

***Potential Factors That Can Model the Attitude Towards
Psychotherapy Among Students - An Analysis of a University in
Serbia***

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Abstract: For psychotherapy practice, it has always been important to research what motivates or demotivates individuals to seek and use it. Therefore, our goal was to determine the attitudes of students at the State University of Novi Pazar towards psychotherapy, while understanding potential differences in attitudes between humanities and non- humanities students. Attitudes were measured using the Psychotherapy Scale, and general data were collected using a sociodemographic questionnaire. The sample consisted of 322 students from 16 study programs. The findings showed that the attitudes towards psychotherapy in our sample are distributed across four components: positive attitude, negative attitude, scepticism and hesitation in seeking psychotherapy services. Students of all study programs are equally reluctant to seek professional help, while positive, negative and sceptical attitudes towards psychotherapy significantly differentiate between humanities and non-humanities students. Additionally, female respondents have significantly higher positive attitude and hesitance towards therapy, as well as significantly lower scores for negative attitude and scepticism towards therapy.

Keywords: Psychotherapy, attitude towards psychotherapy, humanities students, students, counselling centre.

Introduction

Psychotherapy is clearly defined as a process that takes place between a therapist and a patient or a group of patients in a relationship of mutual trust and is a form of treatment, providing support and strengthening the individual's mental capacity. Research shows that impaired mental health is a common problem among students (Bowman & Payne, 2011; Young, 2009; Bruffaerts et al., 2019; Knapstad et al., 2021) and that students tend to delay seeking help (Young, 2009). With the assumption that there is goodwill of the institution (school or faculty) to provide an adequate psychotherapy service, the primary question is whether young people as students are ready to be the users of psychotherapy practice and what attitudes model their actions. We believe that it is important to know the views of future users of counselling centres as the first and most important indicator for the establishment and launch of this type of service at faculties, as the issues of impaired mental health are increasingly the cause of poor academic achievement (Hysenbegasi et al., 2005), leaving or interrupting studies (Sheldon et al. 2021). Theoretical models that try to answer this question by describing the reasons why psychotherapy is (not) accessed, rely on the model of reasoned action and the fear of stigma. The fear of stigma can be interpreted through the special sensitivity that people show when it comes to mental health, where, according to the authors' investigation (Jokić-Begić, Kamenov, & Korajlija, 2005), the fear of labelling, misunderstanding, non-acceptance and alienation is particularly emphasized in people with mental difficulties, while the fear of stigma is especially intensified in small communities where people are more familiar with each other (Fazlagić&Rakić-Bajić, 2011). A significant negative association between stigmatization of seeking professional help and attitudes towards psychotherapy creates a consequential relationship in which the higher the level of stigma, the more negative the attitude towards psychotherapy (Huțul et al., 2022). Conversely, people who have a more positive attitude toward psychotherapy and help-seeking experience less self-stigma and social stigma (Elkins et al., 2017).

The reasoned action model (Ajzen & Fishbaib, 2005) assumes that behaviour can be predicted based on the intention one has or performs, and that intention is based on attitudes about a particular behaviour, perceived control of the behaviour, and the subjective feeling it produces in each of us.

Most psychotherapy interventions have been shown to be effective and efficient for numerous psychopathological phenomena, but people continuously report negative attitudes towards psychotherapy, even in situations where psychotherapy is recommended and mandatory for treatment (Angermeyer et al., 2017; Ten Have et al., 2010). Research shows that psychotherapy is usually chosen as a last resort measure when the pressure is already high enough (Komiya et al., 2000), which has a retrograde effect on the effects of the therapeutic agent, since prolonging extends the time for therapeutic action.

If, on the other hand, people decide to completely exclude psychotherapy even though they have some mental disorder, in return they usually get a series of individual/health, social, and economic negative effects (Jacobi et al., 2014; Lindinger-Sternart, 2015). Examination of these effects has contributed to examinations of psychotherapy expectancies (Braun-Koch, Rief, & Teige-Mocigemba, 2022), as it was shown that expectations from therapy also model the attitude towards psychotherapy in a positive direction (Rief & Glombiewski, 2017).

In the research (Constantinou et al. 2017), medical students had positive attitudes towards psychotherapeutic help, as well as psychology students (Fay et al., 2016), which can lead to the conclusion that students who express the intention to offer professional help will have more positive attitudes towards psychotherapy (Jakovčić & Živčić Bećirović, 2009). People with adaptive behaviour choose psychotherapy as a way of coping with difficulties, while in the student population attitudes change more significantly after taking a course on psychotherapy (Pastner et al., 2014). It is especially important to check the attitudes of the support groups of humanities students because in the future that group of students will be able to provide support and help.

Several meta-analyses show that most high-income countries are prepared to provide psychological support to pupils and high school students, but these services are frequently fragmented, uncoordinated, and underutilized (Osborn et al., 2022). Given that students are in a critical stage of their life and taking into account the university's skills and possible role in giving assistance, we chose to explore students' attitudes toward psychotherapy in 16 study programs.

1. *Research Background*

The objective of the research was to determine the attitude of young people towards psychotherapy, as well as whether the polarization of the attitude (positive, negative, neutral and others) changes in relation to the study program among students of different orientations.

2. *Sample*

This research sample consists of 322 respondents, where 106 (32.7%) are male and 216 (67.3%) are female. Also, 277 (86%) of them live in the city and 45 (14%) live in the country. Respondents' mean age is 19.4 with standard deviation of 2.082, oldest respondent being 36 and the youngest one 18. Students from the following study programs took part in the research: Psychology, Law, Economics, Sports and Physical Education, Rehabilitation, Fine Arts, Biology, English Language and Literature, Serbian Literature and Language, Chemistry, Construction, Preschool Teacher, Agricultural Production, Food Production, Architecture, Technical Sciences and Management.

3. *Instruments and Procedures*

A questionnaire on sociodemographic characteristics was constructed for the purposes of this research. It provides basic data on gender, age, education and place of residence.

Attitude towards psychotherapy was measured using the Author's Psychotherapy Scale (Pušara, 1996). The original scale contained 28 items with a satisfactory factor structure with a Kronbach alpha coefficient ($\alpha = .86$) (Pušara, 1996).

The scale was adapted for the needs of this research and shortened to 21 items. Due to redundancy, we choose to decrease the number of elements in order to improve the research's validity and reliability because some objects measure the same concept more than once.

Additionally, we observed that non-humanities responders would either struggle to comprehend specific items or become perplexed by the items' more intricate conceptualization. The used scale with 21 items has yielded the Cronbach alpha coefficient of 0.654 which represents the questionable level of reliability of this scale's measurement. However, it also means that the scale gives no low-quality test. Additional

information on the characteristics of the scale used is obtained using Principal component analysis.

The degree of agreement with the statement is expressed in the range from 1 to 5. Examples of items are shown in the results.

Results

For checking the overall correlation significance of items, the Bartlett's test of sphericity is used. The correlation of the items is significant (Chi-squared=2108.275, $p=0.000<0.05$). These results, while also considering the sample size of $N=322$, give the conclusion of principal component analysis being applicable.

The principal component analysis has extracted four components yielding the eigenvalue higher than 1, and these components determine 53.627% of latent variables variance. For the first component the eigenvalue is 5.982, for the second component 2.575, for the third component 1.581 and for the fourth component 1.124.

After the rotation of the solution performed by the varimax method, obtained eigenvalues of extracted components are 3.803, 3.170, 2.234 and 2.054 respectively. Extracted components determine 28.486%, 12.260%, 7.530% and 5.350% of the manifested latent variables variance, respectively. After the rotation these percentages are as follows: 18.112%, 15.096%, 10.638% and 9.781%.

Table 1. The first component variables and manifested variable correlation.

Item number	Item	r
12	<i>Through therapy, people can learn how to improve their relationships with others.</i>	0.748
3	<i>Through therapy people can resolve problems they have.</i>	0.742
8	<i>Therapy enables us to change what we do not like about ourselves.</i>	0.697
6	<i>Therapy is used by strong people who are ready to face their problems.</i>	0.630
1	<i>Through therapy people get to know themselves better.</i>	0.624
19	<i>People using therapy can deal with the problems they encounter more easily.</i>	0.610
14	<i>If I were to have a problem that I cannot resolve myself, I would decide to go to therapy.</i>	0.564
21	<i>There were situations in my life that could be handled better with the help of a therapist.</i>	0.318
5	<i>Therapy is good only for leisure and rich people.</i>	-0.307
7	<i>Therapy is only for mentally disabled people.</i>	-0.315
9	<i>Therapy is of no use to normal people.</i>	-0.375

The first component items detect the characteristic of recognizing the benefits of therapy in respondents. Based on Table 1 correlations, variable 1, further on named “positive attitude towards therapy (PATT)” is obtained by calculating the sum of the scores of items 1, 3, 6, 8, 12, 14, 19 and 21, and scores of reverse coded items 5, 7 and 9.

Table 2. The second component variables and manifested variable correlation.

Item number	Item	r
7	<i>Therapy is only for mentally disabled people.</i>	0.694
4	<i>Changes caused by therapy are risky because we do not know what is ahead of us once we change.</i>	0.651
13	<i>Therapy is used by weak people who are not able to confront the problems they have by themselves.</i>	0.641
11	<i>Using therapy is enough. The therapist will resolve all our problems.</i>	0.627
5	<i>Therapy is good only for leisure and rich people.</i>	0.572
2	<i>Therapy is used to manipulate people.</i>	0.557
9	<i>Therapy is of no use to normal people.</i>	0.548
15	<i>Only I can help myself. Therapy is not needed.</i>	0.403
1	<i>Through therapy people get to know themselves better.</i>	-0.308

The second component items detect the characteristic of misconceptions or delusions concerning therapy in respondents. Based on the Table 2 correlations, variable 2, further on named “negative attitude towards therapy (NATT)” is obtained by calculating the sum of the scores of items 2, 4, 5, 7, 9, 11, 13 and 15, and the score of reverse coded item 1.

Table 3. The third component variables and manifested variable correlation.

Item number	Item	r
16	<i>If I were to use therapy, I would only do so abroad.</i>	0.737
18	<i>Time used for therapy is wasted because one always remains essentially the same person.</i>	0.609
10	<i>I would use therapy only if no one from my environment is aware of that.</i>	0.602
17	<i>I do not believe I will find myself in a situation where I would require the therapist's help.</i>	0.512
15	<i>Only I can help myself. Therapy is not needed.</i>	0.382
5	<i>Therapy is good only for leisure and rich people.</i>	0.346
9	<i>Therapy is of no use to normal people.</i>	0.316
20	<i>I would go to therapy, but I cannot afford it.</i>	0.314

The third component items detect the characteristic of scepticism concerning therapy in respondents. Based on the Table 3 correlations, variable 3, further on named “scepticism towards therapy (STT)” is obtained by calculating the sum of the scores of items 5, 9, 10, 15, 16, 17, 18 and 20.

Table 4. The fourth component variables and manifested variable correlation.

Item number	Item	r
20	<i>I would go to therapy, but I cannot afford it.</i>	0.731
21	<i>There were situations in my life that could be handled better with the help of a therapist.</i>	0.723
14	<i>If I were to have a problem that I cannot resolve myself, I would decide to go to therapy.</i>	0.423
15	<i>Only I can help myself. Therapy is not needed.</i>	-0.420
17	<i>I do not believe I will find myself in a situation where I would require the therapist's help.</i>	-0.526

The fourth component items detect the characteristic of respondent's inability or hesitation to go to the therapy. Based on the Table 4 correlations, variable 4, further on named "hesitance towards therapy (HTT)" is obtained by calculating the sum of the scores of items 14, 20 and 21, and scores of reverse coded items 15 and 17.

Table 5. Reliability analysis for each component.

Component	Number of items	Cronbach's alpha
1	11	0.850
2	9	0.817
3	8	0.719
4	5	0.689

Cronbach's alpha coefficients indicate reliable measurement of referent characteristic performed by the items of components 3 and 4, while the measurement performed by the items of components 1 and 2 is very reliable. For the reliability analysis, negatively correlated variables have been recoded.

Table 6. Analysis of variance relative to gender.

Variable	Mean \pm Standard deviation		Levene's test F	t	Cohen's d
	Male	Female			
PATT	36.55 \pm 9.14	41.90 \pm 7.19	5.771**	-4.940***	0.68***
NATT	22.23 \pm 6.61	17.85 \pm 6.00	2.692	5.611***	0.70***
STT	19.71 \pm 5.71	16.30 \pm 5.07	1.310	5.316***	0.66***
HTT	14.29 \pm 4.25	15.97 \pm 4.26	0.461	-3.242***	0.39***

*0,05 \leq p \le 0,1; **p \le 0,05; ***p \le 0,01.

Results given in Table 6 indicate that there is a significant difference in all four of the research variables' scores when compared between male and female respondents. Namely, it has been shown that female respondents have significantly higher positive attitude (t=-4.940, p<0.01) and hesitance towards therapy (t=-3.242, p<0.01) and significantly lower scores for negative attitude (t=5.611, p<0.01) and scepticism

($t=5.316$, $p<0.01$) towards therapy. Cohen's d for PATT, NATT and STT is higher than 0.6 indicating that the results are consistent for all of the respondents. For HTT Cohen's d is 0.39 indicating that the significant difference in average scores might be due to a few respondents showing scores that are inconsistent with the scores of others in their group.

Table 7. Descriptive statistics of research variables.

Categories	N	Independents	Mean	Standard Deviation	Min	Max
Humanities Sciences	185	PATT	41.12	8.12	19	55
		NATT	18.45	6.36	9	35
		STT	16.15	5.25	8	30
		HTT	15.66	4.56	5	25
Others	137	PATT	39.06	8.50	11	55
		NATT	20.12	6.67	9	37
		STT	18.60	5.34	8	34
		HTT	15.48	4.09	5	25
Total	322	PATT	40.22	8.34	11	55
		NATT	19.18	6.54	9	37
		STT	17.21	5.42	8	34
		HTT	15.58	4.36	5	25

Table 7 displays basic descriptive statistics of manifested variables as well as frequency of each observed group of respondents.

Table 8. Tests of equality of group means.

Variable	Wilk's Lambda	ANOVA's F
PATT	0.985	4.169*
NATT	0.984	4.482*
STT	0.949	14.611**
HTT	1	0.119

* $p<0.05$; ** $p<0.001$

Table 8 results indicate that mean scores of variables PATT, NATT and STT significantly differ ($F>=4.169$, $p<=0.042<0.05$) between the respondents that study humanities and the ones that study something else. That is not the case for variable HTT ($F=0.119$, $p=0.730>0.05$).

The classification performed via obtained discrimination function D has shown to be statistically significant (Wilks' Lambda=0.929, Chi-square=19.930, $p<0.001$) with canonical correlation coefficient of 0.266 for correlation between discriminant function and grouping variable.

Table 9. Standardized canonical discriminant function coefficients and canonical correlations.

Variable	SCDFC	CC
PATT	-0.607	-0.447
NATT	-0.603	0.464
STT	1.257	0.837
HTT	0.599	-0.076

Table 9 indicates that the variable that correlates the highest with the discriminant function is variable STT. Hence, this variable is the most important in discriminating between respondents that study social sciences and humanities and others. Namely, it is 2.07 ($1.257/0.607$) times more important than PATT, 2.08 ($1.257/0.603$) times more important than NATT and 2.1 ($1.257/0.599$) times more important than HTT. If we were to use a stepwise method of discrimination analysis, variable STT would be the only independent figuring the equation of D. The discrimination performed by this model has successful classification in 60.4% of cases.

Discussion

In a broader context, the university environment is often stressful for students due to its atmosphere and pressures, where success is constrained by deadlines and fluctuating tasks (Flisher et al., 2002). One way to achieve balance is through the utilization of counselling and psychotherapy services within the university, in order to preserve mental health. The availability of free intervention helps reduce costs incurred by students during their studies.

However, studies indicate that students' knowledge about mental health problems and the utilization of counselling services is relatively low (Fandie, 2015), and in accordance with our research, negative attitudes towards psychotherapy are reported (Giovazolias et al. 2010; Voracek, Jandk-Jager & Springer- Kremser, 2001) to slightly negative attitudes towards psychotherapy (Digiuni, Jones & Camic, 2013; Löffler-Stastka et al., 2010; Fazlagić & Rakić-Bajić, 2011).

Students of psychology and pedagogy tend to have positive attitudes towards psychotherapy (Löffler-Stastka et al., 2008), while medical students often have slightly negative attitudes (Lauber et al., 2005). There is no difference in stigma levels between medical and social workers (Gervas et al. 2020), but lower levels are found among psychiatry students and higher among nursing students (Poreddi, Thimmaiah & Math,

2015). Students' attitudes towards psychotherapy are influenced by climate, undergraduate knowledge, lack of experience, and willingness to approach the therapeutic process (Furnham & Wardkey, 1990). Research shows that positive attitudes towards online psychotherapy are more pronounced with technological advancements (Awabil & Clifford, 2018).

Modern technology and online therapy are becoming increasingly popular among therapists (Rutkowska et al., 2023), offering a discreet alternative for treating anxiety (Dear et al., 2018), conduct disorders (Bendsten et al., 2020), and substance abuse (Das et al., 2016), despite the risks associated with working with adolescents and adults (Zhou et al., 2021).

While boys may be socialized to be more stoic or independent, females are typically encouraged from a young age to express their emotions and ask for help (Nam et al., 2010; Qiu, et al. 2024). Men may face more stigma related to mental health issues because they assume that seeking help is a sign of weakness (Addis & Mahalik 2003). This may lead to an increased reluctance to participate in therapy. Women are more accustomed to verbally expressing their emotions, which promotes their engagement in therapeutic contexts (Strauss et. al, 2015). Certain therapeutic approaches may appeal to women, who may be more comfortable with therapy's interpersonal dynamics.

The realization that scepticism is a variable that significantly differentiates between humanities and non-humanities students directs us to understanding the reasons why students are not inclined to seek professional help. We assume that the obstacle on their way to psychotherapy is often social or self-stigma, which students with humanistic beliefs likely overcome through the curriculum of their studies. Authors Tenjović and Srna refer to the findings of their research indicating that the direct and indirect effects of public stigma on self-stigma, as well as on attitudes towards seeking professional psychological help, are statistically significant (Tenjović & Srna, 2015). While the importance of cultural norms was clear in the research domain in prior years, stigmatization and perceptions of the psychotherapy process might be greatly influenced by culture (Fazlagić & Rakić Bajić, 2011). According to Constantinou et al. (2017), attitudes toward psychotherapy can be shaped by a confluence of cultural, educational, and personal variables. This can have a substantial impact on how non-humanities students feel about the subject. Students from individualistic cultures exhibited significantly higher stigma and a lower propensity to "open up" to strangers, as well as

generally lower positive attitudes toward all aspects of psychotherapy, according to several studies that looked at the impact of stigma on the decision to seek help (Digiuni, Jones & Camic, 2013; Löffler-Stastka et al. 2010; Fazlagić & Rakić-Bajić, 2011).

One of the advantages of this study is that, starting from the initial need to polarize the attitudes towards psychotherapy, we obtained a factorial structure with four factors that model attitudes towards psychotherapy using appropriate statistical methods.

We consider the hesitancy of all students to be particularly important as a strategy that prevents individuals from seeking help in the general population. Analysing hesitancy as a strategy, we note that the trend to choose psychotherapy when the client is faced with the consequences of their avoidant behaviour or simply when all resources for help are exhausted still persists (Wills, 1992). We consider education and the promotion of psychotherapy to be important aspects of our community work, but also as practical implications for communities facing similar problems. Research suggests that people who are more informed about mental health and hold positive attitudes are more likely to seek help when needed in the domain of mental health (Bonabi et al., 2016). Initial positive attitudes towards seeking help are likely to lead to a tendency to seek psychotherapy services and benefit insights (Hill et al. 2012). On the other hand, young people often secretly seek someone whom they trust will provide them with an opportunity to express their doubts, which can lead to the need for the counselling centres to maintain and promote counselling appointments, rather than psychotherapy. It seems that in this way, students would reduce self-stigma and social stigma and increase the likelihood of accepting psychotherapy, avoid hesitation and a negative attitude. The current findings suggest that it is necessary to promote the terms stigma and self-stigma so that the population understands and confronts them, while presenting seeking help as an effective intervention in the youth mental health help system (Pfeiffer & In-Albon, 2023). Additionally, we consider it particularly important that, especially first-year students, should be familiar with the types of help offered to them, specifically psychotherapy, through forums and other awareness-raising activities, which is in line with the recommendations of other researchers (Giovazolias et al. 2010). It is optimistic that recent data give evidence of practice within educational institutions, with recent research indicating that 3162 psychological counselling centres for students were actively functioning, which leads to the conclusion that there is a noticeable need for

psychological counselling centres for students relative to the number of institutions (Franzoi et al., 2022).

Conclusions

The necessity of establishing student counselling centres is undeniable, but for the sustenance of a counselling centre, it is crucial to first familiarize oneself with the structure of its users, their attitudes, and beliefs.

With the intention of comprehending the structure of students' attitudes towards psychotherapy, considering attitudes as potential and significant indicators for directing future actions in the establishment and promotion of the student counselling centre, the research involving students from all study programs at this university clarified the initial intention of the researcher. Specifically, the results demonstrated that within this structure of students, four variations in attitude towards psychotherapy are observable: positive, negative, sceptical, or hesitant attitudes. Positive, negative, and sceptical attitudes differentiate between humanities and non-humanities students, while hesitation does not create significant differences between students of various orientations. In alignment with prior research, we concur that the education and promotion of psychotherapy, its values and possibilities, remain pertinent issues requiring attention.

Young people are the foundation of a healthy society, and caring for mental health is the starting point for caring about society as a whole. The results of this research help to illuminate attitudes toward psychotherapy and to understand the broader context of the community. The practical implications focus on creating preventive programs, empowering youth, conducting informative campaigns, and actively promoting positive attitudes toward psychotherapy. This research has also identified significant individual variations, highlighting the need for a personalized approach to this issue. Additionally, considering the stigma that may be influenced by social context, the results can lead to adaptations in therapy and the exploration of more flexible approaches that resonate with contemporary generations, particularly by leveraging digital technologies as a potential. Efforts towards destigmatization should encompass and broaden the cultural context, particularly in smaller communities with specific beliefs and forms of behaviour.

We maintain that in accordance with social changes and the increasing influence of technology, promotion strategies should be adapted to students and potential users of counselling centres. Finally, advocating for educational policies that promote mental health, provide information, and educate young people must be implemented in a way that does not rely solely on professional guidance but is integrated into every level of education.

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