

Relationship Satisfaction, Emotion-Regulation Difficulties, Psychological Distress, and Help-Seeking Attitudes among Higher-Education Students

Rakesh Kuriakose

Department of Psychology, Centre for Distance and Online Education, Jain (Deemed-to-be University), Bengaluru, India

Abstract: *Relationship quality, emotion regulation, psychological distress, and attitudes toward professional help are usually studied separately. This study examined all four together in a sample of 276 higher-education students aged 18–27 years ($M = 21.21$, $SD = 2.01$). A quantitative, cross-sectional correlational survey design was used. Data were collected online through convenience sampling using the Relationship Assessment Scale (RAS), a 19-item Difficulties in Emotion Regulation study score (DERS), the Depression Anxiety Stress Scales–21 (DASS-21), and the Attitudes Toward Seeking Professional Psychological Help–Short Form (ATSPPH-SF). Descriptive statistics, reliability analysis, Pearson correlation, hierarchical regression with robust standard errors, and a bootstrapped indirect-effect analysis were used. Emotion-regulation difficulties were positively related to distress ($r = .439$), while relationship satisfaction was negatively related to both regulation difficulties ($r = -.318$) and distress ($r = -.303$). Distress was positively related to favourable help-seeking attitudes ($r = .331$). Relationship satisfaction and regulation difficulties explained 22.6% additional variance in distress beyond demographics ($\beta = -.183$ and $.387$). In the help-seeking model, distress ($\beta = .537$), regulation difficulties ($\beta = -.315$), and relationship satisfaction ($\beta = .209$) were independently significant. Relationship satisfaction had a negative indirect association with help-seeking attitudes through distress ($ab = -.080$, 95% CI $[-.117, -.049]$) alongside a positive direct association, a competitive mediation pattern. Because the study was cross-sectional, these findings represent associations and do not establish causality.*

Keywords: relationship satisfaction; emotion regulation; psychological distress; help-seeking attitudes; university students; India

1. Introduction

Higher education coincides with emerging adulthood, a period in which students manage academic demands, identity development, financial uncertainty, intimate relationships, and decisions about when and how to seek support. These pressures interact. Difficulties in regulating emotions can intensify the impact of stress, strained relationships can remove an important source of support, and ambivalent beliefs about professional help can delay access to counselling. Understanding how these domains connect is important both for psychological research and for the design of student-support systems.

Relationship quality is one of the most consistent interpersonal correlates of well-being (Proulx et al., 2007). Close relationships can be a resource for emotional security and coping, but they can also be a source of conflict, uncertainty, and distress. Emotion regulation, the processes through which people monitor, evaluate, and modify emotional reactions (Gross, 1998), is a transdiagnostic vulnerability when it fails, being linked with many forms of psychological difficulty rather than one disorder (Aldao et al., 2010). In students, dysregulation may appear as rumination, impulsive reactions, avoidance, or a sense that distress is unmanageable.

Psychological distress, assessed here as depression, anxiety, and stress symptoms, does not automatically lead to help-seeking, because stigma, disclosure concerns, self-reliance, and access barriers intervene (Clement et al., 2015). At the same time, greater distress may make

professional help seem more relevant, so the link between distress and help-seeking attitudes is theoretically ambiguous.

Each of these pairwise links has been studied, but they have rarely been examined together. In particular, it is not known whether recognised need and capacity for emotional openness push help-seeking attitudes in opposite directions, or whether relationship satisfaction reaches help-seeking attitudes through routes of opposite sign. Evidence combining all four constructs among Indian higher-education students is limited.

2. Review of Relevant Literature

2.1 Relationship Satisfaction and Psychological Well-Being

Proulx et al. (2007) synthesised 93 studies and reported weighted associations of $r = .37$ (cross-sectional) and $r = .25$ (longitudinal) between marital quality and personal well-being. Among 3,447 college students in dating relationships, higher relationship satisfaction prospectively predicted fewer depressive symptoms across a semester, while depressive symptoms did not reliably predict later satisfaction (Aron et al., 2025). The RAS provides a brief global index of satisfaction with good reliability across relationship contexts (Hendrick, 1988; Hendrick et al., 1998). In this study, "relationship distress" refers to low RAS scores, not a clinical classification.

2.2 Emotion Regulation and Distress

Gratz and Roemer (2004) defined adaptive regulation as awareness, clarity, acceptance, impulse control, goal-directed behaviour under distress, and access to effective strategies. Maladaptive regulation strategies are linked with psychopathology across disorders (Aldao et al., 2010), because ineffective regulation can prolong negative affect, sustain rumination, and interfere with goal pursuit. The DERS exists in 36-, 18-, and 16-item forms (Bjureberg et al., 2016; Kaufman et al., 2016), and its factor structure is still debated (Raimondi et al., 2024), so item sets and scoring must match the administered version.

2.3 Attitudes Toward Professional Help

Help-seeking attitudes reflect recognition of need, stigma tolerance, interpersonal openness, and confidence in practitioners (Fischer & Farina, 1995). Stigma has a small-to-moderate negative effect on help-seeking, with disclosure concerns especially prominent (Clement et al., 2015), and only about 28% of college students with mental-health difficulties actively seek help (Zhao et al., 2025). Among 531 undergraduates, greater emotion dysregulation accompanied more negative help-seeking attitudes, suggesting that the students most in need may be least disposed to seek help (Limowski et al., 2023).

2.4 Indian Context and Research Gap

India's National Mental Health Survey documented a large treatment gap (Ministry of Health and Family Welfare & NIMHANS, 2016), and a meta-analysis of Indian medical students reported pooled prevalence of 48% for depression, 54% for anxiety, and 50% for stress (Kaur et al., 2024). Indian students also face confidentiality concerns, fear of family or academic judgement, and limited knowledge of available services. No study identified in this review has modelled relationship satisfaction, emotion-regulation difficulties, distress, and help-seeking attitudes together in an Indian higher-education sample.

2.5 Analytical Framework

The framework (Figure 1) treats relationship satisfaction and emotion-regulation difficulties as predictors, psychological distress as both an outcome and an intervening variable, and help-seeking attitudes as the final outcome. Age, gender, prior counselling, and relationship status are controls. The arrows denote hypothesised associations, not causal paths.

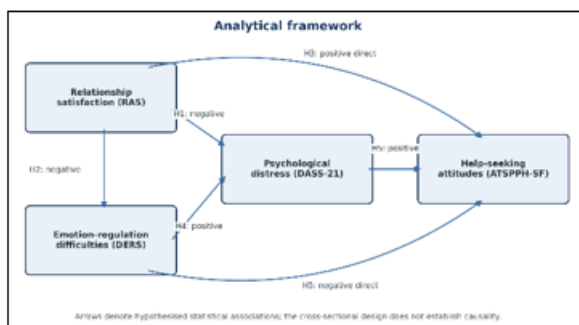


Figure 1: Analytical framework of the study

3. Objectives

- To describe the levels of relationship satisfaction, emotion-regulation difficulties, psychological distress, and help-seeking attitudes among students.
- To examine the relationships among the four constructs.
- To assess the contribution of relationship satisfaction and emotion-regulation difficulties to distress after demographic controls.
- To assess the independent contributions of the three constructs to help-seeking attitudes.
- To test the indirect association of relationship satisfaction with help-seeking attitudes through distress.
- To check the findings among students currently in a relationship.

Hypotheses: H1, relationship satisfaction is negatively associated with psychological distress; H2, relationship satisfaction is negatively associated with emotion-regulation difficulties; H3, relationship satisfaction is positively associated with help-seeking attitudes; H4, emotion-regulation difficulties positively predict distress after controls; H5, distress, emotion-regulation difficulties, and relationship satisfaction each contribute independently to help-seeking attitudes; H6, relationship satisfaction has a significant indirect association with help-seeking attitudes through distress.

4. Methodology

4.1 Research Design

A quantitative, descriptive, cross-sectional correlational survey design was adopted. No variable was manipulated, so terms such as "predict" and "indirect effect" refer to statistical model components, not causal processes.

4.2 Participants and Sampling

The sample comprised 276 students aged 18–27 years ($M = 21.21$, $SD = 2.01$) enrolled in undergraduate, postgraduate, and doctoral programmes, recruited through online convenience sampling. Table 1 summarises the profile of respondents.

Table 1: Profile of respondents ($N = 276$)

Characteristic	Category	n	%
Gender	Female	146	52.9
	Male	112	40.6
	Non-binary / other	12	4.3
	Prefer not to say	6	2.2
Programme	Undergraduate	178	64.5
	Postgraduate	84	30.4
	Doctoral	14	5.1
Residence	Urban	149	54
	Semi-urban	85	30.8
	Rural	42	15.2
Prior counselling	Never	182	65.9
	Yes (any)	94	34.1
Relationship	Not in a relationship	159	57.6
	Unmarried / committed	94	34.1
	Married	13	4.7
	Live-in	10	3.6

4.3 Instruments and Scoring

Relationship satisfaction was measured with the 7-item RAS (Hendrick, 1988; 1–5 scale). Emotion-regulation difficulties were measured with 19 DERS-labelled items (1–5 scale); because this item set does not match a published DERS form, it is reported as a 19-item study score and no subscales are claimed. Psychological distress was measured with the DASS-21 (Lovibond & Lovibond, 1995; 0–3 scale); for severity bands, seven-item subscale sums were doubled. Help-seeking attitudes were measured with the 10-item ATSPH-SF (Fischer & Farina, 1995; 0–3 scale). Composite scores were item means; higher scores indicate greater satisfaction, regulation difficulty, distress, and more favourable attitudes respectively.

4.4 Reliability

Table 2: Descriptive statistics and reliability

Measure	k	M	SD	α	95% CI
RAS	7	3.204	0.603	0.753	[.699, .794]
DERS (19-item)	19	3.047	0.494	0.826	[.794, .851]
DASS-21	21	1.462	0.473	0.884	[.863, .901]
ATSPH-SF	10	1.545	0.382	0.598	[.515, .663]

Reliability was good for DASS-21 and DERS, acceptable for RAS, and marginal for ATSPH-SF, so findings involving help-seeking attitudes should be interpreted cautiously. All composites were approximately symmetric (skewness -0.20 to 0.06 ; excess kurtosis -0.37 to 0.08).

4.5 Procedure and Ethics

The questionnaire was administered online. Participation was voluntary, respondents could withdraw at any time, responses were confidential, and only de-identified, aggregate data were analysed. The data were screened for missing values, duplicate responses, out-of-range values, and multivariate outliers (Mahalanobis distance, $p < .001$). None were found, so all 276 cases were retained.

4.6 Statistical Analysis

Descriptive statistics, Cronbach's alpha with bootstrap confidence intervals, and Pearson correlations with 95% confidence intervals were computed. Two hierarchical regressions were run, with age, gender, prior counselling, and relationship status in Block 1 and the focal constructs in Block 2, using standardised coefficients and HC3 robust standard errors (maximum VIF = 1.34). The indirect effect was tested with the product-of-coefficients method and 10,000 bootstrap resamples. Correlations and the indirect effect were repeated among students in a relationship ($n = 117$). Significance was set at $p < .05$.

5. Results

5.1 DASS-21 Severity Bands

Table 3: DASS-21 severity bands, n (%)

Band	Depression	Anxiety	Stress
Normal	29 (10.5)	16 (5.8)	47 (17.0)
Mild	30 (10.9)	12 (4.3)	39 (14.1)
Moderate	95 (34.4)	66 (23.9)	74 (26.8)
Severe	58 (21.0)	60 (21.7)	84 (30.4)
Extremely severe	64 (23.2)	122 (44.2)	32 (11.6)

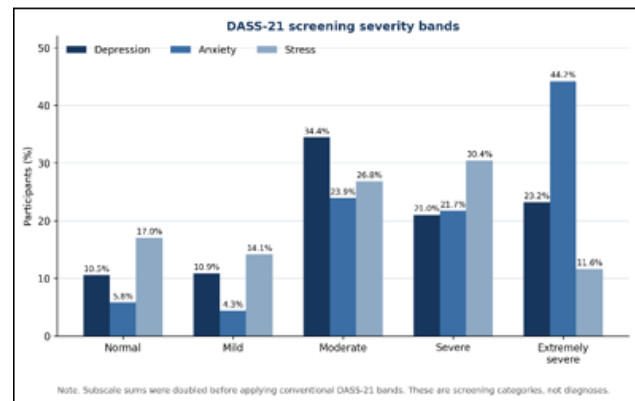


Figure 2: DASS-21 screening severity bands

Symptom burden was high, particularly for anxiety, where 44.2% fell in the extremely severe band. Depression was concentrated in the moderate-to-extremely-severe bands, and stress was most often moderate or severe. These bands are screening descriptors, not clinical diagnoses.

5.2 Pearson Correlations

Table 4: Pearson correlations among study variables

Pair	r	95% CI	p
DERS – DASS	0.439	[.339, .530]	< .001
RAS – DERS	-.318	[-.420, -.208]	< .001
RAS – DASS	-.303	[-.407, -.192]	< .001
DASS – ATSPH	0.331	[.222, .432]	< .001
RAS – ATSPH	0.154	[.036, .267]	0.011
DERS – ATSPH	-.147	[-.260, -.029]	0.015

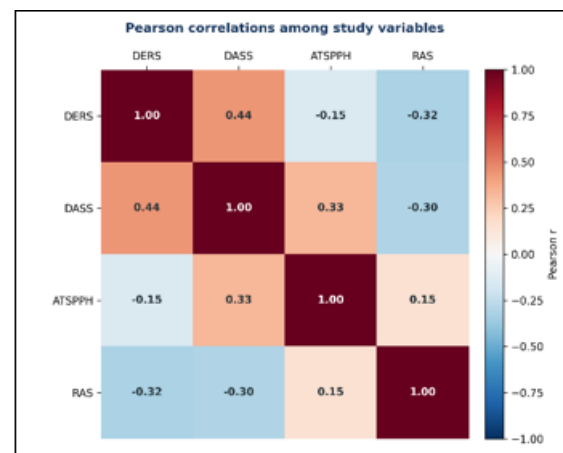


Figure 3: Pearson correlation matrix

All six correlations were significant. Emotion-regulation difficulties showed the largest association with distress. Relationship satisfaction was negatively related to regulation difficulties and distress, supporting H1 and H2, and positively related to help-seeking attitudes, supporting H3. Distress was moderately and positively related to favourable help-seeking attitudes.

5.3 Hierarchical Regression Predicting Distress

Table 5: Hierarchical regression predicting psychological distress

Predictor	Block 1 β (SE)	p	Block 2 β (SE)	p
Age	.026 (.060)	0.672	.038 (.054)	0.475
Prior counselling	-.112 (.126)	0.374	-.147 (.112)	0.193
In a relationship	.008 (.127)	0.949	.033 (.112)	0.769
Male	-.111 (.125)	0.374	-.068 (.112)	0.547
RAS	—	—	-.183 (.060)	0.002
DERS	—	—	.387 (.060)	<.001

Note. Standardised β with HC3 robust SEs; female is the reference; other gender categories omitted (n.s.). $R^2 = .012$ (Block 1), .237 (Block 2); $\Delta R^2 = .226$.

Demographics explained only 1.2% of variance in distress. Adding RAS and DERS raised explained variance by 22.6 percentage points, with emotion-regulation difficulties the stronger unique predictor and relationship satisfaction retaining an independent negative association (H4 supported).

5.4 Hierarchical Regression Predicting Help-Seeking

Table 6: Hierarchical regression predicting help-seeking attitudes

Predictor	Block 1 β (SE)	p	Block 2 β (SE)	p
Age	.071 (.066)	0.282	.043 (.059)	0.466
Prior counselling	-.096 (.134)	0.474	-.006 (.115)	0.958
In a relationship	-.181 (.126)	0.151	-.198 (.108)	0.067
Male	.094 (.126)	0.457	.121 (.111)	0.275
RAS	—	—	.209 (.055)	<.001
DERS	—	—	-.315 (.061)	<.001
DASS-21	—	—	.537 (.058)	<.001

Note. As for Table 5. $R^2 = .022$ (Block 1), .273 (Block 2); $\Delta R^2 = .251$. Adding the three focal constructs raised explained variance in help-seeking attitudes by 25.1 percentage points. Distress was the largest positive predictor, relationship satisfaction was also positive, and regulation difficulties were negative (H5 supported). The DERS coefficient became more negative once distress was entered, indicating a suppression pattern: need-related openness masks part of the negative association between dysregulation and help-seeking attitudes.

5.5 Indirect Effect Through Distress

Table 7: Indirect-effect analysis (unstandardised)

Path	Est.	SE	p / 95% CI
a: RAS $\rightarrow$ DASS	-.238	0.045	< .001
b: DASS $\rightarrow$ ATSPPH	0.336	0.046	< .001
c: total effect	0.098	0.038	0.011
c': direct effect	0.177	0.036	< .001
ab: indirect effect	-.080	—	[-.117, -.049]

The indirect effect was significant (H6 supported) but opposite in sign to the direct effect, so the total effect was smaller than the direct effect. This is competitive, not partial, mediation.

5.6 Sensitivity Analysis

Table 8: Correlations in the full sample and the relationship subset

Pair	Full sample r (N = 276)	In a relationship r (n = 117)	Subset p
DERS – DASS	0.439	0.536	< .001
RAS – DERS	-.318	-.385	< .001
RAS – DASS	-.303	-.362	< .001
DASS – ATSPPH	0.331	0.388	< .001
RAS – ATSPPH	0.154	0.185	0.045
DERS – ATSPPH	-.147	-.102	0.275

Among students in a relationship, the associations involving relationship satisfaction were slightly stronger, and the indirect effect remained negative ($ab = -.116$, 95% CI [-.180, -.064]). The small DERS–ATSPPH correlation was not significant in this subset.

5.7 Summary of Hypothesis Testing

Table 9: Summary of hypothesis tests

Hypothesis	Key result	Decision
H1: RAS – DASS (negative)	$r = -.303$, $p < .001$	Supported
H2: RAS – DERS (negative)	$r = -.318$, $p < .001$	Supported
H3: RAS – ATSPPH (positive)	$r = .154$, $p = .011$	Supported
H4: DERS predicts DASS	$\beta = .387$, $p < .001$	Supported
H5: RAS, DERS, DASS predict ATSPPH	$\beta = .209, -.315, .537$	Supported
H6: Indirect effect via DASS	$ab = -.080$ [-.117, -.049]	Supported (competitive)

6. Discussion

6.1 Emotion Regulation and Distress

Emotion-regulation difficulty was the strongest correlate of distress, consistent with its transdiagnostic role (Aldao et al., 2010; Gratz & Roemer, 2004). When students find it hard to identify, accept, or manage emotions, distress may be prolonged through rumination, avoidance, or impulsive reactions; equally, current distress can make regulation feel harder. Demographics explained only 1.2% of variance in distress, suggesting that assessing psychological processes identifies students in need better than demographic segmentation. Because the 19-item score does not match a published DERS form, the finding supports a broad emotion-regulation interpretation but not subscale claims.

6.2 Relationship Satisfaction and Distress

Relationship satisfaction remained negatively associated with distress after regulation difficulties were controlled, so relationship appraisal adds information beyond individual regulation capacity. The association was in the same direction as, but smaller than, that reported for partnered adults ($r = .37$; Proulx et al., 2007), which is expected in a young, largely unpartnered sample, and it was stronger among students in a relationship. Satisfying relationships may provide validation, practical support, and co-

regulation, while dissatisfying ones may bring conflict and uncertainty. Equally, distressed students may perceive their relationships more negatively; the design cannot separate these directions, although longitudinal evidence in students favours relationship satisfaction preceding fewer depressive symptoms (Aaron et al., 2025).

6.3 Distress, Dysregulation, and Help-Seeking

Distress was associated with more favourable help-seeking attitudes, consistent with recognition of need. This does not contradict evidence that stigma reduces help-seeking (Clement et al., 2015; Zhao et al., 2025): attitude and behaviour are different stages, and stigma acts mainly on disclosure and access. In this sample, 65.9% had never received counselling despite the high symptom levels, which suggests unmet demand. Once distress was controlled, emotion-regulation difficulties were associated with less favourable attitudes, in line with Limowski et al. (2023), possibly because disclosure, trust, and tolerance of vulnerability are harder for dysregulated students. Recognised need and capacity for openness therefore act as opposing routes, and outreach that only raises awareness of need addresses just one of them.

6.4 Competitive Indirect Pattern

Greater relationship satisfaction was linked to lower distress and therefore to less perceived need for help, a negative indirect route, while its direct association with openness to help was positive, perhaps reflecting relational security, communication, and support that reduce stigma. Because the two routes cancel in part, the small total correlation understates the role of relationship satisfaction (Hayes, 2022). The same pattern appeared among students in a relationship, supporting its robustness.

6.5 Symptom Burden

The high proportion of severe and extremely severe scores is broadly consistent with Indian student data (Kaur et al., 2024), but bands from a convenience sample are screening descriptors, not prevalence estimates. Administration and scoring should be verified before institutional claims are made, while low-barrier support can be strengthened in the meantime.

7. Implications

Higher-education institutions should combine emotion-regulation skill workshops, distress screening linked to clear referral pathways, and low-stigma communication about confidential counselling. Counsellors should assess relationship context and emotion regulation alongside symptoms, and use warm handoffs and reminders, since students with high distress may be open to help but find disclosure and follow-through difficult. Digital self-assessment tools can lower barriers but should not replace crisis care.

Table 10: Recommendations arising from the findings

Recommendation	Action
Referral visibility	Publish one clear counselling pathway with confidentiality, booking steps, and crisis contacts
Regulation skills	Brief workshops on awareness, acceptance, distress tolerance, and coping
Stepped support	Self-help, peer support, brief counselling, specialist referral, and crisis escalation
Relationship concerns	Psychoeducation and counselling for conflict, break-ups, and relationship stress

8. Limitations

- The cross-sectional design does not establish temporal or causal order.
- Online convenience sampling limits generalisation beyond the sample.
- 57.6% of respondents completed the RAS without a current relationship.
- The 19-item emotion-regulation score does not match a published DERS form.
- ATSPPH-SF reliability was marginal ($\alpha = .598$).
- All measures were self-reported in one sitting (common-method variance).
- Help-seeking was measured as attitude, not actual service use.

9. Scope for Further Research

Future studies should use larger, multi-institution samples with documented sampling, a single validated version of each scale, and relationship-eligible samples when relationship satisfaction is central. Longitudinal and dyadic designs could establish temporal order and partner effects. Studies should also measure intention, appointment booking, and attendance to estimate the gap between attitude and actual help-seeking, and test whether low-friction referral or peer navigation closes that gap.

10. Conclusion

Among higher-education students, emotion-regulation difficulties and lower relationship satisfaction were associated with greater psychological distress. Distress was associated with more favourable attitudes toward professional help, whereas regulation difficulties were associated with less favourable attitudes once distress was controlled. Relationship satisfaction related to help-seeking attitudes through two opposing routes. Student-support systems should therefore be relationally aware, build regulation skills, and make help easy to reach. Because the study was cross-sectional, these findings represent associations rather than causal effects.

References

- [1] Aaron, S., Esplin, C. R., Lange, A., Fincham, F. D., & Braithwaite, S. R. (2025). Depression and relationship satisfaction among emerging adults. *The Family Journal*. <https://doi.org/10.1177/10664807251346976>

- [2] Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review*, 30(2), 217–237. <https://doi.org/10.1016/j.cpr.2009.11.004>
- [3] Bjureberg, J., Ljótsson, B., Tull, M. T., Hedman, E., Sahlin, H., Lundh, L.-G., Bjärehed, J., DiLillo, D., Messman-Moore, T., Hellner Gumpert, C., & Gratz, K. L. (2016). Development and validation of a brief version of the Difficulties in Emotion Regulation Scale: The DERS-16. *Journal of Psychopathology and Behavioral Assessment*, 38(2), 284–296. <https://doi.org/10.1007/s10862-015-9514-x>
- [4] Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rüsch, N., Brown, J. S. L., & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, 45(1), 11–27. <https://doi.org/10.1017/S0033291714000129>
- [5] Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development*, 36, 368–373.
- [6] Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the Difficulties in Emotion Regulation Scale. *Journal of Psychopathology and Behavioral Assessment*, 26(1), 41–54. <https://doi.org/10.1023/B:JOBA.0000007455.08539.94>
- [7] Gross, J. J. (1998). The emerging field of emotion regulation: An integrative review. *Review of General Psychology*, 2(3), 271–299. <https://doi.org/10.1037/1089-2680.2.3.271>
- [8] Hayes, A. F. (2022). Introduction to mediation, moderation, and conditional process analysis: A regression-based approach (3rd ed.). Guilford Press.
- [9] Hendrick, S. S. (1988). A generic measure of relationship satisfaction. *Journal of Marriage and the Family*, 50(1), 93–98. <https://www.jstor.org/stable/352430>
- [10] Hendrick, S. S., Dicke, A., & Hendrick, C. (1998). The Relationship Assessment Scale. *Journal of Social and Personal Relationships*, 15(1), 137–142. <https://doi.org/10.1177/0265407598151009>
- [11] Kaufman, E. A., Xia, M., Fosco, G. M., Yaptangco, M., Skidmore, C. R., & Crowell, S. E. (2016). The Difficulties in Emotion Regulation Scale Short Form (DERS-SF): Validation and replication in adolescent and adult samples. *Journal of Psychopathology and Behavioral Assessment*, 38, 443–455. <https://doi.org/10.1007/s10862-015-9529-3>
- [12] Kaur, H., Gupta, V., Garg, A., Sangeeta, & Padhi, B. K. (2024). Prevalence of depression, anxiety, stress and suicide ideation among undergraduate medical students in India: A systematic review and meta-analysis. *National Journal of Community Medicine*, 15(10), 868–883. <https://doi.org/10.55489/njcm.151020244529>
- [13] Limowski, A. R., DeJesus, C. R., Ward-Ciesielski, E. F., & McDermott, M. J. (2023). Emotion dysregulation, help-seeking attitudes, and posttraumatic stress disorder symptoms: A structural equation model. *Journal of American College Health*, 71(3), 871–878. <https://doi.org/10.1080/07448481.2021.1909039>
- [14] Lovibond, S. H., & Lovibond, P. F. (1995). Manual for the Depression Anxiety Stress Scales (2nd ed.). Psychology Foundation of Australia.
- [15] Ministry of Health and Family Welfare, Government of India, & National Institute of Mental Health and Neuro Sciences. (2016). National Mental Health Survey of India, 2015–16: Summary. NIMHANS.
- [16] Proulx, C. M., Helms, H. M., & Buehler, C. (2007). Marital quality and personal well-being: A meta-analysis. *Journal of Marriage and Family*, 69(3), 576–593. <https://doi.org/10.1111/j.1741-3737.2007.00393.x>
- [17] Raimondi, G., Balsamo, M., Carlucci, L., Alivernini, F., Lucidi, F., Samela, T., & Innamorati, M. (2024). Meta-analysis of the Difficulties in Emotion Regulation Scale and its short forms: A two-part study. *Journal of Clinical Psychology*, 80(8), 1797–1820. <https://doi.org/10.1002/jclp.23695>
- [18] Zhao, R., Amanvermez, Y., Pei, J., Castro-Ramirez, F., Rapsey, C., Garcia, C., Ebert, D. D., Haro, J. M., Fodor, L. A., David, O. A., Rankin, O., Chua, S. N., Martinez, V., Bruffaerts, R., Kessler, R. C., & Cuijpers, P. (2025). Research review: Help-seeking intentions, behaviors, and barriers in college students: A systematic review and meta-analysis. *Journal of Child Psychology and Psychiatry*, 66(10), 1593–1605. <https://doi.org/10.1111/jcpp.14145>

Appendix A – Study Questionnaire Outline

Section A: Demographic Information

- Age; gender; programme of study; year of study
- Monthly household income; place of residence; children
- Prior counselling/ therapy; relationship type; relationship duration

Section B: Relationship Assessment Scale (RAS)

7 items, rated 1–5 (Hendrick, 1988).

Section C: Emotion-Regulation Difficulties (DERS)

19 items, rated 1–5 (adapted from Gratz & Roemer, 2004).

Section D: Depression Anxiety Stress Scales (DASS-21)

21 items, rated 0–3 (Lovibond & Lovibond, 1995).

Section E: Attitudes Toward Seeking Professional Psychological Help–Short Form (ATSPPH-SF)

10 items, rated 0–3 (Fischer & Farina, 1995).

Response format

RAS and DERS: 1 (lowest) to 5 (highest). DASS-21: 0 = did not apply to me at all; 1 = applied to me to some degree; 2 = applied to me a considerable degree; 3 = applied to me very much. ATSPPH-SF: 0 = disagree to 3 = agree.