

## A Study of Preventing Factors on Consulting Behavior: Effects of Interpersonal Relationships

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In the present study, we examined preventing factors of consulting behavior, focusing on the interpersonal relationship between a help-seeker and a helper. We also examined effects of a helper's dimension on the intention of consulting behavior. As a result of the scenario study, the higher invalidity the participants rated, the more consulting behavior would be suppressed. Also, we found that a help-seeker sought for help from those whom they feel accepted on the interpersonal problem. Additionally, consulting behavior of female would vary depending on helpers and problem. Moreover, we suggested that helper's receptivity would alleviate the effects of preventing factors, because it significantly increased the intention of consulting behavior.

**Key words:** help-seeking behavior, consulting behavior

### Introduction

We usually ask others the way to the destination when we get lost or consult with family and friends about our worries. It is called help-seeking to ask for other's help when we cannot solve a problem. DePaulo (1983) defined help-seeking behavior as (1) an individual has a problem or need; (2) the problem is of sort that might possibly be alleviated or solved if the time, effort, and resources of others were committed to it; and (3) the needy individual seeks the aid of another person in a direct way.

#### *Help-Seeking Behavior and its Suppression*

Research on help-seeking behavior has focused on mental health. Scheffield, Fiorenza, and Sofronoff (2004) demonstrated that the well-adjusted tend to ask for other's help without seriously thinking about both psychological costs such as anxiety and physical costs such as money and time. As a result, they obtain help they need. On the other hand, it was found that those who have suicidal ideations hesitate to do it (Deane, Wilson, & Ciarrochi, 2001). This suggests a vicious cycle in which not seeking help intensifies anxiety and distress, which instigate suicidal attempts, leading to rejection of offered help. The vicious cycle may deteriorate mental health, which makes it difficult to seek other's help. Since it is important to encourage help-seeking behavior for personal well-being, we attempted in this study to examine preventing factors against help-seeking behavior.

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### *The choice of helper*

For help seeking behavior, someone who gives help is necessary. Therefore, it is crucial how to select sources of help because help seeking behavior is completed when one gets a help someone offers. Therefore, one must estimate whether a potential help-giver will accept help-seeking, whether he or she will have a resource one needs, and whether he or she will offer it to one.

Research on the choice of helper has indicated that people tend to choose friend and family as helper, instead of professionals (Rickwood, 1992; Boldero & Fallon, 1995). This suggests that a help-seeker doesn't necessarily expect expert's knowledge and advice. For example, when you talk to a friend about your personal matters, you may want the friend to listen to you with sympathy, rather to give you some problem-solving advices. On the other hand, if you had academic or career problems, you may want advices from parents or teachers who have knowledge and experiences regarding the problems. Unfortunately, there is few studies directly dealing how one chooses helper and what factors affect the decision. We assumed that not only relationships of help-seeker with helper, such as friend or family, but also helpers' characteristics influence help-seeking behavior. Although there is a general tendency to seek help from friend, one must choose a particular friend among other friends. Thus, there must be other factors than the relationship.

The choice of helper may be determined by help-seekers' personal factors. Among others, researchers have focused on gender. In an empirical study, Offer, Howard, Schonert, and Ostrov (1991) found that females most often ask for help from their friends, whereas males do it from family. Cauce, Felner, and Primavera (1982) suggested that females rated informal help sources such as friend and family more useful than males, showing the perceived usefulness of helpers varies across help-seekers' gender. Sears, Graham, and Campbell (2009) explained the gender differences in help-seeking behavior in terms of the gender norms. The traditional masculine role emphasizes that men must be cool, controlling their feelings, not disclosing their weakness to others. Males are not willingly to seek help from others than females, or if they do it, they are likely to seek help from formal agents, because the norm is inconsistent with interpersonal help-seeking behavior which is usually accompanied by revealing personal weakness or private feelings. In the present study, therefore, we expected to observe gender differences both in the choice of helper and in the preventing factors of help-seeking.

### *Consulting Behavior*

People tend to talk with close others when they have something trouble. Consulting makes it easy to resolve the problem or reduce negative feelings. This means that consulting behavior is a help-seeking behavior in that being listened to or getting information are useful to change the negative states.

Nagai and Arai (2007) developed a scale of consulting behavior, focusing on benefits and costs associated with the consulting and/or avoidance of consulting. The benefits of consulting behavior are the positive outcomes caused by the consulting behavior, while the costs are

the negative ones caused by avoidance of it. For example, a benefit of consulting is to solve a problem, while a cost is a risk to disclose private matters to other. On the other hand, a benefit of avoidance is to resolve a problem for oneself, while its cost is to leave the problem unsolved. Nagai and Arai (2007) assumed that people decide whether to engage in consulting behavior or avoid it by predicting benefits and costs. The authors conducted a study using a questionnaire with junior high school students, focusing on consulting peers. They found that the participants avoided consulting behavior when they did not expect any benefit, suggesting that the avoidance was not motivated by anticipated costs.

However, Cauce et al. (1982) found that old people rated formal sources such as professionals more useful than younger, suggesting that the perceived usefulness of helper depends on the age of help-seeker. This suggests that the finding of Nagai and Arai (2007) that costs did not determine consulting behavior is explained by that their sample was junior high school students.

A case in which low cost encourages consulting behavior is the life line for suicidal prevention. The number of users of the service has gradually increased each year. It provides a support to those who have distress to commit suicide. In the consulting, they can disclose their negative feelings in the anonymity which decreases the cost of consulting behavior. Therefore, we predicted that the costs of consulting others will increase avoidance of it.

The choice of helper tends to vary depending on the type of distress help-seekers have (Oliver, Reed, Katz, & Haugh, 1999). We assume that this reflects what helpers can provide. Friends can provide emotional help such as acceptance, sympathy, or encouragement. Teachers may provide more practical advices based on their social experiences. Professionals can provide functional support and instructions based on their expert knowledge. Whether a help is useful or not depends on the type of distress a help-seeker has. It may determine whether a help-seeker chooses practical help to solve a problem or psychological help to reduce negative feelings. Therefore, we assumed that the choice of helper depends on the type of help a helper can provide. We predicted that people will seek psychological help from friends and family, but practical help from teachers and professionals.

Consulting behavior is a coping behavior because successful consulting relieves stress. Lazarus and Folkman (1984) divided coping behaviors as problem-focused and emotion-focused. Problem-focused coping involves correcting information for problem-solving. In consulting behavior, one attempts to resolve a distressing issue by having advices from someone, eliminating stress caused by it. On the other hand, emotion-focused coping is to adjust a stressful situation. In consulting behavior, one attempts to reduce stressful emotions by talking with close others who accept and emphasize his or her. Following Lazarus and Folkman's conceptualization of stress coping, we assumed that consulting behavior is also divided into two types: to gain advice on the way of problem-solving and is to reduce stressful emotions by social support.

What does one expect from helper in consulting behavior? In a problem-focused consulting, one may expect to gain useful information. So, one may choose helper who has

it. In emotion-focused consulting, on the other hand, one may expect to reduce stressful emotions. So, one may choose helper who provides acceptance and sympathy.

The purpose of the present study were to examine the preventing factors of consulting behavior and perceived dimensions of helper (social acceptance and functionality) on choice of helper in consulting behavior. Specifically, we predicted that participants who are more concerned with preventing factors will be less engaged in consulting behavior (*Hypothesis 1*); participants who more strongly expect a helper either to provide acceptance or to be functional in problem-solving will be more likely to choose the helpers (*Hypotheses 2 and 3*). In addition, we attempted to examine differences between friends and other close others as helper.

## Method

### *Participants*

Ninety one Japanese university students (45 men and 46 women) participated in the study: the mean age was 20.97 and SD was 1.65. The participants were randomly assigned into one of four groups. These groups differed in the type of helper: friend, family, teacher, and student service. Friend and family are informal help sources, while teacher and student service are formal help sources.

### *Measures*

The items about preventing factors involved the costs of the avoidance of consulting behavior (Nagai & Arai, 2007). It consists of three factors: negative response, invalidity, and secret disclosure. Negative response is composed of six items, involving uncomfortable or negative feelings against a helper's response. Invalidity is composed of four items, involving uselessness of a helper's advice or consulting behavior. Secret disclosure is composed of two items, involving a help-seeker's concerns about disclosing consulting to others. Items regarding social acceptance and functionality of helper were independently prepared. These items are presented in Table 1.

### *Questionnaire*

First, the participants were asked whom they usually consult with if they have something trouble. They were asked to choose a helper from close others and to fill in his or her initial. The participants in the friend condition chose a specific friend, and those in the other conditions chose a specific one from the other close groups. Then, they completed eight items regarding social acceptance (e.g., "My helper understands me.") and functionality (e.g., "My helper gives me some useful advice") on 5-point scale ranging from 1 "Not agree" to 5 "Agree".

Secondly, we presented them three kinds of scenarios. Those scenarios were described that a help-seeker who has some trouble cannot decide to consult with a potential helper. The scenarios differed from problems a help-seeker has: academic, interpersonal, and psychological. The order of presentation was random. Table 2 shows the instructions of each scenario. After

**Table 1** The result of a factor analysis on social acceptance and functionality of helper

item	Factor 1	Factor 2
(1) My helper understands me.	.762	.105
(2) My helper grasps the difficult situation of me.	.572	.235
(5) My helper empathizes me.	.474	.250
(8) My helper accepts me.	.749	.049
(3) My helper has knowledge and experience of the distress.	-.171	.887
(4) My helper cooperates with me for problem-solving.	.336	.493
(6) My helper solves my problem if I consult with.	.310	.527
(7) My helper gives me some useful advice if I consult with.	.400	.654
Sum of squares of loading	2.09	1.87
Contribution Rate (%)	26.13	23.34

reading them, they rated how they would intend to consult with their helper on 4-point scale ranging from 1 “*Not consult with at all*” to 4 “*Strongly consult with*”. And, they completed 12 items of the preventing factors, on 5 point-scale ranging from 1 “*Not agree*” to 5 “*Agree*”. On the same procedure, they completed the other scenarios.

**Table 2** Instruction in the scenarios used in the present study

problem	scenario
academic	You have currently difficulty in the class and the task, and you can't keep up with the class. However, you manage to get good score in sooner final exam. Then, you can't make up your mind to consult this problem with [frind /family/teacher].
interpersonal	You had currently an argument with your friend over something trivial. You and your friend remain a little strained though you apologized each other, and reconciled. You manage to get along with your friend as you used to. Then, you can't make up your mind to consult this problem with [frind/family/teacher].
psychological	You are currently likely to feel depression, and to think that all things don't go well. Especially lately, you get irritated over something trivial, and often vent your feeling on others. You manage to improve this state. Then, you can't make up your mind to consult this problem with [frind/ family/ teacher].

In student service group, we prepared "Then, you can't make up your mind to utilize student service" in the last sentence.

## Results

To test the difference of the intention of consulting on helper, problem, and gender, we analyzed the intention of consulting behavior using ANOVA with problem (academic vs. interpersonal vs. psychological) as within-subject factor, and helper (friend vs. family vs. teacher vs. student service) and gender (male vs. female) as between-subject factor. The main effects of helper, problem, and gender were all significant,  $F(3, 166) = 6.45, p < .001$ ,  $F(2, 166) = 7.98, p < .001$  and  $F(1, 166) = 5.21, p < .05$ . And, a three-way interaction between helper, problem, and gender was significant,  $F(6, 166) = 3.42, p < .005$ .

The female participants rated that they would consult the interpersonal problem with friend more often than teacher and student service. They also rated that they would consult the academic problem with teacher more often than the male participants. Those results suggested that consulting behavior vary depending on problem, helper, and gender. This finding was consistent with Oliver et al. (1999).

### *Effects of preventing factors*

Factor analysis using varimax rotation was performed on the ratings of 12 items of the preventing factors. Two items loading below .35 in either factor were removed from the following analysis. One item which had been used as negative response factor in Nagai and Arai (2007) was used as invalidity factor for the following analysis, because it more highly loaded on invalidity than negative response. We computed the participants' scores by averaging their ratings of each of the following factors: negative response (3 items), invalidity (5 items), and secret disclosure (2 items).

To examine the relationship between the intention of consulting behavior and the preventing factors, we conducted a multiple regression analysis separately in each scenario

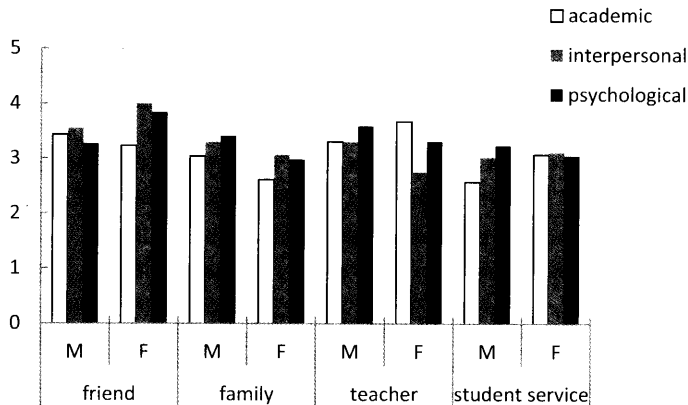


Figure 1. Effects of problem, helper, and gender on the rating of invalidity.

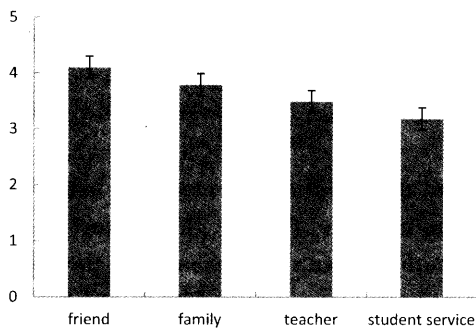
using the scores of negative response, invalidity, and secret disclosure as independent variables and the scores of consulting as a dependent variable. Only invalidity was negatively associated with the intention of it in all the scenarios,  $\beta = -.57, p < .001, R^2 = .27$ ;  $\beta = -.43, p < .001, R^2 = .19$ ;  $\beta = -.54, p < .001, R^2 = .21$ . The participants those who didn't expect that consulting behavior could resolve the problem did not intend to do it. Also, to test differences in the ratings of invalidity between helpers, we analyzed the scores using ANOVA with problem, helper, and gender as independent variables. The main effect of problem was marginally significant,  $F(2, 166) = 2.96, p = .054$ , but a three-way interaction was significant,  $F(6, 166) = 2.48, p < .05$ . Figure 1 shows that the rating of invalidity depends on problem and helper among the female participants but not among the male ones: the female participants rated consulting teachers about the psychological problem as less useful than friend, rated consulting friends about the academic problem as less useful than about interpersonal problem, and they rated consulting teachers about the interpersonal problem less useful than about academic or psychological one. On the other hand, the male participants' responses did not vary depending on helper and problem.

The results indicates that the participants decreased consulting behavior when they did not perceive that the behavior could solve their problems, and that the decision varied depending on the kinds of helper and of problem only among the female participants. Negative response and secret disclosure did not significantly affect consulting behavior.

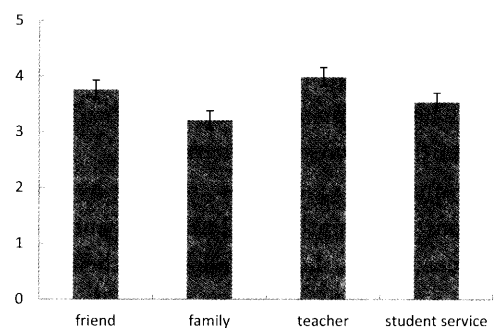
### *Helper's effects*

Factor analysis with varimax rotation was performed on the ratings of the eight items to measure the perceived dimensions of helper. We found two predicted factors: social acceptance and functionality. The cumulative % of explained variance was 49.47 (Table 1). Social acceptance represents that a helper treats a help-seeker with sympathy. Functionality means that a helper offers practical information and advices to reduce the distress a help-seeker has.

Next, we computed the participants' scores by averaging their ratings on each of social



*Figure 2.* Effects of helper on the rating of social acceptance.



*Figure 3.* Effects of helper on the rating of functionality.

acceptance and functionality. To test whether social acceptance and functionality of helper influenced the intention of consulting behavior or not, we conducted a multiple regression analysis separately for each scenario using the scores on social acceptance and functionality as independent variables and the scores of the intention of consulting as a dependent variable. Social acceptance was positively associated with the intention of consulting only for the interpersonal problem,  $\beta = .26$ ,  $p < .05$ ,  $R^2 = .06$ . That is, the participants those who perceived that they have been accepted by the helper were more likely to consult the interpersonal problem with the helper. On the other hand, functionality was not significantly associated with the intention of it.

Then, we analyzed the ratings of helper's dimensions by ANOVA with the kinds of helper as an independent variable. Regarding the social acceptance dimension, the participants rated friend highest among others and more highly rated family than teacher and student service,  $F(3, 87) = 6.04$ ,  $p < .001$  (Figure 2). On the functionality dimension, they rated teacher as most useful and rated friend as more useful than student service and family,  $F(3, 87) = 5.00$ ,  $p < .005$  (Figure 3).

## Discussion

The purpose of the present study was to examine the preventing factors of consulting behavior and the perceived dimensions of helper on choice of helper. In the scenario study, we found that only invalidity decreased the intention of consulting behavior and that a low expectation of problem solving reduced consulting behavior. Therefore, Hypothesis 1 was partially supported. These findings suggest that people decide consulting behavior based on the perceived cost of it, inconsistent with Nagai and Arai (2007). However, the passive suppression of consulting behavior with a reason that it will be useless is not the same as the active one in which one unwillingly refrain from it. Thus, further research is necessary to examine other preventing factors of consulting behavior. Negative response and secret disclosure were not related with consulting behavior.

The female participants' consulting behavior varied depending on the kind of helper and the type of problem. On the other hand, the male participants' consulting behavior was not influenced by helper and problem. These gender differences suggest divergent gender norms. Although the present study didn't further examine the issue, it may be relevant to how males' consulting behavior is determined.

Moreover, expected acceptance by helper increased the intention of consulting behavior, supporting hypothesis 2 but not hypothesis 3. The results suggest that people are more likely to consult the other who alleviates their stress by sympathy and encouragement than the other who gives practical advices for problem solving. This seems a reason why friends and family are most preferred helper (e.g., Tinsley, de St Aubin, & Brown, 1982), as the participants in the present study rated friends as most accepting and family as the second most. The finding that acceptance is powerful in the decision of consulting behavior suggests that acceptance may



neutralize the negative effects of preventing factors.

Finally, we have to discuss limitations of the present study. First, the scenarios used in this study might not be sufficient to arouse anxiety in the participants such as negative responses and secret disclosure. Second, the kinds of helpers were not based on the dimensions of social acceptance and functionality. Nevertheless, the observed differences in the helpers suggest a possibility that the other factor (e.g., honesty) affects consulting behavior. The future research should use the scenarios more realistically representing the situations of consulting behavior which involves the factors.

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