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To cite this article: Joseph Ciarrochi, Frank P. Deane, Coralie J. Wilson & Debra Rickwood (2002) Adolescents who need help the most are the least likely to seek it: The relationship between low emotional competence and low intention to seek help, *British Journal of Guidance and Counselling*, 30:2, 173-188, DOI: [10.1080/03069880220128047](https://doi.org/10.1080/03069880220128047)

To link to this article: <https://doi.org/10.1080/03069880220128047>



Published online: 17 Jun 2010.



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Adolescents who need help the most are the least likely to seek it: the relationship between low emotional competence and low intention to seek help

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ABSTRACT *It has been found that university students who were the least skilled at managing their emotions also had the lowest intention of seeking help from a variety of nonprofessional sources (e.g. family and friends). The present study sought to extend these findings by focusing on adolescents, examining a larger number of emotional competencies, and exploring the possibility that social support explains the relationship between emotional competence and help-seeking. A total of 137 adolescents (aged 16–18) completed an anonymous survey that assessed social support, emotional competencies, and intention to seek help from a variety of professional and nonprofessional sources. As expected, 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. However, low emotional competence was not related to intention to seek help from professional sources (e.g. mental health professionals). The significant results involving nonprofessional sources were only partially explained by social support, suggesting that even adolescents who had high quality support were less likely to make use of that support if they were low in emotional competence.*

It would seem reasonable to assume that people with low emotional competence would have the highest intention to seek help with their emotional problems because they feel less capable of handling those emotions on their own. However, Ciarrochi and Deane (2001) report the somewhat counterintuitive finding that university students who were the least skilled at managing their emotions also had the lowest

intention to seek help. The present study sought to replicate and extend these findings in a number of ways. First, we sought to assess the generality of Ciarrochi and Deane's (2001) findings by focusing on adolescents rather than university students and by expanding the range of emotional competencies examined. Second, we sought to examine the possibility that quality of social support mediates the relationship between emotional competence and intention to seek help.

To seek or not to seek 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, 1995; Carlton & Deane, 2000; Deane *et al.*, 2001b; Meehan *et al.*, 1992). A recent 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 *et al.*, 1999, p. 37). This striking statistic raises serious concerns for people in general, and particularly for youth, as the same report found that mental health disorders were most prevalent among young people.

While few young people 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 *et al.*, 1991). Up to 90% of adolescents tell their peers rather than a professional of their distress (Kalafat, 1997; Kalafat & Elias, 1995).

What determines whether or not young people seek help? Research has identified a number of factors that contribute to help-seeking behaviour, including being female, availability of social support (Rickwood & Braithwaite, 1994), expectations about help-seeking outcome (Simoni *et al.*, 1991), and fear of psychological treatment (Kushner & Sher, 1989). Surprisingly, little research has examined the relationship between basic emotional competencies (e.g. emotion perception, awareness, and management) and people's intention to seek help.

Emotional competence

Emotional competence (or intelligence) has generally been defined as the ability to identify and describe emotions, the ability to understand emotions, and the ability to manage emotions in an effective and nondefensive manner (Ciarrochi *et al.*, 2001c,d; Mayer *et al.*, 1999). There has been a substantial amount of research on emotional competencies in the last decade (Ciarrochi *et al.*, 2000, 2001a,b,c,d; Mayer *et al.*, 1999; Salovey *et al.*, 1993; Salovey & Mayer, 1990). Despite some initial concern about the psychometric properties of early emotional competence measures (Davies *et al.*, 1998), recent research suggests that some measures of emotional competence are reliable, distinct from other, well-established measures, and predict important behaviour (Ciarrochi *et al.*, 2000, 2001a,b,c,d, in press; Mayer *et al.*, 1999; Schutte *et al.*, 1998; see methods section for brief review).

There is also evidence that some aspects of the measures correlate with measures of hopelessness (Ciarrochi & Deane, 2001a; Ciarrochi *et al.*, 2001c). Specifically, people who report being poor at identifying and managing emotions also tend to report feeling more hopeless about the future (Ciarrochi *et al.*, 2001c). In addition, people who feel hopeless express lower intention to seek help (Ciarrochi & Deane, 2001a; Deane *et al.*, 2001b). Thus, it is possible that any relationship we find between emotional competence and intention to seek help is explainable in terms of hopelessness. We will examine this possibility by looking at the relationship between emotional competence and help-seeking while controlling for levels of hopelessness.

The present study will measure a wide variety of emotional competencies and focus on measures that past research suggests are both reliable and valid (e.g. see Ciarrochi *et al.*, 2001c, for a review; see also methods section). We will assess (1) the ability to identify and describe emotions (Bagby *et al.*, 1994), (2) the awareness of emotional complexity in self and others (Lane *et al.*, 1990), and (3) the ability to manage emotions in both the self and others (Ciarrochi *et al.*, 2000; Schutte *et al.*, 1998).

We have intentionally avoided the use of the term emotional intelligence in this paper because we do not want to make the questionable assumption that the measures used in this study assess a type of intelligence (e.g. Ciarrochi *et al.*, 2001c,d; Davies *et al.*, 1998). Our primary focus is on individual differences in people's skill at identifying, describing, and managing emotions. We make no assumptions about whether such differences are due to a type of intelligence.

Is emotional competence associated with intention to seek help?

We expect people with low emotional competence to have lower intention to seek help from a variety of nonprofessional sources (e.g. family, friends, and teachers). There are several possible reasons for this relationship. First, people low in emotional competence tend to have fewer sources of social support from extended family and friends and thus ought to have fewer opportunities for seeking help (Ciarrochi *et al.*, 2001b). In addition, those low in emotional competence may have had less successful help-seeking experiences in the past (Ciarrochi & Deane, 2001), and these past experiences may make them less willing to seeking help in the future. Finally, we have speculated that people low in emotional competence may feel too embarrassed about their perceived lack of competence to seek help.

Consistent with the prediction that low emotional competence is associated with lower intention to seek help, Ciarrochi and Deane (2001a) found that those who were less skilled at managing emotions were also less likely to seek help from family and friends for both emotional problems and suicidal ideation. These relationships held even after controlling for hopelessness. The relationship tended to involve informal help-sources (e.g. parents, friends) rather than formal sources (i.e. doctor, mental health professional). One potential explanation for this pattern of results is that emotionally competent people have more social support from informal sources (parents, friends), and that such informal support increases their likelihood of seeking help from informal sources of help.

Past research is limited in that it focused on only a few competencies and did not evaluate the possibility that social support could explain the relationships between emotional competence and help-seeking. The present study will remedy both of these limitations.

Methods

Participants and design

A total of 137 senior high-school students (61 male, 75 female, one unreported) from a private Christian school volunteered to participate. Ages ranged from 16 to 18, with a mean age of 16.9. The survey was administered anonymously, with participants completing it at their own pace.

Materials

Hopelessness. The Beck Hopelessness Scale (BHS; Beck *et al.*, 1974) comprises 20 true–false items that reflect hopelessness or pessimism (e.g. ‘My future seems dark to me’). The BHS is supported by sound reliability and construct validity data (e.g. Metalsky & Joiner, 1992). It has good internal consistency ($\alpha = 0.82$) and is highly correlated with other self-report measures of hopelessness (Beck *et al.*, 1974).

The General Help-seeking Questionnaire (GHSQ) (Deane *et al.*, 2001b). The GHSQ was developed to formally assess intention to seek help for non-suicidal and suicidal problems. It has been shown to relate to actual help-seeking in the past month, and to predict future help-seeking behaviour (Ciarrochi & Deane, 2001b; Deane *et al.*, 2001a). Respondents are asked to rate the likelihood that they would seek help from a variety of people for personal–emotional problems and for suicidal thoughts. The two problem prompts have the following general structure: ‘If you were having a personal–emotional problem, how likely is it that you would seek help from the following people?’ For each problem respondents were asked to rate their likelihood of seeking help on a 7-point scale (1 = extremely unlikely, 7 = extremely likely) from each of 10 sources: friend, parent, relative, mental health professional (school counsellor, counsellor, psychologist, psychiatrist), phone help line, doctor/GP, teacher (year level co-ordinator, classroom teacher, home class teacher, dean of students, support staff), pastor/priest, and youth worker. An additional item asked participants to indicate if they would not be likely to seek help from anyone for each problem type. The GHSQ also asked participants if they had ever seen a mental health professional (e.g. school counsellor, counsellor, psychologist, psychiatrist), and if they had seen a mental health professional, how useful this was (1 = not at all useful, 5 = extremely useful).

Self-report emotional competence. The self-report questionnaire by Schutte *et al.* (1998) comprises 33 agree/disagree statements (1 = strongly disagree; 5 = strongly agree). Recent studies (Ciarrochi, 2000; Petrides & Furnham, 2000) have identified

three factors in the measure 'perceiving emotional cues' ('I find it hard to understand the non-verbal messages of other people'; $\alpha = 0.79$), managing self-relevant emotions ('I seek out activities that make me happy'; $\alpha = 0.80$), and managing others' emotions ('I arrange events others enjoy'; $\alpha = 0.79$).

The Schutte measure has been shown to have adequate internal (see above) and test-retest ($r = 0.78$) reliability (Schutte *et al.*, 1998). Support for the distinctiveness of the test was reported by Schutte *et al.* (1998), who found it has small to no relationship with the big five personality measures. Ciarrochi *et al.* (2001b, in press) have also found that it predicts important outcomes such as mood management behaviour and adaptation to stress, even when controlling for potentially overlapping constructs such as self-esteem and optimism. In terms of the utility of the measure, Schutte and her colleagues found that it predicts better grades at school (Schutte *et al.*, 1998), more co-operation and better relationships (Schutte *et al.*, 2001), and more persistence after frustration on a difficult task (Schutte *et al.*, in press). The measure has been shown to relate to observer ratings of emotional competence (Schutte & Malouff, 2001).

Levels of Emotional Awareness (LEAS). The LEAS is a performance measure of emotional awareness and requires participants to describe their anticipated feelings and those of another person in each of 20 vignettes. Highly reliable scoring criteria are used to evaluate the degree of differentiation and integration of words denoting emotion attributed to self and other. Higher scores reflect greater differentiation in emotion, greater awareness of emotional complexity in self and others, and relative absence of alexithymia (Lane *et al.*, 1996, p. 205).

The LEAS has been shown to have adequate internal ($\alpha = 0.89$) and test-retest ($r = 0.66$) reliability (Lane, personal communication, 19 October 2001). It has only small to medium overlap with the theoretically-relevant measures of maturity, openness, empathy, and intelligence (Ciarrochi *et al.*, 2001; Lane *et al.*, 1990, 2000). Importantly, it appears to be relatively independent of a wide variety of personality measures (Ciarrochi *et al.*, 2001a). The LEAS has been associated with individual differences in cerebral blood flow in the anterior cingulate cortex during the processing of emotional stimuli (Lane *et al.*, 1998) and with likelihood that irrelevant moods will bias judgements (Ciarrochi *et al.*, 2001a).

Toronto Alexithymia Scale (TAS-20). The TAS-20 is a 20-item, self-report measure (strongly disagree (1) to strongly agree (5); $\alpha = 0.79$) that is broken down into three subscales: difficulty identifying feelings ('I am often confused about what emotion I am feeling', $\alpha = 0.81$), difficulty describing feelings ('It is difficult for me to find the right words for my feelings', $\alpha = 0.73$), and externally-oriented thinking ('I find reflecting on my feelings helps me solve my personal problems', (reversed) $\alpha = 0.63$).

The TAS-20 has been shown to have adequate internal (see above) and test-retest ($r = 0.77$) reliability (Bagby *et al.*, 1994) and to be a valid instrument across disparate cultures and different types of populations (e.g. students and psychiatric patients) (see e.g. Taylor, 2000). The TAS-20 correlates with theoretically related

scales (e.g. openness to experience) but does not relate highly with theoretically distinct scales (Bagby *et al.*, 1994). The TAS-20 has been shown to be related to a number of important life outcomes. For example, people high in alexithymia are more prone to drug addiction, eating disorders, and experiencing physical symptoms. The scale predicts the ability to process and manage emotional states and the ability to recognise faces (Taylor & Taylor, 1997). The TAS is also related to clinicians' ratings of alexithymia (Bagby *et al.*, 1994).

Social Support Questionnaire. Social support was measured using a six-item version of the Social Support Questionnaire (SSQ; Sarason *et al.*, 1983). This consisted of items such as 'Whom could you count on to help you out in a crisis situation, even though they would have to go out of their way to do so?' For each item participants were asked to list the initials of the people they can rely on, their relationship to them, and their overall satisfaction with the support available to them. This reduced version of the SSQ was highly reliable for amount of support ($\alpha = 0.85$) and quality of support ($\alpha = 0.84$). Our analyses focused on quality of support for the sake of simplicity. We found no evidence that including amount of support in the analyses would have changed any of our conclusions.

Results

Preliminary analyses

Table 1 presents the descriptive statistics for the intention to seek help measure. Paired *t*-tests using a Bonferoni correction revealed that adolescents had greater intention to seek help from friends, parents, and other family members for emotional problems than they were for suicidal ideation (see Table 1), and were more likely to seek help from a phone help line for suicidal ideation than for emotional problems. The descriptives for the independent variables are as follows: LEAS ($M = 32.4$, $sd = 6.25$, $n = 135$), TAS identifying ($M = 18.24$, $sd = 6.05$, $n = 134$), TAS describing ($M = 15.15$, $sd = 4.5$, $n = 134$), TAS external thinking ($M = 21.08$, $sd = 5.08$, $n = 134$), managing own emotions ($M = 3.43$, $sd = 0.62$, $n = 133$), managing others' emotions ($M = 3.53$, $sd = 0.59$, $n = 133$), perceiving emotional cues ($M = 3.54$, $sd = 0.59$, $n = 133$), social support amount ($M = 25.35$, $sd = 10.64$, $n = 131$), social support satisfaction ($M = 30.08$, $sd = 4.43$, $n = 130$), and Beck hopelessness ($M = 25.12$, $sd = 3.8$, $n = 134$).

We examined the intercorrelations between the items in the help-seeking measure and the emotional competence measure. As has been found in the past, all significant intercorrelations were positive and tended to range between $r = 0.20$ and $r = 0.60$, indicating that people who intended to seek help from one source also intended to seek help from other sources (see Ciarrochi & Deane, 2001a, for a more thorough description of the statistical properties of the help-seeking scale).

We next examined the association between hopelessness and help-seeking. As expected, greater hopelessness was associated with less intention to seek help for emotional problems from parents, $r(130) = -0.25$, other family members,

TABLE 1. Means and standard deviations of intentions to seek help from a variety of sources for personal-emotional problems and suicidal thoughts

Help-seeking source	Problem type			
	Personal-emot.		Suicidal ideation	
	M	sd	M	sd
Boyfriend or girlfriend	5.67	1.74	4.84	2.35
Friend*	5.36	1.83	4.44	2.18
Parent*	4.92	1.94	3.56	2.46
Other relative/family member*	3.95	1.91	3.06	2.32
Mental health professional	3.03	1.82	3.27	2.24
Phone help line*	1.71	1.18	2.46	1.98
Doctor/GP	1.86	1.22	1.95	1.75
Teacher	2.63	1.56	2.32	1.83
Pastor/priest	2.37	1.77	2.36	2.00
Youth worker/youth group leader	2.73	1.92	2.56	2.01
Would not seek help (reversed)	5.07	2.18	4.96	2.31

Note: larger numbers indicate greater intentions to seek help.

* Difference between personal-emotional problems and suicidal ideation significant at $p < 0.001$.

$r(130) = -0.25$, teachers, $r(130) = -0.19$, pastors $r(130) = -0.21$, youth workers, $r(130) = -0.18$, and with higher intention to seek help from no-one, $r(130) = 0.32$, all $ps < 0.05$. Greater hopelessness was also associated with less intention to seek help for suicidal problems from parents, $r(130) = -0.28$, other family members, $r(130) = -0.18$, doctors, $r(130) = -0.19$, teachers, $r(130) = -0.27$, pastors $r(130) = -0.23$, and youth workers, $r(130) = -0.21$, all $ps < 0.05$.

We examined the intercorrelations between the independent variables, with alpha set to 0.01. To promote clarity, TAS-20 scores were reversed so that larger numbers indicated greater emotional competence. Hopelessness significantly related to all the emotional competence measures except the Emotional Awareness Scale ($r = -0.24$ to -0.56), indicating that people who were feeling hopeless also report having lower emotional competence. Social support significantly related to TAS describing emotions ($r = 0.32$), managing own emotions ($r = 0.34$) and managing others' emotions ($r = 0.34$), suggesting that people with higher emotional competence tended to have more social support.

Higher competence scores on one measure tended to relate to higher scores on the other. TAS identifying was significantly correlated with TAS describing ($r = 0.60$) and managing own emotions ($r = 0.42$). TAS describing was significantly correlated with managing own ($r = 0.38$) and others' emotions ($r = 0.50$), TAS externally-oriented thinking was correlated with managing own ($r = 0.31$) and others' ($r = 0.34$) emotions and perceiving emotional cues ($r = 0.37$). Managing own emotions was significantly associated with managing others' emotions ($r = 0.59$).

Twenty-nine percent (38 of 133) of the participants stated that they had seen a mental health professional in the past, and rated the usefulness of that visit. Analyses revealed that high perceived usefulness was related only to high intention to seek help from a mental health professional, $r(37) = 0.55$.

Main analyses

We evaluated our main hypothesis that higher emotional competence would be related to higher intention to seek help. In order to reduce the problem of Type 1 error, we analysed univariate relationships only if we were able to first demonstrate a multivariate relationship. For example, we examined univariate relationships between each of the help-seeking sources and the LEAS only if a single multivariate test showed that the LEAS predicted these help-seeking sources as a group. If the multivariate relationship was significant, we report univariate relationships that are significant at the 0.05 level. Further reducing the problem of Type 1 error, we made directional predictions (relationships should be positive) and focused our discussion on the overall pattern of significant relationships and on specific relationships that were significant at the $p < 0.01$ level.

General linear model (GLM) multivariate analyses of covariance (MANCOVA) were used to assess the effects of emotional competence on the intention to seek help from each of the 10 sources (see Table 1). Hopelessness and each emotional competence were entered as covariates into a MANCOVA. Separate analyses were used for the two problem types (personal–emotional problem; suicidal ideation) because past research suggests that people respond differently to these two problems (Deane *et al.*, 2001a). Preliminary multivariate analyses revealed that there was no effect of sex on intention to seek help for personal–emotional problems, Wilks' $\Delta = 0.92$, $F(10,121) = 1.10$, $p = 0.37$, or for suicidal ideation, Wilks' $\Delta = 0.91$, $F(10,112) = 1.05$, $p = 0.41$, so all analyses were collapsed across this variable. There were also no effects involving perceiving emotional cues, so this variable was not analysed further.

There were significant multivariate relationships between help-seeking for personal–emotional problems and the LEAS, $F(10,120) = 3.35$, $p = 0.001$, managing own emotions, $F(10,115) = 2.0$, $p = 0.04$, managing others' emotions, $F(10,115) = 3.12$, $p = 0.002$, TAS identification, $F(10,116) = 2.40$, $p = 0.01$, $F(10,116) = 2.38$, $p = 0.01$, and TAS externally-oriented thinking, $F(10, 116) = 2.29$, $p = 0.02$. The Wilks' Δ for these tests are presented in Table 2. We next conducted follow-up GLM univariate ANCOVAs to explore the significant multivariate test results (hopelessness again acted as a covariate). Consistent with our central hypothesis, all significant relationships between emotional competence and help-seeking were positive (see Table 2), indicating that higher emotional competence was associated with greater intention to seek help. The significant relationships tended to involve help-sources that the help-seeker probably knew on a personal level (e.g. parents, friends, teachers). In contrast, almost none of the significant relationships involved help from less personal sources (i.e. mental health professional, phone help line, doctor/GP). The one exception was the finding that the LEAS was related to intention to seek help from a phone help line.

TABLE 2. The relationship (Wilks' Δ and Beta) between emotional competencies and intentions to seek help from a variety of informal and formal sources after controlling for hopelessness

	LEAS	T_ID	T_DS	T_EXT	M_Self	M_Oth	T_ID ^a	T_DS ^a
Multivariate relationship: Wilks' Δ	0.78***	0.83**	0.83**	0.84*	0.85*	0.79***	0.79***	0.82*
Univariate relationships: informal sources								
Friend	0.22*	-0.06	0.13	0.26***	0.16	0.36***	0.15	0.19
Parent	0.06	0.28***	0.19*	0.05	0.33***	0.25**	0.36***	0.29***
Other family member	-0.09	0.08	0.13	-0.14	0.30**	0.21*	0.22*	0.24**
Teacher	0.31***	-0.04	0.00	0.06	0.24*	0.19*	0.04	0.04
Pastor/priest	0.24***	0.06	0.09	0.20*	0.22*	0.22*	0.13	0.13
Youth group leader	0.20*	-0.01	0.00	0.24**	0.31***	0.26**	0.05	0.09
Would not seek help	0.06	0.17*	0.36***	0.13	0.09	0.27***	0.26***	0.28***
Univariate relationships: formal sources								
Mental health professional	0.14	-0.16	-0.11	0.03	0.10	0.16	-0.03	0.00
Phone help line	0.26**	-0.15	-0.04	0.03	0.06	-0.02	-0.03	0.11
Doctor/GP	0.14	-0.03	-0.02	0.05	0.10	0.14	0.10	0.08

Note: Only competencies that had a significant multivariate relationship (Wilks' Δ) are presented here. Percentage of variance explained (eta-squared) is equal to 1-Wilks' Δ. All variables have been coded so that higher numbers indicate greater competence and higher intentions of seeking help.

^a Help-seeking for suicidal ideation. All other relations concern with help-seeking for emotional problems.

Abbreviations: LEAS = Levels of Emotional Awareness; T_ID = Toronto Alexithymia Scale identifying emotions; T_DS = TAS describing emotions; T_EXT = TAS externally-oriented thinking; M_Self = managing self-relevant emotions; M_Oth = managing others' emotions.

* $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.005$.

We next examined help-seeking for suicidal ideation. There was a significant multivariate relationship between suicide-related help-seeking and TAS identification, $F(10,108) = 2.82, p = 0.004$, and TAS describing, $F(10, 108) = 2.35, p = 0.02$. People who were good at identifying and describing their feelings had higher intention to seek help from a parent, and other relative, and lower intention to refuse help from everybody (Table 2).

Table 2 suggests a clear pattern of significant relationships involving informal but not formal sources of help. To evaluate this observation explicitly, we used chi-square to determine if the number of observed significant relationships involving informal sources (24) and informal sources (1) would be likely to occur under a chance distribution. There was a highly significant effect, $\chi^2(1) = 9.68, p < 0.005$, indicating that the relationships between competence and help-seeking were more likely to be significant for informal sources than formal sources.

Help-seeking from intimate partners was analysed separately from the above analyses because only a subset of students (63) had an intimate partner and could respond to the question. GLM univariate analyses were conducted with hopelessness and each emotional competence acting as covariates predicting intention to seek help from an intimate partner. All significant relationships again supported the notion that high emotional competence is associated with greater intention to seek help. In particular, there was a significant relationship between intention to seek help for emotional problems and TAS externally-oriented thinking, $F(1, 60) = 4.8, \beta = 0.31, p = 0.03$, managing self emotions, $F(1,59) = 16.5, \beta = 0.48, p < .001$, and managing others' emotions, $F(1,59) = 13.72, \beta = 0.41$. There was also a significant relationship between help-seeking for suicidal ideation and TAS identification, $F(1, 51) = 5.40, \beta = 0.30, p = 0.02$, and managing own emotions, $F(1, 50) = 12.4, \beta = 0.44, p < 0.001$. These findings indicate that people who were less externally-oriented thinkers, and better at managing their own and others' emotions had higher intention to seeking help from their boyfriend or girlfriend.

Mediation analyses

We next investigated our hypothesis that the quality of social support mediated the relationship between emotional competence and help-seeking. To provide evidence consistent with mediation, Baron and Kenny (1986) argue that you should satisfy three conditions: (1) the initial variable (emotional competence) should be correlated with the outcome variable (intention to seek help), (2) the initial variable should be correlated with the mediator (social support), and (3) the mediator should affect the outcome variable even after controlling for the initial variable.

Our main analyses established that emotional competence is related to help-seeking (condition 1). Our preliminary analyses section established that there was a relationship between social support and TAS describing emotions, managing own emotions, and managing others' emotions. To test the third condition, hopelessness, each of the emotion competencies that satisfied the first two conditions for mediation, and social support were entered as covariates into GLM ANCOVAs in order to predict each help-seeking source.

The following relationships were partially explained (or mediated) by social support: help-seeking from other/family members and managing others' emotions ($B = 0.13$, $p > 0.05$, $B_{\text{ssupport}} = 0.22$, $p < 0.05$); help-seeking from friends and managing others' emotions ($B = 0.24$, $B_{\text{ssupport}} = 0.32$, $ps < 0.05$); help-seeking from other family members and managing self emotions ($B = 0.23$, $B_{\text{ssupport}} = 0.22$, $ps < 0.05$); refusal to seek help from anyone and TAS describing for emotional problems ($B = 0.29$, $B_{\text{ssupport}} = 0.29$, $ps < 0.05$) and suicidal problems ($B = 0.23$, $B_{\text{ssupport}} = 0.21$, $ps < 0.05$); and refusal to seek help from anyone and managing others' emotions ($B = 0.26$, $B_{\text{ssupport}} = 0.30$, $ps < 0.05$). The finding that both emotional competence and social support were significant in all but the first relationship suggests that social support can explain some, but not all, of the variance between these two variables. In addition, there was no evidence that social support mediated any of the other relationships not mentioned in this paragraph (see Table 2).

Curvilinear analyses

Eisenberg and her colleagues (2000) suggest that emotion-related behaviour regulation might bear linear and quadratic relations to positive social functioning such as seeking help. To evaluate this possibility, we used the procedure described by Kleinbaum *et al.* (1988) to assess whether a higher order quadratic model or cubic model would increase the predictive power over the linear model. Each model was used in a regression to predict intention to seek-help from each source, and alpha was set at 0.01 to reduce Type 1 error. We found no evidence in any of the analyses that the quadratic or cubic models increased predictive power over the linear model, all $ps > 0.01$.

Common Method Variance (CMV) as a rival hypothesis

It is possible that the relationships reported here are due to CMV between the independent variables and the dependent variables (Lindell & Whitney, 2001). This explanation is made less plausible for relationships involving the LEAS, given that the LEAS is measured using a performance method, whereas intention to seek-help is measured using a self-report method. Also, we found that the emotional competence measures did not tend to relate with help-seeking from professional sources (see Table 2), which is inconsistent with a CMV explanation.

Lindell and Whitney (2001) suggest a statistical technique for evaluating the plausibility of the CMV hypothesis, which involves controlling for a variable that is measured using the same method as the independent and dependent variables (e.g. self-report). Lindell and Whitney (2001) suggest that the covariate be a variable that is associated with the smallest positive relationship between the independent and dependent variable. For example, we examined the multivariate relationship of the LEAS and intention to seek help while controlling for intention to seek help from a parent (Table 2). By controlling for this variable, we are presumably controlling for the impact of CMV.

GLM analyses were used to predict intention to seek help. The covariates were hopelessness, each emotional competence, and the intention to seek help variable that had the smallest positive relationship with the emotional competence (see Table 2). In all of these analyses, inclusion of the intention to seek help covariate did not eliminate the significant multivariate relationship between emotional competence and intention to seek help; nor did the covariate alter the pattern of univariate relationships that was found to underlie the significant multivariate relationship. We repeated this analyses with the more conservative approach of using as a covariate the help-seeking variable with the second smallest positive relationship (Lindell & Whitney, 2001), and again found that the covariate did not eliminate any of the significant multivariate relationships. These findings suggest that a CMV explanation of our results is unlikely.

Discussion

The present study supported our central hypothesis that low emotional competence is associated with lower intention to seek help. Six of the seven emotional competence measures showed a significant multivariate relationship with help-seeking. Furthermore, all of the significant univariate relationships between each competence and help-seeking source were positive, as predicted. The analyses also revealed that adolescents low in emotional competence were less likely to seek help from informal sources (e.g. parents, friends, teacher, pastor), but not less likely to seek help from formal sources (mental health professional, phone help line, doctor/GP). This pattern of relationships between formal and nonformal sources replicates the pattern found for adults (Ciarrochi & Deane, 2001a).

Explaining the link between emotional competence and help-seeking

There are a number of possible explanations for the link between emotional competence and help-seeking. However, two of these explanations are incompatible with our findings. The first explanation is that adolescents who are low in emotional competence generally feel more hopeless, and that hopelessness in turn leads to less intention to seek help. This explanation is unlikely because the relationship between emotional competence and intention to seek help held even after statistically controlling for hopelessness. The second explanation suggests that emotionally competent adolescents are more likely to have had better previous experiences with a mental health professional (Ciarrochi & Deane, 2001a), and better previous experience in turn leads to greater likelihood of help-seeking in the future. This too is unlikely because we found no relationship between usefulness ratings and emotional competence. The results in this study do partially support a third explanation, namely, that social support mediated the relationship between emotional competence and help-seeking. We found evidence consistent with the hypothesis 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.

The associations between emotional competence and intention to seek help from a variety of sources were often still significant when social support was a covariate in the model. Furthermore, the relationship between help-seeking and emotion identification and awareness could not be explained by social support because neither emotional competence variable was related to social support. These findings suggest that variables in addition to social support are needed to fully explain our results.

Perhaps our results can be explained by assuming that adolescents who are low in emotional competence are too embarrassed by their lack of competence to seek help. The embarrassment explanation can also explain why adolescents low in emotional competence have lower intention to seeking help from people they know (e.g. parents, friends), but do not generally have lower intention of seeking help from people that are relatively unknown to them (mental health professional, phone help line, doctor/GP). There may be less embarrassment about appearing emotionally confused or opening up your emotional inadequacies to professionals, compared to people closer to you. Another possibility is that skill at identifying emotions may be an essential prerequisite for knowing when to seek help. For example, adolescents low in emotional identification skill may not realise the extent that they are depressed and may therefore be unclear about whether or not they need to seek help.

Limitations and future directions

This study suggests that those who are likely to need help the most have the lowest intention of seeking it. That is, adolescents with low emotional competence have the lowest intention of seeking help from friends, family, teachers, pastors, and youth workers, and have the highest intention of not seeking help from anyone. These findings have at least three important practical implications. First, given that adolescents low in emotional competence are relatively unlikely to seek help when distressed or suicidal, it is essential to identify these adolescents and to teach them about the help that is available and the benefits of seeking such help. Second, although low competence adolescents were less likely to seek help from people they knew, they were not less likely to seek help from professionals (e.g. the school counsellor). Perhaps, then, health care professionals have an advantage over others in reaching out to these adolescents and providing them with help. However, given that adolescents are relatively less likely to seek help from professionals compared to informal sources (see Table 1), there is a need to better promote professional help-seeking. Third, this research suggests that social and emotional learning programmes (Elias *et al.*, 1997) may benefit adolescents in unexpected ways. In particular, teaching adolescents to accurately identify and effectively manage emotions may not only lead to increases in the quality of their social support (Ciarrochi *et al.*, 2001b); it may also make them more willing to use that support in times of trouble.

One potential limitation of the present research is that common method variance (CMV) may be responsible for some of the significant relationships between emotional competence and help-seeking (Williams & Brown, 1994). However, a number of factors make this explanation unlikely. First, we used different methods for measuring Level of Emotional Awareness (performance method) and intention to

seek help (self-report method), so CMV is unlikely to explain relationships involving emotional awareness (Williams & Brown, 1994). Second, a CMV explanation predicts that instruments that use the same method will relate, but the emotional competence measures did not relate to help-seeking from professional sources. Finally, even when we conducted covariance analyses that sought to control for CMV, we found that emotional competence related to intention to seek help. All these results make the CMV explanation unlikely. However, future research could further examine the CMV explanation by using additional methods for measuring emotional competence and intention to seek help.

Another limitation of the research is that we were not able to fully explain the relationship between emotional competence and help-seeking. This relationship was only partially explained by social support. That is, even adolescents who had high quality social support had less intention of making use of that support if they were low in emotional competence. Future research is needed to test the embarrassment and problem identification explanations described above. Research is also needed to clarify the direction of the causal relationship between emotional competence and intention to seek help. It is possible that higher intention to seek help leads to greater emotional competence, rather than vice versa, as we have assumed. Future research could evaluate this possibility by training people in emotional competence, and observing how such training impacts their help-seeking behaviour.

Acknowledgements

This research was supported by a grant from the National Health and Medical Research Council of Australia, grant 75060.

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(Accepted 7 January 2002)