
Suicidal Ideation and Help-Negation: Not Just Hopelessness or Prior Help



Frank P. Deane, Coralie J. Wilson,
and Joseph Ciarrochi

University of Wollongong

Few distressed young people seek professional psychological help and little is known about what sources of help young people seek for different problems. In suicidal youth, the process of help-negation may exacerbate poor help-seeking. Three hundred and two undergraduate university students completed a questionnaire measuring suicidal ideation, hopelessness, prior help-seeking experience, and help-seeking intentions. Participants indicated they would seek help from different sources of help for different types of problems, but friends consistently were rated as the most likely source of help. Help-negation was suggested by higher levels of suicidal ideation being associated with lower help-seeking intentions. However, the negative suicidal ideation/help-seeking-intentions relationship was not explained by hopelessness or prior help-seeking. Help-negation appears to involve more than just negative expectations regarding the future. The discussion proposes social problem-solving orientation as one of a number of potential explanatory variables. © 2001 John Wiley & Sons, Inc. *J Clin Psychol* 57: 901–914, 2001.

Keywords: help-seeking; suicidal ideation; help-negation; hopelessness; prior help

Seeking and receiving help from mental-health professionals can assist in the reduction of distressing psychological symptoms (Bergin & Garfield, 1994), yet few who experience significant psychological distress seek professional help (e.g., Boldero & Fallon,

This research was supported in part by a grant from the National Health and Medical Research Council of Australia, Grant YS060.

The authors wish to thank the following students—Nathan Fulcher, Sasha Pinazza, Jason Boyd, Mary Markovska, and Melissa Eades—who assisted in the data collection.

Frank Deane is a professor in the Department of Psychology and director of the Illawarra Institute for Mental Health. Coralie Wilson is a doctoral candidate and Joseph Ciarrochi is a lecturer in the Department of Psychology at the University of Wollongong, Australia.

Correspondence concerning this article should be addressed to: Frank Deane, Department of Psychology, University of Wollongong, Wollongong, NSW 2522, Australia; e-mail Frank_Deane@uow.edu.au.

1995; Carlton & Deane, 2000; Meehan, Lamb, Saltzman, & O'Carroll, 1992). A recent Australian National Survey of over 10,600 persons found that while more than one in five adults meet the criteria for a mental-health disorder, "62% of persons with a mental disorder did not seek any professional help for mental health problems" (Andrews, Hall, Teesson, & Henderson, 1999, p. 37). This striking statistic raises serious concerns for the Australian population in general, and particularly for youth, as the same report found that mental-health disorders were most prevalent among young people. Although it is clear that problem-type influences the choice of help source (Boldero & Fallon, 1995; Oliver, Reed, Katz, & Haugh, 1999), the associations between patterns of youth problems and accessing potential sources of help, whether formal or informal, currently are unclear (Oliver et al., 1999; Pescocolido, & Boyer, 1999). Little is known about when youth seek help, for what types of problems, and from which helping sources.

While few adolescents seek professional psychological help, most will seek help from a variety of other sources, such as family members, friends, and teachers (Boldero & Fallon, 1995; Offer, Howard, Schonert, & Ostrov, 1991). Up to 90% of adolescents tell their peers rather than a professional of their distress (Kalafat, 1997; Kalafat & Elias, 1995). Adolescent males are more likely to seek help from parents and less likely to seek help from peers than females (Boldero & Fallon, 1995).

Generally speaking, it seems positive that most adolescents are willing to talk to someone about their distress. It also seems positive that many perceive the help source as helpful (Dubow, Lovko, & Kaush, 1990). However, "for the most part, disturbed adolescents do not obtain the help they need" (Offer et al., 1991; p. 628). When peers are sought for help, they may be poorly equipped to provide helpful responses to difficult questions. Suicidal adolescents form "poor quality friendships" (Cole, Protinsky, & Cross, 1992, p. 817), disturbed adolescents form friendships that involve conflict, cognitive distortions, and poor social-cognitive problem solving (Marcus, 1996), and disturbed adolescents show a strong liking for fellow disturbed peers (Sarbornie & Kauffman, 1985). These findings raise serious concerns about the benefit of seeking help from peers (Offer et al., 1991).

Evidence suggests that the process leading to suicide is not an impulsive act, but the end point in a pathological regression (Novick, 1996), "a continuum beginning with ideation, continuing to attempted suicide, and ending with completed suicide" (Cole et al., 1992, p. 813). Therefore, seeking help from a poor-quality peer relationship for a high-risk mental-health symptom, such as suicidal ideation, has the potential to lead to tragic consequences. There is a high risk for suicide completion if the youth does not seek and receive appropriate treatment or advice (Rosenberg, Eddy, Wolpert, & Broumas, 1989). In contrast, if the youth receives appropriate treatment and advice, such as that from a mental-health professional when they are suicidal, risk and distress are likely to be reduced (Rudd et al., 1996).

Certainly, a match between appropriate help source and problem type is important for reduction of youth distress. Youth decide whom to talk to based on their specific problem. Research suggests that adolescents form perceptions about the suitability of helping sources and seek help from those sources that readily are available to them (Boldero & Fallon, 1995; Offer et al., 1991). However, it is unclear if this decision is based on a perception of help-source effectiveness or a function of the relationship between the young person and potential help giver (Boldero & Fallon, 1995). Distressed children have been found to choose help givers based on perceived qualities rather than their own needs (Westcott & Davies, 1995). Understanding the patterns of youth help-seeking for different problems may enhance greatly our ability to develop effective suicide prevention and intervention programs.

Using a sample of 3701 outpatients seeking psychiatric treatment, Beck and colleagues (1999) found that suicidal ideation at its worst point predicted suicide completion at a rate 14 times higher than suicidal ideation in a lower-risk category. These sobering results indicate that seeking appropriate help before suicidal ideation is at its worst point may be crucial for interrupting the development of suicidal ideation to completion. However, three reports indicate that suicidal ideation is, in and of itself, a potential barrier to help-seeking.

Using a sample of 17,193 nonclinical adolescents, Saunders and colleagues (1994) found that higher suicidal ideation was related to a lower probability of distressed teenagers actually seeking help. The researchers suggested that suicidal ideation is a significant barrier to help-seeking. In support, Deane, Skogstad, and Williams (1999), in their study of 111 nonclinical prison inmates, found that intentions to seek professional psychological help were lower for suicidal thoughts than personal-emotional problems. The researchers speculated that this finding might reflect aspects of the help-negation process previously identified in acutely suicidal samples (Rudd, Joiner, & Rajab, 1995). The term "help-negation" was adopted to describe the process of refusal to accept or access available help (e.g., Clark & Fawcett, 1992; Rudd et al., 1995).

Carlton and Deane (2000) also found that suicidal ideation was a significant and unique negative predictor of help-seeking intentions. Using a sample of 221 nonclinical 14-to-18-year-old high-school students, the researchers found that adolescents with higher levels of suicidal ideation tended to have lower help-seeking intentions. They suggested that this relationship again showed aspects of help-negation, and speculated that the process may be, in part, a function of adolescent cognitive-developmental tasks associated with the development of independence, such as identity formation and the differentiation of self from family. As such, the researchers suggested that adolescents might see the decision to live or die as one aspect of their lives that they can control.

To our knowledge, help-negation in nonclinical samples has been suggested in only three studies (Carlton & Deane, 2000; Deane et al., 1999; Saunders et al., 1994). Given the implications of such a finding, there is a need to replicate and extend these findings to other nonclinical samples and to begin to unravel the potential explanations of such a process. The help-negation process has been implicated in high-school and prison-inmate samples, and the present study aimed to extend these findings to a university sample.

The present study considered two explanations for help-negation in nonclinical samples. First, it may be that help-negation is a reflection of hopelessness or negative expectations about the future; alternatively, it may be that help-negation reflects either limited or negative prior help-seeking experiences.

Hopelessness has been found to be a strong predictor of suicidal ideation (Joiner & Rudd, 1996; Levy, Jurkovic, & Spirito, 1995). Alternatively, hope has been related strongly to reduced suicidality (Range & Penton, 1994). Since a hopeless pessimistic style often is seen in the cognitive/affective suicidal state or in the general characteristics of these individuals outside the crisis state (Hughes & Neimeyer, 1993; Kalafat, 1997; Rudd et al., 1995), it has been suggested that help-negation may be a demonstration of an overall maladaptive coping style in acutely suicidal samples (Clark & Fawcett, 1992). Individuals who are acutely suicidal may reject help because they have pessimistic and negative expectations about the worth of such help. In short, they may view their situation as hopeless. Help-negation is implied if suicidal ideation increases and intentions to seek help decrease. To our knowledge, no study has examined a relationship between suicidal ideation, hopelessness, and help-seeking. If hopelessness contributes to the relationship between suicidal ideation and help-seeking, then the strength of this relationship would be reduced substantially if hopelessness were controlled.

The decision to seek help has been associated with prior help-seeking experience (Boldero & Fallon, 1995; Carlton & Deane, 2000; Deane et al., 1999; Stefl & Prosperi, 1985). Deane and Todd (1996) found indications that nonclinical university students “who had previously sought help appeared more likely to seek help in the future” (p. 53). Alternatively, limited prior help-seeking experiences may limit future help-seeking. Rickwood and Braithwaite (1994) postulated that “one has to know how to seek help, not by being told what to do, but by being involved in a network where discussing personal problems is accepted and encouraged” (p. 569). This implies that even with knowledge of available help sources, without prior help-seeking experience, the individual may have difficulty applying their knowledge. Negative or unhelpful prior help-seeking experiences also may be associated with reduced help-seeking. Deane and colleagues (1999) found that perceived quality of prior help was important in the decision to seek help. Prior “helpful” contact with a mental-health professional was associated with intentions to seek help for a personal-emotional problem and suicidal thoughts. This suggests that negative or unhelpful prior help-seeking experiences may influence negative expectations and reduce intentions to seek help in the future. In this way, the process of help-negation, in part, may reflect unhelpful prior experiences, particularly with mental-health professionals. For this study, we anticipated that prior help-seeking and the quality of the experience would be associated with help-seeking intentions.

The aim of the present study was to investigate the types of problems for which young adults seek help and the sources from which they intend to seek help. We anticipated that help-seeking from friends would be significantly higher than other sources of help, particularly professional psychological sources. We also expected that this relationship would be significant for any type of mental health problem. We expected to confirm the help-negation relationship in a non-clinical university sample. This would be reflected in an inverse relationship between suicidal ideation and help-seeking intentions. We also intended to test whether hopelessness and prior help-seeking experiences could explain this relationship.

Method

Participants and Procedure

The study received ethical approval from the University Human Ethics Committee. The study was described in an advertisement on a Department of Psychology university research-project sign-up board. Three hundred and two psychology undergraduates voluntarily signed up for inclusion in the study, and each participant completed the anonymous questionnaire individually under the supervision of a postgraduate research assistant. A debrief sheet outlining available help services was supplied after the questionnaire was completed.

Participants were not known to be currently receiving treatment from a mental-health service. Two hundred and thirty-two participants (77%) were female and 70 (23%) were male. The mean age was 20.58 years ($SD = 4.98$ years) and 80% of the sample were 21 years or younger.

Measures

The questionnaire used in this study comprised three self-report scales: the Suicidal Ideation Questionnaire (SIQ; Reynolds, 1988a); the Beck Hopelessness Scale (BHS; Beck, Weissman, Lester, & Trexler, 1974); and the General Help-Seeking Questionnaire (GHSQ).

The SIQ (Reynolds, 1988a) comprises 30 suicide thoughts that are rated on a 7-point scale (0 = I never had this thought before, 6 = Almost every day). Items assess suicidal ideation and are scored to indicate the frequency with which each suicide thought has occurred in the preceding month. The SIQ is supported by sound reliability and construct validity data (Beaumont, 1994; Reynolds, 1987, 1988a, 1988b).

The BHS (Beck et al., 1974) comprises 20 true–false items that reflect hopelessness (e.g., “My future seems dark to me”) and access the general hopelessness construct. The BHS is supported by sound reliability and construct validity data (e.g., Metalsky & Joiner, 1992). It has good internal consistency (KR-20 = .93) and is correlated highly with other self-report measures of hopelessness (Beck et al., 1974).

The GHSQ was developed for this study to assess formally help-seeking intentions for nonsuicidal and suicidal problems. Respondents were asked to rate the likelihood they would seek help from a variety of people for three problem types: personal–emotional, anxiety–depression, and suicidal thoughts. The three questions for each problem were: “If you were feeling very anxious or depressed, how likely is it that you would seek help from the following people?”, “If you were having a personal–emotional problem, how likely is it that you would seek help from the following people?”, and “If you were experiencing suicidal thoughts, how likely is it that you would seek help from the following people?”. For each problem, respondents were asked to rate their intentions to seek help on a 7-point scale (1 = extremely unlikely, 7 = extremely likely) for six sources of help: friend, parent, other relative, mental-health professional, telephone help line, doctor/GP (see Table 1). Higher scores indicated higher intentions to seek help. Additional items asked participants to indicate if they would not seek help from anyone, other sources of help that they might go to, if they had ever seen a mental-health professional (e.g., counselor, psychologist, psychiatrist), and how helpful this was.

Table 1
Means and Standard Errors of Help-Seeking Intentions for Personal–Emotional Problems (Per–Emot), Anxiety and Depression (Anx–Dep), Suicidal Thoughts (Suicide-Ths), and Different Sources of Help

Source of Help	Problem Type					
	Per–Emot		Anx–Dep		Suicide-Ths	
	M	SE	M	SE	M	SE
Friend (not related to you)	5.26	.11	5.16	.11	4.38*	.13
Parent	4.28	.12	4.35	.12	3.51 ^a *	.14
Other Relative/Family Member	3.74	.12	3.60	.12	3.15 ^b *	.13
Mental-Health Professional	2.75 ^a	.11	2.86 ^a	.12	3.80 ^a *	.13
Telephone Help Line	1.73	.07	1.75	.08	2.77 ^b *	.12
Doctor/GP	2.61 ^a	.10	2.60 ^a	.10	2.79 ^b	.12
Would not seek help from anyone	2.45	.11	2.36	.12	2.56	.12

Note. $n = 290$; Evaluations were made on a 7-point scale (1 = extremely unlikely, 7 = extremely likely). The item “I would not seek help from anyone” was not included in the contrasts.

*Means that have an asterisk differ from means that do not have an asterisk within the same row (at the level of $p < .01$). For example, for the source-of-help row “Friend”, intentions for Suicidal-thoughts differ from both intentions for Personal–Emotional and Anxiety and Depression problems.

^{a,b}Means that do not share a letter within the columns differ (at the level of $p < .01$). For example, for the column Anxiety–Depression, all sources differ from each other with the exception of the means between Mental-Health Professional and Doctor/GP.

Results

The mean scores and standard deviations for the standardized measures of suicidal ideation ($M = 19.96$, $SD = 21.36$) and depression ($M = 12.20$, $SD = 9.04$) were compared to available normative data (hopelessness, $M = 23.93$, $SD = 3.76$, but comparisons were not made due to limited normative data). We found that 16% ($n = 51$) of our students reported a level of suicidal ideation similar to that of suicide attempters with chronic psychiatric problems (Reynolds, 1987). The mean rate of depression reported represents a mild level of depression and is similar to that found in different college samples (e.g., Beck, Steer, & Brown, 1996, $M = 12.56$). However, 18% of our students also reported moderate-to-severe depression (Beck et al., 1996), similar in intensity to a group that was diagnosed as suffering from single-episode major depression (Beck et al., 1996). Overall, the descriptive results suggest that the majority of the sample was in the normal range on these measures.

Our sample was predominantly female, and females have been found to have more positive help-seeking attitudes and intentions in previous research, (e.g., Andrews et al., 1999; Dadfar & Friedlander, 1982; Price & McNeill, 1992; Surgenor, 1985). Therefore, we conducted preliminary analyses to determine whether there were gender differences on the measures before performing the main analyses. As expected, being female was associated with more willingness to seek help for nonsuicidal problems from family members, $r(300) = .16$, $p < .01$, health professionals, $r(300) = .12$, $p < .05$, and friends, $r(300) = .18$, $p < .01$, and with less willingness to refuse help from anyone, $r(298) = .15$, $p < .01$. There was no effect of gender on willingness to seek help from a doctor or telephone help line, $ps > .1$, and there were no effects of gender on any of the sources of help for suicidal problems, all $ps > .1$.

Our main analyses first examined whether there were any differences in people's preferred source of help, and whether there were any help-seeking differences across problem types. A General Linear Model repeated measures MANCOVA was used to examine the impact of helping source (friends, parents, other relatives, mental-health professional, telephone help line, Doctor/GP) and problem type (social-emotional problem, anxiety-depression, and suicidal ideation) on intentions to seek help. There was a significant main effect for helping source, $F(5,2900) = 145.72$, $p < .001$. However, this effect was qualified by a significant interaction with problem type, $F(10,2900) = 72.08$, $p < .001$, indicating that people's preferred source of help depended upon the type of problem they were facing.

To evaluate further this interaction, pairwise comparisons were conducted using a Bonferroni adjustment to control for Type I error. The results are presented in Table 1. Participants indicated that they most likely were to seek help from friends for all types of personal problems. However, they less likely were to seek help from friends for suicidal ideation than they were for the other problems. Participants also indicated that when experiencing suicidal ideation rather than other problems, they less likely were to seek help from parents and other relatives, but more likely to seek help from mental-health professionals and telephone help lines.

Given that help-seeking for personal-emotional problems did not differ significantly from help-seeking for anxiety-depression (see Table 1), we examined whether we could combine these scales. We submitted the seven sources of help for the two types of problems (14 items) to exploratory principle-component analysis and uncovered five factors with eigenvalues >1 , which explained 81% of the variance. Using Oblimin rotation, we found that items "parent" and "other relative/family member" loaded on factor 1 (2 problem types, 2 items), "mental-health professional" and "doctor/GP" loaded on

factor 2 (2 problem types, 2 items), “friend (not related to you)” loaded on factor 3 (2 problem types, 1 item), “Telephone help line” loaded on factor 4 (2 problem types, 1 item), and “I would not seek help from anyone” loaded on factor 5 (2 problem types, 1 item). Based on this factor analysis, new subscales were formed by collapsing group items. However, we decided not to collapse the items for factor 2 because current theory suggests that seeking help from doctors and mental-health professionals may differ in important ways (e.g., Pescocolido & Boyer, 1999; Ross & Hardy, 1999; Tudiver & Talbot, 1999). The new variables for both nonsuicidal and suicidal problems were called “family,” “mental health professionals,” “physical health professionals,” “friend,” “telephone help line,” and “would not seek help.” Further analysis revealed that items on the GHSQ could be combined to form a reliable help-seeking-intentions variable ($\alpha = .82$), or could be broken down reliably into two subfactors, help-seeking for suicidal problems ($\alpha = .76$) and help-seeking for non-suicidal problems ($\alpha = .67$).

We next investigated the possibility that people high in suicidal ideation would show evidence of help-negation, that is, they would indicate lower intentions to seek help (Carlton & Deane, 2000). Whilst the correlation coefficients were not particularly high, most were significant, and the patterns tell a consistent story. Suicidal ideation was correlated with each of the help-seeking variables. As expected, we found clear evidence for help-negation (Table 2). Correlations between help-seeking intentions for suicidal problems and sources of help were significant and negative. Higher suicidal ideation was associated with lower intentions to seek help for suicidal problems from all sources of help. Higher suicidal ideation also was associated negatively with help-seeking from friends and family for nonsuicidal problems. Finally, suicidal ideation was related positively to participants' indications that they would not seek help from anyone for either suicidal or nonsuicidal problems.

It has been theorized that people contemplating suicide might negate help because they feel hopeless or because they have not had prior help-seeking experiences. To test these possibilities, we conducted two General Linear Model MANCOVAs, one for sui-

Table 2
Correlations between Suicidal Ideation (SIQ), Hopelessness (BHS), and Help-Seeking Intentions for Nonsuicidal and Suicidal Problems and Different Sources of Help

Help-Seeking Intentions	Suicidal Ideation	Hopelessness
Suicidal thoughts		
Family	-.27**	-.23**
Mental-Health Professional	-.22**	-.19**
Friend	.21**	-.23**
Telephone Help Line	-.19*	-.14*
Physical-Health Professional	-.13*	-.15**
Would Not Seek Help	.25**	.21**
Other problems		
Family	-.27*	-.34**
Mental-Health Professional	.03	-.03
Friend	-.23*	-.23**
Telephone Help Line	-.06	.02
Physical-Health Professional	.02	.00
Would Not Seek Help	.20*	.27**

Note. $n = 279-298$; ** $p < .001$; * $p < .05$

Table 3
 Summary of MANCOVA Analysis for Suicidal Ideation (SIQ)
 Predicting Help-Seeking Intentions

Source of Help	Help-Seeking Intentions			
	Suicidal Thoughts ^a		Other Problems ^b	
	B	SE	B	SE
Mental-Health Professional	-.80**	.22	-.15	.16
Telephone Help Line	-.54*	.21	-.23	.12
Family	-.32	.20	-.22	.16
Friend	-.32	.22	-.37*	.17
Physical-Health Professional	-.31	.21	-.37*	.16
Would Not Seek Help	.57*	.21	.26	.18

Note. ^adf = 1273; ^bdf = 1281; ** $p < .001$; * $p < .05$ (significantly different from zero).

cidal and one for nonsuicidal help-seeking. GLM was used in this instance because it allowed us to use the continuous versions of the independent and dependent variables and did not require us to divide people into groups. Suicidal ideation was used to predict the six help-seeking-intention variables while controlling for hopelessness and prior help-seeking experience. (We also controlled for gender because females consistently have been found more likely to seek help.) Suicidal ideation significantly predicted help-seeking intentions for suicidal thoughts, Wilk's $\lambda = .944$, $p < .05$, but not for nonsuicidal problems, Wilk's $\lambda = .965$, $p = .13$. To examine further this effect, we conducted univariate tests for each variable. As can be seen by the results presented in Table 3 (β coefficients), suicidal ideation was related negatively to help-seeking intentions for all sources. Suicidal ideation was associated with a reduction in all intentions to seek help. Particularly noteworthy is the highly significant negative relationship between suicidal ideation and intentions to seek help from mental-health professionals (Table 3). Also noteworthy are the significant negative relationships between suicidal ideation and intentions to seek help from a telephone help line, and the significant positive relationship between suicidal ideation and intentions not to seek help from anyone.

In order to examine these results further, we conducted the same MANCOVA as above, except that instead of using suicidal ideation (SIQ) as a continuous variable, we dichotomized it so that the high scorers in the top 16% ($n = 51$) (equivalent to a suicidal attempter sample; Reynolds, 1997) were compared with the remainder of the sample. This analysis replicated the pattern of findings for help-seeking intentions for suicidal thoughts described in Table 3, and suggests that these results apply to people experiencing significant levels of suicidal ideation, as well as those experiencing low levels of suicidal ideation.

Discussion

As expected, intentions to seek help from friends were significantly higher than from any other help source. Consistent with previous findings, help sources were different for different types of problems (e.g., Boldero & Fallon, 1995; Offer et al., 1991), and help-seeking intentions were different for suicide-related and nonsuicide-related problems (e.g., Schweitzer, Klayich, & McLean, 1995).

Participants reported that they most likely were to seek help from friends, parents, and family for problems that were not suicide-related and increasingly likely to seek help from a mental-health professional or a telephone helpline for suicidal thoughts (Table 1). Since youths form perceptions about the suitability of helping sources and decide who to talk to on the basis of specific problems (Boldero & Fallon, 1995; Offer et al., 1991), it is likely that the youth in this sample recognized the seriousness of suicidal thoughts and the benefit of seeking help from a trained professional when suicidal thoughts are experienced.

A strong help-negation effect, consistent with that identified by Carlton and Deane (2000), also was demonstrated. As expected, a significant negative relationship was found between levels of suicidal ideation and help-seeking intentions. However, the strength of this relationship was unexpected and particularly disturbing (Table 3). Even though participants had undergraduate training in psychology and might reasonably be expected to know the benefits of psychological help, when actually experiencing suicidal thoughts, they least likely were to seek help from a mental-health professional or a telephone help line. As suicidal ideation increased, so too did the tendency to *not* seek help from anyone at all. This suggests that suicidal thoughts or the experience of such thoughts somehow may inhibit help-seeking. It also presents a perplexing inconsistency. When experiencing nonsuicidal problems, the youths in our sample indicated that they intended to seek help from different sources for different problem types (Table 1). When those in the sample were nonsuicidal, they had rational plans to seek help. For generic “personal–emotional” problems, they tended to seek help more from friends and family than professional sources. However, when actually experiencing suicidal ideation, the sample did not follow their indicated intention plans. In fact, they reported opposite intention plans. To summarize, the results from Table 1 focus on how intentions to seek help from different sources vary across different problem types and finds that people are more willing to seek help from a mental-health professional for suicidal thoughts. Table 3 focuses on how intentions to seek help relate to people experiencing different levels of suicidal ideation. People experiencing more suicidal thoughts are less willing than others to seek help from a mental-health professional. We suggest several possible reasons for this intention shift.

First, suicidal thoughts may inhibit the retrieval of rational help-seeking intentions through processes of cognitive distortion (Weishaar, 1996). Second, the irrational cognitive/affective state associated with suicidal thoughts may interfere with the retrieval of rational help-seeking intentions. Third, suicidal thoughts may interfere with rational problem-appraisal processes and the individual’s perceived need to act on their previously held help-seeking intentions. Finally, the result may involve an explicit rational response to beliefs about suicide. That is, respondents rationalize to themselves, “If I was suicidal, I would not want to get help,” and respond accordingly.

Based on previous findings (e.g., Clark & Fawcett, 1992; Huges & Neimeyer, 1993; Rudd et al., 1995), we investigated the possibility that hopelessness might contribute to the inverse relationship between suicidal ideation and help-seeking intentions. However, the results suggest that hopelessness did not have a role in decreasing help-seeking intentions over and above suicidal ideation. Hopelessness alone could not account for the help-negation effect. Neither could sex or prior help-seeking experience. Together, these results lend strong support to the suggestion that suicidal ideation decreases intentions to seek help from any source, especially mental-health professionals. They also support the suggestion that suicidal ideation acts as a barrier to help-seeking (Saunders et al., 1994).

Since we ruled out hopelessness and prior help-seeking experiences as potential explanations of help-negation, it is possible that something about the nature of suicidal

ideation acts as a barrier to help-seeking, particularly from mental-health professionals. There is evidence to suggest that "hopelessness and pessimism may be more generally characteristic of (suicidal) individuals outside the crisis state" (Kalafat, 1997, p. 182). This implies that the constricted/affective psychological state characteristic of the suicidal individual also may be characteristic of those individuals before development of suicidal ideation. That is, suicidal ideation is a function not just of hopelessness, but also of other psychological processes such as cognitive distortion and/or deficit (Beck & Weishaar, 1995; Weishaar, 1996). Lending support to this view, cognitive distortion rather than hopelessness has been found to be a primary predictor of suicidal intent (Mendonca & Holden, 1996), and cognitive rigidity has been found to moderate the relationship between personality and affective variables and suicidal ideation. Hopelessness has been found to be a correlate with suicidal ideation only for cognitively rigid participants (Upmanyu, Narula, & Moein, 1995).

Some researchers view suicidal behavior primarily as a function of poor social problem-solving, as well as cognitive distortion. We speculate that poor problem-solving, particularly problem-orientation deficits, also may play a part in help-negation in nonclinical samples. Levenson and Neuringer (1971) examined components of the social-problem-solving process in suicidal adolescents and found they persisted with ineffective solutions, even when a more effective strategy was offered. The researchers suggested that this effect could be a function of cognitive rigidity or the dichotomous thinking characteristic of suicidal persons. Marx and colleagues (1992) examined components of the social problem-solving process and found deficits in the cognitive stage where generating an effective detailed solution was the goal. Their nonclinical participants with problem-solving deficits demonstrated the same difficulties as depressed participants in developing alternatives and producing potential obstacles. Similarly, negative problem orientation in the problem-solving process has been associated with suicidal ideation (e.g. Dixon, Heppner, & Rudd, 1994; Rudd, Rajab, & Dahm, 1994).

These findings raise the possibility that help-negation is a function of suicidal thoughts that contribute to ineffective problem-solving solutions (i.e., seeking help from no one) and inhibit the recall of appropriate social-problem-solving strategies or the generation of other solutions. Persistent and repetitive suicidal thoughts may promote suicide as a desirable solution. That is, "suicide may appear as a solution when a person is unable to shift to a new strategy, is incapable of tolerating the anxiety of problem-solving, or has faulty assumptions about suicide's effectiveness to solve problems" (Weishaar, 1996, p. 237). Thus, it is possible that help-negation is a manifestation of an inhibited ability to view the suicidal state as a problem to be solved, difficulties in identifying the consequences associated with problem-solving alternatives, and deficits in selecting professional help-seeking as a viable solution for the suicidal state.

While these hypotheses provide suggestions about why help-negation occurs in general, they do not address specifically the question of why the help-negation effect was particularly strong for mental-health professionals and telephone help lines. Again, we can only speculate, but it seems reasonable to suggest that general attitudes, stigma, or fears associated with professional help-seeking might be a factor. Perhaps, as actual suicidal ideation increases, individuals become increasingly focused on retaining control over their destiny, and this involves explicitly rejecting help. It is possible that students were concerned that if they contacted mental-health professionals, they risked further loss of control and hospitalization. There is a need to explore further the reasons for help-negation in nonclinical samples so that we can intervene to increase appropriate help-seeking in populations at high risk of suicide.

There are several limitations to the present study. Whilst the study has replicated the help-negation finding in nonclinical samples (Carlton & Deane, 2000), there is a continued need to see whether the finding can be generalized from youth (ages 14–22 years) to older adult samples and to nonstudent samples. Following the general methodology of prior studies and measures (e.g., Intention of Seeking Counseling Inventory; Cash, Begley, McCown & Weise, 1975; Cepeda-Benito & Short, 1998), the present study used a measure of help-seeking intentions that also specified different problem types. However, the measure asked respondents about problems they might experience hypothetically. It is unclear to what extent participants were able to identify with the problem when making their ratings. Subsequent studies might address this issue by supplementing this method with aspects of Hinson and Swanson's (1993) methodology for assessing willingness to seek help. They manipulated problem severity by providing two help-seeking scenarios, and then participants were asked a series of questions about the vividness with which they could imagine the problem, seriousness, appropriateness of problem for help-seeking, and the extent to which respondents had experienced the problem in their own life.

Conclusion

Despite some limitations, the help-negation process in relation to suicidal ideation now has been confirmed in several independent nonclinical samples using varying methods. This study found that help-negation is not merely a result of hopelessness or prior help-seeking experiences. Given the potentially tragic consequences of help-negation in suicidal individuals, there is a need for future research to continue to explain what accounts for this process. There are implications of these findings for both clinicians and suicide-prevention strategies. For clinicians, it reinforces the need to be aware that suicidal clients, at a minimum, often are ambivalent about seeking help and actively may refuse or reject help. Problem-solving deficits exacerbated by high levels of emotional distress and cognitive distortions often associated with suicidality are likely explanations and points for intervention. From a prevention perspective, it will be important to understand better the factors that contribute to the help-negation process in nonclinical samples. What developmental trajectory does help-negation take? By understanding these processes, early intervention programs (either targeted or universal) might prevent successful suicides if help-negation is demonstrated to be a significant risk factor. For example, if problem-solving deficits are associated with help-negation, then interventions might focus particularly on improving problem-solving skills related to stressors associated with suicidality. However, until we know how help-negation forms and works, we can only include general strategies for young people. This could involve making professional mental-health services more acceptable and accessible, educating students about help-negation before it is exacerbated by acute suicidal states, and by providing positive examples of appropriate help-seeking, particularly in the context of suicide.

References

- Andrews, G., Hall, W., Teesson, M., & Henderson, S. (1999). National survey of mental health and wellbeing report 2: The mental health of Australians. Commonwealth of Australia.
- Beaumont, G.A. (1994). Suicidal ideation in a non-clinical sample: Cross-sectional and longitudinal relationships with minor stressors, depression, hopelessness and coping behaviour. Unpublished Doctoral Dissertation, Massey University, New Zealand.

- Beck, A.T., Brown, G.K., Steer, R.A., Dahlsgaard, K.K., & Grisham, J.R. (1999). Suicide ideation at its worst point: A predictor of eventual suicide in psychiatric outpatients. *Suicide and Life-Threatening Behavior, 29*(1), 1–9.
- Beck, A.T., Steer, R.A., & Brown, G.K. (1996). *BDI-II manual* (2nd ed.). San Antonio, TX: Psychological Corporation.
- Beck, A.T., & Weishaar, M.E. (1995). Cognitive therapy. In R.J. Corsini & D. Wedding (Eds.), *Current Psychotherapies* (5th ed., pp. 229–261). Itasca, IL: F.E. Peacock Publishers.
- Beck, A.T., Weissman, A., Lester, D., & Trexler, I. (1974). The measurement of pessimism: The hopelessness scale. *Journal of Consulting and Clinical Psychology, 42*, 861–865.
- Bergin, A.E., & Garfield, S.L. (1994). *Handbook of psychotherapy and behavior change* (4th ed.). Canada: Wiley.
- Boldero, J., & Fallon, B. (1995). Adolescent help-seeking: What do they get help for and from whom? *Journal of Adolescence, 18*, 193–209.
- Carlton, P.A. & Deane, F.P. (2000). Impact of attitudes and suicidal ideation on adolescents' intentions to seek professional psychological help. *Journal of Adolescence, 23*, 35–45.
- Cash, T.F., Begley, P.J., McCown, D.A., & Weise, B.C. (1975). When counselors are heard by not seen: Initial impact of physical attractiveness. *Journal of Counseling Psychology, 22*, 273–279.
- Cepeda-Benito, A., & Short, P. (1998). Self-concealment, avoidance of psychological services, and perceived likelihood of seeking professional help. *Journal of Counseling Psychology, 45*, 58–64.
- Clark, D.C., & Fawcett, J. (1992). Review of empirical risk factors for evaluation of the suicidal patient. In B. Bongar (Ed.), *Suicide: Guidelines for assessment, management and treatment*. New York: Oxford University Press.
- Cole, D.E., Protinsky, H.O., & Cross, L.H. (1992). An empirical investigation of adolescent suicidal ideation. *Adolescence, 27*(108), 813–818.
- Dadfar, S., & Friedlander, M.L. (1982). Differential attitudes of international students toward seeking professional psychological help. *Journal of Counseling Psychology, 29*, 335–338.
- Deane, F.P., Skogstad, P., & Williams, M. (1999). Impact of attitudes, ethnicity and quality of prior therapy on New Zealand male prisoners' intentions to seek professional psychological help. *International Journal for the Advancement of Counselling, 21*, 55–67.
- Deane, F.P., & Todd, D.M. (1996). Attitudes and intentions to seek professional psychological help for personal problems or suicidal thinking. *Journal of College Student Psychotherapy, 10*, 45–59.
- Dixon, W.A., Heppner, P.P., & Rudd, M.D. (1994). Problem-solving appraisal, hopelessness, and suicidal ideation: Evidence for a mediational model. *Journal of Counseling Psychology, 41*, 91–98.
- Dubow, E.F., Lovko, K.R., Jr., & Kaush, D.F. (1990). Demographic differences in adolescents' health concerns and perceptions of helping agents. *Journal of Clinical Child Psychology, 19*, 44–54.
- Hinson, J.A., & Swanson, J.L. (1993). Willingness to seek help as a function of self-disclosure and problem severity. *Journal of Counseling & Development, 71*, 465–470.
- Hughes, S.L., & Neimeyer, R.A. (1993). Cognitive predictors of suicide risk among hospitalized psychiatric patients: A prospective study. *Death Studies, 17*, 103–124.
- Joiner, T.E., & Rudd, M.D. (1996). Disentangling the interrelations between hopelessness, loneliness, and suicidal ideation. *Suicide and Life Threatening Behavior, 26*, 19–26.
- Kalafat, J. (1997). Prevention of youth suicide. In R.P. Weissberg & T.P. Gullotta (Eds.), *Healthy children 2010: Enhancing children's wellness. Issues in children's and families' lives*, 8 (pp. 175–213). Thousand Oaks, CA: Sage.
- Kalafat, J., & Elias, M. (1995). Suicide prevention in an education context. *Suicide and Life-Threatening Behavior, 25*, 123–133.

- Levenson, M., & Neuringer, C. (1971). Problem-solving behavior in suicidal adolescents. *Journal of Consulting and Clinical Psychology, 54*, 880–881.
- Levy, S.R., Jurkovic, G.L., & Spirito, A. (1995). A multisystems analysis of adolescent suicide attempters. *Journal of Abnormal Child Psychology, 23*, 221–234.
- Marcus, R.F. (1996). The friendships of delinquents. *Adolescence, 31*, 145–158.
- Marx, E.M., Williams, J.M.G., & Claridge, G.S. (1992). Depression and social problem solving. *Journal of Abnormal Psychology, 101*, 78–86.
- Meehan, P.J., Lamb, J.A., Saltzman, L.E., & O'Carroll, P.W. (1992). Attempted suicide among young adults: Progress toward a meaningful estimate of prevalence. *American Journal of Psychiatry, 149*, 41–44.
- Mendonca, J.D., & Holden, R.R. (1996). Are all suicidal ideas closely linked to hopelessness? *Acta Psychiatrica Scandinavica, 93*, 246–251.
- Metalsky, G.I., & Joiner, T.E. (1992). Vulnerability to depressive symptomatology: A prospective test of the diathesis-stress and causal mediation components of the hopelessness theory of depression. *Journal of Personality and Social Psychology, 63*, 667–675.
- Novick, J. (1996). Attempted suicide in adolescence: The suicide sequence. In J.T. Maltzberger & M.J. Goldblatt (Eds.), *Essential papers on suicide. Essential papers in psychoanalysis* (pp. 524–548). New York, NY: New York University Press.
- Offer, D., Howard, K.I., Schonert, K.A., & Ostrov, E.J.D. (1991). To whom do adolescents turn for help? Differences between disturbed and nondisturbed adolescents. *Journal of the American Academy for Child and Adolescent Psychiatry, 30*, 623–630.
- Oliver, J.M., Reed, C.K.S., Katz, B.M., & Haugh, J.A. (1999). Students' self-reports of help-seeking: The impact of psychological problems, stress, and demographic variables on utilization of formal and informal support. *Social Behavior and Personality, 27*, 109–128.
- Pescocolido, B.A., & Boyer, C.A. (1999). How do people come to use mental health services? Current knowledge and changing perspectives. In A.V. Horwitz, T.L. Scheid, et al. (Eds.), *A handbook for the study of mental health: Social contexts, theories, and systems*. New York, NY: Cambridge University Press.
- Price, B.K., & McNeill, B.W. (1992). Cultural commitment and attitudes toward seeking counseling services in American Indian college students. *Professional Psychology: Research and Practice, 23*, 376–381.
- Range, L.M., & Penton, S.R. (1994). Hope, hopelessness, and suicidality in college students. *Psychological Reports, 75*, 456–458.
- Reynolds, W.M., (1987). *Suicidal Ideation Questionnaire*. Odessa, FL: Psychological Assessment Resources.
- Reynolds, W.M. (1988a). *Suicidal Ideation Questionnaire: Professional Manual*. Odessa, FL: Psychological Assessment Resources.
- Reynolds, W.M. (1988b). *Suicidal ideation and depression in adolescents: A large sample investigation*. Paper presented at the International Congress of Psychology, Sydney, Australia.
- Rickwood, D.J., & Braithwaite, V.A. (1994). Social-psychological factors affecting seeking help for emotional problems. *Social Science and Medicine, 39*(4), 563–572.
- Rosenberg, M.L., Eddy, D.M., Wolpert, R.C., & Broumas, E.P. (1989). Developing strategies to prevent youth suicide. In C.R. Pfeffer (Ed.), *Suicide among youth: Perspectives on risk and prevention*. Washington, D.C.: American Psychiatric Press.
- Ross, H., & Hardy, G. (1999). GP referrals to adult psychological services: A research agenda for promoting needs-led practice through the involvement of mental health clinicians. *British Journal of Medical Psychology, 72*, 75–91.
- Rudd, M.D., Joiner, T.E., Jr., & Rajab, M.H. (1995). Help negation after acute suicidal crisis. *Journal of Consulting and Clinical Psychology, 63*, 499–503.

- Rudd, M.D., Rajab, M.H., & Dahm, P.F. (1994). Problem-solving appraisal in suicide ideators and attempters. *American Journal of Orthopsychiatry*, 64, 136–149.
- Rudd, M.D., Rajab, M.H., Orman, D.T., Stulman, D.A., Joiner, T., & Dixon, W. (1996). Effectiveness of an outpatient intervention targeting suicidal young adults: Preliminary results. *Journal of Consulting and Clinical Psychology*, 64, 179–190.
- Sarborne, E.J., & Kauffman, J.M. (1985). Regular classroom sociometric status of behaviorally disordered adolescents. *Behavioral Disorders*, 12, 268–274.
- Saunders, S.M., Resnick, M.D., Hoberman, M.M., & Blum, R.W. (1994). Formal help-seeking behavior of adolescents identifying themselves as having mental health problems. *Journal of the American Academy of Child and Adolescent Psychiatry*, 33, 718–728.
- Schweitzer, R., Klayich, M., & McLean, J. (1995). Suicidal ideation and behaviours among university students in Australia. *Australian and New Zealand Journal of Psychiatry*, 29, 473–479.
- Steffl, M.E., & Prosperi, D.C. (1985). Barriers to mental health service utilisation. *Community Mental Health Journal*, 21, 167–178.
- Surgenor, L.J. (1985). Attitudes toward seeking professional psychological help. *New Zealand Journal of Psychology*, 14, 27–33.
- Tudiver, F., & Talbot, Y. (1999). Why don't men seek help? Family physicians' perspectives on help-seeking behaviour in men. *Journal of Family Practice*, 48, 47–52.
- Upmanyu, V.V., Narula, V., & Moein, L. (1995). A study of suicide ideation: The intervening role of cognitive rigidity. *Psychological Studies*, 40, 126–131.
- Weishaar, M.E. (1996). Cognitive risk factors in suicide. In P. Salkorskis (Ed.), *Frontiers of cognitive therapy* (pp. 226–249). New York: Guilford Press.
- Westcott, H.L., & Davies, G.M. (1995). Children's help-seeking behaviour. *Child: Care, Health and Development*, 21, 255–270.