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An Investigation into the Relationship between Help Seeking and Emotional Intelligence in College Students

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An Investigation into the Relationship between Help Seeking and Emotional Intelligence in College Students

An Honors Thesis submitted to the

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Help seeking attitudes have been of significant interest to psychologists over the years. The reason for this interest is the overall tendency for individuals with mental health problems to not seek professional help. According to the 1999 Surgeon General's Report (U.S. Department of Health and Human Services, 1999) approximately 28% of the adult population experienced mental health problems in a year. Among those with mental health problems, however, only 15% sought professional help (Kessler et al., 1996; Regier, Narrow, Rae, Manderscheid, Locke & Goodwin, 1993). In the pursuit to understand this phenomenon, gender and culture have been identified as reliable predictors of attitudes towards seeking help. Another possible factor is an individual's emotional intelligence, though it has received little recognition. It remains unclear how emotional intelligence, gender, and culture may combine together to affect help seeking behavior.

While emotional intelligence (EI) has been a heavily researched topic in the last decade, very little research has been conducted in which help seeking and emotional intelligence are examined together. Dean and Ciarrochi (2002) have examined these two variables and found that adolescents who were low in emotional awareness, and who were poor at identifying, describing, and managing their emotions, were the least likely to seek help from nonprofessional sources and had the highest intention of refusing help from everyone. An explanation for this could be that skill at managing and describing emotions leads to better social support, and better social support, in turn, leads to greater intention to seek help (Dean & Ciarrochi, 2002).

Gender has also been identified as reliable predictors of attitudes towards seeking help. For example, in a classic study by Fischer and Turner (1970), it was found that there are strong gender differences in help-seeking, with females being more open to seeking professional help.

Other research has shown that men who exhibit stereotypically masculine attitudes are restricted emotionality and who express limited affection towards other men, are less likely to seek professional help (Good & Wood, 1995).

Ethnicity has also been shown to play an important role in the attitudes of individuals towards help seeking behavior. Part of this is explained by the differences between ethnicities in defining what constitutes a psychological problem. Cauce et al. (2002, pg. 47) posit that “contextual and cultural factors likely underlie, at least to some extent, the differences between epidemiologically assessed need and perceived need across ethnic groups”. Of course, this all depends on how the individual interprets their own cultural values when it comes to seeking help. On this matter, Sue (1999) asserts that cultural factors within individuals are important in determining service use.

Help seeking has been a heavily researched topic over the years; however, there have been very few studies on the relationship between EI and help seeking behavior. This study was conducted to further understand the relationship between EI and help seeking while also considering the effects of gender and cultural differences. It is hypothesized that EI may serve to help explain the relationship between gender, culture, and help seeking attitudes. When considering the present variables, it is important to review the literature to ascertain how these concepts have developed and how they have and will be studied.

Help-Seeking

First, there must be a differentiation between help seeking attitudes and behaviors. The Collins English Dictionary (2012) describes attitudes as “the way a person views something or tends to behave towards it, often in an evaluative way”. In terms of help seeking attitudes, it would be the way a person views or feels about seeking mental health care. The Collins English

Dictionary (2012) describes behaviors as “the manner of behaving or conducting oneself”. In reference to help seeking, behavior would be the act of seeking mental health care.

There are several factors that may either impede or facilitate help seeking attitudes and behavior. For instance, an individual who seeks professional help must not fear being stigmatized. There is evidence that the degree of stigma can vary on the basis of person, problem, and cultural influences, and that individuals seek less help for problems that are associated with greater negative judgment by others (Kushner & Sher, 1991, pg.198-199). Though fear of stigma has been cited as a prominent variable in help seeking studies, there are many other factors that may impede help seeking that are equally as important. A study by Kushner & Sher (1989) examined approach (e.g., mental distress, pressure from others) and avoidance (e.g., treatment fears, cost) tendencies and how these tendencies influenced decisions to seek help. Kushner & Sher found that as people became more fearful of treatment, they also became more psychologically distressed, which led to the increased likelihood of seeking services.

Another aspect of help seeking attitudes may be the lingering psychological effects of previous encounters with professional mental help. If an individual has had a bad experience with help seeking in the past, then that individual is more likely to have a negative association with help seeking and therefore will be less likely to seek help in the future. For example, Asian Americans with previous counseling experience expressed greater willingness to see a counselor for both personal and academic problems than did those with no prior counseling experience. This was attributed to those individuals finding counseling to be a worthwhile experience, and thus, being more willing to seek counseling in the future (Atkinson, Lowe, & Matthews, 1995).

Past studies by Fischer and Turner (1970, 1972) have suggested that social class, education level, religion, and even college major may have some amount of influence on help seeking behaviors and attitudes. In 1972, Fischer and Cohen conducted a study examining help seeking attitudes among 989 high school and college students. Their results showed that the higher the education level of the individual (i.e., junior/senior vs freshman/sophomore), the more positive the attitudes toward seeking professional mental help. The same study found that students in the social sciences and more specifically psychology were more in favor of seeking professional help than other majors.

Lastly, one must consider the relationship between the therapist and client that may influence help seeking attitudes. Studies have shown that individuals report a more positive association with help seeking when the therapist demonstrated competency in the client's culture based values (Cauce et. al., 2002). This may then lead to continued use of mental health services. For example, clients who perceived their own etiology beliefs (i.e., the origin of their psychological problem) as similar to those of their counselors regarded their counselors as more credible and trustworthy, rated the counseling services as more effective, and desired future counseling more than did those who perceived dissimilarity (Atkinson, Worthington, Dana, & Good, 1991; Islein & Addis, 2003; Worthington & Atkinson, 1996).

Emotional Intelligence

In order to define emotional intelligence, one must start at the first emergence of the concept. Thorndike first introduced his idea of social intelligence in the 1930s (Thorndike & Stein, 1937). His idea of social intelligence was essentially an assessment of one's ability to understand and manage people. This first idea has evolved into what we now refer to as emotional intelligence. Unfortunately, understanding emotional intelligence is not as easy as it

may seem. Multiple models of emotional intelligence have appeared since the 1930's. One of those models is the mixed construct model. Introduced by Daniel Goleman (Chernis et. al, 2006), the mixed construct model basically portrays emotional intelligence as a variety of different competencies and skills. The main ideas for this model are self-awareness, self-regulation, social awareness, and relationship management. Another prominent model is the trait model (Brannick et.al, 2009). This model suggests that emotional intelligence isn't really a form of intelligence at all but is really a personality trait.

The last model of emotional intelligence is based on an individual's ability to engage in sophisticated information processing about one's own and others' emotions and the ability to use this information as a guide to thinking and behavior (Mayer, Salovey, & Caruso, 2008). Mayer, Salovey, & Caruso (2008) go on to describe emotional intelligence as a form of higher intellectual functioning that enriches human interactions and that it is a group of related mental abilities.

Emotional intelligence has also been shown to be a factor in help seeking attitudes. Although there are few studies that examine the relationship between emotional intelligence and help seeking attitudes. Dean and Ciarrochi (2001) conducted three studies specifically examining this relationship, all using the ability model created by Salovey and Mayer. Their goal was to ascertain whether level of emotional intelligence was related to help seeking behavior. They originally hypothesized that those with less emotional intelligence would be more likely to seek help because of their low ability to manage and communicate their emotions. What they found was that the opposite was true. Dean and Ciarrochi (2001) found that, for seniors in high school, those higher in emotional intelligence tended to have more favorable attitudes toward seeking professional mental health services. This may be due to the fact that those who are better able to

identify their emotions also know when they need assistance to regulate those emotions. Through further study, the authors found that the relationship was reversed when examining individuals thirteen years of age and younger, i.e., those with more difficulty identifying and describing their emotions were more likely to seek professional mental health (Dean & Ciarrochi, 2001).

Culture

Culture has been found to be a significant predictor of help seeking attitudes. Though culture, as it refers to those from other countries, will not be a variable in the present study, it will be included in the second phase of the study and therefore it is important to review culture and help seeking attitudes. Generally, those from Western cultures have more positive attitudes towards help seeking than those from Eastern cultures. For example, in a study examining acculturation effects, it was observed that in Chinese populations, cultural values may be in conflict with the expectations in counseling (Chen & Mak, 2008). This may be due to Chinese culture placing more value on self restraint as opposed to emotional expression (Chen & Mak, 2008). This conclusion was reached after having 747 undergraduates from the United State of America, Hong Kong, and mainland China complete questionnaires regarding lay beliefs about mental illness and help seeking history.

Along with general cultural effects, one must also consider how stigma may have a significant effect on help seeking attitudes in different cultures. As mentioned earlier, stigma has repeatedly been recognized as a significant barrier to help seeking. This has been show to be true in Asian cultures as well. In a study by Shea and Yeh (2008), 219 Asian American undergraduate and graduate students completed multiple questionnaires including an Asian Value Scale, a scale assessing stigma associated with receiving psychological help, and the Attitudes toward Seeking Professional Psychological Help (ATSPPH). Their biggest finding was that Asian American

students may find seeking professional psychological help contradictory to their belief system due to significant differences between the Asian and Western perspectives of self, general, human experiences, and conceptions of psychological problems (Shea & Yeh, 2008). They also found that those students who reported a higher level of perceived stigma often had more negative help seeking attitudes. They attributed this stigma to the discrepancy between Western counseling practices and traditional Asian cultural values that encourage individuals to save face and to maintain the family's reputation in society.

Gender

Gender has also been shown to be related to emotional intelligence and help seeking attitudes. With regards to help seeking, women generally have more positive attitudes toward seeking mental health services. A study by Leong & Zachar (1999) showed that women had greater recognition of the need for help, greater confidence in mental health practitioners, and more interpersonal openness when measuring help seeking attitudes with the ATSPPH. In another study, psychological openness (i.e., acknowledging psychological problems and being willing to seek professional help) was identified as a component of help seeking attitudes (Mackenzie et al., 2006). Specifically the study stated that women exhibited more intentions to seek help from mental health professionals than men despite previous experience with help seeking. This finding was attributed to women having more positive attitudes concerning psychological openness (Mackenzie et al., 2006).

Additionally, gender has been identified as an important factor when studying emotional intelligence. It has been shown that women typically score higher on indices of emotional intelligence than men. More specifically, women score higher than men on general EI, and excel especially in interpersonal skills and emotional self-awareness (Palmer et al., 2003). This may be

due to the fact that women are more capable of perceiving emotions, regulating others' emotions, and utilizing emotions for building relationships than men (Ciarrochi et al., 2001). Also, men, when compared to women, are generally considered more restricted in emotionality and tend to have less meaningful relationships with other men (Good & Wood, 1995). This may be an explanation for why male participants typically score lower scores on indices of emotional intelligence.

Present Study

In summary, other studies have found that generally women are more likely to seek help and tend to score higher on indices of emotional intelligence (Deane & Ciarrochi, 2001). Also, individuals from Western cultures tend to have more positive help seeking attitudes than those in Eastern cultures (Shea & Yeh, 2008; Chen & Mak, 2008). Though these studies have given psychologists a greater knowledge of help seeking attitudes and emotional intelligence, there are still unanswered questions in this area. For instance, none of these studies have specifically examined the differences between Indians and Americans when considering help seeking attitudes or emotional intelligence. More importantly, no study has previously looked at how emotional intelligence might mediate the relationship between cultural differences and help seeking attitudes. Now that the literature has been reviewed, the main goals of this study may be presented.

In the second phase of this study we will be aiming to understand the relationship between gender, culture, and help seeking attitudes and whether those relationships can be explained by emotional intelligence. Data will be collected in Indian and compared with data obtained from American college students. In the present study, we aim to examine the same variables and possible relationships in American college students. I hypothesize that females

(Leong & Zachar, 1999) will have more favorable attitudes toward seeking help because they have been found to have higher emotional intelligence which enables them to be more aware of when they need help with their psychological problems. Also, we wish to examine the relationship between help seeking and emotional intelligence. Consistent with Dean and Ciarrochi's (2001) findings, I hypothesize that those individuals with higher emotional intelligence will have more favorable attitudes towards seeking help. The final goal of this project will be to investigate the differences between cultures in emotional intelligence by looking at American college students, and Indian college students in the second phase of this study.

Methods

Participants

The participants in phase A were 77 college students from Eastern Illinois University. The participants from Eastern Illinois University were recruited from the Introduction to Psychology pool of subjects. Out of 77 participants there were 29 male and 48 female. The average age was 19. Most of the participants identified themselves as Caucasian (n=44), African American (n=26), and Latino/a (n=6). Also, 26 individuals reported that they had personally received prior counseling and 26 reported that a member of their family had received prior counseling.

Materials

The questionnaires that were chosen for this study were the Inventory of Attitudes Towards Seeking Mental Health Services and the Schutte Self Report Emotional Intelligence Test. The IASMHS is an abbreviated version of the ATSPPH developed by Fischer and Turner (1970). The Inventory of Attitudes toward Seeking Mental Health Services (IASMHS)

(Mackenzie, 2004) will measure participants attitudes toward help seeking with 24 self-report Likert scale items using a 1 (agree) to 5 (disagree) scale for responses. Participants will also complete the Schutte Self-Report Emotional Intelligence Test (SSEIT) (Schutte, 1998). The SSEIT is a 33-item self-report measure using a 1 (strongly agree) to 5 (strongly disagree) scale for responses. Each score is computed and then added together to give the total score for the participant with higher scores on SSEIT and IASMHS denoting more emotionally intelligent participants and more positive attitudes toward seeking help, respectively. The SSEIT measures the participant's ability to recognize, manage, and utilize their emotions.

Procedures

In Phase A, this study examined sex and minority status (minority or non-minority American college students) as the independent variables. In Phase B the study will be a 2X2 factorial design with sex and culture (American vs Indian college students) being the independent variables. The dependent variables were emotional intelligence and help seeking attitudes. Participants completed the questionnaires via an online survey website. They first viewed and read the informed consent form and then pressed the "I accept" button to affirm their consent to participate. Then they completed the demographic survey which asked them their age, gender, ethnic background, and other questions that were devised specifically for this study. After the demographics, they completed the SSEIT that measured their emotional intelligence, and the IASMHS, that measured help seeking attitudes. After these questionnaires were completed, the participants received the debriefing form which explained the reasons for the study. The average testing time was approximately 30 minutes.

Results

Participants' scores were computed for each of the separate measures according to the procedures outlined above. To assess if participants with higher scores on the emotional intelligence measure would have more positive attitudes towards seeking professional mental health services, a Pearson's r was conducted on emotional intelligence and help seeking attitude scores. At an alpha level of .05, results show that the higher the scores on the SSEIT, the higher the score on IASMHS, $r(73) = .354, p = .002$. This is consistent with my hypothesis that the more emotionally intelligent an individual is, the more positive attitudes they will have towards seeking professional mental health treatment.

To assess gender differences on measures of help seeking attitudes and emotional intelligence, t -tests for independent means were conducted with the independent variable being participant sex and the dependent variables being the SSEIT score and IASMHS score. The hypothesis that women ($M = 96.74, SD = 9.46$) would score significantly higher on the IASMHS than men ($M = 93.41, SD = 8.04$) was not supported, $t(73) = 1.588, p = 1.24$. Also, the hypothesis that women ($M = 124.79, SD = 13.69$) would score significantly higher on the SSEIT than men ($M = 127.79, SD = 13.69$) was not supported, $t(71) = .803, p = .425$.

To assess minority group differences on measures of help seeking attitudes and emotional intelligence, t -tests for independent means were conducted with the independent variable being minority status and the dependent variables being the SSEIT score and IASMHS score respectively. Non-minority participants ($M = 95.13, SD = 9.18$) did not score significantly higher on the IASMHS than minority participants ($M = 95.70, SD = 8.98$), $t(72) = .265, p = .792$. Although the minority participants ($M = 129.40, SD = 12.63$) did not score significantly higher on the SSEIT than non-minority participants ($M = 123.32, SD = 14.94$), the finding did approach significance, $t(70) = 1.83, p = .066$. To further understand differences in emotional intelligence

between minority and non-minorities, *t*-tests for independent means were also conducted separately for male and female participants who were minorities or non-minorities. For these analyses, two separate *t*-tests were conducted for men and women separately with the independent variable being minority status and the dependent variable being emotional intelligence. It was found that female minority participants ($M = 129.10$, $SD = 12.07$) did rate themselves as significantly more emotionally intelligent than non-minority females ($M = 120.74$, $SD = 15.99$), $t(42) = -1.958$, $p = .057$ (see Figure 1).

To examine emotional intelligence, a two-way analysis of variance was conducted with the independent variables being gender and minority status and the dependent variable being emotional intelligence. At an alpha level of .05, results show that there was no significant interaction between gender and minority status, $F(1, 72) = .411$, $p = .523$. There was also no significant main effect of gender, $F(1, 72) = .864$, $p = .356$. Likewise, there was no significant main effect of minority status, $F(1, 72) = 2.96$, $p = .09$. However, it is important to recognize that the trend in the data shows that, based on the means of emotional intelligence scores, minority men ($M = 130.12$, $SD = 4.67$) and minority women ($M = 129.10$, $SD = 2.99$) scored higher than non-minority men ($M = 126.32$, $SD = 3.22$) or non-minority women ($M = 120.74$, $SD = 2.99$).

Furthermore, to examine help seeking, another two-way analysis of variance was conducted with the independent variables being gender and minority status and the dependent variable being help seeking attitudes. At an alpha level of .05, results show that there was no significant interaction between gender and minority status, $F(1, 74) = .320$, $p = .574$. There was also no significant main effect of gender, $F(1, 74) = 2.314$, $p = .133$, and no significant main effect of minority status, $F(1, 74) = .017$, $p = .895$.

Finally, to assess the previous counseling differences on measures of help seeking attitudes and emotional intelligence, *t*-tests for independent means were conducted with the independent variable being if the participants had received previous counseling and the dependent variables being the SSEIT score and IASMHS score. Those who had previous experience with counseling ($M = 101.34$, $SD = 7.36$) did score significantly higher on the IASMHS than those who did not have previous experience with counseling ($M = 92.65$, $SD = 8.49$), $t(72) = 4.35$, $p < .001$. However, those who did have previous experience with counseling ($M = 127.14$, $SD = 14.63$) did not score significantly higher on the SSEIT than those who did not have previous experience with counseling ($M = 125.02$, $SD = 14.09$), $t(70) = .590$, $p = .557$.

Discussion

The aim of this study was to understand the relationship between gender, minority status, and help seeking attitudes and whether those relationships can be explained by emotional intelligence. Additionally, we wished to examine possible relationships between gender and minority status and emotional intelligence and help seeking attitudes. All of these variables have been previously examined but never before have they been examined together.

The first question this study set out to answer was whether there was a relationship between emotional intelligence and help seeking. I hypothesized that there would be a positive correlation between the two. This hypothesis was supported. The correlation showed that the more emotionally intelligent an individual is, the more likely they are to have positive help seeking attitudes. This is firmly in keep with previous research that has found a relationship between emotional intelligence and help seeking attitudes (Dean & Ciarrochi, 2001).

The second question in this study was whether men and women would differ with respect to emotional intelligence and help seeking attitudes. I hypothesize that women would be more

emotionally intelligent and have more favorable attitudes towards seeking professional mental health treatment. Surprisingly, my hypothesis was not supported by the data. In fact, there was very little difference between genders with respect to help seeking attitudes. This was unusual because multiple studies that have researched help seeking attitudes have found that women have more favorable help seeking attitudes (Fischer & Turner, 1970; Leong & Zachar, 1999). Also, when examining the means, men had higher emotional intelligence scores than females. This of course may be due to the small sample size in this study and the small number of men who participated. Another possible explanation is that it is becoming more socially acceptable for men to act more feminine. In other words, men are becoming less emotionally restricted and are becoming more psychologically open, both of which are areas at which women have excelled at previously. It has become acceptable for men to exhibit feminine characteristics including sensitivity, devotion and showing emotions (Hevrdejs, 2003), these men have, “embraced customs and attitudes once deemed the province of women” (Hevrdejs, 2003 pp. 2). With this shift in emotionality in men, they may be more aware of their emotions, more aware of when they need to seek help, and have more positive attitudes towards seeking help. We also found that minority women had significantly higher emotional intelligence scores as compared to non-minority women. This is likely due to the aforementioned explanation of minorities having higher emotional intelligence scores.

The third question was whether or not minority students would differ from non-minority students with respect to emotional intelligence. Although the *t*-test was not significant ($p=.06$), there was a trend in the data indicating a difference between minority and non-minority students. It would be interesting to examine this further with a larger group of minority students and subgroups.

The fourth and final question was whether minority status and gender would interact with respect to emotional intelligence and help seeking. It was found that there were no significant interactions with respect to emotional intelligence or help seeking. However, the main effect of minority status did approach significance when examining emotional intelligence. Given these results, we decided to further assess the differences between minority and non-minority students with respect to emotional intelligence. We found that participants in the minority group tended to be more emotionally intelligent than those in the non-minority group. Because of the limited research on minority status and emotional intelligence it is hard to form an explanation as to this outcome. One possible explanation for this is that minorities may perceive having less “power” in this society and because of this they must be more “emotionally intelligent” so they can recognize the emotions of those higher in authority and use this knowledge to guide their behaviors so as to engender greater success in the workplace, social interactions, etc. Social psychologists have done research in this area and found that since Caucasian individuals are generally accepted as having more institutional power, minority groups are forced to “develop strategies that will confer efficacy on preferred patterns of behavior and developed abilities” (Jones, 1986, p. 307). Increased emotional intelligence may be one of these strategies that helps confer efficacy.

Though it was not one of the primary study questions, we also examined whether previous mental health treatment would be related to help seeking attitudes and emotional intelligence scores. It was found that previous experience with counseling was positively correlated with help seeking attitudes. In other words, those who had had previous experience with counseling for mental health problems had much more favorable attitudes towards seeking professional mental health. This may be because their previous experiences were positive and

therefore they view help seeking in a more positive light than those who have not previously had experience with counseling services. Another explanation could be that those who originally have more positive attitudes towards seeking professional mental health treatment are more likely to seek help. It would be beneficial for future studies to also evaluate whether those who have had previous counseling experience had positive experiences and how helpful they found these mental health services.

Limitations/ Future Directions

The biggest limitation in this study was the small number of participants and the makeup of the sample. A greater number of participants would have provided the power to do certain analyses, e.g., test for mediation effects and analyze the subscales of the IASMHS. Furthermore, most of the participants were Caucasian and most were around the ages of 18-20 which makes it hard to generalize the results of this study. Also, the sample was composed of relatively few men which reflects the nature of the introduction to psychology pool of participants that was used. Also, it is important to recognize the limitations of using self report questionnaires. Some participants may have been engaging in self enhancing behavior by filling out the questionnaires in a biased way.

With these limitations being stated, there are some areas that would benefit from future research. First, future research should endeavor to examine these variables and their relationships with a larger and more generalizable participant pool. Second, it would be interesting to further examine the differences between non-minority and minority individuals with respect to emotional intelligence. This would be especially interesting to examine with specific emphasis on the differences between females in both categories with respect to emotional intelligence. Third, the possible relationship between prior help seeking behaviors should be examined with

respect to help seeking attitudes as well as emotional intelligence. It would also be interesting to see what relationship might exist between these variables and participant's or family's prior help seeking behaviors. Also, it would be intriguing to see if there exists an interaction between previous history with counseling and ethnicity. Lastly, researchers should investigate these relationships and whether they still hold true when studying other cultures. This will actually be Phase B of this project. We will be gather data from India regarding emotional intelligence, help seeking attitudes and religious affiliation and compare it to our American sample.

Implications

This study has many implications for psychologists. As I stated earlier, all barriers to help seeking are interesting to psychologists and this study is unique in the fact that it examines emotional intelligence as a type of barrier to seeking professional mental health treatment. The less emotionally intelligent an individual is, the less favorable attitudes they will hold towards seeking mental health treatment so psychology needs to take steps to encourage psychological openness and less restricted emotionality so that those who need the help are more likely to receive it.

Conclusion

In this study I found that there is a relationship between emotional intelligence and help seeking attitudes. Also, it seems that individuals in a minority group, especially women, are more adept at recognizing, managing, and utilizing their emotions. Hopefully with more participants, further analyses can be conducted to further assess these relationships and better understand the factors which facilitate or hinder obtaining professional help for psychological issues.

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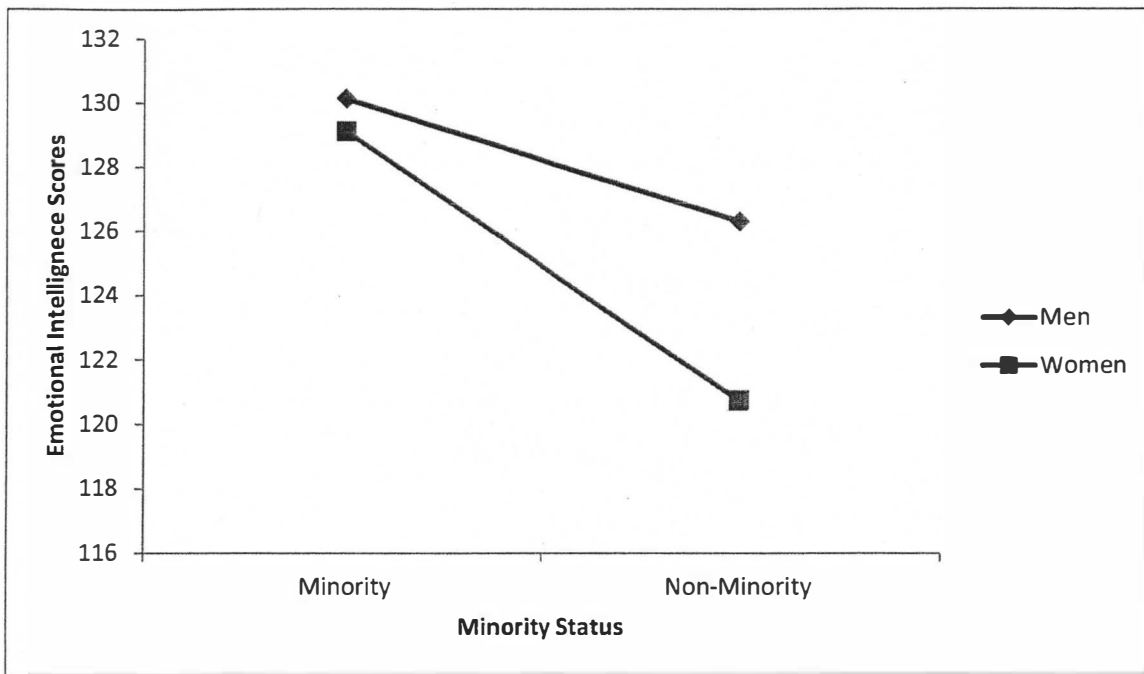


Figure 1. Mean emotional intelligence scores for participants by minority and gender.