

UNIVERSIDAD SAN FRANCISCO DE QUITO

Colegio de Ciencias Sociales y Humanidades

**Actitudes y Percepciones de Hombres y Mujeres del Ecuador hacia la
Psicoterapia**

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Trabajo de Titulación presentado como requisito Para la obtención de título de
Sicóloga Clínica

Quito, julio de 2015

Universidad San Francisco de Quito
Colegio de Ciencias Sociales y Humanidades

HOJA DE APROBACIÓN DE TRABAJO DE TITULACIÓN

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DEDICATORIA

Este proyecto lo quiero dedicar a toda mi familia que me acompañó a lo largo de estos años, siempre motivándome en mis estudios y en todas las metas que me he planteado. Por todo el amor y cariño que me han brindado sin importar las circunstancias. A mi padre, por demostrarme el valor del esfuerzo constante y los frutos que se recibe del mismo. A mi madre, por siempre demostrar fortaleza y constancia. A todas las personas que son parte importante de mi vida y que me han ayudado a moldearme como ser humano.

AGRADECIMIENTOS

Quiero agradecer a mis padres que pusieron su mejor esfuerzo para contribuir de manera total a mi educación y a todas las personas que me ayudaron y asistieron durante todo este período. Agradecer también a todas las amistades que he hecho a lo largo de mi carrera, han hecho de esta vivencia algo mucho más significativa y divertida. A todos los profesores que han sido parte de mi carrera y en particular a los que lograron demostrar su lado más humano y verdadero, pudieron ir más allá de la teoría y realmente dejar una marca en sus estudiantes.

RESUMEN

El presente estudio investigó la diferencia entre mujeres y hombres ecuatorianos en cuando a sus actitudes y perspectivas hacia la psicoterapia. Investigaciones previas encontraron que las mujeres utilizan los sistemas de salud mental el doble que los hombres (Cox, 2014) y que los hombres a través de las culturas y contextos sociales son consistentemente reacios al momento de buscar ayuda profesional (Lehdonvirta, Nagashima, Lehdonvirta, & Baba, 2012). La muestra incluirá 400 participantes, 200 mujeres y 200 hombres que serán reclutados en Quito a través de correos electrónicos, medios sociales y volantes. Se utilizarán tres inventarios: Intentions to Seek Counseling Inventory (ISCI), Stigma Scale for Receiving Psychological Help (SSRPH) and Attitude Toward Seeking Professional Psychological Help (ATSPPH) al igual que un cuestionario sobre el sexo, edad, etnia y afiliación religiosa. En general los resultados anticipados son consistentes con la investigación previa que demuestra los hombres tendrán una peor actitud hacia la psicoterapia, tendrán un estigma negativo más elevado y estarán menos dispuestos a buscar ayuda psicológica que las mujeres.

Palabras claves: psicoterapia, diferencias de género, percepciones, estigma, actitudes, intenciones de buscar terapia.

ABSTRACT

This study investigated the difference of Ecuadorian women and men perceptions and attitudes towards psychotherapy. Research has shown that women use twice as much mental health care than men (Cox, 2014) and that men across culture and social context are consistently reluctant to seek for help (Lehdonvirta, Nagashima, Lehdonvirta, & Baba, 2012). The sample includes 400 participants (200 women and 200 men) recruited from Quito through e-mails, social media and flyers. Three different inventories are planned to be used: Intentions to Seek Counseling Inventory (ISCI), Stigma Scale for Receiving Psychological Help (SSRPH) and Attitude Toward Seeking Professional Psychological Help (ATSPPH) as well as a short questionnaire regarding sex, age, ethnicity and religious affiliation. Overall the anticipated results were consistent with the previous researches across different contexts which states that men have a negative attitude towards psychological help, a greater negative stigma and are less willing to seek for help than women.

Key words: psychotherapy, gender differences, perceptions, stigma, attitudes, willingness to seek therapy.

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INTRODUCTION

The aim of the current study is to investigate and acknowledge the importance of attitudes and perceptions that men and women have towards psychotherapy in and Ecuadorian context. Several researches across time have proven the effectiveness and value of psychotherapy on individuals, nevertheless individuals' negative perceptions of persons who seek therapy are still an important factor that keeps the stigma for seeking professional help and only seek psychotherapy after other attempts have failed (Hill, Satterwhite, Larrimore, Manni, Johnson, Simon, Simpson & Knox, 2012). In general, people that have a positive perception towards psychotherapy are more likely to perceive the potential benefits of seeking help. Also, the attitude toward psychotherapy predicts the openness of distinct aspects of therapy as emotion expression. The most common barrier at the time of seeking for help is the stigma, "both public stigma (i.e. the belief that anyone who seeks therapy is socially inferior or unacceptable) and self-stigma (internalized stigma) discourage people from seeking psychotherapy. Many individuals doubt the value of psychotherapy and question whether their problems are severe enough to merit psychotherapy" (Hill, et al. 2012, p. 13).

General factors for people's reluctance to seek for help is the "strong belief in individualism, low interpersonal dependency, reluctance to self-disclose, and a tendency to conceal distressing and negative personal information" (Komiya, Good, & Sherrod, 2000, p. 138). Also, factors such as low economic status, low social status, low educational level, lack of awareness towards the mental health resources and belonging to an ethnic minority also plays a role in the low attendance to mental health services (Komiya, Good, & Sherrod, 2000). Studies have also found that women are more likely to seek for professional help regarding emotional issues and in general, they have more positive

attitudes towards psychotherapy than men. The main reason of why men could perceive a greater stigma regarding seeking counseling, is that “men who are expected to be stoic, controlled and self-sufficient” (Vogel, Wade, & Hackler, 2007, p. 41). These findings suggest that gender role and sex have an important role in the willingness to seek for help.

The main hypothesis of the present study is that women have lower levels of stigma and a positive attitude towards seeking counseling compared to men, which is presumed to be found that they have a higher level of stigma and a negative attitude towards seeking psychotherapy. This research is important due to the lack of investigation regarding this topic not only in Ecuador, but in Latin America in general. Due to the strong cultural values that bound South Americans, the research could be replicable. This research could help the psychology community in Ecuador for seeking other ways to prove to the population in general of the benefits that come with attendance of professional help and also to find a way to be able to lower the stigma among this particular area of expertise. This research can also be helpful to the sociology area, so they can have a deeper and different perspective of understanding of cultural values that both men and women have in Ecuador that are tied to the concept of seeking for professional mental help, and also the internal and external stigma that both sexes carry.

LITERATURE REVIEW

Sex differences

Consistently, studies have found that there is in fact, a role that is played by the gender of the person who seeks (or not) for help. For example, in Canada and in an international level, men consults for mental health less frequently than women. This difference remains the same even when mental health concerns, demographic and socioeconomic variables are controlled (Cox, 2014). In fact, there is a difference of the impact of gender when there is a specialty mental health provider that is consulted. This results showed that “women consulted a general practitioner for mental health concerns approximately 3 times as frequently as men, a psychologist 2.3 times as frequently, and a psychiatrist 1.7 times as frequently” (Cox, 2014, p. 68). This subject is particularly important, due to the fact that men have a higher risk of vulnerability to illness and mortality and their rate of use of the medical system is lower than females (Lehdonvirta, Nagashima, Lehdonvirta, & Baba, 2012).

Among this factors of men avoiding to search for help, it has been stated that when men do request for help, they prefer indirect means than direct means, this is, using implicit requests and nonverbal signals. When they seek for help, men don't only have problems about discussing of general topics, but also specific requests for help (Lehdonvirta, Nagashima, Lehdonvirta, & Baba, 2012). This is particularly important when men are strongly identified with a traditional male role, in which being strong, independent and in control can be affected if they seek for counseling. Other characteristics that men possess that may be acting as a prevention for them to seek for help is the minimization of problems, grief, do not trust their care givers, the lack of privacy and that counseling is a sign of emotional instability (Yamawaki, 2010). A sense of failure can be

overwhelming for males this, they prefer not to search for professional help. This is not only consistent in adults, but also in adolescents, that are more open to ask for help with a girl than a boy (Vogel, Wade, & Hackler, 2007). For females, there are several reasons of why they do not seek for help that are different for men. Although women do have a larger tendency to attend to counseling, women who don't see a barrier in terms of the lack of time, income concerns, responsibility with family chores and even not having an accurate consultant nearby their geographical area. Other concerns also include the lack of child-care facilities to be able to visit a mental health provider and deficits in the transportation (Slaunwhite, 2015).

Factors concerning men and women, investigated by Yamawaki (2010) is the fact that even when men seek for help, they are less likely to be helped than women. There are many reasons of why this phenomena might occur, being the first that males are considered to have better skills in problem-solving than women, so in contrast more women are helped because they are considered to be more likely to fail at the time to solve their problems and also, women problems are seen more as event-like and uncontrollable. Mental health practitioners are more willing to help when they assume that the person they attend to is not responsible of the problem that causes the attendance to therapy, ergo females are more successful to find and get help. Other reason why women get more help is because the social sanction and stigma of people who don't help women is much greater than if they don't help a man. The last theory is that the physical risk that a counselor has in attending a women is less than the case in that the help is received by a men, which increments the fact of not feeling physically safe (Yamawaki, 2010).

Stigma towards seeking professional help

Understanding the impact that stigma has in society and in individuals who battle with mental illnesses is a crucial information to have a deeper knowledge of how can the medical system change through community beliefs. There are two distinct ways that stigma can be viewed. First, there is the public stigma, in which people perceive that a person who seeks for professional help is somewhat undesirable or not going to be accepted in society because there is a perceived flaw that the person has. On the other hand, there is self-stigma, which means that the persons' own perception of being flawed or undesirable to society keeps them from asking for professional help. Research has found that there is a direct link in the self-stigma has an effect between public stigma and the intention to seek for mental health (Wade, Vogel, Armistead-Jehle, Meit, Heath & Strass, 2015). Quinn & Knifton (2005) have also shared this concept and impact of stigma, stating that people with mental illnesses has an impact in the whole community, especially in areas in which education, labor and relationships are included, that have a direct impact in social exclusion and has repercussions in recovery. It hinders also the persons' self-esteem and confidence of what they can contribute to society, as a consequence, the isolation magnifies the feelings of exclusion and affects the willingness of the person to seek for help before the illness gets worse (Quinn & Knifton, 2005).

Is particularly important to understand that stigma and attitudes towards seeking help are correlated, most of all stigma has a direct impact of the attitude that the person has. Research has found that men have consistently shown a negative attitude towards mental health, opposed to women that have a better attitude (Mackenzie, Gekoski, & Knox, 2006). The mental process that men have is that they will be stigmatized by the professional by discussing certain topics. Also, men battle with a greater level of self-

stigma towards counseling than women (Vogel, Wade, & Hackler, 2007). This is due particularly for the stigma that is associated with mental illness (Mackenzie, Gekoski, & Knox, 2006).

An important indicator of understanding the help-seeking is the Theory of Planned Behavior (TPB). This theory states that “the best predictor of an individual performing a behavior is their intention to do so, and a person’s intention to perform a behavior is a function of their attitudes, society’s norms, and their perceptions about the ease or difficulty of performing a behavior” (Turner, Jensen-Doss, & Heffer, 2015, p.1). It is important to understand the theory behind mental processes that go into decisions of seeking for counseling or not because there are important factors that are involved in in, such as attitudes and general norms that encourages or discourages people to make a certain decision, being an important one to seek for professional help or not (Turner, Jensen-Doss, & Heffer, 2015). An important variable that enters in the decision-making process is the level of education that the person has. In one hand, women regarding of their educational level had a positive attitude towards help-seeking and men had a better attitude when they had a higher level of education, which means that in fact education has an important intervention towards improving attitudes towards the psychological help system (Mackenzie, Gekoski, & Knox, 2006). This finding is vital to be able to assess ways in which the mental health institutions can have a greater rate attendance and also to evaluate the way in which public health can install prevention programs towards mental health and lower the social costs that this has every year (Quinn & Knifton, 2005).

Stigma reported in Latin America

Research in this particular area is not as broad as research that has been done in United States and Europe. Nonetheless this particular field of research is becoming more important and necessary, due to the fact that in Latin America, by 2020 the percentage of people with some mental disability or non-adjusted to society due to a neuropsychiatric condition will be at 20.6% (Saldivia, Vicente, Kohn, Rioseco, & Torres, 2004). This also began to become an area of concern when in the 1980's and 1990's, most of Latin American countries increased the poverty rates and the fair income distribution declined (Acuña & Bolis, 2005). The World Health Organization (WHO) made a study in 2002 to investigate the proportion of the countries budget went to mental health care, and they stated an alarming difference between developed and non-developed countries. For example, in Chile, the destined budget to mental health area was 1.5 percent, while in Canada was 11 percent (Saldivia, Vicente, Kohn, Rioseco, & Torres, 2004).

Stigma seems to be a prevalent subject across every culture, especially in ethnic minorities. It is related with the individual perception that society will not approve and see the individual as “flawed” when having emotional issues and requesting for professional help. Latinos specially, see professional assistance as a shame and weakness in their character (Rojas-Vilches, Negy, & Reig-Ferrer, 2011). In the Pan American inform made by Acuña and Bolis (2005), found that 90.3 per cent of people in Latin America did in fact said that their own and perceived social stigma was an important factor for them to not use mental health care, moreover it was found that fear arose when the individuals though that others might find out that they were attending to therapy. It is important to acknowledge the fact that in Latin America there is an underutilization of mental health facilities because of the stigma related, lack of mental health services providers and the location in which the

facility relies and where the person lives. Many Latinos over utilize emergency rooms because of the abandonment of psychiatric treatments that can lead to suicide and psychotic episodes (Acuña & Bolis, 2005).

Saldivia, Vicente, Kohn, Rioseco, & Torres (2004) research gave an important overview of health services in Chile that was made with a total of 2,987 participants from age 15 and up. For example, the study did find that women were more likely than men to seek any kind of health care, women reaching a 44.2 percent and men a 39.3 percent. Older participants (55-64 years old) attended more to the health care system but younger generations (15-24 years old) attended more to the specialized mental health system. Regional, education and income differences did not had a correlation between the use or lack of use of the health care system. However, Rojas-Vilches, Negy, & Reig-Ferrer, (2011) found that Latinos did in fact considered religion as a source of social support, and their belief guides them through difficult and distressful emotions, so this activity is considered as a help-seeking behavior, even though it is not considered professional help, these beliefs draws them away of actually seeking for professional mental health.

Mental health help-seeking willingness and social support

There is growing research that states that an important factor at the time for people to seek for psychological help is the perceived social support. This includes the past experiences they could have with being involved with psychological help and the experiences that peers or family related to professional mental help (Chen, Romero, & Karver, 2015). This is directly linked to the attitude that persons have towards mental services (Yamawaki, 2010). People tend to seek for help when every other resource has been ruled out. The willingness to seek for therapy involves multiple factors, such as the nature of the problem (relationships, drug abuse, academics, personality, sexual, emotional,

among others) that affect the decisions of persons to decide whether or not they will have a counselor. Particularly persons who have problems with their families, academic and work related problems tend to seek for more help and persons who deal with interpersonal and neurotic problems tend to avoid professional psychological services (Erkan , Özbay , Cihangir-Çankaya, & Terzi, 2012).

First of all, people engage in a four step model that makes them recognize they have a problem, decide if professional help might be useful to solve that problem, decide whether or not to seek for counseling and finally contact the professional for help (Erkan , Özbay , Cihangir-Çankaya, & Terzi, 2012). In the second step, when decision abilities are required to seek for counseling or not, enters the importance of the conception of self that the person has that includes self-representation (organizes behaviors and experiences) and is divided in three general types of self that a person has: the individual, collective and relational self. In the individual self, the person has a strong and independent self-concept that relies in the respect and reliance within. The collective self, prefer a gregarious, governed by rules and loyalty defined by others. The relational self includes interpersonal relationships, the self-role with those persons and similarities shared and how to communicate this common characteristics with important relationships. This factors are vital at the time to assess peoples' intention to seek for help, due to the relationship this has with coping with problems. For instance, people that tend to be more independent, have direct coping mechanisms that seek help in times of trouble, as well as people with relational self that inherently have a better view towards relationship and the openness that comes with them, so they have a better capacity to share emotions and seek for help when needed. People with collective self, have a better view of themselves when they seek for help among their social support, but maintain a negative attitude toward professional help. This finding demonstrates the importance of the environment in which the person is

immersed, due to the fact that the perception of the group becomes the perception of oneself (Koydemir-Özden, 2010).

Perceived social support is completely bound to the positive or negative attitude toward professional mental health with cultures that place importance in family ties. This is particularly important when the coping mechanism is related with creating a social support that reinforces the idea of seeking professional help. The absence of this social support can predispose the person to have maladaptive coping skills and avoid looking for help. Studies have not found any difference in culture or ethnicity to prove that women are more willing to go to counseling. This can relate to the fact that women have closer friendships, provide and let be provided with help, women have more a more gregarious way of coping with problems (Koydemir-Özden, 2010). Research has found that women are inherently more open to share their emotions and seek for help when they are involved in problems because they do not prefer to deal with their problems for themselves (Erkan , Özbay , Cihangir-Çankaya, & Terzi, 2012). Also, women were more likely to seek to professional help when they acknowledge a psychological problem (Mackenzie, Gekoski, & Knox, 2006). Men, lacking the openness skills to share their problems, tend to have and avoidant coping mechanism and do not rely on social support to solve their problems (Koydemir-Özden, 2010).

METHODOLOGY

Recruitment of Participants

First of all, it is important to create accurate flyers that specify the kind of person that is wanted to the study and make it in a simple language, so people can understand right away the purpose of the study and be motivated to participate. The second step for the recruitment would be distribute flyers in several important places where a great influx of persons, such as malls, universities, libraries, among others. Also via social media, it can be communicated to a large amount of people the fact that a study will take into place. For example, it could be important that Universidad San Francisco de Quito can help in the process, sending e-mails with the flyer attached to students and teachers, so they can also spread this information to their peers and relatives. It could be important to give people a reward for participating in the study, such a small amount of cash, but because the actual study does not require a lot of effort and time of the participants, the cash reward could be omitted.

Participants

The main focus of the research is to be able to establish a clear gender difference of perceptions and attitudes of people towards psychotherapy, so the bigger the sample, the difference can be established much easily. The hope for this study is to have a total of 400 participants, 200 women and 200 men. The ages would be without boundaries, beginning from 18 years old participants and up. This design regarding age could also be used as an alternate study, to be able to see if there is a difference between younger generations and older generations regarding the stigma towards psychotherapy. There is also no restrictions towards socioeconomic status of the participants, none the less they have to be able to read, understand and answer the inventories used in the study, so the minimal education

requirement would be high school. All the participants would need to be of Ecuadorian nationality so the results of the study can serve as an idea of the cultural impact. It's difficult to have an accurate representative sample of the Ecuadorian Population due to the varied ethnicity and cultures that are involved in the country but it is important to acknowledge that Quito is the capital of Ecuador and that there is a high rate of emigration from other provinces.

Study Design

The study because of the inventories that would be used, is of a quantitative nature that can assess easily a large population with an accurate result. The design also involves a standardized survey that is the Intentions to Seek Counseling Inventory, the Stigma Scale for Receiving Psychological Help, the Attitude Toward Seeking Professional Psychological Help and finally a small basic information of the participant.

First, the Intentions to Seek Counseling Inventory (ISCI) is a 17 item measure that can be answered in a 4 point Likert scale from 1 that means very unlikely to 4 that means very likely. The questions are designed to individuals to answer how likely they would seek counseling help if they would be experiencing problems such as depression, personal worries, relationship problems and drug concerns. This inventory has 3 distinct subscales that have a distinct internal consistency. For psychological and interpersonal problems, there are 10 items and the factor analysis is of .90, the academic concerns subscale consists of 4 items that has an internal consistency of .71 and drug concerns that have 2 items with internal consistency of .86 (Vogel, Wade, & Hackler, 2007).

The Stigma Scale for Receiving Psychological Help (SSRPH) this scale was designed by Komiya, Good & Sherrod (2000) to “assess individuals ‘perceptions of how stigmatizing it is to receive psychological treatment” (p.139). This scale consists of 5

questions with 4 answer options that are rated in a Likert scale from 0, indicating strongly disagree to 3 that indicates strongly agree. This scale was analyzed first by two doctoral level licensed counseling psychologist that evaluated the five items and determined that the items did in fact determined the perception of stigma associated with receiving psychological help. The second assess was made with a factor analysis. The level of consistency was rated at .72 which classifies it like an acceptable level of internal consistency (Komiya, Good, & Sherrod, 2000). In Chang & Chang (2004) research, the internal consistency of the SSRPH was stated at .80.

The Attitude Toward Seeking Professional Psychological Help originally (ATSPPH) created by Fischer & Farina (1995, cited in McGhee, 2011), which is a shortened version of the original of the original 29-item questionnaire, involves a 10 item questions that are scored in a 4 point Likert scale. The answers range from 1 that means disagree to 4 agree. The higher the scores, the more positive is the attitude towards counseling. The internal consistency of the tests is of .80.

Finally, the basic survey of general information of the participant, regarding age, gender, ethnicity and religious belief. This study design would be helpful to answer the hypothesis because it provides a large quantity of information from the ISCI, SSRPH and ATSPPH but also acknowledges intrinsic factors of the participant that are important at the time to answer a possible extra correlation so it not only answers a main purpose but it can serve as various.

Analysis of the Data

For the analysis of the data, the researcher has first of all, collect the data from the participants, including all the inventories and also the small survey that includes sex, age, ethnicity and religious affiliation. The program that shall be used is Microsoft Excel to be

able to tabulate the results in an organized matter, by utilizing the previous code assigned to every participant in order to link every information that they provided. Each inventory (ISCI, SSRPH and ATSPPH) will be scored according to the creators scoring procedure.

Ethics

First of all, the most important factor to protect the participant is providing an informed consent, this document must include a disclosure that states that the participant can withdraw from the study at any moment and that if there is any sort of physical, emotional, mental or spiritual harm, names and contact information of persons who will take care and report this violation to the ethics code will be listed. There will be two copies of the informed consent, one copy remains with the participant and the original goes to the investigator. Previously of the fulfilling of the inventories and general information survey, participants will have a slot of time to be able to answer to any question they have regarding the study itself and other questions that may arise. If the participants in the middle of the procedure wish to abandon the study or refuse to answer a question, they would not be participating anymore in the study because they failed to fulfill all the information required to be considered to enter in the study.

This study assures the correct handling of the ethical standard is assuring the anonymity of the participant, so no name or contact information has to be provided by the participant. Because this is the main concern, the survey and inventories will be answered by the participant individually, so no bias can affect the answers. The participants will also be informed of the ways they can contact the investigators to access to the copy of the study, like giving the e-mail address of the researcher as well as the psychology department and library contact information of Universidad San Francisco de Quito.

ANTICIPATED RESULTS

The anticipated results of this study is to find that there is in fact a gender difference that determines the attitudes and perceptions towards seeking professional help. Due to the specific inventories that will be used and the previous literature research that has been done, it is estimated that women in the Intentions to Seek Counseling Inventory (ISCI) will have a greater willingness to seek for therapy to be able to solve their problems because research proved that women are more open to talk about themselves as well to acknowledge they are having a psychological problem. On the other hand, men will have a lower index of willingness to be involved in a therapeutic process because research has found that they are not open to discuss their emotions and prefer to seek a solution for themselves, rather than ask for help.

In the Stigma Scale for Receiving Psychological Help (SSRPH), the anticipated results would be that men will have a negative stigma towards psychological help and that women will have a lower negative stigma rate. This is because research has found that the society has a generalized negative stigma towards mental illness but men have a greater burden because this is strongly attached to their gender role, that makes them more prone to have greater impact on their self-esteem and do not want to be perceived as “weak”. Women are more willing to seek for help and have a better and easier access to the mental health system, so they encounter less barriers at the time to look for a counselor.

Finally in the Attitude Toward Seeking Professional Psychological Help (ATSPPH) it is anticipated that women will have a better attitude towards seeking help than men. Again, this has been stated constantly over several researches and it is important to acknowledge the fact that attitude, stigma and intentions to seek for help are strongly. So if it expected that women have a positive attitude, they will have a lower negative stigma and

are going to be more willing to seek for help. On the contrary, if men have a negative attitude towards seeking help, results will show that they have a negative stigma, ergo they will have a lower intention to seek for professional help. These three inventories will provide a precise overview of men and women thinking processes and the factors that determine their attitudes and perceptions towards therapy.

DISCUSSION

Consistent with what was hypothesized at the beginning in the study, the anticipated results could show that there is in fact an important gap between women and men perceptions and attitudes towards psychotherapy. Particularly some of the studies cited previously used the same inventories as the present study and have retrieved similar results such as Cox (2014) that found that women assisted more to the health care system in general, but also to assist twice as much to psychological and psychiatric system in contrast with men. This is also consistent with the findings of Lehdonvirta, Nagashima, Lehdonvirta, & Baba (2012) in which is stated that men and women across the world follow a specific sociodemographic pattern that proves constantly that men show themselves as reluctant to seek for help, in comparison to women who are more willing to attend to counseling.

There are multiple social factors that create a barrier for men to seek for help not only in the mental health system but also the request for help in every health care area but that do not act as a strong barrier to women. First of all is the expectation of the male role that have to be seen as strong, emotionally in control, independent and stoic. On the other hand, women are expected to have a greater level of dependency, are allowed to be emotionally expressive, affectionate and passive (Yamawaki, 2010). In males, the fact that they cannot be emotionally open and seek for help is particularly dangerous and an area of concern because males have a higher rate of being vulnerable to illness and mortality than women, and still refuse to use the health care system (Lehdonvirta, Nagashima, Lehdonvirta, & Baba, 2012). Other important factor at the time to seek for help is highly influenced by social and cultural factors and also the nature of the problem and the counseling service itself. Revelations of negative attitudes towards mental health care are

strongly related to low intentions to seek for help and this also reduces the likelihood of the person acknowledging the need to seek for help (Pheko, Chilisa, Balogun, & Kgathi, 2013).

The anticipated results would prove the previous research, that in fact there is a gender and sex difference in Ecuador towards psychotherapy. More important, the results can indicate the weight that some variables have at the time to seek for help. The expected results and accordingly to the research, the main variables would be the attitude towards psychotherapy and the stigma. Mostly because revelations of negative attitudes towards mental health care are strongly related to low intentions to seek for help and this also reduces the likelihood of the person acknowledging the need to seek for help. On the other hand, stigma is one of the principal factors that people see as a barrier to seek for therapy. Across every culture and mean has shown that the most important stigma is towards having a diagnosis and the intention to seek for help per se. Persons who consider counseling battle between self-rejection and-self-stigma, with feelings of isolation, shame and being inferior (Pheko, Chilisa, Balogun, & Kgathi, 2013).

There is still a lack of information regarding Latin American population because although there exists information from the WHO, most of the research is made in United States with acculturated populations to that environment that will probably affect the responses of the particular participants that are involved in the study. This possible findings have a high relevance with the field of psychotherapy because it can be acknowledge the specific variables of why mend and also but in a lower proportion, women are not fully using the mental health system. This study could also represent the fact that indeed the level of education serves as a strong variable towards women when determining whether or not they are willing to seek therapy or not.

LIMITATIONS

The present study has some limitations that can affect the replicability and validity of the results. First of all, it is important to acknowledge that the inventories used (ISCI, SSRPH and ATSPPH) have not been adapted to Spanish or to the Ecuadorian context, so results can be affected due to this factor. Also, the population used although considered wide, does not provide a precise overview of the Ecuadorian population in general, so results can be applicable in Quito but may not reflect the reality of other major cities or Latin America in general. The population used in the study is required to have a bachelor degree to be able to understand and fulfill accurately the inventories, so it can reflect the thinking process of an educated population but could not reflect the perceptions and attitudes of lower education population. The age range can also affect the results, but it is unknown of the impact it can have.

FUTURE RESEARCH

It is important to state that the study was meant not only to analyze the gender differences on attitudes and perceptions towards therapy, but also to assess multiple variables that can also affect this results. For instance, the research on purpose did not made a strict age cut-off so the results can be used to address also the differences that may exist between several generations. Other variable that could be important at the time to seek for help is the ethnicity and the religion that the person has, so the data collected in the research can be an important insight of how this variables can affect the thinking process of people at the time to seek for help, and evaluate if there is a correlation that determine not only a gender difference, but also amongst all of the previously described variables.

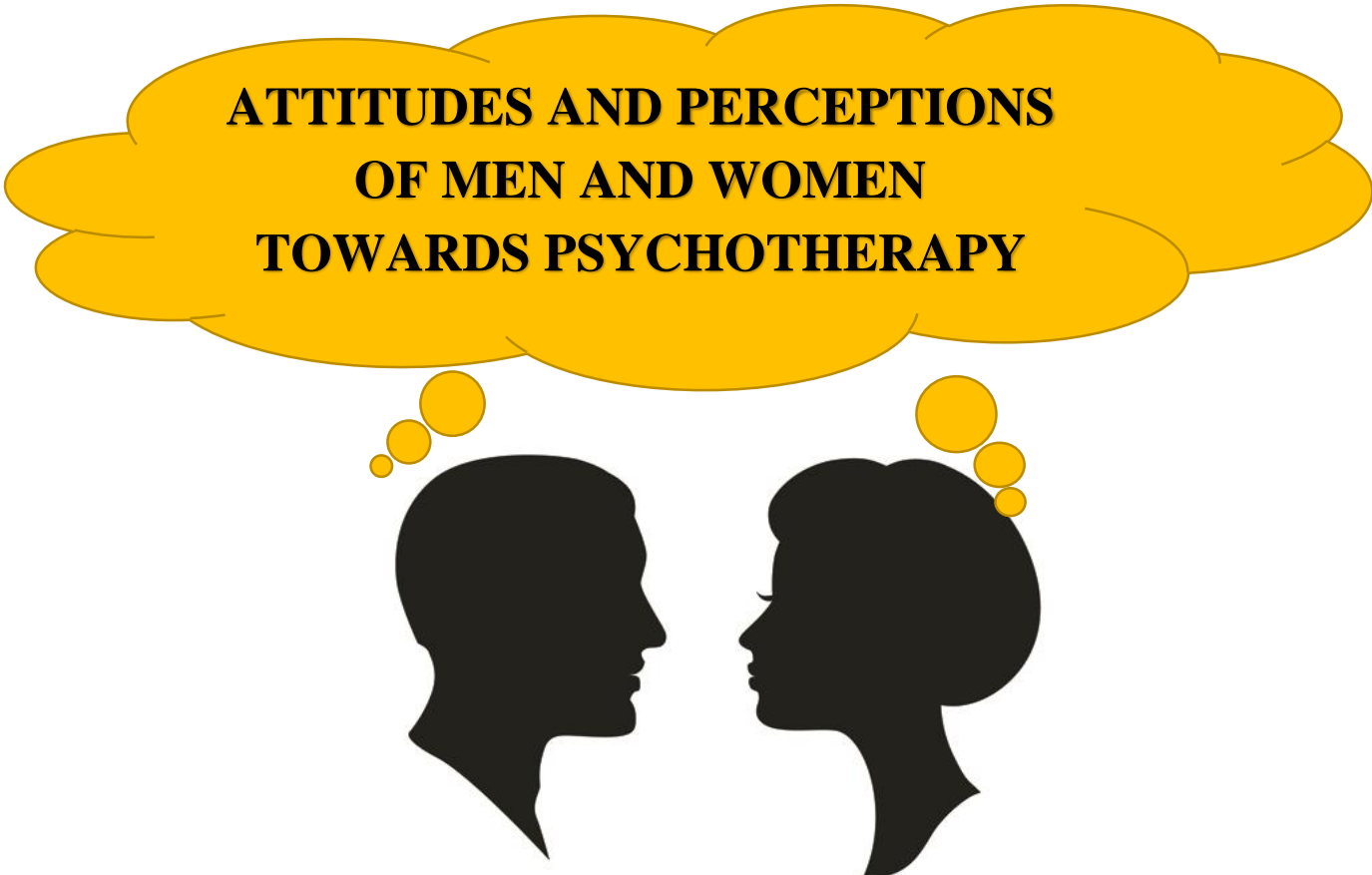
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APPENDIX A: ADVERTISEMENTS



ATTITUDES AND PERCEPTIONS OF MEN AND WOMEN TOWARDS PSYCHOTHERAPY

Have you ever wanted to seek for counseling but had **second thoughts** about it? Come and let us know **why!**

Requirements:

- Ages 18 and up (Ecuadorian nationality)
- Completed high-school (English knowledge)
- 25 minutes of your time

For your voluntary participation, you'll receive \$5!!

Register to be able to participate in this research that will be open

- Monday, July 13th through Friday, July 17th from 8:00am to 8:00pm.
- Monday, July 20th through Friday, July 24th from 8:00am to 8:00pm

This study is part of 5th year Psychology student María Isabel Donoso's Honours Thesis research project.



To register or further questions, please contact María Isabel Donoso at

mariaxxxxxxxx@estud.usfq.edu.ec before Monday, July 13th



APPENDIX B: ETHICS**FORM #1**

Comité de Bioética, Universidad San Francisco de Quito

El Comité de Revisión Institucional de la USFQ

The Institutional Review Board of the USFQ

SOLICITUD PARA APROBACION DE UN ESTUDIO DE INVESTIGACION**INSTRUCCIONES:**

1. Antes de remitir este formulario al CBE, se debe solicitar vía electrónica un código para incluirlo, a comitebioetica@usfq.edu.ec
2. Enviar solo archivos digitales. Esta solicitud será firmada en su versión final, sea de manera presencial o enviando un documento escaneado.
3. Este documento debe completarse con la información del protocolo del estudio que debe servir al investigador como respaldo.
4. Favor leer cada uno de los parámetros verificando que se ha completado toda la información que se solicita antes de enviarla.

DATOS DE IDENTIFICACIÓN

Título de la Investigación

Actitudes y percepciones de hombres y mujeres del Ecuador hacia la psicoterapia.

Investigador Principal *Nombre completo, afiliación institucional y dirección electrónica*

María Isabel Donoso Reece. USFQ. mxxxx@gmail.com

Co-investigadores *Nombres completos, afiliación institucional y dirección electrónica. Especificar si no lo hubiera*

No aplica

Persona de contacto *Nombre y datos de contacto incluyendo teléfonos fijo, celular y dirección electrónica*

Telf. 3567125 cel. 0998xxxxx e-mail. mxxxx@gmail.com

Nombre de director de tesis y correo electrónico *Solo si es que aplica*

Sonja Embree. E-mail. sembree@usfq.edu.ec

Fecha de inicio de la investigación *16 de julio de 2015*

Fecha de término de la investigación *7 de agosto de 2015*

Financiamiento: Personal

DESCRIPCIÓN DEL ESTUDIO

Objetivo General *Se debe responder tres preguntas: ¿qué? ¿Cómo? y ¿para qué?*

Determinar las percepciones y actitudes de hombres y mujeres hacia la psicoterapia a través de instrumentos psicométricos validados para determinar si las diferencias de género tienen un impacto en la búsqueda de ayuda profesional.

Objetivos Específicos

- Analizar el impacto de los valores culturales ecuatorianos sobre la búsqueda de ayuda profesional.
- Analizar el impacto de las diferencias sexuales y cómo estas afectan las percepciones y estigma hacia la psicoterapia.

Diseño y Metodología del estudio *Explicar el tipo de estudio (por ejemplo cualitativo, cuantitativo, con enfoque experimental, cuasi-experimental, pre-experimental; estudio descriptivo, transversal, de caso, in-vitro...) Explicar además el universo, la muestra, cómo se la calculó y un breve resumen de cómo se realizará el análisis de los datos, incluyendo las variables primarias y secundarias...*

El presente estudio será de índole cuantitativa mediante el uso de tres inventarios específicos que serán Intentions to Seek Counseling Inventory (ISCI), Stigma Scale for Receiving Psychological Help (SSRPH) y Attitude Toward Seeking Professional Psychological Help (ATSPPH), aparte de una breve encuesta sobre ciertos datos del participante como edad, género, etnia, nivel de escolaridad y afiliación religiosa. Dado a que Quito es la capital del Ecuador, se comprende que existe una alta tasa de personas de distintas provincias que vienen para iniciar vidas profesionales o estudiantiles. La muestra consta de 400 personas, 200 mujeres y 200 hombres que se calculó sabiendo que la muestra debe ser amplia y variada para que los resultados sean los más concisos posibles. Se analizarán los datos a través de Excel

siguiendo las direcciones de calificación de cada inventario. Las variable primara sería el género de los participantes y las variables secundarias son las edades, afiliación religiosa y etnia.

Procedimientos *Los pasos a seguir desde el primer contacto con los sujetos participantes, su reclutamiento o contacto con la muestra/datos.*

Los participantes serán contactados a través de correos electrónicos, redes sociales y flyers colocados en centros comerciales y universidades para que conozcan de la existencia del estudio. Los cuestionarios tomarán alrededor de 25 minutos y los participantes serán recompensados con una cantidad de \$5. Los participantes no podrán participar en el estudio si no cumplen las condiciones de tener más de 18 años, tener conocimientos de inglés y tener un título de bachillerato. El estudio se llevará a cabo en las instalaciones de la USFQ durante dos semanas en un aula previamente designada por planta física, comenzando el lunes 13 de julio hasta el viernes 17 de julio, y desde el lunes 20 de julio hasta el viernes 24 de julio. Los horarios dispuestos son desde las 8 de la mañana hasta las 8 de la noche todos los días.

Recolección y almacenamiento de los datos *Para garantizar la confidencialidad y privacidad, de quién y donde se recolectarán datos; almacenamiento de datos—donde y por cuánto tiempo; quienes tendrán acceso a los datos, qué se hará con los datos cuando termine la investigación*

Se recolectarán los datos de los participantes voluntarios que participarán en el estudio por medio del contacto de flyers, mails y redes sociales. Dependiendo del orden que lleguen los participantes, se los asignará con un número al azar y se escribirá esos números en la parte superior de cada inventario, para mantener un orden de qué participante respondió dicha prueba. Dicho número se anexará a la información del participante en el consentimiento informado, donde habrá una opción si es que los participantes quisieran recibir el estudio cuando el mismo concluya. Los datos se almacenarán en un domicilio privado durante un tiempo máximo de 5 meses. Solamente la investigadora tendrá acceso a

dicha información. Al finalizar el período máximo, tanto los consentimientos como los inventarios serán destruidos.

Herramientas y equipos *Incluyendo cuestionarios y bases de datos, descripción de equipos*

- Intentions to Seek Counseling Inventory (ISCI)
- Stigma Scale for Receiving Psychological Help (SSRPH)
- Attitude Toward Seeking Professional Psychological Help (ATSPPH)
- Cuestionario que incluye datos básicos del participante como edad, género, etnicidad, nivel de escolaridad y creencia religiosa.

JUSTIFICACIÓN CIENTÍFICA DEL ESTUDIO

Se debe demostrar con suficiente evidencia por qué es importante este estudio y qué tipo de aporte ofrecerá a la comunidad científica.

Varios estudios han demostrado la importancia y el valor que tiene sobre los individuos asistir a psicoterapia, sin embargo, muchas de las personas que requieren de ayuda profesional no la buscan por el estigma que está cargado en la sociedad y dentro de la persona. Por ejemplo, las personas en general se sienten que han fracasado y muchas veces dudan sobre compartir sentimientos y emociones negativas para ellos. Las investigaciones señalan que las mujeres tienen mucha mayor apertura a compartir sus emociones y a buscar ayuda profesional cuando la necesitan, mientras que los hombres prefieren no buscar de ayuda profesional porque sienten que sus problemas no son tan graves y se mantiene una actitud negativa hacia buscar ayuda profesional.

Referencias bibliográficas completas en formato APA

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- Wade, N., Vogel, D., Armistead-Jehle, P., Meit, S., Heath, P., & Strass, H. (2015). Modeling stigma, help-seeking attitudes, and intentions to seek behavioral healthcare in a clinical military sample. *Psychiatric Rehabilitation Journal, 38*(2), 135-141. doi:http://dx.doi.org/10.1037/prj0000131

DESCRIPCIÓN DE LOS ASPECTOS ÉTICOS DEL ESTUDIO

Criterios para la selección de los participantes *Tomando en cuenta los principios de beneficencia, equidad, justicia y respeto*

Cualquier persona desde los 18 años puede participar en el estudio, al igual que su nacionalidad sea Ecuatoriana. Se requiere un nivel de educación mínimo de bachillerato debido a la complejidad de los inventarios que se están usando para el estudio. No hay ninguna exclusión sobre sexo, orientación sexual, etnicidad o creencia religiosa.

Riesgos *Describir los riesgos para los participantes en el estudio, incluyendo riesgos físico, emocionales y psicológicos aunque sean mínimos y cómo se los minimizará*

No se han encontrado posibles riesgos físicos, sin embargo puede haber riesgos emocionales y psicológicos debido a las reacciones a los ítems de los inventarios. Lamentablemente no se puede a cuántas personas las afectará y cómo. Esto se puede minimizar con el conocimiento previo de los participantes sobre el objetivo del estudio y con asegurarles que si no se sienten cómodos respondiendo alguna pregunta, le informen a la investigadora para seguir el procedimiento para que se lo retire del estudio.

Beneficios para los participantes *Incluyendo resultados de exámenes y otros; solo de este estudio y cómo los recibirán*

Mayor información de los beneficios que ofrece la psicoterapia y proveer a los participantes el estudio al finalizarse para que puedan ver la importancia del aporte que realizaron, al igual que esclarecer y romper mitos sobre la terapia psicológica.

Ventajas potenciales a la sociedad *Incluir solo ventajas que puedan medirse o a lo que se pueda tener acceso*

Al poder constatar el estigma, este puede ser reducido con mayor facilidad por lo que un número mayor de personas puede estar dispuesta a buscar ayuda profesional cuando lo sientan necesario, sin tener miedo del estigma propio y de las demás personas.

Derechos y opciones de los participantes del estudio *Incluyendo la opción de no participar o retirarse del estudio a pesar de haber aceptado participar en un inicio.*

Los participantes pueden retirarse del estudio a cualquier punto. Van a constar de tiempo antes de firmar el consentimiento informado y después del mismo para realizar preguntas al investigador sobre cualquier duda que pueda surgir con respecto al estudio.

Seguridad y Confidencialidad de los datos *Describir de manera detallada y explícita como va a proteger los derechos de participantes*

No se solicitará a los participantes que den nombres o algún medio de contacto. Los inventarios que se irán llenando se almacenarán juntos con un número al azar asignado para el participante para poder mantener un orden de respuestas de los participantes. Los participantes que soliciten el estudio cuando finalice, mandarán un correo electrónico, el cual se responderá, adjuntando el estudio y se borrará esa información inmediatamente.

Consentimiento informado *Quién, cómo y dónde se explicará el formulario/estudio. Adjuntar el formulario o en su defecto el formulario de no aplicación o modificación del formulario*

La investigadora principal (María Isabel Donoso) se encargará de explicar detalladamente el consentimiento informado, proveyendo de dos copias que el participante deberá firmar, una se queda la investigadora y otro el participante.

Responsabilidades del investigador y co-investigadores dentro de este estudio.

No aplica.

Documentos que se adjuntan a esta solicitud (ponga una X junto a los documentos que se adjuntan)

Nombre del documento	Adjunto	Idioma	
		Inglés	Español
PARA TODO ESTUDIO			
1. Formulario de Consentimiento Informado (FCI) y/o Solicitud de no aplicación o modificación del FCI *	X		X
2. Formulario de Asentimiento (FAI) <i>(si aplica y se va a incluir menores de 17 años)</i>			
3. Herramientas a utilizar <i>(Título de:: entrevistas, cuestionarios, guías de preg., hojas de recolección de datos, etc)</i>	X	X	
4. Hoja de vida (CV) del investigador principal (IP)			
SOLO PARA ESTUDIOS DE ENSAYO CLÍNICO			
5. Manual del investigador			
6. Brochures	X		
7. Seguros			
8. Información sobre el patrocinador			
9. Acuerdos de confidencialidad			
10. Otra información relevante al estudio (especificar)			

(*) La solicitud de no aplicación o modificación del FCI por escrito debe estar bien justificada.

CRONOGRAMA DE ACTIVIDADES

Descripción de la Actividad (pasos a seguir dentro del proceso de investigación, comenzando por el contacto inicial, reclutamiento de participantes, intervención y/o recolección de datos, análisis, publicación...)	Fechas		
		1	2
Realización de investigación previa	01/05/2015		
Determinar variables e inventarios	08/05/2015		
Creación de Flyers y e-mails	15/05/2015		
Reclutamiento de participantes	16/05/2015- 12/05/2015		
Aplicación de los inventarios con los participantes	13/07/2015- 17/07/2015 20/07/2015 24/07/2015		
Análisis de datos	25/07/2015		
Publicación del estudio	07/08/2015		

CERTIFICACIÓN:

1. Certifico no haber recolectado ningún dato ni haber realizado ninguna intervención con sujetos humanos, muestras o datos.

Sí () No ()

2. Certifico que los documentos adjuntos a esta solicitud han sido revisados y aprobados por mi director de tesis.

Sí ()

No ()

No Aplica ()

Firma del investigador: _____

(con tinta azul)

FORM #2**Fecha de envío al Comité de Bioética de la USFQ:** _____**Comité de Bioética, Universidad San Francisco de Quito****El Comité de Revisión Institucional de la USFQ****The Institutional Review Board of the USFQ****Formulario Consentimiento Informado**

Título de la investigación: Actitudes y percepciones de hombres y mujeres del Ecuador hacia la psicoterapia

Organización del investigador Universidad San Francisco de Quito

Nombre del investigador principal María Isabel Donoso Reece

Datos de localización del investigador principal Telf. 3xxxxxx cel. 09xxxxxxxx e-mail. mxxxxxx @gmail.com.

Co-investigadores No aplica

DESCRIPCIÓN DEL ESTUDIO

Introducción *(Se incluye un ejemplo de texto. Debe tomarse en cuenta que el lenguaje que se utilice en este documento no puede ser subjetivo; debe ser lo más claro, conciso y sencillo posible; deben evitarse términos técnicos y en lo posible se los debe reemplazar con una explicación)*

Este formulario incluye un resumen del propósito de este estudio. Usted puede hacer todas las preguntas que quiera para entender claramente su participación y despejar sus dudas. Para participar puede tomarse el tiempo que necesite para consultar con su familia y/o amigos si desea participar o no.

Usted ha sido invitado a participar en una investigación sobre las actitudes y percepciones de hombres y mujeres del Ecuador hacia la terapia psicológica ya que el área de salud mental desea saber las razones por las cuales usted está o no dispuesto en asistir a la terapia psicológica.

Propósito del estudio (incluir una breve descripción del estudio, incluyendo el número de participantes, evitando términos técnicos e incluyendo solo información que el participante necesita conocer para decidirse a participar o no en el estudio)

Este estudio quiere encontrar si existe una diferencia entre hombres y mujeres del Ecuador sobre buscar ayuda profesional. Se quiere encontrar 400 participantes en total, 200 hombres y 200 mujeres. Los participantes deben tener mínimo 18 años para arriba, tener nacionalidad Ecuatoriana y tener mínimo un título de bachillerato y conocimientos en inglés.

Descripción de los procedimientos (breve descripción de los pasos a seguir en cada etapa y el tiempo que tomará cada intervención en que participará el sujeto)

Los participantes deberán confirmar su asistencia vía correo electrónico (maria.donosos.reece@stud.usfq.edu.ec) o presentarse en las semanas que se llevará a cabo el estudio

en la aula especificada de la USFQ. Los participantes deberán llenar el consentimiento informado y tendrán un período de tiempo para poder preguntar y aclarar cualquier duda. Este procedimiento, conjuntamente con los tres inventarios y el cuestionario tardarán en llenarse alrededor de 25 minutos. Finalmente el participante será recompensado con \$5 por su participación.

Riesgos y beneficios (explicar los riesgos para los participantes en detalle, aunque sean mínimos, incluyendo riesgos físicos, emocionales y/o psicológicos a corto y/o largo plazo, detallando cómo el investigador minimizará estos riesgos; incluir además los beneficios tanto para los participantes como para la sociedad, siendo explícito en cuanto a cómo y cuándo recibirán estos beneficios)

Podrían existir riesgos emocionales y psicológicos para los participantes si existe algún ítem de los inventarios o pregunta del cuestionario que los incomode y no quieran responder. Estos riesgos pueden ser minimizados por que el participante puede optar en retirarse del estudio en cualquier instancia para proteger su integridad. Los beneficios serán múltiples, no solo para poder completar el estudio con la ayuda de los participantes, también los psicólogos clínicos del Ecuador podrán tener un mejor entendimiento de qué es lo que hace que los hombres y mujeres desistan al momento de buscar ayuda profesional. Esto podrá ser beneficioso para buscar nuevos métodos para los psicólogos, ser más efectivos con los servicios que ofrecen y ampliar su posible población para terapia. Los participantes recibirán el beneficio de \$5 después de completar los cuestionarios. Cuando se complete el estudio y si los participantes así lo desean, podrán solicitar el estudio para conocer los resultados y la importancia de su colaboración.

Confidencialidad de los datos (*se incluyen algunos ejemplos de texto*)

Para nosotros es muy importante mantener su privacidad, por lo cual aplicaremos las medidas necesarias para que nadie conozca su identidad ni tenga acceso a sus datos personales:

1) La información que nos proporcione se identificará con un código que reemplazará su nombre y se guardará en un lugar seguro donde solo la investigadora (María Isabel Donoso Reece) tendrá acceso.

2A) Si se toman muestras de su persona estas muestras serán utilizadas solo para esta investigación y destruidas 5 meses después de la publicación del estudio.

3) Su nombre no será mencionado en los reportes o publicaciones, ni ninguna información que lo pueda identificar.

4) El Comité de Bioética de la USFQ podrá tener acceso a sus datos en caso de que surgieran problemas en cuando a la seguridad y confidencialidad de la información o de la ética en el estudio.

Derechos y opciones del participante (se incluye un ejemplo de texto)

Usted puede decidir no participar y si decide no participar solo debe decírselo al investigador principal o a la persona que le explica este documento. Además aunque decida participar puede retirarse del estudio cuando lo desee, sin que ello afecte los beneficios de los que goza en este momento.

Usted no tendrá que pagar absolutamente nada por participar en este estudio.

Si desea, puede proveer con un correo electrónico en este consentimiento para que la investigadora pueda enviar la investigación final para su conocimiento.

Información de contacto

Si usted tiene alguna pregunta sobre el estudio por favor llame al siguiente teléfono 02-2971700 ext. 1264, 0999803001 que pertenece a Teresa Borja, Coordinadora del departamento de psicología, o envíe un correo electrónico a tborja@usfq.edu.ec

Si usted tiene preguntas sobre este formulario puede contactar al Dr. William F. Waters, Presidente del Comité de Bioética de la USFQ, al siguiente correo electrónico: comitebioetica@usfq.edu.ec

Consentimiento informado *(Es responsabilidad del investigador verificar que los participantes tengan un nivel de comprensión lectora adecuado para entender este documento. En caso de que no lo tuvieren el documento debe ser leído y explicado frente a un testigo, que corroborará con su firma que lo que se dice de manera oral es lo mismo que dice el documento escrito)*

Comprendo mi participación en este estudio. Me han explicado los riesgos y beneficios de participar en un lenguaje claro y sencillo. Todas mis preguntas fueron contestadas. Me permitieron contar con tiempo suficiente para tomar la decisión de participar y me entregaron una copia de este formulario de consentimiento informado. Acepto voluntariamente participar en esta investigación.

Firma del participante	Fecha
Firma del testigo <i>(si aplica)</i>	Fecha
Nombre del investigador que obtiene el consentimiento informado	
María Isabel Donoso Reece	
Firma del investigador	Fecha

APPENDIX C: INSTRUMENTS

INTENTIONS TO SEEK COUNSELING INVENTORY

Below is a list of issues people commonly bring to counseling. How likely would you be to seek counseling if you were experiencing these problems? Please circle the corresponding answer.

Very unlikely Unlikely Likely Very likely 1 2 3 4

- | | | | | |
|-----------------------------|---|---|---|---|
| 1. Weight control | 1 | 2 | 3 | 4 |
| 2. Excessive alcohol use | 1 | 2 | 3 | 4 |
| 3. Relationship differences | 1 | 2 | 3 | 4 |
| 4. Concerns about sexuality | 1 | 2 | 3 | 4 |
| 5. Depression | 1 | 2 | 3 | 4 |
| 6. Conflict with parents | 1 | 2 | 3 | 4 |
| 7. Speech anxiety | 1 | 2 | 3 | 4 |
| 8. Difficulties dating | 1 | 2 | 3 | 4 |
| 9. Choosing a major | 1 | 2 | 3 | 4 |
| 10. Difficulty in sleeping | 1 | 2 | 3 | 4 |
| 11. Drug problems | 1 | 2 | 3 | 4 |
| 12. Inferiority feelings | 1 | 2 | 3 | 4 |
| 13. Test anxiety | 1 | 2 | 3 | 4 |
| 14. Difficulty with friends | 1 | 2 | 3 | 4 |

15. Academic work procrastination 1 2 3 4

16. Self-understanding 1 2 3 4

17. Loneliness 1 2 3 4

SAMPLE QUESTION SSRPH

“Seeing a psychologist for emotional or interpersonal problems carries social stigma”

“It is advisable for a person to hide from people that he/she has seen a psychologist”

Attitudes Toward Seeking Professional Help (ATSPH)

Your sex: _____ Male _____ Female Your race/ethnicity: _____ African American
 _____ Asian/Asian American _____ White/European American _____ Latino/a
 _____ Arab/Middle Eastern _____ Other: Please specify

Instructions: Read each statement carefully and indicate your degree of agreement using the scale below. In responding, please be completely candid.

0 = Disagree 1 = Partly disagree 2 = Partly agree 3 = Agree

_____ 1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.

_____ 2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

_____ 3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.

_____ 4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.

_____ 5. I would want to get psychological help if I were worried or upset for a long period of time.

_____ 6. I might want to have psychological counseling in the future.

_____ 7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.

_____ 8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.

_____ 9. A person should work out his or her own problems; getting psychological counseling would be a last resort.

_____ 10. Personal and emotional troubles, like many things, tend to work out by themselves.

Scoring Reverse score items 2, 4, 8, 9, and 10, then add up the ratings to get a sum. Higher scores indicate more positive attitudes towards seeking professional help. Calculate a mean for males, for females, and for each of the ethnic groups to examine group differences