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Gender Differences in Seeking Help

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GENDER DIFFERENCES IN SEEKING HELP

By


Jeffrey Jackson

Thesis Approved:


Dr. Jonathan Gore, Chair, Advisory Committee

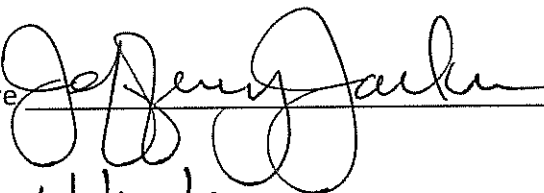

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DEDICATION

This thesis is dedicated to my mother for her unconditional support and to my partner for helping me stay sane.

ACKNOWLEDGMENTS

I would like to thank my thesis chair, Dr. Jon Gore, for his guidance, patience, and continued support. Without him, the completion of this thesis would not have been possible. I would also like to thank the other committee members, Dr. Myra Beth Bundy and Dr. Theresa Botts, for their comments and assistance over the past two years. Dr. Bundy has been an inspiration and will continue to be one in my eyes. Dr. Botts has given me the encouragement and motivation I needed to reach my dreams. Lastly, I would like to express my thanks to my partner, Daniel, for his understanding and patience during those times when I felt like giving up. He gave me constant encouragement and support.

Abstract

Gender differences in willingness to seek help were examined in this study. Males often appear to not seek help from others, especially from a professional, like a psychologist. The current study will look at several factors that may prevent males from seeking help. First, males may be unaware of their problems as whole, specifically emotional and relational problems. Next, males often are afraid or unable to open up because they do not think in “emotions.” Lastly, males are afraid to appear weak in order to keep their masculine appearance. In this study, participants read several scenarios and determined whether they felt the person in the scenario should seek help. Results were examined to determine when participants felt it was necessary to seek help. Results showed that males were more likely when to suggest working things out on their own. Females were more likely to suggest seeking help from a psychologist. Future research should examine why this difference between males and females exist.

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CHAPTER 1

INTRODUCTION

People may seek help from others for a variety of reasons. Whom they seek help from, however, may vary from person to person. Some may seek help from their family, friends, or from a professional. They may discuss their recent relationship problems with family, they may ask a friend to help them settle a dispute, or seek help from a professional for depression. While many seek out help from some source, many are suffering unnecessarily. One study found that approximately 60% of people all people seek professional help for a variety of issues, with only 11% seeking help from a mental health professional (Vogel, Wade, Hackler, 2008). Also, according to Collier (1982), in general, 1 in 3 women seek help from a mental health professional, compared to 1 in 7 men. This difference in seeking help has been apparent throughout history. Freud (1937) suggested that men are reluctant to seek therapy because they wish to uphold an appearance of power and status. Little research has been conducted, however, to actually examine when people will seek help. Mental health support is particularly important for males because those who do seek help from professionals often do not respond to treatment as well as women (Quitkin, Stewart, McGrath, Taylor, Tisminetzky, Petkova, Chen, Guogang, & Klein, 2002). The present study examines gender differences in willingness to seek help. Specifically, it sought to determine when males are willing to seek help from others, particularly from a professional such as a therapist or psychologist.

CHAPTER 2

LITERATURE REVIEW

For many males, seeking help is often viewed as a last resort. Research seems to suggest that males may have a difficult time recognizing their problems and seeking help for these problems. In a meta-analysis study, Addis and Mahalik (2003) found that males of all ages, ethnicities, and nationalities seek help on a smaller scale than females. In addition, they are at risk for more psychological problems, such as clinical disorders or substance abuse, than are females (Robins and Regier, 1991). In society, males face a difficult barrier due to cultural expectations. These expectations often force males to keep their emotions inside and attempt to work things out on their own. In contrast, males are increasingly expected to be good role models, fathers, and caregivers. These roles often require a great deal of emotional understanding and social support in order to be done well. However, because males are often encouraged not to express emotions, it can be difficult for them to understand emotions and accept them from others (Bergman, 1995; Levant, 1995; Real, 2002). This places a great deal of pressure on males to perform without assistance from anyone. This struggle between a male's need to be open and their desire to be closed can often be the source of problems.

There may be many reasons why males are often reluctant to seek help. One may be that males are often unaware of any emotional or psychological problems that they may be experiencing. Levant (1995) said that males lack the skills necessary to be emotionally open. Potentially, males are not emotionally sophisticated enough and thus

lack the skills necessary to recognize a problem and understand the steps to fix it (Moynihan & Adams, 2007). Shill and Lumley (2002) found that women are more likely to notice problems within a relationship than are males. They found that women were also more willing to discuss problems with others. It may be that males are unable to be open about their feelings and emotions and thus decide to keep them inside. Moynihan and Adams (2007) evaluated the idea that men acknowledge problems, yet most of the time they keep those problems to themselves. To test this idea, Moynihan and Adams examined the responses of 92 couples on the Dyadic Adjustment Scale. The study found that men were aware of the problems that may have existed within the relationship, but that they were more reluctant than their wives to seek treatment.

Another reason why men may be reluctant to seek help may be men's need to keep a masculine appearance and avoid any stigma associated with seeking help, such as appearing weak. Dienhart (2001) concludes that traditional male roles may make it difficult for therapists to help males in a family setting. Also, O'Neil, Helms, Gable, David, & Wrightsman, (1986) suggested that males who follow this masculine standard tend to be more likely to experience psychological problems, increasing their need for help from a professional. In another study, the results of four large-scale surveys regarding sex differences in psychiatric help seeking were examined (Kessler, Brown, & Boman, 1981). The study found that women sought help significantly more than males with similar emotional problems. The study broke down the stages of help seeking and concluded that females were better able to recognize and label nonspecific feelings and label those feelings as a problem.

Emotionally Unaware

One potential reason why males often do not seek therapy is that they may be emotionally unaware of their problems and see no reason to seek help. Emotional unawareness can be defined as lack of awareness or recognition of one's significant emotions that may identify mood, attitude, and feelings. Furthermore, this unawareness may result in the failure to recognize one's problems, including both inter-personal and intra-personal issues. A great deal of research has examined marital therapy and how males and females differ from each other in regards to it. Doss, Atkins, and Christensen (2003) offer a more detailed approach to why men do not enter therapy. They suggest that for couples, wives are much more apt to recognize the problems within the relationship and to seek help. The more traditional the roles played by the couples, the more likely the wife will be the one to seek help. Sexual dissatisfaction, however, was much more salient to the husbands. This may suggest that males may tend to focus on the physical problems rather than the emotional ones. Moreover, they see sexual activity as a behavior that helps define their masculinity. In contrast, Cusack, Frank, Wilson, and Ciarrochi (2006) found that males who were able to create a "bond" with their therapist saw success within therapy. Their study surveyed males who had recently utilized mental health services in order to assess their emotional expression, engagement in therapy, perceptions of treatment helpfulness, and future help-seeking intentions. The results showed that on average the males reported high perceptions of treatment helpfulness. In addition, a "bond" was a significant factor associated with continuing or seeking help in the future. If the males rated the bond as great, then they

were more likely to see the overall experience as favorable. This ability to “bond” seems to suggest that males are able to recognize their problems and are capable of utilizing therapy in order to solve them. Therefore, a large roadblock that may prevent males from seeking therapy is their ability to admit that they have a problem and that they need to seek therapy to resolve it.

Reluctance to Self-Disclose

One study found differences between males and females and their willingness to self-disclose, with males more reluctant to self-disclose (Bowman, 2008; Duck & Pittman, 1994). Self-disclosure can be defined as an outpouring of one’s own thoughts, beliefs, feelings, etc. The lack of self-disclosure can become a hindrance to finding the solution to many problems because there is no open dialogue in regards to the problem as well as lead to low intimacy and vulnerability in relationships (Prager, 1995). Males may be more unwilling or unable to open up about their feelings and thus tend to hold them inside. Rochlen, Land, and Wong (2004) investigated men’s perceptions of online and face-to-face counseling with males with restrictive emotions by having them evaluate the counselor and counseling approach in each condition. Results indicate that there were few differences between online and face-to-face counseling. Males who experienced great restrictive emotions, however, reported a greater appreciation for online counseling. These results may suggest that males feel more comfortable using online services in order to retain some amount of privacy and security. Those males with less restrictive emotions appear to be more likely to use traditional face-to-face method of therapy. Mckelly (2007) reviewed research relating to the reluctance to enter and

maintain therapy by males. This review examined a variety of topics that may suggest why males are reluctant to seek help. One idea is that males fear the stereotypical therapy where a client comes in and sits on a couch. This fear or insecurity pushes them to avoid dealing with a problem and limit any personal growth. In addition, the review suggests that males strive for superiority rather than perfection. This may explain why males are reluctant to work on personal growth. They prefer to avoid therapy because it may instill feelings of inadequacy as well as bring out personal flaws. Other studies found that men who specifically experience feelings of depression are more reluctant to seek help (Padesky &, 1981; Weissman & Klerman, 1977). The studies found that men refuse to seek psychotherapy for depression or even to seek help informally from friends.

Hyper-masculinity

Masculinity is socially defined as the state of being or possessing the characteristics of a man. Society places a great deal of importance on masculinity, as it is a major component of the elements used to define a male's gender role. Therefore, society seems to push males toward gaining and maintaining the characteristics of being masculine. Males have a strong desire to appear masculine thus they not open up because they fear that this would result in a loss of their masculinity (Fehr, 1996). This strong desire to be masculine is apparent from very early on in a male's life. Because of this, males often exhibit trouble with seeking help from others early in their lives. They may restrict their connections with others, especially in regards to friends. For example, males desire to be close to other men, but they avoid pursuing male friendships (Fehr,

1996). Results from self-reports suggest that this avoidance may occur for a variety of reasons, such as emotional restraint or homophobia (Bank & Hansford, 2000). While males may desire these relationships and may desire to seek help, they may also feel as though they cannot because of the societal stigma associated with it. They appear to fear seeking out these relationships due to the seeming “sacrifice” of masculinity. Fehr (1996) found that even though men are capable of engaging in more emotional and intimate conversation with others, they chose not to engage in such conversations with other men. Thus, males seem to avoid seeking help, or therapy for example, so as to avoid seeming or feeling weak and inferior. This inferiority may drive males to continually seek solitude in regards to their emotional and psychological problems. Additionally, some research has suggested that males do not seek therapy from a professional because the types of treatments are more rooted in feminine types of thought. Sinclair and Taylor (2004) attempted to examine how masculinity affects a male decision to seek therapy. The authors suggested that our culture breeds this difference between males and females and their willingness to be open through the implementation of societal gender roles. They even imply that because it may be difficult to change the behavior of males, the mental health field should potentially adapt current treatments to be more beneficial to and accepting of masculine ideas. The authors continue to suggest that therapists should attempt to understand this masculinity in order to bring more males into the therapy session. This desire to appear masculine is evident in many other areas as well. For example, eating disorders are often characterized as solely a female psychological disorder. However, many males also

struggle with eating disorders. Soban (2006) reported that there are currently no psychotherapy approaches that are aimed at helping males who struggle with identity and masculinity issues. While there are methods of treating eating disorders, these methods have not been customized to incorporate the feelings of inadequacy that males feel. This lack of psychotherapy approaches gives little hope to males seeking help from a therapist. This in turn may turn away males seeking help, thereby forcing them to feel inadequate. Thus, the societal importance placed on masculinity may play a large role in how likely a male is to seek therapy.

While therapy may not be the correct route for many males, they may seek help from other areas, such as a life coach. A life coach is a new and increasingly more common field that focuses solely on the positive rather than the negative. Life coaches often rarely have any formal training and receive no accreditation or credentials from the government. McKelly and Rochlen (2010) examined the relationship between acceptance of masculine social norms and seeking help from a psychologist compared to a life coach. A life coach differs from a psychotherapist in that they tend to focus on life achievements rather than mental health and wellbeing. In this study, males were asked to listen to brief sessions between either a psychologist or a life coach and their client. The results showed that males who adhered more to masculine norms were more favorable toward a life coach. These results suggest that males seem interested in avoiding the stigma associated with seeking help from a therapist and may feel as though their masculinity is less at risk when seeking help from a life coach.

Males seem to avoid therapy in many situations. More often than not, males may be emotionally unaware of their problem and thus fail to recognize it (Shill & Lumley, 2002). Also, males tend to keep their emotions and feelings to themselves (Levant, 1995). Although they may be socially active and have many friends, they do not prefer to discuss their problems with them.

In addition, men face large societal pressures that cause them to view seeking help as feminine and detrimental to their masculinity. While it is apparent that males appear to have difficulty seeking help, they do seem to be willing to seek help in some cases. This willingness to seek help varies depending on a variety of factors. It is believed that males, when experiencing problems, will first exhaust their ability to handle the problem on their own before seeking help from anyone else. Males will first attempt to resolve their problems on their own, and only when that fails will the possibility of seeking help become an option. Males tend to seek help from friends or family first, and then may finally look to a mental health professional for help only if the problem is still not resolved. In contrast, it is believed that females will spend less time attempting to solve their problems on their own and will more quickly seek help from others.

In the present study, for hypothesis one, it was expected that males would suggest working out problems on their own more than females. For hypothesis two, it was believed that as the reported severity of a problem increases, males would continue to suggest working things out on their own and seeking help from friends or family before suggesting to seek help from a psychologist. Also, it is predicted that females will ask for help more frequently than males.

CHAPTER 3

RESEARCH

Participants

Participants consisted of 343 undergraduate volunteers at Eastern Kentucky University (EKU). One hundred and five participants reported their sex as male, two hundred and thirty eight participants reported their sex as female. Participants contributed to all parts of the study. Participants signed up using the online EKU SONA system to participate in the study. Students received course credit for participation.

Materials

Participants signed up using the online EKU SONA system to participate in the study. On SONA, 14 scenarios were presented to participants and they ranged from ambiguous to clear indicators on whether help is necessary and if the person should seek help (Appendix A). In addition, participants were also presented with a demographic survey (Appendix B).

Scenarios. The principle investigator designed the scenarios and related questions. The scenarios were presented in random order and range from low severity to high severity. Prior to the study, the principle investigator rated the scenarios based on the severity of the problem presented. For example, if the scenario presented an issue within the scenario that proved to have little psychological problem context, then the scenario was rated low. Also, if the scenario had a problem that was complex and could

not be resolved easily, then the scenario was given a higher rating. The scenarios were compared to each other and ranked in order of perceived severity. A manipulation check was performed by having participants rate the scenarios on a scale of 1 to 10, a significant effect was found $F(13,4303) = 245.603, p = .000$. The first scenario stated, "Lucy is a graduate student taking 12 hours in school this semester. She is experiencing difficulty with balancing homework, her job, and her thesis. She feels stress most days and cries frequently. She has been overeating, having difficulty concentrating, and getting little sleep each night. Her other classmates say that they are stressed also but they seem to be happier than her." The questions following the scenarios inquire about who the participant thinks the vignette subject is willing to seek help from (psychologist, friend, coach, etc.) on a scale from 1 (*definitely not*) to 5 (*definitely should*), and who they would recommend the person in the scenario to talk to the most.

In order to determine if females were more likely to seek help when faced with difficult life situations, the ratings of severity and who to seek help from was examined. During the study, participants were asked to read individual scenarios and then rate their severity. Next, participants were asked if treatment should be sought and if so, from whom they think the person in the scenario should seek help from.

Demographic Survey. The principle investigators designed the demographic survey. Questions on the survey inquire about gender, hometown, age, race, year in college, and previous experiences with a therapist or psychologist.

Procedure

In order to participate, students signed up online to participate in the study through ECU's SONA system. During the study, each participant was presented with 14 scenarios that describe situations in which people were experiencing some type of difficulty. The instructions to the participant were to read the scenario and asked to answer questions regarding what they read. Lastly, participants were asked to complete a demographic survey.

CHAPTER 4

RESULTS

In the present study, it was expected that males would rarely suggest seeking help from others, especially a psychologist. Instead it was predicted that males would suggest that people in the scenario should work it out on their own. The scenario and gender of participants were manipulated to examine how often an individual would suggest working out a problem on their own. To test this hypothesis, two independent samples t-tests were used. In both t-tests, gender was the independent variable and whom the third party participants suggested to seek help from was the dependent variable. The t-tests looked at participants' response on whom they would recommend the person in the scenario seek help from. The results yielded a significant difference between males ($M= 4.038$, $SD=.5425$) and females ($M=4.269$, $SD=.4429$), $t(347) = -4.174$, $p = .000$ and how they recommend solving the problem. Males were less likely than females to suggest that people in the scenario seek help from a psychologist. Looking at the results of the second t-test, it appears that males ($M= 2.7008$, $SD=.69215$) were more likely than females ($M=2.3322$, $SD=.70567$), $t(347) = -4.527$, $p = .000$ to suggest that the person in the scenario work out things on their own. Females, however, were more likely to suggest getting help from an outside source. The results support the hypothesis that males, when presented with scenarios of varying level, are more likely to suggest working things out on their own.

A follow-up repeated measures ANOVA was performed to examine how severity and gender played a part in the choice of the participants in the present study. This follow-up test provides a better understanding of how severity plays a part in seeking help from others. Severity and Gender were the independent variables and who the participant believed was the *most appropriate* to seek help from was the dependent variable. The results of the multivariate test yielded a significant interaction effect $F(13,329) = 2.266, p = .007$. Figure I shows the means for both males and females, by severity level, on working things out on their own. Looking at this figure, it appears that at lower levels of severity, men and women tend to suggest working things out on their own at about the same rate. As severity increases, the amount that women suggest working things out on their own drops much faster than males. Starting at scenario level five, the rate at which women suggests working things out on their own falls much more rapidly than their male counterparts. The results of the ANOVA suggest that, as the seriousness of the problem presented increased, the rate at which males suggested working things out on their own fell much slower than females. In addition, males were also much more likely to suggest working things out on their own than were females.

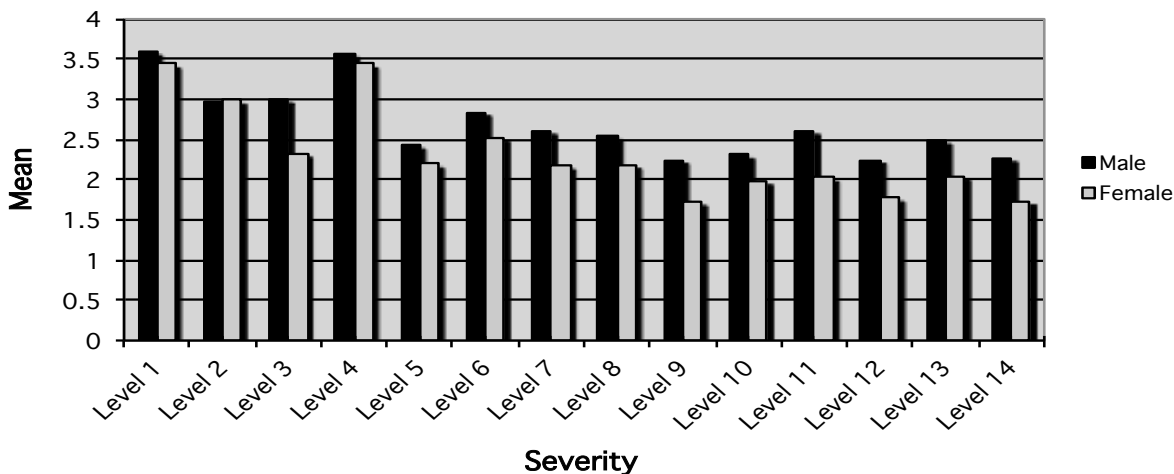


Figure 1
Means by Severity Level of Working Things Out On Their Own

To further analyze the results, a frequency table was created for each gender in each scenario. The numbers within the scenario are taken from participant’s response to “whom would you suggest the person in the scenario seek help from.” Table I shows the frequency with which each gender suggested the person in the scenario they read, seek help from a specific person (i.e. a psychologist, working it out on their own, family, friends, etc). Looking at the table, it appeared that males were more likely to suggest that the character in the scenario work out their problems on their own than their female counterparts across all but one scenario. A t-test was performed to determine if there was a significant difference between males ($M=.9439, SD=1.25$) and females ($M.7107, SD=1.0889$) in the frequency of choosing to work things out on their own. Results showed that there was a significant difference $t(347) = -1.761, p = .079$ and males were often more likely to suggest that the person in the scenario work it out on their own (row: self, columns: 1-14). In addition, females were always more likely to

suggest seeking help from a psychologist than were males (row: psychologist, columns: 1-14). Next, males were more likely than females to suggest seeking help from a family member than were females (row: family, columns: 1-14). Lastly, it appears that as the severity of the problem increased, both males and females were more likely to suggest seeking help from others and less likely to suggest working it out on their own. This would suggest that males and females were somewhat in agreement on their rankings of the severity of the problem.

Table I
Frequencies of Choice by Severity Level

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Self	27	9	9	9	1	6	4	5	2	6	2	2	5	2
	26	19	2	5	0	2	0	2	1	3	2	0	1	1
Friend	50	14	5	5	12	13	15	12	5	9	28	3	3	3
	38	7.4	2	2	9	10	8	5	2	3	14	0	0	0
Family	13	37	11	11	43	22	20	28	9	19	24	18	13	10
	20	25	22	10	37	19	16	19	3	16	28	16	12	8
Psychologist	6	25	1	1	20	26	44	40	72	39	28	61	43	67
	7	28	59	4	34	35	60	62	86	51	42	69	60	77
Doctor	0	2	1	1	2	13	1	1	0	9	1	0	1	9
	0	.8	4	0	1	12	0	1	2	13	0	1	1	10
Religious	3	8	64	64	3	5	9	10	3	8	2	11	23	6
	2	10	5	73	3	2	8	5	0	3	2	9	14	8
Coach	0	0	0	0	1	0	0	0	0	0	6	0	0	0
	0	10	0	0	0	1	0	0	0	0	4	0	0	0
Life Coach	0	2	2	2	2	9	2	1	0	3	1	0	2	1
	2	5	8	1	2	12	4	3	1	4	1	0	2	0
Lawyer	0	1	0	0	0	1	1	2	5	0	2	0	8	0
	0	0	0	0	0	2	0	1	2	0	0	0	7	0
Professor	0	0	2	2	11	1	1	0	0	1	2	0	0	0
	0	0	0	0	10	0	0	0	0	2	0	0	0	0

Note. Numbers on the top are for Males. Bottom numbers are for females.

CHAPTER 5

DISCUSSION

The present study examined how gender and seeking help from others are related. It was predicted that males would be less inclined to seek the help of others, but rather, more likely to suggest working through problems on their own. Results demonstrated that males were more likely than females to suggest someone should work out problems on their own. Furthermore, females were more likely to suggest seeking the help of a psychologist or counselor than were males. A follow up test looking at the interaction between severity of the problems presented and the participants gender showed that as severity (difficulty) of the problem presented increased, both males and females recommended working through the problem on their own less at a lesser rate. However, the rate of suggestion for females fell much more rapidly than it did for males. In the earlier scenarios, with lower levels of severity, males and females were close in their suggestions to work through problems on their own, with males always slightly higher. As the severity of a problem began to increase, the rate of suggestion by females, to work through problems on their own declined more rapidly than it did for males. It appears that around scenario 5, the frequency of both males and females increases significantly for suggesting help from a psychologist (Refer to Table I). Also, it seems that for the most part, males were always more likely to suggest that the person in the scenario should try to work things out on their own, until things become too serious (around scenario 5) and then the person in the scenario

should possibly seek a third party for help, such as a family member or a psychologist. Moreover, females suggested seeking help from others at a lower severity than their male counterparts. Looking at the table, it appears that females were always more likely than males to suggest that the person in the scenario seek help from a psychologist to solve their problem. From the beginning, females suggested seeking help from a psychologist at a higher rate than their male counterparts and continued through all fourteen scenarios. Females consistently suggested at a higher rate than males to seek help from a psychologist than are males.

Implications

The present study builds upon previous research that examined how males and females act when making decisions, when they seek therapy, and how they deal with life's issues. While prior research has attempted to examine the way males and females solve their problems, no known study has attempted to examine similar ideas like the present study. Moynehan and Adams (2007) aimed to understand how males identify problems and seem to solve those problems. Moynehan and Adams found that while males do often recognize problems when they present themselves, they rarely seek help for the problem. The present study builds upon this concept and examined when and if males decide to seek help and what third party they seek help from when faced with a problem. Moreover, the goal was to understand how females respond when faced with the same situations. This study sought to compare female response to male responses, where previous research focused more on males rather than seeking to understand the different response between males and females. Shill and Lumley (2002) also sought to

examine similar hypotheses. They found that women are more likely to notice problems within a relationship than are males. Also, they found that males are unable to be open about their feelings and emotions and thus decide to keep them inside. Sifneos (2000) also added another interesting aspect to this and developed a term he called “alexithymia” which he used to describe men’s inability to identify and describe one’s own feelings. The present study not only examined if males recognized a problem but also how they sought to solve these problems when faced with them. While the present study did not directly ask males to report any of their own feelings, it did ask participants to recognize feelings in others and to decide how severe the problem was to others. The present study found that while males often recognized a problem, they more frequently would suggest working out the problem on their own rather than seeking outside help. The present study aims to provide further understanding of how individuals seek to solve their problems. The results of the study provide a better understanding of whom an individual may turn or not turn to in time of need. The scenarios presented range from a variety of somewhat easy to fix problems to difficult and complex problems that often have more than one answer. This presentation of a range of simple and complex scenarios provided an opportunity to gather data on how an individual might solve a problem, including who they seek help from.

The purpose of the current study was to understand the processes of how males and females decide if a problem is challenging or severe enough to warrant seeking the help of a third party and if so, who that third party should be. In addition, this study hoped to explore the motive behind the decision for males versus females to seek out

the help of a third party. Prior research (Bowman, 2008), suggests that many males have a difficult time when it comes to interpersonal and intrapersonal issues. Furthermore, there have been many discrepancies in how males versus females seek out and participate in therapy. The current results provide a better general understanding of how men and women work to solve their problems they face. For example, the results show that males tended to more often suggest that individuals handle their problems on their own, or that the problem is not significant enough (or severe enough) to warrant seeking the help of a third party. The results also suggest that females were less likely than males to attempt to work through their problems on their own and were more likely to suggest seeking the help of a third party.

This research could also potentially shed light on what kind of problems a specific gender considers important and would potentially find challenging. Moreover, it could provide a better understanding of why they suggest the help of a specific third party. For example, a review of Table I, the table of frequencies by gender, allows certain scenarios to stand out. Scenario 13 provides an evident discrepancy between males and females and their decision on who to seek help from. This scenario presents a female who was driving while intoxicated, was in an accident, killed someone, and was sentenced to prison. Responses for this scenario by females were significantly more likely to suggest seeking the help of the psychologist when compared to males. Even though males were more likely to suggest a psychologist for the same scenario, males were much more likely than their female counterparts to suggest working through the

problem on their own. Another scenario that seems particularly significant is scenario 8. Scenario eight presents a husband whose wife cheated and is feeling lonely and is having difficulty coping with the situation. Similar to the previous scenarios, males were much more likely to suggest handling the problem on their own than are females. Also like the previous scenario, females were much more likely to suggest seeking the help of a psychologist than were males. The differences found within these and other scenarios seem to suggest that males view problems and their resolutions differently than females. This difference in perceptions may lead to the conclusion that males may not see all situations as serious problems that warrant seeking the help of a third party. This research may also suggest that both genders have a threshold of when they feel the need to seek help in dealing with their problems. If a problem falls below this threshold, then it is simple enough to work through it independently and thus require no outside help. If the problem lies above that threshold, then it is too difficult to handle on one's own and requires the help of a third party. In addition, this research may suggest that females have a lower threshold for managing their problems and thus are much more likely to seek the help of a third party.

Potential implications of recognizing this threshold and its gender differences could allow clinicians to have a better understanding for how to provide therapy. If a clinician is able to understand how men and women differ in their likelihood to seek therapy to work through their problems, then it may be easier to assess their stance on the difficulty or severity of the problem. This may allow clinicians to provide more education on specific problems, aimed at getting members of a certain gender to seek

therapy sooner. Furthermore, results may lead clinicians to identify specific individuals, such as seen in scenario 13, and preemptively seek them out, rather than waiting for them to seek help, in order to begin therapy sooner. In addition, by preemptively seeking out individuals rather than having them seek out therapy, clinicians could decrease the amount of therapy necessary to alleviate symptoms or solve the problem at hand may be shortened. Furthermore, this information could be used to provide clinicians with an initial impression of the client's perception of their problem. This could in turn lead to the implementation of therapeutic techniques that deal with helping the specific individual understand and cope with the difficult problems at hand. Therapy may also be adjusted early on to be more efficient in serving the client and helping their work to find the solution to their problems. The results from this study provided a more clear understanding of how males work to solve their problems.

Clinicians could attempt to apply this research, and future research, to provide better services. A clinician may also be able to adapt how they provide current services, such as better serving their clients' needs, more specifically male clients. For example, therapists could use this information from this study and past studies to continue to attempt to understand why males are oftentimes slower to open up in therapy as well as more guarded about their feelings. This could also mean that the clinician may need to initially spend more time building rapport with male clients than challenging or questioning the client. This difference could possibly be attributed to the fact that males feel as though they should and are capable of working through their problems on their

own. In addition, they may even be less likely to recognize that they have a problem and therefore feel no need to open up about it.

While the ability to help others was not directly measured or identified, one may be able to utilize this research to provide additional information on how men and women would help their friends solve problems. Levant (1995) found that males tend to keep more to themselves and do not prefer to disclose their problems to their friends. The present study may suggest that males would be less likely to share their own experiences when attempting to help someone solve problems similar to one they have personally faced in the past. It could also provide insight into who would be a better problem solver when faced with difficult life situations and who may be more involved in providing assistance. For example, using the results of the present study one may conclude that females would be a more effective problem solver and possibly identify a better route to solving problems. Furthermore, the initial suggestion of females for whom to seek help from when faced with a specific situation may be a quicker solution to the problem than the initial suggestion of males. Clinicians could use this information to provide a better understanding of ways to help males become more disclosing in general, and more disclosing in general, and more open and proactive in therapy.

Limitations and Future Directions

Limitations to the current research may not suggest significantly different results than what was found, but that results may vary depending on how limitations of the current research was addressed. One limitation may be that the population consisted of college students, mostly undergraduate psychology majors who are on average of a

younger generation. While the number of participants was high, using a different population sample may have led to more varying results. It might be that the current population was generally more open to seeking the help of psychologists due to their academic major. Moreover, the results may differ based on the background of the participants. For example, participants from a more religious background may be more likely to recommend seeking the help of religious individuals when faced with difficult situations. Although the overall results may be similar, it would be interesting to replicate the current study with different populations. In future replications it may be necessary to also address the level of empathy that participants had toward the characters in the scenarios.

The results of this study were based on the assumption that all participants shared a common degree of empathy toward the individual in each scenario. Future research may need to examine how results would change if the participants were asked to place themselves in each of the scenarios rather than having a participant empathize with others. In addition, another method to account for empathy would be to include some form of assessment or test for empathy in order to ensure that all participants did indeed connect with the individuals from the scenarios.

Conclusion

The present study sought to understand whether gender and seeking help were related and results discovered that a relationship does indeed exist. Future research should examine the reasoning or ideas behind males choosing to work through their problems on their own. It could attempt to focus on what type of problems males would

be more likely to seek help with as well as what type of problems they would be less likely to seek help with. Overall, this research is a crucial addition to previous research and future studies should be directed toward how to best utilize this information. Future research should continue to examine the reasoning behind the results of the present study. It might be important for future studies to examine how race, region, SES (socioeconomic status) play a role in decision-making. These additional attributes may further contribute and compound the many reasons why males and females tend to be different on deciding who and when to seek help from. Lastly, future research should consider the type of scenarios presented and how it affects the responses from males and females. In the present study a variety of scenarios were presented in order to present participants with a vast amount of topics. Future research should possibly limit the type of scenario to get to the root of how males and females perceive working things out.

Males are more likely to suggest working out problems on their own rather than seeking the help of others. This information allows us to better understand how males and females differ in the ways that they solve their problems. In addition, it allows for the adaptation of current therapeutic techniques to better address these differences in males and females. This relationship is important as it allows clinicians to better understand how to accommodate individuals in therapy as well as how to ensure that therapy is beneficial.

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APPENDIX A:
Consent Form

{{{NOTE: THIS WAS POSTED ONLINE AS THE INTRODUCTORY TEXT}}}

This study consists of an online survey, which you may now participate in. You will receive credit immediately upon completion of the survey. You will be identified to researchers only by a unique numeric ID code. The survey consists of a number of multiple-choice and/or free-answer questions, and may be divided into a number of sections. You must complete all sections in one sitting, as you are not allowed to resume at another time from where you left off. While you are participating, your responses will be stored in a temporary holding area as you move through the sections, but they will not be permanently saved until you complete all sections and you are given a chance to review your responses.

Please read the following regarding the specific content of this online survey:

Consent to Participate in a Research Study

Advising Others and Solving Problems

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH?

You are being invited to take part in a research study about people's personality, their everyday behavior and why they engage in these behaviors. You are being invited to participate in this research study because we are interested in how students live their lives. If you take part in this study, you will be one of about 250 people to do so.

WHO IS DOING THE STUDY?

The person in charge of this study is Dr. Jonathan S. Gore of the Eastern Kentucky University Psychology Department. There may be other people on the research team assisting at different times during the study.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this study is to examine college students' thoughts on a variety of real-world scenarios. By doing this study, we hope to learn more about how some people handle situations.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

The research procedures will be conducted online using the SONA system. After reading this, you will be asked to complete our online survey. The total time should be 50 minutes or less.

WHAT WILL I BE ASKED TO DO?

This study will consist of you completing the online questionnaire using the SONA system. If they agree to participate in this study, their participation will last for 50 minutes or less. After providing informed consent online, you will be asked to complete the online survey, which will consist of several self-report scales. Afterwards, we will inform you what our predictions are.

ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY?

The only restriction we have is that you are 18 years old or older. If you are under the age of 18, please email Dr. Gore (jonathan.gore@eku.edu) and he will instruct you on what to do next.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life. However, if you feel uncomfortable at any time during this study, please email Dr. Gore (jonathan.gore@eku.edu) immediately and he will be able to assist you.

WILL I BENEFIT FROM TAKING PART IN THIS STUDY?

There is no guarantee that you will get any benefit from taking part in this study. However, some people have experienced a better understanding of which factors predict your everyday behavior and quality of life. We cannot and do not guarantee that you will receive any benefits from this study.

DO I HAVE TO TAKE PART IN THE STUDY?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

IF I DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?

If you do not want to be in the study, there are no other choices except not to take part in the study. If you would like to discontinue at any time, please email Dr. Gore (jonathan.gore@eku.edu) and he will instruct you on what to do next.

WHAT WILL IT COST ME TO PARTICIPATE?

Other than your time and energy, there are no costs associated with taking part in this study.

WILL I RECEIVE ANY PAYMENT OR REWARDS FOR TAKING PART IN THE STUDY?

You will receive a 1.0 unit credit for completing the online survey, which can be used toward course completion in PSY 200, PSY 250, PSY 291, or PSY 301.

WHO WILL SEE THE INFORMATION I GIVE?

Your information will be combined with information from other people taking part in the study. When we write up the study to share it with other researchers, we will write about this combined information. You will not be identified in these written materials.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is.

However, there are some circumstances in which we may have to show your information to other people. Also, we may be required to show information which identifies you to people who need to be sure we have done the research correctly; these would be people from such organizations as Eastern Kentucky University.

CAN MY TAKING PART IN THE STUDY END EARLY?

If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. You will not be treated differently if you decide to stop taking part in the study.

The individuals conducting the study may need to take you off of the study. They may do this if you are not able to follow the directions they give you, if they find that your being in the study is more risk than benefit to you, or if the agency funding the study decides to stop the study early for a variety of scientific reasons.

WHAT HAPPENS IF I GET HURT OR SICK DURING THE STUDY?

If you believe you are hurt or if you get sick because of something that is done during the study, you should call Dr. Gore at 859-622-1115 or Jonathan.Gore@eku.edu immediately. It is important for you to understand that Eastern Kentucky University will not pay for the cost of any care or treatment that might be necessary because you get hurt or sick while taking part in this study. That cost will be your responsibility. Also, Eastern Kentucky University will not pay for any wages you may lose if you are harmed by this study.

Usually, medical costs that result from research-related harm can not be included as regular medical costs. Eastern Kentucky University is not allowed to bill your insurance company, Medicare, or Medicaid for these costs without first getting permission. You should ask your insurer if you have any questions about your insurer's willingness to pay under these circumstances. Therefore, the costs related to your care and treatment because of something that is done during the study will be your responsibility.

WHAT IF I HAVE QUESTIONS?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Dr. Jonathan Gore at 859-622-1115 or Jonathan.Gore@eku.edu. If you have any questions about your rights as a research volunteer, contact the staff in the Division of Sponsored Programs at Eastern Kentucky University at 859-622-3636. We will give you a copy of this consent form to take with you.

WHAT ELSE DO I NEED TO KNOW?

You will be told if any new information is learned which may affect your condition or influence your willingness to continue taking part in this study.

APPENDIX B:
Debriefing From

{{{NOTE: THIS WAS POSTED ONLINE AS THE CLOSING TEXT}}}

Debriefing Form
“Advising Others and Solving Problems”

The purpose of this study is to examine college students’ thoughts on a variety of real-world scenarios. By doing this study, we hope to learn more about how some people handle situations. This study tests the hypothesis that males will rarely suggest asking for help from others, but will instead suggest working it out on their own. In contrast, it is predicted that females will ask for help more frequently than males do.

With this information, we hope to learn more about how people’s health could be improved to fit their values and needs. We hope that participating in this study made you think about a variety of ways to help solve life problems in the future.

If you have any questions, please contact us. Jonathan Gore, the faculty member responsible for this project, can be reached at 622-1115, or jonathan.gore@eku.edu. If you would like to learn more about the concepts of this study, you may want to read the following paper:

Moynehan, J., & Adams, J. (2007). What’s the problem? A look at men in marital therapy. *The American Journal of Family Therapy*, 35, 41-51.

Vogel, D. L. Wade, N.G., & Hackler A.H. (2008). Emotional expression and the decision to seek therapy: The mediating roles of the anticipated benefits and risks. *Journal of Social and Clinical Psychology*, 27, 254-278.

If anything in this study brought about any upsetting feelings, feel free to contact professionals at the ECU Counseling Center. Their services are provided free to students. Their information is as follows:

ECU Counseling Center
521 Lancaster Ave.
SSB 571, CPO 52
Richmond, KY 40475
859-622-1303

IF YOU NEED THIS DEBRIEFING FORM SENT TO YOU OVER EMAIL, PLEASE CONTACT DR. GORE (jonathan.gore@eku.edu)

APPENDIX C:
Scenarios

Scenarios:

1. Jan and her friend, Samantha, recently got into an argument and haven't been talking. Jan believes that Samantha was talking about her behind her back. Samantha also believes that Jan is talking about her behind her back.

Would you recommend Jan:

(1-Definitely not 2-Not a good idea 3-Would not matter 4-A good idea 5-Definitely yes)

Work it out on her own?	1	2	3	4	5
Talk to friends?	1	2	3	4	5
Talk to family?	1	2	3	4	5
Talk to counselor/psychologist?	1	2	3	4	5
Talk to medical doctor?	1	2	3	4	5
Talk to religious leader?	1	2	3	4	5
Talk to coach?	1	2	3	4	5
Talk to life coach?	1	2	3	4	5
Talk to legal professional?	1	2	3	4	5
Talk to college professor?	1	2	3	4	5

Which of the following would you recommend Jan talk to the most? (Please select one)

She should work this out on her own

Friends

Family

Counselor/Psychologist

Medical doctor

Religious leader

Athletic coach

Life coach

Legal professional

College professor

On a scale from 1 (Not Severe) to 10 (Very Severe), please rate the severity of this problem:

1	2	3	4	5	6	7	8	9	10
Not									Very

Severe

Severe

2. Anthony recently got married. He and his wife are very happy. However, he recently noticed that since they moved in together they have begun to argue.

Would you recommend Anthony:

(1-Definitely not 2-Not a good idea 3-Would not matter 4-A good idea 5-Definitely yes)

Work it out on his own?	1	2	3	4	5
Talk to friends?	1	2	3	4	5
Talk to family?	1	2	3	4	5
Talk to counselor/psychologist?	1	2	3	4	5
Talk to medical doctor?	1	2	3	4	5
Talk to religious leader?	1	2	3	4	5
Talk to coach?	1	2	3	4	5
Talk to life coach?	1	2	3	4	5
Talk to legal professional?	1	2	3	4	5
Talk to college professor?	1	2	3	4	5

Which of the following would you recommend Anthony talk to the most? (Please select one)

He should work this out on his own

Friends

Family

Counselor/Psychologist

Medical doctor

Religious leader

Athletic coach

Life coach

Legal professional

College professor

On a scale from 1 (Not Severe) to 10 (Very Severe), please rate the severity of this problem:

1 2 3 4 5 6 7 8 9 10

Not

Very

Severe

Severe

3. After the September 11th attacks, John has been very upset and unable to concentrate.

Would you recommend John:

(1-Definitely not 2-Not a good idea 3-Would not matter 4-A good idea 5-Definitely yes)

Work it out on his own? 1 2 3 4 5

Talk to friends? 1 2 3 4 5

Talk to family? 1 2 3 4 5

Talk to counselor/psychologist? 1 2 3 4 5

Talk to medical doctor? 1 2 3 4 5

Talk to religious leader? 1 2 3 4 5

Talk to coach? 1 2 3 4 5

Talk to life coach? 1 2 3 4 5

Talk to legal professional? 1 2 3 4 5

Talk to college professor? 1 2 3 4 5

Which of the following would you recommend John talk to the most? (Please select one)

He should work this out on his own

Friends

Family

Counselor/Psychologist

Medical doctor

Religious leader

Athletic coach

Life coach

Legal professional

College professor

On a scale from 1 (Not Severe) to 10 (Very Severe), please rate the severity of this problem:

1 2 3 4 5 6 7 8 9 10

Not

Very

Severe

Severe

4. Amy has always attended the church that she grew up in. Lately, Amy has felt out of place in her church and would like to attend churches with different denominations. She has learned a few things about Catholic mass and would like to attend the next service at the Catholic Church that is close to her house. Amy mentioned this to her parents and they became very upset and told Amy that she should never attend a church of a different denomination.

Would you recommend Amy:

(1-Definitely not 2-Not a good idea 3-Would not matter 4-A good idea 5-Definitely yes)

Work it out on her own?	1	2	3	4	5
Talk to friends?	1	2	3	4	5
Talk to family?	1	2	3	4	5
Talk to counselor/psychologist?	1	2	3	4	5
Talk to medical doctor?	1	2	3	4	5
Talk to religious leader?	1	2	3	4	5
Talk to coach?	1	2	3	4	5
Talk to life coach?	1	2	3	4	5
Talk to legal professional?	1	2	3	4	5

Talk to college professor? 1 2 3 4 5

Which of the following would you recommend Amy talk to the most? (Please select one)

She should work this out on her own

Friends

Family

Counselor/Psychologist

Medical doctor

Religious leader

Athletic coach

Life coach

Legal professional

College professor

On a scale from 1 (Not Severe) to 10 (Very Severe), please rate the severity of this problem:

1 2 3 4 5 6 7 8 9 10

Not

Very

Severe

Severe

5. Lucy is a graduate student taking 12 hours in school this semester. She is experiencing difficulty with balancing homework, her job, and her thesis. She feels stress most days and cries frequently. She has been overeating, having difficulty concentrating, and getting little sleep each night. Her other classmates say that they are stressed also but they seem to happier than her. **Would you recommend Lucy:**

(1-Definitely not 2-Not a good idea 3-Would not matter 4-A good idea 5-Definitely yes)

Work it out on her own?	1	2	3	4	5
Talk to friends?	1	2	3	4	5
Talk to family?	1	2	3	4	5
Talk to counselor/psychologist?	1	2	3	4	5
Talk to medical doctor?	1	2	3	4	5
Talk to religious leader?	1	2	3	4	5
Talk to coach?	1	2	3	4	5
Talk to life coach?	1	2	3	4	5
Talk to legal professional?	1	2	3	4	5

Talk to college professor? 1 2 3 4 5

Which of the following would you recommend Lucy talk to the most? (Please select one)

She should work this out on her own

Friends

Family

Counselor/Psychologist

Medical doctor

Religious leader

Athletic coach

Life coach

Legal professional

College professor

On a scale from 1 (Not Severe) to 10 (Very Severe), please rate the severity of this problem:

1 2 3 4 5 6 7 8 9 10

Not

Very

Severe

Severe

6. Ted has been laid off from his job for 3 weeks. Since then, he has experienced difficulty sleeping. He is only getting 3-4 hours of sleep a night. He feels very fatigued through the day and he does not feel like exercising, spending time with friends, or looking for another job. Before losing his job, he exercised at least 4 times a week and spent time with his friends every Friday or Saturday. **Would you recommend Ted:**

(1-Definitely not 2-Not a good idea 3-Would not matter 4-A good idea 5-Definitely yes)

Work it out on his own?	1	2	3	4	5
Talk to friends?	1	2	3	4	5
Talk to family?	1	2	3	4	5
Talk to counselor/psychologist?	1	2	3	4	5
Talk to medical doctor?	1	2	3	4	5
Talk to religious leader?	1	2	3	4	5
Talk to coach?	1	2	3	4	5
Talk to life coach?	1	2	3	4	5
Talk to legal professional?	1	2	3	4	5

Talk to college professor? 1 2 3 4 5

Which of the following would you recommend Ted talk to the most? (Please select one)

He should work this out on his own

Friends

Family

Counselor/Psychologist

Medical doctor

Religious leader

Athletic coach

Life coach

Legal professional

College professor

On a scale from 1 (Not Severe) to 10 (Very Severe), please rate the severity of this problem:

1 2 3 4 5 6 7 8 9 10

Not

Very

Severe

Severe

7. Marie recently went through a divorce with her husband. She has been devastated since they separated. The main reason for the divorce is Marie had an extramarital affair with a co-worker. The couple tried to work out their problems but Marie's husband said that he could not ever trust her again. Marie feels very lonely and needs to talk to someone about her pain. **Would you recommend Marie:**

(1-Definitely not 2-Not a good idea 3-Would not matter 4-A good idea 5-Definitely yes)

Work it out on her own? 1 2 3 4 5

Talk to friends? 1 2 3 4 5

Talk to family? 1 2 3 4 5

Talk to counselor/psychologist? 1 2 3 4 5

Talk to medical doctor? 1 2 3 4 5

Talk to religious leader? 1 2 3 4 5

Talk to coach? 1 2 3 4 5

Talk to life coach? 1 2 3 4 5

Talk to legal professional? 1 2 3 4 5

Talk to college professor? 1 2 3 4 5

Which of the following would you recommend Marie talk to the most? (Please select one)

She should work this out on her own

Friends

Family

Counselor/Psychologist

Medical doctor

Religious leader

Athletic coach

Life coach

Legal professional

College professor

On a scale from 1 (Not Severe) to 10 (Very Severe), please rate the severity of this problem:

1 2 3 4 5 6 7 8 9 10

Not

Very

Severe

Severe

8. Tim has recently gone through a divorce with his wife. He has been devastated since they separated. The main reason for the divorce is his wife had an extramarital affair with a co-worker. The couple tried to work out their problems but Tim said that he could not ever trust her again. Tim feels very lonely and needs to talk to someone about his pain. **Would you recommend Tim:**

(1-Definitely not 2-Not a good idea 3-Would not matter 4-A good idea 5-Definitely yes)

Work it out on his own?	1	2	3	4	5
Talk to friends?	1	2	3	4	5
Talk to family?	1	2	3	4	5
Talk to counselor/psychologist?	1	2	3	4	5
Talk to medical doctor?	1	2	3	4	5
Talk to religious leader?	1	2	3	4	5
Talk to coach?	1	2	3	4	5
Talk to life coach?	1	2	3	4	5
Talk to legal professional?	1	2	3	4	5

Talk to college professor? 1 2 3 4 5

Which of the following would you recommend Tim talk to the most? (Please select one)

He should work this out on his own

Friends

Family

Counselor/Psychologist

Medical doctor

Religious leader

Athletic coach

Life coach

Legal professional

College professor

On a scale from 1 (Not Severe) to 10 (Very Severe), please rate the severity of this problem:

1 2 3 4 5 6 7 8 9 10

Not

Very

Severe

Severe

9. Max has noticed that he struggles with all of his romantic relationships. He becomes very confused and anxious when the relationship becomes more intimate. Max believes that his problems come from the physical and sexual abuse he received from his father when he was a child. Max has never told anyone about his abuse, however his mother was aware of the abuse when it was happening.

Would you recommend Max:

(1-Definitely not 2-Not a good idea 3-Would not matter 4-A good idea 5-Definitely yes)

Work it out on his own?	1	2	3	4	5	
Talk to friends?		1	2	3	4	5
Talk to family?	1	2	3	4	5	
Talk to counselor/psychologist?		1	2	3	4	5
Talk to medical doctor?		1	2	3	4	5
Talk to religious leader?		1	2	3	4	5
Talk to coach?	1	2	3	4	5	
Talk to life coach?	1	2	3	4	5	

Talk to legal professional? 1 2 3 4 5

Talk to college professor? 1 2 3 4 5

Which of the following would you recommend Max talk to the most? (Please select one)

He should work this out on his own

Friends

Family

Counselor/Psychologist

Medical doctor

Religious leader

Athletic coach

Life coach

Legal professional

College professor

On a scale from 1 (Not Severe) to 10 (Very Severe), please rate the severity of this problem:

1	2	3	4	5	6	7	8	9	10
Not					Very				
Severe					Severe				

10. Jay is a 23 year old student at ECU. Lately, he has been smoking marijuana and drinking approximately 10 beers a day because he says that it helps to “calm his nerves.” Jay is starting to do poorly in his classes. He is also starting to worry about where to get his marijuana because the guy he used to buy it from is moving to California.

Would you recommend Jay:

(1-Definitely not 2-Not a good idea 3-Would not matter 4-A good idea 5-Definitely yes)

Work it out on his own?	1	2	3	4	5
Talk to friends?	1	2	3	4	5
Talk to family?	1	2	3	4	5
Talk to counselor/psychologist?	1	2	3	4	5
Talk to medical doctor?	1	2	3	4	5
Talk to religious leader?	1	2	3	4	5
Talk to coach?	1	2	3	4	5

Talk to life coach? 1 2 3 4 5

Talk to legal professional? 1 2 3 4 5

Talk to college professor? 1 2 3 4 5

Which of the following would you recommend Jay talk to the most? (Please select one)

She should work this out on her own

Friends

Family

Counselor/Psychologist

Medical doctor

Religious leader

Athletic coach

Life coach

Legal professional

College professor

On a scale from 1 (Not Severe) to 10 (Very Severe), please rate the severity of this problem:

1	2	3	4	5	6	7	8	9	10
Not					Very				
Severe					Severe				

11. Whitney recently broke up with her boyfriend. They decided to be friends and everything seemed to be working out. One night when Whitney came home from cheerleading practice, she found several messages on Facebook from 3 girls who attend the same school. They were saying rude and hurtful things to Whitney such as, “You didn’t deserve your boyfriend anyways because you are so ugly” and “we wish you did not go to our school!” After Whitney’s mother showed this to the school principle, the 3 girls received detention in school and their Facebook accounts were deleted. However, Whitney has been very sad and does not talk to anyone during the day. She also quit the cheerleading team.

Would you recommend Whitney:

(1-Definitely not 2-Not a good idea 3-Would not matter 4-A good idea 5-Definitely yes)

Work it out on her own? 1 2 3 4 5

Talk to friends? 1 2 3 4 5

Talk to family?	1	2	3	4	5
Talk to counselor/psychologist?	1	2	3	4	5
Talk to medical doctor?	1	2	3	4	5
Talk to religious leader?	1	2	3	4	5
Talk to coach?	1	2	3	4	5
Talk to life coach?	1	2	3	4	5
Talk to legal professional?	1	2	3	4	5
Talk to college professor?	1	2	3	4	5

Which of the following would you recommend Whitney talk to the most? (Please select one)

She should work this out on her own

Friends

Family

Counselor/Psychologist

Medical doctor

Religious leader

Athletic coach

Life coach

Legal professional

College professor

On a scale from 1 (Not Severe) to 10 (Very Severe), please rate the severity of this problem:

1	2	3	4	5	6	7	8	9	10
Not									Very
Severe									Severe

12. Leo recently lost his mother due to a car accident. Leo and his mother were very close and they spoke on the telephone almost everyday. Since the car accident, Leo has refused to accept his mother's death. Also, Leo will no longer drive or ride in a car.

Would you recommend Leo:

(1-Definitely not 2-Not a good idea 3-Would not matter 4-A good idea 5-Definitely yes)

Work it out on his own? 1 2 3 4 5

Talk to friends?		1	2	3	4	5
Talk to family?	1	2	3	4	5	
Talk to counselor/psychologist?		1	2	3	4	5
Talk to medical doctor?		1	2	3	4	5
Talk to religious leader?		1	2	3	4	5
Talk to coach?	1	2	3	4	5	
Talk to life coach?	1	2	3	4	5	
Talk to legal professional?	1	2	3	4	5	
Talk to college professor?	1	2	3	4	5	

Which of the following would you recommend Leo talk to the most? (Please select one)

He should work this out on his own

Friends

Family

Counselor/Psychologist

Medical doctor

Religious leader

Athletic coach

Life coach

Legal professional

College professor

On a scale from 1 (Not Severe) to 10 (Very Severe), please rate the severity of this problem:

1	2	3	4	5	6	7	8	9	10
Not									Very
Severe									Severe

13. Ally was driving home one night after a party at her friend's house and was involved in a car accident. She hit another car and it instantly killed the other driver. Ally's blood alcohol level was over the legal limit at the time of the crash. Ally was sentenced to 50 years in prison. Since the wreck, Ally has had a really hard time dealing with the fact that she killed another person and regrets her decision to drive while intoxicated. **Would you recommend Ally:**

(1-Definitely not 2-Not a good idea 3-Would not matter 4-A good idea 5-
Definitely yes)

Work it out on her own? 1 2 3 4 5

Talk to friends? 1 2 3 4 5

Talk to family? 1 2 3 4 5

Talk to counselor/psychologist? 1 2 3 4 5

Talk to medical doctor? 1 2 3 4 5

Talk to religious leader? 1 2 3 4 5

Talk to coach? 1 2 3 4 5

Talk to life coach? 1 2 3 4 5

Talk to legal professional? 1 2 3 4 5

Talk to college professor? 1 2 3 4 5

Which of the following would you recommend Amy talk to the most? (Please select one)

She should work this out on her own

Friends

Family

Counselor/Psychologist

Medical doctor

Religious leader

Athletic coach

Life coach

Legal professional

College professor

On a scale from 1 (Not Severe) to 10 (Very Severe), please rate the severity of this problem:

1	2	3	4	5	6	7	8	9	10
Not									Very
Severe									Severe

14. David is an Iraqi War veteran. He served in the Army for a total of 10 years. He is very happy to be home from Iraq so he can spend time with his wife and children.

However, David seems to be jumpy most days and on guard all the time. He wife has noticed that he yells in his sleep and says things like, "Put down your gun!" and "Run!"

When David got back to the United States, he took a job as a Recruiter for the Army. His

co-workers are making comments that he seems to be staying to himself most of the time and does not make conversation often. **Would you recommend David:**

(1-Definitely not 2-Not a good idea 3-Would not matter 4-A good idea 5-Definitely yes)

Work it out on his own? 1 2 3 4 5

Talk to friends? 1 2 3 4 5

Talk to family? 1 2 3 4 5

Talk to counselor/psychologist? 1 2 3 4 5

Talk to medical doctor? 1 2 3 4 5

Talk to religious leader? 1 2 3 4 5

Talk to coach? 1 2 3 4 5

Talk to life coach? 1 2 3 4 5

Talk to legal professional? 1 2 3 4 5

Talk to college professor? 1 2 3 4 5

Which of the following would you recommend David talk to the most? (Please select one)

He should work this out on his own

Friends

Family

Counselor/Psychologist

Medical doctor

Religious leader

Athletic coach

Life coach

Legal professional

College professor

On a scale from 1 (Not Severe) to 10 (Very Severe), please rate the severity of this problem:

1	2	3	4	5	6	7	8	9	10
Not									Very
Severe									Severe

APPENDIX D:
Demographic Survey

Demographic Survey

What is your gender? Male Female

In which county did you spend most of your childhood (example: Madison, KY)?

What is your age? _____

What is your race? Caucasian African-American Latino Asian Other

What year are you in school? Freshmen Sophomore Junior Senior Graduate

Have you or someone you know ever had an experience with a therapist or
psychologist? YES NO