A Personal Look at Self-Reliance and Help Seeking*

Daniel Fu, a UCLA undergraduate working at our Center, had a personal interest in the relationship between self-reliance and decisions to seek help when needed. He reviewed the literature to learn more about the matter. The following is an edited version of what he learned (with an added Center perspective). It is offered as an information resource for teachers, parents and others wanting a brief introduction to the problem.

Daniel's Personal Interest

Growing up in an Asian household, I had no exposure to the concept of mental health problems. Additionally, I always held the belief that any problems in the family stayed within the family. This notion also resulted in me telling myself that I had to deal with my own problems by myself.

As a son of immigrant parents, we never had too many people to depend on. In addition to that, by the time I was in high school, I had already moved and lived in six different cities across three states and two countries making it extremely hard to make or maintain meaningful relationships within our community. This resulted in me feeling relatively closed off to others when it came to personal matters or problems.

High school was the first time I witnessed someone close to me going through depression. Although I cared deeply for my friend, I was upset that he allowed his depression to affect everything around him. I couldn't help but treat his depression as something he had to get over in order to get better. In my mind, I wanted to tell him just to toughen up. At first, I didn't treat his depression as seriously as I should have. As a result, this led to quite a bit of conflict between me and him. At this point, I was still trying to process all my own emotions. Part of me was judging him for showing weakness and letting it negatively affect other parts of his life including me. I became very frustrated with him, and I, in turn, vowed to myself I would never let my emotions bleed out to other parts of my life, no matter what I went through.

As the years went by, although I still held to my vow, I grew to learn to understand and accept my friend and his depression. This was a healing process that led to a lot of open conversations about mental health issues between the two of us. Despite understanding and learning to empathize with my friend, I couldn't help but continue my extremely self-reliant/closed-off behavior, in addition to that, I would not acknowledge any of my own struggles or face them head on. Bringing my own problems up in conversation to anyone was definitely not an option I was too willing to consider at this point in my life.

As I moved out for college, however, I started to realize one of my life mentor's mental health take a hit. He seemed to be constantly unhappy and somewhat aimless. He also exhibited behavior of someone who was depressed. The fact that he is the most closed-off, independent person I knew also weighed heavily within my mind. I always knew my mentor to be a smart, independent, and "mentally tough" guy, so to see him the way he was really shook me. I would try to talk to him about it or get him to talk to others about his struggles, but he would always shrug aside my suggestions.

At some point, I realized that if I were giving myself the same suggestions, I would probably also not take it to heart. As I continued to pry into my mentor's thought process and examine myself, I began to realize that a huge factor in our lack of action was because of our self-reliant behavior and the need to uphold the appearance of being tough mentally both to others and ourselves.

Now, even though I know all this, I still struggle to actually take action to implement my new understanding of how self-reliant behavior can further worsen mental health issues. In part, my pursuit of this topic was a way to force myself to look at my personal issue face on and dissect as many factors that play a role to self-reliant behavior in life not only for myself but also for those who may struggle with extreme self-reliance.

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At this time, I still find it hard to convince myself to actually take action and seek professional help. Part of me honestly still thinks that I am fine and that my problem isn't really that bad, and I know this is due to personal pride as well as many of the factors I have learned about. Despite this, I have definitely become a lot more open to talking to others about some of my struggles and am increasingly more open to the idea of seeking some professional guidance in the future.

What Daniel Learned

Reluctance to seek help is a common event (see reference list). This is especially the case with respect to mental health problems. Concerns about the matter are found throughout the literature on help-seeking:

> *Ultimately, attitudes about help-seeking remain a primary predictor of formal mental health service utilization, and adolescents with negative attitudes about help-seeking are frequently reticent to disclose their symptoms, especially to adults* (Cauce & Srebnik, 2003; Labouliere, Kleinman, & Gould, 2015).

> *I wouldn't see a counsellor or whatever unless I was absolutely desperate. Imagine if someone found out or they told your parents! They [parents] would just go on and on about it. Your friends would think you were mental* (Student response in the Curtis, 2010 study).

Rickwood and colleagues (2014) state that "help-seeking decisions involve a process of awareness of symptoms, considering resources, and ultimately a willingness to disclose the problem and seek help". Gulliver (2010) notes that, while some people don't seek help due to concerns about such matters as social stigma, trust, confidentiality, loss of hope, some do so to maintain a sense of self-reliance. A prominent study with a Puerto Rican sample suggests that self-reliance is a significant predictor of seeking help for mental health problems (Ortega, 2002).

It is the relationship between help-seeking behavior and self-reliance that is the focus here.

Self-Reliance: The Good and the Bad

Self-reliance is defined as reliance on one's own efforts and abilities. Knowing that one has inner resources is seen as giving one a sense of security. Kloppers (2014) reports self-reliance can lead to self-acceptance and confidence. Parris (2017) reports it can play a role in improving stress responses and decreasing self-blame (e.g., for victims of bullying).

The key to successful self-reliant behavior lies in the capacity to successfully gauge one's own ability. But people can also overestimate their capabilities, downplay their limits, and slip into "extreme self-reliance." Labouliere and colleagues (2015) define such dysfunctional self-reliance as the need to solve personal problem on one's own "all of the time." Their research with adolescents found extreme self-reliant behavior was associated with reduced help-seeking behavior, depressive symptoms, and suicidal ideation. Extreme self-reliance also was associated with the level of depressive symptoms and severity of suicide ideation.

Factors Influencing Self-reliance and Help Seeking

Based on a systematic review of reported barriers and facilitators to mental health help-seeking, Gulliver, Griffiths, and Christensen (2010) concluded that young people perceived the most important barriers to help-seeking were "stigma and embarrassment, problems recognising symptoms (poor mental health literacy), and a preference for self-reliance." The researchers report that facilitating factors are under-researched. However, there was evidence that young people perceived positive past experiences, social support, and encouragement as aids to the help-seeking process.

Self-reliance can be a way to avoid the stigma associated with seeking help (including countering perceptions that help-seeking is an indication of personal weakness). Other barriers include inadequate knowledge (e.g., about a problem, about available resources, about how to access resources), being too proud to acknowledge problems or having too much pride in being self-reliant,

wanting to prove self-worth, and distrusting "helpers."

Among the factors identified as affecting the relationship between help-seeking and self-reliant behavior are economic disadvantage, ethnic discrimination, acculturative stress, and a variety of cultural beliefs, stereotypes, and expectations (Alegría, 2002; Bindman, 2005; Campbell, 2017; George, 2015; Gonzalez, 2011; Gorczynski, 2017; Jennings, et al., 2015a,b; Latalova, 2014; Mclean, 2003; Rafal, 2018; Somashekhar, 2016;Takeuchi, 1993).

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A Few Research Examples

Stigma. Self-reliant behavior has been identified as a key mediator in the relationship between stigma and help-seeking behavior. Jennings and colleagues (2015a) report that those with higher levels of perceived social stigma were more likely to have greater levels of self-stigma and expressed self-reliance in place of treatment-seeking behavior. Social stigma itself, however, did not necessarily have a large direct effect on help-seeking behavior, but ultimately did affect such behavior when an individual exhibited high levels of self-stigmatization and *extreme* self-reliant tendencies. A subsequent report (Jennings, et al., 2015b) suggests that those with more stigmatizing perceptions of others are more likely to be self-reliant and less likely to seek help.

Lack of Information. Poor understanding of problems is associated with underestimating the severity of a problem and not seeking help. Good understanding is positively correlated with help-seeking behavior (Gorczynski, et al., 2017).

Pride and wanting to prove self-worth. Extreme pride may lead an individual to avoid acknowledging personal flaws. In this context, it is noted that in many societies personally overcoming difficulty and enduring hardship is praised, especially with respect to males. As Latalova (2014) states, "masculinity, as understood in most Western societies, is manifested by stoic endurance of suffering, self-reliance, and unwillingness to seek help." Pride also can stem from culture. Campbell (2017) notes that African-Americans feel a great sense of cultural and racial pride and strength for overcoming historical injustices and discrimination. Such feelings, along with a desire to solve problems privately and a lack of trust in predominantly white institutions can mediate against seeking professional help.

Distrust of help providers. Lack of trust not only interferes with seeking professional help, but also increases the likelihood of adopting personal reliance or family support (Gonzalez, 2011). Distrust appears wide-spread among some ethnic/racial minority groups and is bolstered by well documented negative experiences with "helping" institutions reported by clients of color (Alegría, 2002; Bindman, 2005; Somashekhar, 2016). For example, African-Caribbean communities in the UK report racist mistreatment and social exclusion by mental health professionals (Mclean, 2003). Fear of loss of control over one's life also can be a factor. For example, African American families report not seeking mental health treatment for fear of institutionalization (Takeuchi, 1993).

Subgroup differences. Demographic group differences are reported, and intervention recommendations include prioritizing subgroups of students who are more prone not to seek help and/or appear overly self-reliant (Gorczynski, 2017; Rafal, 2018). For many racial minorities and immigrants, pride for what they stand for culturally and historically is important and also can lead to mistrust of others. With specific respect to cultural background, studies report that ethnic minorities exhibit decreased help-seeking behavior (Morgan, 2003). Children of immigrant parents who are culturally isolated may be influenced not only by parental beliefs about the stigma of acknowledging some problems but also the shame of seeking help from others (Mizock, 2017).Relatedly, college students from some Asian cultural backgrounds may feel the pressure of living up to the minority myth/cultural stereotypes of high achievement and self-reliance (Center for Mental Health in schools, 2014).

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What is the Role for Schools: The UCLA Center's Perspective

Clearly, a school agenda needs to include a focus on increasing understanding of personal problems, lowering the social stigma surrounding such problems, and facilitating appropriate help-seeking behavior. From our perspective, in pursuing such matters, it is essential for policy makers to think beyond discrete interventions if they are to ensure equity of opportunity for every student to succeed at school. Given sparse resources, schools must embed their focus on all learning, behavior, and emotional problems into a unified, comprehensive, and equitable system of student/learning supports. And in doing so, they must outreach to the community and weave school and community resources together.

Whatever the problem, schools must include improvements that enhance:

- understanding the nature and scope of the problems manifested by students in terms of the transaction of environmental and personal factors (e.g., both cultural and personal diversity)

- understanding the ways that many problems manifested by different students overlap

- outreach to re-engage those who have disconnected from learning at school

- a comprehensive system for addressing barriers to learning and teaching that provides personalized instruction and special assistance and does so in ways that are culturally sensitive and that enhance a positive school climate

- sustained engagement by providing a learning environment that maximizes feelings of competence, self-determination, and relatedness to significant others and minimizes threats to such feelings.

For more on the Center's focus on school improvement, see

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http://smhp.psych.ucla.edu/improving_school_improvement.html

Adelman, H.S. & Taylor, L. (2017). *Addressing barriers to learning: In the classroom and schoolwide.* Online at http://smhp.psych.ucla.edu/improving_school_improvement.html

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