

# Internal Working Models, Self-Reported Problems, and Help-Seeking Attitudes Among College Students

Frederick G. Lopez, Mickey C. Melendez, Eric M. Sauer, Ellie Berger, and James Wyssmann  
Michigan State University

A person's *internal working models* of close relationships (J. Bowlby, 1988) incorporate 2 discrete yet interrelated cognitive schemas: a *self model* containing perceptions of one's own worth and lovability and an *other model* embodying core expectations about the trustworthiness and dependability of intimate others in one's social world. This study tested hypothesized interrelationships, in a college-student sample, (a) between self-model differences and self-reported problems and (b) among other-model differences, problem levels, and help-seeking attitudes. As expected, students with positive self models reported significantly fewer problems than did students with negative self models. In addition, students' other-model grouping significantly interacted with their problem levels to predict their expressed willingness to seek counseling. Implications of the findings for counseling practice are discussed.

The acknowledgement of personal problems does not, in and of itself, propel affected persons to seek therapeutic help. Presumably, those persons who voluntarily pursue counseling must not only be experiencing distress but must also be inclined, under these circumstances, to perceive others as potential sources of help and support. Because those individual differences that dispose persons to experience problems may be distinct from those that orient them favorably toward seeking help from others, it is important to consider how these person factors may be conceptually interrelated.

In this study, we used contemporary attachment theory (Bowlby, 1988) to generate and test hypotheses regarding these individual differences. In particular, we focused on Bowlby's concept of internal working models of attachment as a means of operationalizing (a) subgroups assumed to differ in their dispositions to report personal problems and (b) other subgroups assumed to differ in their inclinations to seek therapeutic help when experiencing high levels of problems.

## Internal Working Models of Self and Other

Attachment theory has been described as a framework for understanding affect regulation in the context of close

relationships (Kobak & Sceery, 1988). A basic assumption of the theory is that critical variations in the quality of one's early experiences with caregiving figures—particularly around themes of separation, distress, and reunion—shape the formation of one's *internal working models* of close relationships. These models incorporate two discrete yet interrelated cognitive schemas: a *self model* containing basic perceptions of one's own worth, competence, and lovability and an *other model* embodying core expectations regarding the essential goodness, trustworthiness, and dependability of important others in one's social world. Bowlby (1988) conjectured that a person's internal working models, once formed in early childhood, serve as a relatively enduring template for his or her subsequent intimate (adult) relationships. He further argued that these attachment-related schemas are likely triggered when one is stressed, fatigued, or ill—internal states that activate the attachment system and, depending on the configuration of one's internal working models, determine whether one pursues proximity seeking or proximity avoidance.

More recently, Bartholomew and Horowitz (1991) proposed a taxonomy of adult attachment styles premised on the relative valences (positive vs. negative) of persons' internal working models of self and other. According to their taxonomy, individuals with *secure* and *dismissive* attachment styles are each presumed to have positive self models and thus are likely to view themselves as competent and worthy of love; however, dismissive individuals, unlike their secure counterparts, have internalized negative models of others, which lead them to deny or discount the importance of close relationships and instead to maintain a posture of rigid self-sufficiency and counterdependence. Alternatively, persons with *preoccupied* and *fearful* attachment styles are both assumed to have internalized models of self that lead them to doubt their own competence and efficacy; yet preoccupied persons, given their positive models of others, are presumed to seek proximity to others when distressed, whereas fearful persons, given their negative models of

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Frederick G. Lopez, Mickey C. Melendez, Eric M. Sauer, Ellie Berger, and James Wyssmann, Department of Counseling, Educational Psychology, and Special Education, Michigan State University. The contributions of the four junior authors were equal, and their order of authorship was randomly determined.

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Correspondence concerning this article should be addressed to Frederick G. Lopez, Department of Counseling, Educational Psychology, and Special Education, 441 Erickson Hall, Michigan State University, East Lansing, Michigan 48824.

others, would be less inclined to do so. In short, the self-model and other-model components of one's internalized attachment schemas permit differential predictions regarding one's (a) disposition to experience and report problems and (b) inclinations to seek or to avoid help when distressed.

### Working Models, Self-Reported Problems, and Help Seeking

Empirical support for the relative independence of the self- and other-model components of attachment schemas, as well as for their differential links to distress and to help seeking, comes from several sources. In a series of three studies that used self-reports, friend-reports, and trained judges' ratings of participants' attachment orientations, Griffin and Bartholomew (1994) demonstrated the construct validity of the self- and other-model dimensions of adult attachment. Whereas self-model and other-model intercorrelations were statistically insignificant, self models showed strong associations with self-concept/self-esteem indicators, whereas other models demonstrated equally strong correspondences with measures of interpersonal orientation. Griffin and Bartholomew concluded that symptom reporting would be expected to "line up with the self-model dimension" (p. 443).

Consistent with this speculation is the finding by Carnelley, Pietromonaco, and Jaffe (1994) that mildly depressed college women, relative to their nondepressed peers, held negative models of self but both positive and negative models of others. Elsewhere it was shown that, relative to their secure and dismissive peers, persons with negative self models (i.e., preoccupied and fearful attachment styles) demonstrated greater shame proneness and deficient problem solving in relationships (Lopez et al., 1997) and experienced greater emotional distress following relationship terminations (Pistole, 1995; Simpson, 1990). By contrast, Kobak and Sceery (1988) found that dismissive persons, despite obtaining peer ratings of lower egot-resilience, higher anxiety, and greater hostility, did not differ from their secure counterparts on self-report measures of perceived social competence and distress. Kobak and Sceery speculated that this lack of congruence between peer reports and self-reports may reflect a tendency among dismissive individuals to deny the experience of negative affect.

To date, few empirical studies have directly extended attachment theory to the study of counseling processes (Mallinckrodt, Gantt, & Coble, 1995); thus, evidence that other-model differences are predictive of therapeutic help-seeking attitudes is largely indirect. For example, persons with negative models of others have been shown to exhibit the least comfort and competence with self-disclosure (Bartholomew & Horowitz, 1991; Mikulincer & Nachson, 1991; Pistole, 1993), which suggests a likely orientation away from therapeutic help seeking. Consonant with this speculation is Dozier's (1990) finding that among a group of clients with serious psychopathological disorders, dismissive adults were more likely than their counterparts with other attachment orientations to reject treatment providers,

engage in less self-disclosure, and make poorer use of treatment. More recently, Satterfield and Lyddon (1995) observed that clients expressing attachment-related distrust in the availability and dependability of others (i.e., negative models of others) were more likely to evaluate the early phase of the counseling relationship in negative terms.

### The Present Study

Taken together, the above findings suggest that whereas participants' self models should predict the level of their self-reported problems, their other models should predict their therapeutic help-seeking attitudes. Although a few studies have begun to examine adult attachment differences within samples already receiving therapeutic services, we could locate no studies that concurrently examined indexes of distress and help-seeking attitudes within a nonclinical sample.

To pursue this inquiry, in the present study we advanced and tested the following hypotheses. First, we anticipated that persons with positive self models (i.e., those reporting either secure or dismissive attachment styles) would report significantly fewer personal problems than would their peers with negative self models (i.e., preoccupied and fearful styles). Second, we hypothesized that participants' other models and their current problem levels would interact to predict their help-seeking attitudes. More specifically, we expected that among persons reporting high levels of problems, those individuals with positive models of others (i.e., "secures" and "preoccupieds") would acknowledge more favorable orientations toward therapeutic help seeking than would their peers with negative models of others (i.e., "dismissives" and "fearfuls").

### Method

#### Participants

Two-hundred fifty-three college students (95 men, 157 women, and 1 person of undisclosed gender) were recruited from undergraduate education and psychology classes at a large midwestern university to participate in a study of "factors affecting college student distress and help-seeking preferences." Participants were predominantly either juniors (27%) or seniors (34%) who were single and had never been married (96%). The mean age of the sample was 20.95 years ( $SD = 4.25$ ; range = 17-48), and ethnic group representations were as follows: White (78%); African American (14%); Asian American (2%); Hispanic-Latino/a (2%); multiracial (2%); and undeclared (2%). One hundred eighty-two participants (72%) indicated that they had never sought counseling for a personal problem, whereas the remainder of the sample ( $n = 71$ , 28%) had.

#### Measures

*Demographic questionnaire.* This brief questionnaire gathered background information on students' age, gender, year in college, marital status, and current relationship or dating status. Respondents were also asked to indicate whether they had ever sought and received counseling for a personal problem.

*Self-reported problems.* A 20-item version of the Personal Problems Inventory (PPI; Cash, Begley, McCown, & Weise, 1975)

that was modified by Ponce and Atkinson (1989) was used to assess participants' current levels of self-reported problems. Participants rated each of 20 problems commonly experienced by college students according to its current severity in their lives using a 6-point rating scale (1 = *not at all a problem*; 6 = *very significant problem*). Ponce and Atkinson added five items to the original 15-item measure; these items assessed concerns regarding adjustment to college, academic performance, financial problems, and feelings of loneliness, isolation, and not belonging. The authors also reported that two moderately intercorrelated ( $r = .65$ ) factors best described PPI item variation, with personal-social problems (i.e., loneliness-isolation, dating difficulties) loading heavily on the first factor and academic adjustment problems (i.e., academic performance, career choice) loading on the second factor. For the purposes of the present study, all 20 PPI items were summed to produce a total problem score, which yielded an internal consistency (Cronbach's alpha) coefficient of .83. Those participants in our sample who acknowledged receiving prior counseling reported significantly higher PPI total scores than did their peers who had not,  $F(1, 249) = 9.31, p < .01$ .

**Willingness to seek counseling.** Following their ratings of current problems, participants were asked, in a subsequent series of ratings, to indicate their willingness to see a counselor for help with each of the PPI problem items, regardless of whether it was currently a problem in their lives. Respondents indicated their willingness to seek counseling for each of the 20 problem items using a 6-point rating scale (1 = *not at all willing*; 6 = *very willing*), and item ratings were summed to produce a total willingness score. Solberg, Ritsma, Davis, Tata, and Jolly (1994) reported a Cronbach's alpha of .94 for their PPI-derived willingness scale; they also found that willingness scores were positively correlated with their participants' prior counseling experience. In the present study, the obtained Cronbach's alpha coefficient for the willingness scale was .95. Willingness scores were also unrelated to PPI problem scores (see Table 1).

**Attitudes toward seeking professional help.** Our participants' help-seeking attitudes were additionally assessed by their responses to the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS; Fischer & Turner, 1970). Developed on a large, college-student sample, this 29-item questionnaire taps attitudes indicative of a general orientation toward seeking therapeutic help for psychological problems (e.g., "Emotional difficulties, like many things, tend to work out by themselves" [reverse-scored] and "At some future time, I might want to have psychological counseling"). Respondents indicate their level of agreement with each item on a 4-point scale, and following appropriate item recoding, item ratings are summed, with higher scores indicating more favorable attitudes. Fischer and Turner identified four factors underlying interitem variation: (a) Need (i.e., perceived need for

professional help), (b) Stigma (i.e., tolerance of stigma associated with receiving counseling services), (c) Openness (i.e., interpersonal openness with regard to reflecting upon and revealing one's personal problems), and (d) Confidence (i.e., confidence in mental health professionals to be of practical assistance). Items across subscales can also be summed to produce a total help-seeking score. Because of the modest internal consistencies of some factor-derived subscales, Fischer and Turner recommended use of the overall ATSPPHS score (Cronbach's alpha = .83). In the present study, the obtained Cronbach's alpha coefficient for the ATSPPHS total scale was .89.

Fischer and Turner (1970) reported (a) significant gender differences on their measure, with women endorsing more favorable help-seeking attitudes than men, (b) that ATSPPHS total scores reliably distinguished persons who had previously obtained psychotherapeutic help from those who had not, and (c) that these scores evidenced considerable test-retest stability over periods ranging from 5 days ( $r = .86$ ) to 2 months ( $r = .84$ ).

**Relationship Questionnaire (RQ; Bartholomew & Horowitz, 1991).** This self-classification measure of adult attachment style asks respondents to indicate which of four descriptive paragraphs best describes how they feel about close relationships. The four paragraphs respectively characterize secure, dismissive, preoccupied, and fearful attachment styles. Bartholomew (1989) reported that the four RQ self-classifications demonstrated moderate stability ratings over a 2-month period: secure, .71; dismissive, .49; preoccupied, .59; and fearful, .64. In addition, Bartholomew and Horowitz (1991) found with a college sample that the four attachment styles related in theoretically consistent ways with both self-reports and friend-reports of respondents' self-esteem and sociability. More recently, Scharfe and Bartholomew (1994) reported that 63% of the women and 56% of the men in their young adult sample retained the same RQ self-classification over an 8-month interval. Self-ratings indicating a secure attachment style were especially stable, with 71% of women and 61% of men retaining their secure self-classification across this time period. Indeed, RQ stability coefficients were comparable to those obtained by both interview-based and continuously scaled self-report measures of adult attachment style. Elsewhere, Kirkpatrick and Hazan (1994) reported an overall 70% correspondence rate in attachment style self-classification over a 4-year period within their adult sample.

### Procedure

Recruitment solicitations were briefly conducted at the beginning of regular class meetings. Interested students attended one of several scheduled group testing sessions, during which time they read and signed informed consent forms and then completed a survey packet containing the measures described above. All respondents received some course credit for their participation.

### Results

In view of our mixed-gender sample and prior studies indicating gender effects on problem self-reports (Kenny & Donaldson, 1991; Wohlgemuth & Betz, 1991), we tested our first hypothesis using a  $2 \times 2$  (Gender  $\times$  Self-Model) analysis of variance (ANOVA) of PPI total scores. Results indicated a highly significant effect for self-model group,  $F(1, 245) = 38.33, p < .001$ , with participants in the positive self-model group (i.e., those with secure and dismissive attachment styles) acknowledging significantly fewer problems than did their peers in the negative self-

Table 1  
Intercorrelations Among Problem and Help-Seeking Measures

Measure	1	2	3
1. PPI total score	—	.02	.09
2. ATSPPHS total score	.01	—	.42*
3. Willingness to seek counseling	.10	.31*	—

Note.  $N = 250$ . Scale intercorrelations among men are above the diagonal; intercorrelations among women are below the diagonal. PPI = Personal Problem Inventory; ATSPPHS = Attitudes Toward Seeking Professional Psychological Help Scale.

\* $p < .01$ .

model group (i.e., participants with preoccupied and fearful styles). No significant effects were observed either for participants' gender or for its interaction with self-model grouping.

Prior to testing our hypothesis regarding help-seeking attitudes, we used a median split of PPI total scores in our sample to classify our participants into low and high problem-level groups. In light of the fact that our two help-seeking measures were only moderately intercorrelated, and recalling that significant gender differences in help-seeking attitudes had been previously observed (Fischer & Turner, 1970), we then used a  $2 \times 2 \times 2$  ANOVA (Gender  $\times$  Problem Level  $\times$  Other Model) on each index, adjusting alpha for the two tests ( $.05/2, p = .025$ ).

Results indicated that, with regard to ATSPHS total scores, only participants' gender yielded a significant effect,  $F(1, 241) = 70.20, p < .001$ , with women reporting a more favorable general orientation to help seeking than did men. No other main or interaction effects were observed on this measure. Significant gender differences were similarly observed on our index of willingness to seek counseling,  $F(1, 241) = 16.30, p < .001$ ; in addition, however, the expected interaction of problem level and other-model grouping was observed on this measure,  $F(1, 241) = 5.18, p < .025$ . This final analysis yielded no other significant main or interaction effects. Figure 1 illustrates the nature of the significant interaction of problem level and other-model grouping on participants' willingness to seek counseling. In line with our hypothesis, among participants acknowledging high current problem levels, those with positive other models (i.e., those with secure and preoccupied attachment styles) demonstrated discernibly higher scores than did those with nega-

tive other models (i.e., those with dismissive and fearful attachment styles).

## Discussion

As anticipated, our participants' self models significantly predicted their overall level of self-reported problems: Those individuals with positive self models acknowledged significantly fewer current problems than did their counterparts with negative self models. These results are in line with previous reports (Bartholomew & Horowitz, 1991; Horowitz, Rosenberg, & Bartholomew, 1993) (a) indicating that students with negative self models (i.e., preoccupied and fearful attachment styles) are more inclined to experience adjustment difficulties and (b) speculating that symptom reporting would be expected to "line up with the self-model dimension" (Griffin & Bartholomew, 1994, p. 443). Moreover, although we did not specifically test for it in our primary analyses, a post hoc comparison indicated there was no significant difference in the PPI means of the two attachment styles representing the positive self-model group (i.e., secure and dismissives), which thus lends further support for this view. It is important to note, however, that dismissive persons have demonstrated elevated activity on physiological measures while simultaneously denying the experience of distress (Dozier & Kobak, 1992), a finding suggesting that subtle differences in the quality of the positive self models internalized by persons with secure and dismissive attachment styles may indeed predict problem scores on measures less vulnerable to self-report bias.

Our hypothesis that participants' overall problem levels would significantly interact with the relative valences of their other models to predict their help-seeking attitudes was supported with regard to one of our help-seeking measures (willingness to seek counseling) but not for the other (ATSPPHS scores). Because these measures were only moderately correlated within our sample, this inconsistent finding may be a function of important differences between these measures. As noted earlier, ATSPPHS items assessed a general orientation to therapeutic help seeking; the willingness measure, by contrast, more specifically directed respondents to indicate their own orientation toward pursuing counseling should problems arise in their lives. Perhaps the more personal focus of the latter measure was necessary, along with a heightened level of self-reported problems, to activate respondents' core expectations of the potential trustworthiness and dependability of others.

Our finding that persons with high levels of problems and negative models of others are less willing to seek counseling may, in part, explain why such individuals who eventually reach the counselor's office evaluate the early phase of the counseling relationship in negative terms (Satterfield & Lyddon, 1995) and may be prone to prematurely terminate therapeutic relationships (Mallinckrodt et al., 1995). Because a thorough assessment of clients' internal working models may require sufficient time, counselors are well advised to explore (from the outset of counseling and in at least a preliminary fashion) whether their clients are ambivalent about seeking help for their problems (Teyber, 1997).

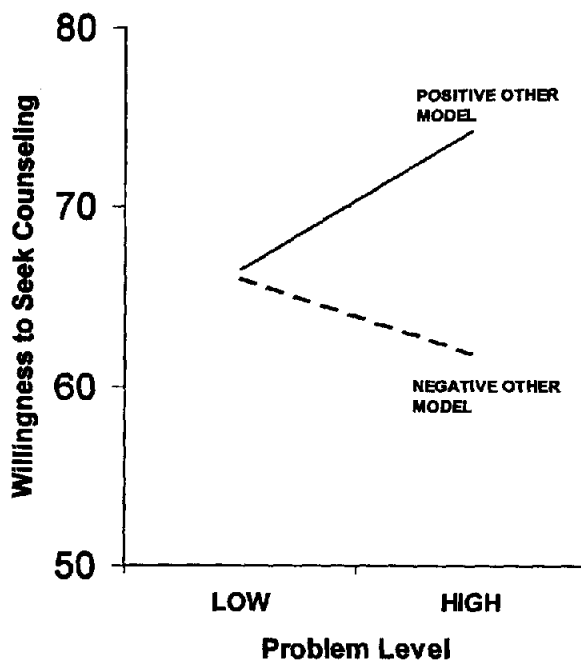


Figure 1. Interaction of other-model group and problem level on willingness to seek counseling.

Such early discussions may be useful in identifying (and later addressing) potentially problematic expectancies regarding the counselor's competence, trustworthiness, and dependability that may be part of their clients' more general, internalized working models of others.

Although our findings clarify interrelationships among college students' internal working models, self-reported problems, and help-seeking attitudes, some important limitations of this study should be noted. First, our use of a field correlational design does not permit cause-effect conclusions to be drawn about the relations of working models to problem reports or to help-seeking attitudes. Second, we relied exclusively on self-report instruments to measure our key constructs. As noted earlier, persons with dismissive attachment styles are inclined to deny negative affect and personal vulnerability, which may lead them to underreport the experience of personal problems in their lives. Therefore, future studies would do well to combine self-report, informant-report, physiological, and behavioral problem measures, as well as interview-based and observational methodologies, in order to more sensitively assess the key constructs in this investigation. Third, the fact that all of our participants were drawn from undergraduate education and psychology courses may have introduced an unknown selection bias. Replication of this study both within a more diverse sample as well as among individuals concurrently receiving counseling services is therefore advised.

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