# Emotional competence and willingness to seek help from professional and nonprofessional sources

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ABSTRACT   *We sought to determine the relationship between emotional competence and willingness to seek help for emotional problems and suicidal ideation. A survey of 300 university undergraduates assessed emotional competence (skill at emotion perception, managing self-relevant emotions, and managing others' emotions), hopelessness, willingness to seek help from health professionals (e.g. counsellor) and nonprofessionals (friends, family), and perceived usefulness of past help-seeking experience. Those who reported feeling less skilled at managing emotions were less willing to seek help from family and friends for both emotional problems and suicidal ideation and less willing to seek help from health professionals for suicidal ideation. These relationships held even after controlling for hopelessness, sex, and past help-seeking experience. Mediational analysis suggested that people low in managing others' emotions were less willing to seek help from professionals because they had had poorer experiences with mental health professionals in the past. There was no significant relationship between emotion perception skill and willingness to seek help. People most likely to be in need of help (those poor at managing emotions) were the least willing to seek it, and if they did seek it, were the least likely to benefit from it.*

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, Wilson & Ciarrochi, in press; Meehan, Lamb, Saltzman & O'Carroll, 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, Hall, Telsson & Henderson, 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, Howord, Schonert & Ostrov, 1991). Up to 90% of adolescents tell their peers rather than a professional of their distress (Kalafat, 1997; Kalafat & Elias, 1995). However, for the most part, disturbed young people do not obtain the help they need (Offer *et al.*, 1991, p. 628). When peers are sought for help, they may be poorly equipped to provide helpful responses to difficult questions. Suicidal young people form poor quality friendship (Cole, Protinsky & Cross, p. 817), disturbed young people form friendships that involve conflict, cognitive distortions, and poor social–cognitive problem-solving (Marcus, 1996), and show a strong liking for fellow disturbed peers (Sarbornie & Kauffman, 1985). These findings suggest that help-seeking from peers may not always be beneficial (Offer *et al.*, 1991) and that help-seeking from professionals (e.g. a school counsellor) may, at times, provide more benefit.

What determines whether or not people seek professional or nonprofessional (e.g. peer) 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, Adelman & Perry, 1991), self-concealment tendency (Cepeda-Benito & Short, 1998), fear of psychological treatment (Kushner & Sher, 1989), and type of psychological problem (Deane *et al.*, in press). Surprisingly, little research has examined the role of basic emotional competencies (e.g. emotion perception and management) in people's willingness to seek help. One hypothesis is that people high in emotional competence will express less willingness to seek help because they believe themselves to be capable of handling their emotional problems on their own. However, we do not believe this hypothesis will be supported, as is argued in detail below. There is no reason why emotional competence and willingness to seek help are necessarily opposed, as is implied by the above hypothesis: logically, people may be both highly emotionally competent *and* highly willing to seek help from others. Even the most emotionally competent person will encounter crises that they cannot handle on their own. In such instances, there is no reason to expect that they will be less willing to seek help. Instead, we now argue and present evidence in favour of the alternative hypothesis, namely, that emotional competence will be associated with greater willingness to seek help.

**Emotional competence and help-seeking**

Emotional competence (EC) will be defined here as the ability to perceive emotions, and the ability to manage self-relevant emotions and to manage others' emotions in a socially acceptable way (e.g. making others feel better when they are down; Ciarrochi, Chan & Caputi, 2000; Ciarrochi, Deane & Anderson, in press; Schutte *et al.*, 1998). We expect emotional competence to be related to the

willingness to seek help from both non-professional (e.g. family and friends) and professional sources (e.g. counsellors, mental health professional). One reason for this expectation is that people high in emotional competence tend to have more sources of social support from extended family and friends and thus have more opportunities for seeking help (Ciarrochi *et al.*, 2000, in press). In addition, those high in emotional competence are more likely to have the ability to recognise when they are distressed which should cue help-seeking. Finally, they are likely to have better skills at managing the emotions of others which increases the probability that their help-seeking approach behaviour will be more successful in engendering an appropriate caring or helping response.

This social support hypothesis can be used to explain why we expect emotional competence to relate to help-seeking from non-professional sources, but does not explain why we expect emotional competence to relate to willingness to seek help from professionals. Indeed, if people high in emotional competence have more nonprofessional support, they might be less likely to turn to a professional for help. However, we argue that people high in emotional competence will be more willing to seek help from both professional and nonprofessional sources because they not only have more sources of social support, but they are more satisfied with that social support (Ciarrochi *et al.*, 2000, 2000b). Thus, it is possible that people high in emotional competence have had more satisfying experiences with help-seeking in the past and consequently expect to have more satisfactory help-seeking experiences in the future. These greater positive expectations should lead them to express greater willingness to seek help from professionals. Some support for this hypothesis has been found in studies which showed that prior professional help-seeking, particularly if it was perceived as useful, predicted subsequent willingness to seek help (Deane, Skoqstad & Williams, 1999; Deane & Todd, 1996).

## Measuring emotional competence

There has been a substantial amount of research on emotional competence (or emotional intelligence) in the last decade (Ciarrochi *et al.*, 2000, in press; Ciarrochi *et al.*, in press, c, Mayer, Caruso & Salovey 1999; Salovey, Hsee & Mayer, 1993; Salovey & Mayer, 1990). Despite some initial concern about the psychometric properties of early emotional competence measures (Davies, Stonkov & Roberts, 1998), recent research suggests that emotional competence can be measured reliably, is distinct from other, well-established measures, and predicts important behaviour (Ciarrochi *et al.*, 2000, in press, b; Schutte *et al.*, 1998). For example, the self-report measure of emotional competence to be used in the present study (Schutte *et al.*, 1998) has been shown to be reasonably distinct from major personality factors (i.e. neuroticism, openness to experience, extroversion, agreeableness, and conscientious-ness) and from other variables such as trait anxiety and self-esteem (Schutte *et al.*, 1998; Ciarrochi *et al.*, in press, b). Importantly, this emotional competence measure has been shown to predict such diverse variables as school success, mood management behaviour, face recognition, and amount of social support (Schutte *et al.*, 1998; Ciarrochi *et al.*, in press, b).

Despite the evidence for some discriminant validity of self-report measures (Ciarrochi *et al.*, in press, b; Schutte *et al.*, 1998), there is also evidence that some aspects of the emotional competence measures overlap with measures of hopelessness. Specifically, people who report being poor at perceiving and managing emotions also tend to report feeling more hopeless or pessimistic about the future (Ciarrochi *et al.*, in press, b). Thus, it is possible that any relationship we find between emotional competence and willingness to seek help may be explainable in terms of hopelessness. We will examine this possibility by looking at the relationship between emotional competence and willingness to seek help while controlling for levels of hopelessness. We will also control for sex and prior help-seeking experience, in order to try to rule these out as important explanatory variables in the purported link between emotional competence and willingness to seek help.

## Method

### Subjects and procedure

An anonymous survey design was used to assess emotional competence, hopelessness, willingness to seek help, and perceived usefulness of past experience in seeking help from a mental health professional. A total of 300 university undergraduates completed the research questionnaires. Of these, 230 participants (77%) were female and 70 (23%) were male. The mean age was 20.58 years (sd = 4.98 years) and 80% of the sample were 21 years or younger. The participants were taking a first year psychology course and volunteered for the project, receiving course credit for participating. The participants in this subject pool come from a variety of disciplines, including psychology, nursing, and the arts and sciences.

*Self-report emotional competence.* The self-report questionnaire by Schutte *et al.* (1998) comprises 33 self-referencing statements and requires subjects to rate the extent they agree or disagree with each statement on a 5-point scale (1 = strongly disagree; 5 = strongly agree). This measure has been shown to be reliable ($\alpha = 0.86$) and to be distinct from the big five personality factors of extraversion, neuroticism, openness to experience, agreeableness, and conscientiousness (Schutte *et al.*, 1998). Recent studies (Ciarrochi, 2000; Petrides & Furnham, 2000) have identified three factors in the measure [1]. The perception factor consists of 10 statements such as 'I find it hard to understand the non-verbal messages of other people', 'I am aware of my emotions as I experience them', and 'I know what other people are feeling just by looking at them'. The managing self-relevant emotions factor consists of nine items such as 'I motivate myself by imagining a good outcome to tasks I take on', 'I seek out activities that make me happy', and 'I expect I will do well on most things I try'. The managing others' emotions factor consists of eight items such as 'I arrange events others enjoy', 'I compliment others when they have done something well', and 'Other people find it easy to confide in me'. This third factor might also be labelled social skills (Petrides & Furnham, 2000), but we chose to label it managing others' emotions because the items refer to actions that would tend to maintain or increase other people's positive moods.

There was a fourth emotion utilization factor, but it has low reliability (four items; $\alpha$ = 0.58; 'When I feel a change in emotion, I tend to come up with new ideas'). Consequently, it was excluded from the present study, along with two other items that did not load clearly on any one factor.

*Hopelessness.* The Beck Hopelessness Scale BHS (Beck, Weissman, Lester & Trexler, 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 (KR-20 = 0.93) and is highly correlated with other self-report measures of hopelessness (Beck *et al.*, 1974).

*The general help-seeking questionnaire (GHSQ).* The GHSQ (Deane *et al.*, in press) was developed to formally assess willingness to seek help for non-suicidal and suicidal problems. Respondents are asked to rate the likelihood they would seek help from a variety of people for three problem types: personal–emotional, anxiety–depression, and suicidal thoughts. The three problem prompts had 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 willingness to seek help on a 7-point scale (1 = extremely unlikely, 7 = extremely likely) for six sources of help: friend, parent, relative, mental health professional, phone helpline, doctor/GP (see Table 1). Higher scores indicated higher

TABLE 1. Correlations between emotional competencies and the willingness to seek help from different sources for different problem types

| | Manage self-emotion | Manage others' emotion | Perceiving emotion |
|---|---|---|---|
| *Emotional problems* | | | |
| Family | 0.27** | 0.24** | 0.05 |
| Friends | 0.18** | 0.35** | 0.09 |
| Mental health professional | 0.02 | 0.11 | 0.03 |
| Doctor | 0.02 | 0.14 | 0.14 |
| Helpline | 0.00 | 0.01 | 0.06 |
| Refuse all help | −0.15* | −.035** | −0.04 |
| *Suicidal ideation* | | | |
| Family | 0.23** | 0.08 | −0.02 |
| Friends | 0.22** | 0.27** | 0.07 |
| Mental health professional | 0.18** | 0.21** | 0.14 |
| Doctor | 0.15* | 0.17** | 0.08 |
| Helpline | 0.10 | 0.10 | 0.06 |
| Refuse all help | −0.23** | −0.22** | −0.09 |

*$p$ < 0.01, **$p$ < 0.005.

willingness to seek help. Additional items asked participants to indicate if they would not be willing to seek help from anyone for each problem type. Factor analysis revealed that two problem types (personal–emotional and anxiety–depression) yielded sufficiently similar responses that they could be combined into one scale. Thus, the scale yielded two major help-seeking problem types, emotional problems and suicidal ideation. The GHSQ also asked participants if they had ever seen a mental health professional (e.g. counsellor, psychologist, psychiatrist), and if they had seen a mental health professional, how useful this was (1 = not at all useful, 5 = extremely useful).

## Results

### Preliminary analyses

We examined the relationship between past help-seeking experience (from a mental health professional) and willingness to seek help and emotional competence. People who had previously sought professional help expressed greater willingness to seek help from a mental health professional, doctor, and helpline for emotional problems, $r(299) = 0.14$, $p < 0.05$, $r(298) = 0.49$, $p < 0.01$, $r(298) = 0.16$, $p < 0.01$., and from a mental health professional for suicidal ideation, $r(298) = 0.19$, $p < 0.01$. In contrast, those who had previously sought help from a mental health professional were less willing to seek help from their family for both emotional problems and suicidal ideation, $r(298) = -0.18$, $r(298) = -0.17$, $p < 0.01$. For emotional competence, we found that people high in managing self-relevant emotions were less likely to have previously sought help from a mental health professional, $r(298) = 0.14$, $p < 0.05$.

   We also examined the relationship between each of the three emotional competence subfactors. People high in managing self-relevant emotions also tended to be high in managing others' emotions and in perceiving emotions, $r(298) = 0.42$, $r(298) = 0.32$, $p < 0.01$, respectively. People high in managing others' emotions was were also high in perceiving emotions, $r(298) = 0.41$, $p < 0.01$.

### Main analyses

We examined the correlations between the subfactors of emotional competence and the willingness to seek help from a variety of sources. Alpha was set at the conservative level of 0.01 for the correlational tests in order to reduce the problem of Type 1 error. As can be seen in Table 1, there was no relationship between perceiving emotions and willingness to seek help. However, there was a significant relationship between managing others' emotions and managing self-relevant emotions and willingness to seek help, with those high in managing emotions generally expressing greater willingness to seek help from a variety of sources. The pattern of correlations also suggests that managing self-relevant emotions and managing others' emotions were not significantly related to willingness to seek help from professionals for emotional problems, whereas they were associated with willingness to seek help from

TABLE 2. Intercorrelations between willingness to seek help from professional (PROF) and non-professional (NONPROF) sources for emotional (EM) and suicidal (SUI) problems

|  | PROF–EM | PROF–SUI | NONPROF–EM |
| --- | --- | --- | --- |
| PROF–EM | – | | |
| PROF–SUI | 0.55** | – | |
| NONPROF–EM | 0.18** | 0.27** | – |
| NONPROF–SUI | 0.13* | 0.37** | 0.60** |

*p < 0.05, **p < 0.01.

professionals for suicidal ideation. People high in managing others' emotions and managing self-relevant emotions were also less likely to say they would refuse help from anyone.

We next explicitly tested the possibility that emotional competence had a different relationship with help-seeking from professionals compared to help-seeking from nonprofessionals. We also sought to determine whether managing self-relevant emotions and managing others' emotions were still significantly related to willingness to seek help from even after controlling for hopelessness, sex, and prior experience with a mental health professional. Within each problem type, we combined willingness to seek help from health professionals, doctor, and helpline into a single score (professional help-seeking), and combined willingness to seek help from family and friends into a single score (nonprofessional help-seeking). The intercorrelations between these variables are presented in Table 2.

We performed a General Linear Model (GLM) repeated measure Analysis of Variance (ANOVA) to investigate the impact of emotional competence, help-seeking source (professional versus nonprofessional), and help-seeking problem type (suicide versus emotional) on willingness to seek help. Sex, hopelessness, and previous experience were entered into the analysis as covariates. A separate analysis was run for managing others' emotions and managing self-relevant emotions. All continuous covariates were converted to $Z$ scores in order to reduce the problem of multicollinearity (Aiken & West, 1991)

Managing self-relevant emotions was related to willingness to seek help, $F (1, 291) = 4.9$, $MSE = 4.5$, $p < 0.05$, even after controlling for the significant negative relationship between hopelessness and willingness to seek help, $F (1, 291) = 13.6$, $p < 0.01$, and being female and willingness to seek help, $F (1, 291) = 6.82$, $p < 0.01$. Thus, females, people high in managing self-relevant emotions, and people low in hopelessness were most willing to seek help. There was also a highly significant interactive effect of help-seeking source and prior help-seeking experience with a mental health professional, $F (1, 291) = 27.1$, $MSE = 2.34$, $p < 0.01$, indicating that people who had previous experience were more likely to seek help from a health professional than from a nonprofessional.

There was a significant main effect of managing others' emotions, $F$ (1, 291) = 15.7, $MSE$ = 4.35, $p$ < 0.01, and a significant three-way interaction between problem type, help-seeking source, and managing others' emotions, $F$ (1, 291) = 4.35, $MSE$ = 0.82, $p$ < 0.05, even after controlling for hopelessness, sex, and past experience. Examination of the unstandardized $B$ coefficients indicated that managing others' emotions was more strongly associated with help-seeking from nonprofessionals ($B$ = 0.37, $SE$ = 0.077, $p$ < 0.01) than from professionals ($B$ = 0.13, $SE$ = 0.075, $p$ > 0.05) for emotional problems, whereas there was less difference in the strength of relationship between managing others' emotions and help-seeking from nonprofessionals ($B$ = 0.24, $SE$ = 0.10, $p$ < 0.05) and professionals ($B$ = 0.26, $SE$ = 0.10, $p$ < 0.05) for suicidal ideation.

## Mediational analyses

We investigated the possibility that the relationship between emotion management and willingness to seek help was mediated by the usefulness of people's past help-seeking experience (UPH) with a mental health professional. That is, we explored the reasonableness (or statistical significance) of a model that posits that having high emotional competence leads to better help-seeking experiences, and better help-seeking experiences, in turn, lead to more willingness to seek help in the future. UPH was only measured for the 92 participants who acknowledged that they had seen a mental health professional in the past. To provide evidence for 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 (willingness to seek help), (2) the initial variable should be correlated with the mediator, and (3) the mediator should affect the outcome variable even after controlling for the initial variable.

We repeated the analysis described above on the subsample that acknowledged seeking prior help. Condition 1 was satisfied with the finding that both managing self-relevant emotions and managing others' emotions significantly predicted willingness to seek help, $F$ (1, 88) = 7.3, $MSE$ = 1.69, $p$ < 0.01, $F$ (1, 88) = 6.75, $MSE$ = 1.65, $p$ = 0.01, respectively. The previous observed three-way interaction involving managing others' emotions was not significant, $F$ (1, 88) = 1.6, $MSE$ = 0.21, $p$ > 0.1, perhaps because of a reduced sample size. Condition 2 was satisfied with the finding that managing others' emotions predicted UPH, $B$ = 0.30, $SE$ = 0.14, $t$ (90) = 2.24, $p$ < 0.05, after controlling for sex and hopelessness. Managing self-relevant emotions did not significantly predict UPH, $B$ = 0.09, $SE$ = 0.14, $t$ (90) = 0.70, $p$ > 0.2. Thus, UPH could not have mediated the relationship between managing self-relevant emotions and willingness to seek help. To evaluate if we satisfied the third condition for managing others' emotions, we placed UPH into the regression model used in step 1 and repeated the analysis. There was a marginally significant main effect of UPH, $F$ (1, 87) = 3.51, $p$ = 0.064, but this effect was qualified by a significant interaction between problem source and UPH, $F$ (1, 87) = 11.15, $MSE$ = 2.77, $p$ < 0.01. Examination of the simple effects involved in this interaction indicated that UPH was related to willingness to seek help from a professional for
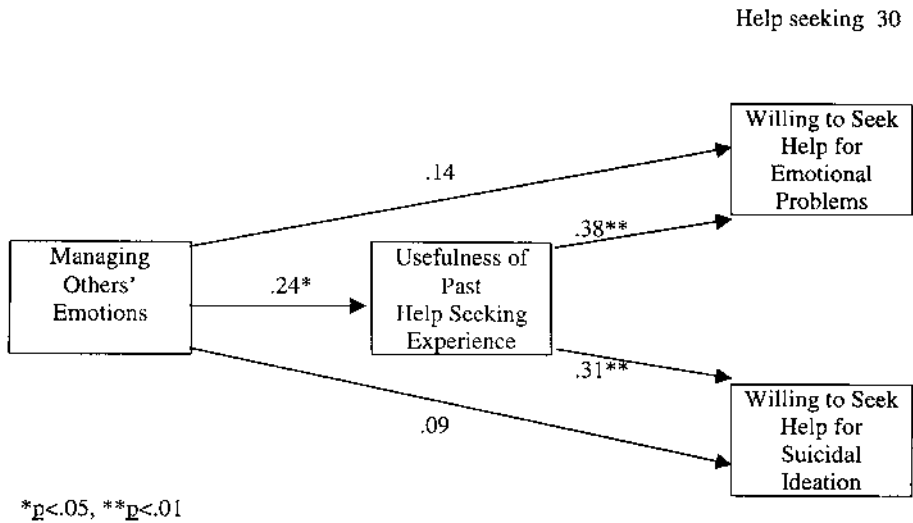
*p<.05, **p<.01

F_{IG}. 1. The role of emotional competence and past usefulness of help-seeking experience with a mental health professional in the willingness to seek help from a health professional for emotional problems and suicidal ideation.

both emotional and suicidal problems, $B < 0.4$, all $p < 0.01$, but was not related to willingness to seek help from nonprofessionals, $p > 0.2$. Figure 1 summarises the results of the mediational analyses. Managing others' emotions predicted UPH and UPH in turn predicted willingness to seek help from professionals for both emotional problems and suicidal ideation. Also, the direct link between managing others' emotions and the willingness to seek help variables were no longer significant with UPH in the model.

## Discussion

We found evidence that people high in emotion management competence (involving both self and others) were more willing to seek help from a variety of sources. They were more willing to seek help from family and friends for both emotional problems and suicidal ideation. In addition, they were more willing to seek help from professional sources for suicidal ideation but not for emotional problems (at least in the case of managing others' emotions). As expected, these findings are inconsistent with the hypothesis that people who are low in emotional competence will be more willing to seek help from others because they are less able to deal with their problems themselves.

One explanation for these findings is that people who say they are poor at managing their emotions generally feel more pessimistic (or hopeless) (Ciarrochi *et al.*, 2000, in press), and more pessimistic people are less willing to seek help. However, this explanation cannot account for our results since the relationship between managing emotions and willingness to seek help held even after controlling for hopelessness. Our results can also not be explained in terms of sex differences or

past mental health help seeking experience, given that these were controlled for as well. Another possibility is that people poor at managing their emotions might experience more life stresses, and life stress may lead to less willingness to seek help. However, our past research (Ciarrochi & Deane, 2000) has consistently found that two measures of stress, daily hassles (Kanner, Coyne, Schaefer & Lazarus, 1981) and major negative life events (Sarason, Johnson & Siegal 1978), have little to no relationship with willingness to seek help [2]. Thus, differences in life stress are unlikely to explain the relationships found in the present study.

What, then, explains the relationship between emotional management and willingness to seek help? One possibility is that people high in emotion management skill have had better experiences in the past with help-seeking and therefore have more positive outcome expectations for the future and are more willing to seek help. Consistent with this position, we found that the usefulness of people's past help-seeking experience (UPH) with a mental health professional mediated the relationship between managing others' emotions and willingness to seek help from a professional. Also, the direct link between managing others' emotions and willingness to seek help was no longer significant when UPH was in the model, suggesting that no variables other than UPH are needed to explain the relationship between managing others' emotions and willingness to seek help (Baron & Kenny, 1986).

UPH cannot be used to explain the relationship between managing self-relevant emotions and willingness to seek help because managing self-relevant emotions did not significantly predict UPH after controlling for sex and hopelessness. What else might explain this relationship? People high in managing self-relevant emotions have more social support from extended family (Ciarrochi *et al.*, in press, a) and this increased social support might explain why those high in managing self-relevant emotions are more willing to seek help from family. However, increased social support cannot explain why people high in managing self-relevant emotions were also more willing to seek help from health professionals for suicidal ideation. One possible explanation is that people high in managing self-relevant emotions have had more useful help-seeking experiences in the past from nonprofessionals (Ciarrochi *et al.*, 2000a, 2000b) and that these positive experiences lead them to have positive expectations about help-seeking from *both* nonprofessionals and professionals. Unfortunately, we did not measure the usefulness of past help-seeking from nonprofessionals. Thus, future research will be needed to evaluate this possibility.

Surprisingly, emotion perception was not related to help-seeking of any sort. We expected this relationship to hold because people high in emotion perception have more social support and are more satisfied with the social support (Ciarrochi *et al.*, 2000a, 2000b). Why was emotion management related to help-seeking but not emotion perception? One of the major reasons people seek help is to put things into perspective and clarify how they are feeling (Deane, 1987). People high in emotion perception may already have a good understanding of what they are feeling and not believe they need to seek help. Future research could assess this hypothesis by asking people directly why they are or are not willing to seek help.

We found an interesting pattern related to managing emotions and help-seeking source. When dealing with emotional problems, people good at managing emotions

were no more willing than others to seek help from a health professional, but they were more willing to seek help from friends and family. In contrast, when dealing with suicidal ideation, these people were more willing to seek help from both professionals and friends. The willingness of these people to turn to professionals is encouraging because peers are often poor sources of help (Cole *et al.*, 1992, p. 817; Marcus, 1996; Offer *et al.*, 1991; Sarbornie & Kauffman, 1985). However, it is discouraging to find that people low in emotion management competence are less willing to seek help from family, friends, and health professionals, given they are most likely to become depressed, hopeless, and suicidal (Ciarroohi *et al.*, 2000, in press). On average, such people have less social support and ideally should be more, not less, willing to turn to health professionals when they are experiencing suicidal ideation. Of still more concern is our finding that even when people low in emotion management do seek professional help, they find that help to be less useful. In summary, our findings suggest that those people who need help the most (people low in emotion management skill) are the least likely to get it.

## Implications and future directions

Our results have an important implication for providers of psychological help: the emotion management skills of the client, not just those of the counsellor, are likely to determine the quality of the counselling session. It may be important, then, for counsellors to identify those people with poor management skills and to recognize that such people may struggle to benefit from counselling. Some clients may need to be trained in emotion management skills to supplement and enhance their treatment. It may be that such training has the added benefit of promoting future appropriate professional help-seeking. This is particularly important, given that most individuals have more than one episode of care and will likely need to utilise mental health services again in the future (McKenna & Todd, 1997).

Our research has implications for mental health promotion and mental illness prevention programmes. Young people in particular may benefit from emotional competence training which focuses on improving their ability to manage their own emotions and those of others. Such training may have the added benefit of facilitating the development of strong social support networks and increase the likelihood they would seek professional help when experiencing personal and emotional problems.

In summary, our findings have offered insight into the relationship between emotional competence and willingness to seek help. This is a relatively new research area and much more work needs to be done. For example, we need to establish whether these findings hold across different samples (e.g. adolescents). We also need to establish the accuracy of people's perceptions of the usefulness of previous help-seeking experiences. Such perceptions might be subject to cognitive distortion, especially if a long time has passed since the help-seeking experience. Research should thus assess the perceived usefulness of experience close in time to when the experience actually occurred.

Future research will also be needed to clarify the direction of the potential causal relationship between emotion competence and willingness to seek help. We have

assumed that emotion competence influences willingness to seek help, but it is possible that the relationship flows in the opposite direction. That is, perhaps willingness to seek help leads to greater emotion competence. Or perhaps these two variables mutually influence each other. Future research could examine this possibility by training people in emotional competence and observing how such training impacts on help-seeking behaviour.

## Notes

[1] There was a minor difference between the Ciarrochi (2000) and the Petrides and Furnham (2000) study. Item 6 (see Schutte *et al.*, 1998) loaded on the managing others' emotions (or social skills) factor in the Petrides and Furnham analysis but not the Ciarrochi (2000) analysis, so this item was dropped from the managing others' emotions variable.

[2] The observation that stress has little impact on people's willingness to seek help is perhaps not that surprising if one considers how willingness to seek help is assessed. People are asked whether they would seek help *if* they were experiencing a major life problem. This question format is designed to motivate different participants to interpret the question similarly, regardless of whether or not they are actually experiencing problems in their lives.

## Acknowledgements

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