psychological counselling there are six necessary core conditions for psychological change (Rogers, 1957). When advocating for coaching to be utilized for those with less acute psychological needs, it is important to compare coaching against these conditions to assess its potential effectiveness. The first condition, two individuals are in a psychological contract. This condition requires the individual is able to give informed consent, which cannot be given in the case of a severe or debilitating mental illness. Thus, personal coaching meets this requirement and plays into the characteristic of coaching requiring the individual to have a less critical need. The second condition expresses the client be anxious, or in an incongruent state. Individuals seeking coaching would find themselves in an incongruent state in need of guidance; consequently, meeting the second condition for psychological change.

Additionally, the third condition argues the therapist, or professional, must be in a congruent state. The coach in the case of personal coaching would have studied psychological practices in order to maintain a congruent state to assist clients on their path to change.  The fourth condition stipulates the therapist holds unconditional positive regard for the client. This can, of course, be done within a coaching setting; considering the emphasis on positive psychology within the

practice. The fifth condition requires the therapist to act empathically towards the client and their internal frame of reference. This practice enables the client to feel heard and understood to the extent that they are able to be open and vulnerable with the therapist. Again this practice is reflected within coaching psychology where the relationship between the coach and client is seen as much less hierarchical than the traditional therapist/client relationship (Palmer & Cavanagh, 2006). The less intimidating dynamic in the relationship can aid in the client's ability to be vulnerable with the coach and still feel empathised with.

The final condition for change involves the communication to the client of the empathy and unconditional positive regard held by the therapist. Similarly, coaches carry the tools to be empathetic and engage in a positive output. Judging coaching against these six conditions as well as comparing it to traditional counselling as a form of psychological intervention, one would find that theoretically coaching could be a comparable alternative to counselling.

Similarly there is an element to psychological counselling called formulation. Formulation is the idea that there is a process to follow and multiple items to address when assessing and treating mental health issues clinically. There are five specific items to address; termed the "5 P's" (Macneil, 2012). The first is presenting the problem; this is the difficulty the individual is facing that has led to their seeking help. The individual and the provider identify the problem together and examine how the issues associated with the problem affects the individual's daily life. The second item is predisposing factors, which may include biological contributors, environmental factors, genetic vulnerabilities, and psychological or personality

factors. The third item that the provider must address is precipitating factors. Examples of this can include life events preceding the onset of the disorder, substance abuse or physical illness The fourth item is perpetuating factors; of which substance abuse is, again, an example. Perpetuating factors help to maintain the present difficulties making recovery more arduous. The final item is the positive to protective factors. These elements are the supports and individual strengths that may help to lighten the symptoms of the difficulty.

With all these factors to consider when applying counselling as a psychological intervention, Lane and Corrie (2020) question whether personal coaching needed formulation in order to be most effective in practice. Their research suggested formulation would only benefit coaching in becoming a perceived effective practice. As well as formation, research also suggested the idea that coaching requires a standardisation in practice (Passmore & Tee, 2021).

However, as Peltier (2011) reminds us, coaching is not a traditional therapy, but it does employ comparable practices in order to accomplish comparable results. These results are achieved through working with the coach as partners in the problem, as opposed to the counsellor being the “expert”. The coach is meant to be a partner in working through the problem that leads the individual to seek help. However, with a more approachable professional “leading” the process, can come potential risks.  Considered risks could be an individual with a severe mental may be fearful of seeking psychological help and potentially seek help from a coach (Aboujaoude 2020). In this case, coaches are not the appropriate aid for these individuals (Umeh, 2019).

Research in the area of attitudes towards mental health help-seeking revealed little exploration has been done on opinions towards coaching as a psychological support. Attitudes towards counselling and seeking psychological help have been reviewed from many different angles including gender, age, culture, and education. This study aims to address the major gap within that area of research related to the use of coaching and individual's attitudes towards it as a psychological intervention.

There are two hypotheses examined within the research aim:

Hypothesis 1: Scores for counselling will be higher than scores for coaching.

Hypothesis 2: Men will score higher than women on both counselling and coaching.

The first hypothesis estimates there will be a difference in scores for counselling and coaching where counselling will score higher, meaning participants will see it as more negative than coaching. The second suggests gender will have a role in the difference in opinions. Research has indicated men as seeing professional help-seeking as a stigmatised behaviour and tend to participate less, regardless of their needs.

The importance of increasing the use of mental health services is immense. Increasing help-seeking behaviours has the potential for diminishing the stigma related to mental health issues, reducing suicide rates in men, and bolstering understanding of available outlets for treatment as well. Further implications of the research could extend to programs in secondary schools such as guidance counsellors being renamed to lessen the negative stigma for young adults seeking-help

# Methods

## Participants

For this study, 106 participants (76=female, 30= male) were randomly selected through social media. A sample size calculator was used to determine the correct sample size that was appropriate for this research. Participants were recruited through the use of social media platforms such as Facebook and Instagram. It was a clear study requirement that all participants were to be over eighteen years of age in order to participate in the study. The invitation to participate in the study had the necessary age requirements, a brief description of the research, and the estimated amount of time a participant would devote to the study if they chose to participate. Apart from the age requirement that was to be abided by, there were no intentional exclusion criteria. Participants of age over eighteen, of any race or any gender, were welcome to participate. However due to the virtual nature of the survey, the participant would had to have access to the internet and a connected device to take the survey.

## Materials

The questionnaire used for this study was the ATSPPH (Fischer and Farina, 1995). The ATSPPH, or Attitudes Towards Seeking Professional Psychological Help measure, is a questionnaire used to gage general attitudes towards seeking psychological help. The original measure contains 29 items that are rated on a four-point Likert Scale where 0=Disagree and 3=Agree. For this study, the short form of the ATSPPH (ATSPPH-SF) was selected as it contains 10 items and has a 0.87 correlation with the original (Fischer and Farina, 1995). In scoring this scale the higher scores indicate a more negative attitude towards seeking psychological help.

To score this scale the sums of all ten items are added together, with items 2,4,8,9, and 10 reverse scored. The participants were asked to complete one questionnaire with two separate sections. The first section was the ATSPPH-SF where items that contained the term "psychological help" are replaced by the term "counselling". The second section was the ATSPPH where items that contained the term "psychological help" are replaced by the term "coaching". The adapted surveys can be found within the appendix. Previous studies relayed a Cronbach's alpha of .84 on the unchanged version of the ATSPPH-SF (Rayan, 2020). Given that the original survey was adapted to meet the current study's research purpose, the adaptations altered the Cronbach's Alpha to .88. The CA calculated for the first section of the survey (when the term counselling is used), is .82. The second section of the survey alone has a CA of .80.

**Design**

The current study involved a correlational design that aimed to examine the relationship between the use of specific terminology on the attitudes towards two separate psychological interventions. Each participant was asked to respond to a survey to assess his or her attitudes towards the specific interventions, counselling and coaching. The study's two independent variables were the terms used, "counselling" and "coaching" and the dependent variable was the participant's attitudes. For the second hypothesis the independent variables were gender and the dependent variable was their scores on each measure. For the second hypothesis the dependant variable was measured across genders to aim to address the research

question whether there were gender differences on options towards “coaching” verses “counselling”.

**Procedure**

Due to the required virtual aspect of the research, participants were recruited online by use of social media platforms. Facebook and Instagram were the main platforms used to distribute the survey. A survey invitation in the form of a social media post containing a small amount of information about the study, including how long it is estimated to take and the link to the questionnaire itself, was released on the platforms. Once the participant clicked the link to the survey, they were taken to the survey. They were first presented with an information sheet that included an in-depth description of the purpose of the research, the nature of the study, the fact that no sensitive information would be recorded, that they were free to withdraw at any time, and the contact information of the researcher in case it was necessary.

After reading the information sheet, which can be found in the appendix, all 106 participants were prompted to the first of two sections of the questionnaire. The questionnaire was ten items long and should have taken approximately three minutes to complete. A link to this questionnaire can be found in the appendix. At the beginning of the first section of the questionnaire, there was a consent section for the participant to read and check a box to confirm consent. If they select no, they were prompted to stop and were thanked for their time. Participants were asked to answer demographic questions on gender and age.

The questions involved in the first section of the survey included the term "counselling". The participant were asked about their attitudes towards statements regarding "counselling" and mental health. The questions were surface level attitude questions that should not have caused harm or distress to the participant. An example is: "Talking about problems with a counsellor seems to me as a poor way to get rid of emotional problems".

After completing the first section the participant immediately continued on to the second section. This section was again ten items long and should have taken approximately three minutes to complete. The questions in the second section included statements with the term "coaching". The participant were asked about their attitudes towards statements that included the term "coaching" and mental health. These questions were exactly the same questions as in the first section, apart from the terms used. An example being, "Talking about problems with a coach seems to me as a poor way to get rid of emotional problems". At the end of the survey, the participant would find contact information of the researcher and information for support should it be of need. At the conclusion the second section, the participant was thanked for their time, and informed that once they submitted the information, they were finished with the survey.

## Results

The current study was comprised of n=106 (30 males; 76 female) with a range of ages from 18-66+.

### Descriptive Statistics

**Table 1**

*Frequencies for demographic variables age and gender (n=106).*

| Variable | Frequency | Valid % |
|---|---|---|
| **Gender** | | |
| **Female** | 76 | 71.7% |
| **Male** | 30 | 28.3% |
| **Age Group** | | |
| **18-25** | 18 | 17.0% |
| **26-35** | 34 | 32.1% |
| **36-45** | 13 | 12.3% |
| **46-55** | 19 | 17.9% |
| **56-65** | 14 | 13.2% |
| **66+** | 8 | 7.5% |

## Inferential Statistics

### Table 2

*Descriptive statistics for the variables total counselling scores and total coaching scores.*

| Variable | M [95% CI] | SD | Range |
|---|---|---|---|
| **Total Coaching** | 17.69 [1.60-5.87] | 5.50 | 4-30 |
| **Total Counselling** | 21.27[1.42-6.04] | 5.26 | 2-28 |

An independent samples t-test was conducted to compare attitudes towards counselling and coaching. There was a significant difference in scores, between coaching scores (M = 17.69, SD = 5.50) and counselling scores (M=21.27, SD= 5.26) t(104) = 3.16, p =.001, two-tailed. This illustrated attitudes towards coaching were less negative when compared with counselling attitudes. The magnitude of the differences in the means (mean difference = 3.73, 95% CI: -1.66 to 6.04) and the effect size was large (Cohen's d = .70).

A paired samples t-test was conducted to compare attitudes towards the psychological interventions of counselling and coaching across genders. There was a significant difference between counselling scores with males scoring (M = 18.60, SD= 5.52) and females (M = 22.33 , SD = 4.79), t(75) = -8.26, p < .001 (two-tailed). The difference in scores for coaching was also significant with males scoring (M= 17.33, SD=4.67) and females scoring (M= 17.83, SD= 5.81). The magnitude of the differences in the means (mean difference = 7.94, 95% CI:-5.59 - -1.65). The effect size was large (Cohen's d = .78).

The results support the first hypothesis suggesting that overall coaching

scores will be lower than overall counselling score. However, the second hypothesis is not supported by the results given that men scored lower than women on coaching. This is, however, a key findings because it supports the research question, will changing terminology increase the likelihood of participation by men through lowering their negativity (Kellett, 2002).

## Discussion

Adaptations to the terms used for psychological supports can greatly impact the attitudes of potential users of the service. As the results of the current study suggest, the term coaching is found to incite a less negative response than the term counselling. There was a significant difference in overall attitudes towards coaching (M = 17.69, SD = 5.50) compared to counselling (M=21.27, SD= 5.26) (see Table 2). This illustrates an important concept that sparked the research aim in the first place. Will a change in terminology increase the use of the psychological support; was the question the researchers set out to establish. The method for answering the question was to examine differences in attitudes of individuals when answering questions with the terms counselling and coaching.

The current study had two hypothesis; H1- the overall scores for counselling will be higher than the overall scores for coaching; and H2- men will score higher than woman on both counselling and coaching. The first hypothesis proposed that overall scores for attitudes towards counselling would be higher than scores for attitudes towards coaching. With the measure used in the study, the Attitudes Towards Seeking Professional Psychological Help short form, a higher score reflects a more negative attitude. The results of the current study supported the first hypothesis evident through the mean scores for coaching (M = 17.69, SD = 5.50) and counselling (M=21.27, SD= 5.26) (see Table 2). Previous research found similar results.

The researchers hypothesized the term counselling would reflect more negative views regardless of gender. The second hypothesis developed by the researcher was that men would score higher across the two sections when

compared to women. The study partially affirmed the hypothesis with men (M = 18.60, SD= 5.52) scoring higher for counselling than women and females (M = 22.33, SD = 4.79. However scores for coaching were (M=17.33, SD=4.67) for men and (M= 17.83, SD= 5.81) for women. Thus the researcher establishes that men find coaching to be less negative than women, but also find it less negative than counselling. This finding may not be able to support the idea that, because men find coaching less negative, they are more likely to participate. However, the researchers encourage future research to attempt to discover the possibility. One of the major aims of this study was to better understand how to increase male participation in psychological interventions. It was understood that men are often less psychologically flexible or open when compared to women; however little was explained about how to solve the underlying issues. Given that the current study demonstrated a potential for the terminology to make a difference in the attitude of men towards a psychological intervention; it is the hope of the researcher that future research focuses on this element and continues to discover ways to increase male participation in psychological intentions in order to reduce comorbid symptoms such as suicide.

Previous research demonstrated the effect of changing terminology on attitudes. Specifically, past research has examined the relationship between a change in terminology and the perception of the target individual. Bibace et al. (2009) assessed the differences in attitudes towards terms used for psychological research participants. When comparing the terms client, participant, and subject, the term that invoked the most connection experienced by the individuals was subject. This brings up another aspect of coaching psychology that applies to the

current research study. In the practice of coaching, the non-professional participant is termed the coachee (Palmer &Whybrow, 2007). More commonly in the practice of counselling psychology, the non-professional participant is termed, the client. As Bibace and colleagues affirmed, the term client creates a less connected response in individuals participating in psychological related activities. .

The current study affirms the previous findings and illustrated the effects changing terminology can have on the perception of psychological supports. Recognising the way an individual will perceive the psychological intervention, based on the term they would be referred to within the practice, is an element to consider when implementing coaching as a psychological intervention. Future research should set out to establish the responsiveness to the term coachee, compared with client and subject, to determine the full extent of the connection the participant may feel. Likewise, the review of previous research highlights the effectiveness of coaching as an alternative for psychological counselling in less acute cases. The present researcher suggests further studies to examine the potential to advocate for the implication of coaching as a more widely used psychological intervention.

Strengths of the current study include the high internal reliability showcased by the adapted items of the questionnaire. The Attitudes Towards Seeking Professional Psychological Help scale was adapted to suit the research aims of the current study (Fischer & Farina, 1995). While the original scale produced a high Cronbach Alpha of .87, the altered scale presented a CA of .88. This aspect of the scale being examined produces a stronger argument for the findings. Because of the

internal reliability, the individuals are answering the questions across the separate sections. This represents the importance of the significance in the difference in attitudes towards counselling compared with coaching projected in the study. Another strength is the potential for generalisability due to the virtual aspect of the research. Because the survey was presented online, the geographical spread of the participants was vast. The sample size was appropriate for the research; however , it may have lead to potential limitations.

Limitations of the current study include the imbalance of genders within the sample. Future studies should aim to counter balance to further understand the differences in the attitudes. The questionnaire, however reliable and valid, was short and less in depth. The researchers suggest further studies implement more rigorous measures now that the preliminary findings present a significant difference. A potential limitation included the lack of a pilot study. Given that the measure used in the current study was an adaption of the original ATSPPH-SF, the necessity of a pilot study was debatable. The Cronbach's Alpha, however, presented a strong argument that the right choice was made in going ahead with the research without a pilot study.

The current study aimed to address a gap in present literature involving studies on coaching as a psychological intervention. Because there is currently limited research on the attitudes towards coaching and the participation rates, the goal of the research was to establish findings that could support the suggestion that coaching would be perceived less negative than counselling overall. The reasonning behind the goal was to identify barriers that need to be addressed in order to

increase participation in psychological help-seeking. Specially, the researcher was interested in examining the barriers faced by men and how to address them so they may be more inclined to seek mental heath support when in need. Prior research illustrated the effect of differing terminology usage on the psychological openness of men. The current study's results support the findings and suggest future research aim explore the implementation of alternative psychological interventions with differing terminology.

We are now appoaching the first quarter of a century into the 2000s, and still only one out of three individuals within the UK struggle to obtain adequate mental health services. Global reports showing similar results, make the issue a wide spread one. Jorm, Gulliver, and other researchers have noticed that a leading cause for such a startling statistic is due to a lack of trust in mental health professionals, social stigma, and that many are deeply unaware of the services within their area. Findings produced by Jorm, Wright, and Morgan have shown that youth and young adults, especially men, have a deep rooted embarrassment, anxiety, and fear which leads to individuals keeping their mental health private. Private, in this sense, refers to family, close friends, and general practitioners. These findings seem to imply that there is a communication gap between general practitioners and mental health professionals.

More often than not, general practitioners are aware of traditional therapeutic and counselling services such as; ACT, CBT, and talk therapy. Along with finding similar reports, Gulliver noticed that the social stigma endured by young men makes receiving assistance scary. Confronting the overall social stigma is a

difficult task and beyond the scope of this paper. However, Yousaf and Popat have noticed that semantic priming does a lot to mitigate and even eliminate anxiety creating an atmosphere of openness in young men. In psychology, priming is the notion that specific words, smells, or colours can be associated with cognitive constructs and therefore influence behaviours. For young men, semantic priming works by changing the manner in which young men identify with therapeutic and counselling services. A major benefit in priming is that it elicits an authentic emotional effect. Ferré and Sánchez-Casas have noticed that another major advantage of priming can be seen in how it improves the willingness of individuals to obtain professional help.

The literature has noticed that services like coaching serve as an effective alternative benefit, but is not always a sufficient replacement for therapeutic and counselling services. Coaching may not be the final alternative for those who look to seek mental health support; however, it can be effective in cases of limited psychological distress. These cases can benefit from seeking professional coaching due to the immense similarities between the practices. Past research demonstrates the effectiveness of coaching for individual's psychological wellbeing (Clark et al., 2014).

Additionally, as the current study illustrates, the attitudes towards coaching when compared with counselling are significantly lower in negativity. As discussed negativity is one of the main barriers towards psychological help-seeking. If the goal is to increase the number of individuals in need of psychological support, then first

the barrier stopping them must be addressed. With a major barrier discovered and acknowledged, further research and societal implications can be adapted.

## Conclusion

As discussed, lack of education on available psychological supports has been reported as a potential barrier for help-seeking. The present researcher suggests further emphasis be placed on the marketing of psychological interventions. Based on the findings of the current research, marketed interventions should include coaching as a support for those suffering less acute mental health issues. Individuals experiencing low grade anxiety or depression symptoms likely due to a lifestyle event, such as workplace stress or goal setting issues, could seek coaching. Currently, coaching is not a regulated profession. However, the current study presents an argument for its regulation in order to reach those in need who fall victim to the stigma surrounding counselling or similar mental health supports. With regulation could come insurance coverage. Individuals, needing financial support to seek certain services, would be able to obtain the help they need in a seemingly equally effective way and have the service paid for, thus increasing the likelihood of attending. The overall goal of the research was to establish potential barriers to mental health help-seeking and suggest solutions in the form of alternative supports and how to improve their availability.

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# Appendix

## Appendix A

## Information sheet

### Information

Thank you for considering participating in this research project. The purpose of this document is to explain to you what the work is about and what your participation would involve, so as to enable you to make an informed choice.

The purpose of this study is to understand attitudes towards psychological interventions. Should you choose to participate, you will be asked complete two short questionnaires, which will include items on Life Coaching and Psychological Counselling.

Participation in this study is completely voluntary. There is no obligation to participate, and should you choose to do so you can refuse to answer specific questions, or decide to withdraw from the study. All information you provide will be confidential and your anonymity will be protected throughout the study. IP addresses will not be collected at any point, meaning the data you provide cannot be traced back to you.

You maintain the right to withdraw from the study at any stage up to the point of data submission. At this point your data will be collated with that of other participants and can no longer be retracted.

The information you provide may contribute to research publications and/or conference presentations. The data will contribute to a final year research project.

I do not anticipate any negative outcomes from participating in this study Should you experience distress arising from participating in the research, the contact details for support services provided below may be of assistance.

This study has obtained ethical approval from the NCI Ethics Board.

If you have any queries about this research, you can contact me at **x18125069@student.ncirl.ie**
If you agree to take part in this study, please continue to the questionnaires

# Appendix B

## Link to survey

https://docs.google.com/forms/d/e/1FAIpQLScioaCcMvS9SxISpIjenRwLYAKO3piO9GkWAzf8OGtO9wVIdw/viewform?usp=sf_link

# Appendix C

## Screenshot of Descriptive Statistics

## Frequencies

**Statistics**

| | | Gender | Age Group |
|---|---|---|---|
| N | Valid | 106 | 106 |
| | Missing | 0 | 0 |

## Frequency Table

**Gender**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 0 | 76 | 71.7 | 71.7 | 71.7 |
| | 1 | 30 | 28.3 | 28.3 | 100.0 |
| | Total | 106 | 100.0 | 100.0 | |

**Age Group**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 18-25 | 18 | 17.0 | 17.0 | 17.0 |
| | 26-35 | 34 | 32.1 | 32.1 | 49.1 |
| | 36-45 | 13 | 12.3 | 12.3 | 61.3 |
| | 46-55 | 19 | 17.9 | 17.9 | 79.2 |
| | 56-65 | 14 | 13.2 | 13.2 | 92.5 |
| | 66+ | 8 | 7.5 | 7.5 | 100.0 |
| | Total | 106 | 100.0 | 100.0 | |

Caption

# Appendix D

## Screenshot of Data File

ILE FYP.sav [DataSet1] - IBM SPSS Statistics Data Editor

View Data Transform Analyze Graphs Utilities Extensions Window Help

Visible: 25 o

| Gender | Age Group | CounsellingQ1 | CounsellingQ2 | CounsellingQ3 | CounsellingQ4 | CounsellingQ5 | CounsellingQ6 | CounsellingQ7 | CounsellingQ8 | CounsellingQ9 | CounsellingQ10 | CoachingQ1 | Coac |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 26-35 | 2 | 1 | 2 | 1 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | |
| 1 | 26-35 | 1 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| 0 | 26-35 | 1 | 2 | 2 | 1 | 3 | 2 | 1 | 3 | 2 | 2 | 0 | |
| 0 | 18-25 | 2 | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 3 | 3 | 0 | |
| 0 | 26-35 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 2 | |
| 0 | 26-35 | 2 | 3 | 3 | 0 | 3 | 3 | 1 | 3 | 3 | 2 | 0 | |
| 0 | 46-55 | 2 | 3 | 3 | 2 | 3 | 2 | 3 | 1 | 3 | 2 | 3 | |
| 1 | 26-35 | 0 | 3 | 3 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | |
| 0 | 56-65 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 1 | |
| 0 | 26-35 | 3 | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 2 | 3 | 2 | |
| 0 | 66+ | 2 | 2 | 3 | 2 | 3 | -99 | 2 | 2 | 1 | 2 | 2 | |
| 0 | 56-65 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 2 | 3 | 0 | |
| 0 | 56-65 | 2 | 3 | 2 | 1 | 2 | 2 | 2 | 2 | 3 | 2 | 1 | |
| 1 | 26-35 | 0 | 3 | 3 | 2 | 1 | 2 | 2 | 1 | 3 | 3 | 1 | |
| 0 | 36-45 | 3 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | |
| 0 | 66+ | 2 | 3 | 2 | 3 | 3 | 2 | 2 | 2 | 3 | 2 | 2 | |
| 1 | 26-35 | 1 | 3 | 2 | 3 | 2 | 1 | 1 | 1 | 2 | 2 | 0 | |
| 0 | 18-25 | 2 | 3 | 2 | 2 | 3 | 3 | 2 | 3 | 3 | 3 | 0 | |
| 1 | 18-25 | 1 | 3 | 2 | 3 | 3 | 1 | 3 | 0 | 3 | 3 | 0 | |
| 0 | 26-35 | 1 | 2 | 2 | 2 | 1 | 2 | 0 | 3 | 2 | 2 | 2 | |
| 0 | 56-65 | 3 | 2 | 3 | 2 | 3 | 3 | 2 | 2 | 3 | 3 | 1 | |
| 0 | 66+ | 1 | 1 | 1 | 1 | 3 | 1 | 2 | 1 | 3 | 2 | 1 | |
| 0 | 26-35 | 3 | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 3 | 3 | 1 | |
| 0 | 18-25 | 3 | 2 | 2 | 1 | 1 | 3 | 1 | 2 | 3 | 3 | 0 | |
| 0 | 26-35 | 3 | 3 | 3 | 3 | 3 | 1 | 0 | 3 | 3 | 2 | 2 | |
| 0 | 26-35 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 1 | |

Variable View

IBM SPSS Statistics Processor is ready Unicode:ON

Caption