



## Individual differences in referral for help for severe emotional difficulties in adolescence



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### ABSTRACT

Adolescents with emotional distress may find help-seeking an extremely daunting endeavor. However, different adolescent population sectors relate differently to help-seeking for severe emotional difficulties. Gender and ethnic group are among the central factors influencing attitudes towards seeking emotional help. One of the possible mechanisms explaining these cross-group differences is self-esteem. The psychological price of seeking help could be admission of incompetence and feelings of failure, emotions that can be threatening, particularly to adolescents' self-esteem. In the present study, the psychological price of seeking help was manipulated by comparing the ease with which adolescents would self-refer for a severe emotional problem as opposed to referring another for the same problem, and the influence of gender, ethnic group differences and level of self esteem in both situations. The first hypothesis predicting greater ease of referral in the other-referral condition compared to self-referral was confirmed. The second hypothesis predicting general preference of informal help agents than the formal help agents was confirmed. The third hypothesis predicting gender differences such that girls would show higher ease of referral than boys from the different help agents was confirmed. The fourth hypothesis predicting that Jewish-Israeli adolescents would show greater ease of referral than Arab-Israeli adolescents was confirmed. An additional exploratory question examined the interaction between self-esteem and self versus other-referral on ease of referral for help. A significant interaction emerged only for help from the family. Adolescents with low self-esteem showed no differences in self versus other-referral, but adolescents with high self-esteem were more willing to refer others than themselves to seek help. These findings emphasize the importance of a sensitive needs assessment approach in designing mental health service delivery for youth.

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### 1. Introduction

Adolescence is a particularly challenging period during which the major tasks of identity formation, role adoption, and autonomy consolidation are negotiated amidst rapid physiological and psychological changes. These dynamic processes are frequently associated with emotional instability and difficulties that may be ameliorated by social support or seeking help. In addition, these emotional processes can pre-empt disorder (Klein, Torpey, Bufferd, & Dyson, 2008) that may necessitate help seeking from informal or professional sources. Help for an emotional difficulty is not necessarily available only from professional services, but can be harnessed and utilized in the community.

Adolescents with emotional distress and pathology may find help-seeking, whether formal or informal, an extremely daunting endeavor (Raviv, Sills, Raviv, & Wilansky, 2000; Wilson, Deane, & Ciarrochi, 2005). Possible reasons for this may be that emotional states are not readily understood and adolescents, particularly, can have difficulty verbalizing and describing complex emotional states together with tasks of developing self-reliance and sense of autonomy (Sherer & Karnieli-Miller, 2007). In addition, social stigma surrounding seeking and obtaining help may prevent adolescents from referring to some of the available sources (Chandra & Minkovitz, 2007).

A major factor influencing adolescents' help-seeking behavior is the source of support from which help is sought. In general, adolescents tend to prefer seeking help from informal sources, such as family and friends, than from formal sources, such as teachers, physicians, psychologists and school counselors (Dolan, 1991; Gilat, 1993; Offer, Howard, Schonert, & Ostrov, 1991). In addition, during the period of adolescence, developmental changes have been identified in help-seeking behavior. Help-seeking from professional agents has been found to be less prevalent among younger than older adolescents (Sears, 2004). Among the available informal sources of help, younger adolescents have been

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found to prefer referral to family members whereas older adolescents have been found either to prefer friends (Boldero & Fallon, 1995) or to attempt to solve problems on their own (Ciarrochi, Wilson, Dean, & Rickwood, 2003). In addition, during adolescence, although friends are considered a dominant source of help during adolescence, the family is still valued and used for advice and support (Sherer & Karnieli-Miller, 2007). Despite the stereotype that adolescence is characterized by conflictual and problematic relationships with parents, parents have been shown to be a dominant and positive source of help for adolescents (Levitt, Guacci-Franco, & Levitt, 1993; Offer & Schonert-Reichl, 1992; Schonert-Reichl & Muller, 1996).

Nevertheless, the needs of many adolescents remain unmet. Surveys have indicated that between 60% and 85% of those in need of services due to the presence of a psychiatric disorder, do not seek or receive help from professional or informal sources (Costello, Copeland, Cowell, & Keeler, 2007; Mansbach-Kleinfeld et al., 2010; Raviv, Raviv, Vago-Gefen, & Schachter-Fink, 2009), although this treatment gap may be partially attributed to lack of available services (Levav, Jacobsson, Tsiantis, Kolaitis, & Ponizovsky, 2004; Mansbach-Kleinfeld et al., 2010). In view of these issues, willingness to seek help during adolescence is characterized by a wide range of individual and group differences.

### 1.1. Gender and cultural differences in willingness for help-seeking

Different population sectors relate differently to help-seeking for severe emotional difficulties. Among the demographic variables, gender is one of the central factors influencing attitudes toward seeking emotional help. Several studies have reported that females exhibit more positive attitudes toward seeking psychological help than their male counterparts (Addis & Mahalik, 2003; Vogel & Wester, 2003). In line with this, females are reported to utilize more mental health services than males (Ang, Lim, Tan, & Yau, 2004; Morgan, Ness, & Robinson, 2003). A possible explanation for this could lie in social norms that describe maleness in terms of strength, instrumental orientation, and minimization of emotional expressiveness that could contradict help seeking for emotional distress (Nam et al., 2010).

In addition to gender, significant cultural differences have been reported both in levels of help seeking and in agents deemed appropriate for help. Cultures and ethnic groups are characterized by different attitudes toward dealing with difficulties and challenges as well as different values and norms for coping, resulting in diverse alternatives of adaptive help-seeking behaviors (Kuhl, Jarkon-Horlick, & Morrissey, 1997; Seiffbe-Krenke & Shulman, 1990). These values and norms affect adolescents' views about seeking help in general (Garland & Zigler, 1994) and perceptions about seeking help for emotional and psychological problems in particular (Furnham & Andrew, 1996).

Attitudes toward seeking psychological help are related to cultural values (Al-Krenawi, Graham, Dean, & Eltaiba, 2004; Razali & Najib, 2000; Uehara, 2001). Western society norms tend toward promoting expressiveness and open communication with support agents. However, some eastern societies stress values of self-control and self-coping (Kim & Omizo, 2003) and do not encourage expression of emotions or self disclosure (Al-Darmaki, 2004). These different tendencies to seek help could resound on the willingness to seek help from professional and informal agents in a compensatory manner. Reticence to seek help from informal agents such as the family and peers may increase the need for help from formal professional agents. One of the aims of the present study was to examine differences in levels of referral for help in general and in levels of referral for help from different agents in particular across the demographic divisions of gender and ethnic group. The study was conducted in Israel with a sample of Jewish and Arab Israeli adolescents representing the two major ethnic groups in the country.

### 1.2. Jewish Arab cross-cultural differences in willingness for help-seeking

The Arab minority in Israel is comprised of the part of the Arab population that remained in Israel in 1948 after the Israeli declaration of independence and became Israeli citizens. The Arab-Israeli population is the largest minority group in Israel and constitutes 19.5% of the total population (Central Bureau of Statistics, 2005). Although there are several mixed cities in Israel in which both Jewish and Arab-Israelis reside, in most cases, cultural, residential and community divisions between the two ethnic groups are preserved although with significant inequalities in social status and structures (Reiter, 1996).

Differentiation of Jewish and Arab-Israeli citizens is evident in a number of areas including the religious, cultural and familial levels. The dominant family structure in Arab-Israeli culture is authoritarian, patriarchal and collectivistic in which values of obedience and conformity are foremost (Haj-Yahia, 1994; Weller, Florian, & Mikulincer, 1995). The Jewish-Israeli family tends to be relatively more individualistic with an emphasis on values relating to personal achievement, competitiveness, individual differences and self-expression (Segall, Dasen, Berry, & Poortinga, 1999). In the past decades, the Arab-Israeli population has undergone changes with a tendency toward greater urbanization and the development of liberal attitudes towards different issues such as women's rights, education, professional and personal development (Haj-Yahia, 1994). These changes have produced greater similarity between Jewish-Israelis and Arab-Israelis on many levels (Slone, Shechner, & Khoury Farah, 2012).

In general, ethnic minority families in Israel, including the Arab-Israeli population, tend to be reticent about help-seeking despite their frequent need (Al-Krenawi, 2002; Zachrisson, Rödje, & Mykletun, 2006). This is consistent with findings reporting lower than average use of services by minority populations in many countries, possibly due to prejudice about mental illness (Ponizovsky, Geraisy, Shoshan, Kramer, & Smetannikov, 2007) and reluctance to use services because of the stigma attached to psychiatric and psychological treatment (Snowden, 1998). In Arab countries, studies have found that low use of services is associated with ambivalence and shame concerning use of mental health services (Al-Darmaki, 2004; Eapen & Ghubash, 2004; Youssef & Deane, 2006).

Help-seeking intentions and behaviors among Arab-Israelis have not been widely studied (Ben-Ari, 2004). The few studies that have been conducted have found age differences in willingness to seek help among Arab populations. Studies on adult Arab population have found under-utilization of mental health services and marital and family clinic services (Feinson, Popper, & Handelsman, 1992; Savaya & Spiro, 1990). Possible explanations for the under-utilization of formal mental health services by adults include the norm that private family affairs should not be disclosed (Savaya, 1998) with a preference to turn to community members or to religious authorities (Savaya, 1997, 1998). In general, minorities refer less often to formal support systems because of doubts and suspicion concerning the nature and quality of help offered by the majority group and unsatisfactory experiences with public services (Nickerson, Helms, & Teller, 1994). Very few studies have examined help-seeking intentions among Arab adolescents and the findings for youth are somewhat different. In general, Arab-Israeli youth have been shown to prefer formal help systems whereas Jewish-Israeli youth were more inclined to turn to parents and friends, although these findings were not conclusive for all aspects of the measures (Sherer & Karnieli-Miller, 2007). The reasons for these age differences remain unclear.

Culture interacts with gender in producing different utilization of mental health services. In a study of Arab women's service utilization, Savaya (1998) found the nuclear family to be the preferred source of help, professionals to be the second choice, and religious sources preferred by only a few. However, findings showed a discrepancy between these attitudes and actual behavior with most Arab women turning only to the extended family for help.

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