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Characteristics of Advice: The Role of Help Seeker, Topic, Help Provider, and Interaction on

College Students' Satisfaction with Advice

By

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Submitted in partial fulfillment of requirements of the requirements for the degree of
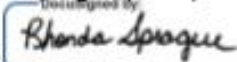
Master of Arts

Division of Communication
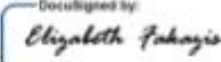
University of Wisconsin – Stevens Point

2020
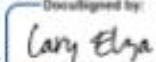
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Acknowledgements

I would like to extend my deepest appreciation to my committee chair, Dr. Rhonda Sprague, and committee members Dr. Liz Fakazis and Dr. Cary Elza. Without their continuous support I would never have gotten this far. From stopping by Rhonda's office every other day to brainstorm, to getting feedback on writing and organization from Liz, and constant encouragement from Cary – I could not have asked for better committee members.

I would also like to extend my gratitude towards my partner Andrew Roe, who put up with all my writing ups-and-downs and the eccentric ways in which I deal with stress. They were 100% my rock and support through long nights crying over our readings and early mornings headed to class.

I would also like to extend my sincere thanks to both Dr. Timothy Halkowski and Dr. Kelly Wilz, both of whom have spent time listening to my ideas and concerns and were always willing to offer support, encouragement, and occasionally chocolate. You have both shown me what exemplary leaders are made of and I hope someday to emulate your examples.

I would also like thank the other faculty, staff, and graduate students in the Division of Communication for always being supportive of me and each other. I have appreciated being a part of this community and working with all of you.

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Abstract

College students deal with many unique issues which they often have limited experience with, and which require them to seek advice. However, little is known about how college students perceive the advice they receive and what influence their satisfaction with that advice. This study seeks to explore the relationship between the several characteristics which make up a college student's pursuit of advice and their satisfaction with that received advice. The characteristics measured fell into four categories: help seeker characteristics, topic characteristics, help provider characteristics, and interaction characteristics. Help seeker characteristics include measures of anxiety and depression levels, demographics, perceptions of available support and willingness to self-disclose. Topic characteristics include issue type and perceptions of solvability. Help provider characteristics are perceptions of expertise, trustworthiness, and accessibility. Lastly, interactional characteristics included mode of communication and whether the issue was resolved. These variables were analyzed using a regression model to examine their relationship to satisfaction with advice. Of all the characteristics examined, four emerged as being the most significant predictors of satisfaction: access to help provider, perceptions of issue solvability, the effectiveness of the communication method, and whether the issue was resolved. This information could be used in developing more effective communication channels between students and support providers to lead to the highest levels of satisfaction with advice.

Keywords: college students, advice seeking, satisfaction

Characteristics of Advice: The Role of Help Seeker, Topic, Help Provider, and Interaction on

College Students' Satisfaction with Advice

Research on college students is plentiful. They are often the most accessible respondents

for researchers, and thus there is no shortage of research articles that list college students as their

research pool. Research focused solely on college students is less common, yet no less important.

As college students leave their homes, enter universities, and adapt to their new lives, they often

face obstacles which require them to seek advice and other types of support.

Advice has been thoroughly researched, though has rarely focused on how college

students, who are transitioning between established and newly created support networks, manage

this transition and view these interactions. Several variables influencing satisfaction with advice

have been identified in previous research, such as advisor characteristics (e.g., Bonaccio & Dalal,

2010; Feng & MacGeorge, 2010) and types of support sources (Guntzviller, MacGeorge, &

Brinker, 2017). This study seeks to expand on that foundation of previous research by further

exploring the variables which influence advice satisfaction and by specifically focusing upon

variables that impact college students' satisfaction with received advice.

Review of Literature

Help Seeker Characteristics

There are many times when life is notably more stressful and where an increase in

support may be needed. Studying at university is one of those instances. There, individuals

experience, often for the first time, a myriad of unique experiences and stressors. Certain

characteristics of help seekers have been shown to reduce the negative impact of life stressors.

Four are explored in this study: demographic variables (particularly age and gender), levels of

anxiety and depression, perceptions of available support, and willingness to self-disclose. A brief review of literature related to each is presented next.

Demographics

Members of some demographics are more prone to stress than others. Female students for example, have reported higher levels of stress, depression, and reduced self-esteem (Hudd, et al., 2000). Additionally, women typically experience greater stress from relational issues compared to their male counterparts (Brougham, Zail, Mendoza, & Miller, 2009). These stressors impact their collegiate and transitional experiences. Age also has a relationship with advice seeking and mental health. College students are less likely than older adults to seek assistance for issues related to mental health (Goodwin, Behan, Kelly, McCarthy, & Horgan, 2016). Consequently, individuals who need help the most are the least comfortable reaching out for that help, particularly outside their trusted sources of support.

Anxiety and Depression

As students leave home and enter this new environment, they often encounter significant issues such as depression, stress, and feelings of isolation (e.g., Dyson & Renk, 2006; Friedlander, Reid, Shupak, & Cribbie, 2007), especially in the first year. Even after the pivotal first year, students often frequently continue experiencing feelings of stress and isolation (Dixon & Kurpius, 2008) and depression (Drouin, Reining, Flanagan, Carpenter, & Toscos, 2018). Extended feelings of stress and depression can lead to negative effects such as physical illness (Cohen, Tyrrell, & Smith, 1993) and turning assignments in late or failing exams (Bryan, Bryan, Hinkson, Bichrest, & Ahern, 2014). However, focusing on reducing stress and depression and helping students adjust to university life can positively impact their desire to remain in university (e.g., Dyson & Renk, 2006; O'Keeffe, 2013). One way to do that is by listening to students and

offering advice and guidance, particularly as social support decreases feelings of stress and depression and improves adjustment rates (Friedlander, Reid, Shupak, & Cribbie, 2007).

Perceptions of Support

Perceptions about the availability of support from established support networks (e.g., family, high school friends) plays a key role in how first-year university students view support from university friends: When students feel they matter to their established network, they perceive greater levels of support from all sources in general (Rayle & Chung, 2007). Support also impacts feelings of belonging, adjustment, increased self-esteem (Friedlander, Reid, Shupak, & Cribbie, 2007), and satisfaction with conversations (Guntzviller, MacGeorge, & Brinker, 2017).

Despite this relationship, not all sources are perceived as equally helpful. When the topic relates to integrating and adapting to university life, many students view support from university friends as more important than family and non-university friends (Rayle & Chung, 2007). Students may be more willing to reach out to their newer university friends and disclose their issues to them. In general, the willingness to disclose information on an issue to another person and seek their advice will likely depend on the role that person plays in the help seekers life.

Willingness to Self-Disclose

To seek help on an issue, an individual must be willing to disclose, or the help-seeking interaction is over before it begins. Considerations about how sensitive or face-threatening the situation or issue can be is particularly important at the beginning of the support-seeking interaction, as students decide whether to seek advice (MacGeorge, Feng, Butler, & Budarz, 2004). One way to mitigate these feelings of insecurity is to approach someone within a trusted and established network yet college students typically feel most comfortable disclosing to friends

versus parents or other sources of support (Hinson & Swanson, 1993). Seeking help from others who are more relatable, such as university friends, is often less face-threatening than seeking help from someone who has more experience but may be held to higher esteem (Borgatti & Cross, 2003). However, that is not always the case, when trust levels are deemed higher there is often an increase in willingness to self-disclose (Wheeless & Grotz, 1977). Especially when more experience and knowledge is needed.

The more complex an issue the more likely an individual will accept help and advice from those with experience (Schrah, Dalal, & Sniezek, 2006). This can lead to experienced peers or family members with college-experience valued members of college students' developing social support networks. Self-disclosure may also lead to increased feelings of satisfaction with the relationship between the help seeker and help provider. Self-disclosure, whether given or received, has been positively linked to satisfaction with relationships; therefore, even if the provider is unable to offer satisfactory advice, the help seeker might still be satisfied with the support received (Sprecher & Hendrick, 2004).

Help seeker characteristics undoubtedly play a role in advice interactions, however, the exact relationship between anxiety and depression, perceptions of support, and willingness to self-disclose and satisfaction with advice is relatively unknown. There are many other pieces that may impact satisfaction with advice, and the next section of this review explores how topic characteristics might also impact satisfaction.

Topic Characteristics

Types of Topics

College students face many issues throughout their college career. A 2016 study found that these issues often fell into the following categories: academic, relational (roommates,

friends, family or romantic), economic, and health (mental or physical) (MacGeorge,

Guntzviller, Branch, & Yakova, 2016). Similar categories were discovered in a pilot version of

the current study, which asked respondents to write about the issue they encountered (Roe,

2019). Issues of an academic nature were most common, followed by relational. Due to the

similar demographic nature between the previous studies (both featuring college students at

midwestern universities) and the current study, the same categories will be retained. These topic

choices closely relate to the types of social support individuals usually seek out and receive.

Solvability of issues in each of these categories varies in difficulty and may have varying degrees

of impact on the satisfaction experienced in the advice interaction.

Topic Solvability

Traditionally, there are five categories of social support, typically identified as emotional,

tangible, informational, esteem, and network (Cutrona & Suhr, 1992). Of these, the most sought

and provided are informational and emotional support (e.g., Coursaris & Liu, 2009; Preece,

1999). Informational support is the easiest to solve and, appropriately, the one that leads most

often to satisfaction (Hombrados-Mendieta, Gomez-Jacinto, Dominguez-Fuentes, Garcia-Leiva,

& Castro-Travé, 2012). It is likely that topics that are not as easily solvable (e.g., relational or

health), and which are not often informational issues, may not produce satisfaction as easily. For

example, if a student needs advice on an assignment and reaches out to a professor for help the

instructor will likely be able to give them clear and specific instructions leading to the issue

being solved. Following which, the advice seeker will likely be satisfied with the interaction.

However, if an advice seeker is dealing with a recent breakup, or similar relational issue, and

reaches out for help, the advice they receive is likely to be more subjective and supportive rather

than solve the issue outright (Kim, Weinstein, & Selman, 2017). In this second instance, the

help seeker might not be as satisfied with the advice as it did not solve the issue. Though this might be mitigated by the characteristics of the help provider, such as trustworthiness, knowledgeability, and accessibility, as explored in the next section.

Help Provider Characteristics

Several factors drive the choice about who to turn to for support. Bonaccio and Dalal (2010) proposed a few aspects that most individuals consider, such as knowledge, trustworthiness, and accessibility. While these variables impact the decision of who to turn to for advice, their exact relationship to advice satisfaction remains to be seen.

Knowledge

Knowledge on how to handle the issue or similar issues is an important aspect that many individuals consider before approaching a potential help provider. Feng and MacGeorge (2006), for example, show that individuals are more willing to accept advice from people they believe have expertise and knowledge. However, while knowledge may seem like one of the most important variables an individual considers when seeking support, that is not always the case. Often, sources of support who would have the highest level of knowledge are avoided entirely, despite being the logical choice. One example of this is that young adults are less likely than older adults to seek professional medical and mental health help (Goodwin, Behan, Kelly, McCarthy, & Horgan, 2016), instead preferring to seek out trusted friends or family members. Even when the issue is rated as severe, individuals will often first turn to those they are trust the most and are already comfortable with (Hinson & Swanson, 1993).

Trustworthiness

Similar with perceptions of knowledge, college students typically found formal institutional support systems less trustworthy than personal support networks (Drouin, Reining,

Flanagan, Carpenter, & Toscos, 2018). What this means is that when individuals do seek out expert advice, that advice is already at a disadvantage. Extra work may be required to increase perceptions of the quality of expert advice relative to advice received from a trusted individual. Individuals who seek advice from people with whom a trusting relationship already exists are more likely to view an advice interaction more favorably (e.g., Feng & MacGeorge, 2006; Guntzviller, MacGeorge, & Brinker, 2017). This means that the more trustworthy a help seeker views a potential source of support, the more likely they are to implement and be satisfied with that received advice.

Accessibility

Access is considered one of the most essential criteria when determining who to approach for advice (Borgatti & Cross, 2003). While individuals often prefer approaching a trusted source of support, when that source is unavailable, accessibility becomes one of the top predictors for who support seekers turn to for advice (Hofmann, Lei, & Grant, 2009). Traditionally, support-seekers have been limited in several ways, from time constraints (e.g., the issue has a strict deadline), to physical proximity. College students face additional challenges, as their established support network (pre-college friends, family) is often not immediately available and they may be forced to rely on new sources of support. This could impact many aspects of the support seeking interaction as those seeking help search for ways to access competent and trustworthy individuals. The method of communication which is selected is part of the next section, which reviews characteristics of the advice interaction most likely to impact advice satisfaction.

Interaction Characteristics

Effectiveness of Communication

Regardless of how or where support is requested and received, there is a specific sequence that seems to lead to the most successful advice interactions (Feng, 2009). Success and satisfaction are often found when emotional support is first offered, followed by information seeking on the issue, and finally analysis and advice. When support is given in this sequence, the receiver believed the quality of the advice to be higher (Feng, 2009). While the current study does not analyze the sequence of advice provided it does analyze the method of how the advice is sought and delivered, and perceptions of the effectiveness of that method. Perceptions of the effectiveness of the used method depend on characteristics of the message. For example, if advice is given without a request for advice, or if the message lacks politeness, the advice could be poorly received and the method could be perceived as less effective (MacGeorge, Guntzviller, Hanasono, & Feng, 2016).

There are many ways an individual can access their support providers. While face-to-face (FTF) is traditionally the most common and preferred, it is not always possible or practical. College students may attend university far from home and may not have FTF access to their preferred and trusted networks. As a result, alternative methods have been developed, such as telephone, messaging, and email.

Face-to-Face (FTF) Communication

There are good reasons as student might prefer meeting FTF. When a situation is especially difficult or sensitive, meeting in person has a significant social buffering effect on individuals (Lewandowski, Rosenberg, Parks, & Siegel, 2011). What this means is that individuals find that, over time, an event that was impactful in their life for which they sought

support FTF was less disruptive than an event for which the individual sought support via some other method. Therefore, while it might be more convenient to call or text someone for support, the long-term effects are better when meeting in person. Additionally, a pilot version of the current study showed that individuals preferred to ask for and receive advice in person (Roe, 2019).

Computer-mediated communication (CMC)

Support seeking through computer-mediated communication (CMC) is another route college students may employ to gain access to their pre-established and trusted networks. In a pilot study, students used Email or Messenger in order to seek support in approximately 25% of the interactions (Roe, 2019). This method has both advantages and disadvantages. One advantage is the ease with which CMC allows people to maintain and support their networks. For example, even just seeing a status update from a friend online has been linked to reducing stress in individuals (Feng & Hyun, 2012). Furthermore, individuals who use social networking sites for supportive interactions report higher feelings of positive affect (Oh, Ozkaya, & LaRose, 2014). CMC also has a variety of formats, such as support forums, text messaging, or video chat, which allow for more flexibility in interactions (Mikal, Rice, Abeyta, & DeVilbiss, 2013). Again, these channels play a key role in allowing students to retain access with their established support networks, potentially alleviating some feelings of stress or depression, or even reducing anxiety from meeting face-to-face.

Unfortunately, support seeking through CMC is not without its downfalls. One disadvantage is the risk of broadcasting a potentially face-threatening issue to a larger than intended audience, for example using a Facebook status message to request advice (Vitak & Ellison, 2012). This method might be convenient, as it provides timely access to an individual's

theoretically trusted network. However, it also might lead to unintended consequences such as impacting others' opinions and impressions of the individual who is seeking support (Oh & LaRose, 2016), particularly if the individual is perceived to be at fault for the issue (Rains, Akers, Pavlich, Tsetsi, & Appelbaum, 2019). Thus, they are perceived as being less competent and unworthy of assistance. This effect may be reduced, however, in situations with increased anonymity. Where visual social cues are reduced or absent entirely, support-givers seem more willing to focus their energies on helping those seeking support (Rains, Akers, Pavlich, Tsetsi, & Appelbaum, 2019).

Anonymous forums have become increasingly popular for individuals who are seeking support on an issue but who hesitate due to the potential negative impacts, particularly if the issue is of a sensitive nature. Discrimination (Hanasono & Yang, 2016) relationship problems (Kim, Weinstein, & Selman, Romantic relationship advice from anonymous online helpers: The peer support adolescents exchange, 2017), and mental health (De Choudhury & De, 2014), for example, are issues that might be costly to approach with a known associate, so an individual might wish to remain anonymous. Online forums, such as reddit, thrive due to the anonymous nature of their users. Online support sites were the least used means of communicating a request for help during a pilot study, whereas meeting face-to-face was the preferred arrangement (Roe, 2019.

Issue Resolution

There seems to be little previous research about the relationship between satisfaction with advice and issue resolution. However, there is research on quality of advice based on the help seeker's perceptions of advice feasibility. When advice is believed to be more feasible, help seekers are more likely to implement the advice and be satisfied with the quality of that advice

(Feng & MacGeorge, 2010). This is closely related to issue resolution, as a help seeker who receives advice, that they do not believe to be feasible, will be less likely to follow through with that advice and thus less likely to solve he issue using that advice. This does not answer whether resolution direction impacts advice satisfaction, though it would logically follow that if received advice leads to an issue being solved, satisfaction would increase.

Satisfaction

As mentioned throughout this review, satisfaction with received advice relies heavily upon multiple variables, some of which precede the advice-seeking interaction. For example, if an individual is emotionally connected to an issue they are dealing with, research has shown that they will likely be more critical of supportive messages and advice, potentially skewing their view and willingness to accept help (Bodie, et al., 2011). Alternatively, if an issue is easy to solve, or has a clear right or wrong answer, as long as the given advice solves the issue, then criticism will likely be very low. Even preconceived perceptions of the person being asked for help have been shown to impact evaluations of the interaction (Bonaccio & Dalal, 2010). Therefore, the overarching question this study seeks to better understand is the relationship between the multiple characteristics of an advice interaction and satisfaction with advice.

Research Questions

RQ1: What is the relationship between help seeker characteristics (demographics, anxiety and depression, perceptions of available support, and willingness to self-disclose) and satisfaction with advice?

RQ2: What is the relationship between topic characteristics (issue type, perceptions of topic solvability, and perceptions of topic sensitivity) and satisfaction with advice?

RQ3: What is the relationship between provider characteristics (knowledge,

trustworthiness, and accessibility) and satisfaction with advice?

RQ4: What is the relationship between interaction characteristics (method of

communication when asking for and receiving advice, perceptions of the

effectiveness of that method, and issue resolution) and

satisfaction with advice.

RQ5: Which characteristics best predict satisfaction with advice?

Method

Procedure

Respondents were recruited from an introductory communication course at a medium-sized Midwestern university. Some were eligible to receive extra credit for their participation, based on instructor discretion. Respondents were given a link to an anonymous survey (see Appendix A) and were allowed three weeks to take the survey. Participation was voluntary and respondents were able to leave the survey at any time. Once consent was received respondents were guided through a series of demographic questions, questions on a specific issue they encountered within the past six months, who they went to for support on that issue, how they asked for advice, and how they received that advice. Once those questions were addressed respondents were asked to rate how effective they thought the interaction was, and how satisfied they were with the advice they received.

Measures

Demographics

The first part of the survey asked respondents to provide demographic information, including age, gender, ethnicity, sexual orientation, and year in college. Each was measured with a single item. Except for age, which allowed respondents to enter in a numerical value, items asked students to respond by selecting the most appropriate answer from a list of options.

Help Seeker Characteristics

Anxiety and depression

Anxiety and depression was measured by adapting and combining the patient health questionnaire for anxiety and depression (Kroenke, Spitzer, Williams, & Löwe, 2009) and the Beck Depression inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) into a single nine-item measure. Questions were adapted into a four-part Likert scale, with possible responses of "none of the time," "some of the time," "most of the time," and "all of the time." These scales were selected due to their consistency and their ability to measure depression and anxiety levels, which could impact satisfaction with received support. (See Appendix B for Kroenke et al., 2009) (See Appendix C for Beck et al., 1961).

Perceptions of available support

Perceptions of available support was measured using a revised version of the Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988). This scale used eight 5-part Likert-type questions to measure the amount of perceived social support respondents have access to from various sources (Family, significant other, friends, or campus resources). The measure was revised to include questions regarding campus support resources (See Appendix D).

Willingness to self-disclose

Willingness to self-disclose was measured using an abbreviated version of the Emotional Self-Disclosure scale (Snell, Miller, & Belk, 2013). This measure is useful in determining the willingness of the respondent to disclose personal feelings and emotions to others. Respondents ranked their willingness to disclose about ten emotions using a five-part scale, ranging from completely comfortable disclosing to not at all comfortable disclosing. Scoring low in Emotional Self-Disclosure might indicate additional barriers and resistances to asking for and receiving advice, thereby impacting advice satisfaction levels. This measure was shortened as some of the concepts (e.g., happiness, calmness, and apathy) were not considered relevant for the purpose of the study. It was also shortened to make it easier for respondents to use on mobile devices (See Appendix E).

Topic Characteristics

Issue type

Issue type was collected by having respondents think of a time within the past six months for which they sought advice. Respondents then selected the type of issue they encountered from a list of possible types. The types they could choose from included academic, relational (roommates, friends, family or romantic), economic, health (mental or physical), and other (respondents were able to fill in their answers here). These categories were chosen based on answers received in a pilot study (Roe, 2019).

Topic sensitivity

Topic sensitivity was measured by asking respondents to rate on a five-part Likert scale how sensitive the topic was to them. Perceptions of sensitivity might relate to willingness to self-disclose and, ultimately, satisfaction with advice.

Topic solvability

Topic solvability was measured with a single item asking respondents to rate on a five-part Likert scale how solvable they believed their issue would be. This measure was used to determine whether respondents believed the advice they asked for could solve the issue.

Provider Characteristics

Source of support

Source of support was measured by asking respondents to identify the person to whom they first went for advice. Options included family member, friend, academic adviser, faculty member, other campus staff (allows respondent to fill in), strangers (e.g., online community), or other. These categories were selected based upon the results of a pilot study (Roe, 2019), which indicated the most common sources of support for college students. Respondents were also asked if they sought advice from an additional source of support, if they did, they were guided through an identical set of questions regarding that secondary source.

Knowledgeability

Knowledge was measured using a single Likert-type item asking how knowledgeable respondents felt their source of support was on the issue.

Trustworthiness

Trust was measured using a single Likert-type item asking how trustworthy respondents felt their source of support was.

Accessibility

Access was measured using a single Likert-type item asking how accessible respondents felt their source of support was during the advice seeking interaction.

Interaction Characteristics

Method of communication

Method of communication was measured by asking respondents how they asked their provider for advice. The available options were met in person, called, emailed, messaged, anonymous forum, and other. These methods were chosen based upon previous research (Roe, 2019), which showed the most common methods of communication between help seekers and providers. Respondents were also asked, using the same list of options, how they received that help from their provider. Lastly, respondents were asked if they would have preferred a different method for asking for advice and, if so, what that method was.

Effectiveness of method

Effectiveness of communication method was measured with a single Likert-type item about how effective respondents perceived their method of asking for help was and how effective the method of receiving help was.

Resolution of issue

Resolution was measured by a single item asking respondents to rate the degree to which the issue was resolved after receiving the advice.

Satisfaction

Satisfaction was measured with a single item asking respondents to rate the level of satisfaction they had with the received advice on a 5-part Likert scale. If respondents asked a secondary source for advice that satisfaction was measured separately using the same scale.

Results

Respondents (N= 290) were between the ages of 18-54, with a mean age of 19.72. They were primarily in their first year of university (n= 185), followed by second (n= 57), third (n=

26), and fourth or higher (n= 20). Respondents were primarily female (n=178), followed by male (n=108) and one respondent preferring not to say. Predominantly, respondents identified as white (n=254), followed by Asian/Pacific Islander (n=14). See Table 1 for the complete list of ethnic identifications. Most respondents identified as heterosexual (n= 243), with bisexual being the second most common (n= 20). See Table 2 for sexuality identification.

Table 1

Respondent Ethnicities

	Frequency	Percent
Asian or Pacific Islander	14	4.9
Black/African American	4	1.4
Hispanic/Latinx	10	3.5
Multi-ethnic	5	1.7
Other	1	.3
White/Caucasian	254	88.2
Total	288	100.0

Table 2

Respondent Sexual Orientation

	Frequency	Percent
Bisexual	20	6.9
Heterosexual	243	84.4
Homosexual	6	2.1
Other	5	1.7
Pansexual	7	2.4
Prefer not to say	7	2.4
Total	288	100.0

As predicted, the main types of topics college students sought advice on were academic

(n= 124, 43%) and relational (n= 80, 28%), Table 3 contains the complete list of issue type and

frequencies. As *academic*, *relational*, and *health* were the top categories, the others were

eliminated from statistical analyses.

Table 3

Issue Type

		Frequency	Percent
	Academic	124	42.8
	Relational	80	27.6
	Economic	14	4.8
	Health	57	19.7
	Other	6	2.1
	Total	281	96.9
Missing	System	9	3.1
		290	100.0

The most common source of advice was *friends* (N= 106, 37%), followed by *family* (N=

94, 32%). Table 4 includes the complete list of sources sought for advice. Faculty members,

other campus staff, strangers, and others were sought less than 5% of the time and were

eliminated from analyses. About half of the respondents (n= 141, 49%) sought advice from a

secondary source of support, with the most popular secondary source still being *friends* (n= 61,

43%) and *family* (n= 55, 39%). See Table 5 for the complete list of secondary sources of support.

Table 4

Primary Source of Support

		Frequency	Percent
	Family member	94	32.4
	Friend	106	36.6
	Academic Adviser	33	11.4
	Faculty member	15	5.2
	Strangers	3	1.0
	Other campus staff	7	2.4
	Other	20	6.9
	Total	278	95.9
Missing	System	12	4.1
		290	100.0

Table 5

Secondary Sources of Support

		Frequency	Percent
	Family Member	55	19.0
	Friend	61	21.0
	Academic Adviser	8	2.8
	Faculty Member	9	3.1
	Strangers	3	1.0
	Other	6	2.1
	Total	142	49.0
Missing	System	148	51.0
		290	100.0

Respondents predominantly sought and received help in person (58.7% and 60.1%, respectively). See Table 6 for methods of seeking help and Table 7 for methods of receiving help. Seventeen percent of respondents (N= 49) indicated they wished they had used another method when asking for advice; of those, almost all (N=43) said they wished they could have

met in person. The respondents who approached a second source of support (N= 141, 49%) also

predominantly met in person (N= 92, 32%), with calling as the next highest option (N= 33,

12%).

Table 6

Method of Asking for Help

		Frequency	Percent
	Met in person	169	58.3
	Called	70	24.1
	Emailed	11	3.8
	Messaged	29	10.0
	Anonymous forum	1	.3
	Total	280	96.6
Missing	System	10	3.4
		290	100.0

Table 7

Method of Receiving Help

		Frequency	Percent
Valid	Met in person	173	59.7
	Called	70	24.1
	Emailed	9	3.1
	Messaged	24	8.3
	Anonymous forum	1	.3
	Other	2	.7
	Total	279	96.2
Missing	System	11	3.8
		290	100.0

Independent samples *t*-tests were run to determine whether responses of men and women

needed to be analyzed separately, as suggested by previous research. However, there were no

significant differences discovered between men and women regarding topic sensitivity,

solvability, advice satisfaction or problem resolution. Given those findings, tests were conducted

across the entire sample.

Table 8

Correlations with Satisfaction

		Satisfaction
Age	Pearson Correlation	.010
	Sig. (2-tailed)	.868
	N	275
Sensitivity	Pearson Correlation	-.012
	Sig. (2-tailed)	.842
	N	280
Solvability	Pearson Correlation	.213**
	Sig. (2-tailed)	.000
	N	280
Knowledgeable	Pearson Correlation	.295**
	Sig. (2-tailed)	.000
	N	278
How Effective was Communication Method When Asking for Help	Pearson Correlation	.578**
	Sig. (2-tailed)	.000
	N	280
How Effective was Communication Method when Receiving Help	Pearson Correlation	.501**
	Sig. (2-tailed)	.000
	N	280
Was Issue Resolved	Pearson Correlation	.411**
	Sig. (2-tailed)	.000
	N	280
Secondary Person Knowledgeable	Pearson Correlation	.247**
	Sig. (2-tailed)	.003
	N	141
Secondary Person Trustworthy	Pearson Correlation	.129
	Sig. (2-tailed)	.126
	N	142
	Pearson Correlation	.100

Secondary Person Accessible	Sig. (2-tailed)	.235
	N	142
Satisfied with Secondary Person	Pearson Correlation	.472**
	Sig. (2-tailed)	.000
	N	141
Willingness to Self-Disclose Score	Pearson Correlation	.191**
	Sig. (2-tailed)	.001
	N	280
Anxiety and Depression Score	Pearson Correlation	-.177**
	Sig. (2-tailed)	.003
	N	280

Research Question 1

Research Question 1 asked about the relationships between help seeker characteristics and satisfaction with advice. Pearson correlations were calculated between satisfaction and each of the three variables of interest: *depression and anxiety, willingness to self-disclose, perceptions of support*, and *advice satisfaction*.

Depression and Anxiety

The first characteristic examined was *anxiety and depression*. This nine-item measure exhibited a strong reliability score ($\alpha = .90$). A single score was produced by summing across the seven items. There was a small but significant negative relationship between the depression/anxiety score and advice satisfaction (r (277) = -.17, $p < .01$), suggesting that higher depression and anxiety levels correlated with lower overall satisfaction scores.

Support Availability

Perceptions of available support was measured with eight items which exhibited an acceptable reliability score ($\alpha = .83$), thus all were retained. A composite score was produced by summing across the eight items. A significant association was found between perceptions of

available support and advice satisfaction (r (280) = .36, p > .001). Respondents who perceived that they had more sources of support overall felt more satisfied with the advice they received.

Willingness to Self-Disclose

This ten-item measure showed a good internal consistency (α = .88) and were summed to produce a composite score. Another small but significant positive association was discovered (r (280) = .191, p < .001), which indicates that those who were more willing to disclose about difficult issues were more satisfied with the advice they received.

These three variables were then entered into a stepwise regression equation, only the perception of available support was found to predict advice satisfaction. Perceptions of social support accounted for approximately 13% of the variance in the model (F [1, 268] = 40.739, p = .000). The remaining variables did not make a significant contribution to the model.

Table 9

Self-Disclosure Regression and ANOVA

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.368[a]	.136	.132	.727

a. Predictors: (Constant), PercSupportSum

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	22.542	1	22.542	42.665	.000[b]
	Residual	143.710	272	.528		
	Total	166.252	273			

a. Dependent Variable: Q30Sat

b. Predictors: (Constant), PercSupportSum

Research Question 2

Research Question 2 examined the relationships between topic characteristics (*issue type, perceptions of issue solvability, and perceptions of issue sensitivity*) and *satisfaction with advice.* Table 3 shows the frequency of the different issue types.

An ANOVA was conducted to determine whether there were differences in satisfaction according to the three most popular topics: academic, relational, and health. No significant differences were found (F [4, 274] = .435, *ns*).

Issue Solvability

Issue solvability was measured using a single item. A Pearson correlation was conducted to see if there was a significant relationship between perceptions of issue solvability and advice satisfaction. The sample overall showed that respondents believed their issue to be moderately solvable (M = 3.36, SD = 1.26). A small but significant positive relationship was discovered (*r* [280] = .21, *p* < .001), which indicates that those who perceived an issue to be more solvable were more likely to be satisfied with the advice they received.

Issue Sensitivity

Issue sensitivity was measured using a single item. Respondents also generally believed their issue to be somewhat sensitive (M = 3.6, SD =.96). A Pearson correlation was conducted, with no significant relationship discovered between perceptions of issue sensitivity and satisfaction with advice.

The two variables, *issue solvability* and *issue sensitivity* were then entered into a stepwise regression equation. *Issue solvability* was the only significant predictor, accounting for about 5% of the model variance (F [1, 278] = 13.534, *p* = .000).

Table 10

RQ2 Regression

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.213[a]	.045	.042	.763

a. Predictors: (Constant), Q19Solv

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	7.684	1	7.684	13.185	.000[b]
	Residual	162.016	278	.583		
	Total	169.700	279			

a. Dependent Variable: Q30Sat

b. Predictors: (Constant), Q19Solv

Research Question 3

Research Question 3 examined the relationships between help provider characteristics (*source of support, knowledge, trust, and access*) and *satisfaction with advice*. As shown in Tables 4 and 5, friends and family were the most sought sources of support. An independent-samples *t*-test revealed no significant differences between satisfaction levels for people who sought friends versus family members for advice (*t* ([198]) = 3.427, *ns*).

Knowledgeability

Overall, advice-seekers believed their help providers to be knowledgeable (M = 3.68, SD = .92). If respondents approached a second source of advice, they viewed that source as having relatively the same knowledge level (M=3.67, SD=1.02). Pearson correlations were run on perception of primary and secondary help provider's knowledge and advice satisfaction. Primary help provider knowledge showed a significant correlation with satisfaction with advice (*r* = .29,

p < .001), as did perceptions of knowledge from a secondary source (*r* = .24, *p* < .01), indicating

that the more knowledgeable the help provider seemed, the more likely the help seeker was

satisfied with the advice they were given.

Trustworthiness

Respondents generally felt their source of advice was somewhat trustworthy (M = 4.0,

SD = 1.45). Those who asked a secondary source for advice also believed that second source to

be trustworthy (M = 4.21, SD = 1.33). Pearson correlations showed no significant relationships

between adviser trustworthiness and advice satisfaction (primary *r* [280] = .099, *ns*; secondary *r*

[142] = .129, *ns*).

Accessibility

Respondents considered their primary help providers to be accessible (M = 4.53, SD

= .82). Those who approached a second source for advice also believed that source was

accessible (M = 4.39, SD = .91). Perceptions of access to primary and secondary sources of

support were entered into a Pearson correlation with satisfaction with advice. A significant

positive correlation was discovered (*r*= .26, *p* < .001) for access to primary source, indicating

that having greater access to a source of support positively influenced satisfaction with advice.

Access, *knowledge*, and *trust* from primary and secondary sources were entered into a

stepwise regression model with satisfaction with advice. The three variables contributed to 28%

of the variance in the model. *Knowledge* was the primary predictor (F [1, 138] = 28.479, *p*

= .000). *Access* was the second variable which contributed to the predictions (F [2, 138] =

23.455, *p* = .000). Lastly, *perceived knowledge from secondary sources of support* (F [3, 138] =

17.537, *p* = .000). No other variables from RQ3 significantly contributed to the predictive model.

Table 11

RQ3 Regression

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.420[a]	.177	.171	.672
2	.506[b]	.256	.245	.642
3	.533[c]	.284	.268	.632

a. Predictors: (Constant), Q36Know

b. Predictors: (Constant), Q36Know, Q22Access

c. Predictors: (Constant), Q36Know, Q22Access, Q37ElseKnow

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	13.392	1	13.392	29.617	.000[b]
	Residual	62.401	138	.452		
	Total	75.793	139			
2	Regression	19.386	2	9.693	23.543	.000[c]
	Residual	56.407	137	.412		
	Total	75.793	139			
3	Regression	21.522	3	7.174	17.978	.000[d]
	Residual	54.271	136	.399		
	Total	75.793	139			

a. Dependent Variable: Q30Sat

b. Predictors: (Constant), Q36Know

c. Predictors: (Constant), Q36Know, Q22Access

d. Predictors: (Constant), Q36Know, Q22Access, Q37ElseKnow

Research Question 4

Research question 4 examined the relationships between interactional characteristics

(*methods of communication, effectiveness of communication, and resolution of issue*) and

satisfaction with advice.

Method of communication

Tables 6 and 7 show how often the different methods of communication were utilized, both when asking for and receiving advice. Most respondents preferred the method of communication that was utilized (n = 229, 79%) with only 17% wishing they had used an alternative method (n = 49).

Two analyses of variance were conducted, with the three most popular methods of asking for and receiving help entered as the independent variables. There was a statistically significant difference between groups for method of asking for help (F [4, 275] = 2.473, p =.045) (see table 6 for frequencies) however a post hoc test did not reveal any relevant differences between methods of asking for help. There was also a statistically significant difference between groups for receiving help (F [5, 273] = 3.554, p =.004) (see table 7 for frequencies). Post hoc comparisons using the Tukey-b test indicated that the mean score for the meeting in person (M = 3.00, SD = 2.65) was significantly different than the other methods of communication when receiving help. Also, the post hoc comparison using the Turkey-b test revealed that the mean score for emailing was significantly different than the other methods of communication but less significant than meeting in person (M = 2.04, SD = 1.29).

Effectiveness of communication

In general, respondents felt their method of communication was effective (M = 4.07, SD = .92). *Effectiveness of communication* was entered into a Pearson correlation with *satisfaction with advice*, and a significant positive relationship was discovered (r (280) = .58, p < .001). Additionally, a significant positive relationship was found between *effectiveness of receiving help* and *satisfaction with advice* (r (280f) = .50, p < .001). This indicated that when the method of communication was considered effective, satisfaction with advice was rated higher.

Issue Resolution

Most respondents also believed their issue to be somewhat resolved by the end of their

advice seeking interaction (n = 187, 65%). A Pearson correlation revealed a significant positive

correlation between *resolution* and *advice satisfaction* (r (280f) = .41, $p < .001$), indicating that

when an issue was resolved, satisfaction with advice increased.

Effectiveness of communication and *issue resolution* were entered into a stepwise regression

model to determine their relationship to satisfaction with advice. Of the variables measured, one

variable (*effectiveness of communication*) contributed to approximately 30% of the variance in

the model (F [1, 22] = 5.548, p < .05). None of the other variables from RQ4 significantly

contributed to the predictive model.

Table 12

RQ4 Regression

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.578[a]	.334	.332	.637
2	.613[b]	.376	.371	.618

a. Predictors: (Constant), Q24Howeff
b. Predictors: (Constant), Q24Howeff, Q24Resolve

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	56.753	1	56.753	139.688	.000[b]
	Residual	112.947	278	.406		
	Total	169.700	279			
2	Regression	63.756	2	31.878	83.349	.000[c]
	Residual	105.944	277	.382		
	Total	169.700	279			

a. Dependent Variable: Q30Sat
b. Predictors: (Constant), Q24Howeff
c. Predictors: (Constant), Q24Howeff, Q24Resolve

Research Question 5

Satisfaction

Overall, respondents were very satisfied with the received advice (M = 4.15, SD = .78),

Table 13

RQ5 Regression

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.517[a]	.268	.262	.634
2	.609[b]	.370	.361	.590
3	.633[c]	.401	.388	.578
4	.653[d]	.426	.409	.568

a. Predictors: (Constant), Q24Howeff

b. Predictors: (Constant), Q24Howeff, Q24Resolve

c. Predictors: (Constant), Q24Howeff, Q24Resolve, Q22Access

d. Predictors: (Constant), Q24Howeff, Q24Resolve, Q22Access,Q19Solv

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	20.298	1	20.298	50.474	.000[b]
	Residual	55.495	138	.402		
	Total	75.793	139			
2	Regression	28.068	2	14.034	40.287	.000[c]
	Residual	47.725	137	.348		
	Total	75.793	139			
3	Regression	30.416	3	10.139	30.387	.000[d]
	Residual	45.377	136	.334		
	Total	75.793	139			
4	Regression	32.279	4	8.070	25.035	.000[e]
	Residual	43.514	135	.322		
	Total	75.793	139			

a. Dependent Variable: Q30Sat

b. Predictors: (Constant), Q24Howeff

c. Predictors: (Constant), Q24Howeff, Q24Resolve

d. Predictors: (Constant), Q24Howeff, Q24Resolve, Q22Access

e. Predictors: (Constant), Q24Howeff, Q24Resolve, Q22Access, Q19Solv

and those who received advice from a secondary source were also satisfied in general (M = 4.13, SD = .73).

The top predictors from each research question were put into a stepwise regression model to determine which were the most significant predictors of satisfaction with advice. Four significant predictors accounted for approximately 42% of the variance in the final model. Of the four, perceptions of *effectiveness of communication method when receiving help* was the top predictor (F [1, 275] = 50.474, p =.000). *Degree of resolution* was second, followed by *accessibility* and *perceptions of solvability*, respectively. None of the other variables significantly contributed to the predictive abilities of the model. (See Table 13).

Discussion

Previous research has primarily focused on perceptions of quality of received advice, or likelihood or following advice (e.g., MacGeorge, Feng, Butler, Budarz, 2004). This study, however, examined some of the many factors which contribute to college students' satisfaction with advice. Ultimately, four characteristics emerged as the top predictors.

The first, *effectiveness of communication method used by advice providers*, is about how respondents asked received the advice and whether they believed that method was effective. It was positively correlated with satisfaction, meaning the more effective respondents felt their adviser's method of communication was, the more satisfied they were with the advice received. As most students sought help via face-to-face, and found it extremely effective, it is relatively safe to assume that face-to-face advice seeking interactions are likely to result higher advice satisfaction. This is consistent with findings in the pilot study by Roe (2019), but contradicts other previous research which suggests that face-to-face interactions are less desirable than CMC interactions (Rains et al., 2019). This finding is important when considering the amount of

communication which occurs through CMC, and how advice delivered through those channels could be considered less satisfactory, especially when the option to meet face-to-face is less available.

The second characteristic to emerge as a significant predictor of advice satisfaction was the *degree to which the issue was resolved*. Again, as it was positively correlated with satisfaction. The more resolved respondents felt the issue was, the more satisfied they were with the advice they received. By far the most common issue type was academic (see table 3), which was believed to be easier to solve than more complex issues such as relational or health issues. Thus, this may have contributed to the number of satisfied respondents who resolved their issues, which is consistent with research by Hombrados-Mendieta et al., (2012) which found informational support to be most frequently connected with satisfaction with support.

The third characteristic was *accessibility*, which may be closely related to the first predictor, effectiveness of communication method used to provide advice. Most respondents felt their source of support was accessible to them. Results showing accessibility plays an important role in satisfaction with advice is consistent with previous research, which states that accessibility is one of the top considerations in whom to approach for advice (Borgatti & Cross, 2003). Perceptions of limited access might cause frustration and taint respondents' view of the entire interaction. In the future, it may be beneficial to examine the amount of time which respondents had to wait before receiving the advice, as a study by Tatum, Martin and Kemper (2018) implies that wait time may impact satisfaction and perceptions of accessibility. Similar research examined how longer wait times impact satisfaction with patient care interactions within a medical setting (Anderson, Camacho, & Balkrishnan, 2007).

The last characteristic was *perceptions of solvability*, which was closely related to the issue being resolved after seeking advice. Whether the issue was resolved or not, this might be influenced by the type of advice being sought, such as informational or relational. As the most common issue type was academic, and likely informational in nature, this would again be consistent with Hombrados-Mendieta et al. (2012), which discovered higher satisfaction with informational support. Additionally, if the issue is more complex and the respondent knows it is unlikely to have a simple answer, they may be more prepared to accept support or general advice, and be satisfied with that rather than expecting their issue to be solved.

Limitations

There are of course many limitations to this study. The first is that the study was conducted by surveying mostly first year students at a mid-sized Midwestern university. Results are thus not generalizable to university students. Future research should consider investigating students of different ethnicities, particularly minorities as they experience differences in adapting to university (Zea, Jarama, & Bianchi, 1995). This could impact the adaptation and retention of minorities in college as they seek support and advice during this period of adjustment.

Additionally, the survey was disseminated to students during the beginning of the Covid-19 pandemic, which contributed to a significant change in the university environment and upheaval of campus routine. This may also account for the significant spike in health-related issues, which were not present in the pilot study (Roe, 2019). While results of this study were likely to have been impacted by the pandemic, this should not necessarily be seen as a limitation but instead as a unique opportunity to examine advice seeking interactions during a life-altering event. Future research could replicate this study and examine the differences when not in the midst of a pandemic.

Additionally, asking respondents to remember an issue has limitations based on their memory, particularly since the survey asked respondents to think of a time within the last six months, which is a significant amount of time. Previous researchers have asked respondents to think of a time within the last month where they asked for advice (MacGeorge, et al., 2004) or used experimental design having students come in as dyads and enact an advice interaction in a lab (MacGeorge, et al., 2016). In the future, this study may be replicated using either of these designs in order to better explore the role of time as an influencer on respondents' answers and perceptions of satisfaction.

Finally, there is one area that seemed lacking in previous research but did not have a significant relationship to advice satisfaction within this study. Topic sensitivity did not seem to be a significant contributor to satisfaction with advice, but future researchers may wish to examine how topic sensitivity may be related to anxiety and depression scores, and perceptions of available support, both of which appeared to be related to topic sensitivity. A study dedicated to examining those relationships may provide insight on whether individuals approach others for advice, or if they try to solve the issue themselves.

Directions for Future Research

These findings add to current literature about advice seeking in college populations in three interesting ways. One, it defines effectiveness of communication method as a key factor in satisfaction with advice. While this was consistent with previous research, which suggested that the message may be more important to satisfaction than helper characteristics (MacGeorge et al., 2016), this study suggests that the method of asking for and receiving help may be more important than previously believed. Future research should examine how the different methods

of communication impact the perceived effectiveness of the advice and the satisfaction with that advice.

Second, while it was already well known that access is important to advice seeking interactions, the extent to which it plays a role in satisfaction was not previously well-explored. Instead, access was primarily used to determine others whom respondents might approach for advice, not necessarily their satisfaction with the advice. Currently, the world is exploring several alternative communication methods due to Covid-19, and it may be interesting to see just how large a role access has to advice interactions, both in general and when focused upon satisfaction. A future study may wish to explore different types of access and the satisfaction one has when using different methods, especially synchronous or asynchronous communication methods.

There is little research exploring perceptions of solvability and satisfaction with advice. This study found that the role of solvability is closely related to satisfaction with advice, which might require examination. In the future, researchers may wish to focus on issue types and how they relate to solvability and satisfaction, as the findings of this study suggest that there may be some interesting relationships.

Conclusion

This study adds to the growing amount of research on advice interactions and contributes to the limited knowledge on satisfaction with advice. This study focused on college students, who deal with unique issues which require them to seek advice from a variety of sources, using a variety of methods. Some themes emerged, such as academic and relational issues being the most predominant, friends and family being the sources of support most often sought and meeting face-to-face being preferred. But this study examined the deeper relationships between these

characteristics and how satisfied students felt with the advice they received. Four categories of characteristics were examined: advice seeker characteristics, topic characteristics, help provider characteristics, and interaction characteristics. Of these four categories, four characteristics emerged as the top predictors of students' satisfaction with advice: effectiveness of communication method, whether the issue was resolved, access to help provider, and perceptions of issue solvability. The top two characteristics coming from the interaction category, showing the importance of interactional characteristics on satisfaction with advice. This information may help in creating or expanding on methods of communication between help providers and college students to assist students in being satisfied with advice and ultimately, resolving their issues.

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Appendix A

Survey Instrument

   Chelsea Roe is a graduate student at the University of Wisconsin – Stevens Point and would appreciate your participation in a research study designed to determine how college students perceive satisfaction with advice interactions. You are being asked to complete an anonymous survey which should take up no more than 15 minutes of your time. Your participation is completely voluntary. The benefit of this study is greater knowledge on interpersonal communication and what influences satisfaction with advice, especially in college students. Data may be used for secondary research, after all identifiable information has been removed, without additional informed consent required from the participant. I anticipate no risk as a result of your participation in this study other than the inconvenience of your time as you complete this survey. You could, however, experience discomfort as this study asks you to remember a time where you sought advice on a situation, which may be a difficult memory. If you do experience discomfort, please use the following number to contact the University of Wisconsin – Stevens Point Counseling Center staff: **715-346-3553.**] Some participants will be eligible for extra credit. Following the completion of the survey, participants will follow a link where they can record their name, course and section number, and instructor name in order to receive extra credit. All identifiable information gathered this way will be kept separate from survey results. Only I and your course instructor will be able to access this information, and only so that they can provide you with extra credit for your participation. After course instructors are notified, all identifying information will be destroyed or deleted. While this information could be obtained by interviewing you, I feel that a survey is the quickest and easiest method for obtaining this information. You may also choose not to participate as an alternative. The information that you provide on the questionnaire will be recorded in anonymous form. I will not release information that could identify you. All completed surveys will be kept in a secure password protected file folder and will not be available to anyone not directly involved in this study. Your participation in this study is completely voluntary. If you want to withdraw from the study, at any time, you may do so without penalty or loss of benefit entitled. Only anonymous information provided will be retained. All identifiable information will be removed from the study and destroyed or deleted.

If you have questions about the research, your rights as a respondent, or any other research-related questions, please contact:

Chelsea Roe
Instructional Assistant and Graduate Student
Division of Communication
University of Wisconsin - Stevens Point
Communication Arts Center 331
1101 Reserve Street, UW-Stevens Point,

Stevens Point, WI 5448-3897

croe514@uwsp.edu

If you have any complaints about your treatment as a participant in this study or believe you have been harmed in some way by your participation, please call or write:

Anna Haines, PhD
IRB Chair
Professor, Natural Resource Planning
Director, Center for Land Use Education
800 Reserve Street
College of Natural Resources
University of Wisconsin, Stevens Point and Extension
Stevens Point, WI 54481
715.346.2386
irbchair@uwsp.edu

Although Dr. Haines will ask your name, all complaints are kept in confidence.

"I have read and understand the information provided to me; that my participation is voluntary and I may withdraw at any time."

○ I give my consent to participate in this anonymous survey (1)

○ I do not give my consent to participate in this anonymous survey (2)

Skip To: End of Survey If "I have read and understand the information provided to me; that my participation is voluntary an... = I do not give my consent to participate in this anonymous survey

End of Block: Consent form

Start of Block: Demographics

Start of Block: Demographics

Q1 What is your age

_____

Q6 Which ethnicity do you identify with most?

○ White/Caucasian (1)

○ Hispanic/Latinx (2)

○ American Indian or Alaskan Native (3)

○ Asian or Pacific Islander (4)

○ Black/African American (5)

○ Multi-ethnic (6)

○ Other (7)

○ Prefer not to say (8)

Q7 Which gender do you identify with most?

○ Male (1)

○ Female (2)

○ Non-binary (3)

○ Other (4)

○ Prefer not to say (5)

Q8 Which sexual orientation do you identify with most?

○ Heterosexual (1)

○ Homosexual (2)

○ Bisexual (3)

○ Pansexual (4)

○ Other (5)

○ Prefer not to say (6)

Q9 What year are you in college?

○ First (1)

○ Second (2)

○ Third (3)

○ Fourth or higher (4)

○ Not applicable (5)

Q35 How active are you in campus clubs, organizations or sports?

○ Not at all involved (1)

○ A little involved (2)

○ Quite involved (3)

○ Possibly too involved (4)

End of Block: Demographics

Start of Block: Topic Characteristics

Q14 Please think of a time within the past six months when you sought advice on a situation for an issue you were experiencing. Please select what category you believe best represents this issue.

○ Academic (1)

○ Relational (e.g., roommates, friends, family or romantic) (2)

○ Economic or monetary (3)

○ Health (mental or physical) (4)

○ Other (please specify) (5) _____

Q15 How sensitive did you feel this topic was to you?

○ Extremely sensitive (1)

○ Moderately sensitive (2)

○ Somewhat sensitive (3)

○ A little sensitive (4)

○ Not at all sensitive (5)

Q16 Finally, we would like to know how comfortable you are sharing your feelings. Please indicate how comfortable you feel sharing each of the following emotional states with others.

	Completely Comfortable (1)	Comfortable (2)	Neutral (3)	Uncomfortable (4)	Not At All Comfortable (5)
Times when you feel depressed (1)	○	○	○	○	○
Times when you feel possessive (2)	○	○	○	○	○
Times when you feel anxious (3)	○	○	○	○	○
Times when you feel angry (4)	○	○	○	○	○
Times when you feel afraid (5)	○	○	○	○	○
Times when you feel sad (6)	○	○	○	○	○
Times when you feel suspicious (7)	○	○	○	○	○
Times when you feel worried (8)	○	○	○	○	○
Times when you feel irritated (9)	○	○	○	○	○
Times when you feel alarmed (10)	○	○	○	○	○

Q11 During the time when you sought advice, how often were you bothered by the following problems?

	None of the time (1)	Some of the time (2)	Most of the time (3)	All of the time (4)
Feeling nervous, anxious or on edge (1)	○	○	○	○
Not being able to stop or control worrying (2)	○	○	○	○
Feeling down, depressed or hopeless (3)	○	○	○	○
Little interest or pleasure in doing things (4)	○	○	○	○
Feeling sad all the time and couldn't snap out of it (5)	○	○	○	○
Feeling discouraged about the future. (6)	○	○	○	○
Feeling like a complete failure as a person. (7)	○	○	○	○
Feeling disappointed in yourself. (8)	○	○	○	○
Putting off making decisions more than you used to. (9)	○	○	○	○

Q13 Now we are interested in your perceptions of support available to you. Please read each one carefully before selecting your response.

	Strongly Agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
My family really tries to help me. (1)	○	○	○	○	○
I have a special person who is a real source of comfort to me. (2)	○	○	○	○	○
I can count on campus resources to help when I need it. (3)	○	○	○	○	○
I can count on my friends when things go wrong. (4)	○	○	○	○	○
I can talk about my problems with my family. (5)	○	○	○	○	○
There is a special person in my life who cares about my feelings. (6)	○	○	○	○	○
I can talk about my problems with my friends. (7)	○	○	○	○	○
There are campus resources available for me when I am in need. (8)	○	○	○	○	○

Page Break

19 How solvable did you feel this issue was?

○ Not at all solvable (1)

○ Somewhat unsolvable (2)

○ Unsure (3)

○ Somewhat solvable (4)

○ Extremely solvable (5)

End of Block: Help-Seeker Characteristics pt 2

Start of Block: Help-provider characteristics

Q20 Who did you go to for advice?

○ Family member (1)

○ Friend (2)

○ Academic adviser (3)

○ Faculty member (4)

○ Strangers (e.g., online community) (5)

○ Other campus staff (please specify) (6)

_____

○ Other (please specify) (7) _____

Q36 How knowledgeable did you feel this person was about this topic?

○ Extremely knowledgeable (1)

○ Very knowledgeable (2)

○ Moderately knowledgeable (3)

○ Slightly knowledgeable (4)

○ Not knowledgeable at all (5)

Q21 How trustworthy did you feel this person was at the time?

○ Completely untrustworthy (1)

○ Somewhat untrustworthy (2)

○ Neither trustworthy or untrustworthy (3)

○ Somewhat trustworthy (4)

○ Extremely trustworthy (5)

Q22 How accessible did you feel this person was to you?

○ Completely inaccessible (1)

○ Somewhat inaccessible (2)

○ Neither accessible or inaccessible (3)

○ Somewhat accessible (4)

○ Completely accessible (5)

End of Block: Help-provider characteristics

Start of Block: Interaction Characteristics

Q23 How did you ask for advice?

○ Met in person (1)

○ Called (2)

○ Emailed (3)

○ Messaged (e.g., Facebook) (4)

○ Logged into an anonymous internet forum (5)

Q24 How effective did you believe this method to be?

○ Extremely effective (1)

○ Very effective (2)

○ Moderately effective (3)

○ Slightly effective (4)

○ Not effective at all (5)

Q25 Would you have preferred a different method for asking for advice?

○ Yes (1)

○ No (2)

Display This Question:
If Would you have preferred a different method for asking for advice? = Yes

Q27 How would you have preferred to ask for advice?

○ Met in person (1)

○ Called (2)

○ Emailed (3)

○ Messaged (e.g., Facebook) (4)

○ Logged into an anonymous internet forum (5)

○ Other (please specify) (6) _____

Page Break ———————————————————————————————————————

Q28 How was the help provided to you?

○ Met in person (1)

○ Called (2)

○ Emailed (3)

○ Messaged (e.g., Facebook) (4)

○ Through an anonymous internet forum (5)

○ Other (please specify) (6) _____

Q29 How effective did you believe this method of contact to be?

○ Extremely effective (1)

○ Very effective (2)

○ Moderately effective (3)

○ Slightly effective (4)

○ Not effective at all (5)

Page Break

Q30 How satisfied were you with the advice you received?

○ Extremely satisfied (1)

○ Somewhat satisfied (2)

○ Neither satisfied nor dissatisfied (3)

○ Somewhat dissatisfied (4)

○ Extremely dissatisfied (5)

Q24 How resolved was the issue after you sought advice?

○ Completely resolved (1)

○ Somewhat resolved (2)

○ Not resolved (3)

○ Unsure of outcome (4)

Q29 Did you approach anyone else for advice?

○ Yes (1)

○ No (2)

Skip To: End of Survey If Did you approach anyone else for advice? = No

Q30 Who else did you go to for advice?

○ Family member (1)

○ Friend (2)

○ Academic adviser (3)

○ Faculty member (4)

○ Stranger (e.g., online community (5)

○ Other campus staff (please specify) (6)

_____

○ Other (please specify) (7) _____

Q37 How knowledgeable did you believe this second person was about this topic?

○ Extremely knowledgeable (1)

○ Very knowledgeable (2)

○ Moderately knowledgeable (3)

○ Slightly knowledgeable (4)

○ Not knowledgeable at all (5)

Q31 How trustworthy did you feel this second person to be?

○ Completely untrustworthy (1)

○ Somewhat untrustworthy (2)

○ Neither trustworthy or untrustworthy (3)

○ Somewhat trustworthy (4)

○ Extremely trustworthy (5)

Q32 How accessible did you feel this person was to you?

○ Completely inaccessible (1)

○ Somewhat inaccessible (2)

○ Neither accessible or inaccessible (3)

○ Somewhat accessible (4)

○ Completely accessible (5)

Q33 How did you ask this second person for advice?

○ Met in person (1)

○ Called (2)

○ Emailed (3)

○ Messaged (e.g., Facebook) (4)

○ Logged into an anonymous internet forum (5)

Q34 How satisfied were you with the advice from the second person?

○ Extremely satisfied (1)

○ Somewhat satisfied (2)

○ Neither satisfied nor dissatisfied (3)

○ Somewhat dissatisfied (4)

○ Extremely dissatisfied (5)

End of Block: Interaction Characteristics

Appendix B

PHQ-4 Used to determine generalized anxiety

Over the last 2 weeks, how often have you been bothered by the following problems? *(Use " ✔ " to indicate your answer)*	No t at all	Mo re than eral days half the days	Sevre than half the days	Ne arly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Little interest or pleasure in doing things	0	1	2	3
4. Feeling down, depressed, or hopeless	0	1	2	3

Scoring

PHQ-4 total score ranges from 0 to 12, with categories of psychological distress being:

- None   0-2
- Mild   3-5
- Moderate   6-8
- Severe   9-12
  Anxiety subscale = sum of items 1 and 2   (score range, 0 to 6)
  Depression subscale = sum of items 3 and 4   (score range, 0 to 6)
  On each subscale, a score of 3 or greater is considered positive for screening purposes

The PHQ scales were developed by Drs. Robert L. Spitzer, Janet B.W. Williams, and Kurt Kroenke and colleagues. The PHQ scales are free to use. For research information, contact Dr. Kroenke at kkroenke@regenstrief.org

Kroenke K, Spitzer RL, Williams JBW, Löwe B. An ultra-brief screening scale for anxiety and depression: the PHQ-4 Psychosomatics 2009;50:613-621.

Appendix C

Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.
0 I do not feel sad.
1 I feel sad
2 I am sad all the time and I can't snap out of it.
3 I am so sad and unhappy that I can't stand it.

2.
0 I am not particularly discouraged about the future.
1 I feel discouraged about the future.
2 I feel I have nothing to look forward to.
3 I feel the future is hopeless and that things cannot improve.

3.
0 I do not feel like a failure.
1 I feel I have failed more than the average person.
2 As I look back on my life, all I can see is a lot of failures.
3 I feel I am a complete failure as a person.

4.
0 I get as much satisfaction out of things as I used to.
1 I don't enjoy things the way I used to.
2 I don't get real satisfaction out of anything anymore.
3 I am dissatisfied or bored with everything.

5.
0 I don't feel particularly guilty
1 I feel guilty a good part of the time.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.

6.
0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.

7.
 0 I don't feel disappointed in myself.
 1 I am disappointed in myself.
 2 I am disgusted with myself.
 3 I hate myself.

8.
 0 I don't feel I am any worse than anybody else.
 1 I am critical of myself for my weaknesses or mistakes.
 2 I blame myself all the time for my faults.
 3 I blame myself for everything bad that happens.

9.
 0 I don't have any thoughts of killing myself.
 1 I have thoughts of killing myself, but I would not carry them out.
 2 I would like to kill myself.
 3 I would kill myself if I had the chance.

10.
 0 I don't cry any more than usual.
 1 I cry more now than I used to.
 2 I cry all the time now.
 3 I used to be able to cry, but now I can't cry even though I want to.

11.
 0 I am no more irritated by things than I ever was.
 1 I am slightly more irritated now than usual.
 2 I am quite annoyed or irritated a good deal of the time.
 3 I feel irritated all the time.

12.
 0 I have not lost interest in other people.
 1 I am less interested in other people than I used to be.
 2 I have lost most of my interest in other people.
 3 I have lost all of my interest in other people.

13.
 0 I make decisions about as well as I ever could.
 1 I put off making decisions more than I used to.
 2 I have greater difficulty in making decisions more than I used to.
 3 I can't make decisions at all anymore.

14.
0 I don't feel that I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel there are permanent changes in my appearance that make me look unattractive
3 I believe that I look ugly.

15.
0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.

16.
0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.

17.
0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.

18.
0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.

19.
0 I haven't lost much weight, if any, lately.
1 I have lost more than five pounds.
2 I have lost more than ten pounds.
3 I have lost more than fifteen pounds.

20.
0 I am no more worried about my health than usual.
1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think of anything else.

21.
 0 I have not noticed any recent change in my interest in sex.
 1 I am less interested in sex than I used to be.
 2 I have almost no interest in sex.
 3 I have lost interest in sex completely.

INTERPRETING THE BECK DEPRESSION INVENTORY
Now that you have completed the questionnaire, add up the score for each of the twenty-
one
questions by counting the number to the right of each question you marked. The highest
possible
total for the whole test would be sixty-three. This would mean you circled number three
on all
twenty-one questions. Since the lowest possible score for each question is zero, the
lowest
possible score for the test would be zero. This would mean you circles zero on each
question.
You can evaluate your depression according to the Table below.

Total Score_____Levels of Depression
1-10_____These ups and downs are considered normal
11-16_____ Mild mood disturbance
17-20_____Borderline clinical depression
21-30_____Moderate depression
31-40_____Severe depression
over 40_____Extreme depression

Appendix D

Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988)

Instructions: We are interested in how you feel about the following statements. Read each statement
carefully. Indicate how you feel about each statement.
 Circle the "1" if you Very Strongly Disagree
 Circle the "2" if you Strongly Disagree
 Circle the "3" if you Mildly Disagree
 Circle the "4" if you are Neutral
 Circle the "5" if you Mildly Agree
 Circle the "6" if you Strongly Agree
 Circle the "7" if you Very Strongly Agree

1. There is a special person who is around when I am in need. 1 2 3 4 5 6 7 SO

2. There is a special person with whom I can share my joys and sorrows. 1 2 3 4 5 6 7 SO

3. My family really tries to help me. 1 2 3 4 5 6 7 Fam

4. I get the emotional help and support I need from my family. 1 2 3 4 5 6 7 Fam

5. I have a special person who is a real source of comfort to me. 1 2 3 4 5 6 7 SO

6. My friends really try to help me. 1 2 3 4 5 6 7 Fri

7. I can count on my friends when things go wrong. 1 2 3 4 5 6 7 Fri

8. I can talk about my problems with my family. 1 2 3 4 5 6 7 Fam

9. I have friends with whom I can share my joys and sorrows. 1 2 3 4 5 6 7 Fri

10. There is a special person in my life who cares about my feelings. 1 2 3 4 5 6 7 SO

11. My family is willing to help me make decisions. 1 2 3 4 5 6 7 Fam

12. I can talk about my problems with my friends. 1 2 3 4 5 6 7 Fri

The items tended to divide into factor groups relating to the source of the social support, namely family
(Fam), friends (Fri) or significant other (SO).

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Appendix E

Emotional Self-Disclosure Scale

INSTRUCTIONS: Listed below are 40 topics concerned with the types of feelings and emotions that
people experience at one time or another in their life. This survey is concened with the extent to which
you have discussed these feelings and emotions with your counselor. Before each item you will notice
a single column. For this column you are to indicate how often you have discussed each specific topic
with your counselor. To respond, use the following scale to indicate which letter (A, B, C, D, OR E)
corresponds to your response:
A = I HAVE NOT DISCUSSED THIS TOPIC WITH MY COUNSELOR:
B = I HAVE SLIGHTLY DISCUSSED THIS TOPIC WITH MY COUNSELOR:
C = I HAVE MODERATELY DISCUSSED THIS TOPIC WITH MY COUNSELOR:
D = I HAVE ALMOST FULLY DISCUSSED THIS TOPIC WITH MY COUNSELOR:
E = I HAVE FULLY DISCUSSED THIS TOPIC WITH MY COUNSELOR

NOTE:
The letter that best describes your reaction to each statement is the one which you will darken for that
item on the computer scoreable answer sheet.
Now, go ahead and respond to the statements, using the answer sheet and a #2 pencil.
Be sure to answer every question, even if you are not sure.
Also, please be honest in your responses.
1.____ (#1). Times when you felt depressed.
2.____ (#2). Times when you felt happy.
3.____ (#3). Times when you felt jealous.
4.____ (#4). Times when you felt anxious.
5.____ (#5). Times when you felt angry.
6.____ (#6). Times when you felt calm.
7.____ (#7). Times when you felt apathetic.
8.____ (#8). Times when you felt afraid.
9.____ (#9). Times when you felt discouraged.
10.___ (#10). Times when you felt cheerful.
11.___ (#11). Times when you felt possessive.
12.___ (#12). Times when you felt troubled.
13.___ (#13). Times when you felt infuriated.
14.___ (#14). Times when you felt quiet.
15.___ (#15). Times when you felt indifferent.

16.___ (#16). Times when you felt fearful.
17.___ (#17). Times when you felt pessimistic.
18.___ (#18). Times when you felt jouous.
19.___ (#19). Times when you felt envious.
20.___ (#20). Times when you felt worried.
21.___ (#21). Times when you felt irritated.
22.___ (#22). Times when you felt serene.
23.___ (#23). Times when you felt numb.
24.___ (#24). Times when you felt frightened.
25.___ (#25). Times when you felt sad.
26.___ (#26). Times when you felt delighted.
27.___ (#27). Times when you felt suspicious.
28.___ (#28). Times when you felt uneasy.
29.___ (#29). Times when you felt hostile.
30.___ (#30). Times when you felt tranquil.
31.___ (#31). Times when you felt unfeeling.
32.___ (#32). Times when you felt scared.
33.___ (#33). Times when you felt unhappy.
34.___ (#34). Times when you felt pleased.
35.___ (#35). Times when you felt resentful.
36.___ (#36). Times when you felt flustered.
37.___ (#37). Times when you felt enraged.
38.___ (#38). Times when you felt relaxed.
39.___ (#39). Times when you felt detached.
40.___ (#40). Times when you felt alarmed.

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Scoring Instructions for
the Emotional Self-Disclosure Scale (ESDS)
The Emotional Self-Disclosure Scale (ESDS) consists of 8 subscales,
each containing five (5) separate items.

The labels and items for each of these subscales are listed below:
1. Depression emotional-disclosure subscale: (Items 1, 9, 17, 25, 33).
2. Happiness emotional-disclosure subscale: (Items 2, 10, 18, 26, 34).
3. Jealousy emotional-disclosure subscale: (Items 3, 11, 19, 27, 35).
4. Anxiety emotional-disclosure subscale: (Items 4, 12, 20, 28, 36).
5. Anger emotional-disclosure subscale: (Items 5, 13, 21, 29, 37).
6. Calmness emotional-disclosure subscale: (Items 6, 14, 22, 30, 38).
7. Apathy emotional-disclosure subscale: (Items 7, 15, 23, 31, 39).
8. Fear emotional-disclosure subscale: (Items 8, 16, 24, 32, 40).

CODING INSTRUCTIONS FOR THE ESDS ITEMS:

Each and every item is coded so that: A=0, B=1, C=2, D=3, and E=4. The five items on each subscale
are then summed, so that higher scores correspond to greater emotional disclosure for each type of
emotion, as measured by the eight subscales on the ESDS