



Citation for published version:

Yousaf, O, Popat, A & Hunter, MS 2015, 'An investigation of masculinity attitudes, gender, and attitudes toward psychological help-seeking', *Psychology of Men and Masculinity*, vol. 16, no. 2, pp. 234 - 237.
<https://doi.org/10.1037/a0036241>

DOI:

[10.1037/a0036241](https://doi.org/10.1037/a0036241)

Publication date:

2015

Document Version

Peer reviewed version

[Link to publication](#)

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An investigation of masculinity attitudes, gender, and attitudes toward psychological help-seeking

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Abstract

Previous research on attitudes toward psychological help-seeking has shown that men are often reluctant to use psychological services. We investigated the relationships between subscription to traditional masculinity norms, gender, and help-seeking attitudes using the *Inventory of Attitudes Toward Seeking Mental Health Services* (IASMHS) and the *Male Role Norms Inventory* (MRNI-R, which measures the extent to which one believes that men should think and behave according to traditional male norms) in a sample of 124 participants (51 females; 73 males). Men's IASMHS scores were lower (i.e., less favourable attitudes to help-seeking) than women's, whereas men scored higher on the MRNI (i.e., more positive attitudes to traditional male norms). A regression analysis revealed that men's MRNI-R scores predicted their IASMHS scores; older participants scored higher on the IASMHS; and the effect of gender on the IASMHS was eliminated when MRNI-R scores were held constant. Our findings support the claim that men's masculinity ideals are a significant barrier to their psychological help-seeking.

Keywords: mental health; help-seeking; men; masculinity; gender.

There is considerable evidence that men are reluctant to seek professional psychological help (Cusack, Deane, Wilson, & Ciarrochi, 2006; Good & Wood, 1995; Hammer & Vogel, 2010; Johnson, Oliffe, Kelly, Galdas, & Ogradniczuk, 2012). In a recent systematic review (Yousaf, Grunfeld, & Hunter, 2014) a number of men's help-seeking barriers were identified, such as disinclination to express emotions (also known as *restrictive emotionality*), embarrassment, and anxiety related to using mental health service.

Some have argued that endorsement of traditional hegemonic masculinity norms (e.g., being strong and invulnerable, not expressing emotions, being resilient, and being independent) is a key influence upon psychological help-seeking among men (Addis & Mahalik, 2003; McCusker & Galupo, 2011; Noone & Stephens, 2008; O'Brien, Hunt, & Hart, 2005). For example, embarrassment and anxiety about seeking help might result when men believe that they should tolerate the pain or solve the problem by themselves because they are men (Jeffries & Grogan, 2012). The cognitive conflict and the negative emotions that result from defying, or wanting to defy, these masculine norms (e.g., by seeking help) has been termed 'gender role conflict'. Studies suggest that this conflict is associated with low help-seeking, possibly because men who experience a gender role conflict usually subscribe highly to traditional male norms, while also appreciating the value of seeking help (Blazina & Watkins, 1996; Good, Dell, & Mintz, 1989; Good & Wood, 1995).

The 29-item *Attitudes Toward Seeking Professional Psychological Help Scale* (ATSPPHS: Fischer & Turner, 1970) has been used to measure attitudes in many, if not most, of the previous studies on gender and help-seeking. However, some have also used the shortened (but unrevised) 10-item version of the scale (Fischer & Farina, 1995), which correlates highly with the original scale (Cronbach's alpha of .87). While the ATSPPHS has been used widely as a measure of attitudes toward psychological help-seeking, it has

limitations. For example, the ATSPPHS uses rather outdated terminology (e.g., with gender-specific pronouns), does not mention General Practitioners as mental health contacts, and was originally validated with a sample of students (Mackenzie, Knox, Gekoski, & Macaulay, 2004), which limits the generalisability of the findings. In addition, the ATSPPHS has not been used to examine how attitudes toward seeking psychological help may be related to attitudes toward traditional masculinity norms.

The *Inventory of Attitudes Toward Seeking Mental Health Services* (IASMHS, Mackenzie et al., 2004) is a more recently developed measure, designed as an alternative to the ATSPPHS. This 24-item scale has three factors: *psychological openness*, *help-seeking propensity*, and *indifference to stigma*, all of which represent different masculinity-based explanations of low psychological help-seeking rates among men (e.g., Addis & Mahalik, 2003). The IASMHS is based on more recent evidence compared to the ATSPPHS and targets three main factors, which recur in the literature on male help-seeking (Yousaf, Grunfeld, and Hunter, 2014). Moreover, the IASMHS uses a more sensitive 5-point Likert scale, compared to the ATSPPHS, which uses 4-point scales.

However, at present, possible relationships between masculinity attitudes (the extent to which one endorses traditional male norms), gender, and attitudes toward psychological help-seeking have not been investigated using the IASMHS. Exploration of these relationships is needed to increase understanding of (i) the extent to which men's masculinity attitudes predict their help-seeking behaviour, and (ii) the gender gap on help-seeking, in a more socio-demographically diverse samples of participants than used in previous studies using the IASMHS (e.g., Mackenzie et al., 2004). While previous research has identified masculinity attitudes as a barrier to psychological help-seeking, relationships between these attitudes and psychological attitudes have not been examined. Inclusion of both men and

women in studies of help-seeking might facilitate analysis of the extent to which masculinity attitudes account for the gender gap in psychological help-seeking.

The Present Study

The present study investigated whether there is a relationship between masculinity attitudes and attitudes toward seeking psychological help. Participants' masculinity attitudes were measured using the Male Role Norm Inventory (MRNI-R, Levant & Fischer, 1998), and their attitudes toward seeking psychological help by the IASMHS (Mackenzie et al., 2004).

We hypothesized that there would be a negative correlation between the MRNI-R and the IASMHS scores among men because higher adherence to traditional masculinity norms (e.g., unwillingness to express one's vulnerabilities) is expected to be associated with a low openness to seeking psychological help (Yousaf, Grunfeld, and Hunter, 2014; Addis and Mahalik, 2003).

Secondary hypotheses were that (i) IASMHS scores would be lower among men compared to women, as suggested by previous research using the ATSPPHS (Lopez, Melendez, Sauer, Berger, & Wyssmann, 1998) and the IASMHS (Mackenzie et al., 2004), and (ii) MRNI-R scores would be higher among men compared to women.

Method

Participants

One hundred and twenty-four participants (51 females and 73 males) took part in the study. Ages ranged from 18 to 65 (47 were aged 18-25, 39 were 26-40, 36 were 41-50, and two were 61-65). Participants were recruited through e-mail advertisements sent through university lists, student forums, public advertising, and online social networking websites. This broad recruitment strategy enabled recruitment of a demographically varied sample,

however, most were from the London area. In terms of ethnicity, 64 participants identified themselves as British, 40 were Asian, 12 European, and 8 of other ethnicities. Seventy-eight were employed or self-employed, 45 were students, and 1 was retired/unemployed.

Materials

Socio-demographic questions included gender, age, occupation and ethnicity.

Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS; MacKenzie et al., 2004) is a 24-item measure with three subscales: *Psychological openness*, *help-seeking propensity*, and *indifference to stigma*. Participants indicate their level of agreement with each statement using a five-point Likert scale (0 = *disagree*, 4 = *agree*). Scores range from 0-96, where a higher score indicates more positive attitudes toward help-seeking. Replication of the study has established test-retest reliability with Cronbach's alpha ranging from $\alpha = .76$ to $.87$ (MacKenzie, et al., 2004). The scale has been found to distinguish between users and non-users of mental health services and those who would/would not use such services in the future (MacKenzie et al., 2004). As such, the IASMHS offers behavioural prediction, which is important for understanding how negative attitudes toward psychological help-seeking may influence behaviour. One of the most influential theories on the attitude-behaviour relationship, the Theory of Planned Behavior (or TPB, Ajzen, 1991), proposes that one of the main predictors of behaviour are the attitudes related to that behaviour. Moreover, the IASMHS subscale of *indifference to stigma* taps into the second predictor of the TPB, namely social norms. Thus, the IASMHS ties in well with the theoretical framework of the TPB, and there is some evidence that the scale can predict actual psychological help-seeking behaviour, and not only attitudes (MacKenzie et al., 2004).

Male Role Norms Inventory Revised (MRNI-R: Levant & Fischer, 1998; Levant, Rankin, Williams, Hasan, & Smalley, 2010) is designed to assess the extent to which individuals think that men should behave according to traditional masculinity norms. The MRNI-R consists of seven subscales: avoidance of femininity, negativity toward sexual minorities, self-reliance, aggression, dominance, non-relational sexuality, and restrictive emotionality. Thirty-nine statements describing male behaviour norms are rated on seven-point Likert scales (1= *strongly disagree*, 7= *strongly agree*). The total score has a minimum of 39 and a maximum of 273; a high score reflecting more positive attitudes toward traditional masculinity norms. There is consistent evidence for the reliability of the subscales, and significant differences in the pattern of scores have been noted between the genders, which are similar to those found in studies examining the original MRNI (Levant & Richmond, 2007). The results of a principal-axis factor analysis support the concept of subscale dimensionality, and evidence was also found for the internal consistency of the MRNI-R total score and seven subscale scores (Levant et al., 2010).

Procedure

Eighty-nine of the participants responded online using a web-survey link. The information sheet informed them that the study was on ‘attitudes and beliefs about health’, and involved completing the following questionnaires in order: attitudes toward seeking psychological help, masculinity norms, and demographic questions. The approximate time to complete the study was 10-15 minutes. The remaining 35 participants completed the two questionnaires as part of a separate study in person, which included the two questionnaires and a short written task. They were also informed that the study was on ‘attitudes and beliefs about health’.

Results

Both measure used had high reliability in this sample (IASMHS Cronbach's alpha = .89; MRNI-R Cronbach's alpha = .96). As predicted, there was a strong negative correlation between men's IASMHS and MRNI scores, Pearson's $r(73) = -.71$, giving a coefficient of determination, R^2 , of .50, which means that the IASMHS scores and the MRNI-R scores shared 50% of their variability. A simple regression analysis showed that men's MRNI-R scores significantly predicted their IASMHS scores, $F(1, 71) = 74.00$, $p < .001$, $\beta = -.23$.

Support was also found for the additional hypotheses: men's IASMHS scores were lower ($M = 51.62$, $SD = 15.89$) than women's ($M = 64.08$, $SD = 13.70$), $t(122) = 4.54$, $p < .001$, $r = .39$, meaning that men were more reluctant to use psychological services than women. Men ($M = 137.33$, $SD = 37.71$) scored higher than women ($M = 81.49$, $SD = 36.38$) on the *Male Role Norms Inventory* (MRNI; Levant & Fischer, 1998) which indicates that men's ideal level of hegemonic masculinity is significantly higher than women's ideal level of hegemonic masculinity in men, $t(122) = 8.23$, $p < .001$, $r = .60$.

Younger participants (18-40 years old) had lower scores ($M = 53.80$, $SD = 15.44$) on the IASMHS compared to older participants (above 40 years old; $M = 63.39$, $SD = 16.06$), $t(122) = -3.15$, $p = .002$, $r = .29$, while ethnicity and employment status were not associated with IASMHS scores.

Based on the above findings that a) MRNI-R predicted IASMHS scores in men, b) men scored lower than women on IASMHS, and c) younger participants scored lower than older participants on the IASMHS, we conducted a stepwise multiple regression analysis including these three variables (MRNI-R, gender, and age) as potential predictors of help-seeking (IASMHS scores). MRNI-R scores, $t(123) = -9.88$, $p < .001$, $\beta = -.23$, $R^2 = .50$, and age, $t(123) = 3.28$, $p = .001$, $\beta = 7.51$, $R^2 = .08$, together predicted IASMHS scores, but the

impact of gender on IASMHS scores became non-significant $t(123) = 0.60, p = .55, \beta = .049$, suggesting that the relationship between gender and IASMHS is explained by masculinity attitudes (MRNI-R scores).

When sub groups were examined we found that men who had completed the questionnaires in person scored higher on the MRNI-R ($M = 159.65, SD = 32.52$) compared to the men who completed the questionnaires online ($M = 114.05, SD = 27.63$), $t(105) = 7.66, p < .001, r = .60$. Moreover, those completing questionnaires in person scored lower on the IASMHS ($M = 49.51, SD = 14.24$) compared to those using on-line questionnaires ($M = 58.66, SD = 11.70$), $t(105) = 3.38, p = .001, r = .33$.

Discussion and Conclusion

The present findings show that men's psychological help-seeking attitudes can be predicted from their attitudes about traditional masculinity norms, accounting for 50% of the variability. The results support previous studies, both quantitative and qualitative, that have found that men's reluctance to seek psychological help may be in part due to their attitudes about how men should think and behave (Blazina & Watkins, 1996; Cusack et al., 2006; Smith, Tran, & Thompson, 2008). This study provides further evidence of the need to address the problem of low male help-seeking rates by targeting their masculinity attitudes.

The finding that men scored lower than women on the IASMHS (Mackenzie et al., 2004), which means that men's attitudes toward psychological help-seeking are more negative, is consistent with previous research using the ATSPPHS (Lopez et al., 1998). However, the present study is the first to show this in a demographically diverse population. The finding that masculinity attitudes accounted for gender differences in attitudes to psychological help-seeking, suggests that the reason why men hold more negative attitudes toward psychological help-seeking is their attitudes about how men should think and behave.

Also, men's higher scores, compared to women's, on the MRNI-R (Levant et al., 2010) suggest that men's ideals about masculinity may be exaggerated, which in turn may reduce their willingness to engage with psychological services. For example, if they believe that they should be stoical, but at the same time anticipate that health professionals will require them to be emotionally open and expressive.

The unexpected finding that men's scores on both the MRNI-R and IASMHS were different when they completed these online, compared to when they completed them in person raises some new questions. The higher scores on the MRNI-R and the lower scores on the IASMHS in person might indicate that men's need to be masculine is greater in social settings – an effect that may have been increased by the fact that in our study, the researcher was a woman. The differences between the two types of questionnaire administration suggest that both these measures are highly sensitive to the context, which should be considered in future research on this topic.

Finally, the finding that younger participants expressed more negative attitudes toward psychological help-seeking is noteworthy because age has not been examined in previous research on the IASMHS. It is possible that younger people may not have much experience of mental health problems compared with older people, and therefore might not consider psychological help-seeking as something that is relevant to them. Older people might find it easier to talk about their feelings and concerns, and therefore express more positive attitudes regarding psychological help-seeking.

This study has provided support to existing research on men's psychological help-seeking barriers by showing a strong relationship between men's psychological help-seeking attitudes and their adherence to traditional masculinity norms using two scales that have not been combined before. We have also demonstrated that when participants' masculinity

attitudes are taken into account, the gender gap in help-seeking disappears. Finally, the diverse participant sample that was used in the study addresses the generalisability concerns that can be raised regarding previous studies on this topic. A clinical implication of the findings is that one of the main barriers to male psychological help-seeking could be targeted by health care professionals by addressing men's masculinity attitudes. Health promotion interventions could be developed to help men to realize that communicating about their problems and concerns does not compromise their masculinity. Future research might explore ways in which interventions can facilitate long-term attitude change in men who hold negative attitudes toward psychological help-seeking. This might be through changing men's masculinity attitudes to encompass help-seeking, or through directly changing men's psychological help-seeking attitudes.

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