



# THE PERCEPTIONS OF PSYCHOLOGIST'S PROFESSION AND USING PSYCHOLOGICAL HELP DEPENDING ON AGE AND OTHER SOCIODEMOGRAPHIC FACTORS

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## HIGHLIGHTS

- The image of a psychologist is rather positive.
- It is associated more with intellectual than emotional attributes.
- Younger, educated and professionally active people have positive attitudes.
- People with negative attitudes are people at higher risk of psychological crises.

## ABSTRACT

**Background:** Due to the increase in mental health problems in the population, the demand for psychological services is increasing. Not only the availability of mental health specialists is important, but also the social perception of these professions and the services they provide. The undertaken research concerned the image of the psychologist's profession. **Material and Methods:** The study group consisted of 191 people, including 135 (71%) women and 56 (29%) men, aged 18–101 years ( $M \pm SD$  44.95  $\pm$  20.04). Most respondents had not previously used psychological or psychiatric counselling (71% and 83%, respectively). The study used 2 scales: the *Image of a Psychologist* and the *Using Psychological Help* (both with good psychometric properties) and a sociodemographic form. Data were collected mainly online, using Google Forms. **Results:** The youngest people, those with higher education, living in large agglomerations, professionally active, and having previous contact with a psychologist had a more positive image of a psychologist and were more likely to perceive the use of psychologist's help as a manifestation of care for health and less often as a manifestation of disorders and inability to cope. The perception of using psychological help as an ineffective whim was stronger among men, the oldest people, and those with lower education. The perception of using psychological help as a reason for fear and shame was more intense in younger people and those with higher education. **Conclusions:** The image of a psychologist was rather positive in this study. This profession was associated more with intellectual and cognitive attributes than with emotional ones. People with negative attitudes toward psychological help were people who may be at increased risk of experiencing difficulties or psychological crises. In these groups, additional educational activities and dissemination of an appropriate image of a psychologist are recommended. *Med Pr Work Health Saf.* 2025;76(1):13–24

**Key words:** determinants, psychological counselling, psychologist, social perception, professional image, attitudes toward using psychological help

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## INTRODUCTION

Recently, there has been an increased interest in mental health and/or well-being. Events like the COVID-19 pandemic and the war in Ukraine and their consequences, certainly contributed to this. Research shows that in 2020 and early 2021, an increase in mental health problems was recorded compared to the pre-pandemic period, with the effect size of the change not exceeding 0.3 [1,2]. Loneliness increased 2016–2020, with the number of lonely people in Europe increasing 12–25%

during the pandemic [3]. In Poland, in 2021 there was a significant increase in the number of suicides in the age groups 13–18 years and 19–24 years old compared to 2019 and 2020, and smaller increases were also recorded in the groups: 30–34, 40–44, and 45–49 years old [4]. A significant percentage of Polish society also felt pandemic fatigue, with its intensity being higher among women [5]. Considering the overall well-being index, in 2022 research revealed an improvement in the mental condition compared to the period last year and a slight upward trend over the period of 30 years,

and relative stabilization since the early 21st century [6]. Mental well-being was worse among people in difficult financial situations, residents of large cities, people with primary/lower secondary and higher education, young people, and women [6].

In this context, an important issue is also the availability of specialists providing help in the field of mental health: psychiatrists, psychologists, and psychotherapists. Research on the availability of psychological consultations and psychotherapist services indicated that 31% found it difficult (bad or very poor availability) to see a psychologist or psychotherapist under the National Health Fund, 12% said they did not do it or rather did not have a problem with it, while 56% of respondents did not answer this question [7].

The willingness to use psychological help may depend also on the perception of the psychologist's profession and the attitude towards using such help. Research has indicated that the perception of psychologists has changed. Back in the 1950s, 3–8% of students were convinced that both psychologists and psychiatrists could "read minds." In the 1970s, nearly 60% of respondents preferred contact with a family doctor in the event of mental problems [8]. Research in 1975 showed respondents were unable to differentiate between the professions of psychologist and psychiatrist, as well as their qualifications and responsibilities [9]. Research from 2000 found that if psychological problems occurred, 28% of respondents would see a clinical psychologist, 21% would seek help from a psychiatrist, and another 21% would seek help from a career counsellor [10].

Both people who have never used psychological help and those who participated in psychotherapy reported family conflicts as the reason for seeking psychological help equally often. People using psychological services indicated neuroses (84%) and alcohol problems (69%) as other causes. People who did not use therapy also indicated neuroses (66%), right after family problems, and then mental disorders and difficulties in raising children (49% each) [11].

The characteristics that a psychologist should have were professional responsibility (83%), empathy (67%), and professional knowledge and skills (64%). Both patients and people who had not used psychological help in the past believed this profession was necessary (88% and 83.5%, respectively); 52% of patients admitted that contact with a psychologist met their expectations [12]. An analysis of the image of a psychologist presented in Polish media conducted in 2020 showed that in 60% of the articles, specialists were presented

positively, in 27% neutrally, and in 13% psychologists were presented negatively [13].

The perception of psychologists is also influenced by the perception of the people who need their help. Research showed that the characteristics attributed to mentally ill people include unpredictability (85%) or being dangerous (70%) or aggressive (61%). This translated into fear and compassion (76% each), as well as helplessness (70%) and indifference (38%) [14]. Ill people often experience stigma arising from misconceptions about mental illness, prejudice, and discrimination, leading to significant barriers to accessing and adhering to proper treatment, thereby worsening health outcomes [15,16].

An example of a change in the image of a psychologist and the attitude towards using their help is found in the results of research carried out as part of the social campaign "Let's fly with support" [17]. It turned out that 43% of respondents perceived an increase in acceptance of mental problems in their environment. However, for 13% of the respondents, using psychological services was associated with shame, and 11% were sceptical about them; 20% of respondents indicated they experienced negative reactions from society when their child started therapy, and 55% of parents whose children did not participate in therapy feared stigmatization [17].

Overall, in view of the current increase in mental problems and psychological difficulties, systemic actions are being taken to increase the availability of mental health specialists, including psychologists. The willingness to use such help also depends on the perception of the psychologist's profession and the attitude towards using such help. Therefore, the present research was undertaken with the aim of characterizing the image of a psychologist based on a catalogue of features, determining the factors contributing to the diversity of the psychologist's image, and determining the factors differentiating attitudes toward using psychological help.

## MATERIAL AND METHODS

### Study design and procedure

The design phase of this study included a literature review of the social perception of psychologists and related professions and attitudes towards psychological counselling, including the tools used to measure these aspects. The next step was to develop a research tool that measures attitudes toward using psychological help and adjusting the scale examining professional image to the profession of psychologist and using a combined sur-

vey in a pilot study (i.e., testing the comprehensibility of statements and feasibility of tests with 15 patients). Next, a psychometric evaluation of all the tools used in this study was performed based on the data obtained from the whole study group.

The data were collected mainly online using Google Forms. Most respondents were reached via social networking using the snowball method. In a few cases, due to limited access to the Internet and a device enabling completion of the survey among older people, it was conducted face-to-face. The study was anonymous, and participation was voluntary. As a survey study, it was approved by a local bioethics committee.

### Participants

The study group consisted of 191 participants, including 135 (71%) women and 56 (29%) men, aged 18–101 years ( $M \pm SD$  44.95  $\pm$  20.04 years). None of the respondents indicated a different gender. There were 77 (40%) people in the 18–35 years old age group, 44 (23%) people in the 36–59 years old age group, and 70 (37%) people  $\geq$ 60 years of age. Most respondents were in a relationship (54%), lived in larger cities (65%), had higher education (52%), and worked (57%). Most respondents had never used the help of a psychologist (71%) or a psychiatrist (83%). Nearly half indicated that someone close to them used psychological help (49%). Half did not know whether the primary care facility they used had a psychologist available, and 39% claimed there was no such availability. Detailed characteristics of the sample in terms of sociodemographic data and experiences with using psychological assistance are presented in Table 1.

### Measures

This study used an original tool developed for the purposes of the study, consisting of 3 parts: 2 scales (Appendix 1) and a sociodemographic survey.

The first scale called *Image of a Psychologist* is a list of characteristics of a person practicing the profession of psychologist, modelled on a scale regarding the image of a nurse [18]. The features were presented in the form of 12 opposing statements (negative feature vs. positive feature). The respondents answered to what extent the indicated features characterized a psychologist. Answers were given on a scale 1–7, where 1 means the strongest saturation with a negative trait, and 7 the strongest saturation with a positive trait, while 4 indicates a neutral assessment (thus the image of a psychologist is assessed on a scale from negative to positive).

**Table 1.** Sociodemographic data of the study group and the respondents' experiences of using psychological, psychiatric counselling, Poland, 2021

Variable	Participants (N = 191)	
	n	%
<b>Socioeconomic</b>		
marital status		
in relationship (marriage, unformal)	103	54
other (single, divorced, widowed)	88	46
education		
vocational	24	12
secondary	68	36
higher	99	52
place of residence		
village		
town		
≤100 000 inhabitants	61	32
>100 000 inhabitants	35	18
city (>1 000 000 inhabitants)	70	47
employment		
not professionally active	82	43
professionally active	109	57
<b>Medical</b>		
psychological counselling so far		
yes	55	29
no	136	71
use of psychological help by loved ones so far		
yes	94	49
no	61	32
I do not know	36	19
psychiatric counselling so far		
yes	32	17
no	159	83
availability of psychologist in public health care		
yes	21	11
no	74	39
I do not know	96	50

The traits include detached–empathetic, indifferent–warm, evaluative–understanding, weird–normal, superficial–insightful, not trustworthy–trustworthy, silent–willing to talk, unbalanced–self-controlled, backward–progressive, uneducated–educated, rough–delicate, and nosy–discreet.

The overall score is calculated as the average of all statements. A higher score indicates a more positive image of the psychologist. The scale is characterized by very good internal consistency (Cronbach's  $\alpha$  coefficient of 0.93).

The second scale called *Using Psychological Help* measures various attitudes toward the use of psychological help (ATPH). It consists of 10 statements rated on a 5-point Likert scale (where 1 – “I strongly disagree,” 5 – “I definitely agree”). Seven statements have a negative connotation (e.g., “Most people are ashamed to admit that they have used the help of a psychologist”) and are analysed directly. Three statements have a positive connotation (e.g., “It is completely natural that mentally healthy people go to a psychologist”) and their results require recoding. The responses were subjected to exploratory factor analysis using the principal components method with varimax rotation. The basic assumptions of factor analysis were met. Sampling adequacy measured by the Kaiser–Meyer–Olkin test was 0.637 and was satisfactory (recommended  $>0.5$ ). The value of determinant (showing strength of correlations between items) was 0.022 (recommended close to 0). Both analyses of the structure based on eigenvalues and the screen plot showed that 4 factors could be extracted, and they explained 74.4% of the total variance. These factors reflected 4 ATPH selected on the basis of the statements included in the scale: manifestation of disorder and inability to cope (3 statements,  $\alpha = 0.75$ ), ineffective whim (2 statements,  $\alpha = 0.71$ ), manifestation of care for health (3 statements,  $\alpha = 0.79$ ), and a reason for shame and concern (2 statements,  $\alpha = 0.60$ ).

Finally, the sociodemographic survey, in addition to factors such as age, gender, education, professional situation, marital status, also assessed the respondents' previous experience using psychological and psychiatric help.

### Statistical analysis

The compliance of variables with the assumptions of normal distribution was checked using the Shapiro–Wilk test. A one-way analysis of variance was used for comparisons between groups. In all cases where the assumption of homogeneity of variances was not met, strong Brown–Forsythe tests were used. *Post hoc* tests were performed using the least significant differences Fisher test when the assumption of equality of variances was met and Tamhane's T2 when this assumption was not met. Statistical analyses were performed using the PS Imago package (Productive Solutions, Poland, Kraków, v. 25). The level of significance was  $\alpha = 0.05$ .

## RESULTS

### The image of a psychologist and its determinants

Using a catalogue of 12 pairs of opposing statements (positive trait vs. negative trait), a ranking of psychologist's traits was established (Table 2).

The average values of the analysed features ranged 4.29–6.26, which means that in none of the pairs was there a shift in the ratings towards the negative (below the value of 4, meaning a neutral rating). The 4 characteristics most strongly attributed to the profession of a psychologist were educated, self-controlled, progressive, and insightful. The 4 lowest-ranked traits were empathetic, warm, gentle, and understanding. Factors that significantly differentiated the image of a psychologist were identified (Table 3).

The image of a psychologist varied depending on age. The oldest people ( $\geq 60$  years old) attributed more negative traits to psychologists than people from the 2 younger age groups (difference between people from the youngest and middle age groups:  $p > 0.05$ ). Moreover, people in a relationship and those who had higher education, were professionally active, and lived in large cities perceived the psychologist more positively. People who had used psychological help and those whose loved ones had used such help also had a more positive image of a psychologist. The image of a psychologist was not related to the use of a psychiatrist's help or gender.

**Table 2.** Ranking of psychologist traits in the study group, N = 191, Poland, 2021

Psychologist trait	Score	
	M	SD
1. Uneducated (1) – educated (7)	6.26	1.45
2. Unbalanced (1) – self-controlled (7)	6.01	1.65
3. Backward (1) – progressive (7)	5.88	1.55
4. Superficial (1) – insightful (7)	5.74	1.63
5. Not trustworthy (1) – trustworthy (7)	5.66	1.73
6. Weird (1) – normal (7)	5.32	1.79
7. Nosy (1) – discreet (7)	5.21	2.03
8. Silent (1) – willing to talk (7)	5.10	1.71
9. Evaluative (1) – understanding (7)	5.01	1.96
10. Rough (1) – delicate (7)	4.97	1.90
11. Indifferent (1) – warm (7)	4.86	1.75
12. Distant (1) – empathetic (7)	4.29	1.97

**Table 3.** The image of a psychologist in relation to age and selected sociodemographic factors, Poland, 2021

Variable	Participants (N = 191) [n]	Image of a psychologist score (M±SD)	F	p	$\eta^2$
<b>Socioeconomic</b>					
age			28.11	0.001	0.23
18–35 years	77	5.91±0.72			
36–59 years	44	5.72±1.42			
≥60 years	70	4.54±1.36			
gender			0.17	0.68	0.001
woman	135	5.39±1.41			
man	56	5.30±1.07			
marital status			6.02	0.02	0.03
in relationship	103	5.57±1.24			
other	88	5.11±1.37			
education			11.62	0.001	0.11
vocational	24	4.62±1.12			
secondary	68	5.04±1.39			
higher	99	5.76±1.18			
place of residence			3.76	0.01	0.12
village	25	5.47±1.17			
town					
≤100 000 inhabitants	61	5.06±1.67			
>100 000 inhabitants	35	5.05±1.31			
city (>1 000 000 inhabitants)	70	5.73±0.88			
employment			10.23	0.002	0.05
not active	82	5.02±1.27			
active	109	5.62±1.30			
<b>Medical</b>					
psychological counselling so far			7.34	0.007	0.05
yes	55	5.76±0.87			
no	136	5.20±1.43			
use of psychological help by loved ones so far			12.99	0.001	0.12
yes	94	5.83±0.98			
no	61	4.91±1.47			
I do not know	36	4.91±1.43			
psychiatric counselling so far			0.06	0.81	0.001
yes	32	5.41±1.52			
no	159	5.35±1.28			

$\eta^2$  – strength of an effect, F – F-statistic.

### Determinants of ATPH

Factor analysis allowed for the identification of 4 ATPH. Three negative attitudes or rather negative in nature included a manifestation of disorder and inability to cope

(psychological help is used by mentally disturbed people, it is identical to psychiatric treatment and is a manifestation of weakness and inability to cope), a reason for shame and fear (people are afraid to go to psychologist



and are ashamed to admit it), and an ineffective whim (psychological help is ineffective, going to a psychologist is a whim); and one of a positive nature included a manifestation of care for health (psychological help can be used by mentally healthy people, anyone who finds themselves in a difficult situation should be able to take advantage of it, it is a manifestation of taking care of one's health).

The study found a relationship between certain ATPH and selected sociodemographic factors and previous experiences of using psychological help. The results regarding age are presented in Table 4.

Age was a factor differentiating all types of ATPH. The oldest people were significantly more convinced than young adults ( $p < 0.05$ ) and adults ( $p < 0.05$ ) that psychological help is a manifestation of a disorder and inability to cope and an ineffective whim. For young adults and adults, to a greater extent than for the oldest, using psychological help was a reason for fear and shame ( $p < 0.05$ ) but also a manifestation of care for health ( $p < 0.001$ ).

Men perceived psychological help as an ineffective whim to a greater extent than women ( $F = 5.35$ ,  $p < 0.04$ ),  $M \pm SD$   $1.78 \pm 0.83$ , and  $M \pm SD$   $1.52 \pm 0.67$ . Women showed a slightly greater tendency than men to perceive psychological help as a manifestation of care for health ( $p = 0.06$ ). Gender did not differentiate the other 2 types of ATPH. Education significantly differentiated all types of ATPH (Table 4).

In cases of perceiving psychological help as a manifestation of disorder and inability to cope and as a manifestation of care for health, all groups differed significantly. People with higher education showed the greatest belief in taking care of their health and the least belief in the disorder and inability to cope in people using psychological help ( $p < 0.05$ ). People with vocational education described ATPH as an ineffective whim to a lesser extent and ATPH as a reason for shame and fear to a greater extent than people with higher education ( $p = 0.03$ ,  $p = 0.008$ , respectively).

Professionally active people reported a higher intensity of ATPH as a manifestation of care for health than non-working people ( $F = 9.29$ ,  $p = 0.003$ ), respectively  $M \pm SD$   $4.32 \pm 0.91$  and  $M \pm SD$   $3.90 \pm 0.98$ . Non-working respondents showed higher levels of ATPH as a manifestation of disorder and inability to cope ( $F = 18.13$ ,  $p = 0.001$ ), respectively  $M \pm SD$   $2.42 \pm 1.14$  and  $M \pm SD$   $1.80 \pm 0.84$ . The other 2 types of ATPH were not related to professional activity.

Marital status differentiated only 1 type of ATPH. People not in relationships had a higher level of ATPH

as a manifestation of disorder and inability to cope ( $F = 5.88$ ,  $p = 0.02$ ), respectively  $M \pm SD$   $2.26 \pm 1.08$  and  $M \pm SD$   $1.90 \pm 0.94$ . Place of residence did not differentiate the analysed attitudes.

The previous use of psychological help was associated with 2 ATPH factors: as a manifestation of a disorder and inability to cope ( $F = 18.94$ ,  $p = 0.001$ ) and a manifestation of care for health ( $F = 15.85$ ,  $p = 0.001$ ). People who previously used such help had a higher level of ATPH as a manifestation of care for health than those who did not use it ( $M \pm SD$   $4.57 \pm 0.74$  and  $M \pm SD$   $3.97 \pm 0.99$ , respectively) and a lower level of ATPH as a manifestation of disorder and inability to cope ( $M \pm SD$   $1.58 \pm 0.62$  and  $M \pm SD$   $2.26 \pm 1.09$ , respectively).

Analogous relationships were observed regarding the use of psychological help by close relatives. People whose relatives had used such help had higher levels of ATPH as a manifestation of care for health ( $F = 27.81$ ,  $p = 0.001$ ) and lower levels of ATPH as a manifestation of disorder and inability to cope ( $F = 29.48$ ,  $p = 0.001$ ). Also, people who had used psychiatric help had a higher level of ATPH as a manifestation of care for health ( $F = 9.16$ ,  $SD = 0.003$ ) and a lower level of ATPH as a manifestation of disorder and inability to cope ( $F = 15.63$ ,  $SD = 0.001$ ).

## DISCUSSION

The first research problem concerned the characteristics of a psychologist's image. Based on a catalogue of 12 pairs of opposing statements (positive trait vs. negative trait), a ranking of psychologist's traits was made. Using a 3-level classification of traits, the 4 traits most strongly attributed to the profession of a psychologist were educated, self-controlled, progressive, and insightful. The 4 features ranked lowest were empathetic, warm, gentle, and understanding. These results are partially consistent with those obtained in previous studies, where the 4 most frequently indicated positive traits were polite, patient, self-controlled, and helpful (85–74% of responses), and the 4 most frequently indicated negative traits were self-confident, distant, suspicious, and cunning (46.5–15%), with a predominance of positive traits [11].

Intellectual and cognitive attributes were associated with the profession of psychologist to a greater extent than emotional attributes. This result may reflect an increase in knowledge about the specificity of the psychologist's profession in relation to other professions dealing with mental health and the conditions that must be met

**Table 4.** Age group and education and attitudes towards using psychological help, Poland, 2021

Variable	Participants (N = 191) [n]	Using psychological help score (M±SD)	F	p	$\eta^2$
<b>Manifestation of disorder and inability to cope</b>					
age group			64.05	0.001	0.41
18–35 years	77	1.58±0.62			
56–59 years	44	1.57±0.56			
≥60 years	67	2.94±1.04			
education level			33.83	0.001	0.27
vocational	24	3.21±1.17			
secondary	66	2.27±1.06			
higher	98	1.64±0.62			
<b>Ineffective whim</b>					
age group			4.23	0.016	0.04
18–35 years	76	1.49±0.57			
56–59 years	44	1.45±0.71			
≥60 years	68	1.79±0.85			
education level			4.97	0.008	0.05
vocational	24	1.96±0.93			
secondary	66	1.65±0.68			
higher	98	1.46±0.67			
<b>Manifestation of care for health</b>					
age group			40.58	0.001	0.31
18–35 years	77	4.63±0.58			
56–59 years	42	4.36±0.89			
≥60 years	66	3.44±0.96			
education level			23.75	0.001	0.21
vocational	24	3.29±0.95			
secondary	64	3.90±1.03			
higher	97	4.52±0.71			
<b>Reason for shame and concern</b>					
age group			10.75	0.001	0.11
18–35 years	77	3.94±0.82			
56–59 years	41	3.76±0.90			
≥60 years	66	3.28±0.89			
education level			3.93	0.021	0.04
vocational	24	3.29±0.83			
secondary	65	3.57±0.94			
higher	95	3.82±0.87			

$\eta^2$  – strength of an effect, F – F-statistic (Robust Brown–Forsythe tests were used in all analyses).

to perform such a profession [14]. One of them is obtaining a master's degree in psychology [19]. Attributing progressiveness to psychologists also seems to be an important

element, which may be related to obtaining education and openness to new trends and a modern view of the world. Additionally, mastery and insight are important

cognitive attributes indicating how the knowledge possessed by psychologists is used and processed by them.

Interestingly, the lowest ranked features were empathy combined with distance and warmth combined with indifference. However, in no case did the ratings move to ranges that would indicate undesirable or less desirable characteristics regarding this profession. The issue of perceiving empathy among psychologists seems to be quite complex because the common understanding of empathy may be different from how psychologists understand and practice it. In common understanding, empathy is often identified with compassion expressed by feeling the same as the other person and providing help (focusing on the emotional aspect). Empathy in the sense of professional interaction is treated as a multi-dimensional phenomenon of an emotional, cognitive, moral, and behavioural nature [20,21]. In psychological practice, the cognitive and behavioural aspects of empathy are of key importance (i.e., reactions and behaviours expressing understanding of another person's point of view), not necessarily involving the expression of emotions.

The second research problem concerned the factors differentiating the image of a psychologist. The most positive saturation of traits was visible in the youngest adults. This result is consistent with previous research that confirmed the importance of age in the perception of a psychologist [22]. In the study group, such a perception was also presented by people in a relationship. It can be assumed that in the study group, people who described themselves as not in a relationship were more often widowed, which may also be related to higher age. People with higher education, living in large agglomerations, and those professionally active had a more favourable image of a psychologist. The factors mentioned above may contribute to exposure to greater demands and burdens in life and, consequently, greater stress and related problems. Thus, they may foster a greater demand for psychological help. Large agglomerations also facilitate contact with greater cultural diversity, life choices, and lifestyles, which may translate into greater tolerance and acceptance of possible forms of help and support.

Similarly, people who used psychological help or had relatives who used such help had a more positive image of a psychologist. This relationship may be bidirectional because on the one hand, a greater demand for psychological support may favour the acceptance of this form of help, and conversely, using help may bring positive experiences in the form of solving problems and reducing suffering, which consequently may translate into the

positive perception of a psychologist [12]. Interestingly, the use of a psychiatrist's help was not related to the perception of the psychologist. This may be an expression of the fact that in recent years there has been an increase in knowledge about the specificity and differences between these professions [14]. Probably people who did not use the services of a psychologist have common knowledge about this profession, coming from the opinions of friends, mass media, films, literature, magazines, the Internet, etc. It would be important also to examine the sources of knowledge about psychologists in future studies.

The third research problem concerned attitudes towards using psychological help. The results of factor analysis allowed for the identification of 4 types of attitudes. Their intensity was related to selected socio-demographic factors and the use of psychological and psychiatric help. The perception of using psychological help as a manifestation of disorders and inability to cope was stronger among the oldest people and among those with lower education, not working, not in a relationship, and not using psychological or psychiatric help (both on their own and by their loved ones). A lower level of knowledge about the profession of a psychologist may be important in these groups, resulting from both lower general knowledge and specific knowledge based on individual experience. These people may have had fewer opportunities to encounter a psychologist during their lives. Moreover, the most common problems with which people turned to these specialists were difficulties in relationships or at work. People not in a relationship and who do not work experience such problems less often, which may contribute to a distorted perception of this area. The cost of therapy could be another factor limiting access to psychological help, especially among non-working people with lower education. However, it is known that other problems may arise in these groups, like difficulties in finding jobs or loneliness. In these people, a negative attitude towards using psychological help may make it difficult to use such help at the right time [23].

The perception of using psychological help as an ineffective whim was stronger among men and among the oldest people and those with lower education. In the case of men, this may be due to gender stereotypes or cultural tradition [24]. In society, there is a stereotype of a man as the head of the family who cannot show weakness and must deal with problems on his own. Men are more likely to externalize suffering in the form of action-oriented activities (e.g., engaging in risky behaviour), and coping



more often takes the form of abusing psychoactive substances [25]. Men commit suicide almost 6 times more often than women [26]. Therefore, in future research, men's attitudes towards using psychological help should be analysed more thoroughly.

The perception of using psychological help as a reason for fear and shame was more intense in younger people and those with higher education. In the youngest groups, there is a greater need for social acceptance and a higher fear of rejection, which may increase a sense of shame associated with asking for help [27]. In groups of people with higher education, the growing competition in professional and financial achievements is also important [28]. Striving for numerous and ambitious goals can cause frustration and, simultaneously, a lack of understanding why others are able to achieve their goals. This may translate into feelings of shame and being worse than others who were able to withstand the pressure of the environment without seeking specialist help.

Overall, it is worth noting that people with negative attitudes were people who may be at increased risk of experiencing difficulties or psychological crises (e.g., difficulties in finding and/or maintaining employment, illness, loneliness in older people). This suggests the need for additional activities to publicize the realistic image of a psychologist and reach groups at an increased risk of both difficulties and a more negative attitude [23]. Some social groups perceive the use of psychological help as a sign of taking care of their own health. They are convinced that psychological help can be a manifestation of caring for one's own well-being and that psychologists help mentally healthy people, too, especially when people find themselves in some difficult life situation. This attitude corresponds to the positive image of a psychologist and was more typical of younger people in this study with higher education and those professionally active people. The results also indicated that young people and people with higher education are characterized by a certain ambivalence towards using psychological help. On the one hand they perceived it as a sign of taking care of their own health, and on the other hand, they saw it as a reason for shame and concern. This result requires some caution in analysing changes in attitudes toward psychologists and the use of psychological help. Despite generally favourable trends, young and educated people may also struggle with the dilemma of whether or when to seek psychological help for fear of rejection or negative social evaluation.

The presented research had certain limitations. A relatively small, non-representative group participated in this study. The snowball method was used, which may

result in selection bias affecting the study results. Further research on these issues with a broader, representative sample is advisable, especially since sociodemographic factors seem to be important. Also, tools at the initial stage of development were used. The format of a scale originally assessing the image of a nurse was successfully used to examine the psychologist's image, but content modifications were necessary for the purposes of this study. In turn, the scale for examining attitudes towards using psychological help was based on an exploratory factor analysis performed with the study group. It would be necessary to repeat the research with a larger group and perform confirmatory factor analysis. Also, further research in this area could include a wider range of factors differentiating the image of a psychologist and the analysed attitudes. This would provide more empirical data that could form the basis of social education campaigns appropriately tailored to recipients.

## CONCLUSIONS

First, the revealed image of the psychologist was positive. Intellectual and cognitive attributes were associated with the profession of psychologist to a greater extent than emotional ones. Second, the youngest people, those with higher education, those living in large agglomerations, and those professionally active and having had previous contact with a psychologist held a more favourable image of a psychologist. Third, the perception of using psychological help as a manifestation of taking care of one's health was more typical of younger people, those with higher education, and professionally active people. Conversely, people with negative attitudes toward psychological help were people who may be at increased risk of experiencing difficulties or psychological crisis. Finally, given the deterioration of mental health in Poland, there is a need to disseminate a realistic image of a psychologist and reach groups both at an increased risk of difficulties and those with a more negative attitude. Reducing the factors that influence the negative image of a psychologist and promoting positive attitudes towards the psychologist's activities can contribute to improving the worker's health, especially to protection against burnout syndrome and improving the worker's well-being.

## AUTHOR CONTRIBUTIONS

**Research concept:** Dorota Włodarczyk

**Research methodology:** Dorota Włodarczyk

**Collecting material:** Teresa Laskowska

**Statistical analysis:** Dorota Włodarczyk

**Interpretation of results:** Dorota Włodarczyk,

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**Appendix 1.** The scales used in the study: *Image of a Psychologist* and *Using Psychological Help*, N = 191, Poland, 2021*Image of a Psychologist*

Below are pairs of statements that are used to describe people. The numbers 1–7 are placed between the statements. Selecting “1” means that you strongly agree with the statement on the left, and selecting “7” means that you strongly agree with the statement on the right. Read each pair of statements carefully and mark “X” the number that you think best describes psychologist.

Trait	Responses							Trait
	1	2	3	4	5	6	7	
Distant								Empathetic
Indifferent								Warm
Evaluative								Understanding
Weird								Normal
Superficial								Insightful
Not trustworthy								Trustworthy
Silent								Willing to talk
Unbalanced								Self-controlled
Backward								Progressive
Uneducated								Educated
Rough								Delicate
Nosy								Discreet

*Using Psychological Help*

Please read the following statements and indicate the extent to which you agree with each statement by circling one number, where: 1 – “I strongly disagree,” 2 – “I disagree,” 3 – “I have no opinion,” 4 – “I agree,” 5 – “I definitely agree.”

1	Only people with serious mental disorders seek psychological help.	1	2	3	4	5
2	Most people are afraid to go to a psychologist.	1	2	3	4	5
3	It is completely natural that mentally healthy people go to a psychologist.	1	2	3	4	5
4	The role of a psychiatrist and a psychologist is practically the same.	1	2	3	4	5
5	Seeking help from a psychologist is a sign of weakness and inability to cope with life.	1	2	3	4	5
6	Every person in a difficult situation should have the opportunity to seek help from a psychologist.	1	2	3	4	5
7	Using psychological help is a sign of taking care of your mental health.	1	2	3	4	5
8	Most people are ashamed to admit that they have used the help of a psychologist.	1	2	3	4	5
9	Psychological help is ineffective.	1	2	3	4	5
10	Going to a psychologist is a whim.	1	2	3	4	5