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## Predicting Psychotherapeutic Helpseeking: A Preliminary Analysis of the Effects of Coping Style, Negative Life Events, and Distress

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PREDICTING PSYCHOTHERAPEUTIC HELPSEEKING:  
A PRELIMINARY ANALYSIS OF  
THE EFFECTS OF  
COPING STYLE, NEGATIVE LIFE EVENTS, AND DISTRESS

by

Anne M. Slocum McEneaney

A Dissertation Submitted to the Faculty of the Graduate  
School of Loyola University of Chicago in Partial  
Fulfillment of the Requirements for the Degree of  
Doctor of Philosophy

April

1990

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## VITA

Anne M. Slocum McEneaney was born in Salzburg, Austria in 1956. Her parents were Elizabeth Truax Nichols and William Peter McEneaney.

She attended the Ursuline School in New Rochelle, New York and graduated from Harriton High School in Rosemont, Pennsylvania in 1974.

After attending Colgate University for two semesters, Anne worked for the Head Start program. She returned to school at the University of Pennsylvania in 1978. She was graduated magna cum laude in 1980, with a Bachelor of Arts in Child Psychology.

Anne matriculated into the Doctoral program in Clinical Psychology at Loyola University of Chicago in 1981. While there, she completed clerkships at the Charles Doyle Guidance Center and at the Loyola University Counseling Center. She was the recipient of a fellowship from the National Institute of Mental Health in 1983-1984. Anne earned her Master of Arts Degree in Clinical Psychology in 1985.

Anne completed an internship at the Temple University Health Sciences Center in 1986. Since then she has continued to do clinical work in the greater Philadelphia area.

## DEDICATION

This work is dedicated to my parents,  
Elizabeth Truax Nichols and William Peter McEneaney,  
and to meine Grosse-Mutter Helene Bruning.

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## CHAPTER I

### INTRODUCTION

Early research examining the relationship between life events and stress tended to view the relationship in a causal, uni-directional fashion. In other words, life events were seen as "causing" stress. This was typically demonstrated by the use of symptom outcome measures such as subjects' reports of illness or psychological distress (conceived as the sequelae of, and evidence for, stress) subsequent to the occurrence of life events. The roles that other factors might play in the relationship between life events and stress were not much examined. Within the last 15 years, however, intervening variables, particularly those involving personal attributes of perception and coping, have come to be seen as significantly affecting a reciprocal relationship between life events and stress.

Warheit (1979) hypothesizes this relationship as a process in which the individual's first line of defense in dealing with life events is his psychological, physical, and genetic make-up. Should this prove insufficient (to remove either the problem itself or the perception that there is a problem) the individual turns to other sources of support. This would include, first, family and friends, and then professionals. Lastly, the individual may turn to culturally

provided beliefs, values, and symbols. That is, religion or philosophy may function as systems of belief which give people explanations for events that cannot be accounted for by a society's logic or science.

Warheit and most other theoreticians recognize that when crisis events arise, people do not follow such a hierarchical model, but tend to utilize several or all resources simultaneously and complementarily. Most researchers do agree that professional help tends to be sought at a somewhat later stage in the process of dealing with difficult life events. That is, psychotherapeutic helpseeking occurs when the individual's resources, both internal and external, are felt by the individual or significant others to be inadequate to meet the demands (as perceived by the individual) posed by life events.

This is believed to be the process by which people seek professional help. But, as David Mechanic has noted "it is as important to study those who do not feel challenged and who experience no discomfort as it is to study those who are 'stressed' "(1970, p.122). The majority of persons never seek psychotherapeutic help regardless of either the severity of the life events with which they are faced or of the level of emotional distress they are experiencing (Langner, Gersten, Greene, Eisenberg, Herson, & McCarthy, 1974, cited in Wills, 1983). Is the intervening variable of coping somehow important in distinguishing those who seek help from those

who will not? Is choosing to seek help partly a matter of a person's coping style? Is a difference in typical ways of coping with significant life events reflected in the decision to seek professional help, particularly psychotherapy?

These are the questions which this study seeks to address. By having as subjects both helpseekers and non-helpseekers, data will reflect coping styles found in both the "stressed" (a la Mechanic) and the undiscomfited (same). It is hoped that this information will help explain some of the differences between these two groups and, consequently, something about the process of psychotherapeutic helpseeking.

Specifically, while controlling for the effects of difficult life events and for level of emotional distress, it is hypothesized that a measure of coping style will be able to distinguish those who have chosen to enter psychotherapy from those who have not. It is believed that certain coping styles will predict helpseeking behavior, while others will predict not seeking help. The examination of these hypotheses will be undertaken in this study.

## CHAPTER II

### REVIEW OF THE LITERATURE

#### Life Events and Stress

Antonovsky (1980) posits that a stressor is any demand by the internal or external environment that upsets an individual's homeostasis and requires non-automatic and not-readily available energy-expending action for homeostatic restoration. Thus, whether something serves as a stressor for an individual is determined by its subjective meaning to the individual and on his repertoire of automatic homeostasis-restoring mechanisms. Nonetheless, Antonovsky believes that stressors (of one kind or another) are omnipresent and lead to a state of tension which, in turn, leads to either salutary, neutral, or pathological consequences. This outcome depends on the adequacy and efficiency of the tension management.

Dohrenwend and Dohrenwend (1974) cite Cannon as the first researcher doing work showing that stressful life events may be harmful to individuals. His work indicated that stimuli associated with emotional arousal caused changes in basic physiological processes; however, he was unable to show the conditions under which these changes lead to pathology. This conundrum has plagued the life events/stress literature to the present day.

Most early research on life events and stress used

self-reported illness as the outcome measure indicating stress and Holmes and Rahe's Schedule of Recent Events (SRE) to quantify life change. A series of studies, using Naval personnel as subjects, carried out by Rahe (1975 in Levi, 1975) did find consistent positive correlations between life change and subsequent physical illness. Holmes and Rahe interpreted these data as providing evidence for a causal link between life change and illness.

Other researchers have questioned whether the modest correlation coefficients reported by Holmes and Rahe (typically below .30) have any meaningful, practical significance; life events have accounted for, at best, only nine percent of the variance in illness, despite the statistical significance of the correlations. Rabkin and Struening (1976) point out that the very large samples sizes of most life events research make it possible for even small correlations of little practical usefulness to pass tests of statistical significance. It has also been noted that between-groups differences in Holmes and Rahe's own data concerning the amount of change associated with each life event have been masked by the reported correlations (Dohrenwend & Dohrenwend, 1978).

The Dohrenwends, as well as Rabkin and Struening, join with other researchers in calling for the examination of qualitative distinctions among life events and of the effects of other, mediating variables in any causal analysis of the

relationship of life events to stress-related outcomes (Brown, 1972; Menaghan, 1983; Thoits, 1983). These researchers believe that measuring such life event variables as magnitude may prove crucial in increasing the variance in illness predicted by life events. In addition, research has shown that measurement of mediating factors, such as coping style or situational variables, may add an important element to understanding the relationship between life events and stress outcomes (Menaghan, 1983; Thoits, 1983). All of this work is perhaps best summarized by Rabkin & Struening's statement that "life event scores have not been shown to be predictors of the probability of future illness" (1976, p.1015)- at least not by themselves or as measured by Holmes and Rahe.

Doubts concerning life events' causal role in subsequent illness were based on the low reliability of the SRE (generally no better than .55), the problems inherent in using self-report of illness as if it were a measure of illness per se- rather than clearly delineated physical symptoms (the illness versus illness behavior issue, which will be described at greater length later in this paper), and the various confounding variables and mediating factors that were more and more indicated by the research to be likely to play a role in the life events/stress relationship.

Confounding variables include the failure to disaggregate groups of subjects. In a study of the

relationship of life events to "chronic disorders", patients attending a dermatology clinic were grouped with those with coronary heart disease as the chronic sample (Rabkin & Streuning, 1976). Confounding has also resulted from the failure to control socioeconomic status and ethnicity: in much of Holmes and Rahe's early work with naval personnel, the only distinction made between subjects was based on the ship to which they were assigned. Factors seen as mediating between life events and stress outcomes include characteristics of the event (i.e. its duration, intensity, and whether it has positive or negative valence), individual characteristics (the person's perception of the life event based both on internal -personal- and external -social and cultural- factors, as well as the person's coping resources when faced with a perceived negative experience), and buffers and supports in the individual's social environment which serve as external mediating variables.

The need to account for these confounding variables and to understand the role of the mediating factors in the relationship between life events and stress has led to increasing complexity and specificity in both the theoretical conceptualizations of this research and in the measurement of the data.

Several of the factors noted above have come to be seen as crucial, and more researchers have begun to examine their role in relation to life events and stress. Of

particular interest to many researchers are life events' valence and individuals' perception of life events' impact.

### Life Event Valence

The SRE was based on the notion that life change was inherently stressful, whether the event was desirable or not. Therefore, both positive and negative life changes were tallied in determining the life stress score. In addition, scores on the SRE are based on a tally of the weighted score for each of 43 events. Weights are based on a large standardization group's mean ratings of social readjustment required by the event, with the event "marriage" set as an arbitrary standard by the researchers (Holmes & Rahe, 1967). Individual perceptions of the impact of life events are not a factor in assigning a "life change" score to subjects.

Several researchers have questioned the notion that positive and negative life events are equally impactful in determining stress (Brown, 1972; Mechanic, 1974; Lazarus & Folkman, 1984; Sarason, DeMonchaux & Hunt, 1975). They argue that undesirable events (e.g. the death of a loved one) have a very different, and probably more detrimental, effect on persons than do positive events (e.g. an outstanding personal achievement). These researchers and others find it more reasonable to think of stress in terms of negative events (Sarason, Johnson & Siegel, 1978).

This position has been supported empirically by



Vinokur and Selzer (1975). They looked at the effects of life events on specific stress-related outcomes, including depression, aggression, suicidal tendencies, and feelings of tension and distress. Controlling for social desirability, they found that undesirable life events are a major contributor to the relationship between life events and the above-named stress-related variables. This relationship disappeared when undesirable events were controlled. Desirable events were not found to play a role either by themselves or in conjunction with undesirable events.

Vinokur and Selzer report that these results were consistent across different stress-related variables, different populations (alcoholic or normal), different scoring methods (by number of events, life change units, or self-rating of event impact) and analyses, or with either predominantly desirable (normal group) or undesirable (alcoholic group) life events.

Vinokur and Selzer rejected the "change" notion for the "undesirable life events" notion, believing that the stress-related effects of negative life events are substantially different than the effects of positive life events. Similarly, Newcomb, Huba, and Bentler (1981) and Myers, Lindenthal and Pepper (in Dohrenwend & Dohrenwend, 1974) and Grant, Yager, Sweetwood, and Olshen (1982) found empirical support for the notion that stress-related outcome variables (namely, self-report of physical illness and/or

psychological disturbance) is related to undesirable, but not desirable, life events.

### Individual Perception of Life Events

Sarason, Johnson and Siegel (1978) caution that though it is advisable to categorize events by valence, not every event will be perceived by every individual similarly (they offer the very apt example of pregnancy, which could be perceived as highly negative, highly positive, or anywhere in between by different individuals). They argue that using the individual subject's assessment of a life event's impact is more meaningful than an SRE-like mean rating based on an arbitrarily set standardization point.

Yamamoto and Kinney (1976) report that self-perceived ratings of the stressfulness of life events were better predictors of stress outcome measures than were scores derived from group means. This has been supported by Compas, Davis, and Forsythe (1985), and Kaplan, Robbins, and Martin (1983). Kaplan notes, in addition, "that the threatening nature of a life experience is contingent upon the subject's sociocultural situation" (1970, p.331), bolstering the notion of external, as well as internal, factors influencing individual perception.

Folkman, Lazarus, Gruen, and DeLongis (1986), in attempting to evaluate the extent to which people are consistent over time and context in their appraisal of what

is at stake in various stressful encounters, found that subjects' evaluations of event valence themselves are more variable than stable (that is, the same event occurring at different times may be assigned different values by the same person). Nonetheless, subjects' evaluations of the impact of stressful events was able to account for a significant part of the variance of the outcome measure of psychological symptoms.

Lazarus (1985) believes the process of individual appraisal to be so integral to the measurement of stress and stress-related outcome measures that it cannot be extricated from it, and should not be even if that means some confounding of measures is inevitable. He writes that, "like emotion, stress is best regarded as a complex rubric consisting of many interrelated variables and processes rather than as a simple variable that can be readily measured and correlated with adaptational outcomes" (p.770). Moreover, one must conclude that stress is an 'unclean' variable because as a concept it depends on the interaction of two complex systems- person and environment. "There is no way to separate them without destroying the concept of stress as a relational and cognitively mediated phenomenon" (p.778). Complexity of conceptualization is again seen as necessary to meaningful research in the field of life events and stress.

Pearlin (1985) supports this, stressing the

interpersonal or social environment in which people learn and find validation for the perceptual and cognitive devices utilized in determining life event valence.

In other words, people perceive the same life events to mean very different things within the context, personal and interpersonal, of their lives. The same person may, at different times in his or her life, when different intra- and interpersonal contexts are functioning, perceive the same event with vastly different degrees of positive or negative valence. It seems wisest to consider these facts when attempting to measure the impact of life events on people's lives.

Despite disparities in the meaningfulness of events for different people at varying times, most people will be effected at some point in their lives by some life events. How they attempt to deal with this impact, how people cope, is another crucial mediating variable which has become increasingly important in the study of the relationship of life events to stress. As Mechanic (1984) points out, a major gap in our knowledge concerns those processes, particularly coping, that lead persons exposed to the same stressors to have widely different responses: psychologically, physically, and socially.

### Coping

For Pearlin and Schooler, "coping refers to behavior

that protects people from being psychologically harmed by problematic social experiences, a behavior that importantly mediates the impact that societies have on their members... any response to external life strains that serves to prevent, avoid or control emotional distress" (1978, p.2). Like Coelho (1980), who conducted cross-cultural studies of adolescent coping, they point out that coping must be understood in its context, that it has ecological meaning.

Roth and Cohen (1986) summarize most theoretical models for coping with stress by use of the global model that conceptualizes all coping as, ultimately, involving "cognitive and emotional activity that is oriented either toward or away from threat" (p.813). Both types of coping are seen as potentially useful. Avoidant strategies reduce stress and prevent anxiety from becoming crippling, while approach strategies allow for ventilation of affect, permit appropriate action and make possible seeing and acting upon changes in a situation that might make it more controllable. Most models of coping, including the one to be used here, see individual styles of coping as being composed of varying degrees of these approach and avoidant orientations.

There has been controversy, however, over the degree to which these styles are regarded as consistent over time and situation. Roth and Cohen (1986) cite literature supporting their view that style does tend to hold true, even to the extent that people in a situation clearly demanding one

strategy will use the other, if it is their preferred mode of coping. Nonetheless, Roth and Cohen say, almost all persons' styles seem to incorporate elements of both approach and avoidance: the two modes are not mutually exclusive.

Pearlin and Schooler (1978), who type coping responses in a manner congruent with this dichotomy, agree that most persons have both approach and avoidance coping strategies in their repertoire. They note that the effect of any one coping strategy tends to be modest, and that it is a large variety of responses available that is most likely to lead to successful coping overall. They caution, however, that certain strategies may be better suited in specific situations than others.

Exploring the issue of coping effectiveness, several researchers hypothesize an 'ideal' case of coping with stress, in which avoidance would be used to allow the gradual assimilation of threat, with approach allowing its resolution (Roth and Cohen 1986; Mechanic, 1970; Ray, Lindop & Gibson, 1982). Caplan (1981) sees this process as one of "mastery of stress" in which the first step is to reduce arousal to tolerable limits so that resources can then be used to deal with the stressful situation.

All these researchers recognize that individual personal (level of anxiety that can be tolerated) and social (environmental support) resources, each of which may itself be variable across time and/or context, would limit the

degrees to which assimilation and resolution could take place. Once more, the complexity of these relationships must not be underestimated.

Folkman and Lazarus (1985) call for further exploration of individual variability/stability in coping style, noting its likely importance in coping effectiveness and both short- and long-term adaptation.

In addition, Folkman et al, (1986) found that different styles of coping may be more situationally determined than others. The active approach style of problem-focused coping was least stable across diverse stressful encounters and was seen as being more situationally determined than other coping styles. In contrast, the avoidant style of positive reappraisal was the most stable of coping styles and was seen as being most strongly influenced by personality factors. A study by McCrae (1984) supported these results. Data suggested that subject variables accounted for the use of two other avoidant strategies: passivity and escapist fantasy.

Folkman and Lazarus (1988) examined the role of coping in mediating emotions during stressful encounters in two community samples. Problem-focused coping and positive reappraisal were found to be positively associated with confidence and happiness and negatively associated with disgust/anger. These modes of coping were clearly the most adaptive, while another type of active approach coping

(confrontive coping) and another avoidant strategy (distancing) were positively associated with disgust/anger and negatively associated with confidence and happiness.

While confrontive coping was theorized to have been maladaptive because of the hostile and aggressive strategies with which it was measured in this study, the varying adaptiveness of the two avoidant strategies merits a more complex explanation. Lazarus (1985) speaks of the "range of denial" from "disavowals of clear realities" to "illusions", and notes that the costs and benefits of these coping processes depend on the context in which they occur.

Lazarus cites research which has shown that if direct action can change a threatening situation, denial-like coping processes are likely to lead to destructive outcomes, while leading to non-damaging, and possibly positive, outcomes in situations where direct action is irrelevant. This finding has been supported by Blanchard-Fields and Robinson (1987). Thus person, stressor, and other environmental (i.e. social support) factors may all play a role in the highly complex interrelationships between stress and coping.

Hansell and Mechanic (1985) in a study of adolescent introspectiveness and mental and physical symptom-reporting, found evidence of varied thinking "styles" that may reflect the range of "approach" coping styles. Those using the "introspective style" directed their thinking inward, and tended to re-evaluate themselves in the context of each



issue. They also thought more about their feelings and motivations, and searched for the underlying significance in routine life events. They thus actively looked for a solution, but did so internally, within themselves.

Adolescents exhibiting the "low-introspective style" were more oriented toward thinking about what they were doing in their self-descriptions (not about their thoughts or feelings), and spent more time evaluating environmental conditions and constraints rather than themselves. They were less aware of their motives, less thoughtful, and more present-focused. In general, these adolescents used an approach style more focused on the external world than on their inner experiences.

High introspectiveness was found to correlate significantly with high psychological distress, high emotional sensitivity, low self-esteem, and low happiness. While this could indicate a psychological risk factor associated with this coping style among adolescents, it should be noted that a substantial minority of those high in introspection had no symptomatic distress and described how introspection provided them with positive self-knowledge, interpersonal skills, creativity, and effective coping behavior.

In another study, Heppner, Reeder, and Larson (1983) found self-perceived effective problem-solvers had coping styles that were more problem-focused (an external approach

style), were less self-blameful and had lower frequencies of dysfunctional thoughts (internal approach strategies), and used less problem avoidance than did self-perceived ineffective problem-solvers.

In a study of marital adjustment in multiple-role women (McLaughlin, Cormier, & Cormier, 1988), both the number of active, problem-solving coping strategies used and the frequency of the use of those strategies were significantly associated with higher marital adjustment and with less emotional distress.

These studies exploring the relationship between coping, life events, and psychological distress have shown that using the approach/avoidance paradigm to conceptualize and measure coping can be enlightening. Different styles of coping have been shown to be both more or less situationally determined and more or less likely to lead to emotional distress. These relationships, however, were often mediated by individual or situational factors. This points again to the complex nature of the relationships being examined here.

A series of studies has looked at the relationship between life events, coping, and physical illness. Cooley and Keesey (1981) in a study of life change, coping, and illness (used here as an outcome measure indicating inadequate functioning), found that subjects who reported more illness tended to have a coping style that involved a tendency to deny psychological problems and a lack of insight

into their emotional lives (clearly, an avoidant style). The authors note that these results were only trends, and that further delineation is required.

Kobasa (1982), in a study of 157 general practice lawyers using the Schedule of Recent Events and the Social Readjustment Rating Scale (Holmes & Rahe, 1967; Rahe, et al., 1971), found no simple direct correlation between life stress and self-reported illness. She did find a significant relationship mediated by two sources of stress resistance. One of these factors was an avoidance of what she called "regressive coping", a term derived from existential theory which would easily fit under the category of avoidance coping outlined earlier. The second was a variable labeled "commitment" which was defined as "the ability to believe in the truth, importance, and interest value of what one is doing, and the willingness to exercise influence or control in the personal and social situations in which one is involved" (p.708). In short, this sounds like being emotionally stable enough not to need to engage in avoidance coping and being willing to engage in approach coping. For this group of subjects, less avoidance coping and more approach coping served to lessen the likelihood that life stress would co-occur with self-reported illness.

Holahan and Moos (1985), using a survey with a representative community sample, also focused on factors that moderate the relationship between life stress and

illness. Using the taxonomy that distinguishes active or approach coping strategies and strategies that rely on avoidance of the problem, Holahan and Moos found that those who adapt to stress without experiencing physical or emotion strain tend not to use avoidance coping responses (in this case, keeping feelings of strain bottled up or expressing them antagonistically in interpersonal relationships).

While avoidance coping was positively correlated to stress-related outcome measures of physical and psychological distress, approach coping failed to discriminate between those who did, and did not, report these symptoms. "Thus, when faced with life stress, most individuals engage in high levels of approach coping, along with some avoidance coping. It is the amount of this additional avoidance coping that distinguishes between healthy and unhealthy persons [that is, those who do not, or do, report symptoms]" (p.745).

As Holahan and Moos point out, the comparability they found in the healthy and unhealthy groups in level of approach coping, along with the positive correlation between the two coping strategies, indicates that avoidance coping plays a negative health role in its own right, rather than taking time and effort away from positive coping strategies.

Hovanitz (1986) undertook an examination of the individual and interactive effects of life event stress and coping style to correlates of psychopathology, or mental illness. She found that certain coping styles (avoidance-

centered and two internal approach styles: emotion-centered and self-denigration) were related to elevations on several (psychotic, not characterological) MMPI scales. In addition, "those coping styles found significantly related to a number of clinical MMPI scales also were those whose relationships to the validity scales suggested a 'willingness to report deviance' " (p.38). This supports Hansell & Mechanic's finding that introspectiveness correlates with self-report of distress, unhappiness, and low self-esteem.

Schill, Ramanaiah, and O'Laughlin (1984), in a study of coping with negative life events, found that efficient copers primarily tried to analyze problems and take direct action (thus using both internal and external approach strategies). Inefficient copers tended to stop functioning, seek others' support and, if male, use drugs, alcohol and/or sex to distract themselves (all avoidant strategies).

These last two studies point to approach strategies as probably being superior: at least in removing the problem. The avoidant strategy's usefulness may only be operative as an intermediary, i.e. to alleviate emotional arousal so that an approach strategy can be undertaken.

As Mechanic (1970) has written, the primary function of psychological defense (avoidant coping) is to facilitate coping, but there are boundaries within which defense must function to be effective. If defense is divorced from or directly opposing approach coping, persons are liable to be

viewed, by themselves and others, as emotionally disturbed. In the words of Kobasa and Puccetti (1983, p.849) "there is assumed to be a crucial difference between viewing stressful events as opportunities for the exercise of a capable self and the use of a resourceful environment, and viewing them as threats from which one had better retreat into the conformity of depending on others to fix things".

Sedney (1985) looked at the role that rumination plays as a coping strategy in dealing with stressful life events of varying severity, and at various times in relation to the onset of the events. Rumination was here defined as "post-event repeated thoughts of a stressful experience" (p. 172), and viewed as making up an important cognitive component of coping. Looked at from the approach/avoidance perspective, the author hoped to clarify the role rumination (an internal approach strategy) might play in alleviating or exacerbating stress-related symptoms of psychological distress.

Results supported the gradual paced mastery model put forth by Roth and Cohen (1986). Sedney found that while initial high rumination after a highly stressful event may not be necessary for long-term adjustment, it also does not interfere with long-term adjustment. A low degree of rumination was associated with the highest efficacy, both one week after a low stress experience and three and six months after a high stress experience. A high degree of rumination six months after a stressful experience was negatively

associated with adjustment. It may be that internal approach coping, like avoidant coping, is a facilitating strategy which by itself does not solve problems, but rather sets the stage for external approach coping. When used without external approach coping, internal approach coping may serve to increase, rather than decrease, stress-related symptoms.

In two studies using the Rosenzweig Picture-Frustration Study, Winefield (1981) found that externally directed aggression was lower in people experiencing more severe negative life events, and was negatively correlated with depression. She believes that, within limits, outerdirection of blame for frustration (an external approach strategy) may characterize unstressed, well-adjusted people. This supports the idea of various modes of coping proving more efficacious under different conditions of life event occurrence.

In the previously cited studies of coping, researchers have used a wide variety of instruments in attempting a meaningful measure of this complex process. The Rosenzweig Picture-Frustration Study (P-F Study) seems to provide a unique way of conceptualizing and measuring coping. The P-F Study is congruent with the approach/avoidance, internal/external paradigm, and research utilizing it can therefore be integrated with the literature. Further, its multi-dimensional design allows the researcher to attempt to measure some of the complexities thought integral to the

process of coping. Finally, the theory on which the P-F Study is based makes its use as a measure of coping logical and productive.

The P-F was developed by Saul Rosenzweig as a tool for measuring verbal reactions to frustration in everyday situations. Crucial to Rosenzweig's concept of frustration is the understanding that "as an impediment to growth, frustration is an ingredient of all disease. As a stimulant to growth, it enters into most, if not all, creative activity" (1976, p.887).

Rosenzweig defined frustration as "occurring whenever the organism meets a more or less insurmountable obstacle or obstruction in its route to the satisfaction of any vital need" (1953, p.651). He early stressed the importance of developmental factors in this dynamic: he believes earlier frustrations implant patterns of reaction to later situations, and may also modify the individual's capacity to respond adequately on subsequent occasions (1944).

The Picture-Frustration Study scores each of 24 items with both a direction and a type of response. There are three directions and three types of frustration reaction. Any direction may occur with each type, making nine possible scores. The verbal responses elicited by the P-F attempt to assess the more characteristic, but not necessarily invariant, range of coping reactions used by the subjects.



Direction is scored as either extraggressive (EA: frustration is directed out from the self), intraggressive (IA: frustration is directed in toward the self), or imaggressive (MA: frustration is denied). The latter thus functions as an avoidant coping style, while the former two serve as two categories of approach coping.

Type is scored as either need-persistent (NP: the subject is focused on removing the frustration or "solving" the situation), obstacle-dominant (OD: the subject's focus is on the frustrating person or object), or ego-defensive (ED: the subject's focus is on blaming- either himself, another, or on the fact that blame cannot be attributed).

While Rosenzweig defines frustration tolerance as the capacity to withstand frustration without resorting to disruptive or disorganizing modes of inadequate reaction (1953), all responses are regarded as "adjustive in aim. They represent the best of which the organism is capable under the total existing conditions" (1944, p.384). "Adequacy" is used in the sense of being a reaction rooted in present conditions, and not tied to past situations or patterns of reaction.

Thus, any of the nine reactions to frustration can be positive, if present conditions warrant. Initially, as a general principle, all frustration reactions in the P-F were considered neither normal nor abnormal, but neutral, and agreement with the standardization group implied healthy

adjustment.

In more recent work, however, Rosenzweig (1970) has described the three types of reaction as "qualitatively-ranked stages", with N-P most likely to be constructive, E-D most likely to be destructive, and O-D most likely to be neutral and passive. In addition, as Rosenzweig postulates it, over-use of any one type marks a "trait of frustration reaction... and would appear to imply some weakness of the personality structure demanding special defense" (1944, p. 385).

In its entirety, the Picture-Frustration Study provides a measure of coping that is both congruent with the predominant approach-avoidance paradigm, and meets the "complexity criterion" with its use of reaction "types" in addition to "directions".

The components of coping are increasingly being conceptualized as highly complex. They are seen as varying across persons experiencing the same negative life events and across time and situation for any one person. In much research, the assessment of how well a person is seen to be coping is based on symptoms of illness, either physical or mental, which they report. As the illness behavior of psychotherapeutic helpseeking is the focus of this work, illness behavior and helpseeking will now be examined at length.

## Illness Behavior

It will be recalled that several of the previously cited studies purported to examine the relationship of life events to "illness", although data were invariably based on subjects' reports of symptoms, rather than an objective assessment of same. For this reason, the concept of "illness", or a specific collection of symptoms, has less meaning and usefulness than that of "illness behavior".

As defined by Mechanic, illness behavior is "the ways in which people respond to bodily indication and the conditions under which they come to view them as abnormal" (1984,p.1). It is the result of the interaction between a person's quality of bodily function, the psychological and sociocultural orientation brought by the individual to the situation, and the unique demands of the immediate social context.

In other words, "cultural definitions, social development and personal needs shape the experience of illness and meaning attributed to physical factors that serve as its basis. While the magnitude, severity, persistence and character of symptoms affect and establish limits for personal and social definitions, there is considerable variability in what is perceived, how it is defined, the interventions that are considered and used, requests for support and special consideration, and illness outcomes" (Mechanic, 1984, p.1). The distinction between 'illness' and

'illness behavior' has also been noted and supported by Kobasa (1985).

Evans and Gail (1988) take this distinction to a greater level of complexity. They hypothesize that individuals may have different "styles" of dysfunctional response to a given stimuli. That is, some may be more likely to respond to negative life events with physical symptoms and/or the appropriate illness behavior, some with psychological distress and such psychological illness behavior as seeking psychotherapy, and others with behavioral disorders.

The present work is aimed at elucidating coping factors which may play a role in some persons' decision to engage or not in the psychological illness behavior of helpseeking, specifically psychotherapeutic helpseeking. The latter will now be examined at greater length.

### Helpseeking

The present study is aimed at eliciting information about some coping style factors that are hypothesized to play a role in the process of psychotherapeutic helpseeking. It is believed that certain coping styles may be able to predict which persons will respond to negative life events or the experience of emotional distress by defining themselves as having a psychological problem and engaging in the illness behavior of seeking help in psychotherapy. Helpseeking

itself, however, is the result of its own rather complex process.

A general model outlined by Fischer, Winer and Abramowitz (1983) provides a series of variant stages through which a person moves in seeking psychological help. First, the person perceives a problem, identifies it as such, and classifies it as a psychological problem. Next, the person contemplates ways of helping her- or himself, which could include doing nothing, doing something direct to remove or alleviate the problem, or seeking informal or formal help. This is followed by the person's decision to seek or accept help, which may be followed by a precipitating event (for example, a worsening of symptoms) before the final step: overt helpseeking behavior. These stages will provide a rough outline for the review of the help seeking literature.

### Problem Perception

As Mechanic (1984) has noted, research shows that people are often not even aware of factors which have been proven to influence their decisions and actions. Effective adaptation is often facilitated by the normalization of disruptive or uncomfortable situations and by maintenance of a perception of a regular flow of activities. In other words, the helpseeking process is averted prior to stage 1 (problem perception) by defining as normal and non-problematic a potentially stressful situation (that is, avoidance coping

averts the need for helpseeking).

Mechanic (1968) notes that people's experiences, conditioning resultant thereto, and acquired knowledge regarding health and illness hold implicit ideas about what physical, psychological, and social states are "normal" and what deviations are unusual. Expanding on these ideas as specifically applied to psychological states, Thoits (1985) writes of mental illness as deviance from feeling or expression norms, which when self-perceived and persistent or repeated enough can lead to psychological helpseeking. She agrees with Mechanic that this emotional labeling (that is, what is "normal") is learned, and that there are thus strong cultural effects on such labeling.

Thoits notes that the most probable source of emotional norm-state discrepancy is the negative emotional sequelae of ongoing negative life events. She makes the important point that while continued negative affect may be an appropriate response to continued negative life events, it is generally negatively perceived both by the person experiencing it and, often, by others, and can lead to negative self-appraisal (including labeling as emotionally "deviant").

Research has supported the notion that individual perception influences illness behavior (including helpseeking), and that learning (taking place on a individual level within a sociocultural context) has a major role in

this process.

Mechanic (1979) conducted a 16-year study examining illness and illness behavior in children, based on reports of mothers, teachers, the children themselves, and using school records. He found psychological distress to be a general expression of suffering and to reflect a variety of influences. High complainers exhibit a distress syndrome which is "in part a learned pattern of illness behavior involving an intense focus on internal feeling states, careful monitoring of body sensations and a high level of self-awareness. I suggest that this pattern is reinforced by childhood illness, parental behavior, and adverse life events" (p.1234).

The degree to which distress develops depends on the number and severity of negative life events, the level of psychological and physiological dysfunction, and the illness behavior of "intense internal focus" on that dysfunction.

Spilken and Jacobs (1971) found that crisis life events, distress, and maladaptive coping antedate the onset of illness behavior and that "the more disturbed the reaction to the life situation was, the more likely was the subject to become ill and to seek care during the following year. But only when individuals reacted to their illness as requiring care did we see this distinct association (p.259)". It is the individual's (negative) perception of the life events and of their own (inadequate) responses that is crucial to the

illness behavior (or approach coping style) of seeking help.

Spilken and Jacobs found no differences between types of symptoms (somatic, physical, or emotional) and noted that "it is not the type of symptom but the reaction to it which seems of most importance" (p.260). Finally, by asking subjects to again fill out life event and coping measures when they reported treatment seeking behavior (1 year after initial measurement was made), they were able to note that treatment seeking behavior did not lead to an increase in help-seekers' reports of life crisis or distress. Perceptions held stable over at least this time period.

Hourani and Khlat (1986) believe also that people's perceptions of their own mental health status may be largely determined by their concepts of same. They note that how people define mental health is partly a function of their level of awareness of higher needs, i.e. those with broader definitions will be more likely to make negative assessments of their own level of health.

Conducting a study in Beirut, Hourani and Khlat found that higher education led both to higher ratings of personal mental health directly and to lower ratings indirectly via the variables of broader definition and greater need. They also found that general (not mental) health variables significantly contributed to mental help seeking, i.e. that mental help seeking could be justified in terms of physical health.



Snyder and Ingram (1983) examined the ways in which consensus information about a particular psychological problem may affect a person's evaluation of that problem and of how well they are coping with it. Dividing groups of high- and average-test anxious college students who had all been told that they had a problem (test anxiety), students were told that their problem was either common (high consensus information), uncommon (low consensus information), or given no consensus information. Results, as predicted, indicated that high consensus information led to the least intention to seek help among the average group (who opted instead to increase their own efforts), and the most intention to seek help among the high-anxious group. Not surprisingly, self-perceived coping was highest among the average group who received high consensus information and lowest for the high-anxious, high-consensus group.

Snyder and Ingram posit that high consensus information leads average-anxious subjects to increased self-efforts, because the deficit is not seen as peculiarly one's own but is somewhat externalized. In contrast, high-anxious persons who receive high consensus information, they theorize, are able to lower their defensiveness and acknowledge the seriousness of their problem and resolve to seek help for the same reason the others didn't: high consensus information lowered the personal stigma attached to the problem and lowered the perceived cost of seeking

help. This study demonstrates the manner in which an actual problem can interact with external labeling and consensual information to result in markedly different perceptions of one's coping and different intentions for future behavior.

Researchers have disagreed on the question of whether there are sex differences in problem perception. Kessler, Brown, and Broman (1981) concluded from the results of four surveys that there were significant sex differences in problem perception (or symptom recognition, as they called it) but that these differences disappeared when people reached the stages of reporting a problem was serious enough to need outside help or of actually obtaining help. Another study (Cheatham, 1987) found no significant sex differences in problem perception or in seeking help.

Mechanic (1978) would take issue with this viewpoint. He regards women's greater use of all types of health services not as evidence of their experiencing more illness per se, but of their greater propensity to "feel or express more subjective distress of all kinds (p.213)".

He hypothesizes that this illness behavior could be due to a variety of factors. Women's greater interest in health and more comprehensive knowledge about health may lead to their perception of more symptoms, in a manner similar to that of the subjects in Hourani and Khlal's study (1986). Mechanic believes women may use their greater willingness to engage in health-related behavior (i.e., taking medications,

seeking care) to explain to themselves unorganized symptoms or distress as an "illness". Conversely, the different levels of symptoms reported by the sexes may be due to men's inhibition in reporting certain types of symptoms, or to the fact that many categories of traditionally male illness (i.e., alcoholism, violence, drug abuse) have not been adequately included in epidemiological studies of illness and illness behavior.

Like Mechanic, several other researcher have attributed sex differences in illness behavior not to sex per se but to the coping styles associated with typical male and female sex roles (McMullen & Gross, 1983; Nezu & Nezu, 1987; Warren, 1983).

### Decision to Seek Help

"In all cases of helping, there are two sets of consequences to be considered: the consequences of the assistance and the consequences of relying on the assistance."

-John Stuart Mill

Merton, Merton, and Barber (1983) point out that seeking help can be as costly and risky as providing it and that incentives to avoid seeking help pervade our social environment. These obstacles include money, the acknowledgement of indebtedness (for being allowed to abdicate the problem), the giving up of autonomy, dependency,

and the uncertainty of outcome. In most cases, overcoming these obstacles and seeking help is "mingled with regret and resentment toward those who feed the habit [of helpseeking: namely, the helper]" (p. 19). In other words, while most persons recognize the utility of the approach coping style of seeking help, the implicit costs of doing so may mitigate its occurrence.

As Nadler (1983) has put it, "the helpseeking situation is viewed as involving a conflict between the need to alleviate current difficulties by seeking assistance from other(s) and the need to protect one's self-image as a competent and self-reliant person by refraining from such action" (p.305). In addition, ambivalence may be fueled by both intraindividual inconsistencies in beliefs, feelings, or behavioral inclinations and inconsistencies built into the social structure in which the person lives. While helpseeking is an adaptive coping behavior (and is often both individually and consensually regarded as such), the seeker usually regards it as a stigma signifying weakness, failure, and an inability to cope (DePaulo, Nadler, & Fisher, 1983).

Grace and Schill (1986) found that those high in trust report more social support seeking and less dysfunctional behavior in the face of stressful life events than do those low in trust. This occurred despite the fact that both groups received (and perceived) equivalent social support. However, those low in trust were less likely to utilize and benefit

from the social support they had available to them; they were reluctant to actively seek and talk with others when distressed, instead using avoidant coping strategies such as eating and daydreaming.

These results were supported in a study by Ostrow, Paul, Dark, and Behrman (1983) which found that less well adjusted college women, whether or not they had sought counseling, had more difficulty knowing how to ask for support and greater discomfort in asking.

The cost of seeking help may be quite high, or at least be perceived that way. As Williams and Williams (1983) have noted, the recipients of help report feelings of inferiority and lowered self esteem because of the implication of personal inadequacy in helpseeking. This may occur intrapersonally or interpersonally, and thus have a psychological or a social price.

Helpseeking has also been shown to be inhibited when the potential recipient expects it to be difficult or impossible to repay. Lack of potential for reciprocity, feelings of indebtedness, and the inequity inherent in helpseeking all increase the cost (Nadler, 1983).

Factors that have been found to increase the likelihood of deciding to seek help include the helpseeker's beliefs that help will, in fact, alleviate the problem and that the help is necessary, not simply convenient (Gross & McMullen, 1983).

Tinsley, St. Aubin and Brown (1982) measured college students' (all therapy-naive) self-reported tendency to seek help for personal problems and found helpseekers to have higher expectations of being helped, more sophistication regarding psychotherapy, and less availability of alternative helpers. Again, it is worth noting that only 36% report that they would seek professional help for a personal problem under any conditions they can imagine. For many people, the cost of this behavior (seeking psychotherapeutic help) seems too high under any conditions.

Halgin, Weaver, and Donaldson (1985) explicitly asked college students, some of whom had previously sought psychotherapeutic help and others who never had, what they perceived as the advantages and disadvantages of obtaining psychotherapy. Disadvantages were seen more similarly by the two groups, with "time and money" and "confrontation of painful issues" being predominant. Non-helpseekers saw the category of "indicates lack of self-effectiveness" as a much more potent disadvantage than did those who had already decided to seek help. The advantages of obtaining therapy were seen more diversely by the two groups. While non-helpseekers saw "problem resolution" and "understanding causes" as numbers 1 and 2, for helpseekers this order was reversed. Helpseekers saw "develop self esteem and self-perspective" and "someone to talk to" as more important, "learn to cope/gain control" as less important, and never

mentioned "prevent further distress" (the fourth choice of non-helpseekers). On the whole, helpseekers seem to have a more internally oriented picture of the advantages of psychotherapy, while non-helpseekers appear more externally goal-oriented.

Given the several stages which seem to be necessary to the process of psychotherapeutic helpseeking, it begins to be less surprising that so many who might benefit from it never choose to do so. If one cannot perceive that one has a psychological problem, one will not seek help, and a complex array of individual and social factors in our society (which function not as discrete factors, but interactively) work to make one more or less likely to perceive such problems.

But perception of a problem is not enough. One must not be able to solve the problem on one's own, one must believe seeking help will contribute to a solution, and one must perceive the cost of helpseeking to be worth the anticipated result. Having passed through these successive stages, help is sought by some select group of the population. These persons, too, have been studied.

### Overt Helpseeking Behavior

Most studies of those who have made and carried out the decision to seek psychotherapeutic help have used college students as subjects.

The most extensive of these was done by Greenley and Mechanic (1976). They looked at the social process by which 1,502 college students "selected into" health care by applying to an outpatient psychiatric clinic or a university counseling center. All helpseekers, as opposed to non-helpseekers, knew more users of any kind of help, had a greater propensity to seek help for psychological problems, had relatives with more positive attitudes toward seeking psychological help, and a greater orientation toward introspective others; each of these had a direct effect on selective use of services. In addition, users of psychiatric services were significantly higher than non-users in numbers of symptoms and problems, with users of counseling center services being somewhat higher than non-users.

Kirk and Sharp (Kirk, 1973; Sharp & Kirk, 1974), studying the entire 1966 class of the University of California at Berkeley, found that approximately 1/3 presented at either/both the University Counseling Center or Psychiatric Services. Helpseekers were more anxious, less accepting of authoritarianism, less conforming, more emotionally expressive, more impulse expressive and less well personally integrated than their non-using counterparts. Male users, in addition, were more liberal and more verbal than their male non-user counterparts.

O'Neil, Lancee and Freeman (1984) looked at some characteristics which differentiated depressed college



helpseekers (to a university psychiatric service) from depressed college non-helpseekers. By far the over-riding factor was the severity of depression. Users were more likely to have suicidal thoughts, and to have had prior therapy. Users also had fewer available alternative resources and greater accessibility to psychiatric services.

Rubio and Lubin (1986) studied personality characteristics and life events in college students who did, and did not, seek psychotherapeutic help at a university counseling center. The users reported significantly more, and significantly more undesirable, life events in the previous 12 months, as well as significantly higher ratings of the pressure and adjustment required (i.e. they perceived themselves to have had a more difficult time coping with the events). A high degree of stimulus screening (involving greater selectivity, less processing of information and limited response to a variety of stimuli- a very basic "avoidance" coping style), a low degree of self-disclosure, and low degree of self-perceived "likeness" to other students were the major contributors to psychological distress, though not directly to treatment seeking.

Overbeck (1972) looked at the life event antecedents of twenty subjects who self-presented for treatment at an outpatient community mental health center (there were no controls). Subjects were found to have a tendency for high life event scores to have occurred most frequently in the

one-year period just previous to seeking help (versus the two years prior to that one-year period which were also measured). Subjects were also found to have habitual modes of coping, to which they tended to cling even when they were highly ineffective. Again, though, there is evidence that all subjects do under differing situations use all modes, with varying degrees of success.

Overbeck also examined the concept of "helpseeking" as applied to psychotherapy. She found that "intolerable social functioning", including disturbances in relationships with significant others and poor work/school performance, to be primary in formal helpseeking. The belief and hope that therapy will be helpful and the attitude of significant others toward treatment were also important factors. Obstacles to helpseeking included a bad previous experience, other more pressing problems, cost, inconvenience, lack of knowledge of resources, fear of illness or treatment, stigma, lack of pain or pressure, and resolution of the problem.

Some steps have been taken, then, to fill the "need [for] cohort studies based on samples of the populations of persons who have experienced whatever life events are of interest rather than case-control studies based on samples of persons who have become ill" (Dohrenwend & Dohrenwend, 1978, p.12).

It seems that an area with questions worth examining

is that of the relationship of coping style to life events and the decision to seek help - or not. While research has examined coping and its relationship to life events, and helpseeking and its relationship to life events, and helpseeking (especially psychotherapy) has certainly been conceptualized by most as a means of active (approach) coping, little research has looked directly at the relationship of coping style to helpseeking.

As Mechanic (1984, p.2) has said, "few seriously doubt that the 'psychosomatic hypothesis' is in some sense valid. The problem consists less in the validity of the insight and more in the capacities to conceptualize such relationships in a manner promoting increased understanding and improved interventions".

#### Summary and Hypotheses

This study attempted to examine the relationship between life events, coping, and helpseeking, towards the goal of increasing understanding of some of the complex coping processes by which persons select themselves into psychotherapy. Ultimately, such understanding might help psychotherapists approach and intervene with their clients more effectively, through therapists' greater comprehension of clients' coping styles.

The relationship of life events to stress can be clearly seen as much more complicated than a direct, uni-

directional model would allow. Research has shown that it is not the simple occurrence of any life event, but the occurrence of negative life events which is related to stress-linked outcome measures. This negative valence has been shown not to be invariant for some specific subset of events, but to be perceived, or not, on an individual basis, with social and cultural factors impinging on individuals. How one measures the seemingly simple variable of "life events" must be undertaken with care to account for some of these very complex considerations.

Coping as an intervening variable in the relationship of life events to stress has also been increasingly refined in its conception. Most work has delineated coping in a manner consonant with the general division into approach coping, either of an external or an internal nature, or avoidance coping.

Coping effectiveness is largely seen as a matter of having as many options as possible available, and being able to apply them appropriately. Avoidance coping mechanisms, while they may have a function in alleviating distress, are seen as most likely to be limited in utility. Research has also shown some avoidant coping strategies to be less situationally determined than other coping strategies, and hence subject to rigid, and perhaps inappropriate, use.

Another coping style, internal approach or introspectiveness, has been shown in research to have a

relationship to emotional distress separate from the occurrence of life events. Coping may play more than an intervening role in relation to life events, distress and illness behaviors.

Much recent literature on the relationship of life events, coping, and stress has re-defined stress in ever more specific ways. While once stress was seen as measured by reports of illness, researchers are now careful to distinguish illness behaviors (reporting and seeking treatment) from objective (physiological or psychological) symptoms. The complex, many-staged process by which persons engage in the illness behavior of deciding to seek help, in particular psychotherapeutic help, has been studied at length.

This study approached its goal by using measures chosen to reflect as much of the complexity outlined here as possible. Life events were tallied with valence as perceived by the subject. Coping was assessed by the use of a measure which both utilizes the approach/avoidance paradigm and elaborates on it; it gives a comprehensive picture of various coping styles and of coping flexibility. Finally, the effects of sex, emotional distress, and life events were statistically controlled, in order to get the cleanest picture of the complex relationship of coping style to psychotherapeutic helpseeking.

Specific hypotheses were as follows:

1. As has been shown in much of the literature, it was expected that the experience of self-perceived negative life events would predict a significant portion of the variance in the dependent variable, helpseeking behavior.
2. Again based on much previous research, it was expected that self-reported emotional distress would predict a significant portion of the variance in helpseeking behavior.
3. It was expected that persons low in denial would be likely to perceive problems, likely to be able to see problems as psychological when they are, and likely to perceive the advantages of seeking help. It was expected, therefore, that low scores in im aggression or denial, an avoidant coping style, would predict helpseeking, independent of the effects of all other independent variables.
4. Similarly, an internal approach focus is expected to coincide with the ability to perceive problems and to perceive them as psychological. Such coping is assumed to be congruent with the internal focus of psychotherapy, perhaps making the cost of seeking help less onerous and the advantages of psychotherapy more apparent. It was hypothesized that high scores in intraggression, an internal approach coping style, would

predict helpseeking, independent of the effects of all other independent variables.

5. High scores in need-persistence, which may serve to balance the cost of seeking help by raising the cost of not seeking help, were expected to predict helpseeking, independent of the effects of all other independent variables.

6. Ego-defensiveness is conceptualized in large measure as being a "need to blame". Persons high in ego-defensiveness seem unlikely to be liable to admit they have a problem, or that their problems are psychological. Therefore, low scores on ego-defensiveness were expected to predict helpseeking, independent of the effects of all other independent variables.

7. Based on the literature, coping flexibility is assumed to contribute significantly to coping effectiveness, which should decrease the need for psychotherapy. Therefore, low scores on the measure of flexibility of coping style were expected to predict helpseeking, independent of the effects of all other independent variables.

METHODS

Subjects

Subjects were undergraduates at several colleges and universities in the Philadelphia, Pennsylvania area. These were Widener University, St. Joseph's University and Drexel University. Schools which agreed to participate, but were unable to gather any completed data, were Swarthmore College, Bryn Mawr College, and Rosemont College.

Because of the anticipated difficulty of depending on persons not directly involved in the research to gather clinical data, no expectation of forming equal groups from schools was planned. Rather, schools were chosen to be enough alike that, hopefully, students from different schools could be grouped together as "college student psychotherapy seekers" or "college students who have not sought psychotherapy".

Widener University is a private university in an urban/suburban setting in Chester, Pa. Its student body is approximately 60% male, and is described by its Director of Admissions as being solidly middle class. Students are mostly of the second generation of their family to attend college. Nearly 80% of Widener's students are between the ages of 17 and 23; the remaining are older students. White students make up 88% of Widener's population, another 9% is Black, with 2%



Oriental and 1% Hispanic.

Drexel University is a large, urban university with a strong reputation in the sciences. Its student body is 70% male; no information about socioeconomic status was available. While no specific figures were available on students' ages, it has extensive part-time and evening enrollment, with many older students as well as a large, young fulltime (day) enrollment. The racial breakdown of the students is 83% White, 7% Black, 7% Oriental, 2% Hispanic, and 1% Other.

St. Joseph's University is a private, Catholic university in a suburban setting. Its student body is evenly divided between men and women. Its students are middle class, and generally at least the second generation to attend college. There are very few students outside the 17 - 23 age range. White students make up 92% of the student body, Blacks 4%, and 4% International (i.e. Oriental, Hispanic and Other).

Helpseekers were recruited at their university counseling centers. Non-helpseekers were recruited in psychology classes. Both male and female subjects were used, without regard to race or religion. The final group included 15 women and 15 men in the helpseeking group, and 16 women and 14 men in the non-helpseeking group. The helpseeking group included 17 students from Widener University (8 female, 9 male), 8 students from Drexel University (5 female, 3 male), and 5 students from St. Joseph's University (2 female,

3 male). The non-helpseeking group was made up of 15 students from Drexel (8 female, 7 male) and 15 students from St. Joseph's (8 female, 7 male).

### Measures

The measures used in this study were chosen to provide the optimum means of quantifying certain factors theorized, or previously shown, to have an important relationship to helpseeking behavior. The factors or variables measured were: coping style, measured by the Rosenzweig Picture-Frustration Study (Rosenzweig, 1945); negative life events, measured by the Life Experiences Survey (Sarason, Johnson, & Siegel, 1978); and emotional distress, measured by the Profile of Mood States (POMS: McNair, Lorr, & Droppleman, 1971).

Rosenzweig Picture-Frustration Study. Marx, Garrity and Somes (1977) believe that "one's capacity to handle frustration, whether such is labeled life change, recent life experience or stress, is tantamount to a capacity to cope" (p.424). With this in mind, the Rosenzweig Picture-Frustration Study (P-F) was chosen as the measure of coping most likely to illuminate differences of coping style between individuals who decide to seek psychotherapeutic help or not.

The P-F Study was conceptualized and created as a semi-projective measure. It consists of a series of twenty-four cartoon-like pictures, each depicting a commonly-occurring frustrating situation. Each response is scored both

for the direction of its aggression and the type of reaction. "Directions" consist of extraggression, or EA, (externally directed aggression -or external approach coping), intraggression, or IA, (internally directed aggression -or internal approach coping) and imaggression, or MA, (avoidance of aggression). "Types" of aggression include obstacle-dominance, or OD (the focus is on the barrier creating the frustration), ego-defense, or ED, (the focus is on an actor, as the subject blames himself or another), and need-persistence, or NP, (the focus is finding the solution). These factors combine to create nine possible scoring factors (for example, EAED, IANP, or MAOD).

Rosenzweig, Ludwig and Adelman (1975) conducted a survey of the evidence for the reliability of the various forms of the P-F study. They contend that analysis of variance and split-half methods, which assume item homogeneity and internal consistency, may be appropriate to psychometric tests, but are not properly applied to projective and semiprojective methods, including the P-F study. The reasons for this include the designed heterogeneity of test items and that the "interpretation of the protocol rests heavily on the contrary assumption that all responses do not have equivalent significance for the individual" (p.4).

Investigating retest (total test) reliability data available from the senior author's laboratory and from other

investigators (Bernard, 1949; Pichot & Danjon, 1955), Rosenzweig, et al. (1975) were able to demonstrate statistically significant consistency for the main scoring categories of the P-F (ranging from .45 to .79, with a mean of .61), especially those measuring directions of aggression.

Rosenzweig and Adelman (1977) note that validity data on the P-F study must be interpreted in light of the recognition that projective (and semi-projective) methods are "not dimensional, univocal tests but are multidimensional, flexible tools, [and therefore] their validation must be approached by integrating many sources of evidence" (p.578). They address particularly construct validity, and cite the following evidence, taken from a variety of arenas.

"P-F Study constructs imply a developmental sequence during which the child learns to inhibit hostile reactions to frustration and acquires patterns of social conformity and personal responsibility. Normative data support these hypothetical assertions" (p. 580). A wide variety of studies (Pareek, 1959; Rosenzweig, 1960; Rosenzweig, 1950) using groups of American, French, Italian, German, Japanese, and Indian children have shown significant developmental similarities. These consist of a steady decrease in extraggression from ages 4 to 13, with a concomittant increase in intraggression and imaggression. Another study (Rosenzweig, 1950) gave evidence that as young adulthood

begins there is a stabilization in all scoring categories which holds through middle age.

Another means of assessing construct validity involves analyzing the extent to which scoring variables form patterns which are interpretively consistent with the theory underlying the measure. Several studies were done in which variables chosen for their 'fit' with the theory on which the P-F is based. This work was done by Rosenzweig & Sarason (1942), Canter (1953) and Kates (1951). These researchers were able to show significant correlations with P-F results; multiple correlation coefficients above .75 were found.

The P-F was originally presented by Rosenzweig (1945) with the hypothesis that it reflected the actual (overt) behavior of the subject, rather than his unconscious orientation, or his (self-censored) opinion. Rosenzweig and Adelman note a body of literature in which strong agreement was found between how subjects had responded to the P-F test items and how they actually behaved when "set up" in real-life situations duplicating P-F items. Conversely, subjects' opinions, or what they might "think about" social propriety in these situations differed significantly from their P-F responses.

Because verbal aggression as measured by the P-F is assumed to be only a part of a person's repertoire of aggressive behavior, Mirmow (1952) and Albee and Goldman (1950) conducted "behavior-matching" studies in which,

respectively, generalized work behavior (of colleagues) or psychiatric summaries were successfully "matched" to P-F protocols at a highly significant rate ( $p < .01$ ).

Finally, the P-F's roots in the experimental study of frustration provides another route by which construct validity can be assessed. That is, work has been done in which the P-F served as the dependent variable in determining changes in reaction to frustration after a period of intervening stress. Studies utilizing sleep deprivation and other forms of experimentally-induced frustration have indicated that subjects under increasing frustration do tend to show the significant increases in ego-defense and extraggression, and decreases in intraggression and obstacle-dominance that the theory behind the P-F predicts (French, 1950; Lindzey & Goldwyn, 1953).

In order to test the hypothesis concerning coping flexibility, an additional score was derived from the nine P-F factors. This coping flexibility score, or CF, is the sum total of all P-F factors on which the subject received a score of three or greater. That is, the subject receives one "point" for each of the nine types of coping response which they have used in at least three of the twenty-four P-F items.

The P-F has 24 items. It is possible, though uncommon, to receive two scores for one answer; additionally, some subjects left an item blank and received no score for that

item. However, the range of scores received by subjects was small (21 - 26). Each subject's scores are forced into one of the nine P-F factors by the either-or nature of the scoring system.

The CF score was derived by using the concept of the "most flexible possible" subject, who would have 24 scores divided relatively evenly among nine factors. This would yield something along the lines of six "three" scores, and three "two" scores. It seemed likely that persons with healthy (three to four), but not overriding, scores in the most factors was liable to be the most flexible.

Distributions were done for all subjects on the measures of "number of factors which have a score greater than or equal to three", or 3CF, and of "number of factors which have a score greater than or equal to four", 4CF. The 3CF score distribution nicely approximated a normal distribution, while the 4CF was quite skewed (with scores greater than three being unusual).

Consequently, the 3CF measure was used; its score will hereafter be referred to as CF only.

It is believed that the CF score successfully measures flexibility. While a person with a very high score in one factor would receive a "flexibility" point for that score, the invariance in the number of scores available (no more than 26 for any individual subject) would necessarily limit the number of scores able to be put in other categories. The

subject's scores in other factors would be less likely to be able to reach three, and the subject's overall flexibility score would probably be lowered. Conversely, a person with generally well-dispersed scores (for example, eight "threes" and a zero, the latter conceivably due to scorer error) would receive a CF score that reflected the dispersal more than the single zero.

In summary, the Rosenzweig Picture-Frustration Study has been demonstrated to be both reliable and valid as a measure of coping with frustration. Construct validity has been shown in developmental studies, in work finding consistent patterns between the P-F and variables chosen for their fit with the theory behind the P-F Study, and in several studies which matched subjects' behavior to their P-F profiles. In addition, the P-F can clearly be seen as a measure which conceptualizes coping with frustrations along lines consistent with the approach/avoidance paradigm important to much of the recent coping literature and to the hypotheses of this study. The P-F also distinguishes the internal, introspective, approach style from the the external and thus includes a factor crucial to helpseeking theory and the hypotheses of this work. Because the P-F is able to encompass all of these aspects in its measurement of coping behavior, and because it provides the means to derive a useful score of coping flexibility, it was chosen to be the measure of coping in this study.



Life Experiences Survey. The Life Experiences Survey (LES) was developed in 1978 by Sarason, Johnson and Siegel. The LES lists 47 life events. Subjects respond on a seven-point scale (ranging from -3, extremely negative to 0, no impact, to +3, extremely positive) to any of the 47 listed events which have occurred in their lives in the past year. Subjects make no response to any events listed which they have not experienced in the last year. For college students there are an additional ten life events (e.g. failing a course), which, again, they respond to only if applicable to their lives in the past year. Subjects in this study therefore considered the full 57 events. Scoring of the LES results in three separate scores: negative life change, positive life change and total life change.

In two studies examining test-retest reliability of the LES, each conducted with an interval of 5-6 weeks between testings, evidence of moderate reliability was found, particularly when the negative and total change scores are considered. Pearson product-moment correlations of .63 and .64 (total change score), .56 and .88 (negative change score) and .19 and .53 (positive change score) were achieved. The  $p$  for each of these was  $<.001$ . The authors of these studies (Sarason, Johnson, & Siegel, 1978) note that test-retest reliability coefficients found with life-events instruments are likely to underestimate the reliability of the measure because subjects may experience, in the several weeks between

testings, a variety of life events which significantly impact on the later score. The LES has also been found to be relatively free from the influence of a social desirability response bias (Sarason, Johnson, & Siegel, 1978).

The authors of the LES have demonstrated that it correlates significantly with relevant personality indices. These include state and trait anxiety- for the total and negative change scores only, social nonconformity and discomfort- for negative change only, and depression- for negative change only (Sarason, Johnson, & Siegel, 1978).

A study of university counseling center clients and other randomly chosen students (Sarason, Johnson, & Siegel, 1978) found no differences between the two groups in total or positive change scores using the LES. Clients did, however, have significantly higher negative change scores. Sarason et al. believe these findings, in conjunction with the personality correlates noted above, support the notion that a negative change measure should be used if one's purpose is to determine degree of "life stress".

In this work, the negative life change score derived from the Life Experiences Survey will be used to remove the variance due to the experience of negative life events from the relationship between coping style and helpseeking status.

Profile of Mood States. The Profile of Mood States (POMS: McNair, Lorr, & Droppleman, 1971) currently consists of 65 5-point adjective rating scales which have been derived

from 100 different adjective scales by means of repeated factor analyses. To each of the 65 adjectives, subjects are asked to mark on the 5-point scale (ranging from "not at all" to "extremely") how well that word describes how they have been feeling that week, including the day of the test. Results yield six factors (tension-anxiety, depression-dejection, anger-hostility, vigor, fatigue, and confusion-bewilderment) and a total mood disturbance score.

The POMS has shown highly satisfactory internal consistency: calculated separately for each of the six scales, it ranged from .84 to .95. Test-retest reliability has been more moderate: ranging from .43 to .74 over the six scales. The latter, measured over a period of six weeks, is, the authors believe, about the maximum stability to be expected of mood scales, considering the nature of mood and the intervention of circumstances.

The authors cite the six factor analytic replications in the development of the POMS as evidence of the factorial validity of the six mood factors. The results are cited as remarkably congruent for different patient and normal samples, for different rating time periods, and for both 4- and 5-point scales. The individual items making up the scales support the face or content validity of the scales. In addition, there is research evidence supporting the predictive and construct validity of the POMS in several areas. These include studies of short-term psychotherapy

(Lorr, McNair, Weinstein, Michaux, & Raskin, 1961), controlled outpatient drug trials (Lorr, McNair, & Weinstein, 1964), studies of response to emotion-inducing conditions (Pillard & Fisher, 1967), and studies of concurrent validity coefficients (McNair, Lorr, & Droppleman, 1971).

In this study, the total mood disturbance score will be used as an independent variable in order to remove the variance due to emotional distress from the relationship between coping style and helpseeking status.

### Procedure

As previously stated, subjects were college students in the metropolitan Philadelphia area. As a first procedural step, directors of counseling centers and professors of psychology were approached and asked for their cooperation in a study of psychotherapeutic helpseeking and coping style. They were offered as much information concerning the premises and hypotheses of this study as they required (up to receiving a copy of the literature review). These professors and directors were informed that this study had passed the review of Loyola University of Chicago's Committee on Human Subjects. The researcher expressed willingness to comply with any similar review a college wished to impose. No such request was made by any school. Once sites for subject selection had been settled in this manner, recruitment of subjects began.

Psychotherapeutic helpseekers were asked to participate by means of a form handed to them by their counselor in one of their first two sessions (a copy is included in the Appendix) It was explained on the form and on the informed consent sheet that participation was strictly voluntary, with no consequences to the student for refusing. Non-helpseekers were given the same form by the researcher, in the presence of their psychology professors.

The above outlines the client-solicitation procedure of this study as it was intended to be carried out. Results indicated that this might not have been followed strictly in the collection of the helpseeking data. Questioning of counseling center staff indicated that a great deal of selection was imposed by staff at all three of the schools.

At St. Joseph's, only one (a staff person) of the two staff and two interns asked any, but not all, of his clients to participate. Therefore, only approximately 15% of helpseekers seen at least once were asked to take part. Of these, 50% cooperated. The staff person's criterion for not asking a person to participate was "if they were very upset or in crisis".

At Widener, both staff persons and two interns all asked some, but not all, of their clients to take part in the study. However, only about 19% of people seen at least once were asked. They were much more likely to agree to participate if asked, with 85% completing protocols. Here,

again, the primary factor in whether a client was approached or not was the staff person's perception of their level of emotional distress; anyone seen as too upset was not asked to participate. Another factor cited was whether the staff thought the client would be returning.

Drexel University's full counseling staff of three persons took part in gathering data. They asked approximately 28% of students seen at least once to participate, with 80% complying. Drexel staff's primary reason not to ask someone to take part was, once again, their perception of the client as "extremely anxious, upset, or strapped". They also cited whether they thought the student would be compliant.

If the student decided to participate in the study, he or she was asked to schedule a time to complete the packet either with the counseling center receptionist (for "therapy" subjects) or with the researcher (for "non-therapy" subjects). The packet, enclosed in a manila envelope and in order from top to bottom, consisted of: the request to participate in the study, an informed consent sheet, a "directions" sheet, the Life Experiences Survey, the Profile of Mood States, the Rosenzweig Picture-Frustration Study, and a form on which the student was asked to write a name and address if she or he wanted a summary of study results.

Subjects were asked to leave all test materials with the appropriate person (receptionist or researcher) upon completion and not to discuss their responses with anyone

until the study had been completed. Instructions included the information that, for the sake of confidentiality, no names were to be written on the papers. The "request for results" sheet was removed from each packet as it was received, so that no matching of names and results was possible. Every page of each packet (with the exception of the "request for results" form) has the subjects' real or fabricated (at the subject's discretion) initials on it, so that data can be properly analyzed, while maintaining subjects' confidentiality. Each page of the packet, with the exception of the three copyrighted tests, is reproduced in the Appendix.

## CHAPTER IV

### RESULTS

#### Preliminary Analyses

The independent variables used to test the hypotheses on which this study was based were negative life events, as measured by the college form of the Life Events Schedule (Sarason, Johnson, & Siegel, 1978), overall emotional distress, as measured by the Profile of Mood States (McNair, Lorr, & Droppleman, 1971), and the nine coping styles measured by the Rosenzweig Picture-Frustration Study (Rosenzweig, 1945). In addition, scores on the P-F were used to derive scores in the six P-F- scoring categories and to calculate a measure of coping flexibility.

Means and standard deviations were computed for each independent variable on all subjects and on the therapy-seeking and non-therapy seeking subgroups. These data are presented in Table 1. The two status groups were compared on each independent variable by means of  $t$  tests. Table 1 also includes the  $t$  values and the probability levels resulting from these  $t$  tests. There were no significant mean differences on any of these variables between helpseeking status groups.

Correlations between certain variables were also generated. This was done to check for strong correlations



Table 1

Independent Variables:  
Descriptive Statistics and Group Differences

Predictor Variable	Help Seekers	Non-help Seekers	All	Status Group Difference:	
				t(58)	p
Negative Life Events (Negle)					
<u>M</u>	11.97	9.33	10.65	1.17	.245
<u>SD</u>	10.38	6.58	8.72		
Emotional Distress					
<u>M</u>	54.83	47.47	51.15	.71	.478
<u>SD</u>	37.22	42.47	39.77		
Extraggresive/ Obstacle-Dominance (EAOD)					
<u>M</u>	2.13	2.50	2.32	-.90	.373
<u>SD</u>	1.59	1.57	1.58		
Extraggresive/ Ego-Defensive (EAED)					
<u>M</u>	7.70	8.07	7.89	-.44	.661
<u>SD</u>	3.19	3.26	3.20		
Extraggresive/ Need-Persistent (EANP)					
<u>M</u>	2.03	2.27	2.15	-.58	.567
<u>SD</u>	1.54	1.60	1.56		
Intraggresive/ Obstacle-Dominant (IAOD)					
<u>M</u>	1.37	1.40	1.39	-.12	.906
<u>SD</u>	.93	1.22	1.08		

Intraggessive/  
Ego-Defensive (IAED)

<u>M</u>	3.20	3.00	3.10	.57	.574
<u>SD</u>	1.42	1.31	1.36		

Intraggessive/  
Need-Persistent (IANP)

<u>M</u>	3.47	3.10	3.29	.90	.371
<u>SD</u>	1.66	1.49	1.57		

Imaggessive/  
Obstacle-Dominant (MAOD)

<u>M</u>	2.00	1.60	1.80	1.26	.211
<u>SD</u>	1.31	1.13	1.23		

Imaggessive/  
Ego-Defensive (MAED)

<u>M</u>	3.40	2.87	3.14	1.34	.187
<u>SD</u>	1.81	1.22	1.56		

Imaggessive/  
Need-Persistent (MANP)

<u>M</u>	2.33	2.47	2.40	-.31	.754
<u>SD</u>	1.83	1.43	1.63		

Total Extraggession  
(TotEA)

<u>M</u>	11.87	12.83	12.35	-1.04	.302
<u>SD</u>	3.50	3.69	3.60		

Total Intraggession  
(TotIA)

<u>M</u>	8.03	7.50	7.77	.89	.376
<u>SD</u>	2.30	2.33	2.31		

Total Imaggession  
(TotMA)

<u>M</u>	7.73	6.93	7.33	1.08	.285
<u>SD</u>	3.27	2.41	2.87		

Total Obstacle-  
Dominance (TotOD)

<u>M</u>	5.50	5.50*	5.50	.00	1.00
<u>SD</u>	1.80	1.77	1.78		

Total Ego-Defense  
(TotED)

<u>M</u>	14.30	13.93	14.12	.51	.610
<u>SD</u>	2.84	2.69	2.75		

Total Need-  
Persistence (TotNP)

<u>M</u>	7.83	7.83	7.83	.00	1.00
<u>SD</u>	3.66	2.42	3.08		

Coping Flexibility (CF)

<u>M</u>	4.53	4.60	4.57	-.21	.651
<u>SD</u>	1.40	1.23	1.33		

\*Mean value for women is significantly higher ( $p < .01$ ) than mean value for men.

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between coping styles and either distress or negative life events. If a coping style was highly correlated with, for example, distress, removing the portion of the variance in helpseeking due to distress would make interpretation of results relevant to the correlated coping variable much more complex. That is, the relationship between coping style and helpseeking might overlap to a large degree with that between distress and helpseeking. Removing the variance due to the latter relationship would in this case make the former relationship appear to be less than it was. Interpretation of either of the two variables' relationship to helpseeking would also be more difficult.

Fortunately, none of the coping variables used in this study are significantly correlated with either distress or negative life events. The range of correlations was from -.208 to .173. As expected, distress and negative life events did have a significant correlation of .555 ( $t = 4.91$ ,  $p < .01$ ).

Correlations between P-F scores were not deemed important. Because these scores are interdependent by the P-F's design (that is: if a, then not b or c), correlations between P-F scores are not very meaningful and have been eliminated for the sake of clarity.

Means on each of these variables were analyzed, by means of  $t$ -tests, for sex differences. This was done because the literature has shown consistently that women tend to report more distress than men (McNair, Lorr, & Droppleman,

1971) and to engage in more helpseeking behavior (McMullen & Gross, 1983; Mechanic, 1978). Men were compared to women across all subjects and within helpseeking status groups.

A single significant result (which is reflected in Table 1) indicates that women within the non-therapy group were significantly higher in the coping category Total Object-Dominance,  $p < .01$ .

There were two near significant trends involving sex differences deemed important to the analysis of the data. These were on the measure of overall distress ( $p = .06$  for all subjects,  $p = .085$  for therapy subjects,  $p = .32$  for non-therapy subjects) and on the measure of coping flexibility ( $p = .101$  for all subjects,  $p = .606$  for therapy subjects,  $p = .066$  for non-therapy subjects). These two variables are integral to the hypotheses of this study. It is possible that sex, through its separate relationship to these two factors, could exert a suppression effect on the multiple regression equations used to test the hypotheses of this study. For this reason, sex was entered as an independent variable into the regression equations, so that the portion of the variance in helpseeking due to sex could be removed via the multiple regression procedure.

Due to the lack of any mean differences between helpseeking status groups, and because of the widely discrepant numbers of subjects provided by the various schools to the two status groups, further analysis was done

of the data.

A between-groups analysis, with "school attending" being the distinguishing characteristic between groups, was done for each of the independent variables. For the non-helpseekers, who came from St. Joseph's University and Drexel University, an ANOVA was done for each variable. Only one significant difference between the subjects from the two schools was found. This was in the coping style IAOD,  $F(1,28) = 12.5$ ,  $p < .002$ . IAOD is, however, a rather infrequent score ( $M = 1.3$ ; Rosenzweig, 1978). It is consequently more likely than more frequent scores to be subject to the effects of random fluctuations in small samples (Hays, 1981).

For the helpseekers, who came from all three of the participating schools, an ANOVA was done for each variable, followed by the use of the Tukey Procedure to correct for the varying and small sizes of the three groups involved. Again, there was only one significant difference, and it was only between two of the three school groups. Students from St. Joseph's (a group of five) were significantly higher than students from Drexel University (a group of eight) on the coping style MAED,  $F(2,27) = 3.93$ ,  $p < .05$ .

### Hypotheses

The statistical method used to test hypotheses was hierarchical multiple regression. Multiple regression was

chosen because it allows the experimenter to determine how much of the variance in a continuous dependent variable is accounted for by each of several continuous variables. In this case, of course, the dependent variable was categorical, which ordinarily calls for the use of discriminant analysis. However, because there were only two categories (helpseeking and non-helpseeking) it is functionally equivalent to code the two categories as 0 and 1 and use the multiple regression procedure (Kerlinger & Pedhazur, 1973).

The hierarchical model of multiple regression was chosen for these analyses because it allows independent variables to be entered cumulatively according to a hierarchy specified by the theory of the study. "A full hierarchical procedure consists of a series of  $k$  simultaneous [multiple regression/correlation] analyses, each with one more [independent variable] than its predecessor (Cohen & Cohen, 1975)". The primary advantage of this method is that it provides the only means by which variance partitioning can be done with correlated variables. Because the coping variables of this study are by their design correlated, this was the obvious method to analyze this data.

Analysis of Covariance (ANCOVA) was considered for use in this study because the nine coping categories can be conceptualized as filling nine covarying cells which might differentiate the helpseeking status groups. It was not used because coping style as measured by the P-F study is

conceptualized as a trait variable . Moreover, different styles are assumed to be more or less successful means of coping, and to impact on one's coping ability. Because of this, the hypotheses of this study assume the trait of coping style to be underlying the related state variables of distress and helpseeking. ANCOVA would require that the relationship between the concomitant variable (emotional distress) and the dependent variable (helpseeking group status) not depend on or be mediated by the experimental variable (coping style). Multiple regression techniques are not subject to these strictures (Cohen & Cohen, 1975), providing another reason for their use in analyzing this data.

In the analysis of main effects, Sex was entered first, followed by Negative Life Events (Negle) and Emotional Distress. Coping Flexibility (CF) was then entered into the regression equation, followed by the nine P-F factors. Results of this regression are presented in Table 2.

Negative Life Events. The first hypothesis of this study was that those who have experienced more self-reported negative life events will be more likely to have sought psychotherapy. This hypothesis, despite previous studies to the contrary, was not supported by the data [ $R = -.15$ ,  $F(1,46) = 1.281$ ].

Emotional Distress. Contrary to hypothesis 2, the measure of self-reported emotional distress was not found to



Table 2  
Independent Variables as Predictors of  
Psychotherapeutic Helpseeking

Predictor Variable	<u>R</u>	<u>F(1,46)</u>
Sex	.11	.684
Negle	-.15	1.281
Distress	-.09	.458
CF	.11	.697
IANP	-.19	2.137
IAED	-.05	.160
IAOD	-.14	1.100
MANP	.11	.634
MAED	-.21	2.599
MAOD	-.26	3.897
EANP	.08	.334
EAED	-.09	.417
EAOD	-.02	.021

Note: All probabilities are non-significant.

significantly predict status group membership either [ $R = -.09$ ,  $F(1,46) = .458$ ].

Coping Styles. The next three hypotheses predicted status group membership on the basis of P-F coping styles. That is, certain coping styles were hypothesized to be likely to predict membership in the therapy-seeking group, while others would predict membership in the non-therapy group.

Specifically, it was thought that subjects high in intraggression (looking within oneself in response to frustration) and/or high in need persistence (an insistence on finding a solution to frustration) would be most likely to have entered therapy, while those high in imaggression (a denial of frustration) and/or ego-defensiveness (blaming in response to frustration) would be least likely to have sought psychotherapy. Scores on obstacle-dominance (a focus on the source of frustration) and/or extraggression (focusing on others in response to frustration) were not expected to differentiate between status groups.  $R$  and  $F$  values for these variables are presented in Table 2.

These hypotheses also were not supported by the data.

Flexibility of Coping Style. The final hypothesis of the study was that those who use many or all of the nine coping styles, i.e. exhibit a flexible coping style, would report less overall distress and be less likely to have sought therapy. Again, this hypothesis was not supported by the data. Flexible copers were found to be neither less

distressed nor any less likely to have sought psychotherapy.

None, then, of the independent variables expected to exert main effects on the prediction of group membership were able to do so. Further analysis of the effects of some of interactions of these independent variables did, however, yield significant and intriguing results.

### Interaction Effects

Two or more "variables are said to interact in their accounting for variance in Y when over and above any additive combination of their separate effects, they have a joint effect (Cohen & Cohen, 1975, p.292)". That is, under certain conditions of (independent) variable C, (independent) variable B has different effects on the variance in (dependent) variable A, and so on for higher-order interactions. In determining the significance of an interaction effect, the effects of all lower-order factors (i.e. for a three-way interaction, all main effects and all two-way interaction effects) are partialled out of the variance in the dependent variable. For this reason, Cohen and Cohen stress that "to forestall a frequent source of confusion, we emphasize the fact that the existence of a C x D interaction is an issue quite separate from the relationship of C to D, or of D to Y [the dependent variable] (1975, p.12)". Moreover, "we stress again the fact that this [interaction] effect is not a vague derivative second-class

IV, but stands on equal footing with the others as a distinct IV in its own right (1975, p.293-294)".

With the analysis of interaction effects supported in the literature (Blalock, 1979; Ezekiel & Fox, 1959; Guilford, 1965; Kerlinger & Pedhazur, 1973), the crucial distinction becomes which independent variables to be entered into interaction equations. This is done on a theoretical basis (Cohen & Cohen, 1975). The first factor to be considered was a general one, involving the earlier noted sex-differences on certain theoretically important independent variables.

The t tests between the sexes, both across and within status groups, just missed being significant for both overall emotional distress and coping flexibility, two of the variables most theoretically significant to this study and its hypotheses. For this reason, sex was entered as an independent variable in the interaction equations. This procedure was supported in the results, even though sex was not itself a variable in any of the significant interactions. That is, significant interactions disappeared when that portion of the variance in helpseeking due to sex was not partialled out.

In this data sex functions as a net suppressor variable (Cohen & Cohen, 1975) in the relationship of these variables to helpseeking. Despite its positive validity coefficient with the dependent variable, its primary function in the multiple correlation and regression is to suppress a

portion of the variance of the variables in the significant interactions that is irrelevant to, or uncorrelated with, helpseeking. Removing this irrelevant variance increases the proportion of the variance in helpseeking accounted for by the interactions, thus making the relationship statistically significant and allowing the relationship between the variables to be delineated and analyzed.

The only statistically significant sex difference was in Total obstacle-dominance. This score is both uncommon (and hence prone to large fluctuations within small subject groups) and not relevant to the hypotheses of this work. This variable was therefore not analyzed beyond the level of main effects.

In addition to sex, independent variables which were thought to be germane to the hypotheses of the study, and which were entered into some or all of a series of interaction regression equations were negative life events (Negle), total emotional distress (TotPoms), coping flexibility (CF), total need-persistence (TotNP), total intraggressive (TotIA), total denial (TotMA) total ego-defensiveness (TotED), intraggressive/need-persistence (IANP), and denial/ego-defensiveness (MAED).

The significant interactions which were found were both two-way and three-way interactions. These are shown in Table 3. Significant two-way interactions were between TotNP and CF, and between TotMA and CF. Significant three-way

Table 3  
 Statistically Significant Predictors of  
 Psychotherapeutic Helpseeking

Interaction	F(df)	p	R <sup>2</sup>
<b>Two-Way</b>			
TotNP x CF	6.096 (1,44)	.018	.11
TotMA x CF	5.112 (1,44)	.029	.09
<b>Three-Way</b>			
TotIA x CF x Negle	4.385 (1,34)	.044	.08
IANP x CF x Negle	4.920 (1,34)	.033	.09

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Note: TotNP= Total Need Persistence; CF= Coping Flexibility; TotMA= Total Imaggression (Denial); TotIA= Total Intraggression; IANP= Intraggressive/Need-Persistence; Negle= Negative Life Events. No other main effect or interaction variables are included because no others were significant predictors of helpseeking behavior.

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interactions were between TotIA, CF, and Negle and between IANP, CF, and Negle. All significant interactions involved the measure of coping flexibility, supporting the notion that it may play a role in psychotherapeutic help-seeking, albeit a more complex one than originally hypothesized.

Sex was entered first in all the following interactions. Other variables were entered in the order listed. For every equation, all possible two- and three-way interaction variables were entered into the regression.

In a regression equation with group status as the dependent variable (as is the case for all the following regressions), and sex, Negle, TotPoms, TotNP, and CF as independent variables, with all two-way and three-way interactions entered as independent variables (again, as was done for all the following equations), the interaction effect TotNP x CF was significant,  $F(1,44)=6.096$ ,  $p= .018$ . This relationship is shown in Figure 1. Those subjects low in TotNP and high in CF were least likely to be in therapy, while those high in both were most likely to have sought help. Those low in both were almost equally likely to have sought help, with those low in CF, but high in TotNP somewhat less likely to be helpseekers than the latter two groups.

In a regression equation with sex, Negle, TotPoms, TotMA, and CF, the interaction effect TotMA x CF was

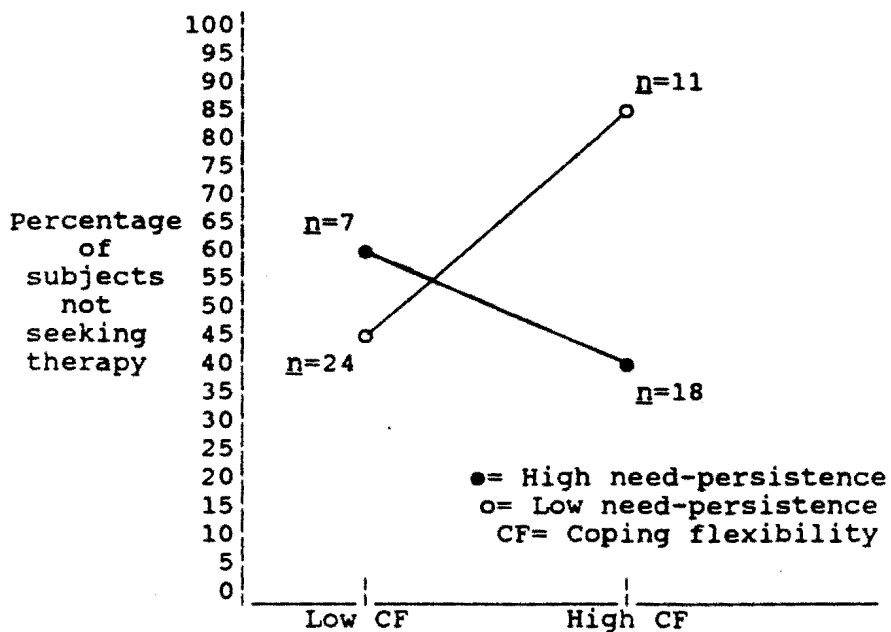


Figure 1. The interaction effect of coping flexibility and total need-persistence as a predictor of helpseeking behavior in a group of college students.



statistically significant,  $F(1,44)=5.112$ ,  $p= .029$ . This relationship is shown in Figure 2. Subjects low in TotMA and high in CF were much less likely to be helpseekers, with those high in TotMA and high in CF most likely to have sought help. Those low in both variables were very slightly less likely than the latter to be helpseekers, with those high in TotMA and low in CF somewhat less likely to have sought therapy than the last-mentioned group.

A significant three-way interaction was derived from the equation utilizing sex, Negle, TotPoms, TotIA and CF. The interaction TotIA x CF x Negle was statistically significant,  $F(1,34)=4.385$ ,  $p= .044$ . This relationship is shown in Figure 3. While those low in CF tended to be slightly more likely to seek therapy than those high in CF over all conditions of the other two variables, those low in TotIA were more likely to seek help if they had experienced a greater number of negative life events. Those high in TotIA, on the other hand, were less likely to be helpseekers if they had experienced a greater number of negative life events.

Finally, the regression equation with sex, Negle, TotPoms, IANP and CF yielded the statistically significant interaction IANP x CF x Negle,  $F(1,34)=4.920$ ,  $p= .033$ . Figure 4 depicts this relationship. The same tendency for those high in CF to be less likely to seek help is noted over all conditions of the other two variables in this interaction,

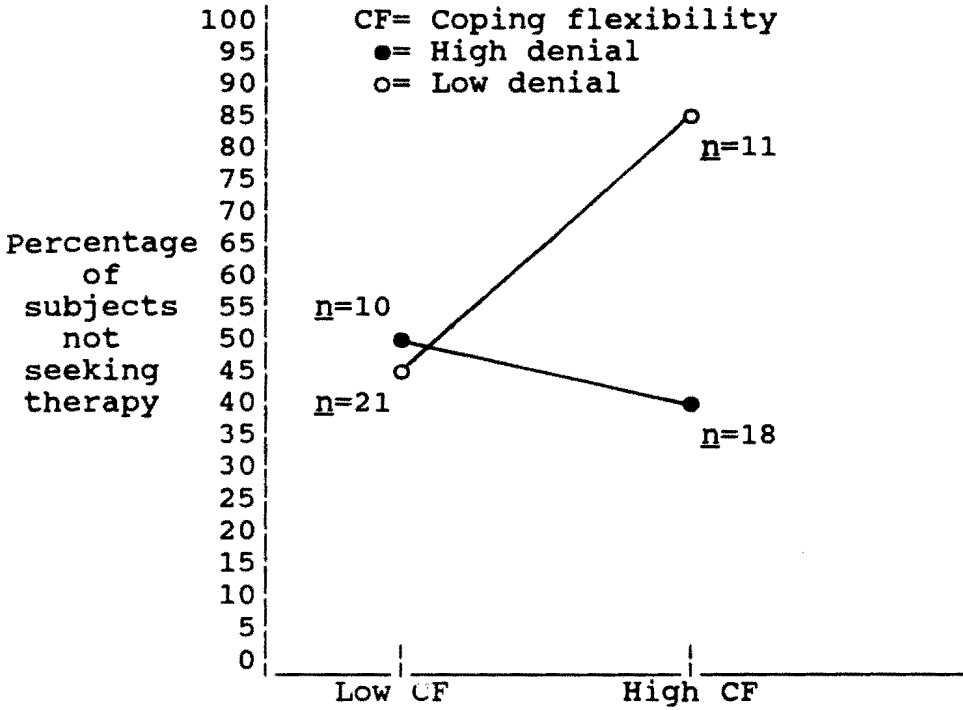


Figure 2. The interaction effect of coping flexibility and total denial as a predictor of helpseeking behavior in a group of college students.

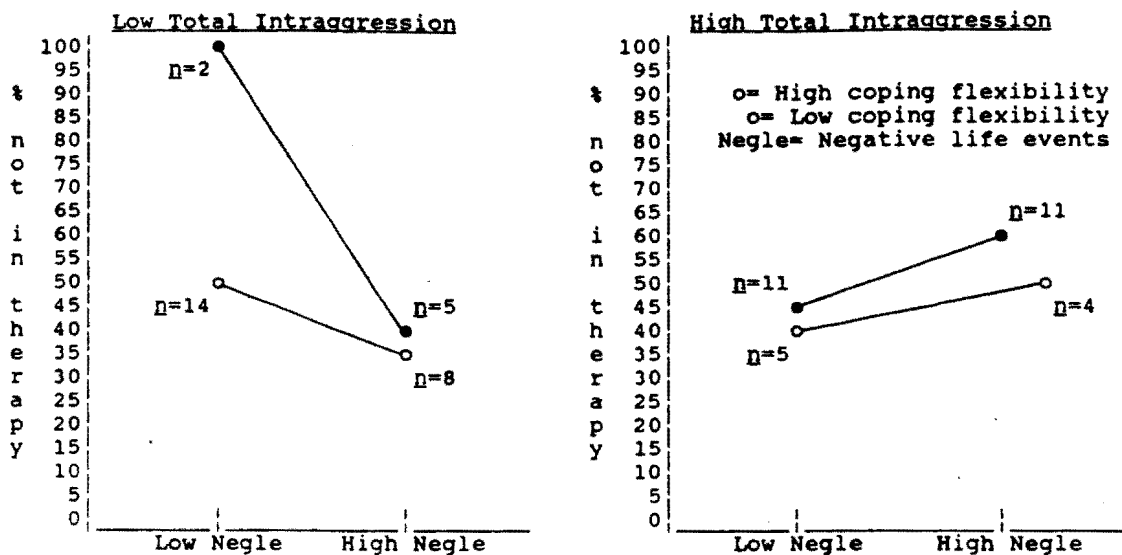


Figure 3. The interaction effect of coping flexibility, total intraggression, and negative life events as a predictor of helpseeking behavior in a group of college students.

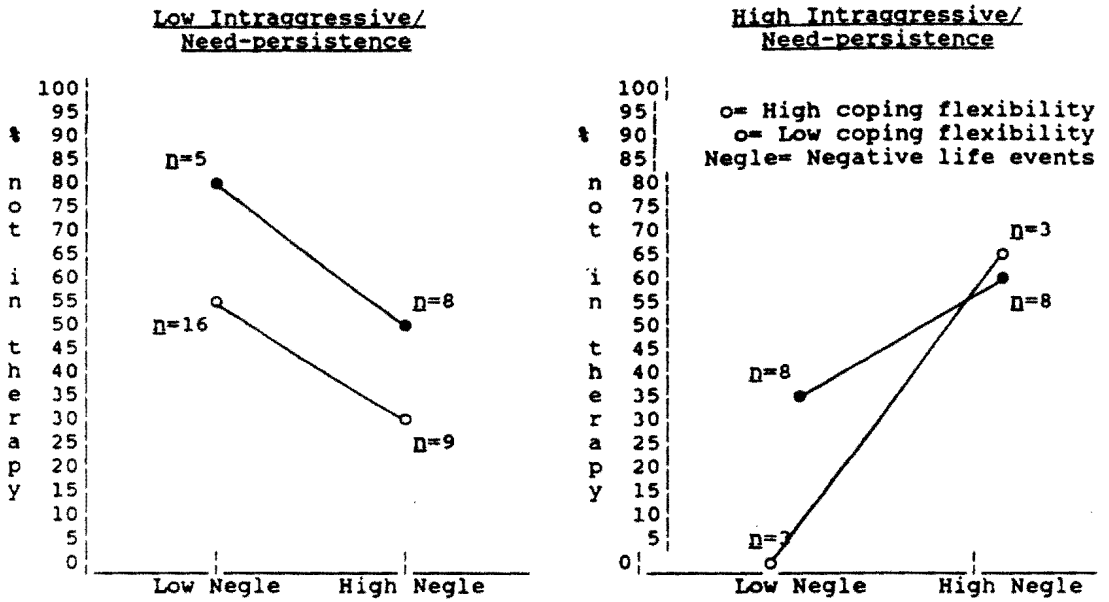


Figure 4. The interaction effect of coping flexibility, intraggressive/need-persistence, and negative life events as a predictor of helpseeking behavior in a group of college students.

but to a more marked degree (and with one minor exception). Those low in IANP are again more likely to be helpseekers if they have experienced a greater number of negative life events, while those high in IANP are less likely to have sought help if they have experienced a greater number of negative life events.

In summary, none of the main effects hypothesized to predict a significant portion of the variance in helpseeking was able to do so. This was true for negative life events, emotional distress, and for the coping styles which were thought likely to predict helpseeking. However, further analysis of interaction variables formed from factors important to the hypotheses of this study did yield statistically significant predictors of psychotherapeutic helpseeking behavior. The two-way interactions Total Denial by Coping Flexibility and Total Need-Persistence by Coping Flexibility, and the three-way interactions Total Intraggression by Coping Flexibility by Negative Life Events and Intraggressive/Need-Persistence by Coping Flexibility by Negative Life Events were all found to predict a statistically significant portion of the variance in helpseeking.

## CHAPTER V

### DISCUSSION

#### Predictors of Helpseeking: Main Effects

Multiple regression equations using the nine coping styles, the measure of coping flexibility, sex, emotional distress and negative life events as independent variables yielded the finding that, contrary to the hypotheses of this study, there were no significant main effects in predicting helpseeking behavior. Nor did descriptive statistics yield any significant differences between status-group means on any of these variables.

This lack of findings was particularly remarkable for emotional distress and negative life events, which have been repeatedly shown to differentiate psychotherapeutic helpseekers and non-helpseekers (McNair, Lorr, & Droppleman, 1971; Sarason, Johnson, & Siegel, 1978) and to predict helpseeking behavior (Thoits, 1985; DePaulo, Nadler, & Fisher, 1983; Greenley & Mechanic, 1976).

The discrepancy between this study and others seems to be due primarily to the helpseeking group. While the non-helpseeking group had a nonsignificantly higher mean "distress" score than the non-helpseeking college student norm (McNair, Lorr, & Droppleman, 1971), the helpseekers had a significantly lower mean distress score than expected ( $t = -2.79$ ,  $p < .01$ ) on the basis of the outpatient psychiatric

norm (McNair, Lorr, & Droppleman, 1971). This was also seen in the negative life events means, where non-helpseekers were quite close to the norm for college students and helpseekers were significantly lower than expected ( $t = -2.45$ ,  $p < .05$ ) on the basis of comparison to college helpseekers (Sarason, Johnson, & Siegel, 1978).

The manner in which the helpseeking subjects were recruited seems the most prominent factor in explaining this unexpected result. Two of the counseling centers where data was collected had all counselors participating in subject recruitment, while the third had only one of four staff persons soliciting subjects. Staff who participated were also quite selective in approaching clients: only 15% to 28% of all clients seen at least once were asked to take part.

It is less surprising that helpseekers had lower distress levels and had experienced fewer negative life events than expected when one considers the primary criterion with which all counselors selected clients into the study. This criterion was the counselor's perception of the helpseeker's level of emotional distress. No one who was perceived by counselors as being in a great deal of distress was asked to join the study. This was cited by all counselors as a factor crucial in influencing their selection process.

While these kinds of selection factors may impinge to some extent on much clinical research, it seems likely to be a much bigger problem when, as here, clients are solicited by

counselors not directly involved in the research and the researcher is an "outsider" whose only connection to the facility is that of gathering data.

Finally, clients who were asked to participate then selected themselves into the study at rates that varied (by school) from 50% to 85%. It is possible that the clients' own feelings of distress factored in whether they agreed to participate once asked. Another possibility, suggested by the fact that the much lower compliance rate was at the school where the researcher's counselor liaison had decided not to ask other counselors to participate, is that client-perceived differences in the counselors' attitudes towards the study may have influenced their decision to complete a protocol.

Counselors' and clients' selection effects are major aspects of the residual variance unable to be accounted for by this study. Another possibility, hinted at by the varying compliance rates of selected subjects, is inter-school variance of some kind other than that just mentioned. The lack of significant differences on the between-school descriptive statistics makes this unlikely as a primary factor. However, the small and varying numbers of subjects in the groups (which was statistically controlled in the between-schools analyses), as well as the fact that only two of the three universities which provided helpseeking subjects also provided non-helpseeking subjects, may contribute to the



variance in predicting helpseeking (and in removing expected group differences) in a manner which is not readily definable in this study.

Moreover, although "all college students" may be said to be a delimited group in important ways, and there are no large differences in the overall demographics of the three universities (as supplied by their respective Admissions offices), it is possible that unmeasured demographic differences between the subjects from two or all schools are responsible for yet another piece of the variance which "wiped out" the expected status group differences on emotional distress and experience of negative life events, as well as the main effects hypothesized for those variables in predicting helpseeking. It is conceivable that coping style or coping flexibility main effects could also have been removed by unexplained variance of this type, although there is much less data in the literature to support this notion.

A measurement issue may play a part in the unexpected finding that the report of negative life events did not predict a significant portion of the variance in helpseeking. It is conceivable that the Life Experiences Survey (LES) may not be the best instrument for tapping into the experiences that tend to increase students' distress or bring them into therapy. In the same way that Kanner, Coyne, Schaefer, and Lazarus (1981) found a stronger relationship between hassles and symptoms than between life events and symptoms, the LES

may not measure some of the more subtle negative experiences in college students' lives. However, the fact that the LES has been shown to successfully differentiate college helpseekers from non-helpseekers (Sarason, Johnson, & Siegel, 1978) makes it more likely, in the researchers opinion, that the unusual finding of this study are due to sampling and selection factors than to limitations of the LES.

A demographic factor which was entered into regression equations was sex. Sex differences have been shown in previous studies to be directly related to helpseeking behavior, with women seeking psychotherapeutic help in greater numbers (Mechanic, 1978; McMullen & Gross, 1983). This effect was not, of course, noted in this study, which was designed to have equal cohorts of men and women. A side note here is that it was rather easy getting equal numbers of male and female helpseekers- a fact which the researcher believes to be related to the earlier mentioned "distress" selection factors. Because female helpseekers tend to report more distress than their male counterparts (McNair, Lorr, & Droppleman, 1971), it is likely that many more females were selected out of the study by their therapists. This likelihood is supported by the fact that many more women were seen at least one time at the sites where helpseeking data was gathered, yet completed protocols were received from each sex at about the same rate.

In this study, sex differences narrowly missed being

significant on the hypothetically important variables of distress and coping flexibility. This was another reason to examine the sex difference effect in predicting helpseeking. There was, of course, no main effect for sex in predicting helpseeking (equal cohorts "controlling" for sex, as it were). Sex was found to function crucially in a more complex manner by exerting a suppression effect on several interactions which did significantly predict helpseeking behavior.

That is, sex differences accounted for a portion of the variance in the interaction effects that, unless controlled for, was able to mask significant interaction effects in predicting helpseeking status. The interaction effects were not significant when sex differences variance was left in the equation. The function of sex differences in the multiple correlations was primarily in suppressing a portion of the variance of the interaction variables that is irrelevant to (uncorrelated with) helpseeking status. After removing that portion of the variance, the interaction effects were able to predict a significant proportion of the variance in helpseeking behavior.

#### The Case for Complexity: Interaction Effects

The recent literature examining the relationship between life events, emotion, and coping is moving in the direction of attempting to define what is increasingly viewed

as a multi-directional, highly complex group of relationships, which function together, mutually influencing one another, in predicting helpseeking. Researchers are utilizing increasingly specific measures of personality traits, coping strategies, and situational variables, and looking at the ways in which these variables interact in predicting behavior, as well as at main effects of any one variable. As Menaghan (1983) has noted, "for all levels of coping it is important to ask whether the impact of coping may vary systematically, either at different levels of situational stressfulness or for people in different situational contexts [i.e in different life roles: marriage, parenting, occupation] ...researchers need at least to entertain the possibility of interactions of problem levels and coping, and of situations and coping, for the various dependent variables they examine if evidence about the form of the stress-coping-outcome relationship is to be found" (p.182-183).

Hansell and Mechanic (1985) have noted that coping styles may be operative only under certain conditions and have further defined introspectiveness as a personality trait which may be manifested in a variety of transient states of "self-attention". They are attempting the "discovery of the conditions under which self-attention can contribute to positive rather than negative outcomes" (p.174).

A recent study by Folkman and Lazarus (1988) found

evidence that one rather specific coping strategy, positive reappraisal, had converse emotional effects in two age groups (it decreased distress in younger persons, while increasing it in older ones). The previously cited study by Snyder and Ingram (1983) in which the same high-consensus information led to the most helpseeking behavior among persons who were test-anxious, and the least helpseeking among a group of non-anxious subjects provides another example of a complex, but significant relationship.

This study attempted to approach this complexity by using a multidimensional, clinically based measure of coping and by adding the measure of coping flexibility. When no main effects were found in the data analysis, further examination on the next level of complexity was initiated. As noted, significant two- and three-way interactions were found.

#### Coping Flexibility and Need-Persistence

The interaction of coping flexibility (CF) and overall need persistence (NP) shows, first, an interesting relationship between the two variables themselves. Subjects high in NP are much more likely to be high in CF also (18 of 25 persons; those low in NP are much more likely to be low in CF (24 of 35 persons). As NP (persistence) is believed by Rosenzweig (1973) to reflect a more adaptive mode of coping, and has been shown to increase with development, this trait may provide indirect support for this study's hypothesis that CF (flexibility), too, reflects adaptive coping, albeit in

a more complicated manner than originally anticipated.

Even if both of these variables do function to increase adaptive coping, it was not shown in this study that this functioned to make subjects less likely to seek psychotherapy. Subjects who have both more coping options and an insistence on getting the job done (high CF, high NP) were as likely to seek help as those with limited coping choices and little insistence on solving their problems (low CF, low NP). Subjects with limited coping options (a rigid style) but ample insistence on solving problems were slightly less likely to be in therapy than either of the previous groups. Those with more coping options and the ability to live with their frustrations were much less likely to have sought psychotherapy than any of the other groups

The interaction of the high NP "insistence on solving or knowing" with the overall coping effectiveness of subjects may explain this effect. People with more ways of coping to choose from (if necessary) but who don't insist on fully dealing with all the issues in their lives are probably fairly effective copers, who can let problems slide if they can't deal with them otherwise. These people might not be very likely, then, to be in therapy.

People with fewer coping options, but who do have the predilection to persist until they get the job done would be assumed to be coping less well than those with more coping choices, but better than those who suffer from the doubly-

unadaptive coping style of having few coping options, and little desire to solve the frustrations with which they are faced. This is reflected in the percentages of these groups in therapy.

Those subjects high in both CF and NP are assumed both to have a broad understanding of differing coping options and to have a need to comprehensively solve the problems, whether strictly psychological or life-event initiated. These subjects are believed to use these broader definitions of mental health to make more negative, or honest, assessments of their own level of mental health. This assumption is directly analogous to a finding by Hourani and Khlal (1986) in which higher education acted to "decrease one's mental health status rating and to increase one's perception of symptoms by increasing one's awareness of higher level needs and broadening one's definition of health" (p. 1085).

Subjects high in both persistence and flexibility, while they may be functioning with a fair amount of success, are as likely to seek psychotherapy as the poorest copers because their standards of mental health and coping are so much higher and their need to strive to attain these standards so much greater. The perceived benefits of seeking help might more easily outweigh the price of not seeking help when one's standards and expectations of one's functioning (psychological and/or behavioral) are so high.

### Coping Flexibility and Denial

This relationship is fairly straightforward, with denial (imaggression, or MA) assumed to be avoidant coping, and somewhat unadaptive if used a great deal. Flexibility, or having many coping options, is again assumed to be adaptive, but also to raise the standards by which one judges one's coping effectiveness.

Flexible people who use little denial are unlikely to be in therapy because they are assumed to be coping well. People with few coping choices, whatever their level of denial, are thought to be coping less well and are more likely to be in therapy. Of those with limited coping options (rigid coping style), those who are able to see and acknowledge their problems (low deniers) are somewhat more likely to take the steps that acknowledge the need to ask for help. For those who have more coping options but who are unlikely to acknowledge their frustrations, their flexibility allows them to be somewhat more open to helpseeking than their denying, rigid counterparts. This is thought to be due both to flexible persons' larger perspectives on coping options and, as in the previous discussion, the higher standards of coping to which they hold themselves.

### Intraggression, Coping Flexibility and Negative Life Events

The three-way interactions will be discussed together for two reasons. First, though not identical and therefore graphed separately, the relationships are quite similar.



This, of course, is not surprising given the overlap of the involved variables. Moreover, the discrepant points of the two relationships are points which represent very small groups of subjects (2 and 3 persons, respectively), and are therefore not subject to a great deal of interpretation.

It seems clear that when negative life events (Negle) and either intraggressiveness (IA) or intraggressive/need-persistence (IANP) are entered in an interaction variable with coping flexibility, subjects with more coping options are less likely to have sought therapy than those with limited coping choices.

The sole exception to this is the 3-person high IANP/low CF/high Negle group which was slightly less likely to be in therapy than its high CF counterpart. In addition to the mildness of this discrepancy, the very small N of this group makes it impossible to attach much importance to it. It is not believed to pose a serious threat to the overall relationships.

Each relationship, then, can be visualized as a pair of U-shaped lines extending across the two plotted graphs. Persons with many coping choices are, over all levels of internal focus and of negative life events, somewhat less likely to be in therapy than persons who are rigid in coping style. Subjects low in either of the measures of internal focus (IA or IANP) are more likely to have sought therapy if they have experienced more negative life events. Subjects

high in either of the measures of internal focus are less likely to have sought therapy if they have experienced more negative life events.

This might best be explained in terms of the discrepancy between the introspectiveness, or internal focus of persons high in IA or IANP and the external "reality" of having experienced a number of negative life events. That is, a large number of "real events" happening "out there" may contradict introspective persons' assumptions that they are responsible for their problems, and should deal with those problems in their typical introspective manner. These people are less likely to seek psychotherapy than introspective people who are not experiencing a lot of negative life events, but who are just as likely to be experiencing emotional distress or to be coping ineffectively. This relationship holds whether subjects have a large range of coping options or not. It is shown most extremely by the rigid/high IANP/low Negle group and its counterpart, the rigid/high IANP/ high Negle group. All of the former group sought therapy, while only one of the three in the latter group did so. However, the  $n$  of both these groups is so small (3) as to make interpretation of this more extreme relationship tentative at best.

These data say something suggestive about the way in which introspectiveness, or an internal approach coping style, may play a role in persons' helpseeking behavior. This

effect may not influence helpseeking as a main effect. Rather, the influence is the result of the interactive effect of one's tendency to look within oneself as one reacts to problems, one's level of flexibility in that tendency, and the external verification/refutation of that tendency provided by the negative events in one's life. This clearly supports the need to examine complex interactions in attempting to delineate the determinants of helpseeking behavior.

#### Summary and Directions for the Future

In general, the hypotheses which this study was designed to test have not been supported. This is believed to be due to factors both methodological and conceptual. There is a good likelihood that residual variance due to methodological factors effected the outcome of this study. Relevant factors include subject selection by a criterion (level of emotional distress) relevant to study variables and the use of multiple data-collection sites (which were also not identical for the two status groups). It is possible that, because of these sampling problems, these data represent a sample skewed in some way that can not be identified.

Moreover, the lack of hypothesized results might also be due to residual variance attributable to other sociodemographic variables that may be conceptually relevant to helpseeking behavior, but which were not measured, and

hence controlled for, in this study.

The factors outlined above point to some of the serious limitations of this study. Inability to account for these large chunks of residual variance would have made tentative any conclusions that might have been drawn from this work, even if the hypotheses of this study had been supported. Another limitation of this research involves the N. Sixty is a just-adequate number to conduct the multiple regression equations testing the (main effects) hypotheses of this study. The multiple regression equations run with interaction variables would have yielded results subject to much more confident interpretation if the N of the study had been greater. All findings from this work are tentative at best, and require replication before they can be integrated into further research into the relationship of coping style and helpseeking behavior.

It is possible that the limitations of this study might have functioned to mask existence of the hypothesized relationships, and that they do, in fact, exist. The relationships between distress and helpseeking and between negative life events and helpseeking which have been repeatedly demonstrated in the literature (McNair, Lorr, & Droppleman, 1971; Sarason, Johnson, & Siegel, 1978) were not evident in these data, probably as a result of residual variance due to methodological factors. Similarly, it is possible that residual variance masked relationships which

may function between certain coping styles, overall coping flexibility and helpseeking behavior in more rigorously collected data.

All limitations aside, certain relationships were found to exist between helpseeking and interaction variables formed from hypothetically important coping and life event variables. Being a flexible copier, or having a lot of coping options, was found to work with a variety of other variables in significantly predicting helpseeking. It interacted with high persistence in solving one's problems to increase both subjects' overall level of coping and the standards by which subjects' judged their level of coping performance, and also to predict that these subjects would seek psychotherapy.

Coping flexibility also formed a significant interaction variable with denial. This functioned to predict that having many coping options makes one less likely to seek psychotherapy if one is not a denier, but more likely to do so if one is a denier. The opposite held true for persons with few coping choices, although to a small degree.

Finally, coping flexibility was shown to significantly predict helpseeking in three-way interactions with two measures of introspectiveness (Total Intraggression and Intraggressive/Need-Persistence) and negative life events. Increased coping options functioned overall in these relationships to predict subjects would be slightly less likely to seek help. Within this context, subjects high in

internal focus were less likely to seek help if they had experienced a large number of negative life events, while subjects low in internal focus were more likely to seek help if they had experienced a large number of negative life events.

Again, these non-hypothesized findings need to be replicated in a more methodologically sound manner. They do, however, provide some interesting data to use in designing further research. First, both the Rosenzweig Picture-Frustration Study and the measure of coping flexibility derived from it for this study have been shown to have some potential as measures of coping and as predictors of psychotherapeutic helpseeking. In particular, the measures of introspectiveness, need-persistence, denial, and coping flexibility (all important variables in the hypotheses of this study) did predict helpseeking in interaction with other variables. These interaction variables warrant further investigation. Coping flexibility, which appeared in all four of the significant interactions, seems especially likely to have potential in both interaction variables and as a main effect.

The interaction findings of the study, as well as the methodological and conceptual limitations noted above, all point to the need for greater specificity and greater complexity in the design of research examining the intricate relationship between coping, distress, life events, and

helpseeking. One needs to think and delineate precisely in terms of what one is measuring, but be able to take the "big picture" in terms of how these precisely defined variables might work together and upon one another in predicting a behavior as complex as helpseeking.

## REFERENCES

- Albee, G.W. & Goldman, R. (1950). The Picture-Frustration Study as a predictor of overt aggression. Journal of Projective Techniques, 14, 303-308.
- Antonovsky, A. (1980). Health, stress, and coping. San Francisco: Jossey-Bass Publishers.
- Bernard, J. (1949). The Rosenzweig Picture-Frustration Study. Journal of Psychology, 28, 325-343.
- Blalock, H.M. (1979). Social Statistics. New York: McGraw-Hill Book Company.
- Blanchard-Fields, F. & Robinson, S. (1987). Age differences in the relation between controllability and coping. Journal of Gerontology, 42(5), 497-501.
- Brown, G. (1972). Life-events and psychiatric illness: some thoughts on methodology and causality. Journal of Psychomatic Research, 16, 311-320.
- Canter, F.M. (1953) Personality factors in seizure states with reference to the Rosenzweig triadic hypothesis. Journal of Consulting Psychology, 17, 429-435.
- Caplan, G. (1981). Mastery of stress: psychosocial aspects. American Journal of Psychiatry, 138(4), 413-420.
- Coelho, G. (1980). Environmental stress and adolescent coping behavior: key ecological factors in college student adaptation. In I. Sarason & C. Spielberger (Eds.), Stress and Anxiety (7, pp.247-263). New York: Hemisphere Publishing Corporation.
- Cohen, J. & Cohen, P. (1975). Applied Multiple Regression/Correlation Analysis for the Behavioral Sciences. New York: John Wiley & Sons.
- Compas, B., Davis, G. & Forsythe, C. (1985). American Journal of Community Psychology, 13(6), 677-691.
- Cooley, E. & Keesey, J. (1981). Life change, illness, and coping. Psychological Reports, 48(3), 711-714.
- DePaulo, B., Nadler, A. & Fisher, J. (Eds.) (1983). New Directions in Helping, Volume 2: Help Seeking. New York: Academic Press.



- Dohrenwend, B.S. & Dohrenwend, B.P. (1974). Stressful Life Events: Their Nature and Effects. New York: Wiley.
- Dohrenwend, B.S. & Dohrenwend, B.P. (1978). Some issues in research on stressful life events. Journal of Nervous and Mental Disease, 166(1), 7-15.
- Evans, D. & Gall, T. (1988). Response specificity revisited: stress and health status. Journal of Clinical Psychology. 44(2), 108-115.
- Ezekiel, M. & Fox, K. (1959). Methods of Correlation and Regression Analysis. New York: John Wiley & Sons.
- Fischer, E., Winer, D. & Abramowitz, S. (1983). Seeking professional help for psychological problems. In A. Nadler, J. Fisher, & B. DePaulo (Eds.), New Directions in Helping, Volume 3. New York: Academic Press.
- Folkman, S. & Lazarus, R. (1988). Coping as a mediator of emotion. Journal of Personality and Social Psychology, 54(3), 466-475.
- Folkman, S. & Lazarus, R. (1985). If it changes it must be a process: study of emotion and coping during three stages of a college examination. Journal of Personality and Social Psychology, 48(1), 150-170.
- Folkman, S., Lazarus, R., Gruen, R. & DeLongis, A. (1986). Appraisal, coping, health status, and psychological symptoms. Journal of Personality and Social Psychology, 50(3), 571-579.
- French, R. (1950). Changes in performance on the Rosenzweig Picture-Frustration Study following experimentally induced frustration. Journal of Consulting Psychology, 14, 111-115.
- Grace, G. & Schill, T. (1986). Social support and coping style differences in subjects high and low in interpersonal trust. Psychological Reports, 59, 584-586.
- Grant, I., Yager, J., Sweetwood, H. & Olshen, R. (1982). Life events and symptoms. Archives of General Psychiatry, 39, 598-605.
- Greenley, J. & Mechanic, D. (1976). Social selection in seeking help for psychological problems. Journal of Health and Social Behavior, 17, 249-262.
- Gross, A. & McMullen, P. (1983). Models of the help seeking

process. In B. DePaulo, A. Nadler & J. Fisher (Eds.), New Directions in Helping, Volume 2. New York: Academic Press.

- Guilford, J.P. (1965). Fundamental Statistics in Psychology and Education. New York: McGraw-Hill Book Company.
- Halgin, R., Weaver, D. & Donaldson, P. (1985). College students' perceptions of the advantages and disadvantages of obtaining psychotherapy. Journal of Social Service Research, 8(4), 75-86.
- Hansell, S. & Mechanic, D. (1985). Introspectiveness and adolescent symptom reporting. Journal of Human Stress, 11(4), 165-176.
- Hays, W.L. (1981). Statistics. New York: Holt, Rinehart, & Winston.
- Heppner, P., Reeder, B.L. & Larson, L. (1983). Cognitive variables associated with personal problem-solving appraisal: implications for counseling. Journal of Counseling Psychology, 30(4), 537-545.
- Holahan, C. & Moos, R. (1985). Life stress and health: personality, coping and family support in stress resistance. Journal of Personality and Social Psychology, 49(3), 7390-747.
- Hourani, L. & Khlata, M. (1986). Determinants of perceived mental health status and help-seeking behavior: preliminary testing of a conceptual model. Social Science and Medicine, 22(10), 1081-1086.
- Hovanitz, C. (1986). Life event stress and coping style as contributors to psychopathology. Journal of Clinical Psychology, 42(1), 34-41.
- Kanner, A., Coyne, J., Schaefer, C., & Lazarus, R. (1981). Comparisons of two modes of stress measurement: daily hassles and uplifts versus major life events. Journal of Behavioral Measurement, 4(1), 1-39.
- Kaplan, H. (1970). Self-derogation and adjustment to recent life experiences. Archives of General Psychiatry, 22, 324-331.
- Kaplan, H., Robbins, C. & Martin, S. (1983). Antecedents of psychological distress in young adults: self-rejection, deprivation of social support, and life events. Journal of Health and Social Behavior, 24, 230-244.

- Kates, S.L. (1951) Suggestibility, submission to parents and peers, and extrapunitiveness, intropunitiveness, and impunitiveness in children. Journal of Psychology, 31, 233-241.
- Kerlinger, F. & Pedhazur, E. (1973). Multiple Regression in Behavioral Research. New York: Holt, Rinehart, and Winston, Inc.
- Kessler, R., Brown, R. & Broman, C. (1981). Sex differences in psychiatric help-seeking: evidence from four large-scale surveys. Journal of Health and Social Behavior, 22, 49-64.
- Kirk, B. (1973). Characteristics of users of counseling centers and psychiatric services on a college campus. Journal of Counseling Psychology, 20(5), 463-470.
- Kobasa, S. (1985). Stressful life events, personality, and health: an inquiry into hardiness. In A. Monat & R. Lazarus (Eds.) Stress and Coping: an Anthology. (pp.174-188). New York: Columbia University Press.
- Kobasa, S. (1982). Commitment and coping in stress resistance among lawyers. Journal of Personality and Social Psychology, 42(4), 707-717.
- Kobasa, S. & Puccetti, M. (1983). Personality and social resources in stress resistance. Journal of Personality and Social Psychology, 45(4), 839-850.
- Lazarus, R. (1985). The costs and benefits of denial. In A. Monat & R. Lazarus (Eds.) Stress and Coping: an Anthology. (pp. 154-173). New York: Columbia University Press.
- Lazarus, R., DeLongis, A., Folkman, S. & Gruen, R. (1985). Stress and adaptational outcomes. American Psychologist, 40(7), 770-779.
- Lazarus, R. & Folkman, S. (1984). Stress, Appraisal, and Coping. New York: Springer Publishing Company.
- Levi, L. (Ed.) (1975). Emotions: Their Parameters and Measurement. New York: Raven Press.
- Lindzey, G. & Goldwyn, R. (1953). Validity of the Rosenzweig Picture-Frustration Study. Journal of Personality, 22, 519-547.
- Marx, M., Garrity, T. & Somes, G. (1977). The effect of

- imbalance in life satisfactions and frustrations upon illness behavior in college students. Journal of Psychosomatic Research, 21, 423-427.
- McCrae, R. (1984). Situational determinants of coping responses: loss, threat, and challenge. Journal of Personality and Social Psychology, 46(4), 919-928.
- McLaughlin, M., Cormier, L. & Cormier, W. (1988). Relation between coping strategies and distress, stress, and marital adjustment of multiple-role women. Journal of Counseling Psychology, 35(2), 187-193.
- McMullen, P. & Gross, A. (1983). Sex differences, sex roles, and health-related help seeking. In B. DePaulo, A. Nadler & J. Fisher (Eds.), New Directions in Helping, Volume 2. New York: Academic Press.
- McNair, D., Lorr, M. & Droppleman, L. (1971). Profile of Mood States. San Diego: Educational and Industrial Testing Service.
- Mechanic, D. (1985). Some modes of adaptation: defense. In A. Monat & R. Lazarus (Eds.), Stress and Coping: an Anthology. New York: Columbia University Press.
- Mechanic, D. (1984). The concept of illness behaviour: culture, situation, and personal predisposition. Psychological Medicine, 16(1), 1-7.
- Mechanic, D. (1979). Development of psychological distress among young adults. Archives of General Psychiatry, 36, 1233-1239.
- Mechanic, D. (1978). Sex, illness, illness behavior, and the use of health services. Social Science and Medicine, 12B, 207-214.
- Mechanic, D. (1974). Discussion of research programs on relations between stressful life events and episodes of physical illness. In B.S. Dohrenwend & B.P. Dohrenwend (Eds.), Stressful Life Events: Their Nature and Effects, pp. 87-97. New York: Wiley-Interscience.
- Mechanic, D. (1970). Some problems in developing a social psychology of adaptation to stress. In Social and Psychological Factors in Stress (pp. 104-123). New York: Holt, Rinehart & Winston.
- Menaghan, E. (1983). Individual coping efforts: moderators of the relationship between life stress and mental health outcomes. In D. Kaplan (Ed.) Psychosocial

Stress: Trends in Theory and Research, (pp. 157-191).  
New York: Academic Press.

- Merton, V., Merton, R. & Barber, E. (1983). Client ambivalence in professional relationships: the problem of seeking help from strangers. In B. DePaulo, A. Nadler & J. Fisher (Eds.), New Directions in Helping, Volume 2. New York: Academic Press.
- Mirmow, E. (1952). The Rosenzweig Picture-Frustration Study. In D. Brower & L. Abt (Eds.), Progress in Clinical Psychology, 1(1), 209-221.
- Mulvey, A. & Dohrenwend, B.S. (1974 ) The relation of stressful life events to gender. In B.S. Dohrenwend & B.P. Dohrenwend (Eds.), Stressful Life Events: Their Nature and Effects (pp. 219-237). New York: Wiley.
- Nadler, A. (1983). Personal characteristics and help seeking. In B. DePaulo, A. Nadler & J. Fisher (Eds.), New Directions in Helping, Volume 2. New York: Academic Press.
- Newcomb, M., Huba, G. & Bentler, R. (1981). Multidimensional assessment of stressful life events among adolescents: derivation and correlates. Journal of Health and Social Behavior, 22, 400-415.
- Nezu, A. & Nezu, C. (1987). Psychological distress, problem-solving, and coping reactions: sex-role differences. Sex Roles, 16(3-4), 205-214.
- O'Neil, M., Lancee, W. & Freeman, S. (1984). Help-seeking behaviour of depressed students. Social Science and Medicine, 18(6), 511-514.
- Ostrow, E., Paul, S., Dark, V. & Behrman, J. (1983). Adjustment of women on campus: effects of stressful life events, social support, and personal competencies. Journal of Counseling Psychology, 30(4), 310-319.
- Overbeck, A. (1972). Life stress antecedents to application for help at a mental health center: a clinical study of adaptation. Smith College Studies in Social Work, 47(3), 192-233.
- Pareek, U. (1959). Rosenzweig Picture-Frustration Study- a review. Psychological Newsletter, 10, 98-114.
- Pearlin, L. & Schooler, C. (1978). The structure of coping. Journal of Health and Social Behavior, 19, 2-21.

- Pichot, P. & Danjon, S. (1955). The validity of the Rosenzweig Picture-Frustration Study. Applied Psychology Review, 5, 1-11.
- Rabkin, J. & Struening, E. (1976). Life events, stress, and illness. Science, 194, 1013-1020.
- Ray, C., Lindop, J. & Gibson, S. (1982). The concept of coping. Psychological Medicine, 12, 385-395.
- Rosenzweig, S. (1976). Aggressive behavior and the Rosenzweig Picture-Frustration Study. Journal of Clinical Psychology, 32(4), 885-891.
- Rosenzweig, S. (1973). Rosenzweig Picture-Frustration Study. In D. Lake, M. Miles, & R. Earle (Eds.), Measuring Human Behavior (pp. 295-300). New York: Teachers' College Press.
- Rosenzweig, S. (1970). Sex differences in reaction to frustration among adolescents. In J. Zubin & H. Freedman (Eds.), Psychopathology of adolescence (pp. 90-107). New York: Grune & Stratton.
- Rosenzweig, S. (1960). The Rosenzweig Picture-Frustration Study, children's form. In A. Rabin & O. Haworth (Eds.), Projective Techniques with Children. New York: Grune & Stratton.
- Rosenzweig, S. (1953). Rosenzweig Picture-Frustration Study. In A. Weider (Ed.), Contributions Toward Medical Psychology (pp. 650-659). New York: Ronald Press Company.
- Rosenzweig, S. (1950). Idiodynamics in personality theory with special reference to projective methods. Psychological Review, 58, 213-223.
- Rosenzweig, S. (1945). The picture-association method and its application in a study of reactions to frustration. Journal of Personality, 14, 3-23.
- Rosenzweig, S. (1944). An outline of frustration theory. In J. McV. Hunt (Ed.), Personality and the Behavior Disorders (pp. 379-388). New York: Ronald Press Company.
- Rosenzweig, S. & Adelman, S. (1977). Construct validity of the Rosenzweig Picture-Frustration Study. Journal of Personality Assessment, 41(6), 578-588.

- Rosenzweig, S., Ludwig, D. & Adelman, S. (1975). Retest reliability of the Rosenzweig Picture-Frustration Study and similar semiprojective techniques. Journal of Personality Assessment, 39(1), 3-12.
- Rosenzweig, S. & Sarason, S. (1942). An experimental study of the triadic hypothesis. Character & Personality, 11, 1-19.
- Roth, S. & Cohen, L. (1986). Approach, avoidance, and coping with stress. American Psychologist, 41(7), 813-819.
- Rubio, C. & Lubin, B. (1986). College student mental health: a person-environment interactional analysis. Journal of Clinical Psychology, 42(1), 205-212.
- Sarason, I., Johnson, J. & Siegel, J. (1978). Assessing the impact of life changes: development of the Life Experiences Survey. Journal of Consulting and Clinical Psychology, 46(5), 932-946.
- Sarason, I., DeMonchaux, C. & Hunt, T. (1975) Methodological issues in the assessment of life stress. In L. Levi (Ed.), Emotions- Their Parameters and Measurement. New York: Raven Press.
- Schill, T., Ramanaiyah, N. & O'Laughlin, S. (1984) Construct validation of a method for defining efficient and inefficient copers. Psychological Reports, 54, 969-970.
- Schwartz, M. (1952). The relationship between projective test scoring categories and activity preferences. Genetic Psychology Monographs, 46, 133-181.
- Sedney, M. (1985). Rumination and adaptation following stressful life events. Imagination, Cognition, and Personality, 4(2), 171-183.
- Sharp, H. & Kirk, B. (1974). A longitudinal study of who seeks counseling when. Journal of Counseling Psychology, 21(1), 43-50.
- Snyder, C. & Ingram, R. (1983). "Company motivates the miserable": the impact of consensus information on helpseeking for psychological problems. Journal of Personality and Social Psychology, 45(5), 1189-1126.
- Spilken, A. & Jacobs, M. (1971). Prediction of illness behavior from measures of life crisis, manifest distress and maladaptive coping. Psychosomatic Medicine, 33(3), 251-263.

- Thoits, P. (1985). Self-labeling processes in mental illness: the role of emotional deviance. American Journal of Sociology, 91(2), 221-249.
- Thoits, P. (1983). Dimensions of life events that influence psychological distress: an evaluation and synthesis of the literature. In H. Kaplan (Ed.), Psychosocial Stress: Trends in Theory and Research (pp. 33-92). New York: Academic Press.
- Tinsley, H., St. Aubin, T. & Brown, M. (1982). College students' help-seeking preferences. Journal of Counseling Psychology, 29(5), 523-533.
- Vinokur, A. & Selzer, M. (1975). Desirable versus undesirable life events: their relationship to stress and mental distress. Journal of Personality and Social Psychology, 32(2), 329-337.
- Warheit, G. (1979). Life events, coping stress, and depressive symptomatology. American Journal of Psychiatry, 136(4B), 502-507.
- Warren, L. (1983). Male intolerance of depression: a review with implications for psychotherapy. Clinical Psychology Review, 3, 147-156.
- Williams, K.B. & Williams, K.D. (1983). Social inhibition and asking for help: the effects of number, strength and immediacy of potential help givers. Journal of Personality and Social Psychology, 44(1), 67-77.
- Wills, T. (1983). Social comparison in coping and help seeking. In B. DePaulo, A. Nadler & J. Fisher (Eds.), New Directions in Helping, Volume 2. New York: Academic Press.
- Winefield, H. (1981). Anger expression in the Picture-Frustration Study under stressful conditions. Journal of Personality Assessment, 45(4), 370-373.
- Yamamoto, K. & Kinney, D. (1976). Pregnant women's ratings of different factors influencing psychological stress during pregnancy. Psychological Reports, 39, 203-214.



## APPENDIX

## Non-copyright Test Materials

Hi, and thanks for taking the time to look this over. I'm asking for your participation in research I'm doing. While I can't say much more about my hypotheses now (because that might influence the results I get), ultimately I hope the results will provide information that will be useful to both academic psychologists and psychotherapists and their clients.

Participating in the study will take about one-half hour of your time, and would be greatly appreciated. If you are able to take part, please stop at the receptionist's desk right now and schedule a time to do so. You may find it easiest to schedule for just before your next appointment or during a break in classes. Schedule at your convenience; anytime the Counseling Center is open is fine. You have the option of changing your mind and choosing to drop out of the study at any time, and your efforts would be fully appreciated, no questions asked. Thank you again for taking the time to consider and, hopefully, participate in this study.

Anne McEneaney, M.A.

## INFORMED CONSENT

I, the undersigned, have read this form and verify that my participation in this research study is voluntary. I understand that I am participating in a research project which will be explained to me (should I request such explanation) upon its completion, so that experimental results are not altered by the subjects' prior knowledge of hypotheses. I understand that my responses will be kept strictly anonymous (by use of a code system), but that, if I choose, I will be given feedback on overall results of the study upon completion. I understand that I may withdraw from participating in this study at any time, without negative consequences to myself.

Name \_\_\_\_\_

Date \_\_\_\_\_

## DIRECTIONS

Thank you for agreeing to participate in this study! Times may vary, but, overall, it should take about one-half hour to complete these three short tests. Please do the tests entirely on your own, and, because others you know may also be taking part, please do not discuss your responses with anyone who may, but has not yet, take part in this study.

Separate directions for each test are at the beginning of that test. Please read and follow the directions carefully. In the space for "name" on each test, use only three initials (your own or fabricated ones), in order to insure confidentiality. Be sure to put these same initials on each test paper. Make sure you answer all of the questions (you can, of course, refuse to answer any question you find objectionable). When you have completed all three tests, give the packet to the receptionist.

Should you be interested in learning something about the results of the study, sign your name and address to the last page of the packet. This page will be removed from the packet as soon as it is received (before any scoring of tests is done) so that your anonymity will be insured. Thanks.

I would like to receive a summary of the results of the study in which I took part. Please send it to me at: (use the address at which you expect to be after May, 1989).

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVAL SHEET

The dissertation submitted by Anne M. Slocum McEneaney has been read and approved by the following committee:

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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

4-11-90

Date

Daniel F. Barnes

Director's Signature