

Collegian Help Seeking: The Role of Self-Compassion and Self-Coldness

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Abstract

Background: Researchers have identified a two-factor structure of self-compassion (i.e., self-compassion and self-coldness). To date, no research has examined each of these constructs' role in collegian professional help-seeking intention.

Aim: The current study sought to assess the role of self-compassion and self-coldness in collegian professional help-seeking intention, accounting for other theoretically and empirically-supported help-seeking constructs.

Method: Participants included 9,349 collegians recruited as part of the national 2015-2016 Healthy Minds Study archival dataset. A logistic regression was conducted to examine the unique contributions of self-compassion and self-coldness in predicting professional help-seeking intention, controlling for key help-seeking variables.

Results: A test of the full model against a constant only model was statistically significant, which indicated that the predictors collectively distinguished between collegians who intended to seek help from a professional clinician compared to those who did not. The Wald criterion indicated that both self-compassion and self-coldness were uniquely associated with intention to seek professional help. Self-compassion increased and self-coldness decreased the probability of seeking professional help.

Conclusions: The study highlights the importance of self-compassion and self-coldness in collegian help-seeking intention. These findings can inform specific outreach efforts targeting both self-compassion and self-coldness.

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Keywords: self-compassion, self-coldness, help-seeking, stigma, college, health services, intention, mental health

Introduction

The prevalence of mental illness is steadily rising in collegians (Eisenberg, Hunt, & Speer, 2012), with some estimates indicating that between 3.4% and 10% of U.S. collegians met criteria for a diagnosable mental illness within the last twelve months (Liu, Stevens, Wong, Yasui, & Chen, 2019). Furthermore, approximately 75% of lifetime mental illnesses have their first onset during the early to mid-twenties, which encompasses the majority of collegians (Kessler et al., 2007). The increase in mental health diagnoses among collegians has been attributed to several factors. One factor is the coalescence of financial, academic, and interpersonal stressors (Beiter et al., 2015). In some cases, collegians' mental health concerns result from discrimination due to marginalized identities such as racial or ethnic background (Pieterse, Carter, Evans, & Walter, 2010), ability status (Coduti, Hayes, Locke, & Youn, 2016), or sexual or gender minority status (Woodford, Han, Craig, Lim, & Matney, 2014). Moreover, an increasing number of collegians have mental health concerns arising before college (Haas, Hendin, & Mann, 2003). Mental health concerns can lead to reduced academic achievement (Bruffaerts et al., 2018) and dropout (Hartley, 2010). Ketchen and colleagues (2015) refer to the state of collegian mental health as a "major public health problem" (p. 388).

Most college campuses support at least one mental health treatment center, where collegians receive psychological services at no additional cost to them (Marsh & Wilcoxon, 2015). Although a significant proportion of collegians will experience mental health concerns during their college career, a majority of collegians with mental health concerns do not seek out these free services (Ketchen et al., 2015). This disparity is referred to as the mental health treatment gap (Evans-Lacko et al., 2018). The persistence of the mental health treatment gap on

college campuses, where mental health treatment is more physically and financially accessible than in the community, suggests psychosocial factors perpetuate the mental health treatment gap.

Research has focused on reducing the treatment gap by identifying factors that facilitate or prevent psychological help seeking. One framework that is increasingly cited to explain help seeking is the Theory of Planned Behavior (Parnell & Hammer, 2018; Spiker, Hammer, & Parnell, 2019), which suggests that intention to perform a behavior is the most proximal predictor of performing the behavior (Ajzen, 1991). Intention to seek help has been demonstrated to both significantly predict help-seeking behavior and mediate the relationship between other help-seeking variables (e.g., self-stigma, perceived behavioral control) and help-seeking behavior (Lin, Oveisi, Burri, & Pakpour, 2017). The most consistent facilitators of collegians' help-seeking intention (i.e., effort one plans to exert toward a behavior) are perceived mental healthcare effectiveness (Eisenberg, Hunt, Speer, & Zivin, 2011), knowledge of mental illness (Bonabi et al., 2016), knowledge of campus mental healthcare (Ali et al., 2016), past help-seeking behavior (Schomerus, Matschinger, & Angermeyer, 2009), being female (Harris et al., 2016), and perceived need for mental healthcare (Bonabi et al., 2016). The most common barriers to collegians' help-seeking intention are personal stigma of help seeking (i.e., perceiving others as tarnished for seeking mental health treatment; Downs & Eisenberg, 2012) self-concealment (i.e., reluctance to disclose psychological distress; Mendoza, Masuda, & Swartout, 2015), and being male (Harris et al., 2016). However, these facilitators and barriers do not fully explain collegians' intention to seek professional help (Masuda, Anderson, & Edmonds, 2012; Komiya, Good, & Sherrod, 2000). Thus, there is a continued need to examine additional psychosocial factors that inform collegian professional help-seeking intention.

Self-Compassion and Psychological Help Seeking

One likely candidate for a help-seeking facilitator is self-compassion, conceptualized by Neff (2003a) as a nonjudgmental understanding of one's own suffering and the desire to heal oneself with kindness. Terry and Leary (2011) postulated that self-compassion may be helpful in the self-regulation of health-related behaviors (e.g., setting health-related goals such as weight loss), due to self-compassion's emphasis on reducing self-blame that can interfere with self-regulation. Self-compassion has been linked with health-promoting behaviors such as stress management, sleep behaviors, and exercise (Sirois, Kitner, & Hirsch, 2015). In a similar vein, self-compassion may facilitate mental health-related behaviors including seeking professional help. Individuals high in self-compassion have demonstrated more positive health-related cognitions, more positive affect, greater psychological well-being, fewer negative emotional reactions to health problems, and are more likely to seek medical attention in the face of physical health concerns (Brenner et al., 2018; Terry, Leary, Mehta, & Henderson, 2013). Self-compassion may also facilitate psychological help seeking through similar avenues (Terry et al., 2013). Recent research has indicated that self-compassion reduces the stigma associated with psychological help seeking in collegians (Heath, Brenner, Lannin, & Vogel, 2018) and reduces the negative impact of masculinity on men's self-stigma of psychological help seeking (Heath, Brenner, Vogel, Lannin, & Strass, 2017). However, no study to date has explored the role of self-compassion on intention to seek professional help. This is surprising as the research cited above indicates clear links between self-compassion and self-regulation behaviors. Intention is the most predictive variable of future help-seeking behavior (Ajzen, 1991); therefore, understanding whether self-compassion predicts intention could help facilitate collegian professional help-seeking behavior.

Self-Coldness and Psychological Help Seeking

In the 2003 article introducing self-compassion theory, Neff constructed self-compassion as being comprised of three distinct components, in both positive and negative directions (i.e., Self-Kindness and Self-Judgment, Common Humanity and Isolation, Mindfulness and Over-Identification; Neff 2003a). The Self-Compassion Scale (SCS) was initially conceptualized as either a one or six-factor measure (Neff, 2003a; Neff, 2003b). Recently, researchers have suggested that the SCS is best conceptualized as a two-factor structure comprised of self-compassion (i.e., self-kindness, common humanity, mindfulness) and self-coldness (i.e., self-judgment, isolation, over-identification; Brenner, Heath, Vogel, & Crede, 2017; Costa, Marôco, Pinto-Gouveia, Ferreira, & Castilho, 2015; Lance, Butts, & Michels, 2006; Williams, Dalgleish, Karl, & Kuyken, 2014). In contrast to self-compassion, self-coldness is understood as individuals' feelings of "self-judgment, isolation, and overidentifying with distress" and has been hypothesized to negatively impact individual's willingness to seek help for mental health concerns (Brenner et al., 2018, p. 347). While self-compassion may facilitate psychological help seeking through desire for healing and nonjudgmental self-prompting to seek help for mental health concerns, self-coldness may do the opposite. Specifically, self-coldness's sense of self-judgment of distress, as well as the conflation of a person with their own distress, may keep a person from believing that they are capable of seeking or deserving of help. Moreover, feelings of isolation associated with greater endorsement of self-coldness could limit access to social support that may facilitate psychological help seeking (Gulliver, Griffiths, & Christensen, 2010). Importantly, each factor accounted for differing amounts of variance in psychological outcomes (e.g., subjective well-being, depression, anxiety) calling into question whether self-compassion or self-coldness drove previous associations with help-seeking variables (Brenner et al., 2017).

To date, no study has examined if self-compassion or self-coldness accounts for unique variance in professional help-seeking intention when accounting for other salient help-seeking variables.

Present Study

The present study was designed to assess the role of self-compassion and self-coldness in collegian professional help-seeking intention, controlling for key help-seeking variables, in a national sample of collegians. Since self-compassion has been demonstrated to facilitate help seeking, potentially due to its emphasis on treating oneself with kindness and emphasis on healing (Neff, 2003a), it may be that self-compassion will be associated with increased help-seeking intent. Self-coldness, defined as being “aggressive - or cold - towards [one]self in the face of possible failure or inadequacy” (Brenner et al., 2017, p. 698), may alternatively make individuals less likely to seek professional help if they see mental illness as a defect or failure. The purpose of this study was to determine whether self-coldness and self-compassion account for variance in professional help-seeking intention, when accounting for established help-seeking variables. On the basis of established theory and empirical results reviewed previously, we hypothesized that self-compassion, perceived mental healthcare effectiveness, knowledge of mental illness, perceived need for mental healthcare, and past year mental healthcare will increase the probability of collegian professional help-seeking intention, whereas self-coldness, self-concealment, personal stigma of seeking help, and self-identifying as male will decrease the probability of collegian professional help-seeking intention.

Method

Participants and Procedure

Participants were 9,349 undergraduate and graduate students from 24 institutions. The participants were recruited as part of the 2015-2016 Healthy Minds Study (HMS; total $N =$

29,765), a web-based survey that examines health and help-seeking variables across a national college sample in the United States (Healthy Minds Network, 2018). The University of Michigan Health and Behavioral Sciences' institutional review board (IRB; HUM00100169) provided approval for the collection of the Healthy Minds archival dataset. Participants in the study provided consent for their data to be used in research. The authors of the current study received a deidentified archival dataset from the Health Mind Survey research team; therefore, IRB approval was not required to obtain and use the data for the study. Each participating institution chose which elective modules their collegians would complete, and participants were selected on the basis of completing the variables of interest. The participants were primarily female (64.8%) and age ranged between 18 to 68 (age $M = 22.20$, $SD = 4.85$). Participants with a non-binary gender identity (e.g., genderqueer) were not included in the data analysis as the small number of participants ($n < 100$) precluded meaningful analyses based on gender identity. Regarding race, participants identified as White (76%), Asian or Asian American (10%), Multiracial (6%), Hispanic (5%), and Black or African American (3%). With regards to educational level, 28.1% were in their first year, 24.9% in their second year, 21.5% in their third year, and 18.6% in their fourth year. Most collegians were enrolled full-time (94.4%) and pursuing a bachelor's degree (71.7%), PhD (12.4%), or master's (10.3%). The majority of collegians (76.2%) had not sought professional psychological help in the past 12 months.

Measures

For the following variables (excluding the dichotomous items), higher scores indicated more of that construct (e.g., greater perceived treatment effectiveness, more perceived public stigma of seeking help).

Intention to seek professional help. Intention to seek professional help (0 = *no*, 1 = *yes*)

was measured by selecting “professional clinician (e.g., psychologist, counselor, or psychiatrist)” to the question “If you were experiencing serious emotional distress, whom would you talk to about this?”

Self-Compassion and Self-Coldness. The Self-Compassion Scale – Short Form (SCS-SF; Raes, Pommier, Neff, & Van Gucht, 2011) is a 12-item measure of self-compassion and self-coldness. Participants rate each item from 1 (*almost never*) to 5 (*almost always*). The SCS-SF contains items from the original 6 subscales. Recent research suggesting a two-factor solution examining positive subscale items (i.e., self-compassion) and negative subscale items (i.e., self-coldness) separately has reported adequate reliability and validity for these two subscale scores (Brenner, Heath, Vogel, & Crede, 2017). The current study used the two-factor solution and found adequate reliability for the self-compassion (6 items; .79 [95% CI of .785, .798]) and self-coldness (6 items; .89 [95% CI of .881, .888]) subscales.

Perceived treatment effectiveness. Perceived treatment effectiveness was assessed with an item adapted from the Healthcare for Communities Study (Wells, Sturm, & Burnam, 2003) that has been used in previous research (Downs & Eisenberg, 2012). The item stated, “How helpful on average do you think therapy or counseling would be for you if you were having mental or emotional health problems?,” rated from 1 (*not helpful*) to 4 (*very helpful*).

Knowledge of mental illness. Knowledge of mental illness was measured with an item used in prior research (Lipson, Speer, Brunwasser, Hahn, & Eisenberg, 2014). The item stated, “Relative to the average person, how knowledgeable are you about mental illnesses (such as depression and anxiety disorders) and their treatments?,” rated from (1) *well below average* to (5) *well above average*.

Knowledge of campus mental healthcare. Knowledge of campus mental healthcare was

measured by “If I needed to seek professional help for my mental or emotional health, I would know where to go on my campus,” rated from (1) *strongly disagree* to (6) *strongly agree*.

Stigma. Personal stigma of seeking help was measured with an item adapted from the Devaluation-Discrimination Scale (Link, Cullen, Struening, Shrout, & Dohrenwend, 1989) that has been used in prior research (Downs & Eisenberg, 2012). Personal stigma of seeking help was measured by the item “I would think less of a person who has received mental health treatment,” rated from (1) *strongly disagree* to (6) *strongly agree*.

Perceived need. Perceived need was measured by “In the past 12 months, I needed help for emotional or mental health problems such as feeling sad, blue, anxious or nervous?,” rated from (1) *strongly disagree* to (6) *strongly agree*.

Self-concealment. Self-concealment was measured by an item from the Distress Disclosure Index (Kahn & Hessling, 2001) that has been used in prior research (Eisenberg, Golberstein, Whitlock, & Downs, 2013). Self-concealment was measured by “When I feel depressed or sad, I tend to keep those feelings to myself,” rated from (1) *strongly disagree* to (6) *strongly agree*.

Past year mental healthcare. Past year utilization of professional psychological treatment was measured with the item, “In the past 12 months have you received counseling or therapy for your mental or emotional health from a health professional (such as psychiatrist, psychologist, social worker, or primary care doctor)?” The item was rated dichotomously as (0) *no* or (1) *yes* (Downs & Eisenberg, 2012).

Gender. Gender was measured by a dichotomous item rated as (0) *male* or (1) *female*.

Results

Data Preparation and Analysis Plan

The initial archival dataset contained 9,683 participants who completed all variables. Because logistic regression uses complete cases, we retained the 9,576 cases that had complete data on all 11 variables for analysis. No variables exceeded the cutoffs of 3 and 10 for high univariate skewness and kurtosis values, respectively (Weston & Gore, 2006). Binary logistic regression was conducted with SPSS (Version 23). The 11 independent variables did not demonstrate evidence of multicollinearity (VIF's < 1.91) and were retained. The eight ordinal independent variables were standardized (i.e., grand center mean) prior to being entered, the two binary independent variables were defined as categorical, and intention to seek professional help was designated as the dependent variable. Standardized residuals were inspected for outliers (i.e., exceeding 2.58; King, 2008) and 227 cases were identified as outliers and removed from further data analysis ($N = 9,349$).

Logistic Regression

A test of the full model against a constant only model was statistically significant, indicating that together the predictors (see Table 1) distinguished between collegians who intended to seek help from a professional clinician compared to those who did not ($\chi^2(10) = 3977.79, p < .001$). Nagalkerke's R^2 of .48 indicated a moderate relationship between prediction and grouping. The classification table indicated that, compared to the constant only model, the full model had an increase of 65.2% for prediction success among collegians who would seek help. Overall prediction success increased from 65.2% to 80.4%. The Wald criterion indicated that all predictors were uniquely associated with intention to seek professional help in the hypothesized directions. As predicted, self-compassion increased the probability of professional help-seeking intention, whereas self-coldness decreased the probability of professional help-seeking intention when controlling for all other prominent help-seeking predictors as

hypothesized. For each unit increase in self-compassion, a collegian had 1.11 higher odds to intend to seek professional help, whereas, a one-unit increase in self-coldness was associated with 1.09 ($1/.91=1.09$) lower odds to intend to seek professional help. Post hoc analyses were then conducted where we ran one, separate logistic regression model for individuals who had previously sought psychological help and another, separate logistic regression model for individuals who had not previously sought psychological help. For a collegian who had not previously sought psychological help, each unit increase in self-compassion was associated with 1.13 higher odds of intending to seek professional help, whereas, a one-unit increase in self-coldness was associated with 1.09 lower odds of intending to seek psychological help. For collegians who had sought past psychological help, both self-compassion and self-coldness had no association with intention to seek psychological help.

Discussion

The current study sought to examine the unique contributions of self-compassion and self-coldness in predicting collegian professional help-seeking intention, controlling for established help-seeking constructs. The results indicated that all predictors were significant. As hypothesized, self-compassion, perceived mental healthcare effectiveness, knowledge of mental illness, perceived need for mental healthcare, and past year mental healthcare increased the probability of collegian professional help-seeking intention, whereas self-coldness, self-concealment, personal stigma of seeking help, and self-identifying as male decreased the probability. These findings, drawn from a national sample of U.S. collegians, help clarify the role of self-compassion and self-coldness in professional help-seeking and highlight new avenues for future prevention and intervention efforts aimed at improving collegian mental health.

To our knowledge, this is the first study to examine the role of self-compassion and self-coldness in professional help-seeking intention. The current findings extend the growing body of literature demonstrating that self-compassion and self-coldness play a unique role in collegian's professional help-seeking and psychological well-being (Brenner et al., 2018; Heath et al., 2017). The current study is the first to demonstrate that self-compassion and self-coldness have a direct, albeit small, effect on collegian professional help-seeking intention. The self-regulation literature may provide a useful framework to explain this finding. Self-compassion has been described as a useful emotional regulation strategy (Neff, 2003a). Consistent with Terry and Leary (2011), it may be that self-compassion affects professional help-seeking intention by reducing the defensiveness, self-blame, and emotional states (e.g., shame) that hinder collegians' self-regulatory behavior (e.g., help seeking). The reduced self-blame and defensiveness can subsequently lead to greater personal initiative that facilitates greater help-seeking intention (Neff, Rude, & Kirkpatrick, 2006). Moreover, collegians who are higher in self-compassion may view their psychological distress, and subsequent help seeking, as part of the normal human experience which de-stigmatizes the help-seeking process. Collegians higher in self-coldness, on the other hand, may react to their psychological distress through isolating (e.g., decreasing access to social support that could facilitate help seeking), judging their experience (e.g., I should not feel this way), and overidentifying with the distress (e.g., I am weak). These processes could decrease professional help seeking by creating a maladaptive self-reliance (i.e., perceiving a need to solve problems without assistance from others; Terry & Leary, 2011).

The findings also supported a continued focus on intervention efforts that target perception of mental healthcare effectiveness, knowledge of mental illness, knowledge of campus mental healthcare, perceived need for mental healthcare, and past year mental healthcare

utilization, while decreasing personal stigma and self-concealment (Downs & Eisenberg, 2012; Eisenberg, Downs, Golberstein, & Zivin, 2009; Eisenberg et al., 2011; Lipson et al., 2014). Of note, collegians that endorsed seeking past year mental healthcare were 18 times more likely to endorse an intention to seek professional help. Furthermore, collegians were more than twice as likely to intend to seek professional help for each one-unit increase in perceived mental healthcare effectiveness. Supporting these findings, mental healthcare professional and outreach coordinators may increase professional help-seeking intention by reinforcing previous mental healthcare experiences (Vogel & Wester, 2003) and conducting psychoeducation efforts aimed at increasing the perceived effectiveness of professional help.

Implications

The finding that self-compassion and self-coldness each uniquely contribute to collegian help-seeking intention even when accounting for established help-seeking factors suggests that practitioners may find utility in incorporating interventions designed to increase self-compassion and decrease self-coldness (Brenner et al., 2018). Of note, the small effect sizes suggest that future research should examine self-compassion's and self-coldness' indirect effects on intention through prominent help-seeking variables such as self-stigma (Heath et al., 2017; Vogel, Wade, & Haake, 2006). Previous studies have suggested that Acceptance and Commitment Therapy (ACT) may be a particularly relevant framework for self-compassion interventions (Neff & Tirsch, 2013). ACT interventions can decrease aspects of self-coldness such as the overidentification with problematic thoughts and feelings that can hinder help seeking (Brenner et al., 2018). Furthermore, defusion exercises (e.g., recognizing the thoughts/feelings preventing help seeking and understanding that you can choose how to act upon them) could aid collegians in overcoming their psychological barriers to help seeking. These interventions may be

especially important among collegians demonstrating self-coldness (e.g., self-judgment, self-isolating, or overidentifying with their emotional experience), or on campuses or degree programs that are highly competitive (e.g., emphasizing perfectionism) and where failure is commonplace (e.g., graduate programs). Brief interventions to promote self-compassion and decrease self-coldness may include writing a letter to oneself (Neff & Germer, 2013), ACT mindfulness and thought defusion exercises (in which many free resources exist; Harris, 2019), and self-compassion induction strategies as described in Leary et al. (2007). These brief and inexpensive interventions may also have secondary benefits (e.g., buffering against self-stigma of seeking help; Heath et al., 2017). In summary, the brevity and financial feasibility of these interventions may be particularly useful considering the financial and personal resource limitations in counseling centers (New, 2017).

Addressing Limitations through Future Research

The study's findings should be considered in the context of the study limitations. First, the cross-sectional design prevents causal conclusions. Future research should use a longitudinal design to examine these constructs relation to future collegian professional help-seeking behavior and whether self-compassion and self-coldness interventions promote future collegian professional help-seeking behavior. Second, although prior research has supported theoretically-consistent associations among these help-seeking variables using single-item instruments (Eisenberg et al., 2009), these instruments do not lend themselves to reliability estimation and may not assess the constructs with the same fidelity as multi-item measures. However, the single-item measures did demonstrate the ability to account for unique variance in intention, reducing this concern. Third, the sample may not be generalizable to all sub-populations (e.g., Black collegians), and further research needs to be conducted. Fourth, as with any self-report

data, there may have been a social desirability component (Lucas & Baird, 2006), specifically when endorsing stigma (Corrigan & Shapiro, 2010). The anonymous nature of the survey may have mitigated the influence of this response style. Fifth, although we tested 11 variables, there may be other factors not operationalized within the dataset such as self-stigma of seeking help that may help to further predict collegian professional help seeking and inform future intervention efforts. Sixth, the two-factor structure used for the self-compassion scale has not been established with the short-form. Future research needs to establish this factor structure with the short-form version. Lastly, future researchers should continue to examine self-compassion and self-coldness' causal role in key help-seeking variables (e.g., attitudes towards professional help, intention to seek professional help).

Conclusion

In summary, these results support previous collegian help-seeking research, highlight the role of the two-factor structure of self-compassion (i.e., self-compassion and self-coldness), and provide support regarding the unique, yet modest, contribution of self-compassion and self-coldness to collegian professional help-seeking intention. These findings may be used to guide specific outreach efforts. Future research should continue to clarify and generalize these findings by conducting longitudinal research and sampling from a variety of samples (e.g., community dwellers, Black collegians), while including other prominent sample-informed help-seeking variables.

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Table 1

Logistic regression predicting intention to seek professional help among U.S. collegians (N = 9,349)

Variable	<i>B</i>	<i>SE B</i>	Wald's χ^2	<i>df</i>	<i>p</i>	Odds ratio	Odds ratio 95% CI	
							Lower	Upper
Self-Compassion	.10	.04	6.09	1	<.01	1.11	1.02	1.21
Self-Coldness	-.09	.04	6.44	1	<.01	.91	.85	.98
Perceived mental healthcare effectiveness	.74	.04	357.99	1	<.001	2.09	1.93	2.25
Knowledge of mental illness	.26	.04	55.91	1	<.001	1.30	1.21	1.39
Knowledge of campus mental healthcare	.34	.03	176.87	1	<.001	1.41	1.34	1.48
Self-concealment	-.06	.02	7.12	1	<.01	.95	.91	.99
Personal stigma of seeking help	-.22	.03	57.66	1	<.001	.80	.76	.85
Perceived need for mental healthcare	.07	.02	12.94	1	<.001	1.08	1.03	1.12
Past year mental healthcare (0 = no, 1 = yes)	2.89	.08	1201.40	1	<.001	18.01	15.30	21.21
Gender (0 = male, 1 = female)	-.19	.06	10.22	1	<.01	.83	.73	.93
Constant	-5.84	.29	407.67	1	<.001	.003		

Note. All independent variables were significant predictors.