Stoic, Stubborn, or Sensitive: How Masculinity Affects Men's Help-Seeking and Help-Referring Behaviors

Emily Gorski

Faculty Sponsor: Ryan McKelley, Department of Psychology

ABSTRACT

Men are historically less likely to seek help than women, a finding that has serious implications to their physical and mental health. Help-seeking rates are even lower for men who conform to traditional masculine norms. Research shows men are more likely to refer others for help; however, little is known about why that is. The purpose of this study was to determine the effect of conformity to masculine norms on the help-seeking and help-referring behaviors of men. It was hypothesized that men would be most likely to advise women to seek help, but that there would be no difference in rate of referral between self and other men. It was further hypothesized that men who conform more to masculine norms would show stronger negative attitudes towards help-seeking. Participants read vignettes of men and women experiencing medical and psychological symptoms, and indicated their likelihood of advising the person to seek help. They also completed surveys on masculine norms and on levels of social intimacy. Results suggested that men are more likely to refer others than self for help, particularly if they conform to traditional masculine norms.

INTRODUCTION

Men currently die approximately 5 years earlier than women in the U.S. and also have higher mortality rates for 14 of the 15 leading causes of death (National Vital Statistics Report, 2005). Research in the field of men's health and help-seeking has repeatedly indicated that adherence to traditional masculine norms is a negative factor in the physical and mental health of men (Good, Dell, & Mintz, 1989; Mahalik, Burns, & Syzdek, 2007). Overall, men are more reluctant to ask for professional help than women (Johnson, 2001), a finding that has very serious consequences for wellbeing, such as having higher rates of alcohol use, drug use, and suicide than women (Health, United States, 2007; National Vital Statistics Report, 2005). Interestingly, men are more likely to refer others to seek health-related help than to refer themselves for similar symptoms or problems (Raviv, Sills, Raviv, & Wilansky, 2000); however there is little research that explains why this discrepancy exists. The current study seeks to fill this gap by exploring the relationship between masculinity, help-seeking, and help-referring behaviors.

Masculinity can be defined as the actions, attitudes, and values that clearly identify someone as being a man (Courtenay, 2000). Masculinity ideologies are belief systems about what it means to be a man, and the degree to which a man endorses and internalizes his culture's values and norms about masculinity (Addis & Mahalik, 2003). The masculine ideals of power, authority, and dominance over females are especially apparent in white, middle-to-upper class, educated, Protestant men in the United States (Addis & Mahalik, 2003; Courtenay, 2000). Although they vary between cultures and throughout time, this example of hegemonic masculinity (i.e., a predominantly influential group) of Western society is one of the most powerful ideologies of masculinity that exists (Addis & Mahalik, 2003).

One way to view masculinity is that it socializes men to adhere to a set of gender roles. Gender roles are "behaviors, expectations, and role sets defined by society as masculine or feminine which are embodied in the behavior of the individual man or woman and culturally regarded as appropriate to males or females" (O'Neil, 1981 p. 203). Gender role socialization is the process through which individuals "acquire and internalize the values, attitudes, and behaviors" that are related to gender roles (O'Neil, 1981 p. 203). From the time we are children, we learn the gender role paradigm through values, norms, and ideologies of our society and culture (Addis & Mahalik, 2003; Raviv et al., 2000).

Gender role socialization has a clear impact on both the physical and mental help-seeking behavior of men (Mansfield, Addis, & Mahalik, 2003). When a boy is taught the masculine ideology that "real" men do not show emotion and do not ask for help, it influences how he will view help-seeking acts and behaviors in the future. When he then encounters health issues later in life, he may be less likely to admit his problems and seek help for them.

Men who embrace the traditional masculine role are more likely to view emotions as unnecessary and time-consuming (Blazina & Watkins, 1996). These men may develop a set of behaviors, which can have a negative impact on their health. For example, increased alcohol use, physical fighting, and risky sexual behaviors are all linked to conformity to traditional masculine norms (Blazina & Watkins, 1996; Mahalik, Lagan, & Morrison, 2006). Finally, men with restrictive emotionality are less likely to seek help (both professional and non-professional) and less likely to plan on seeking help in the future (Good, et al., 1989). In addition to not seeking help, research has shown that, in general, men partake in health risk behaviors (e.g., drinking and smoking) more often than women, and in health-promoting behaviors (e.g., attending annual doctor appointments) less often than women (Mahalik, Lagan, & Morrison, 2006; Mahalik, Levi-Minz, & Walker, 2007). The fact that men are less likely to seek help from professionals is a phenomenon that spans across all ages, nationalities, and racial and ethnic backgrounds (Addis & Mahalik, 2003).

Although the literature suggests clear links between masculinity and negative help-seeking behaviors, little is known about masculinity and help-referral behaviors. Raviv et al. (2000) found that both men and women are more likely to refer others to seek help than to refer self for help. The authors suggest that help-seeking is viewed as a threat to one's self-esteem and independence, which causes feelings of inferiority (Raviv et al., 2000). Thus, it is easier to refer another person to seek help because the problem is further-removed from the self and is less of a threat to one's ego and self-esteem. Despite these findings, no known prior research has explored the relationship between men, masculinity, self-referring, and other-referring. It is possible that the basic tenets of traditional masculine ideology (such as independence, self-reliance, and strength) that are related to a man's willingness to seek help may also influence his attitudes about referring himself or others for help.

The current study will examine the effects of masculinity on help-seeking and help-referring behaviors. Building upon the findings that traditionally masculine men are less likely to seek help for themselves, the current research will examine the patterns of help-seeking and help-referring of males in the context of health issues. Specifically, this study will look at how often and in what circumstances a man would choose to seek health-related help for himself, how and when he would recommend others to seek help, and what role measured masculinity levels have on these attitudes. It is hypothesized that (1a) men will advise women to seek help more often than they will advise men to seek help; (1b) men will advise women to seek help more often than they will self-refer; (2) men will advise other men to seek help at the same rate that they seek help themselves; and (3) men who conform more to masculine norms will demonstrate stronger negative attitudes towards help-referral.

METHOD

Participants

One hundred fifty-seven male University of Wisconsin-La Crosse students participated in the study. Participants averaged 21.1 years of age (SD = 4.3), ranging in age from 18 to 42. Participants in the study were predominantly Caucasian and heterosexual (see Table 1 for complete demographic characteristics). Participation by male respondents has been historically lower than women's at UW-L and nationally, so incentives were offered by means of a raffle to increase respondent participation.

Materials and procedures

The entire survey took place online, and participation was completely voluntary. E-mail invitations were sent to 600 UW-L male students with a link to the survey. Before beginning the study, participants provided their informed consent electronically. Each participant first completed a demographics questionnaire. The demographics section was included at the beginning of the survey so that data could be gathered about any participants who chose to drop out of the study.

Participants were randomly assigned to one of six conditions. Participants were presented with a hypothetical scenario that described a set of either physical or mental health symptoms. Pilot testing was conducted to ensure that the physical and mental symptoms were perceived to be of similar severity. In addition to the manipulation of the type of symptoms, the subject of the scenario was also manipulated in one of three ways: self, male friend, or female friend. After reading the scenario, participants were asked to indicate their likelihood of recommending professional help for the problem (e.g., *How likely would you be to seek professional help for this problem?)* by using a four-point Likert scale.

Participants then completed a shortened version of the Miller Social Intimacy Scale (MSIS), which is a scale used to measure general relationship intimacy (both romantic and non-romantic). The MSIS has been found to be valid and reliable (Miller & Lefcourt, 1982). Sample items include "How often do you feel close to him/her?" and "How satisfying is your relationship with him/her?" (Miller & Lefcourt, 1982). Participants were asked to refer to their closest friend (male or female) when answering the questions. Participants next completed the short form of the

Conformity to Masculine Norms Inventory (CMNI), which measures the degree to which individuals adhere to traditional masculine norms. The CMNI has been shown to be valid and reliable (Mahalik, Locke, et al. 2003). Sample items include "I never share my feelings" and "I am willing to get into a physical fight if necessary" (Mahalik, Lock, et al. 2003). Each participant also completed the short form of the Conformity to Feminine Norms Inventory (CFNI), which measure adherence to traditional feminine norms. The CFNI has also been shown to be valid and reliable (Mahalik, Morray, et al., 2005). Sample items include "It is important to keep your living space clean" and "I would feel guilty if I had a one-night stand" (Mahalik, Morray, et al., 2005).

RESULTS

A one-way ANOVA was conducted to test differences in males' help-referring behaviors between self, male friend, and female friend. The results of the ANOVA were significant [F (2, 154) = 9.793, p = .000]. Post hoc tests revealed that the rates of recommending help were significantly higher for female friend (M = 3.06, SD = .725) than for self (M = 2.32, SD = 1.12) (see Figure 1). Rates of recommending help were also significantly higher for male friend (M = 2.95, SD = .826) than for self (M = 2.32, SD = 1.12) (see Figure 1). There were no significant differences between rate of referral for male friend and female friend. In other words, male participants were more likely to refer women and other men to seek help for medical or psychological problems than they were to seek help themselves.

To look for a relation between masculinity and referring behavior the total CMNI score was correlated with attitudes toward referral. Results showed that there was a significant negative correlation between total CMNI score and attitude towards referral (r = -.26, p < .01) (see Table 2). Stated otherwise, when scores on conformity to masculine norms were higher, scores on attitudes toward referral were lower. Three CMNI subscales also had significant negative correlations with overall referral attitudes: Emotional Control (r = -.23, p < .01), Violence (r = -.21, p < .01), and Self-reliance (r = -.32, p < .01). In other words, men who scored higher on these three subscales had lower scores on attitudes toward referral.

To evaluate the contribution and significance of conformity to masculine norms on help-referring attitudes after removing the effects of the experimental condition (self vs. other men vs. women), a hierarchical multiple regression was performed. Since referral condition was significantly positively correlated with referring behavior (r = .31, p < .001), this variable was entered as a covariate in the first step of the regression model. In order to assess the contribution of conformity to masculine norms to men's help-referral attitudes, the CMNI total scores were entered in the second step of the model as an explanatory variable. Standardized regression coefficients (β) and the variation in help-seeking attitudes that was uniquely due to each explanatory variable (i.e., ΔR^2) were computed.

Table 3 provides the results of the hierarchical regression analysis on help-referring attitudes. In Step 1 of the equation the referral condition variable accounted for 10% of the variance and the model was significant, F(1, 155) = 16.52, p < .001. After controlling for referral condition, the addition of the explanatory variable in Step 2 of the model was also statistically significant, F(1, 154) = 8.65, p = .004, R^2 = .05, indicating that this variable accounted for a significant proportion of variance in help-referring attitudes. Stated otherwise, men who conform more to traditional masculine norms as measured by the CMNI showed a decreased likelihood to refer self or others to seek professional help for a medical or psychological problem.

Table 1. Demographic Variables (*N* = 157)

Variables	*n*	%
Age, years		
Mean = 21.1		
SD = 4.3		
Year in school		
Freshman	36	22.9
Sophomore	42	26.8
Junior	26	16.6
Senior	45	28.7
Graduate student	8	5.1
Sexual orientation		
Heterosexual	146	93.0
Bisexual	6	3.8
Homosexual	3	1.9
Declined to answer	2	1.3
International student?		
No	147	5.7
Yes	9	93.6
Race		
White/European American	143	91.1
Asian/Asian American	4	2.5
Multiracial	4	2.5
Black/African American	2	1.3
Other	2	1.3
Hispanic/Latino	1	.6
Native American	1	.6

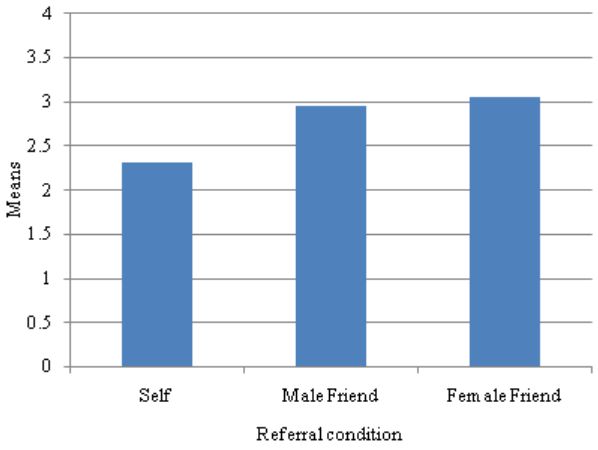

Figure 1. Means for help referral by condition.

Table 2. Correlations between scales and subscales (N = 157)

Scale	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*
1. Attitudes towards Referral	—											
2. CMNI-46 Total[a]	.26**	—										
3. Winning	-.11	.63**	—									
4. Emotional control	-.23**	.45**	.096	—								
5. Risk-taking	-.04	.49**	.27**	-.03	—							
6. Violence	-.21**	.52**	.35**	.094	.29**	—						
7. Power over women	-.15	.73**	.36**	.34**	.35	.27**	—					
8. Playboy	-.073	.55**	.14	.22**	.21**	.19*	.50**	—				
9. Self-reliance	-.32**	.51**	.19*	.47**	.096	.24**	.17*	.24**	—			
10. Primacy of work	.005	.13	.10	-.16	-.071	-.071	.074	-.037	-.055	—		
11. Heterosexual self-presentation	-.11	.59**	.35**	.16	.13	.13	.29**	.12	.17*	-.023	—	
12. Miller Social Intimacy Scale	-.26**	-.24**	.11	-.41**	.080	-.039	-.25**	-.34**	-.19*	.062	-.14	—

Note. [a]CMNI-46 = Total scale score for Conformity to Masculine Norms Inventory – Short Form. *$p < .05$. **$p < .01$.

Table 3. Summary of hierarchical regression analysis for variables related to help referring attitudes (n = 157)

Variable	B	SE B	B
Step 1	0.37	0.09	.31***
Cond_Refer			
Step 2	- 0.02	0.01	-.22**
CMNI_Tot			

Note. $R^2 = .10$ for Step 1; $\Delta R^2 = .05$ for Step 2.
** $p < .05$, *** $p < .001$.

DISCUSSION

The supported the hypothesis that men would refer women to seek help more often than they would refer themselves for help. This is consistent with previous research (Addis & Mahalik, 2003; Mansfield, Addis, & Mahalik, 2003), which has shown that men tend to underutilize health services when compared to women. However there was no support for the hypothesis that men would refer women for help more often than they would refer other men for help. There was also no support for the hypothesis that men would self-refer at the same rate they would refer other men; the men in the study were actually more likely to refer other men than to self-refer. This suggests that men may have positive attitudes towards help-seeking as long as they are not the person seeking help, and is consistent with some prior research (Raviv, Sills, Raviv, & Wilansky, 2000).

The study added to the literature by showing that men who conform more to traditional masculine norms show a decreased likelihood to refer self or others to seek professional help for a medical or psychological problem. These findings support the hypothesis that men who adhere to traditional masculine norms would demonstrate stronger negative attitudes towards help-seeking. The findings also support previous research (Courtenay, 2000; Good, Dell, & Mintz, 1989). While overall measures of masculinity may be helpful to explain some help-seeking behaviors, subscale scores suggest that specific norms of masculinity such as emotional control, self-reliance, and violence may be better predictors of help seeking behaviors.

Additional post hoc analysis also indicated that degree of social intimacy in relationships may be a better predictor of help-referring behaviors than conformity to traditional masculine norms. Future research might want to further investigate the effects of social intimacy on help-seeking and help-referring. Additionally, future research may want to explore some of the CMNI subscales (e.g. Emotional Control, Self-reliance, and Violence) that strongly correlated with attitudes toward help-referral, to determine what it is about those specific masculine norms that affect attitudes towards help-seeking. It might also be interesting for future studies to use additional symptoms of health problems. By using multiple problems of varying severities, it might be possible to gather more information about the types of problems that would prompt a man to seek help. Such knowledge would further inform health awareness programs and interventions in the area of men's health.

LIMITATIONS

A major limitation of this study was the lack of diversity within the sample. The majority of participants were Caucasian, heterosexual males between the ages of 18 and 23. Also, the fact that all of the participants were college-educated males may have contributed to their overall willingness to refer self or others for help. Previous research has shown that health behaviors change as a function of education level (Kenkel, 1991), so it is possible that males from other educational backgrounds would have different attitudes towards help-seeking than was reflected in this study. Another limitation of this study was that it relied solely on self-report measures. The electronic self-report method was convenient but created an increased number of potential sources for error. Future research on masculinity and help-referring should address these limitations by using a more diverse and random sample, which would increase the generalizability of the results to the greater population.

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