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PERCEPTIONS OF PSYCHOLOGICAL HELP-SEEKING AMONG THE GENERAL POPULATION: A QUALITATIVE EXPLORATION

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ABSTRACT

The phenomenon of seeking psychological help is influenced by beliefs, norms from sociocultural backgrounds, and the availability of resources for this process in society. Various campaigns on global health awareness have developed lately; nevertheless, people still face certain obstacles when it comes to their access to psychological help. The current qualitative study aimed at exploring the attitudes of adults from different sociocultural backgrounds towards seeking psychological help, as well as the psychological and social obstacles they faced while doing this. The qualitative phenomenological method was applied and semi-structured interviews were conducted with 15 adults aged between 21 and 54. The data collected during the interviews were processed applying Braun and Clarke (2006) six-phase reflexive thematic analysis.Five primary themes emerged from the data: (1) Public Stigma and the 'Log Kya Kahenge' (Social Judgment) Phenomenon, (2) Self-Stigma and Internalized Vulnerability, (3) Socio-Cultural Expectations and Generational Divide, (4) Financial Strain and Systemic Accessibility Hurdles, and (5) Confidentiality Concerns and Institutional Trust. Findings indicate that although young adults are increasingly open to counseling, widespread fear of society, economic issues and absence of mental health knowledge continue to be major limitations. The study suggests that it is of utmost importance to undertake community-level awareness initiatives, subsidized psychological services and culturally competent therapeutic practices in order to foster the idea of seeking psychological assistance for all age groups.

Keywords: *Psychological help-seeking, qualitative research, public stigma, self-stigma, thematic analysis*

Introduction

Mental illnesses are significant contributors to the global burden of disease and negatively affect emotional well-being, as well as a person's social and professional life, among many other things (World Health Organization [WHO], 2021; Vigo et al., 2016). Nonetheless, although there are efficient psychotherapeutic therapies including Cognitive Behavioral Therapy (CBT), psychodynamic counseling, and systemic family therapy, a shocking number of people fail to seek help (Wang et al., 2007; Kessler et al., 2005). This contradiction known in public health terminology as "the help-seeking gap" creates distinct problems for public health experts, policy makers, and mental health professionals around the world (Thornicroft et al., 2017). Help-seeking does not equal a simple mechanical action or logistics; rather, it is a process that involves multiple layers of a socio-cognitive interpretation

(Ajzen, 1991; Rickwood et al., 2005). The process of an individual's decision to see a psychologist or counselor necessitates a series of internal evaluations such as recognizing and naming the problem of emotional disturbance, analyzing whether the intervention is effective and safe, assessing the information received from peers, relatives, and society, and overcoming external barriers (Clement et al., 2015; Vogel et al., 2006). Help-seeking behavior hinges on sociological aspects of the community, cultural backgrounds of individuals, religious beliefs, and generational differences in mental health literacy (Gopalkrishnan, 2018). Previous research on help-seeking has involved the use of quantitative methods with the help of standardized questionnaires and Likert-scale assessments to investigate the intention and attitude of individuals (Kessler et al., 2005). Quantitative data offer broad statistical insights, while qualitative methodologies ensure a deeper understanding of the subjective aspect of people's behavior (Smith et al., 2009). With the help of this study, researchers can analyze the ways in which individuals perceive psychological help-seeking leading to a better understanding of the real life barriers which hinder people from getting help (Braun & Clarke, 2006; Liamputtong, 2020). Understanding public perceptions is also vital since untreated psychological issues often lead to the development of serious long-term diseases, increased addictions, and increased occupational stress leading to higher expenses for society (Whiteford et al., 2013). The aim of this research is to elucidate the psychological and social factors at play in communities and provide further research with results which would help in better understanding why individuals refrain from seeking help and how the institutional system can be updated accordingly (Corrigan, 2004; Henderson et al., 2013).

Literature Review

The theoretical framework that underpins modern help-seeking literature is based on socio-cognitive theories, theories of health behaviour and stigma theory (Ajzen, 1991; Corrigan, 2004). Corrigan (2004) introduced two important types of mental health stigma, namely public stigma and self-stigma. Public stigma refers to the public endorsement of negative stereotypes, stigma, and systemic discrimination against people with mental health problems (Link & Phelan, 2001). Self-stigma, in turn, occurs when a person internalizes the negative attitudes of society towards him or her and experiences, therefore, negative effects on self-esteem, feelings of shame, and unwillingness to ask for help when needed (Vogel et al., 2006; Watson et al., 2007). The author further points out that research studies clearly demonstrate that public stigma serves as a barrier for people to use therapy services. Thus, Clement et al. (2015) in their large systematic review consisting of more than 140 studies found stigma to be the greatest barrier for help-seeking. In fact, many individuals are afraid of being called 'crazy', 'unstable', or 'weak' by others (Schomerus et al., 2012).

This fear is even more pronounced in many collectivistic cultures in which family honor and collective reputation are paramount and the psychological suffering of the individual is seen as indicating failure in parenting or some dysfunction in the family (Gopalkrishnan, 2018). In addition to social stigma, it is the structural, practical, and economic challenges that contribute to the existence of treatment gaps. Unaffordable costs of private sessions, lack of any mental health coverage by insurance companies, absence of psychiatrist and psychologist facilities in the countryside, and long lines at public health facilities are serious barriers (Andrade et al., 2014; Thornicroft et al., 2016). In addition, mental health illiteracy makes it almost impossible for ordinary people to understand the difference between ephemeral emotional reactions to difficult situations and diseases that require treatment (Jorm et al., 1997; Reavley & Jorm, 2011).

Rationale of the Study

Most existing scholarly work on psychological help-seeking has focused mostly on niche sub-groups, such as university students, psychiatric inpatients, and employees in private companies (Eisenberg et al., 2007; Stallman, 2010). Nonetheless, the average adult in the general

population encounters a number of different life stressors such as ongoing career uncertainty, relationship issues in marriage, financial problems, duties of parenthood, and generational caregiving responsibilities (Ross, 2003). In any case, social stigma and system blockers come into play differently in larger demographic categories in comparison to formal educational settings (Mojtabai et al., 2011). Studying how the general public sees things allows one to bridge a significant empirical gap in mental health literature (Sartorius, 2007).

Objectives of the Study

1. To explore how individuals in the general population conceptualize professional psychological help-seeking and emotional distress.
2. To identify the primary socio-cultural, personal, and structural barriers hindering individuals from accessing professional therapy.
3. To examine the relative role of informal support systems (such as family networks, religious figures, and peer groups) compared to formal psychological care.
4. To determine key facilitators that encourage positive help-seeking attitudes across different age demographics.

Research Questions

RQ1: How do adults in the general population define, interpret, and perceive the act of seeking professional psychological help?

RQ2: What specific social, economic, and psychological barriers prevent individuals from utilizing formal counseling services?

RQ3: How do cultural beliefs, family dynamics, and alternative coping mechanisms influence daily help-seeking decisions?

Methodology

Research Design

In this study, the qualitative phenomenological method is employed to examine the experiences and perceptions of people about seeking psychological help. Due to the nature of phenomenology as a method that can clarify how a person interprets his/her experiences, emotions, and the socially-culturally influenced environment, it has been recognized as the most appropriate method for this study (Smith et al., 2009). Data analysis was performed with the help of Braun and Clarke's (2006, 2019) reflexive Thematic Analysis (TA) framework in order to conduct both inductive and deductive thematic analysis.

Participants and Sampling Strategy

The purposive method was used for the purpose of enlisting 15 adults from the population. Different groups of people were involved in this research based on criteria such as age (which varied from 21 up to 54 years), education, work, and gender. Number of participants in the study was determined as a result of the process called thematic saturation, which is achieved when the last interview contained no more new codes than the previous ones.

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Table-1: Demographics Characteristics of the Participants (N=15)

Participant ID	Age / Gender	Occupation	Education Level
P01	24 / Female	Private School Teacher	Bachelor's Degree
P02	31 / Male	Software Engineer	Master's Degree
P03	45 / Female	Housewife / Homemaker	Intermediate (12th Grade)
P04	28 / Male	Bank Sales Officer	Bachelor's Degree
P05	52 / Male	Government Employee	Bachelor's Degree
P06	22 / Female	University Graduate / Job Seeker	Bachelor's Degree
P07	39 / Female	Small Business Owner	Matriculation (10th Grade)
P08	48 / Male	Civil Contractor	High School

Participant ID	Age / Gender	Occupation	Education Level
P09	26 / Male	Graphic Designer	Bachelor's Degree
P10	35 / Female	Corporate HR Manager	Master's Degree
P11	54 / Female	Retired School Administrator	Master's Degree
P12	29 / Male	Retail Store Manager	Diploma
P13	41 / Male	Accountant	Bachelor's Degree
P14	23 / Female	Freelance Content Writer	Bachelor's Degree
P15	37 / Male	Logistics Coordinator	Bachelor's Degree

Data Collection Procedure

Research material was collected through the usage of a wide range of one-on-one and secure online semi-structured interviews taken over a timeframe of four weeks. Each interview lasted anywhere between 35 and 50 minutes approximately. The conversations were held using an organized new interview outline allowing flexibility for interviewees to elaborate on their unique experiences and feelings. The interview sessions were conducted using our language and cultural framework. All interviews were carried out in Urdu or Roman Urdu/English as used by the interviewees, recorded on tape and received verbal consent.

Ethical Considerations

Approval to proceed with the data collection was acquired beforehand. The basic ethical requirements that were fulfilled in the course of the research project included the following:

- Informing participants and obtaining their consent via signed forms demonstrating study aim, voluntary nature of participating and right of withdraw at any moment;
- Taking care of confidentiality by removing all identifiable items and replacing them with code numbers;
- Providing people with the necessary information about psychological phone services at distressing moments.

Data Analysis Plan

Data were analyzed following Braun and Clarke's (2006, 2019) six stages of reflexive thematic analysis:

(1) Familiarization with data through repeated reading of transcripts;
(2) Generating initial codes using systematic line-by-line coding;
(3) Searching for themes by grouping codes into conceptual clusters;
(4) Reviewing themes against raw data;
(5) Defining and naming themes; and
(6) Producing the final qualitative report supported by verbatim participant excerpts.

Thematic Analysis

Thematic analysis of the interview transcripts yielded five major themes and several sub-themes that explain the complex help-seeking landscape among the general population.

Theme 1: Public Stigma and the 'Log Kya Kahenge' (Social Judgment) Phenomenon

Public stigma emerged as the most dominant external barrier, characterized by relentless social surveillance, gossip, and fear of reputational damage. Participants emphasized how community perceptions dictate individual choices regarding mental healthcare.

Sub-theme 1.1: Fear of Social Labeling and Madness. Participants noted that seeking therapy is often erroneously equated with severe mental instability.

Excerpt (P01, Female, 24): *"If someone in our neighborhood finds out you are going to a psychologist, they immediately assume you have gone completely mad. People don't say it to your face, but behind your back, they start whispering. So even if I feel depressed, I would think ten times before stepping into a therapy clinic."*

Sub-theme 1.2: Familial Honor and Collective Reputation. Psychological distress is frequently viewed as a reflection of parenting or family defect.

Excerpt (P05, Male, 52): *"In our culture, family honor is tied to everything. If a father takes his son or daughter to a psychiatrist, relatives think there is something broken in the family raised by that father. That fear keeps people quiet."*

Theme 2: Self-Stigma and Internalized Vulnerability

Internalized societal standards lead individuals to view personal emotional distress as personal failure or weakness.

Sub-theme 2.1: Masculine Expectations and Emotional Suppression. Men reported feeling pressure to remain stoic and self-reliant.

Excerpt (P02, Male, 31): *"As a man, you are raised to be the pillar of the house. Admitting that I cannot handle my anxiety or stress feels like accepting failure. You feel like, 'Why can't I control my own mind?' Going to a therapist feels like handing over your steering wheel to a stranger."*

Sub-theme 2.2: Internalized Inadequacy and Spiritual Doubt. Individuals often attribute emotional struggle to a lack of faith or inner resilience.

Excerpt (P07, Female, 39): *"I used to feel that seeking therapy meant I lacked faith or inner strength. You tell yourself to just pray more or stay busy, because accepting that you need a counselor makes you feel emotionally weak."*

Theme 3: Socio-Cultural Expectations and Generational Divide

Significant perceptual differences exist between younger adults open to mental health literacy and older generations favoring traditional coping mechanisms.

Sub-theme 3.1: Dismissal of Clinical Distress by Elders. Traditional views often mislabel clinical depression as laziness or lack of discipline.

Excerpt (P04, Male, 28): *"When I told my parents I wanted to talk to a counselor about burnout, my father laughed and said, 'You don't need a doctor, you just need to sleep early and offer your prayers.' Older people think depression is just laziness."*

Theme 4: Financial Strain and Systemic Accessibility Hurdles

Economic constraints and the absence of subsidized public mental health infrastructure restrict therapy access to affluent demographics.

Sub-theme 4.1: Prohibitive Private Consultation Fees. High hourly rates make regular psychotherapy unsustainable for middle-class individuals and students.

Excerpt (P06, Female, 22): *"Good psychologists in major cities charge 5,000 to 10,000 Rupees per session. For a student or a middle-class employee, how can anyone afford four sessions a month? It is completely unaffordable for normal people."*

Theme 5: Confidentiality Concerns and Institutional Trust

Apprehensions regarding privacy breaches and lack of professional ethical standards severely impair willingness to consult local practitioners.

Sub-theme 5.1: Social Proximity and Privacy Risks in Close-Knit Communities.

Excerpt (P03, Female, 45): *"Pakistan is a small place socially. What if the counselor turns out to be an acquaintance's friend? What if my private marital problems get leaked? Until I am 100% sure about absolute secrecy, I won't share my life."*

Table-2: Themes and Sub-Themes (N=15)

Primary Theme	Sub-Themes
1. Public Stigma and 'Log Kya Kahenge'	Fear of social labeling/madness Familial honor and collective reputation
2. Self-Stigma and Internalized Vulnerability	Masculine expectations and suppression Internalized inadequacy and spiritual doubt
3. Socio-Cultural & Generational Divide	Dismissal of clinical distress by elders

Primary Theme	Sub-Themes
4. Financial Strain & Systemic Hurdles	Prohibitive private consultation fees
5. Confidentiality & Institutional Trust	Social proximity and privacy risks

Discussion

The qualitative findings of this study demonstrate that looking for psychological help in the public is based on a complex interaction between fear of social exclusion, internalized vulnerability, economic factors, and the existing socio-cultural framework. The findings are closely related to Corrigan's (2004) definition of public stigma and self-stigma since it was established that social monitoring as illustrated by the "Log Kya Kahenge" (what people will say) mentality acts as the most significant barrier to therapy in urban and semi-urban settings. When the person believes that seeking help may affect his/her reputation as well as the reputation of his/her family, the psychological costs of seeking professional help become higher than the benefits of therapy (Clement et al., 2015). Moreover, the generational gap indicated in Theme 3 provides evidence about the process of cultural evolution in the modern world. Young people show higher psychological knowledge and ability to express their emotions and accept therapy as a part of an important health practice. Nevertheless, they still depend on their older relatives for financial support, which makes it difficult for them to change their mindset concerning mental health treatment (Gopalkrishnan, 2018). This conflict that arises between generations usually results in young people hiding their emotional problems, which leads to heightened feelings of anxiety and depression (Stallman, 2010). Furthermore, in addition to the limitations related to culture and psychology, the shortcomings discussed in Theme 4 serve as support for what was previously shown in the studies by Andrade et al. (2014) and Thornicroft et al. (2017). There is a lack of infrastructure in public health in developing countries, unable to provide sufficient and good-quality psychological counseling to those who need it. Governmental institutions are overburdened and can offer only limited consultations focusing on the need for medication (Patel et al., 2018). Consequently, private psychological services are too expensive for the middle-class people and students, thus making it impossible for them to receive help and creating a system in which money defines one's mental health (Mojtabai et al., 2011). The concepts of institutional distrust and confidentiality anxieties described in Theme 5 highlight the problem of the necessity of having strict ethical rules and professional licenses in counseling practice. The patients who belong to tight social networks do not wish to reveal any of their weaknesses since it may lead to alienation (Stuart, 2016). Therefore, the introduction of highly secure privacy guarantees, culturally competent therapeutic systems, and community-based mental health literacy programs is vital (World Health Organization, 2021).

Clinical Implications

1. **Reducing Stigma at the Community Level**: Health department officials are required to create psychoeducational awareness programs that impart ideas regarding mental illnesses on the basis of those for physical conditions, in order to dispel the misconception that the purpose of therapy is treating serious 'madness' only (Stuart, 2016).
2. **Affordable Access to Psychological Services:** Governmental organizations and non-governmental organizations need to create mental health clinics that will provide affordable psychological care within the framework of primary health system in order to minimize patients' costs.
3. **Ethics and Cultural Sensitivity**: In order to gain patients' trust, mental health professionals should observe confidentiality in strict compliance with relevant regulations, without resorting to ethical or subjective evaluations during the process of therapy.

Limitations

Despite the fact that this study is rich in qualitative information, it still comes with limitations regarding methodology. The sample comprising of 15 respondents, while sufficient for qualitative saturation does not allow us to make statistical generalizations regarding different provinces or rural areas. Future works would involve mixed-methods research designs that would enable establishing the scale of barriers to help-seeking across various socio-economic sections of society.

Conclusion

It is really important to understand how people perceive help-seeking behaviors of themselves as well as of others in order to develop supportive public health-oriented communities. It is essential to eliminate social stigma, overcome generational gaps via psychoeducation, adhere to high standards of professional ethics and leave therapy affordable for all (World Health Organization, 2021).

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