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The Relationship between Masculinity and Stigma: Predicting Help-Seeking Behaviors in Men

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An Honors Thesis submitted in partial fulfillment of the requirements for Honors in the Psychology Department

By

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Abstract

Men tend to not seek help for mental health reasons, even when they express significant symptomology. Men's barriers to help seeking are masculinity and stigma. The current study examined how masculinity, self-stigma, public-stigma, and perceived public stigma are related to men's help seeking behaviors and the type of help seeking behavior men report advising for themselves, a friend, and a stranger. Results show masculinity was positively correlated to self-stigma and public stigma and self-stigma and public stigma are also positively correlated. Additionally, men reported being less willing to seek psychological help when expressing symptomology but more willing to suggest a friend or stranger seek help. They also reported not needing help but were more willing to suggest a stranger or friend needs help when expressing significant symptomatology. Results indicate a need in future research on mediating variables to barriers to help seeking for college age men.

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The Relationship between Masculinity and Stigma: Predicting Help-Seeking Behaviors in Men

Mental health is just as important as physical health. Caring for mental health sometimes entails seeking out a mental health professional. Even those who need them often underutilize mental health services (Corrigan, 2004). Men are less willing to use mental health services compared with women (Yousaf, Popat, & Hunter, 2015). Men's barriers to seeking help for mental health concerns include ideologies such as masculinity and stigma (Heath, Brenner, Vogel, Lannin, & Strass, 2017).

Masculinity

The concept of masculinity includes cultural male role norms and masculine ideology. Male role norms are defined as culturally constructed expectations for behavior of men and masculine ideology is the internalization and interpretation of male role norms (Doss & Hopkins, 1998). Masculinity becomes a barrier to help seeking because when men may need help it is taking away their autonomy to fix something on their own which goes against their typical masculine norms (Berger et al., 2013).

Attitudes about traditional masculinity norms predict men's help seeking attitudes (Yousaf, Popat, and Hunter, 2015). Yousaf, Popat, and Hunter (2015) report men are less willing to utilize help seeking services due to their high level of ideal dominant masculinity. Participants' beliefs in masculinity norms were strong enough to discourage them from seeking help even when experiencing significant symptomology. Additionally, men who conform to traditional masculine roles tend to hold more stigma toward seeking help (Steinfeldt & Steinfeldt, 2012). Men with internalized masculine ideologies may view help seeking as failing to live up to cultural standards (Vogel et al.;2011). Men

holding more exaggerated views of masculinity feel their own masculinity is challenged by help-seeking behaviors. McCuske and Galupo (2011) report participants rated heterosexual men as more feminine if they sought psychological help for depressive symptoms than if they did not seek help. Also, men who conform to masculine norms are more likely to feel self-disclosure is risky; however, self-compassion can buffer this relationship and increase the likelihood a man will seek mental health services when needed (Heath et al., 2017). When men who hold typical masculine norms were asked to respond with what actions they would take if displaying symptomology of depression (asked within a vignette) their most likely acts were talking to their support system, waiting for the symptoms to go away, or doing something to distract themselves like exercise (Mahalik & Rochlen, 2006).

Stigma

According to Merriam-Webster, stigma is a social appearance of disgrace associated with particular qualities, characteristics, or circumstances. Mental health is one such characteristic that society stigmatizes. For those with mental health concerns**,** stigma includes the risk of public identification leading to lowered self-esteem when a person is labeled as mentally ill (Corrigan, 2004). Stigma is a major barrier to seeking mental health help even when a person knows they need it (Corrigan, 2004).

Public Stigma

Public stigma occurs when the public endorses prejudices toward a stigmatized group (Corrigan, 2004). Public stigma becomes internalized into self-stigma and higher levels of public stigma are related to higher levels of self-stigma (Vogel, Bitman,

Hammer, & Wade, 2013). Public stigma predicts help seeking attitudes (Nam et al., 2013). Nam et al. (2013) report public stigma negatively correlates with help seeking attitudes. The higher a person's perception of public stigma, the less likely that person is to seek mental health help (Nam et al., 2013). Wahto, Swift, and Whipple (2016) found public stigma explained a unique portion (8.64%) of the variance in student athletes' attitudes toward help seeking. The authors reported public stigma must be addressed separately from self-stigma because some relationships with attitudes toward help seeking cannot be addressed from reducing self-stigma alone (Wahto et al., 2016). Specifically for men, younger men hold the most public stigma toward depression and the greatest glorification for men's suicide compared to all other age groups (Mackenzie, Visperas, Ogrodniczuk, Oliffe, & Nurmi, 2018). Perceived public stigma is when people believe others will judge them in a negative way if they seek treatment (Pedersen & Paves, 2014). Pedersen and Paves (2014) report individuals are less likely to seek treatment when experiencing symptoms if they believe others would view them negatively if they did.

Self-Stigma

Self-stigma is the reduction in an individual's self-worth by internally labeling himself or herself as socially unacceptable (Vogel, Wade, & Haake, 2006). In other words, self-stigma is internalization of public stigma (Corrigan, 2004). Internally labeling oneself creates shame, which adds to the reduction in self-worth and self-esteem (Corrigan, 2017).

Self-stigma significantly predicts seeking information on mental health (Lannin, Vogel, Brenner, Abraham & Heath, 2016). Lannin et al. (2015) report individuals who

have greater self-stigma are less likely to seek information about mental health concerns. In addition, self-stigma was linked to more negative attitudes toward counseling. Further, holding negative attitudes toward counseling is also a significant predictor of the decision to seek information on mental health (Lannin et al., 2015). Jennings et al. (2015) report self-stigma and perceived stigma have significant positive relationships with self-reliance. Therefore, young adults who hold high stigma toward seeking mental health treatment were more likely to feel they could handle their problem or symptoms on their own (Jennings et al., 2015). Specifically for men, greater gender role conflict was associated with self-stigma and less self-disclosure, in turn leading to less willingness to seek mental health help (Latalova, Kamaradova, & Prasko, 2014).

The Current Study

The object of the current study was to observe the relationships among masculinity, public stigma, perceived public stigma, and self-stigma. Further, we examined how these stigmatizing attitudes related to help-seeking behaviors among men in college. Based on previous research, the following hypotheses were proposed:

1. Masculinity would positively correlate with measures of stigma related to mental illness. Specifically,
    a. Masculinity would positively correlate with public stigma.
    b. Masculinity would positively correlate with self-stigma.
2. Self-stigma and perceived public stigma would positively correlate with each other.

In addition, the current study examined relationships among other variables. Given no available research, no specific predictions were made.

3. An exploratory analysis examined relationships between scores on type of help seeking behavior from the vignette questionnaire across self, friend, and stranger.

Method

Participants

The study included 186 male undergraduate students recruited through the SONA system. The sample ranged in age from 17 to 28 years (M = 19.79; SD = 1.86). The majority of the sample identified as European American (n = 120; 64.5%), 24.2% identified as African American (n = 45), 4.8% identified as Hispanic/Latino (n = 9), and 5.9% identified as bi/multi-racial or other race/ethnicity (n = 11). The majority of the sample identified as heterosexual (n = 169; 90.09%), with 16 (8.6%) identifying as a sexual orientation minority. The participants' year in school was identified as first year (40.3%; n = 75), sophomore (32.8%; n = 61), junior (17.7%; n = 33), and senior/post-baccalaureate (8.6%; n = 16). See Table 1 for a summary of demographic characteristics of the sample.

Measures

Community Attitudes toward the Mentally Ill (CAMI; Taylor & Dear, 1981**).** This 40-item scale evaluates community attitudes toward mental illness (public stigma). Item responses are on a 5-point Likert-type scale ranging from 1 (strongly agree) to 5

(strongly disagree) with a neutral option in the middle. The scale measures 4 dimensions that relate to mental health stigma which are authoritarianism, benevolence, social restrictiveness, and community mental health ideology. Sample items include: “The mentally ill should be isolated from the rest of the community;” and “I would not want to live next door to someone who has been mentally ill.” For the current study; the total score was used, with higher scores indicating greater public stigma toward mental illness.

Perceived Devaluation/Discrimination (PDD; Link, Mirotznik, & Cullen; 1991**).** This 12-item scale evaluates how individuals believe others view those with mental illness (perceived public stigma). Item responses are on a 6-point Likert-type scale ranging from 1 (strongly agree) to 6 (strongly disagree). The questions ask about opinions of current and former mental health patients, such as, “Most people would accept a fully recovered former mental patient as a teacher of young children in public school.” For the current study, the total score was used, with higher scores indicating greater perceived public stigma.

Multicultural Masculinity Ideology Scale (MMIS; Doss & Hopkins, 1998**).** This 21-item scale assesses masculinity ideology. Item responses are on a Likert-type 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). The items used assess agreeance with different male characteristics. Sample items include: “A guy should not have male friends who are homosexual;” and “A guy should prove his masculinity by having sex with a lot of people.” For the current study, total scores were used with higher scores indicating more agreement with masculine ideologies.

Self-Stigma of Seeking Help Scale (SSOSH; Vogel et al., 2006**).** This 25-item scale assesses self-stigma in help seeking. Item responses are on a 5-point Likert-type

scale ranging from 1 (strongly disagree) to 5 (strongly agree). The items assess self-satisfaction related to mental health help seeking. Sample items include: "If I went to a therapist, I would be less satisfied with myself;" and "Seeking psychological help would make me feel less intelligent." For the current study, total scores were used, with higher scores representing greater self-stigma regarding seeking help for mental health issues.

Vignette. A vignette describing a hypothetical person experiencing symptoms corresponding to a Major Depressive Episode (APA, 2013) was created for the current study. Participants read the vignette before answering questions (see below). The vignette is as follows: "Caleb is a 20-year-old college student. He is experiencing lack of interest in his normal everyday activities and is easily tired out. Caleb lacks focus in his classes. He is eating but still seems to be losing some weight without specifically trying to. His mood is typically one of hopelessness and there are few things that seem to make him happy anymore. These issues are keeping him from doing fun activities he used to like and his grades are slipping."

Vignette Questionnaire (VQ). This 18-item questionnaire was created for the purpose of the current study. Participants answered questions about the vignette (see above) regarding agreement with different forms of help seeking behaviors. Participants provided their opinion on the type of help "Caleb" should seek (if any), what help they would advise a close friend to seek if experiencing similar symptoms as "Caleb," and what help they would seek for themselves if they were experiencing similar symptoms. See Appendix A for the full questionnaire.

Demographics. Participants identified their birth year, age, gender, race and sexual orientation. Participants also indicated their academic major and current year in

school. Participants provided information on their religion and attendance in religious services. Participants also provided information about previous mental health services.

Procedure

Participants completed the survey online through Qualtrics. Participants read an informed consent document and answered a question regarding willingness to participate. If a participant agreed to participate, he read the vignette and completed the Vignette Questionnaire. Then participants completed the PDD, CAMI, MMIS, and SSOSH in random order. Finally, participants provided demographic information. The survey took approximately 30 minutes to complete.

Analytical Plan

Correlational analyses were used to evaluate interrelationships among the variables. Further, an ANOVA was conducted to examine the relationships among help seeking attitudes, masculinity, and self-stigma.

Results

Hypothesis 1a/1b: Pearson's correlation coefficient was used to determine if conformity to masculine norms was related to public stigma and self-stigma. As seen in Table 2, higher scores on the MMIS were related to higher scores on the SSOH ($r = .27$; $p < .001$) and CAMI ($r = .57$; $p < .001$)

Hypothesis 2: Pearson's correlation coefficient was used to determine if self-stigma, public stigma, and perceived public stigma were related. As seen in Table 2, higher scores on the SSOH were related to higher scores on the CAMI ($r = .37$; $p < .001$).

Hypothesis 3: A one way ANOVA was used to examine differences in the type of help suggested by participants toward themselves, a stranger, and a friend. There were significant mean differences between self, stranger, and friend regarding seeking help from a mental health professional, $F(2, 552) = 12.07$, $p < .0001$. As seen in Table 3, Tukey's LSD revealed mean differences between scores for self ($M = 2.80$; $SD = 0.87$) and stranger ($M = 3.19$; $SD = 0.72$) and between scores for self and friend ($M = 3.06$; $SD = 0.79$). There were no differences between scores for stranger and friend. There were significant mean differences in suggesting not seeking help at all between self, stranger, and friend, $F(2, 550) = 12.352$, $p < .0001$. As seen in Table 4, Tukey's LSD revealed mean differences between scores for self ($M = 2.06$; $SD = 0.867$) and stranger ($M = 1.67$; $SD = 0.77$) and scores for self and friend ($M = 1.72$, $SD = 0.83$). There were no differences on scores between stranger and friend.

Discussion

The current study examined the relationship between masculinity, self-stigma, public, stigma, and perceived public stigma because research shows these are all barriers to men seeking mental health help (Lannin et al., 2015; Nam et al., 2013; Yousaf, Popat, & Hunter, 2015). In addition, the current study included an exploratory analysis examining differences of proposed help seeking behaviors for a stranger, self, and friend.

Previous research shows men who hold more traditional masculine norms report greater stigma toward help seeking (Steinfeldt & Steinfeldt, 2012). The results of the current study provide support for these previous findings. Masculinity had a significant positive relationship with self-stigma and public stigma. This finding indicates men who

endorse typical masculine norms also display higher levels of self-stigma and public stigma.

Public stigma is internalized into self-stigma leading us to believe there would be a relationship between self-stigma and public stigma (Vogel et al., 2013). Specifically, we anticipated higher levels of public stigma would relate to higher reported self-stigma (Vogel et al., 2013). Consist with previous research, the results of the current study show higher levels of self-stigma are related to higher levels of public stigma. These findings show the importance of reducing the stigma men hold because having high self and public stigma is related to more negative feelings about help seeking (Lannin et al., 2015; Nam et al., 2013).

Results showed the main differences in preference for help seeking behavior for self, friend, and stranger came when suggesting professional help or suggesting no help at all. When it came to suggesting professional help, men were less willing to report they would consider professional help but were more willing to say a stranger or friend needs professional help when expressing significant symptomology. In the case of needing no help at all, men were more likely to agree they needed no help compared to a friend or stranger when expressing significant symptomology. Yousaf, Grunfeld, and Hunter (2015) found men were more likely to delay seeking medical or psychological help because they viewed their symptoms as minor. This could explain why men reported less willingness to say they needed any help at all compared with what they suggested for a friend or stranger. Men may view their own symptoms as minor compared with the same symptoms displayed by others.

There were several limitations of the current study. The first is the use of convenience sampling to gather participants. By using a sample of currently enrolled college students, the findings may not generalize to the general population of all men. Future research should include examining these variables with a broader, community based sample. Second, the study used a survey method which allows for self-report which can be misleading. Participants may act differently than what they report in a survey. If a participant was experiencing the symptoms noted in the vignette, their responses and help-seeking may be different than what they reported in our study. Future research could examine differences via real world situations. Finally, in order to examine differences in what participants suggest for themselves, a stranger, or a friend in response to experiencing symptoms described in the vignette, each response was treated as separate (which essentially tripled the sample size, as each participant had three scores – one each for self, friend, and "Caleb," a stranger). Therefore, for the ANOVA, there was inflated power. This may show a significant finding that is not truly accurate. Future research could have participants answer for only one person (i.e., only self, friend, or stranger) and compare across participants.

Generalizations made from this study should be made with caution because of the sample (college age males only). However, the findings are helpful for future research on how to address male barriers to help seeking. Research has already begun in trying to mediate the barriers to help seeking through the use of self-compassion (Heath et al., 2017). Future research should continue to examine possible mediators to barriers to help seeking for college age men.

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Table 1.

Demographic Information

	Mean	**Standard Deviation**
Age	19.79	1.86
Ethnicity	**Frequency**	**Percentage**
European American	120	64.5
African American	45	24.2
Hispanic/ Latino	9	4.8
Bi/Multi Racial/ Other	11	5.9
Sexual Orientation		
Heterosexual	169	90.9
Sexual Minority	16	8.6
Year in School		
Freshman	75	40.3
Sophomore	61	32.8
Junior	33	17.7
Senior/Post-Baccalaureate	16	8.6

Table 2.

Correlations for Dependent Variables

	MMIS	PDD	CAMI
MMIS	--	--	--
PDD	-.093	--	--
CAMI	.572**	-.152*	--
SSOH	.266**	-.072	.373**

Note: *$p < .05$; **$p < .01$

Table 3.

Mean Scores On Seeking Help from a Professional

	Mean	Standard Deviation
"Caleb"	3.19^{α}	.72
Friend	3.06^{α}	.79
Self	2.80^{b}	.87

$F(2,552) = 12.07$, $p < .001$

Note: Means with different subscripts are significantly different at the p<.001 level. Higher scores indicate more willingness to seek professional help.

Table 4.

Mean Scores on Seeking No Help

	Mean	Standard Deviation
"Caleb"	1.67^{a}	.77
Friend	1.72^{a}	.83
Self	2.06^{b}	.87

$F(2,550) = 12.35$, $p < .001$

Note: Means with different subscripts are significantly different at the p<.001 level. Higher scores indicate agreeance with needing no help.

Appendix A

Vignette Questionnaire

Please rate how much you agree with the following statements:

1. Caleb should seek help from a mental health professional.

Strongly Agree | Agree | Disagree | Strongly Disagree

2. Caleb should seek help from a religious leader.

Strongly Agree | Agree | Disagree | Strongly Disagree

3. Caleb should seek help from someone like a coach or professor.

Strongly Agree | Agree | Disagree | Strongly Disagree

4. Caleb should seek help from family or friends.

Strongly Agree | Agree | Disagree | Strongly Disagree

5. Caleb does not need any outside help for these issues.

Strongly Agree | Agree | Disagree | Strongly Disagree

6. Caleb should try to do something active (like sports, working out, going to a bar, hanging out with friends) for these issues.

Strongly Agree | Agree | Disagree | Strongly Disagree

7. If Caleb was my close friend, I would tell him he should seek help from a mental health professional.

Strongly Agree | Agree | Disagree | Strongly Disagree

8. If Caleb was my close friend, I would tell him he should seek help from a religious leader.

Strongly Agree | Agree | Disagree | Strongly Disagree

9. If Caleb was my close friend, I would tell him he should seek help from someone like a coach or professor.

Strongly Agree | Agree | Disagree | Strongly Disagree

10. If Caleb was my close friend, I would tell him he should seek help from family or friends.

Strongly Agree | Agree | Disagree | Strongly Disagree

11. If Caleb was my close friend, I would tell him he does not need any outside help for these issues.

Strongly Agree | Agree | Disagree | Strongly Disagree

12. If Caleb was my close friend, I would tell him he should try to do something active (like sports, working out, going to a bar, hanging out with friends) for these issues.

Strongly Agree | Agree | Disagree | Strongly Disagree

13. If I were experiencing the same issues as Caleb, I would seek help from a mental health professional.

Strongly Agree | Agree | Disagree | Strongly Disagree

14. If I were experiencing the same issues as Caleb, I would seek help from a religious leader.

Strongly Agree | Agree | Disagree | Strongly Disagree

15. If I were experiencing the same issues as Caleb, I would seek help from someone like a coach or professor.

Strongly Agree | Agree | Disagree | Strongly Disagree

16. If I were experiencing the same issues as Caleb, I would seek help from family or friends.

Strongly Agree | Agree | Disagree | Strongly Disagree

17. If I were experiencing the same issues as Caleb, I would think I do not need any outside help for these issues.

Strongly Agree | Agree | Disagree | Strongly Disagree

18. If I were experiencing the same issues as Caleb, I would try to do something active (like sports, working out, going to a bar, hanging out with friends) for these issues.

Strongly Agree | Agree | Disagree | Strongly Disagree