Examining whether Self-esteem and traits of Alexithymia influence university student’s attitudes towards help-seeking

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Abstract

Objective: The current study aimed to examine if self-esteem and traits of alexithymia influenced individual's attitude towards help-seeking. College students are of interest due to the transition they make from school to college as this can be a difficult time (adjustment wise). There is research on positive self-esteem, gender differences towards attitudes and alexithymic individuals having higher levels of depression and psychological suffering. Therefore, to investigate these variables and discover what we can do to aid individuals would be of importance. Methods: The study consisted of 108 college (part-time and full-time students) participants, with 33 males and 75 females. The participants were asked demographic questions and were measured on three scales; the Rosenberg Self-esteem scale, the Toronto Alexithymia Scale (TAS-20) and the Inventory of Attitudes Toward Seeking Mental Health Services scale (IASMHS). Results: Alexithymic traits were the strongest predictor of attitudes towards help-seeking. Males had a more positive attitude towards help-seeking then females and individual's scores going down from high self-esteem to medium self-esteem had more positive attitudes towards help-seeking. Conclusion: Findings from this study indicate that individuals with alexithymic traits present are having a more positive attitude towards help-seeking over those with none and that alexithymia is a strong predictor of attitudes. It also indicates that males are more positive over females in attitudes. These results should be further examined as they play a major role in why people would be more inclined to help-seek or not.

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Introduction

Investigating past research findings, there is some interest in individual's attitudes towards seeking psychological help. Some would argue that help seeking is 'fundamental' regarding students taking over from their parents concerning their mental health and general well-being (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Help-seeking in times of need may be of particular importance at the time of transition from school to university; as this can involve risks, such as 'adjustment-stressors' which can impact on life, mental health and academically (Holt, 2014). Alexithymia refers to a disturbance in "psychic functioning characterized by difficulties in the capacity to verbalize affect and to elaborate fantasies" (Taylor, 1984) and may influence attitudes towards seeking psychological help by individuals not being aware of what they are feeling and possibly believing that their mental health is normal and there is not any need to seek help. An extreme version of not being able to understand and describe emotions would be alexithymia. Alexithymia is when an individual has difficulties in emotional regulation. When measured by the Toronto Alexithymia Scale (TAS) measure, alexithymia is considered multidimensional, specifically positively related to depression and anxiety (Hendryx, Haviland, & Shaw, 1991). It consists of three interconnected dimensions; difficulty in identifying feelings, describing feelings and externally oriented thinking (Pandey & Chaubey, 2008). Difficulty in identifying feelings is associated with higher levels of stress (Pandey & Chaubey, 2008). University students are showing to be less likely to have a positive attitude towards seeking help if they did not understand or had difficulty in some way in dealing with their emotions (Seyfi, Poudel, Yasuoka, Otsuka, & Jimba, 2013).

According to Larsen, Brand, Bermond and Hijman (2003), alexithymia has five main traits; including, (i) inability to feel emotions, (ii) inability to verbalize emotions (iii). Inability to fantasize, (iv) absence of inclinations to reflect about emotions; and (v) difficulty

identifying emotions (Clayton, 2004; Sifneos, 1973). Interestingly, studies have suggested that alexithymia and its difficulties contribute to health-related issues (Saxena, Dubey, & Pandey, 2011), and that the level of alexithymia is high in individuals with mental health disorder (Leweke, Leichsenring, Kruse, & Hermes, 2012). It should be noted however, that this research was carried out in a psychiatric ward and should be taken lightly as patients having a high level of alexithymia may be higher in a psychiatric setting than another setting where an individual is not being treated in care. Preliminary evidence was present in research (Saxena, Dubey, & Pandey, 2011) suggesting that alexithymia might be a factor that could result in the mental health and well-being of an individual. The characteristics of alexithymia, not being able to identify or describe emotions is related to many mental health disorders, such as depression, anxiety, insomnia etc. (Bamonti et al., 2010, Saxena, Dubey, & Pandey, 2011).

In a study investigating the relationship between alexithymia and coping with stress (in Japanese workers), it was discovered that individuals who scored on the alexithymia scale were likely to exhibit poorer responses to stress and lower social support (Fukunishi & Rahe, 1995). Interestingly, lower levels of social support were discovered to be 3.5 times more common in part of an alexithymic population (Posse, Hällström, & Backenroth-Ohsako, 2002). With the lack of social support and having someone to turn to in times of need this would lead an individual to high levels of negative emotion and social distress (Posse, Hällström, & Backenroth-Ohsako, 2002), not to mention no eagerness to seek help for a psychological issue. Much investigation has been done with college students and traits of alexithymia (Clayton, 2004; Fukunishi, Kawamura, Ishikawa, Ago, Sei, Morita, & Rahe, 1997; Fukunishi, & Paris, 2001; Hendryx, Haviland, & Shaw, 1991; Li, Dorstyn, & Denson, 2014; Pandey, Gupta, & Upadhyaya, 2000; Posse, Hällström, & Backenroth-Ohsako, 2002).

Research into alexithymia in college students has found an association between the student's and their mother's levels of alexithymia, meaning that development of alexithymia characteristics in children can be put back to maternal alexithymia. Also, as well as maternal alexithymia, dysfunctional family functioning had an impact to on children's alexithymia (Lumley, Mader, Gramzow, & Papineau, 1996). In a supporting study done by Fukunishi and Paris (2001), college students alexithymia scores were significantly correlated with those of their mothers' scores on the alexithymia questionnaire, suggesting a possibly family spread of alexithymia through related factors from a mother to a child (Fukunishi, & Paris (2001). Fukunishi (1998) suggests that some characteristics of alexithymia may be related to a lack of maternal care an individual has received as a child. Insecure attachment has been correlated to alexithymia (Troisi, D'argenio, Peracchio, & Petti, 2001), which indicated traits of alexithymia would be distinct in individuals who had insecure attachment and/reported have reported some separation anxiety in their childhood (Troisi, D'argenio, Peracchio, & Petti, 2001). This is imperative as this could require that earlier developmental intervention needs to be done, especially if attachment styles of mothers and children are having an impact on having traits of alexithymia (and the causes/manner of causation etc.) later in life. This is impactful, especially if mothers' low care was related to adults' scores on a construct of alexithymia, difficulty describing feelings (Fukunishi, et al., 1997). In the study by Posse, Hällström, and Backenroth-Ohsako (2002), in adults, Alexithymia can be linked to the memories of not feeling safe within the family with a lack of positive emotional expression (Berenbaum, & James, 1994). Alexithymia can also be linked with elevated stress levels and poor physical and mental health (Pandey & Chaubey, 2008) and has shown to have a positively predict caffeine consumption (Lyvers, Duric, & Thorberg, 2014). Overall, this research highlighted the emphasis on family effects on alexithymia. The feeling of not feeling safe, having insecure attachments, and having a mother who has had alexithymia can impact

an individual's chance of having traits of alexithymia. This is important as if we know this, it can lead to simple intervention at an early stage.

Adding to the information researched previously, (Fukunishi & Rahe, 1995; Pandey, Gupta, & Upadhyaya, 2000; Posse, Hällström, & Backenroth-Ohsako, 2002) through findings (using the General Health Questionnaire-GHQ) suggested that individuals with high levels of alexithymia have a higher risk of an increase of somatic problems (physical symptoms-pain or fatigue-to the point of high distress and issues functioning) and psychiatric disorders (Pandey, Gupta, & Upadhyaya, 2000). Although, social support is impacted by alexithymia, it does not impair the other levels of social functioning, such as relationships with individuals, social supported (Pandey, Gupta, & Upadhyaya, 2000). Alexithymia has been shown to be associated with depression (psychological disorder), in the sections which include identifying and communicating feelings (Hendryx, Haviland, & Shaw, 1991). What was fascinating was noted in Hendryx, Haviland and Shaw (1991), that an individual could be depressed, anxious and alexithymic at the same time. This is intriguing as the pain has not been blocked by the alexithymia and the individual is still feeling. Alexithymia has also been associated with other problematic behaviours such as dissociative experiences (i.e. selection of experiences-mild detachment (e.g. environment) to more severe detachment (e.g. physical and emotional experience); problematic internet use (Bolat, Yavuz, Eliaçık, & Zorlu, 2017); and low levels of self-esteem (Yelsma, 1995).

In relation mental illness, self-esteem has been shown to be something that can be affected along with self-efficacy and confidence in an individual (Corrigan, 2004). Self-esteem can be said to be the equivalent of self-regard and self-worth. It is an individual's personal appraisal of oneself, based on what an individual "scores" oneself within different situations and roles (Mann, Hosman, Schaalma, & De Vries, 2004). Self-esteem can be affected by prejudice and discrimination (Crocker & Major, 1989). Difficulty in identifying,

expressing and describing emotions explained 19% of the variance associated with self-esteem in research done by Yelsma (1995). Self-esteem along with alexithymia could be damaging to a person's mental health and attitude towards seeking the help, as individuals may be concerned that they would be respected less due to a disorder (Corrigan, 2004). In a study by (Mann, Hosman, Schaalma, & De Vries, 2004) showed that there were in fact benefits to someone having a positive self-esteem. These benefits could be seen to be associated with mental well-being, happiness, academic achievement and satisfaction. Remarkably, positive self-esteem has been associated with better recovery after diseases. Self-esteem is simply necessary for an individual's health and has an impact on individual's emotion and behaviour (Campbell, & Lavallee, 1993). Improving self-esteem, irrespective of if an individual is going through a difficult time, can prove beneficial in terms of reducing the risk of having depression (Orth, Robins, & Meier, 2009).

Along with self-esteem and alexithymia, there are attitude barriers that can prevent people from seeking out help (Hunt, & Eisenberg, 2010; Rickwood, Deane, Wilson, & Ciarrochi, 2005). Aspects such as lack of time or lack of financial assistance, or aspects that include confidentiality concerns, absence of emotional openness (Hunt, & Eisenberg, 2010) past experiences, social influence, negative attitude towards seeking help and help-negation (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Help-negation is a thought-provoking term, describing when a person has help available but is not using it. In a study by Loya, Reddy and Hinshaw, (2010), increased levels of personal stigma were the reasons for differences in attitudes towards counselling help (in South Asia). In terms of stigmatization, more younger men with lower academic achievement had a negative attitude towards help-seeking behaviour (Roskar, et al., 2017). When investigating variables significantly correlated with help-seeking behaviour, self-stigma was one variable with the largest effect sizes (Nam, et al., 2013) along with anticipated beliefs and self-disclosure. Stigma is one of those variables

that in research is a barrier to people seeking psychological help (Chandrasekara, 2016; Roskar, et al., 2017). Stigma can provoke individuals to feel shame and feel like they do not deserve help, that they are 'not important enough' to receive help. This is only the tip of the iceberg of reasons behind why stigma has a negative impact on help-seeking. This fear, of what people such as friends and family will think is another barrier that prevents people seeking-help (Chandrasekara, 2016). Interestingly, students who study psychology as a subject in university have a significantly higher positive attitude towards seeking help than those who do not study the subject (Chandrasekara, 2016). In this care, having knowledge on psychology can even lead to positive attitudes. Stigma, is one of many barriers that prevent people from seeking-help.

Other barriers to help-seeking can include the choice to trust themselves (over outside help), fearing that seeking help may be seen as a reflection of their strength (seen as a weakness-cannot handle it by themselves), lack of trust, or an idea by younger individuals might not have much experience with mental health issues over older individuals (Yousaf, Popat, & Hunter, 2015). For these reasons, among others, people might not even have the frame of mind where help-seeking is relevant to them. Burke, Kerr, and McKeon (2008) investigated factors on why young people (school students) were unlikely to seek professional help for mental health issues; the first factor was that there was a lack of information about mental illness, and students thought that mental illnesses were things such as 'Down's Syndrome' or 'Tourette's Syndrome'. When spoken to about medication, student's views were conflicting, believing that if one was to be on medication, they could become addicted and 'lose their personality'. Stigma was attached to this factor. Another factor was that most students had a question over confidentiality and trust over the individuals they would talk to about issues (Burke, Kerr, & McKeon, 2008). Along with Chandrasekara, (2016), in Burke, Kerr, and McKeon (2008) the students believed that

something was wrong with them if they could not control things themselves and that people would view them differently. Burke, Kerr, & McKeon (2008), shows the level of awareness that young students have, which would not be positive. Overall, from the literature, what is significant for the future research done on mental health, is that there is lack of information and knowledge over what a mental health is, but also what is involved in getting professional help. Attitudes towards medication is also quite skewed, with individuals believing that they will "lose their personality" of get addicted to the medication. This information will give an insight into what generations believe in regard to mental health and treatment.

Sex was another factor which impacted on an individual's attitude to seek professional help (Ang, Lim, Tan, & Yau, 2004; Chandrasekara, 2016; Mackenzie, Gekoski, & Knox, 2006; Pandey, Gupta, & Upadhyaya, 2000; Seyfi, Poudel, Yasuoka, Otsuka, & Jimba, 2013). Men were shown to be less likely to seek help than women. In Yousaf, Popat, and Hunter (2015) male students believed that having issues in university was normal, and due to this do not believe that seeking help would be worth it. In addition to Burke, Kerr, and McKeon (2008), in Chandrasekara (2016) they believed that it would be seen as a weakness (that they could not manage the problems themselves) and that people would view them differently. Also found was women would have a greater overall positive attitude towards seeking help over males (Ang, Lim, Tan, & Yau, 2004; Chandrasekara, 2016). On the other hand, masculine norms irrespective of sex, is related to more negative attitude towards seeking help (Untal, 2016). These findings support the study of Yousaf, Popat and Hunter (2015), whose findings suggested that men's masculinity norms are a barrier to help-seeking. Men's attitude towards seeking help is one of a more negative nature, which is consistent with previous research (Mackenzie et al., 2004). Males also have a more stigmatizing attitude towards help-seeking (Roskar, et al., 2017). This research is vital as it shows that there are barriers such as stigma or masculinity norms that are impacting males, so that they do not

seek help. Males also can believe that the norm in college is to be having issues. Women have a positive regard towards seeking help, perhaps in future research, considering what can help males break that barriers that have been built and investigating what helped women reach a positive attitude towards help-seeking.

Another aspect of interest in research on help-seeking is where individuals would go if they decided to seek help. Research shows that this depends on whether people decide to opt for informal or formal sources of help. For example, research has shown (Rickwood, Deane, Wilson, & Ciarrochi, 2005) that for informal sources for young people, friends would be the leading source discussing issues such as relationship ones, the second to friends would be parents with more ‘serious’ issues such as personal problems. From past research, it is clear that there are issues in relation to the attitudes towards seeking-help. Issues such as stigmatization, alexithymia, self-esteem, sex, and knowledge and general understanding of mental health problems are factors that need to be intervened to improve help-seeking behaviour (Roskar, et al., 2017). Also changing the system where students who do not understand what a mental illness is or where to go to seek help (Burke, Kerr, & McKeon, 2008), to where they have the knowledge and resources. It is clear also that for university students, especially the male population, mental health services are an imperative part of student life, especially with higher levels of distress being recorded for students (Royal College of Psychiatrists, 2011). Improving the attitudes of students towards seeking profession help and reducing the risk in which they fear (e.g. confidentiality) can improve the level of services that will be used in universities (Li, Dorstyn, & Denson, 2014).

From the literature, it is apparent that many factors act as barriers in relation to people’s attitude towards seeking professional help or their opinion of what it means to seek professional help from outside themselves. While self-esteem and alexithymia have been researched alone alongside attitude towards seeking help, looking at these factors and attitude

to seeking professional help is the main aim of this study, using the Rosenberg self-esteem scale (Rosenberg, 1965) to measure self-esteem levels, the Toronto Alexithymia Scale(TAS)(Bagby, Parker, & Taylor, 1994), to measure alexithymia and the Inventory of Attitudes toward Seeking Mental Health Services (IASMHS) scale to measure individual's attitude towards seeking mental health services.

The focus of this research will be on a university population. As mentioned previously, university students seem to be a large population who are at the age in their life where mental disorders can have their first occurrence (Eisenberg, Downs, Golberstein, & Zivin, 2009; Zivin, Eisenberg, Gollust, & Golberstein, 2009). They are also in the crucial stages of developing their separate identity (Eisenberg, Downs, Golberstein, & Zivin, 2009). Investigating traits of alexithymia in students will prove useful as alexithymic individuals are shown to have higher levels of depression, psychological suffering and anxiety than individuals who have no traits of alexithymia (De Berardis, et al., 2017). General anxiety disorder had an association to alexithymia (Paniccia, et al., 2017). It was mentioned that the TAS-20 was a useful screening measure, so when an individual is positive for alexithymia on the measure, steps can be taken regarding that individuals health (De Berardis, et al., 2017).

The aims of this study are : (1) To investigate whether individuals with higher self-esteem are more likely to have a negative attitude towards seeking help over those with low self-esteem, (2) to investigate if individuals with traits of alexithymia are more likely to have a negative attitude towards seeking help than those who do not have traits of alexithymia, (3) to investigate if males will have a more negative attitude towards help-seeking over women and (4) Investigate which variables (gender, self-esteem and alexithymic traits) can explain attitudes towards help-seeking.

The hypotheses in this research are as following (1) Individuals with high self-esteem are more likely to have a negative attitude towards seeking help over those with low self-

esteem, (2) Individuals with Alexithymia are more likely to have a negative attitude towards seeking help than those who do not have alexithymia, (3) Males will have a more negative attitude over help-seeking over woman, (4) Alexithymia will be the strongest variable towards explaining attitude towards help-seeking.

Methods

Participants

The sample of this study was made up of university/college students (full-time and part-time), who were 18 years of age and over. There was a total of 108 participants; 69.4% (75 individuals) of those were female, with 30.6% (33 individuals) of those were male. Age ranged from 18-46. The mean was 22.21 with the standard deviation being 4.41 with the variance being 19.53. The sampling technique used was convenience sampling (non-probability). The target population of college students was of convenience to the researcher. All 108 participants completed the study in full.

Materials

Participants provided demographic information (See Appendix B), including their age, gender, year in college/university and if they had been formally diagnosed with a mental health problem.

The Rosenberg Self-Esteem Scale (Rosenberg, 1965) is made up of 10 items on a 4-point Likert-type scale, ranging from 1 (strongly agree) to 4 (strongly disagree) (See Appendix C). The following Items (questions) 1, 3, 4, 7, and 10 are positively worded, and items 2, 5, 6, 8, and 9 negatively. Items (questions) 2, 5, 6, 8, 9 are reverse scored (for e.g. Strongly Disagree = 1 point, "Disagree" 2 points, "Agree" 3 points, and "Strongly Agree" 4 points) You are adding to get the total scores for the ten items. Higher scores indicate higher self-esteem. For this scale Cronbach Alpha is 0.8. The full questionnaire was used with no removing or addition of questions.

The Toronto Alexithymia Scale (Bagby, Parker, & Taylor, 1994) is made up of 20 items (questions) (See Appendix D). There are three subscales within the TAS; These include

difficulty describing feelings (5 items), difficulty identifying feeling (7 items) and externally-oriented thinking measuring the tendency of individuals to focus their attention externally (8 items). It is measured on a 5-point Likert-scale, going from 1 = strongly disagree to 5 = strongly agree. The scoring for items 4, 5, 10, 18, and 19 should be reversed scored (e.g. 1 = 5; 2 = 4; 3 = 3; 4 = 2; and 5 = 1). Scores greater than or equal to 61 = high alexithymia (alexithymia) and scores less than or equal to 51 = low alexithymia (non-alexithymia), scores 52-60 = possible alexithymia. Cronbach's alpha score for this scale was = .81 (Bagby, Parker, & Taylor, 1994). The full questionnaire was used with no removing or addition of questions.

The IASMHS (Mackenzie et al., 2004), the Inventory of Attitudes Toward Seeking Mental Health Services is a 24-item scale measuring an individual 's attitudes towards seeking mental health services (See Appendix E). The IASMHS measures three factors: (1) psychological openness, which is the level an individual is open to acknowledging existence of a psychological problem and to actively seek help for the problem (statements such as "People with strong characters can get over psychological problems by themselves and would have little need for professional help"), (2) help-seeking propensity, which is an individual's willingness and ability to seek help (statements such as "I would want to get professional help if I were worried or upset for a long period of time"), and (3) indifference to stigma, which is if the individual is worried about what other people in their lives would feel if they discovered that the individual was receiving help for a psychological problem (statements such as "I would be embarrassed if my neighbor saw me going into the office of a professional who deals with psychological problems"). Each factor is measured through eight items (questions) and each item is measured using a five-point Likert-scale (e.g. 0 = disagree, 4 = agree). The Cronbach's alpha values for the IASMHS are as follows: Full-Scale (.87), Psychological Openness (.82), Help-Seeking Propensity (.76), and the Indifference to Stigma (.79). The full questionnaire was used with no removing or addition of questions.

Design

The study will be a quantitative, non-experimental design. The study will have a cross-sectional design; meaning we will be controlling the statistical analysis. By using a cross-sectional design, it allows us to investigate the relationships between variables at one point in time. The study will be a within-participants design. Predictor variables and criterion variables will be used. The predictor variables, depending on the hypothesis being examined will be, self-esteem, alexithymia and gender. The criterion variable will be individuals attitude towards help-seeking behaviour.

Procedure

A research proposal was approved by the National College of Ireland ethical committee and the study was approved. A pilot study was performed. The survey was completed by a male and a female college student. From the pilot study, we could deduct how much time it would take for participants to complete the survey, and were able to correctly order the questionnaires so that participants would be doing it with ease and no stress.

The questionnaire was done through online administration (Google Forms). The questionnaire was uploaded on social media sites, Facebook (through people sharing the link, through sharing within groups, survey exchange groups, dissertation groups, etc.) and Twitter, as well as through student forums (e.g. thestudentroom, reddit) and email with the information on what the researcher was looking for (students over 18 years of age and students that were in college). When participants clicked on the link that took them to the questionnaire they were met with an information and consent page (see appendix A). Information that was given was: What the research was about and what was being examined, details on withdrawing from the study, what the study entailed, risks of the study, how long

the study will take (15-20 minutes), what questionnaires (IASMHS, Rosenberg Self-Esteem and the TAS) and what demographic information (e.g. age, gender, year in college and if they have been diagnosed with a mental health issue) will be asked, and information on the confidentiality of the study. Participants were asked to agree to two statements as consent for the study.

The first statement acknowledged that the participant has read the information sheet, aware of the potential risks and that they were taking part in the study voluntarily. The second statement acknowledged that the participant understood that standardized tests were going to be used (that routinely are used as preliminary screens for clinical conditions) and that these assessments are not sufficient for diagnostic purposes, also understanding that the researcher cannot inform participants of scores or diagnose. By agreeing (ticking the box) to both these statements, the participants have given their consent. After consent, the study began with the Rosenberg self-esteem scale being the first questionnaire to perform, followed by the TAS and then finishing with the IASMHS. After the completion of the questionnaire, participants were met with the final page of the forms which thanked them for their participation, provided them with emails of the researcher and the supervisor of the researcher, and provided them with numbers to the Samaritans and Aware in case any participants had been affected by the study and needed to speak with someone.

Results

Descriptive Statistics

The study had 108 participants, with 75 Females and 33 Males. The ages ranged from 18-46. The descriptive statistics for attitude towards help-seeking, self-esteem and alexithymia were carried out and are presented in Table 1. Graphs such as histograms were checked to assess the normality (See Appendix F) and demonstrated the normal distribution. The variable alexithymia had the most variety in responses from its participants (SD=11.29, Range: 51).

Table 1: Descriptive statistics for variables.

Variable	M	SD	Range	95% *CI*	SE
Attitude towards help-seeking	47.05	9.46	43	45.25/48.86	.91
Self-esteem	27.11	5.44	26	26.07/28.15	.52
Alexithymia	50.50	11.29	51	48.85/52.65	1.08

Inferential Statistics

Hypothesis 1: Individuals with high self-esteem are more likely to have a negative attitude towards seeking help over those with low self-esteem.

The relationship between self-esteem and attitudes towards help-seeking was investigated using a Pearson product-moment correlation co-efficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. There was a moderate negative correlation between the two variables (r=-.21 [95%CI=-.373-.038] n=108, p< .001). This indicates that lower self-esteem scores were associated with more positive attitudes towards help-seeking.

Hypothesis 2: Individuals with Alexithymia are more likely to have a negative attitude towards seeking help than those who do not have alexithymia.

The relationship between alexithymic traits and attitudes towards help-seeking was investigated using a Spearman's Rho correlation. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. There was a moderate positive correlation between the two variables (r_s=.35 [95%CI=.150-.539] n=108, p< .001). The results indicate that higher levels of alexithymic traits are associated with more positive attitudes towards help-seeking.

Table 2:

Correlation table for Self-esteem and Alexithymia with Attitude towards help-seeking

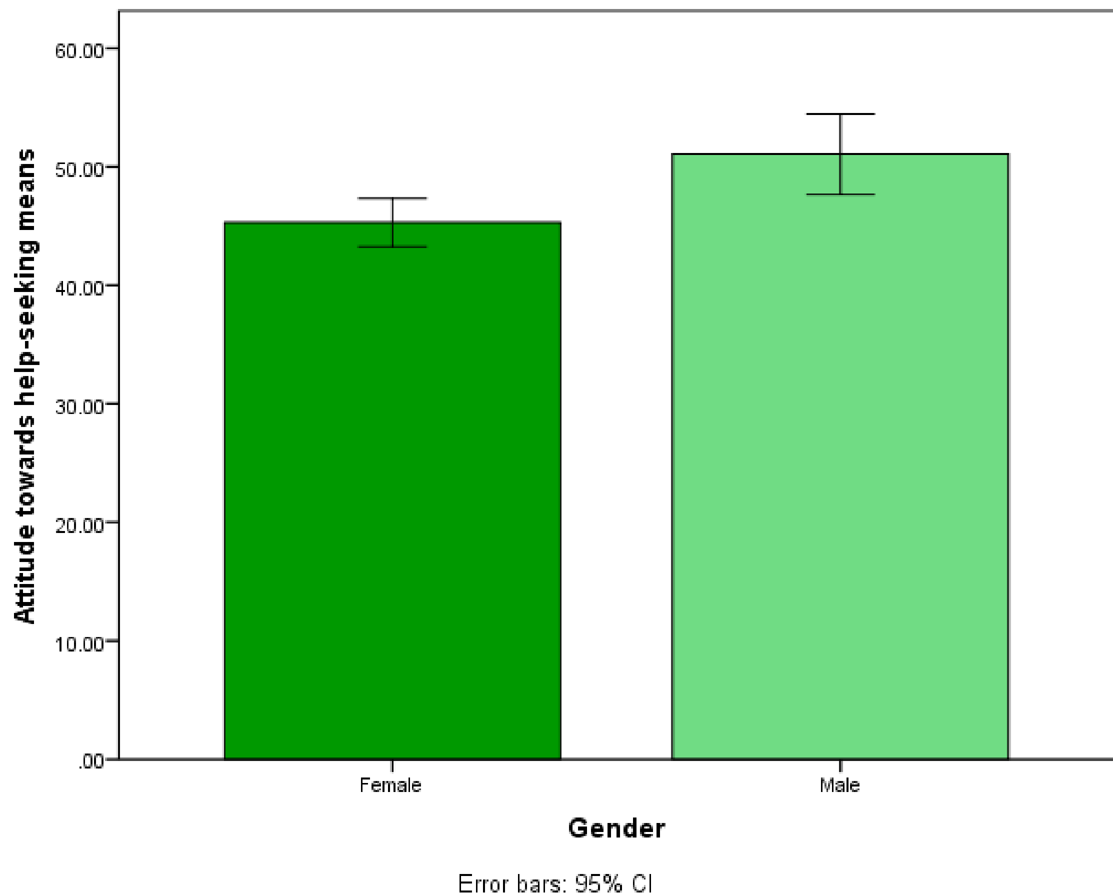
Variable	M	SD	1	2	3
Attitude towards help-seeking	47.05	9.46	---		
Self-esteem	27.11	5.44	-.211*	---	
Alexithymia	50.50	11.29	.348**	-.543	

**p < 0.01 *p<0.05

Hypothesis 3: Males will have a more negative attitude to seek help over woman.

An independent samples t-test was conducted to compare help-seeking behaviour between males (*n*= 33) and females (*n*= 75). There was a significant difference in scores between males and females, t(106)= -3.03, *p*=.003, two tailed. Females scored (m= 45.29, SD= 8.90) lower than males (m=51.06, SD= 9.60). The magnitude of the differences in the means (mean difference= -5.76, 95%CI: -9.54 to -1.99) was medium (Cohen's d= .62).

Graph 1: Gender and attitude towards help-seeking means.



Hypothesis 4: Alexithymia will be the strongest variable towards explaining attitude towards help-seeking.

Multiple regression analysis was performed to determined how well individual's attitude towards seeking help could be explained by three other variables (gender, self-esteem levels, alexithymic traits).

Preliminary analysis was conducted to ensure no violation of the assumptions of normality, linearity and homoscedasticity. The correlations between the predicator variables and the criterion variable included in the study were examined. The three variables were significantly related to the criterion variable (see table 2). The total variance explained by the model as a whole was 23.3%. $F (3, 104) = 10.54$, $p < .001$. When looking at the contribution of each predictor variables, alexithymic traits (.330, $n= 108$, $p< .002$) is the variable that is most unique in contributing to the criterion variable, followed by gender and self-esteem (-.101). In terms of how much the R square value would drop if a particular variable wasn't included, gender (.320) has the highest percentage (10.2%). Overall the analysis shows that scores on the measure of alexithymic traits are the strongest predictors of attitudes towards help-seeking.

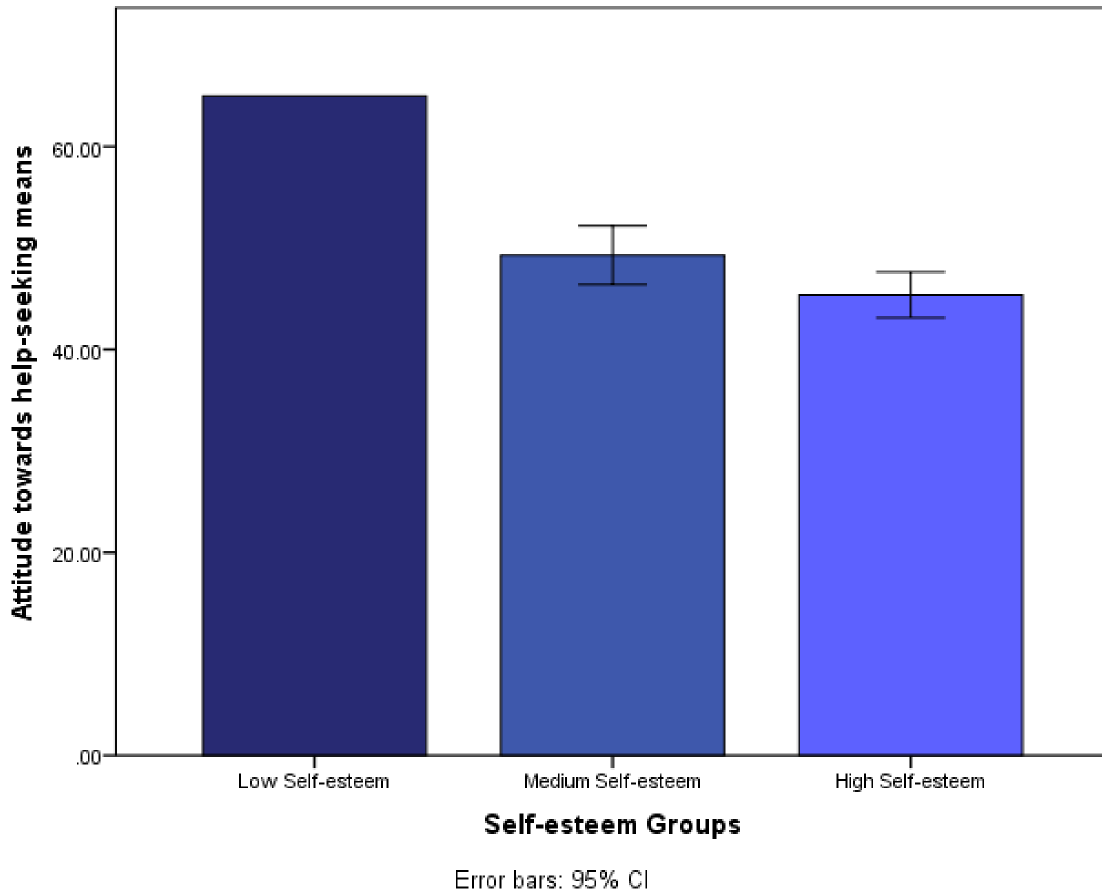
Table 3: Standard multiple regression for the study model.

	R^2	β	*B*	*SE*	**CI 95% (B)**
Model	.233*				
Gender		.33	6.69	1.79	3.13/10.26
Self-esteem		-.101	-.176	.182	-.537/.184
Alexithymia		.330	.277	.086	.106/.447

Hypothesis 1: Individuals with high self-esteem are more likely to have a negative attitude towards seeking help over those with low self-esteem.

An independent samples t-test was conducted to compare attitude towards help-seeking in grouping of scores from the variable self-esteem (low levels of self-esteem, medium levels and high levels). For low levels of self-esteem there was only one participant who scored low so this was not included in the analysis. There was however a significant difference between medium scores (M= 49.29, SD= 9.19) and high scores (M= 45.39, SD= 9.18; t (105) = 2.13, *p*= .035, two tailed). The magnitude of the differences in the means (mean difference= 3.89, 95% *CI:* -.2756 to 7.521) was large (Cohen's d= 1.28). This indicates that those with medium levels of self-esteem had significantly more positive attitudes towards help-seeking than those with high self-esteem.

Graph 2: Self-esteem groups and attitudes towards help-seeking means.

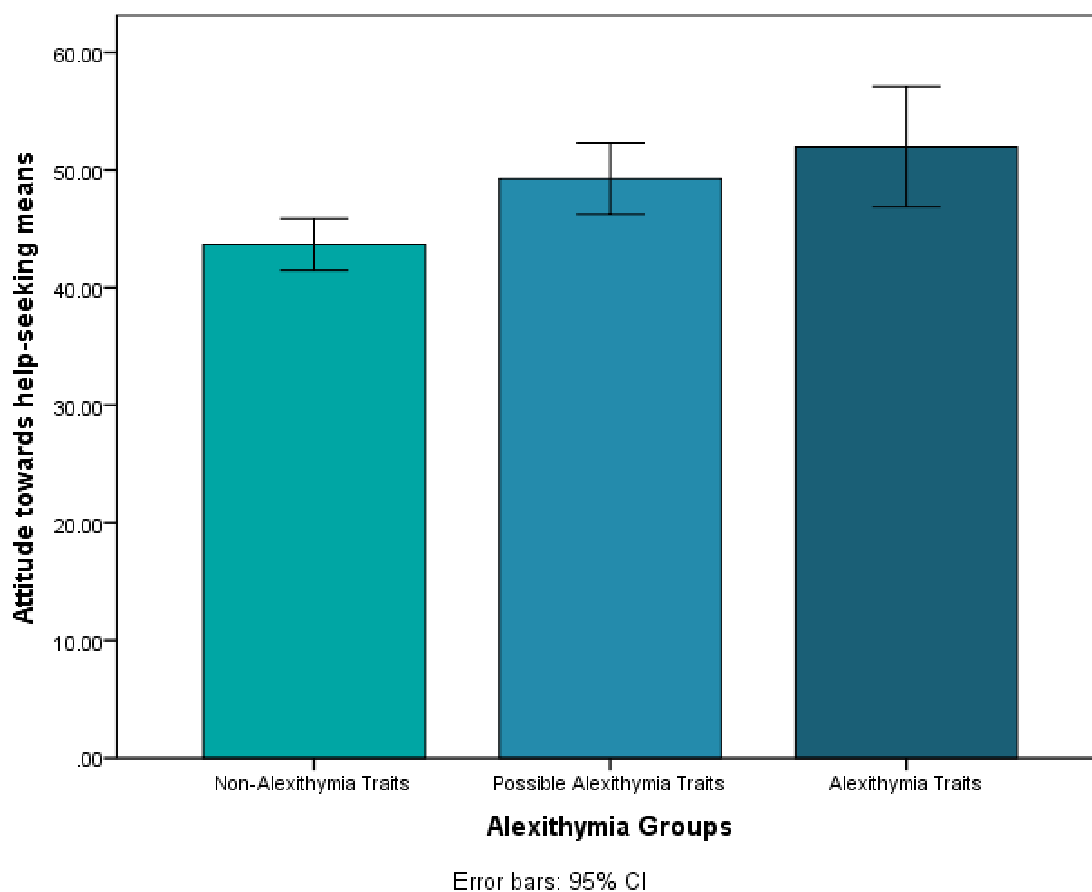


Hypothesis 2: Individuals with Alexithymia are more likely to have a negative attitude towards seeking help than those who do not have alexithymia.

An independent samples t-test was conducted to compare attitudes towards help-seeking in grouping of the scores of traits of alexithymia (*n*=53, non-alexithymic, *n*=21, possible alexithymic, and *n=32,* alexithymic). There was a significant difference between non-alexithymia individuals (*n*= 53, M=43.67, SD=7.93) and alexithymia individuals (*n*= 21, M=52.00, SD= 11.22; t (28.26) = -3.103, *p*= .004, two tailed). The magnitude of the difference in means (mean difference- -8.32, 95%*CI;* -13.81 to -2.82) was medium (Cohen's d= 0.63). This indicates that those with alexithymic traits have a significantly more positive attitude towards help-seeking than those without alexithymic traits.

There was also a significant difference between non-alexithymia individuals (M=43.67, SD=7.93) and possible alexithymia individuals (M=49.26, SD= 8.70; t (85) = -3.085, *p*= .003 two tailed). The mean magnitude of the differences (mean difference= -5.58, 95% *CI;* -9.18 to -1.98) was large (Cohen's d= .951). This indicates that those with possible alexithymic traits have a significantly more positive attitude towards help-seeking than those without alexithymic traits. There was no significant difference between possible alexithymia and having alexithymia on the attitudes towards help-seeking scale.

Graph 3: Alexithymia groups and attitudes towards help-seeking means.



Discussion

The goal of the present study was to investigate if any variables can impact an individual's attitude towards help-seeking. The main findings of the study were the following: Alexithymic traits were the strongest predictor of attitudes towards help-seeking, that males had more of a positive attitude over women towards help-seeking and that a medium score of self-esteem were more positive than high self-esteem scores in attitudes towards help-seeking.

Hypothesis 1: Individuals with high self-esteem are more likely to have a negative attitude towards seeking help over those with low self-esteem.

The hypothesis was fully rejected but partially there is an idea there. There was only one participant who scored within the low self-esteem group. This could be because perhaps college student's self-esteem is improving. In the Pearson correlation analysis that was carried out between the predictor variable self-esteem and the criterion variable attitude towards help-seeking, there was a moderate negative correlation. When and independent samples t-test was carried out with the same variables it supported the correlational findings between self-esteem and attitudes towards help-seeking. The results indicated that as in individual's self-esteem scores went from high to medium self-esteem, their attitude towards help-seeking would become more positive as it went.

Self-esteem as earlier described as the 'equivalent of self-regard and self-worth' (Mann, Hosman, Schaalma, & De Vries, 2004) can like other variables; self-efficacy and confidence (Corrigan, 2004) be impacted hugely by mental illness. As said previously only one individual scored in the low self-esteem grouping, this is intriguing, even in a study with a sample number of 108 college participants. This could suggest that perhaps self-esteem is not as negative as previously thought with the transition from secondary school to college

life. The results of the analysis indicated that individuals with medium self-esteem scores were more likely to have a positive attitude towards help-seeking. This could be due to the individual not having an overly high, exaggerated level of self-esteem. Perhaps at a medium level of self-esteem an individual would be less likely to feel that they would be less respected towards help-seeking (Corrigan, 2004) as they are comfortable in themselves, not feeling to badly about oneself, feeling as though they do not need help because it is seen as "normal" (Yousaf, Popat, & Hunter, 2015). With the high self-esteem group (n= 66) having the majority over the medium self-esteem group (n= 44), investigating a variable as important as self-esteem in terms of seeking help, a difference is noteworthy as an individual having ANY ounce of self-esteem, even in the low self-esteem (n=1) group is important for the positive role self-esteem can contribute (Mann, Hosman, Schaalma, & De Vries, 2004). It means that individual will be associated with not only better recovery after diseases but having self-esteem is necessary for an individual's health, emotion, behaviour (Campbell, & Lavallee, 1993) and can contribute to an individual's resilience by reducing the risk of having depression (Orth, Robins, & Meier, 2009). If an individual is well in aspects of their life, they would be more inclined to have a positive attitude towards help-seeking as they would be in the frame of mind where they know what is right at that time.

These results concerning self-esteem and its impact on whether or not an individual has a positive or negative attitude towards help-seeking, are important to research as it gives further knowledge into the workings of self-esteem of university students. Considering the importance of self-esteem in physical and mental health found within the literature and how having a positive self-esteem can reduce chances of getting depression or stress (Campbell, & Lavallee, 1993; Orth, Robins, & Meier, 2009), it is essential we learn more about it. In the present day, mental health and mental disorders are only really being destigmatized. If through future research we learn that self-esteem, along with the literature reviewed, is vital

for individual's we can start putting in interventions in order for individuals as young as primary school children to help build self-esteem and self-worth. This result is highlighting that with average, medium self-esteem one would be positive at the idea of help-seeking.

Hypothesis 2*:* Individuals with Alexithymia are more likely to have a negative attitude towards seeking help than those who do not have alexithymia.

The hypothesis was rejected. As stated in the results, there was a higher level of alexithymic traits being associated with more positive attitudes towards help-seeking. Individual's that have alexithymic traits are more likely to have a positive attitude towards help-seeking over those individuals who have no traits of alexithymia. The results of the correlation analysis were supported by the t-test analysis.

Alexithymia as mentioned earlier is characterized by "difficulties in the capacity to verbalize affect and to elaborate fantasies" (Taylor, 1984) or can be when an individual has difficulties in emotional regulation. Like self-esteem, this variable is significant in telling us about individuals and how they are in present day with themselves and situations (Mann, Hosman, Schaalma, & De Vries, 2004). Contrary to the majority of research investigated in this paper the result from this studies analysis did not match results of others. The consensus from research is that alexithymia is not seen as something that improved individual's attitude towards help-seeking. Research by Seyfi et al., (2013), showed that university students are less likely to have a positive attitude towards help-seeking if they had difficulty in dealing or recognising emotions or that there would be a lack of eagerness to seek help for a psychological issue (Posse, Hällström, & Backenroth-Ohsako, 2002). Help-seeking as stated by literature, could be imperative for university students from that transition from school to university (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Our analysis was the opposite of the consensus, displaying that if an individual has alexithymic traits they were more likely to

have a positive attitude towards help-seeking. This is rather intriguing, perhaps as psychologists we are underestimating people who have alexithymic traits present, or more reasonably present day is a different time to when alexithymic traits and help-seeking were previously tested (Clayton, 2004; Fukunishi, Kawamura, Ishikawa, Ago, Sei, Morita, & Rahe, 1997; Fukunishi, & Paris, 2001; Hendryx, Haviland, & Shaw, 1991; Li, Dorstyn, & Denson, 2014; Pandey, Gupta, & Upadhyaya, 2000; Posse, Hällström, & Backenroth-Ohsako, 2002). Alexithymia is considered to positively related to depression and anxiety (Bamonti et al., 2010; Hendryx, Haviland, & Shaw, 1991; Saxena, Dubey, & Pandey, 2011) also being linked with elevated stress levels and poor physical and mental health (Pandey & Chaubey, 2008) and with these mental disorders and impact on health individuals would be less likely to seek help. With these results it begs the question are individual's with alexithymic traits more eager to seek help, as they are confused or do not know what they are feeling and are perhaps desperate for answers. Considering that levels of alexithymia would be high in individuals with mental health disorder (Leweke, Leichsenring, Kruse, & Hermes, 2012), these seem to be the people who need the most help are having positive attitudes seeking it in this study.

Similarly, alexithymia like self-esteem is another aspect of great importance. The findings from this study suggest the opposite of previous research which only make the results more intriguing. The results, being the opposite of research, show that it is not the end of the road when you have any alexithymic traits, it makes you more inclined to have a positive attitude towards help-seeking, at least at a lower level end of having alexithymic traits.

Hypothesis 3: Males will have a more negative attitude to seek help over woman

The analysis showed that there was a significant difference between gender and attitude towards -help-seeking. The independent samples t-test showed that females (m= 45.29, SD= 8.90) scored lower than males (m=51.06, SD= 9.60).

Contrary to the research males had a more positive attitude towards help-seeking over females which the past research does not suggest…

The hypothesis was rejected in this case, with males having a more positive attitude towards help-seeking over females. Opposing to all the past research done comparing gender and attitudes towards help-seeking (Ang, Lim, Tan, & Yau, 2004; Chandrasekara, 2016). With the past literature, the result was a surprise to discover and very intriguing as this is not what the literature is suggesting. Perhaps again, we are underestimating the males of today, this gives us more of an insight to give more of a clarification of what needs to be looked at in terms of the barriers preventing people from help-seeking in terms of gender differences.

The over-arching consistency within the literature seems to be that having issues for males could be seen as a norm and that if they had issues and could not manage it themselves it would immediately be seen as a weakness (Burke, Kerr, & McKeon, 2008; Chandrasekara, 2016; Yousaf, Popat, & Hunter, 2015). This result does not suggest that males have a more stigmatizing attitude towards help-seeking over females. Masculinity norms was something that is mentioned that stops males from having a positive attitude towards help-seeking (Untal, 2016; Yousaf, Popat and Hunter, 2015) which is detrimental if left continue because there will come a stage where males will need help in their life, but our results show that males are the ones having more of a positive attitude in help-seeking. Again, this could be due to underestimating, or perhaps an over exaggeration as the numbers for gender were not 50/50. Seeking help is for an individual difficult anyways, especially with other barriers

being at play (e.g. lack of trust, absence of emotional openness, past experiences etc.), and the feeling of being viewed difficulty or stigmatization is definitely something that is affecting peoples attitude towards help-seeking (Chandrasekara, 2016; Mackenzie et al., 2004; Roskar, et al., 2017). Again, it should be noted however, the number of female participants (*n*=75) was significantly higher than those of the male participants (*n*=33*)* and that generalization to the university population would not be accurate.

Similar to alexithymia, the results discovered was the opposite to previous literature done on the topic. The consensus was that women had more of a positive attitude over help-seeking over males. Males in this study had more of a positive attitude towards help-seeking over females, which was fascinating considering the lack of males within the study. This is an important finding as it shows that males can have positive attitude towards help-seeking.

Hypothesis 4*:* Alexithymia will be the strongest variable towards explaining attitude towards help-seeking.

The hypothesis was accepted. By using regression analysis, the measure of alexithymic traits was the strongest predictor of attitudes towards help-seeking. The results are not overly surprising, due to the previously discussed literature on alexithymia and help-seeking, but are quite fascinating considering all the research on gender playing such a major role. Gender could not have such an impact for the lack of equality between the male numbers to female numbers. The literature as mentioned previously for hypothesis 2, demonstrated that alexithymia can play a major role in impacting an individual's attitude towards seeking help (Seyfi et al., 2013; Taylor, 1984). Self-esteem being the least contributing variable was startling, as again while it is having some sort of impact in terms of positive and negative attitudes towards help-seeking.

Alexithymic traits being the strongest predictor of attitudes towards help-seeking, is a significant result due to its informative properties. Knowing what can predict attitudes (within the model of this study) would be extremely helpful in a clinical setting.

Clinical implications

The findings of this study would prove to be significant in the aspect of knowing what individuals going through difficulties are feeling towards help-seeking, even knowing what any individual is feeling towards help-seeking can prove beneficial because it can allow researchers to delve deeper into what is the true barriers holding individuals back from seeking help when they do need it. By figuring out what appeals to individual who do seek help, we can strategize towards them and help them quicker.

Future directions

For future research, suggestions would include, making sure there would be an equal number of males to females and perhaps gathering data from different universities in different countries for a more accurate generalization and to investigate does where a student come from influence their attitudes. In terms of people seeking help, barriers are still highly at play. Further investigations into what are the major barriers stopping people and working towards putting out interventions for these barriers would be highly beneficial, as well as research on gender differences in attitudes towards help-seeking and what makes males more likely to have a positive attitude and vice versa for females. There is still a stigma around help-seeking and mental illness to a certain degree, any research or interventions that we can discover to further educate and protect our students would be valuable and would make a dramatic impact.

Alexithymia should be researched further as it was a strong predictor of attitudes towards help-seeking and individuals with alexithymic traits were found to be more positive

than those without. Literature seemed to underestimate the attitudes of individuals with alexithymic traits so more research into why having these traits make an individual more positive and why alexithymia is a predictor of attitudes towards help-seeking would be useful. It might be helpful to ask students what subject they are studying in university, especially as students who were studying psychology have a significantly higher positive attitude towards seeking help than those who do not study the subject (Chandrasekara, 2016) and it might be interesting to see if attitude depends on what subject you are studying.

Conclusion

The goal of the present study was to investigate if any variables can impact an individual's attitude towards help-seeking, and we achieved this. We discovered that, alexithymic traits were the strongest predictor of attitudes towards help-seeking, that a medium score of self-esteem were more positive than high self-esteem scores in attitudes towards help-seeking and that males had more of a positive attitude towards help-seeking. Through the discussion of limitations and importance of these findings, it is clear that there are things that can be improved on such as sample size, where the sample was from, males and females size and investigating only three variables against attitudes towards help-seeking. In future studies this will need to be considered, acknowledging the findings of this research and those before it. This study did however have strengths such as the technique in which data was collected (online survey on social media) because the group that were the target group would spend most of their time online.

Through the workings of this study it is apparent that there is still a lack of information and guidance being given for individuals to make decisions on their mental well-being and health. There needs to be interventions in place to help destigmatize individuals who may need help for an issue, difficulties or a disorder. More work needs to be put into

what the factors are that are stopping people from seeking help and we cannot stress that enough. We do not want anyone going through something and believing that is the “norm” or that if they were “strong enough” they could handle it themselves. This is not the case. By informing individuals, they can seek the help they need earlier, suffer for less, and add aid towards the prevention of suicide and mental health disorders.

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Appendices

Appendix A

Information and Informed Consent

PLEASE READ THIS DOCUMENT CAREFULLY. YOUR CONFIRMATION IS REQUIRED FOR PARTICIPATION. YOU MUST BE AT LEAST 18 YEARS OF AGE TO GIVE YOUR CONSENT TO PARTICIPATE IN RESEARCH.

All research participation in the Department is voluntary, and you have the right to withdraw at any time before the completion of the study, without prejudice, should you object to the nature of the research. You are entitled to ask questions and will receive an explanation of the study after your participation.

Description of the Study:

This is a 15-20 minutes study in which a number of different kinds of psychological tests and measures are being evaluated. To do this, we will ask you to do the following:

1. Answer demographic questions, such as age, gender, year in college and whether or not you have been formally diagnosed with a mental health problem (e.g. depression, anxiety etc.)

2.Answer the three questionnaires, The IASMHS (Mackenzie et al., 2004), the Inventory of Attitudes Toward Seeking Mental Health Services, The Toronto Alexithymia Scale (TAS) and the Rosenberg Self-esteem scale, to measure the level of self-esteem.

Nature of Participation:

You will participate in all questionnaires and answer all questions.

Purpose of the Study:

To evaluate several psychological tests and measures, and the possible relations between them.

This means we want to find out some general information about the usefulness of self-esteem and alexithymia in relation to a person's attitude towards help-seeking. We are only interested in an evaluation of these variables, and how they are relating to an individual's attitude. We are NOT interested in any specific individual.

Possible Risks:

1. When filling out questionnaires you may come across a question that you find unpleasant, upsetting, or otherwise objectionable. For instance, questions (such as 'I certainly feel useless at times', 'I don't know what's going on inside me', or 'I would rather live with certain mental conflicts than go through the ordeal of getting psychiatric treatment') could cause you to think about negative emotional states or question oneself on their level of wellbeing/health.

2. You may feel that you have performed poorly on a test or given off a certain image. For the questionnaires we are evaluating, there is no right or wrong answers.

3. You will be asked if you were ever diagnosed formally with a mental health issue. This may cause upset. The answer you give to this question will not be identifiable back to you.

Confidentiality:

The data from the research will be full anonymised. No names/addresses/phone numbers are being taken. Data will not be able to be linked back to an individual. All data will be kept secure and will not be used for any other purpose. Finally, remember that it is no individual person's responses that interest us; we are studying the usefulness of the tests in question for people in general.

By ticking the box below, you are agreeing that: (1) you have read and understood the Participant Information Sheet, (2) questions about your participation in this study have been answered satisfactorily, (3) you are aware of the potential risks and (4) you are taking part in this research study voluntarily (without coercion).

I am aware that participation in this study involves completion of some standardised tests (Rosenberg Self-esteem, the Attitudes Toward Seeking Professional Psychological Help (ATSPPH) scale and the Toronto Alexithymia Scale (TAS) which are routinely used as preliminary screens for clinical conditions/impairments of which I might not be aware. I understand that these assessments are not sufficient for diagnostic purposes, nor will they be used in this manner in this study. I also understand that the researchers cannot inform participants of individual test scores or diagnose.

I consent to taking part ☐

Person receiving consent: Róisín Cormac O Hora (x15402752@student.ncirl.ie).

Appendix B

Demographic Questions: Ticking the boxes for which answer is suitable for the participant.

1. What is your gender?

Male ☐

Female ☐

Prefer not to say ☐

2. What is your age?

☐

3. What year are you in at college?

First year ☐

Second year ☐

Third year ☐

Fourth year ☐

5. Have you ever been diagnosed with a mental health problem (e.g. depression, anxiety etc.)

Yes ☐

No ☐

Appendix C

ROSENBERG SELF-ESTEEM SCALE

Description of Measure:

A 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. The scale is believed to be uni-dimensional. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree.

Scale:

Instructions

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1. On the whole, I am satisfied with myself.

(1) Strongly Agree, (2) Agree, (3) Disagree, (4) Strongly Disagree

2. At times I think I am no good at all.

(1) Strongly Agree, (2) Agree, (3) Disagree, (4) Strongly Disagree

3. I feel that I have a number of good qualities.

(1) Strongly Agree, (2) Agree, (3) Disagree, (4) Strongly Disagree

4. I am able to do things as well as most other people.

(1) Strongly Agree, (2) Agree, (3) Disagree, (4) Strongly Disagree

5. I feel I do not have much to be proud of.

(1) Strongly Agree, (2) Agree, (3) Disagree, (4) Strongly Disagree

6. I certainly feel useless at times.

(1) Strongly Agree, (2) Agree, (3) Disagree, (4) Strongly Disagree

7. I feel that I'm a person of worth, at least on an equal plane with others.

(1) Strongly Agree, (2) Agree, (3) Disagree, (4) Strongly Disagree

8. I wish I could have more respect for myself.

(1) Strongly Agree, (2) Agree, (3) Disagree, (4) Strongly Disagree

9. All in all, I am inclined to feel that I am a failure.

(1) Strongly Agree, (2) Agree, (3) Disagree, (4) Strongly Disagree

10. I take a positive attitude toward myself.

(1) Strongly Agree, (2) Agree, (3) Disagree, (4) Strongly Disagree

Appendix D

T A S – 20

Using the scale provided as a guide, indicate how much you agree or disagree with each of the

following statements by circling the corresponding number. Give only one answer for each

statement.

Circle 1 if you STRONGLY DISAGREE

Circle 2 if you MODERATELY DISAGREE

Circle 3 if you NEITHER DISAGREE NOR AGREE

Circle 4 if you MODERATELY AGREE

Circle 5 if you STRONGLY AGREE

1. I am often confused about what emotion I am feeling.

1 2 3 4 5

2. It is difficult for me to find the right words for my feelings.

1 2 3 4 5

3. I have physical sensations that even doctors don't understand.

1 2 3 4 5

4. I am able to describe my feelings easily.

1 2 3 4 5

5. I prefer to analyze problems rather than just describe them.

1 2 3 4 5

6. When I am upset, I don't know if I am sad, frightened, or angry.

1 2 3 4 5

7. I am often puzzled by sensations in my body.

1 2 3 4 5

8. I prefer to just let things happen rather than to understand why they turned out that way.

1 2 3 4 5

9. I have feelings that I can't quite identify.

1 2 3 4 5

10. Being in touch with emotions is essential.

1 2 3 4 5

11. I find it hard to describe how I feel about people.

1 2 3 4 5

12. People tell me to describe my feelings more.

1 2 3 4 5

13. I don't know what's going on inside me.

1 2 3 4 5

14. I often don't know why I am angry.

1 2 3 4 5

15. I prefer talking to people about their daily activities rather than their feelings.

1 2 3 4 5

16. I prefer to watch "light" entertainment shows rather than psychological dramas.

1 2 3 4 5

17. It is difficult for me to reveal my

innermost feelings, even to close friends.

1 2 3 4 5

18. I can feel close to someone, even in

moments of silence.

1 2 3 4 5

19. I find examination of my feelings useful

in solving personal problems.

1 2 3 4 5

20. Looking for hidden meanings in movies or

plays distracts from their enjoyment.

1 2 3 4 5

Appendix E

Inventory of Attitudes Toward Seeking Mental Health Services

(IASMHS)

The term *professional* refers to individuals who have been trained to deal with mental

health problems (e.g., psychologists, psychiatrists, social workers, and family physicians). The term *psychological problems* refer to reasons one might visit a professional. Similar terms include *mental health concerns, emotional problems, mental troubles,* and *personal difficulties.* For each item, indicate whether you *disagree* (0), *somewhat disagree* (1), *are undecided (2), somewhat agree* (3), or *agree (4):*

1. There are certain problems which should not be

discussed outside of one's immediate family.

0 1 2 3 4

2. I would have a very good idea of what to do and who to talk to if I decided to seek professional help for psychological problems.

0 1 2 3 4

3. I would not want my significant other (spouse, partner, etc.) to know if I were suffering from psychological problems. . .

0 1 2 3 4

4. Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.

0 1 2 3 4

5. If good friends asked my advice about a psychological problem, I might recommend that they see a professional.

0 1 2 3 4

6. Having been mentally ill carries with it a burden of shame.

0 1 2 3 4

7. It is probably best not to know *everything* about oneself.

0 1 2 3 4

8. If I were experiencing a serious psychological problem at this point in my life, I would be confident that I could find relief in psychotherapy.

0 1 2 3 4

9. People should work out their own problems; getting professional help should be a last resort.

0 1 2 3 4

10. If I were to experience psychological problems, I could get professional help if I wanted to.

0 1 2 3 4

11. Important people in my life would think less of me if they were to find out that I was experiencing psychological problems.

0 1 2 3 4

12. Psychological problems, like many things, tend to work out by themselves.

0 1 2 3 4

13. It would be relatively easy for me to find the time to see a professional for psychological problems.

0 1 2 3 4

14. There are experiences in my life I would not discuss with anyone.

0 1 2 3 4

15. I would want to get professional help if! were worried or upset for a long period of time.

0 1 2 3 4

16. I would be uncomfortable seeking professional help for psychological problems because people in my social or business circles might find out about it.

0 1 2 3 4

17. Having been diagnosed with a mental disorder is a blot on a person's life.

0 1 2 3 4

18. There is something admirable in the attitude of people who are willing to cope with their conflicts and fears *without* resorting to professional help.

0 1 2 3 4

19. If I believed I were having a mental breakdown, my first inclination would be to get professional attention.

0 1 2 3 4

20. I would feel uneasy going to a professional because of what some people would think.

0 1 2 3 4

21. People with strong characters can get over psychological problems by themselves and would have little need for professional help.

0 1 2 3 4

22. I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.

0 1 2 3 4

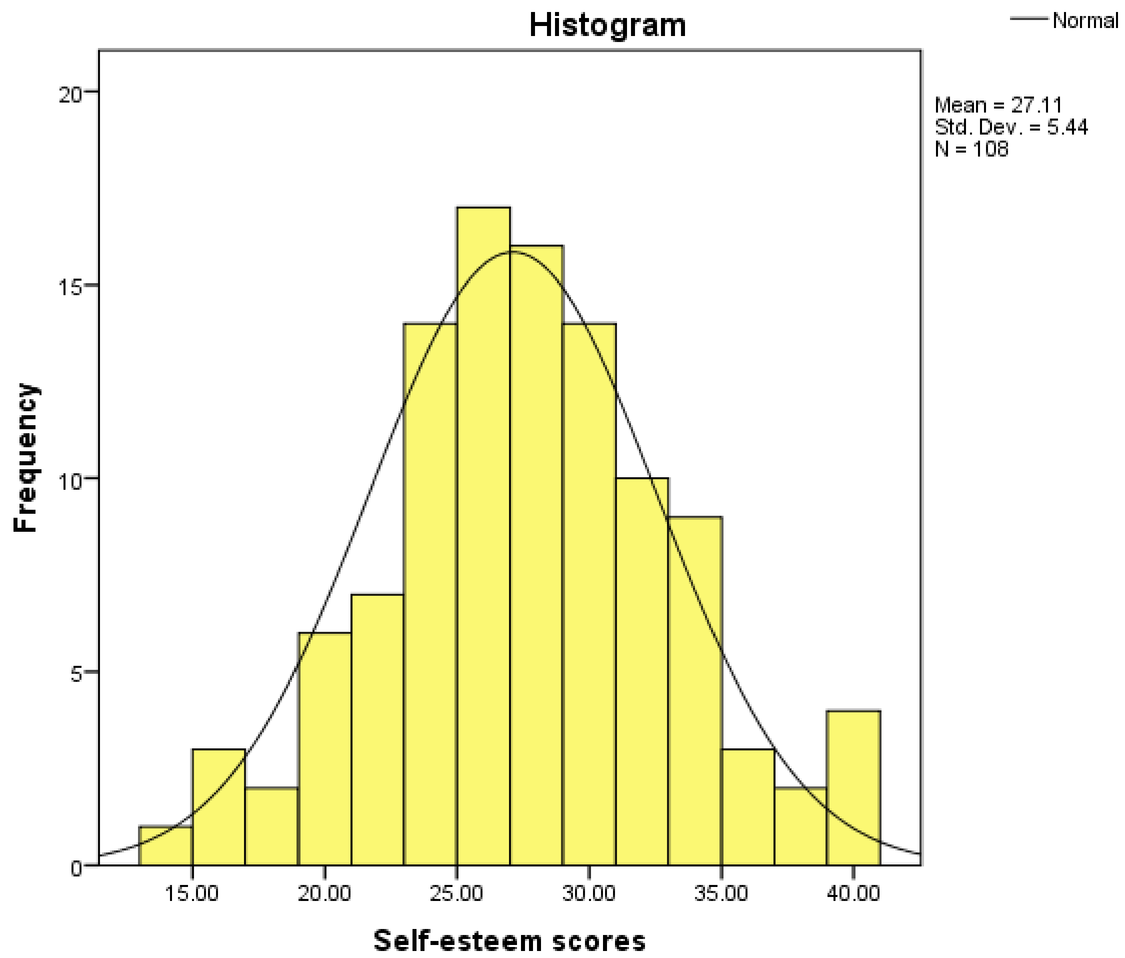
23. Had I received treatment for psychological problems, I would not feel that it ought to be "covered up.".

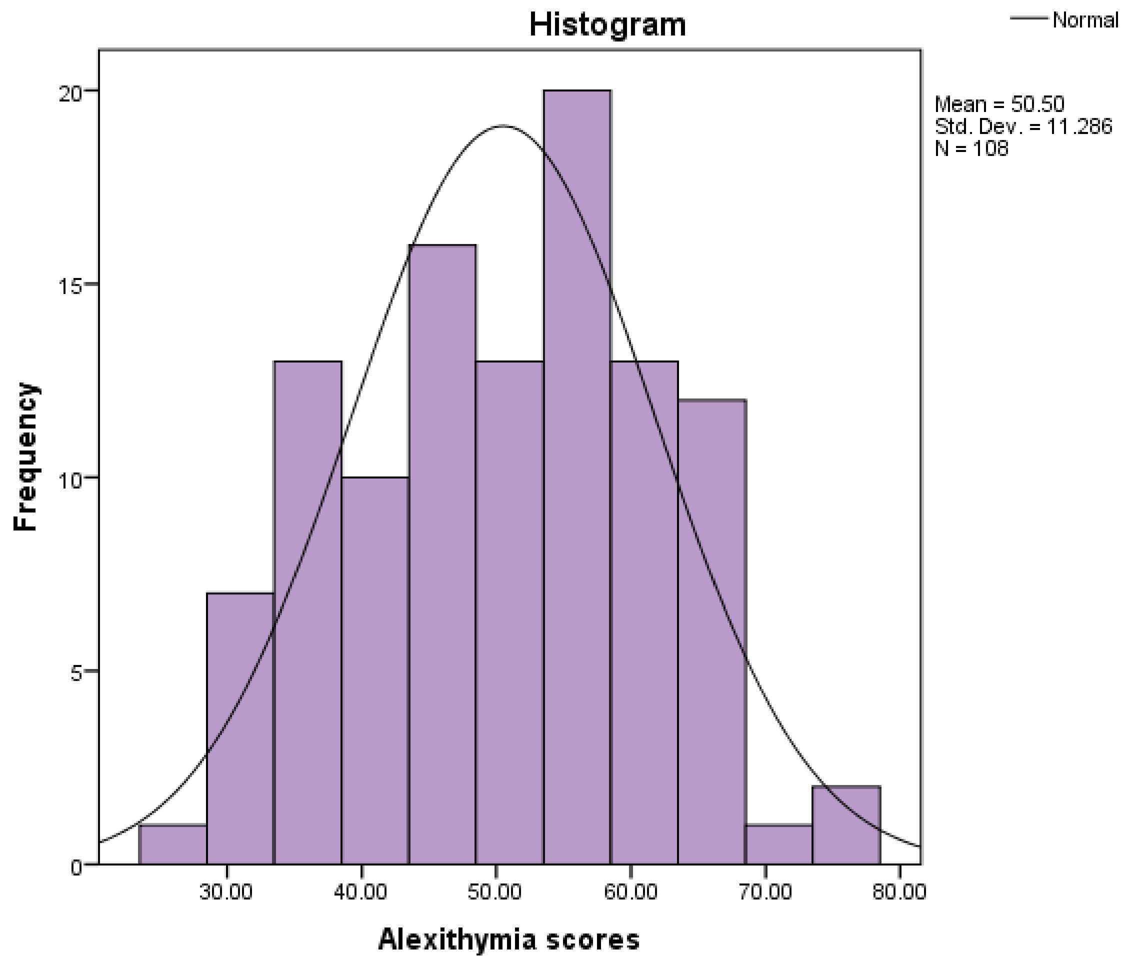
0 1 2 3 4

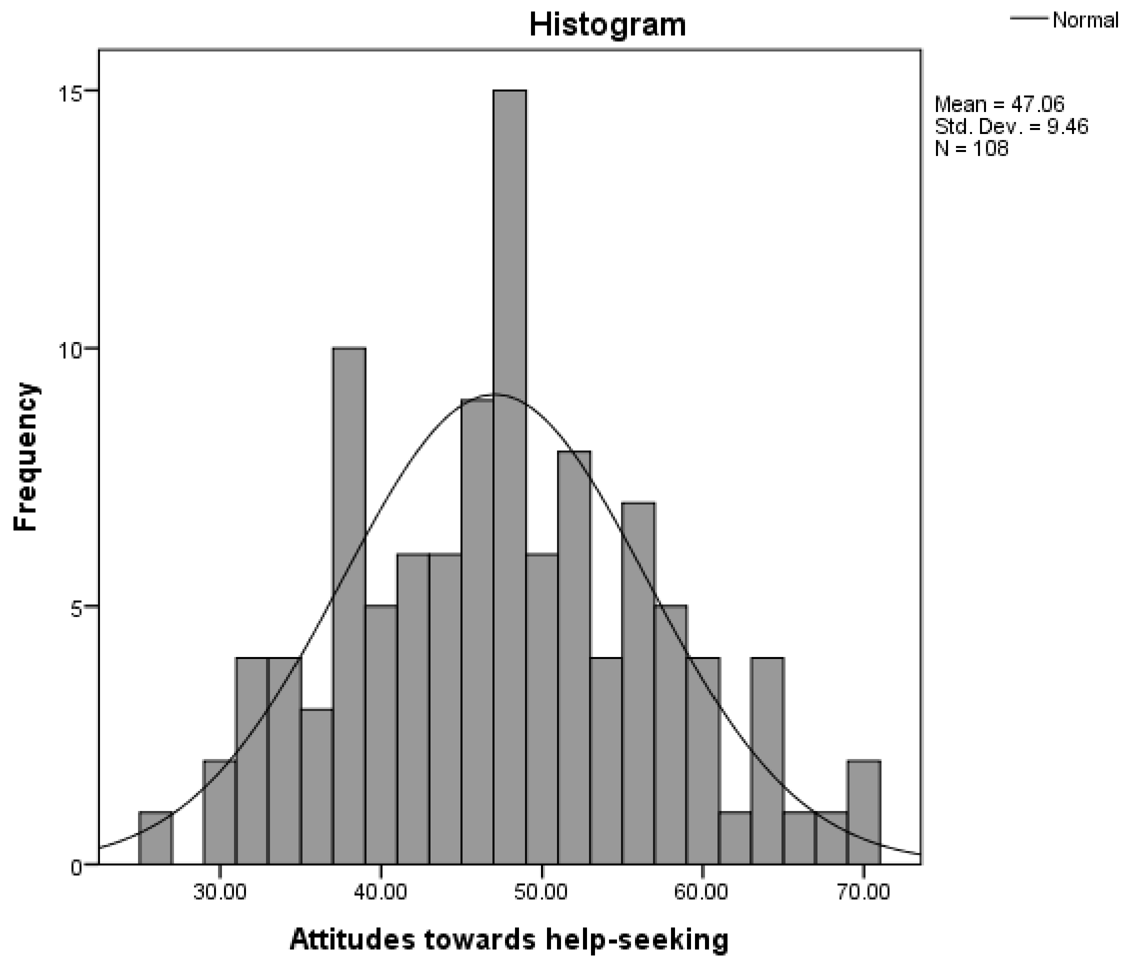
24. I would be embarrassed if my neighbor saw me going into the office of a professional who deals with psychological problems.

0 1 2 3 4

<u>Appendix F:</u> Histograms.




Histogram
Normal
Mean = 50.50
Std. Dev. = 11.286
N = 108
Frequency
0
5
10
15
20
30.00
40.00
50.00
60.00
70.00
80.00
Alexithymia scores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Normal
Mean = 47.06
Std. Dev. = 9.46
N = 108
Frequency
0
5
10
15
30.00
40.00
50.00
60.00
70.00
Attitudes towards help-seeking