USING THE THEORY OF REASONED ACTION TO PREDICT COLLEGE MEN’S
INTENTIONS TO SEEK PSYCHOLOGICAL HELP

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USING THE THEORY OF REASONED ACTION TO PREDICT COLLEGE MEN'S
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Dissertation

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ABSTRACT

This study sought to increase current understanding of men’s help-seeking intentions using the Theory of Reasoned Action (TRA; Ajzen & Fishbein, 1980). The TRA provides a comprehensive framework to simultaneously assess several beliefs that may contribute to the formation of attitudes and subjective norms that, in turn, determine a person’s intention to perform a specific behavior such as seeking psychological help. Using existing psychological measures of help-seeking variables (i.e., attitudes, subjective norms, anticipated risks and benefits of self-disclosure, treatment fears, self-disclosure willingness, social and personal stigma for seeking psychological help) and masculinity constructs (i.e., gender role conflict and conformity to traditional male norms), this study examined a fully mediated and partially mediated TRA model to predict help-seeking intentions in a sample of college men (N = 338). Results from both models revealed a less-than-adequate fit with the data, accounting for 18.1% to 26.5% of the variance in men’s help-seeking intentions. Based on these results, an alternative post-hoc TRA model was examined and found to be an excellent fit with the data, accounting for 42.4% of the variance in men’s help-seeking intentions. Overall, results from this study supported an alternative partially mediated TRA model that accounted for a large portion of variance in men’s help-seeking intentions.
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CHAPTER I
STATEMENT OF PROBLEM

Introduction

This chapter provides an overview of the present study on men’s intentions to seek psychological help. Literature on men’s health behaviors will be summarized and provided as a rationale to examine predictors of men’s intentions to utilize professional mental health services. Next, a review of psychological theory, extant themes, and limitations in men’s help-seeking research will be provided. The Theory of Reasoned Action (Ajzen & Fishbein, 1980) will then be presented as a comprehensive theoretical framework that can potentially advance the understanding of men’s help-seeking intentions. The chapter ends with a summary and statement of purpose.

Men’s Health Behaviors

An alarming discrepancy exists between the healthcare needs of men and the utilization of professional healthcare services. Men in the US have higher death rates in all the leading causes of death, and an average lower life expectancy of 5.2 years compared to women (Minino, Heron, Murphy, & Kocharek, 2007). Additionally, results from epidemiological research indicate men have higher prevalence rates for infectious and terminal diseases, chronic conditions, and unintentional injuries compared to women (National Center for Health Statistics, 2007). Men also have higher rates for mental
health disorders such as substance abuse, conduct disorders, and are four times more likely to complete suicide compared to women (National Institute of Mental Health [NIMH], 2004).

One reason for these gender related differences in health outcomes may be a result of men engaging in more risky health behaviors. In a review of men’s health literature, Courtenay (2000b) concluded that men engaged in over 30 controllable behaviors that increase their risk for injury, disease, and death. Research has also found that men are less likely to have health screenings for their cholesterol, blood pressure, cancer, conduct self-examinations, or comply with medical recommendations (Courtenay, 2003). Based on these findings, as well as others, health scientists argue that modifying health behaviors is the most effective way to prevent poor health outcomes and reduce mortality rates for both men and women (Courtenay, 2000a). One important health behavior that deserves more attention is help-seeking. Addis and Mahalik (2003) state, “help-seeking is often an important step toward resolving numerous problems in living, it is a crucial link in the chain of effective health care services” (p. 5).

However, Wyke, Hunt, and Ford (1998) found that men will not seek help from a healthcare provider until their symptoms or medical conditions become serious. Additionally, other studies have found that men are less likely than women to seek professional mental health services for depression, substance abuse, and other stressful life events (Addis & Mahalik, 2003; Galdas, Cheater, & Marshall, 2005). For example, results from national data revealed that one in seven men utilized mental health services during their lifetime compared to one in three women, despite more men meeting the criteria for psychiatric diagnoses (e.g., substance abuse disorders, conduct disorders,
impulse control disorders; Courtenay, 2003). Men are also four times more likely to complete suicide compared to women (NIMH, 2004). Thus, despite the variety and severity of problems men encounter, they are less likely to seek help from health professionals when they need it (Addis & Cohane, 2005; Tudiver & Talbot, 1999). Furthermore, research has demonstrated that men are less willing to seek help for mental health concerns compared to medical problems (Courtenay, 2003). Based on the incidence and severity of mental health problems affecting men, as well as the potential negative consequences of not seeking help, it is extremely important to examine factors that may contribute to men’s intentions to seek help from mental health professionals (Bayer & Peay, 1997; Mansfield, Addis, & Courtenay, 2005; Stefl & Prosperi, 1985).

Review of Men’s Help-Seeking Theory and Research

A rapidly growing body of literature provides compelling evidence that gender roles, or more specifically, masculinity, may affect how men respond to health-related issues such as help-seeking (Good, Borst, & Wallace, 1994; Smiler, 2004). Studies examining men’s help-seeking primarily utilize theories stemming from a social learning or gender role socialization paradigm (Addis & Cohane, 2005). This paradigm assumes that gender-related behaviors, beliefs, and attitudes are learned from social environments through modeling, reinforcement, and punishment across the life span. As a result, theories emanating from a gender role socialization paradigm posit that masculinity is not a constellation of fixed attributes or personality traits. Instead, this paradigm conceptualizes masculinity as comprising more flexible gender role norms that are ascribed to and adopted by males in a given environment (Smiler, 2004).
To date, theories of masculinity ideology and gender role conflict have been the major heuristics for examining the effects of masculine gender roles on various health-related behaviors such as help-seeking (Addis & Cohane, 2005). Masculine ideology refers to the degree an individual endorses and internalizes culturally defined norms and values pertaining to masculinity and male gender roles (Addis & Mahalik, 2003). Gender role conflict, also associated with a broader gender role strain paradigm (e.g., Pleck, 1981, 1995), refers to “a psychological state in which gender roles have negative consequences or impact on the person or others that ultimately restrict the individual male from reaching his full human potential” (O’Neil, 1981, p. 203).

**Traditional Masculinity Ideologies**

In the *Blue Print for Manhood*, Brannon and David (1976) identified four traditional masculine norms in the United States (US): (1) No Sissy Stuff, (2) Give Em’ Hell, (3) Sturdy Oak, and (4) The Big Wheel. Collectively, these norms reflect tendencies for men in the US to be socialized in a way that avoids acting in a feminine manner, being aggressive and adventurous, self-reliant and stoic, and striving for respect and success. Levant et al. (1992) expanded upon Brannon and David’s work, identifying seven theoretically derived traditional masculine norms from existing literature: (1) Avoidance of Femininity, (2) Fear and Hatred of Homosexuals, (3) Self-Reliance, (4) Aggression, (5) Achievement/Status, (6) Non-Relational Attitudes Toward Sex, and (7) Restrictive Emotionality. However, Mahalik et al. (2003) provided the most comprehensive assessment of men’s conformity to traditional masculine norms to date. The authors examined the affective, cognitive, and behavioral dimensions of 11 traditional masculine norms: (1) Winning, (2) Emotional Control, (3) Risk-Taking, (4),
Violence, (5) Dominance, (6) Playboy, (7) Self-Reliance, (8) Primacy of Work, (9) Power Over Women, (10) Disdain for homosexuals, and (11) Pursuit of Status. Although the different models of masculinity ideology vary in the number and nature of corresponding dimensions of masculinity, each proposed model has features that conflict with seeking psychological help (e.g., emotional restriction or control, self-reliance). As a result, Addis and Mahalik (2003) theorized that “help-seeking behavior is predicted to be a function of different men’s degree of endorsement of particular gender-role norms that are incongruent with seeking professional help” (p. 8).

Empirical data from studies examining men’s endorsement of traditional masculine norms and attitudes toward seeking professional psychological help consistently reveal negative relations. Good, Dell, and Mintz (1989) surveyed 401 male undergraduate students and found that traditional views of masculinity were associated with more negative help-seeking attitudes. Other studies replicated these findings using additional samples of male college students (Levant et al., 2007; Mahalik et al., 2003). In addition, results from Levant et al. and Mahalik et al. demonstrated that men’s endorsement of specific aspects of traditional masculinity, such as emotional control, self-reliance, and rejection of homosexuals, as well as overall traditional masculine ideology, have significant negative relations with psychological help-seeking attitudes. Finally, Berger et al. (2005) found significant negative associations of the endorsement of specific traditional masculine norms (e.g., rejection of homosexuality, avoidance of femininity, restrictive emotionality, and self-reliance) and overall traditional masculine ideology with psychological help-seeking attitudes in a community sample of 155 men. Overall, measures of traditional masculinity ideology have accounted for 10.6% to 29%
of the variance in men’s help-seeking attitudes (Berger et al., 2005; Good et al., 1989; Levant et al., 2007). These results provide support for Addis and Mahalik’s theory (2003) and for the potential utility of traditional masculine norms in understanding men’s help-seeking attitudes.

Male Gender Role Conflict

In addition to traditional masculine norms, gender role conflict has been another frequently used construct to examine men’s help-seeking. Gender role conflict focuses on the negative consequences of male gender role socialization. O’Neil et al. (1986) identified four elements of adult men’s male gender role conflict: (1) Success, Power, and Competition; (2) Restrictive Emotionality; (3) Restrictive Affectionate Behavior Between Men; and (4) Conflict Between Work and Family. Respectively, these conflicts represent men’s preoccupation with success and status, difficulties in expressing feelings, troubles with displaying affection with other men, and difficulties balancing work with family relations.

Research examining men’s male gender role conflict and psychological help-seeking has found that increased levels of conflict are associated with more negative attitudes towards seeking help (Berger et al., 2005; Blazina & Marks, 2001; Blazina & Watkins, 1996; Good, Dell, & Mintz, 1989; Good & Wood, 1995; Robertson & Fitzgerald, 1992; Simonsen, Blazina, & Watkins, 2000; Wisch, Mahalik, Hayes, & Nutt, 1995), less intentions to seek help from a variety of sources (Cusack, Dean, Wilson, & Ciarrochi, 2006; Lane & Addis, 2005; Pederson & Vogel, 2007), and engaging in fewer help-seeking behaviors (Good et al., 1989). Additionally, higher scores on male gender role conflict were associated with more negative assessments of brochures advertising
traditional counseling services (Blazina & Marks, 2001; Roberston & Fitzgerald, 1992) and videos of emotion focused counseling (Wisch et al., 1995). Overall, studies have found that measures of specific gender role conflict dimensions (e.g., restrictive emotionality; restrictive affectionate behavior between men; and success, power and competition) and total gender role conflict have accounted for 15.6% to 20% of the variance in psychological help-seeking attitudes (Blazina & Watkins, 1996; Good & Wood, 1995).

**Summary and Potential Limitations**

In summary, the extant research has primarily focused on certain aspects of men’s gender role socialization (e.g., traditional masculine ideology or gender role conflict) to illuminate their professional help-seeking. Results from these studies have consistently revealed significant negative relations of endorsing traditional masculine norms, and male gender role conflict with help-seeking attitudes, intentions, and behaviors. However, several potential limitations of the previous research on men’s help-seeking should be addressed in future studies.

First, the extant literature has largely focused on men’s attitudes toward seeking professional psychological help. Only a few studies have examined men’s help-seeking intentions (e.g., Cusack et al., 2006; Lane & Addis, 2005; Pederson & Vogel, 2007) despite strong empirical evidence that intentions are important antecedents to actual behaviors (Ajzen & Fishbein, 1980). Additionally, a majority of the studies examining men’s attitudes or intentions to seek psychological help utilized measures of either traditional masculine norms or gender role conflict. However, both constructs have been identified as integral components of men’s gender role socialization (Addis & Cohane,
Furthermore, results from Berger et al. (2005) and Levant et al. (2007) demonstrated that when these two masculinity-related constructs are examined simultaneously, endorsement of traditional masculine norms is a better predictor of men’s psychological help-seeking attitudes than gender role conflict. However, no study to date has simultaneously examined both of these important masculinity constructs in relation to men’s psychological help-seeking intentions or behaviors.

Another limitation of the extant research on men’s help-seeking is that it has been grounded almost exclusively in theories of traditional masculine ideology and gender role conflict. However, research utilizing these masculinity constructs has typically accounted for less than 30% of the variance in men’s help-seeking attitudes, intentions, and behaviors, leaving a substantial amount of the variance unexplained. This is an important issue because increasing men’s professional help-seeking requires a good understanding of their reasons for utilizing or not utilizing such services (Pederson & Vogel, 2007). Therefore, the results from the extant literature provide reasonable evidence that future studies should examine additional variables to improve the understanding of men’s psychological help-seeking (Addis & Mahalik, 2003).

The broader help-seeking literature has identified other significant factors associated with seeking psychological help that might be pertinent to understanding men’s intentions to seek professional help. For example, fears or negative expectations about treatment (Deane & Chamberlain, 1994; Kushner & Sher, 1989; Shaffer, Vogel, & Wei, 2006; Vogel, Wester, Wei, & Boysen, 2005), tendency to self-disclose information (Vogel & Wester, 2003), and perceived social and self-stigma (Komiya, Good, & Sherrod, 2000; Vogel, Wade, & Haake, 2006; Vogel, Wade, and Hackler, 2007) have
also been found to be significantly related to help-seeking attitudes and intentions in mixed gender samples. Thus, utilizing an alternative theoretical framework (i.e., besides the gender role socialization paradigm) to integrate and test these accumulative findings may improve the understanding of men’s help-seeking intentions. One such theory is Ajzen and Fishbein’s Theory of Reasoned Action (TRA; 1980).

Theory of Reasoned Action

The Theory of Reasoned Action (TRA; Ajzen & Fishbein, 1980) aims to predict human behaviors that are under volitional control. The authors contend that people think about their actions before engaging in specific voluntary behaviors and thereby use a rational process in decision-making. Based on this rational assumption of behavior, the TRA posits that the performance of a particular behavior is a function of an individual’s intention to engage in that behavior; intentions are thus conceptualized as “immediate determinants” of behavior within the TRA model (Ajzen & Fishbein, p. 5). For example, seeking psychological help is usually a voluntary behavior. Therefore, according to the TRA knowing a person’s intention to seek psychological help is the most effective way of predicting whether that individual will seek such help.

However, the authors of TRA argue that knowing that intentions predict behaviors does not provide information about the precursors of those intentions to perform specific behaviors (1980). Thus, according to Ajzen and Fishbein (1980) examining the determinants of person’s intentions is necessary to obtain greater insight into his or her behavior. Within the TRA model, the authors identified two important determinants of intentions: people’s attitudes and perceptions of the subjective norms related to engaging in a certain behavior (see Figure 1). Attitudes are defined as whether the performance of
a particular behavior is perceived as being good or bad by an individual (Ajzen & Fishbein). For example, if a person perceives seeking psychological help as good (i.e., positive attitude), he or she is more likely to have the intention to utilize such help.

Subjective norms are defined as “specific behavior prescriptions that are attributed to a generalized social agent” (Ajzen & Fishbein, 1980, p. 57). For example, if an individual perceives that others are generally supportive of seeking psychological help (i.e., positive subjective norm), he or she will more likely have the intention to seek such help. Thus, according to the TRA both a person’s attitude (e.g., seeking psychological help is good) and perception of the subjective norm for a particular behavior (e.g., other people in general support seeking psychological help) will collectively determine his or her intention to perform a specific action (e.g., more likely to have the intention to seek psychological help). A model of Ajzen and Fishbein’s TRA theory (1980) is presented in Figure 1.

Figure 1. TRA Model proposed by Ajzen and Fishbein (1980).

Although it is sufficient to assess attitudes and subjective norms to predict behavioral intentions, Ajzen and Fishbein (1980) stated that a more thorough analysis of behavior requires an examination of their specific determinants. For example, the authors posited that an individual’s attitude toward a particular behavior is determined by his or
her outcome expectations and evaluations (see Figure 1). Outcome expectations are defined as anticipatory beliefs of a certain outcome related to the performance of a specific behavior (e.g., seeking psychological help will reduce stress). Outcome evaluations are defined as the qualitative assessment of the anticipated outcome related to engaging in a specific behavior (e.g., reduced stress level is good). Therefore, according to the TRA, both outcome expectations (e.g., seeking psychological help will reduce stress) and outcome evaluations (e.g., reduced stress level is good) collectively determine a person’s attitude toward performing a specific behavior (e.g., seeking psychological help is good; see Figure 1).

In addition, Ajzen and Fishbein (1980) posited that subjective norms for engaging in specific behaviors are determined by normative beliefs and a person’s motivation to comply with those beliefs (see Figure 1). Normative beliefs are defined as thoughts individuals have about whether specific individuals or groups who are deemed important endorse or do not endorse engaging in a specific behavior (e.g., other men do not approve of seeking psychological help). The motivation to comply with the normative beliefs refers to a person’s willingness to adhere to a social prescription for a specific behavior (e.g., I strongly want to do what other men think I should do). Thus, according to the TRA both normative beliefs (e.g., other men do not approve of seeking psychological help) and a person’s motivation to comply with them (e.g., I strongly want to do what other men think I should do) collectively determine a person’s perception of the subjective norm (e.g., male experiences social pressure to not seek psychological help).

Overall, Ajzen and Fishbein’s TRA (1980) offers a model that “provides a more comprehensive account of the underlying causes of behavior” (p. 8). The model is
hierarchical in nature, specifying successive levels of factors that determine behavioral intentions (see Figure 1). Specifically, attitudes and subjective norms for behaviors are posited to ultimately determine intentions to engage in a particular behavior. The TRA also specifies the determinants of attitudes (e.g., outcome expectations and evaluations) and subjective norms (e.g., normative beliefs and motivation to comply with those beliefs) to provide a more thorough analysis of the reasons individuals have intentions to engage in particular behaviors. Thus, according to the TRA, attitudes and subjective norms fully mediate the relationship between their determinants (e.g., outcome expectations and evaluations, normative beliefs and motivation to comply) and intentions to engage in particular behaviors (see Figure 1).

TRA and Help-Seeking Research

Several researchers have suggested that Ajzen and Fishbein’s TRA (1980) provides a beneficial framework for understanding help-seeking behavior (Bayer & Peay, 1997; Codd & Cohen, 2003; Halgin, Weaver, Edell, & Spencer, 1987; Vogel et al., 2005). Specifically, authors have noted that the TRA can simultaneously assess several beliefs that may contribute to the formation of attitudes and subjective norms that determine a person’s intention to perform a specific behavior such as seeking psychological help (Halgin et al., 1997; Vogel et al., 2005). This is important because it allows researchers to examine both the collective and specific contribution of relevant variables identified in the extant literature on help-seeking. Furthermore, researchers have contended that the TRA can integrate multiple variables that have emerged from the help-seeking literature into a parsimonious model, ultimately providing greater
conceptual clarity amongst a diverse body of findings (Codd & Cohen, 2003; Vogel et al., 2005).

To date, the TRA has been used successfully to predict intentions to seek psychological help for alcohol and drug use (Codd & Cohen, 2003; Vogel et al., 2005) and interpersonal/mental health problems (Bayer & Peay, 1997; Halgin, et al., 1987; Vogel et al., 2005). For example, Codd and Cohen (2003) found that subjective norms and attitudes toward seeking psychological help accounted for 12% of the variance in college students’ \( N = 324 \) intentions to seek professional help for alcohol abuse. Similarly, Bayer and Peay (1997) found that variables identified in the TRA as determinants of behavioral intentions (see Figure 1) accounted for 34% of the variance in adult community members’ \( N = 142 \) intentions to seek psychological help for mental health problems.

In the most recent study, Vogel et al. (2005) sampled 354 college students to examine their intentions to seek psychological help for interpersonal/emotional problems, alcohol and drug use, and academic/vocational issues. In contrast to prior studies, the authors used the TRA to synthesize significant findings from the extant research, simultaneously examining psychological variables to determine their significance in predicting intentions to seek professional help (see Figure 2). Based on a review of the extant literature, the authors examined the following variables: social stigma, treatment fears, self-disclosure, self-concealment, disclosure expectations, subjective norm, psychological distress, social support, previous therapy experience, sex of the participant, and help-seeking attitudes. Vogel et al.’s application of the TRA model is presented in Figure 2.
To apply the TRA, Vogel et al. (2005) conceptualized social stigma, treatment fears, self-disclosure, self-concealment, and disclosure expectations as outcome expectations (see Figure 2).

The authors contended that each of these factors could be associated with positive or negative anticipated outcomes of seeking psychological help (e.g., being stigmatized for seeking help), and thus could be reasonably conceptualized as outcome expectations. Consistent with the TRA, Vogel et al. proposed that the relations between outcome expectations and help-seeking intentions would be mediated by attitudes toward seeking psychological help (see Figure 2).

The authors also examined additional psychological variables such as the perceived amount of social support, level of psychological distress, and subjective norm for seeking psychological help (Vogel et al., 2005). The relations of these variables and demographic variables (e.g., previous experience with therapy, sex of participant) with help-seeking intentions were also hypothesized to be mediated by help-seeking attitudes (see Figure 2; Vogel et al.). With the exception of participants’ subjective norms, which
are posited in the TRA to be a direct predictor of behavioral intentions, the hypothesized relations between variables and help-seeking intentions are consistent with the TRA. Results from structural equation modeling revealed that Vogel’s proposed TRA model accounted for 62% to 66% of the variance in intentions for interpersonal/emotional problems and attitudes toward seeking psychological help, respectively. Specifically, significant direct effects on help-seeking intentions were found for treatment related fears ($\beta$s = .27-.36), willingness to self-disclose information ($\beta$ = .16), and help-seeking attitudes ($\beta$s = .24-.52). Significant indirect effects on help-seeking intentions mediated by help-seeking attitudes were also found for social stigma ($\beta$ = -.23), self-disclosure ($\beta$ = .19), anticipated utility of self-disclosure ($\beta$ = .50), social norm ($\beta$ = .20), social support ($\beta$ = .13), and previous therapy ($\beta$ = .15).

Summary and Potential Limitations

In summary, the TRA has been proposed as a beneficial framework for understanding help-seeking behavior (Bayer & Peay, 1997; Codd & Cohen, 2003; Halgin et al., 1987; Vogel et al., 2005). Proponents of the model have specifically asserted that the TRA is useful because it enables researchers to simultaneously examine several specific variables that may contribute to the formation of attitudes and subjective norms that determine intentions to perform specific behaviors such as seeking psychological help (Codd & Cohen, 2003). Results from empirical research found that TRA models accounted for 12-18% of the variance in help-seeking intentions for alcohol and drug problems (Codd & Cohen, 2003; Vogel et al., 2005), and 34%-62% of the variance in help-seeking intentions for mental health problems (Bayer & Peay, 1997; Vogel et al.,
Ultimately, these findings provide support for Ajzen and Fishbein’s TRA (1980) and its potential utility in understanding men’s intentions to seek psychological help.

Nevertheless, limitations in previous research using the TRA model to predict intentions to seek psychological help should be addressed in future studies. First, previous studies have mostly created their own measures for relevant constructs in the TRA model (Bayer & Peay, 1997; Codd & Cohen, 2003; Halgin et al., 1987) instead of using existing, psychometrically sound questionnaires (e.g., Attitudes Towards Seeking Professional Psychological Help; Fischer & Turner, 1970). Future studies should include measures of important psychological constructs with known psychometric properties to standardize research findings.

Future studies should also examine the reliability of Vogel et al.’s (2005) findings. For example, Vogel et al. found that treatment fears ($\beta = .27$ to $\beta = .36$, $p < .001$) and self-disclosure tendencies ($\beta = .16$, $p < .05$) had a significant direct relation with intentions to seek psychological help for interpersonal/emotional problems. According to the TRA, the relations between outcome expectations and help seeking intentions should be completely mediated by attitudes (see Figure 1). Nonetheless, despite the departure from the TRA, the results from Vogel et al.’s partially mediated TRA model accounted for more variance in help seeking intentions than any other study to date. Thus, the findings suggest a modified TRA model (e.g., a partial mediation model that allows for additional direct paths between outcome expectations and help seeking intentions) may be a potentially beneficial framework to improve the understanding of men’s intentions to seek psychological help. However, Vogel et al. did not provide any comparisons between the full and partial mediation models in terms of the indices of fit or explained
variance. Therefore, it remains unclear whether a full or partial mediation TRA model would better account for men’s intentions to seek psychological help.

Another important limitation of the extant research is the use of mixed gender samples. As a result, it remains unclear from findings of prior studies whether the application of the TRA to men’s help-seeking intentions will generalize. Recall that literature on men’s psychological help-seeking indicates that men have more negative attitudes and fewer intentions to seek professional help compared to women (Addis & Cohane, 2005; Addis & Mahalik, 2003). Therefore, based on the uniqueness of men’s help-seeking attitudes and intentions, future research should explore the utility of the TRA using samples composed exclusively of men. Furthermore, because previous research efforts to apply the TRA to help-seeking intentions have not focused exclusively on men, they have not included measures of male gender role conflict and endorsement of traditional masculine norms. This is an important omission because both constructs have consistently predicted differences in men’s help-seeking attitudes and intentions (Addis & Cohane, 2005). Thus, future studies should endeavor to include measures of these significant predictors when applying the TRA to men’s help-seeking intentions.

In an effort to improve the understanding of men’s intentions to seek psychological help, the current study incorporates measures of male gender role conflict and conformity to male role norms into a TRA model. Furthermore, based on the findings of Vogel et al. (2005), additional variables such as treatment related-fears, willingness to self-disclose information, self-disclosure expectations, stigma, and previous mental health treatment will be included in the current study’s TRA model. The proposed model of TRA for men’s intentions to seek psychological help for mental health
problems is presented in Figure 3. Consistent with Vogel et al. (2005; see Figure 2), the current study will conceptualize psychological variables such as treatment fearfulness (Deane & Chamberlain, 1994; Kushner & Sher, 1989), social and personal stigma (Komiya et al., 2000; Vogel et al., 2006), disclosure expectations (Shaffer et al., 2006), and self disclosure (Hinson & Swanson, 1993; Vogel & Wester, 2003; Vogel et al., 2005) as outcome expectation variables within the TRA model (see Figure 3). Previous mental health treatment will also be conceptualized as an outcome expectation variable, given that past experiences often play a role in determining future expectations of similar events.

![Diagram of TRA model](image)

Figure 3. Hypothesized full mediation TRA model for men’s help-seeking intentions.

In addition to these psychological variables, male gender role conflict will be conceptualized as an index of outcome expectations in the TRA model for the current study (see Figure 3). Recall that outcome expectations are defined as anticipatory beliefs of a certain outcome related to the performance of a specific behavior such as seeking psychological help. O’Neil et al. (1986) defines gender role conflict as “a psychological state where gender roles have negative consequences or impact on a person…restriction
of the person’s ability to actualize their human potential” (p. 336). Conceivably, one of the adverse effects of men’s gender role conflict is having negative outcome expectations for seeking psychological help. This is consistent with psychological theory (Addis & Mahalik, 2003) and empirical data that found male gender role conflict to be significantly correlated with perceived barriers to help-seeking ($r$s ranging from .14 to .87, $p < .01$; Mansfield, Addis, & Courtenay, 2005). Therefore, it appears reasonable to conceptualize men’s gender role conflict as an outcome expectation variable in the TRA model.

Conformity to traditional masculine norms will be conceptualized as an aspect of men’s motivation to comply with certain social prescriptions for behavior (i.e., seeking psychological help; see Figure 3), a determinant of the subjective norm (see Figure 1). Traditional masculine norms are defined as cultural expectations to conform to socially sanctioned behaviors (Mahalik et al., 2003). Both theory and empirical data have indicated that conformity to traditional masculine norms conflicts with seeking psychological help (Addis & Mahalik, 2003; Levant et al., 2007). Thus, it appears reasonable to conceptualize conformity to traditional masculine norms as motivation to comply with normative male beliefs related to negative subjective norms to seek psychological help.

**Summary and Statement of Purpose**

The purpose of this current study is to improve the understanding of men’s intentions to seek psychological help for mental health problems. To date, the extant research has typically accounted for less than 30% of the variance in men’s help-seeking attitudes, intentions, and behaviors, leaving a substantial amount of the variance unexplained. As a result, the current study seeks to extend previous research by using a
comprehensive theoretical framework that might be more beneficial in understanding men’s psychological help-seeking than the typically employed gender role socialization paradigm.

Specifically, the current study proposes using the TRA (Ajzen & Fishbein, 1980) because it can integrate and simultaneously test the significance of several potentially important variables that might contribute to men’s intentions to seek psychological help for mental health problems (Codd & Cohen, 2003; Vogel et al., 2005). The current study focuses on predicting men’s intentions to seek psychological help for mental health problems because psychological theory and subsequent empirical research have demonstrated that intentions are direct precursors to actual behavior (Ajzen & Fishbein, 1980). Furthermore, the current study seeks to extend previous research on the TRA and its application to seeking psychological help by using an exclusively male sample, and incorporating measures of relevant masculinity constructs to predict their help-seeking intentions. The current study also extends research on TRA by examining a full and partial mediation model of men’s intentions to seek psychological help.

Finally, the current study seeks to address calls from both masculinity and help-seeking literature to examine issues pertaining to men’s health, and determine the relative contribution of identified barriers to seeking professional help (Addis & Cohane, 2005; Stefl & Prosperi, 1985). The results from this study have the potential to aid educational and prevention efforts by identifying the significance of specific factors related to men’s help-seeking intentions for professional mental health services. Furthermore, the TRA model provides successive levels of factors that provide a more comprehensive understanding of the formation of behavioral intentions. Therefore, findings from this
study may be able to provide insight into multiple points where interventions can be targeted, providing a more comprehensive approach to promoting men’s utilization of mental health services.
CHAPTER II
LITERATURE REVIEW

Introduction

This chapter begins by reviewing the effects of masculine gender roles on men’s psychological help-seeking. Next, this chapter reviews the broader help-seeking literature to examine additional psychological variables (e.g., self-disclosure, stigma, and treatment fears) that may also have significant effects on men’s intentions to seek psychological services. The chapter then presents the Theory of Reasoned Action (TRA; Ajzen & Fishbein, 1980) as a comprehensive theoretical framework for predicting men’s help-seeking intentions, and reviews the relevant extant research. The chapter ends with a summary and statement of the hypotheses for the current study.

Men’s Psychological Help-Seeking

Over the last two decades, researchers have examined the effects of male gender role socialization (e.g., adherence to traditional masculine norms, and gender role conflict) on men’s psychological help-seeking attitudes (Berger et al., 2005; Blazina & Watkins, 1996; Blazina & Marks, 2001; Good & Wood, 1995; Good, et al., 1989; Robertson & Fitzgerald, 1992; Simonsen et al., 2000; Tokar et al., 2000), intentions (Cusack et al., 2006; Lane & Addis, 2005; Pederson & Vogel, 2007), and behaviors (Good et al., 1989). According to this particular paradigm, men are socialized in a
manner that directly conflicts with seeking psychological help. For example, O’Neil (1982) identified the following aspects of men’s gender role socialization as potentially contributing to their reluctance towards seeking psychological help: (a) disclosing feelings and being vulnerable are signs of weakness and femininity; (b) seeking help or support from others demonstrates weakness and/or potential incompetence; and (c) interpersonal communications that stress feelings and intuition simulate feminine behavior. These observations, along with others, led Addis and Mahalik (2003) to theorize that men’s help-seeking is a function of their adherence to masculine gender role norms that are inconsistent with seeking professional help. The following sections examine the relation between masculine gender roles and seeking psychological help, organizing the extant research according to men’s help-seeking attitudes, intentions, and behaviors.

Men’s Attitudes towards Seeking Psychological Help

Attitudes toward seeking psychological help refer to an individual’s positive or negative evaluation of using mental health services (Fischer & Turner, 1970). According to Addis and Mahalik (2003), men’s help-seeking attitudes are a function of their adherence to masculine gender role norms that are inconsistent with seeking psychological help. Thus, the authors posit that a negative relation exits between adherence to traditional masculine norms and seeking psychological help.

To examine the relations between masculine gender roles, help-seeking attitudes and behaviors, Good et al. (1989) surveyed 401 male undergraduate students. Masculine gender roles were measured using the total scale scores on the Attitudes Toward Men Scale (AMS; Down & Eagleson, 1982) and the subscale scores on the
Gender Role Conflict Scale-I (GRCS-I; O’Neil et al., 1986). The AMS examines attitudes toward men’s roles in contemporary society using 34 items on a 4-point Likert-type scale (1 = Strongly Agree; 4 = Strongly Disagree), with lower scores indicating more of a traditional viewpoint of men’s roles. The GRCS-I has four subscales (i.e., Success, Power, and Competition; Restrictive Emotionality; Restrictive Affectionate Behavior Between Men; and Conflict Between Work and Family) with items on a 6-point Likert-type scale (1 = Strongly Disagree; 6 = Strongly Agree). Higher scores on the total and subscale scores reflect more male gender role conflict.

Psychological help-seeking attitudes were measured using two self-report questionnaires: the Attitudes Toward Seeking Professional Psychological Help scale (ATSPPH; Fischer & Turner, 1970) and Attitudes subscale on the Help-seeking Attitudes and Behaviors Scale (HABS; Good et al., 1989). The ATSPPH is a self-report survey that measures attitudes toward seeking psychological help using 29 items on a 4-point Likert scale (0 = Agree; 3 = Disagree). The Attitude subscale of the HABS (HABS-A) measures attitudes towards seeking help in the future for academic/vocational and personal/emotional problems from eight different individuals (i.e., male friend, female friend, spouse/partner/girlfriend/boyfriend, parent, relative, a member of clergy, psychologist, and physician) on a 7-point Likert-type scale (1 = Never Would; 7 = Definitely Would). Scores from the two classes of problems (e.g., academic and emotional) were summed to provide a total score. Similar to the ATSPPH, higher scores on HABS-A indicate more positive attitudes toward seeking help.

Good et al. (1989) conducted a canonical analysis to examine the relations between the male gender roles and help-seeking variables (e.g., attitudes and behaviors).
Relevant to the current discussion are the results pertaining to male gender roles and help-seeking attitudes. The first canonical root provided a significant canonical correlation of .43, $F(12, 1027) = 9.74, \rho < .001$. Standardized canonical coefficients indicated that AMS total scores (.470), restricted affectionate behavior between men (RABBM; -.405), restricted emotional expression (RE; -.374) and ATSSPH scores (.962) accounted for most of the shared variance in the first variate. These results suggest that less traditional views of masculine roles, as well as fewer problems with expressing affection and emotions, are associated with more positive attitudes towards seeking help. Results from a multiple regression analysis also indicated that scores on RE, RABBM and total scores on the AMS accounted for 17.6% of the variance in men’s attitudes toward seeking professional psychological help.

Overall, Good et al. (1989) provided initial evidence for the proposed negative relation between aspects of masculine gender roles and attitudes toward seeking psychological help. However, the results from this study indicated that these variables accounted for 17.6% of the variance in help-seeking attitudes, leaving a substantial amount of the variance unexplained. Furthermore, the authors did not examine any other factors beyond male gender roles that might have contributed to men’s attitudes toward seeking psychological help. Such analyses would be helpful in determining the unique contribution of masculine gender role variables compared to other factors that might affect men’s help seeking attitudes. Finally, the findings were derived from a predominantly Caucasian sample (i.e., 91.5%) and therefore the results may not generalize to other men with different ethnic backgrounds.
Extending previous research, Robertson and Fitzgerald (1992) examined whether male college students’ attitudes toward seeking psychological help would also vary according to the types of counseling services offered ($N = 445$). Specifically, the authors hypothesized that men who have more traditional masculine gender role attitudes will express more negative attitudes towards one-to-one counseling compared to men with less traditional gender role attitudes. Furthermore, the authors hypothesized that men who have more negative attitudes towards counseling might react more favorably toward mental health services if those services were advertised in an alternative manner (e.g., self-help materials, classes, and workshops).

To measure the constructs of interest, Robertson and Fitzgerald (1992) used the UNIACT’s technical and social subscales (Prediger & Lamb, 1981), PAQ’s masculinity, femininity, and masculinity-femininity subscale scores (Spence & Helmreich, 1978), and the GRCS’s Restrictive Emotionality (RE), and Success, Power, and Competition subscales scores (SPC; O’Neil et al., 1986). The UNIACT’s Technical and Social subscales each contain 15 activities assumed to represent traditional masculine (Technical subscale) and feminine (Social subscale) interests that participants rate on a 3-point Likert-type scale ($1 = Dislike; 3 = Like$). The PAQ subscales each contain eight items, with higher summed scores on the Masculine and Masculinity-Femininity subscales represent more of a traditional masculine response; higher summed scores on the Femininity subscale represent a more feminine response. Responses to the types of counseling services offered (e.g., traditional one-to-one counseling or self-help materials, classes, and workshops) were measured by the Brochure Evaluation Questionnaire (BEQ; Robertson & Fitzgerald, 1992), a 17-item measure that asks participants to rate their
willingness to seek help if they were experiencing a problem on a 6-point rating scale. Higher scores on the BEQ reflect a greater willingness to seek professional help for a variety of problems. Finally, men’s attitudes towards seeking professional psychological help were measured by the ATSPPH (Fischer & Turner, 1970).

Results from a simultaneous multiple regression analysis revealed that masculine (PAQ’s Masculinity-Femininity subscale, $\beta = -.258$; RE, $\beta = -.146$; SPC, $\beta = -.140$) and feminine (UNIACT’s social service subscale, $\beta = .124$; PAQ’s Femininity subscale, $\beta = .156$) gender role variables were significant unique predictors of help-seeking attitudes, accounting for 38% of the variance (Robertson & Fitzgerald, 1992). These results indicated that men who endorsed more traditional views of masculine gender roles and gender role conflicts (e.g., difficulties expressing emotion, being competitive) had more negative attitudes towards seeking psychological help. Additionally, the authors found that men, who expressed more feminine interests and attitudes towards gender roles, had more positive attitudes toward seeking psychological help.

Robertson and Fitzgerald (1992) also conducted two 2x2 analyses of variance (ANOVAs) to examine if there was an interaction effect between the levels of gender role conflict (e.g., high vs. low) and attitudes towards counseling (e.g., positive vs. negative) on brochure evaluations. Results indicated a significant main effect for attitudes towards seeking counseling, $F(1, 205) = 35.922, p < .01$. Specifically, men who had negative help-seeking attitudes rated both counseling service brochures more harshly than those who did not. The second analysis of variance revealed a significant interaction between men’s gender role conflict and brochure evaluations, $F(1, 205) = 3.896, p < .05$. Men
with high levels of gender role conflict rated the alternative counseling services brochure more favorably than the more traditional services brochure (e.g., one-on-one counseling).

The results from this study are consistent with Good et al. (1989), providing additional support for the proposed negative association between traditional masculine gender roles, gender role conflict, and attitudes toward seeking psychological help (Robertson & Fitzgerald, 1992). In addition, this study extended the findings from Good et al. (1989) by demonstrating that men’s attitudes toward seeking psychological help may also vary according to the type of counseling services offered. Furthermore, the results illustrate that factors other than masculinity constructs, such as advertisement of different counseling services, feminine traits and interests, can have effects on men’s attitudes towards seeking psychological help.

However, Robertson and Fitzgerald (1992) did not examine the incremental validity of masculine gender role variables (e.g., RE, SPC, PAQ’s Masculinity-Femininity subscale, and UNIACT’s Technical subscale) in predicting men’s help-seeking attitudes beyond the types of counseling services offered (e.g., alternative counseling services) or feminine gender role variables (UNIACT’s social service subscale, PAQ’s femininity subscale). These analyses would have been helpful to examine the unique contribution of male gender role variables in predicting help-seeking attitudes beyond other psychological (e.g., types of services offered) and gender-related factors (e.g., feminine gender role variables). Furthermore, the authors did not examine men’s intentions to use counseling services. Therefore, while men’s help-seeking attitudes varied according to types of counseling services offered, it remains unclear as to whether they would actually use such services. The sample ($N=445$) was also relatively
homogenous (i.e., 75.5% Caucasian, 10.8% Hispanic, Asian or Pacific Islander 9.2%, Black 2.5%, 2% American Indian/Alaskan native), which raises questions about whether the findings would generalize to men with different ethnic backgrounds.

In a similar study, Wisch, Mahalik, Hayes, and Nutt (1995) examined whether male gender role conflict would predict men’s ($N = 160$) attitudes toward seeking psychological help after viewing a 10-minute counseling video focusing on clients’ emotions or cognitions. The authors hypothesized that men low on gender role conflict would have more positive attitudes toward seeking psychological help than men high on gender role conflict. Additionally, men high on gender role conflict were hypothesized to have more positive attitudes toward seeking counseling that focused on cognitions compared to emotions.

Participants were randomly assigned to watch a video-tape of counseling that focused either on a client’s emotions or cognitions (Wisch et al., 1995). Once assigned to a particular condition, participants completed the GRCS-I (O’Neil et al., 1986) to measure their gender role conflict, ATSPPH (Fischer & Turner, 1970) for help-seeking attitudes, and the Affective/Cognitive Content in Counseling Scale (ACCCS; Wisch et al., 1995). The ACCCS uses a single item to examine perceptions of the extent that content presented in the video focused on a client’s feelings or cognitions on a 7-point Likert-type scale ($1 = \text{Session focused exclusively on emotions}; \ 7 = \text{Session focused exclusively on cognitions}$).

In order to test their hypotheses, the authors split the sample according to the scores on the GRCS to create high and low conflict groups (Wisch et al., 1995). A 2x2 analysis of variance (ANOVA) was conducted to examine the effects of male gender role
conflict (e.g., high vs. low) and counseling technique (e.g., cognitive vs. emotion-based) on help-seeking attitudes. Results revealed a significant interaction between male gender role conflict and counseling technique, $F(1,160) = 5.81, p < .01$. Men high on gender role conflict reported more positive attitudes toward counseling after viewing the cognitive based videotape than the emotion based videotape. The authors also found that men low on gender role conflict were more likely to report positive attitudes towards seeking help regardless of the type of counseling video they observed compared to men high on gender role conflict.

The results of this study are consistent with others, providing additional support for negative relations between male gender roles and attitudes toward seeking psychological help (Wisch et al., 1995). Furthermore, similar to Robertson and Fitzgerald (1992), the authors found a difference in men’s help-seeking attitudes depending upon the counseling stimulus that was presented (e.g., how counseling services were portrayed or advertised). However, the results of this study are limited due to the analogue methodology used by the authors to examine participants’ responses to a hypothetical situation. Therefore, it remains unclear as to whether the findings from this study would generalize to actual experiences men have in seeking or participating in psychological services. Furthermore, the sample ($N = 160$) was also relatively homogenous (i.e., 70% Caucasian, 8% Hispanic, 8% African American, 11% Asian American, and 1% Portuguese), which raises questions about whether the findings of this study would generalize to men with different ethnic backgrounds.

Good and Wood (1995) simultaneously examined the effects of male gender role conflict and level of depression on college men’s attitudes towards seeking psychological
help ($N = 397$). The authors noted that theory and empirical data suggest that men who experience more gender role conflict may be at a higher risk for depression and less likely to seek psychological help. However, prior studies had not examined both depression and gender role conflict in relation to men’s attitudes toward seeking psychological help.

To measure the constructs of interest, Good and Wood (1995) used the GRSC-I (O’Neil et al., 1986) to measure gender role conflict, the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977) for measuring symptoms of depression, and the ATSPPH (Fischer & Turner, 1970) for evaluating attitudes toward seeking professional psychological help (Good & Wood, 1995). The authors used structural equation modeling to examine the simultaneous effects of gender role conflict and the level of depression on help-seeking attitudes. Results from the model indicated an adequate fit with the data (Normed Fit Index = .83), accounting for 25% of the variance in help-seeking attitudes. However, the direct effect of the restrictive gender role conflict variables (a latent construct composed of RE and RABB) on help-seeking attitudes accounted for almost all of the explained variance (e.g., $\beta = -.50$).

Overall, the findings from Good and Wood (1995) suggest that men who have difficulties with expressing emotions and affection with other men are more likely to have negative attitudes toward counseling. This finding is consistent with previous studies and provides more support for the proposed negative relations between certain aspects of men’s gender roles and help-seeking attitudes. In addition, one of the particular strengths of this study is that Good and Wood (1995) demonstrated the unique contribution of male gender role conflict in predicting help-seeking attitudes when other
factors, such as the level of depression, were simultaneously examined. However, a limitation of this study is that the authors did not examine the effects of male gender role conflict and level of depression on men’s help-seeking intentions or behaviors. Thus, it remains unclear whether the findings from this study would generalize to men’s actual utilization of psychological services. Furthermore, the sample ($N = 397$) was also relatively homogenous (i.e., 82% Caucasian, 4% African American, 3% Asian American, and 0.5% Hispanic,), which raises questions about whether the findings of this study would generalize to men with different ethnic backgrounds.

In a similar study, Blazina and Watkins (1996) surveyed 148 male college students to examine how gender role conflict relates to men’s psychological well-being, chemical substance use, and attitudes toward help-seeking. Based on a review of literature, the authors argued that men might be more at risk for substance abuse, lower psychological well-being, and have greater negative attitudes toward counseling. Specifically, Blazina and Watkins hypothesized that men who scored higher on male gender role conflict would report higher levels of depression, anxiety, anger, substance use, and view psychological help-seeking more negatively.

To examine their hypotheses, Blazina and Watkins (1996) had male participants complete measures of gender role conflict (GRCS-I; O’Neil et al., 1986), psychopathology (BDI; Beck & Steer, 1987; STAEI; Speilberger, 1991; STAI; Spielberger et al., 1983; FVA subscale on the SASSI; Substance Abuse Subtle Screening Inventory Manual, 1985) and attitudes towards seeking psychological help (ATSPPH; Fischer & Turner, 1970). Relevant to the current discussion is the relation between men’s gender role conflict and attitudes toward seeking psychological help. Results from
a simultaneous multiple regression analysis revealed that GRCS-I variables predicted 15.6% of the variance in help-seeking attitudes, $F(4, 143) = 6.6, p < .0001, R^2 = .156$. However, only the Success, Power, and Competition (SPC; $\beta = -.20$) and Restrictive Emotionality (RE; $\beta = -.24$) subscales emerged as significant unique predictors of help-seeking attitudes.

Results from this study suggest men who have difficulty expressing emotions and strive for success view seeking psychological help more negatively (Blazina & Marks, 1996). These findings are consistent with prior studies, providing additional support for the conflict between specific aspects of men’s gender role socialization and attitudes toward seeking psychological help. However, a limitation of this study was that other variables, such as substance use and psychological well-being, were not included in the multiple regression analysis. This would have extended the findings of Good and Wood (1995), who only compared gender role conflict and the level of depression in predicting attitudes toward seeking psychological help. Furthermore, the authors could have used clinical measures of substance use to divide the sample into clinical (e.g., those who appear to have substance abuse problems) and non-clinical groups. This would have permitted the authors to examine whether there was an interaction effect between substance use or other aspects of psychopathology (e.g., depression, anxiety, and anger) and gender role conflict on help-seeking attitudes. Finally, the sample ($N = 148$) was also relatively homogenous (i.e., 77% white, 10.8% African American, 4.1% Asian, 4.1% Hispanic, 4.1% other), which raises questions about whether the findings of this study would generalize to men with different ethnic backgrounds.
Simonsen, Blazina and Watkins (2000) conducted a study to examine whether the previous findings in the men’s psychological help-seeking literature would generalize for a different group of men. Specifically, the authors surveyed 117 gay men from various community groups to examine how male gender role conflict corresponds to their psychological well-being and attitudes towards seeking psychological help. The authors hypothesized that gender role conflict would correlate positively with measures of anger, anxiety, and depression for gay men. Furthermore, the authors also hypothesized that gender role conflict would be negatively correlated with help-seeking attitudes for gay men.

To examine the authors’ hypotheses, participants completed measures of general pathology (Hopkins Symptom Checklist; Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974), the ATSPPH (Fischer & Turner, 1970), and the GRCS-I (O’Neil et al., 1986). Relevant to the current discussion is the relation between male gender role conflict and help seeking attitudes for gay men. Results from the study indicated that restrictive emotionality and restrictive affectionate behavior between men were significantly related to help-seeking attitudes ($r_s = -.31$ and $-.39$, respectively). Furthermore, results from a canonical correlation analysis revealed that gay men who experienced less conflict with expressing emotions and sharing affection with other men tended to be less depressed, anxious, angry, and have more positive attitudes towards seeking psychological help.

Based on the results, Simonsen et al. (2000) concluded that the previously identified relations of gender role conflict, psychological well-being, and attitudes towards seeking help are evident in gay men’s lives as well as heterosexual men’s. Thus,
the results from this particular study provide evidence that previous findings in the extant literature may generalize to other groups of men that have been relatively unstudied (e.g., gay men). However, similar to Blazina and Watkins (1996), the study was limited by not examining the relation of gender role conflict, in conjunction with psychological distress, with help-seeking attitudes. Therefore, the unique contribution of gay men’s gender role conflict remains unclear in predicting their attitudes towards seeking psychological help, compared to factors such as psychological distress. The sample the authors used ($N = 117$) was also very homogenous in nature (i.e., 87% Caucasian, 8% Hispanic, 5% other), which raises questions about whether the findings of this study would generalize to gay men with different ethnic backgrounds.

Tokar, Fischer, Schaub, and Moradi (2000) surveyed 300 male college students to examine the relation of masculine gender roles, personality factors, and counseling related variables. Relevant to the current discussion is whether personality variables mediate the association of masculine gender roles and help-seeking attitudes. Specifically, the authors hypothesized that the correlations between masculinity related variables and help-seeking attitudes would decrease when the contribution of personality variables was partialled out.

For this particular study, Tokar et al. (2000) measured masculinity related variables using the GRCS-I (O’Neil et al., 1986) and Masculine Gender Role Stress scale (MGRS; Eisler & Skidmore, 1987). The MGRS consists of 40 items that measure men’s gender role stress on a 6-point Likert-type scale (0 = Not at all stressful; 5 = Extremely stressful). Higher scores on the MGRS indicate greater gender role stress in cognitive, behavioral, and environmental events. Attitudes toward seeking help were measured by
the ATSPPH (Fischer & Tuner, 1970). Finally, personality variables were measured by the NEO-FFI-S (Costa & McCrae, 1989, 1992). The NEO-FFI-S measures the five major dimensions of personality (i.e. neuroticism, extraversion, openness, agreeableness, and conscientiousness) using 60 items on a 5-point Likert-type scale (1 = *Strongly disagree*; 5 = *Strongly agree*).

Results from a series of regression analyses indicated that openness, a personality variable, either completely or partially mediated the relation between certain aspects of male gender role conflict (e.g., restrictive emotionality; success, power and competition) and help-seeking attitudes (Tokar et al., 2000). Thus, the personality trait of openness accounted for most if not all of the variance restrictive emotionality and success, power, and competition shared with attitudes toward seeking psychological help. This outcome is understandable given that men are socialized to not participate in activities that require emotional disclosures or receiving assistance from another person; men may therefore be less open to experiences like receiving psychological help because of their gender role socialization. However, the relation between difficulties with expressing affection with other men and help-seeking attitudes was not mediated by personality variables (Tokar et al.). Therefore, difficulties with expressing affection with other men accounted for variance in attitudes towards seeking psychological help beyond personality factors for a sample of college men (N = 300).

Overall, Tokar et al. (2000) extends previous research by examining how other variables such as personality factors might account for the relation between men’s gender roles and attitudes toward seeking psychological help. Such analyses are important to help determine the unique contribution and precise relationship of masculine gender roles.
and men’s attitudes towards seeking psychological help. The results indicated that the personality trait of openness largely mediated the relationship between aspects of gender role conflict and help seeking attitudes. However, problems with expressing affection with other men, a dimension of male gender role conflict, predicted men’s help-seeking attitudes beyond personality factors. This finding provides some additional evidence for the utility of certain aspects of men’s gender role conflict in understanding their help seeking attitudes in comparison to other factors.

Nonetheless, Tokar et al. (2000) did not examine the extent to which male participants endorsed traditional masculine ideologies or norms, another important dimension of masculine gender roles (Addis & Cohane, 2005). Therefore, while the relation between gender role conflict and help-seeking attitudes is largely mediated by personality factors such as openness, it remains unclear whether such findings would generalize to other aspects of men’s gender role socialization such as the adherence to traditional masculine ideologies or norms. Furthermore, the sample (N = 300) was relatively homogeneous (i.e., 82% Caucasian, 9% African American, 4% Asian American, 3% Multiracial, < 1% Latino, Native Americans, and other) which raises questions about whether the findings of this study would generalize to other men with different ethnic backgrounds.

In another study, Blazina and Marks (2001) used a quasi-experimental design to examine help-seeking attitudes of 128 male college students. Specifically, the researchers were interested in understanding how gender role conflict and power dynamics (perceived power of therapist) affect men’s attitudes toward seeking different treatment modalities. The authors hypothesized that men high on gender role conflict
would have more negative attitudes toward all three treatment modalities (i.e., individual therapy, psychoeducational workshops, and men’s support group brochures).

Furthermore, men high on gender role conflict were hypothesized to rate the support group more negatively than other treatment modalities. Finally, the authors hypothesized that men who were high on gender role conflict and perceived the therapists or group facilitator as having more power would have more negative attitudes toward all of the treatment modalities.

To examine their hypotheses, Blazina and Marks (2001) used the GRCS-I (O’Neil et al., 1986), the ATSPPH (Fischer & Turner, 1970), the Measure of Interpersonal Power (MIP; Garrison & Pate, 1977), the Positive and Negative Affect Scale (PANAS; Watson, Clark, & Tellegen, 1988) and the Brochure Evaluation Questionnaire (BEV; Robertson & Fitzgerald, 1992). For this particular study, two subscales of the MIP were used to measure perceptions of positive (6 items) and negative personal power (5 items) of another individual (e.g., therapist or group facilitator). Respondents used a 7-point Likert-type scale ranging from 1 (Strongly agree) to 7 (Strongly disagree), with lower scores indicate more positive assessments of a therapist’s or group facilitator’s power on the Positive subscale, and more negative assessments on the Negative subscale, respectively. Relevant to the current discussion is the unique contribution of gender role conflict on men’s attitudes toward seeking psychological help for different treatment modalities.

Results from an analysis of variance (ANOVA) revealed a significant main effect for gender role conflict across treatment modalities (Blazina & Marks, 2001). Men with higher overall gender role conflict reported more negative attitudes toward seeking help
across all treatment modalities, $F(1, 97) = 6.87, p < .01$. The findings also indicated that men’s attitudes towards different treatment modalities varied depending upon whether they had previous therapy experience. For example, despite high scores on success, power, and competition, men with previous therapy experience endorsed more positive attitudes towards all of the treatment modalities. In contrast, men without previous treatment experience who scored high on restrictive affectionate behavior between men (RABBM) reported the most negative attitudes toward seeking help from a support group. Furthermore, no significant interaction effects were found between men’s gender role conflict and the perceived power of therapists or group facilitators across the different treatment modalities.

Overall, Blazina and Marks (2001) extended previous research by examining how gender role conflict related to help-seeking attitudes for multiple treatment modalities. Results from the study also provided additional evidence for the negative relations between certain aspects of men’s gender role socialization (e.g., gender role conflict) and psychological help-seeking attitudes. Furthermore, the results from the study provided additional evidence for the utility of men’s gender role conflict in predicting psychological help-seeking attitudes; the authors found that men’s gender role conflict had a stronger effect on help-seeking attitudes for different treatment modalities than the perceived power of the therapist or group facilitator. However, a limitation of this study is that the authors did not examine or compare men’s gender role conflict and the perceived power of the therapist or group facilitator in predicting help-seeking intentions or actual behaviors. Recall that both theory and empirical data indicate that intentions are important and immediate precursors to actual behaviors (Ajzen & Fishbein, 1980).
Furthermore, the sample ($N = 128$) was relatively homogenous (i.e., 79.6% Caucasian, 6.4% African American, Asian American 4.5%, Hispanic 5.5%, other 4.5%) which raises questions about whether the findings from this study would generalize to other men with different ethnic backgrounds.

Focusing on a different dimension of men’s gender roles, Mahalik et al. (2003) conducted a series of studies to construct and examine the psychometric properties of a self-report questionnaire that assesses men’s conformity to traditional masculine norms. The authors extended previous research on masculine ideology by examining affective, cognitive, and behavioral dimensions of 11 traditional masculine norms: (1) Winning, (2) Emotional Control, (3) Risk-Taking, (4) Violence, (5) Dominance, (6) Playboy, (7) Self-Reliance, (8) Primacy of Work, (9) Power Over Women, (10) Disdain for homosexuals, and (11) Pursuit of Status. Relevant to the current discussion is the examination of the relations between conformity to masculine norms and attitudes toward seeking psychological help. Based on results from previous studies, the authors hypothesized that scores on Emotional Control and Self-Reliance would correspond with negative attitudes towards seeking psychological help.

To examine their hypothesis, Mahalik et al. (2003) surveyed 269 male college students to measure their conformity to male norms and attitudes toward seeking psychological help. Conformity to male norms was measured by the Conformity to Masculine Norms Inventory (CMNI; Mahalik et al., 2003). The CMNI is a self-report questionnaire that measures “the extent to which an individual male conforms or does not conform to the actions, thoughts and feelings that reflect masculinity norms in the dominant culture in U.S. society” (Mahalik et al., 2003, p. 5) using 94 items on a 4-point
Likert-type scale (1 = Strongly disagree; 4 = Strongly agree). Higher scores on the CMNI indicate greater levels of conformity. Attitudes toward seeking psychological help were measured by the ATSPPH (Fischer & Turner, 1970).

Results from correlation analyses revealed significant negative correlations between the CMNI total score ($r = -.49$), Emotional Control ($r = -.45$), and Self-Reliance ($r = -.33$) and attitudes toward seeking psychological help (Mahlik et al., 2003). In addition, although not hypothesized, Mahalik et al. also found that higher scores on Winning ($r = -.28$), Violence ($r = -.25$), Power Over Women ($r = -.37$) and Disdain for Homosexuals ($r = -.38$) were associated with more negative attitudes towards seeking psychological help. These results support the authors’ hypothesis, providing additional evidence for the proposed negative relations between different aspects of men’s gender role socialization (i.e., conformity to masculine norms) and psychological help-seeking attitudes.

In addition to these significant findings, one of the strengths of Mahalik et al.’s (2003) study is the broad assessment of conformity to traditional masculine roles. The authors were able to assess multiple dimensions of conformity (e.g., affective, cognitive, and behavioral) to a greater number of masculine norms than had previously been studied. However, a limitation of the authors’ research is that they did not examine the relative or incremental validity of men’s conformity to traditional masculine roles in predicting help-seeking attitudes beyond other measures of masculinity constructs (e.g., gender role conflict), risky health behaviors, or psychopathology that were utilized to evaluate the psychometric properties of the CMNI. Such analyses would be helpful to
determine the significance of conformity to traditional masculine norms, in comparison to other psychological constructs, in understanding men’s help seeking attitudes.

In another study, Rochlen, Land, and Wong (2004) examined restrictive emotionality, a specific aspect of masculine gender role conflict, in relation to men’s attitudes and evaluations of online counseling versus face-to-face counseling. The authors hypothesized that men who were high on restrictive emotionality would rate online counseling more positively than face-to-face counseling. Furthermore, men with more restrictive emotionality were also hypothesized to rate cognitive-based counseling more positively across therapeutic modalities than emotion-based counseling. Men with lower levels of overall gender role conflict were hypothesized to rate face-to-face counseling more positively than men with higher levels of gender role conflict.

To test their hypotheses, Rochlen et al. (2004a) sampled 191 male college students using a quasi-experimental design, randomly assigning participants to one of four conditions: online (emotion or cognitive-based counseling) versus face-to-face (emotion or cognitive-based counseling). The authors used the GRCS-I (O’Neil et al., 1986) to measure masculine gender role conflict. To measure attitudes and evaluations of online versus face-to-face counseling the authors used the Online Attitudes Toward Counseling Scale (OATCS; Rochlen et al. 2004a) and the Face-to-Face Counseling Attitudes Scale (FACS; Rochelen et al. 2004b), respectively. The OATCS is a 10-item measure that assesses the value of online counseling (5 items) and discomfort with online counseling (5 items) on a 6-point Likert-type scale (1 = *Strongly disagree*, 6 = *Strongly agree*). The FACS is also a 10-item measure that examines the value (5 items) of and discomfort (5 items) with face-to-face counseling on a 6-point Likert-type scale (1 = 
Strongly disagree, 6 = Strongly agree). Scores from both the OATCS and FACS are calculated by summing the responses, with higher scores indicating more perceived value of or discomfort with counseling, respectively. The authors also included measures of therapist characteristics, using the Counseling Rating Form-Short Form (CRF-S; Corrigan & Schmidt, 1983), and preferences for styles of counseling using the Counseling Approach Evaluation Form (CAEF; Lyddon, 1989).

Rochlen et al. (2004a) used a multivariate analysis of variance (MANOVA) to examine the effects of counseling modality (online vs. face-to-face), treatment approach (cognitive vs. emotion-focused), and gender role conflict (high vs. low) on overall evaluations of counseling and counselor characteristics. Results from the MANOVA revealed a significant interaction effect for treatment modality and restrictive emotionality, $F(2, 182) = 3.41, p < .05$. Post hoc analyses revealed that men with higher levels of restrictive emotionality rated face-to-face counseling more negatively than those who did not (Rochlen et al.). Restrictive emotionality was also found to correlate positively, though modestly, with the values subscale on the OATCS ($r = .15, p < .05$). There was no significant main effect for the counseling approach (cognitive versus emotion-focused). These results suggest that men high on gender role conflict preferred online counseling to traditional face-to-face counseling.

Overall, this study focused on the relation between alternative treatment modalities (online versus face-to-face), types of interventions (cognitive or emotion-focused) and masculine gender role conflict (Rochlen et al., 2004a). This is important because it helps to identify preferences for treatment and interventions in a population that traditionally underutilizes mental health services. However, a limitation of this study
is that the authors did not examine the potential mediation of the relation between masculine gender role conflict and attitudes toward online or face-to-face counseling by perception of therapist characteristics or style preferences (e.g., emotion or cognitive-based therapy). Such analyses would help to determine the significance and precise nature of the relationship between masculine gender roles and men’s attitudes toward seeking psychological help for different treatment modalities (e.g., online versus face-to-face counseling). Furthermore, because the authors examined men’s attitudes toward hypothetical clinical scenarios, it remains unclear whether their findings would generalize to men’s help-seeking intentions or actual behaviors. The sample ($N = 191$) the authors used was also relatively homogeneous (i.e., 56.5% Caucasian, 25.1% Asian American, 13.1% Latino, 3 Bi-racial, 3.1% Other, 0.5% African American) which raises questions about whether the results from this study would generalize to other men with different ethnic backgrounds.

Mansfield, Addis, and Courtenay (2005) examined other factors that might inhibit men from seeking professional help. In particular, the authors identified four processes from literature in social psychology that should be addressed in the measurement of help-seeking barriers: ego centrality of the problem (Nadler, 1990), perceived normativeness of the problem (Nadler & Maysless, 1983), reactance or attempts to restore autonomy (Brehm, 1966), and reciprocity (Wills & DePaulo, 1991). Based on this, the authors proposed the following four-factor model for a new self-report survey on help-seeking barriers: (1) to appear in emotional control, (2) to be autonomous and self reliant, (3) desire for privacy, and (4) concrete or structural barriers to help-seeking.
To test the proposed four-factor model, Mansfield et al. (2005) surveyed 537 male undergraduate students to develop and evaluate the psychometric properties of the Barriers to Help-Seeking Scale (BHSS). Relevant to the current discussion are the relations between barriers to help-seeking, masculine gender role conflict, and help-seeking attitudes. Specifically, the authors hypothesized that barriers to help-seeking would correlate positively to masculine gender role conflict and negatively with help-seeking attitudes.

The BHSS (Mansfield et al., 2005) is a 31-item measure that assesses reasons why men will not seek help for a persistent, but not disabling, pain in the body on a 4-point Likert-type scale (0 = Not at all a reason; 4 = Very important reason). To provide support for the validity of the instrument, the authors examined correlations between the BHSS, the GRCS-I (O’Neil et al., 1986) and the ATSPPH (Fischer & Turner, 1970). Results from correlation analyses provided support for the construct validity of the BHSS; correlations between barriers to help-seeking and masculine gender role conflict ($rs = .14$ to $.87, p < .01$) and attitudes toward help-seeking ($rs = -.36$ to $-.56, p < .01$) were in the expected directions. These results provide additional evidence that masculine gender role conflict is associated with barriers to and negative attitudes toward seeking psychological help.

Mansfield et al. (2005) extended previous research by including variables from social psychological literature (e.g., reactance, ego-centrality, perceived normativeness of the problem, and reciprocity) to examine barriers to men’s psychological help-seeking. However, a limitation of the study is that the authors did not examine the extent to which gender role conflict accounted for variance in men’s help-seeking attitudes beyond the
proposed psychosocial barriers. Such an analysis would have been helpful to examine the unique contribution of men’s gender role conflict to their help-seeking attitudes beyond other important psychosocial constructs. Furthermore, the use of a newly developed measure requires additional research to assess its validity and reliability. The sample the authors used (\(N = 537\)) was also very homogeneous (i.e., 91.6% Caucasian, 1% African American, 1% Latino, 1% Asian American, and 1% American Indian, 4.6% Other), which raises questions about whether the results in this study would generalize to other men with different ethnic backgrounds.

In another study, Berger et al. (2005) surveyed 155 men from the community to examine the relations of masculine gender role conflict, traditional masculine ideology, alexithymia, and age with men’s help-seeking attitudes. The authors hypothesized that older men would have more negative attitudes towards seeking psychological help. Furthermore, higher levels of alexithymia, male gender role conflict, and traditional masculine ideology were also hypothesized to be associated with more negative help-seeking attitudes.

To measure the constructs of interest, Berger et al. (2005) used the Male Role Norms Inventory-Revised (MRNI-R; Berger et al., 2005), the GRCS-I (O’Neil et al., 1986), the Bermond-Vorst Alexithymia Questionnaire (BVAQ; Bermond, Oosterveld, & Vorst, 1994), and the ATSPPHS (Fischer & Farina, 1995). Traditional masculine ideology was measured by the MNRI-R (Berger et al., 2005), a 53-item measure that assesses participants’ adherence to traditional masculine norms on a 7-point Likert-type scale (1 = *Strongly disagree*; 7 = *Strongly agree*). Higher scores on the MNRI-R indicate greater adherence to traditional masculine norms. The BVAQ is a 20-item measure that
assess cognitive and affective dimensions of alexithymia on a 5-point Likert-type scale (1 = Definitely applies to me; 5 = In no way applies to me). Higher scores on the BVAQ indicate a greater degree of alexithymia, difficulty in recognizing and expressing emotions.

Berger et al. (2005) used a multiple regression analysis to determine how factors such as gender role conflict, traditional masculinity ideology, and participants’ age predicted attitudes toward seeking psychological help. Results showed that traditional masculinity ideology (i.e., rejection of homosexuals) and the age of participants accounted for approximately 17% of the variance in attitudes toward seeking psychological help. These findings revealed that men who were younger in age and disclosed more negative attitudes towards homosexuality also reported more negative attitudes toward seeking psychological help.

The results from this study supported the authors’ hypothesis that age and traditional masculinity ideology are significant factors associated with attitudes toward seeking psychological help. In addition, the findings from Berger et al. (2005) are also important because they provide additional evidence of the validity and utility of certain aspects of men’s gender role socialization in understanding men’s help-seeking attitudes. Specifically, when examined simultaneously, the adherence to traditional masculine norms (in this case, rejection of homosexuals) was a unique significant predictor of help-seeking attitudes, whereas male gender role conflict and alexithymia were not (Berger et al.). However, a limitation of the study is that the authors did not examine or compare the predictive ability of traditional masculine ideology, gender role conflict, and alexithymia to help-seeking intentions or actual behaviors. Such analyses are important
because theory and empirical data indicate that intentions are important and immediate precursors to actual behaviors (Ajzen & Fishbein, 1980). Furthermore, the sample the authors used ($N = 155$) was homogeneous in nature (i.e., 85.5% Caucasian, 3.8% African American, 5.8% Hispanic, and 3% other) which raises questions about whether the results from this study would generalize to other men with different ethnic backgrounds.

In a similar study, Levant et al. (2007) examined the relation between different masculinity variables (e.g., traditional masculine ideology, conformity to male role norms, and gender role conflict), risky health behaviors, and attitudes toward seeking psychological help in a sample of 138 male college students. Although previous research has identified a link between masculinity constructs and help-seeking attitudes, studies have been limited by not examining various masculinity constructs simultaneously. The authors hypothesized that traditional masculinity ideology and conformity to male role norms would be more strongly related to help-seeking attitudes than gender role conflict.

To test the authors’ hypotheses, participants completed measures of different masculinity variables, risky health behaviors (HRQ, APA, 2006), and help-seeking attitudes. The MRNI-R (Levant et al., 2007), CMNI (Mahalik et al., 2003), and GRCS-I (O’Neil et al., 1986) measured traditional masculine ideology, conformity to masculine norms and gender role conflict respectively. Help-seeking attitudes were measured using the ATSPPHS (Fischer & Farina, 1995). Results from a simultaneous multiple regression analysis revealed that traditional masculinity, conformity to male role norms, and gender role conflict accounted for 29% of the variance in help-seeking attitudes ($R = .54, p < .001$). However, only conformity to male role norms was a significant unique predictor of help-seeking attitudes ($\beta = -.41, p < .01$). Therefore, men who express greater
conformity to male role norms also reported more negative attitudes toward seeking psychological help.

The findings from Levant et al. (2007) help to identify the importance of specific aspects of men’s gender role socialization, such as conformity to male role norms, in predicting men’s help-seeking attitudes. Furthermore, the results are consistent with other studies demonstrating a significant negative relationship between aspects of men’s gender role socialization and help-seeking attitudes. However, a limitation of the study is that the authors did not examine how various masculinity constructs compare in their prediction of help-seeking intentions or actual behaviors. Furthermore, the authors did not examine the contribution of masculinity constructs to men’s help-seeking attitudes in conjunction with the engagement of risky health behaviors. Such analyses would help to determine the unique contribution of masculine gender roles in understanding help-seeking attitudes in comparison to other health-related behaviors. The sample the authors used \((N = 138)\) was also homogeneous (i.e., 86.1% Caucasian, 4.4% African American, 4.4% Asian American, 3.6% Other, and 1.5% No answer), which raises questions about whether the results from this study would generalize to other men with different ethnic backgrounds.

**Summary and Limitations**

Overall, the extant literature has consistently demonstrated significant negative relationships between men’s masculine gender roles and attitudes toward seeking psychological help. Specifically, certain aspects of gender role conflict such as restrictive emotionality (Blazina & Marks, 2001; Blazina & Watkins, 1996; Good & Wood, 1995; Good et al., 1989; Robertson & Fitzgerald, 1992; Simonsen et al., 2000), restrictive
affectionate behavior between men (Blazina & Marks, 2001; Good & Wood, 1995; Good et al., 1989; Simonsen et al., 2000; Tokar et al., 2000) and success, power, and competition (Blazina & Marks, 2001; Blazina & Watkins, 1996; Robertson & Fitzgerald, 1992) have emerged as significant unique predictors of men’s help seeking attitudes. Furthermore, research found that overall adherence to traditional masculine roles (Good et al., 1989; Mahalik et al., 2003) as well as specific masculine norms (i.e., rejection or disdain of homosexuals, emotional control, self-reliance, winning, violence, and power over women) had significant negative relations with men’s help-seeking attitudes. These findings provide support for Addis and Mahalik’s theory (2003) that help-seeking attitudes are a function of men’s adherence to certain aspects of masculine gender roles that are inconsistent with seeking psychological help.

Furthermore, the extant literature has also demonstrated the utility of men’s gender roles, in comparison to other important psychological variables, in predicting attitudes toward seeking psychological help. For example, Good and Wood (1995) found that certain restrictive aspects of men’s gender role conflict (i.e., restrictive emotionality and restrictive affectionate behavior between men) were better predictors of their help-seeking attitudes than the level of depression they reported experiencing. Blazina and Marks (2001) also found that men’s gender role conflict had a greater effect on help-seeking attitudes than perceptions of the therapist’s power in different treatment modalities. Tokar et al. (2000) found that restrictive affectionate behavior between men predicted men’s help seeking attitudes beyond personality factors. Finally, Berger et al. (2005) found that traditional masculine ideology (i.e., rejection of homosexuality) was a better predictor of men’s help-seeking attitudes than was alexithymia.
Despite the contribution of these findings, research on men’s attitudes toward seeking psychological help has limitations that future research needs to address. For example, results from the extant literature indicate that masculinity constructs have typically accounted for less than 30% of the variance in men’s attitudes toward seeking psychological help (e.g., Blazina & Watkins, 1996; Good & Wood, 1995). Thus, previous research using masculinity constructs has not been able to account for the majority of the variance in men’s attitudes towards seeking psychological help. This is important because increasing men’s professional help-seeking requires a good understanding of their reasons for utilizing or not utilizing such services (Pederson & Vogel, 2007). Therefore, the results from the extant literature provide reasonable evidence that future studies should examine additional variables, or constructs, to improve the understanding of men’s psychological help-seeking (Addis & Mahalik, 2003).

Another limitation of the extant literature is that only a few studies have examined multiple masculinity-related constructs (e.g., measures of adherence to traditional masculine norms or ideologies and gender role conflict) to determine their relation to men’s help-seeking attitudes (e.g., Berger et al., 2005; Good, Mintz, & Dell, 1989; Levant et al., 2007; Robertson & Fitzgerald, 1992). However, both adherence to masculine norms and gender role conflict have been identified as integral components of men’s gender role socialization (Addis & Cohane, 2005). Additionally, few studies have examined the unique contribution of these masculinity constructs in relation to other important psychological constructs such as psychological distress (e.g., Good & Wood,
Such analyses are important to understand the relative contribution of masculinity constructs to men’s psychological help-seeking.

The extant research is also limited to the extent it provides information about men’s help-seeking attitudes toward hypothetical situations (e.g., Robertson & Fitzgerald, 1992; Wisch et al., 1995). Therefore, it remains unclear as to whether the negative relation between men’s gender role socialization and help-seeking attitudes would generalize to men’s help-seeking intentions or actual behaviors. Furthermore, empirical research and psychological theory indicate that intentions are better predictors of actual behaviors compared to attitudes (Ajzen & Fishbein, 1980). Thus, future studies should examine more thoroughly the unique contribution of masculine gender roles to men’s help-seeking intentions and behaviors.

Men’s Intentions to Seek Psychological Help

In the following section, the extant literature on men’s intentions to seek psychological help is reviewed to examine further the relation between masculine gender roles and professional help-seeking. Help-seeking intentions refer to individuals’ actual plans to utilize some form of assistance, and are theorized to be close approximations of behavior (Ajzen & Fishbein, 1980). According to Addis and Mahalik’s (2003) theory, help-seeking intentions are a function of men’s endorsement to certain aspects of masculine gender roles that are inconsistent with seeking psychological help.

Lane and Addis (2005) conducted a study to examine the cross-cultural validity of the relation between male gender role conflict and the willingness of men to seek help in the US and Costa Rica. Given that the gender role socialization paradigm is the predominant model for examining men’s help-seeking, the authors asserted that it is
important to examine cultures where socialization experiences may vary and the conceptualization of manhood may differ. Relevant to the current discussion are the hypotheses, measures, and findings related to male gender role conflict and willingness to seek help from a psychologist for depression or substance abuse. The authors hypothesized that higher levels of gender role conflict would be negatively related to seeking help from individuals who posed a “threat to masculinity” (e.g., other men and professional sources) for both cultures. Furthermore, the authors also proposed that higher levels of gender role conflict would relate to lower levels of help-seeking for depression compared to substance abuse for both cultures.

To test their hypotheses, Land and Addis (2005) surveyed 105 male college students. Participants completed the Gender Role Conflict Scale (GRCS; O’Neil et al., 1986) and Patterns of Help-seeking Questionnaire (PHSQ; Lane & Addis, 2005). The PHSQ is a 21-item self-report survey concerning an individual’s willingness to seek help and level of comfortability in discussing problems with different sources of help. The PHSQ items use a 6-point Likert-type scale (1 = Highly unlikely/Highly uncomfortable; 6 Highly likely/Highly comfortable). The authors also employed an analogue methodology to have participants disclose their help-seeking patterns for two clinical scenarios (i.e., problems with depression and substance abuse).

In general, correlation analyses revealed that help-seeking patterns varied according to the problem type and source of help for men in the US and Costa Rica. Only the findings pertinent to the current discussion will be reviewed. For men in the US, male gender role conflict did not predict their willingness to seek help from a psychologist for problems with depression or substance abuse. Only difficulty with
expressing emotions (RE) was found to be significantly associated with the willingness to seek help from a medical doctor for problems with depression for men in the US ($r = - .27, p < .05$). However, significant correlations were found between Success, Power and Competition (SPC) and the willingness to seek help from psychologists for problems with substance abuse for Costa Rican men ($r = - .29, p < .05$). These findings support the negative relation between certain aspects of male gender role conflict and help-seeking intentions for men in the US and Costa Rica.

Overall, Lane and Addis (2005) extended previous research by examining cultural differences in men’s gender role conflict and willingness to seek help for clinical problems. Furthermore, the authors broadly assessed participants’ willingness to seek help from a variety of formal (e.g., psychologist, doctor, and minister) and informal sources (e.g., parents, partner, and friends). The findings from this study are consistent with previous research indicating a significant negative relationship between men’s gender role conflict and help-seeking attitudes (e.g., Blazina & Marks, 2001; Blazina & Watkins, 1996). However, some limitations of this study include a relatively small sample size and the use of a newly constructed measure to assess participants’ intentions to seek help. Furthermore, the authors did not examine other important masculinity constructs, such as the adherence to traditional masculine norms, in relation to men’s intentions to seek help for depression or substance abuse. Such analyses are important to determine what aspects of men’s gender role socialization contribute to their intentions to seek psychological help.

In another study, Cusack, Deane, Wilson, and Ciarrochi (2006) examined the ability of restrictive emotionality and perceptions of previous therapeutic experiences
(i.e., bond with therapist, perceptions of helpfulness) to predict men’s future intentions to seek psychological help. Specifically, the authors hypothesized that the therapeutic bond would mediate the relation between restrictive emotionality and perceptions of treatment helpfulness. Furthermore, the authors hypothesized that perceptions of treatment helpfulness would mediate the relations of restrictive emotionality and therapeutic bond with future intentions to seek psychological help.

To test their hypotheses, Cusack et al. (2006) collected data from a variety of community resources and university counseling centers to obtain a sample of 73 men. A majority of the participants (75%) were currently in therapy and the rest of the sample had recently completed therapy (i.e., within the last 12 months). Participants needed to have at least two therapy sessions in order to be included in the study, and completed measures of working alliance (WAI; Horvath & Greenberg, 1989), restrictive emotionality (TAS-20; Bagby et al., 1994; GRCS-I; O’Neil, 1986) and single items asking about perceptions related to the helpfulness of previous mental health visits and future help-seeking (Cusack et al., 2006). Relevant to the current discussion is the relationship of restrictive emotionality, an aspect of men’s gender role socialization, with future help-seeking intentions.

Results from a multiple regression analysis revealed that restrictive emotionality was not a significant predictor of future help-seeking intentions (Cusack et al., 2006). However, men’s perceptions of the therapeutic bond ($\beta$s = .284 to .217) and perceived helpfulness of prior treatment ($\beta$s = .263 to .239) were found to be significant unique predictors of future help-seeking intentions. These findings from Cusack et al. (2006) extend previous research by examining factors that may contribute to men’s future
intentions to seek psychological help. Specifically, the authors found that perceptions of treatment bond and perceived treatment helpfulness were better predictors of future help-seeking intentions than emotional inexpressiveness (e.g., restrictive emotionality and alexithymia). Recall that restricted emotionality is one aspect of men’s gender role conflict, and its theorized to play an important role in men’s help-seeking. Therefore, the findings support examining additional constructs, such as counseling process variables (e.g., therapeutic bond, treatment helpfulness), when studying men’s help-seeking intentions. However, a limitation of this study is that the authors used a single item to measure future help-seeking intentions, and had a small sample ($N = 73$) that was very homogeneous (i.e., 94% of the sample was Caucasian). Future research should use a larger and more diverse sample, broader assessment of help-seeking intentions, and examine other masculinity constructs that have demonstrated a significant relationship with seeking psychological help (e.g., conformity to masculine norms).

In a similar study, Pederson and Vogel (2007) surveyed a sample of 575 male undergraduate students to examine potential mediators of the relation between male gender role conflict and help-seeking intentions. Specifically, the relation between gender role conflict and help-seeking intentions for interpersonal problems was hypothesized to be partially mediated by perceptions of personal stigma for seeking psychological help, the tendency to self-disclose distressing information, and help-seeking attitudes. Self-disclosure willingness and personal stigma were hypothesized to have a positive and negative relation with help-seeking attitudes, respectively, which in turn, would mediate their relations with help-seeking intentions. Finally, the authors
hypothesized that help-seeking attitudes would be positively correlated with help-seeking intentions.

To test the authors’ hypotheses, participants completed measures of gender role conflict (GRSC-I; O’Neil, 1986), tendency for self-disclosure (DDI; Kahn & Hessling, 2001), personal or self-stigma (SSOSH; Vogel et al., 2006), help-seeking attitudes (ATSPPHS; Fischer & Farina, 1995) and intentions to seek psychological help for interpersonal/emotional concerns (ISCI; Cash et al., 1975). Results from structural equation modeling revealed a good fit between the proposed mediation model and the data: $\chi^2 (97, N = 575) = 327.87, p < .01; \text{CFI} = .96; \text{IFI} = .96; \text{RMSEA} = .06; \text{SRMR} = .06; 90\% \text{ CI} = .057-.072$ (Pederson & Vogel, 2007). Gender role conflict, self-disclosure and personal stigma accounted for 53% of the variance in men’s help-seeking attitudes. Thus, a greater willingness to self-disclose information, less gender role conflict and perceived personal stigma for seeking psychological help were associated with more positive help-seeking attitudes. Furthermore, the partial mediation model accounted for 23% of the variance in men’s help-seeking intentions for interpersonal/emotional problems. Specifically, results revealed significant direct ($\beta = .13$) and indirect effects ($\beta$s = -.05 to -.14) for gender role conflict on intentions to seek psychological help for emotional/interpersonal problems. Therefore, men’s gender role conflict demonstrated both a direct and indirect relation with help-seeking intentions that was mediated by help-seeking attitudes.

Similar to Tokar et al. (2000), these findings provide evidence that the relation between gender role conflict and help-seeking variables, such as intentions, can be mediated by other factors (e.g., personal stigma, tendency to self-disclose distressful
information, help-seeking attitudes). Furthermore, by examining other psychological factors in conjunction with masculinity constructs the authors were able to explain a majority of the variance in men’s help-seeking attitudes.

However, Pederson and Vogel (2007) only accounted for 23% of the variance in men’s help-seeking intentions, leaving a substantial amount of variance unexplained. This is important to note because both theory and empirical research support help-seeking intentions as a stronger predictor of actual behaviors than are help-seeking attitudes (Ajzen & Fishbein, 1980). Furthermore, the sample \( N = 575 \) the authors used was fairly homogeneous (i.e., 88% Caucasian, 3.3% Asian Americans, 2.3% Hispanic, 2.9% African Americans, 3.1% International students, 0.3% American Indian/Alaskan), which raises questions about the findings in this study would generalize to other men with different ethnic backgrounds.

**Summary and Limitations**

Overall, the extant literature has consistently revealed a significant negative relation between male gender role conflict and men’s intentions to seek psychological help (Lane & Addis, 2005; Pederson and Vogel, 2007). These results provide additional support for Addis and Mahalik’s (2003) theory that men’s help-seeking intentions are a function of men’s endorsement of certain aspects of masculine gender roles that are inconsistent with seeking psychological help. However, there are limitations in the extant literature that should be addressed in future studies.

Findings from the extant literature indicated that treatment bond and perceived treatment helpfulness were stronger predictors of future intentions to seek psychological help for mental health problems than restrictive emotional expression, an aspect of men’s
gender role conflict (Cusack et al., 2006). Furthermore, Pederson and Vogel (2007) found that personal stigma for seeking psychological services, willingness to self-disclose distressing information, and help-seeking attitudes partially mediated the relation between male gender role conflict and help-seeking intentions. Therefore, even though results indicate that negative relations exists between masculine gender roles and intentions to seek psychological help, other psychological factors may be important to explore in future studies to improve the understanding of men’s intentions to seek psychological help.

Additionally, the extant research is limited because it has only examined male gender role conflict when assessing the relation between masculinity-related constructs and men’s intentions to seek psychological help. Recall that both gender role conflict and traditional masculine norms or ideologies are important constructs within the male gender role socialization paradigm (Addis & Cohane, 2005). Furthermore, Berger et al. (2005) and Levant et al. (2007) found that when these two masculinity-related constructs were examined simultaneously, adherence to traditional masculine norms was a stronger predictor of men’s psychological help-seeking attitudes than was gender role conflict. However, no study to date has simultaneously examined both of these important masculinity constructs in relation to men’s psychological help-seeking intentions or behaviors. Future studies should include both measures to determine their relative and collective significance in predicting men’s intentions to seek psychological help.

**Men’s Psychological Help-Seeking Behaviors**

In comparison to research on attitudes and intentions, fewer studies have examined actual help-seeking behaviors. Help-seeking behavior refers to actual
utilization of some form of assistance. Studies have typically assessed help-seeking behavior from retrospective accounts of prior service utilization (e.g., Good et al., 1989). However, a few studies have examined how certain psychological variables predict future help-seeking using a brief longitudinal design (e.g., followed up with participants 2-3 months after initial data collection) with mixed gender samples (Vogel et al., 2005; Vogel et al., 2006).

According to Addis and Mahalik (2003), men’s psychological help-seeking behaviors are a function of men’s adherence to certain aspects of their gender role norms that are inconsistent with seeking psychological help. To date, only a single study has examined men’s psychological help-seeking behaviors. Good et al. (1989) surveyed 401 male undergraduate students to examine the relations between masculine gender roles, help-seeking attitudes, and behaviors. Relevant to the current discussion are measures, analyses, and results related to masculine gender roles and help-seeking behaviors.

Good et al. (1989) measured masculine gender roles using the total scale score on the Attitudes Toward Men Scale (AMS; Down & Eagleson, 1982) and the subscale scores on the Gender Role Conflict Scale-I (GRCS-I; O’Neil et al., 1986). Past help-seeking behaviors were measured using the behavior subscale of the HABS (HABS-B; Good et al., 1989). The HAB-B uses 16 dichotomous items (yes/no) to examine whether participants had talked to one or more of eight different individuals (i.e. male friend, female friend, spouse/partner/girlfriend/boyfriend, parent, relative, a member of clergy, psychologist, and physician) in the past few years concerning academic/vocational or personal/emotional problems. Scores from the two classes of problems (e.g., academic
and emotional) were summed to provide an overall score ranging from 16 to 112 for this study, with higher scores indicating more help-seeking behavior in the past.

To examine the relations between the male role variables and help-seeking variables (i.e. attitudes and behaviors), Good et al. (1989) used a canonical correlation analysis. Results indicated two significant canonical correlations. Relevant to the current discussion is the second significant canonical correlation because it included help-seeking behaviors, $R = .28$, $F(6, 778) = 5.61$, $p < .001$. Specifically, the standardized canonical coefficients indicated that AMS total scores (.661), SPC scores (-.314), RE (-.906), and HABS-B total scores (.885) accounted for most of the shared variance in the second variate. These results indicate that more traditional views of masculine roles and greater gender role conflict (SPC and RE) were associated with fewer help-seeking behaviors from a variety of sources. Good et al. also conducted a series of multiple regressions to examine the ability of male role variables to predict past help-seeking behaviors. Results indicated that only restrictive emotionality was a significant unique predictor of past help-seeking behaviors, accounting for 6.3% of the variance.

Overall, the results from Good et al. (1989) suggest that increased gender role conflict, particularly restrictive emotionality, is associated with fewer help-seeking behaviors. These results are consistent with prior studies that demonstrated a negative relationship between aspects of men’s gender role conflict and help-seeking attitudes or intentions (e.g., Blazina & Watkins, 1996; Good & Wood, 1995). However, a limitation of this study is that the authors accounted for less than 10% of the variance in help-seeking behaviors. As a result, future studies should examine and compare other psychological factors in conjunction with masculinity constructs (e.g., gender role
conflict and traditional masculine norms or ideologies) to improve the understanding of men’s psychological help-seeking. Furthermore, the sample \((N = 401)\) that the authors used was predominantly Caucasian (i.e., 91.5% of the sample), which raises questions about whether the findings from this study would generalize to other men with different ethnic backgrounds.

Summary of Research and Limitations

The extant research on men’s psychological help-seeking has examined correlates and predictors of their help-seeking attitudes, intentions, and behaviors. Results from these studies reveal a consistent negative relations between aspects of men’s gender role socialization and help-seeking variables. Ultimately, these findings provide evidence to support Addis and Mahalik’s (2003) theory that men’s help-seeking is a function of their adherence to certain aspects of male gender role norms. Additionally, results from the extant literature also demonstrated that masculinity constructs, such as certain dimensions of gender role conflict (i.e., restrictive emotionality; restrictive affectionate behavior between men; and success, power, and competition), are stronger predictors of help-seeking attitudes than are symptoms of depression (Good & Wood, 1995), perceived power of therapists (Blazina & Marks, 2001), and personality factors (Tokar et al., 2000). Furthermore, Berger et al. (2005) found traditional masculine ideology (i.e., rejection of homosexuals) to be a better predictor of men’s psychological help-seeking attitudes than was alexithymia.

Despite the contribution of these findings, research on men’s psychological help-seeking has limitations that future research needs to address. The samples researchers have used in examining men’s help-seeking have been predominantly Caucasian college
students, and therefore, it remains unclear the extent to which the findings from the current body of literature would generalize to other men with different backgrounds (e.g., ethnic, age, educational experience). Furthermore, only a few studies have examined multiple masculinity-related constructs (e.g., adherence to traditional masculine norms or ideologies and gender role conflict) to determine their relation to men’s help-seeking attitudes within the extant literature (e.g., Berger et al., 2005; Good, Mintz, & Dell, 1989; Levant et al., 2007; Robertson & Fitzgerald, 1992). However, both adherence to masculine norms and gender role conflict have been identified as integral components of men’s gender role socialization (Addis & Cohane, 2005).

Another important limitation in the extant research is that few studies have examined the unique contribution of these masculinity constructs beyond other identified predictors of help-seeking, such personal stigma and tendency to self-disclose information (e.g., Pederson & Vogel, 2007). Such analyses are important to understand the unique contribution of masculinity constructs to men’s psychological help-seeking. Additionally, most of the extant research provides information about men’s help-seeking attitudes toward hypothetical situations (e.g., Robertson & Fitzgerald, 1992; Wisch et al., 1995). Thus, future studies should examine more thoroughly how men’s masculine gender roles socialization uniquely contributes to their help-seeking intentions and behaviors.

Results from the extant literature also indicate that masculinity constructs have typically accounted for less than 30% of the variance in help-seeking variables (e.g., attitudes, intentions, and behaviors) for men. Thus, previous research using masculinity constructs has not been able to account for the majority of the variance in men’s
psychological help-seeking. This is important because attempts to increase men’s help-seeking require a good understanding of their reasons for utilizing or not utilizing such services (Pederson & Vogel, 2007). Therefore, the results from the extant literature provide reasonable evidence that future studies should examine additional variables, or constructs, beyond masculinity constructs to improve the understanding of men’s psychological help-seeking (Addis & Mahalik, 2003).

Other Psychological Variables and Seeking Psychological Help

Literature on seeking psychological help spans several decades, producing a vast body of empirical research to illuminate this process. Over time research has progressed from examining demographic variables of those seeking psychological help (e.g., Fischer & Cohen, 1972; Fischer & Turner, 1970; Leaf, Bruce, Tischler, & Holzer, 1987; Surgenor, 1985) to assessing a combination of various psychological and contextual variables through more advanced statistical techniques (e.g., Cramer, 1999; Vogel et al., 2005; Vogel, et al. 2006). As a result, several variables have been identified as correlates, predictors, and antecedents of seeking psychological help. Given the extensive nature of the literature, a comprehensive in-depth examination of each variable is beyond the scope of this review. However, a number of significant factors associated with seeking psychological help that may be pertinent to advance the understanding of men’s intentions to seek professional services will be reviewed next, followed by a discussion of limitations and directions for future research.

Self-Disclosure and Seeking Psychological Help

Literature on seeking psychological help has identified significant relations between the tendency to self-disclose (e.g., Hinson & Swanson, 1993), expectations
about self-disclosures (e.g., Vogel & Wester, 2003) and seeking professional help. The tendency to self-disclose information, as well as thoughts pertaining to the anticipated consequences of self-disclosing, may be particularly relevant for men given their gender role socialization. Recall that men are socialized in a manner that extols emotional control and self-reliance, making men more likely to avoid discussing personal information (Addis & Mahalik, 2003). Furthermore, men are socialized in a manner in which seeking help becomes viewed as a sign of weakness and/or potential incompetence (O’Neil, 1982). Thus, it seems that variables related to self-disclosure (e.g., willingness to disclose information and expectations about such disclosures) may contribute to men’s intentions to seek psychological help beyond what is accounted for by masculinity constructs (Pederson & Vogel, 2007). Therefore, in this section the extant literature on self-disclosure variables and seeking psychological help will reviewed, followed by a summary of limitations and directions for future research.

Hinson and Swanson (1993) surveyed a sample of 145 college students to examine whether the willingness to seek help was a function of problem severity and self-disclosure. Based on their review of relevant literature, the authors hypothesized that individuals who have a greater tendency to disclose information will be more likely to seek psychological help. Furthermore, individuals who had greater flexibility in disclosing personal information (e.g., appropriately differentiating situations requiring different levels of self-disclosure) were hypothesized to be more likely to seek psychological help. Finally, the authors hypothesized that individuals reporting higher levels of psychological distress would be more likely to seek psychological help.
To test their hypotheses, participants completed measures of self-disclosure, disclosure flexibility, and items corresponding to help-seeking scenarios (Hinson & Swanson, 1993). The SDQ (Jourard, 1971) was used to measure participants’ tendency to disclose information about themselves. The Self-Disclosure Situations Survey (SDSS; Chelune, 1976) is a 20-item survey that measures the willingness to express information in different situations on a 6-point Likert-type scale (0 = I would be willing to discuss only certain topics, and on a superficial level only, if at all, in this situation; 5 = I would be willing to express, in complete detail, personal information about myself in such a way that the other person(s) truly understand(s) where I stand in terms of my feelings and thoughts regarding any topic). Scores on the SDSS are calculated by computing the average standard deviation across all 20 items, with higher scores indicating greater flexibility with self-disclosure. The willingness to seek help was measured by 5 items in response to two help-seeking scenarios (e.g., Dysthymic and Major Depressive Disorder) on a 7-point Likert-type scale (e.g., “If you found yourself in the above situation, what is the likelihood that you would seek help from a counseling center or mental health service?”; 1 = Not at all, 7 = Very likely). Responses to the five items are summed, with higher scores indicating a greater willingness to seek psychological help.

Results from a multiple regression analysis revealed that problem severity and the counselor-by-problem-severity interaction accounted for 22% of the variance in participants’ willingness to seek help. Thus, individuals who reported higher levels of distress reported being significantly more willing to seek help from counselors compared to those who had lower levels of psychological distress. Correlation analyses also demonstrated that the perceived appropriateness of the problem for counseling ($r = .43, p$
<.001) and personal experience with the problem ($r = -.27, p < .003$) were associated with seeking help from a counselor. Taken together, the findings from this study suggest that although people typically do not seek help from mental health professionals (e.g., tend to seek help from friends first), the severity of their psychological distress may serve as a strong impetus to seek professional help. However, a limitation of these findings is that the authors used an analogue methodology instead of assessing real problems experienced by participants.

Cramer (1999) examined the relative contributions of psychological distress, help-seeking attitudes toward counseling, available social support, and self-concealment to college students’ intentions to seek professional help. The author proposed examining a path model to clarify inconsistencies of previous research examining these variables (e.g., Cepeda-Benito & Short, 1998; Kelly & Achter, 1995). Specifically, the author hypothesized that self-concealment leads to less social support, greater psychological distress, and more negative attitudes towards seeking psychological help. Social support was hypothesized to lead to less psychological distress. Psychological distress and positive help-seeking attitudes were hypothesized to lead to a greater willingness to seek psychological help.

To test his proposed model, Cramer (1999) reexamined data collected from two independent studies (Cepeda-Bonita & Short, 1998, $N = 732$; Kelly & Achter, 1995, $N = 256$). Participants from these studies completed similar measures of self-concealment (SCS; Larson & Chastain, 1990), social support (SPS; Cutrona & Russell, 1997), psychological distress (BDI; Beck & Steer, 1987), help-seeking attitudes (ATSPPH; Fischer & Turner, 1970), and help-seeking intentions (ISCI; Cash et al., 1975). Relevant
to the current discussion is the relation between self-concealment, help-seeking attitudes, and intentions. The SCS is a 10-item self-report questionnaire that measures a person’s desire to actively conceal information from others on a 5-point Likert-type scale (1 = Strongly agree; 5 = Strongly disagree). Higher scores on the SCS reflect a stronger desire to conceal personal information.

Results from structural equation modeling revealed significant path coefficients consistent with the author’s hypotheses for both sets of data. Specifically, the author found that self-concealment led to decreased perceptions of social support ($\beta$s = -.280 to -.451, $ps < .05$), increased psychological distress ($\beta$s = .362 to .398, $ps < .05$), and negative attitudes towards seeking psychological help ($\beta$s = -.20 to -.27, $ps < .05$). Furthermore, significant indirect paths were found for self-concealment to intentions to seek psychological help via help-seeking attitudes ($\beta$s = -.061 to -.034, $ps < .001$) and psychological distress, ($\beta = .042$ to .138, $ps < .01$). These findings from Cramer (1999) suggest that self-concealment has a significant but indirect effect on intentions to seek psychological help, fully mediated by help-seeking attitudes and psychological distress. However, a limitation of the study is that the results were based on mixed gender samples. Recall that men are socialized in a manner that makes them less likely to disclose personal information. Therefore, it remains unclear as to whether the empirical evidence supporting Cramer’s mediation model for self-concealment and help-seeking intentions would generalize to an all male sample.

In another study, Vogel and Wester (2003) examined how self-disclosure variables (e.g., willingness to engage in self-disclosures, self-disclosure expectations, and self-concealment) predicted help-seeking attitudes and intentions, compared to previously
investigated factors (e.g., social support, psychological distress, gender, previous counseling). The authors hypothesized that less willingness to engage in self-disclosures would correspond to more negative attitudes toward and fewer intentions to seek psychological help. Furthermore, more anticipated risks and fewer anticipated benefits associated with self-disclosures were hypothesized to correspond with more negative attitudes toward and fewer intentions to seek psychological help. Finally, the authors hypothesized that self-disclosure variables would account for similar amounts of variance in help-seeking attitudes and intentions compared to the level of distress and perceived amount of social support.

To test the authors’ hypotheses, participants completed measures of self-disclosure (DDI; Kahn & Hessling, 2001), disclosure expectations (DES; Vogel & Wester, 2003), emotional disclosures (ESDS; Snell, Miller, & Belk, 1988), self-concealment (SCS; Larson & Chastain, 1990), psychological distress (HSCL-21; Green et al., 1988), social support (SPS; Cutrona & Russell, 1987), help-seeking attitudes (ATSPPHS; Fischer & Farina, 1995), and intentions to seek psychological help (ISCI; Cash et al., 1975). The DDI is a 12-item self-report survey that measures the degree to which a person is comfortable disclosing personally distressful information to others on a 5-point Likert-type scale (1 = Strongly disagree; 5 = Strongly agree). Higher scores on the DDI reflect a greater willingness to self-disclose distressing information. The DES is an eight-item measure that examines the anticipated costs (4 items) and benefits of self-disclosures (4 items) using a 5-point Likert-type scale (1 = Not at all; 5 = Very). Higher scores reflect greater perceived costs and benefits of self-disclosures in counseling, respectively. Finally, the ESDS is a 40-item self-report questionnaire that measures the
degree to which participants are willing to disclose information about an emotion to a specific person such as a counselor. The items on the ESDS use a 5-point Likert-type scale (0 = *Not at all*; 4 = *Totally willing*), with higher scores indicating a greater willingness for emotional self-disclosures. Relevant to the current discussion is how self-disclosure variables predicted help-seeking attitudes and intentions.

Results from a simultaneous multiple regression analysis revealed that college students’ perceived risk ($\beta = -.18$) and utility of self-disclosure ($\beta = .24$) and willingness to self-disclose ($\beta = .29$) were significant unique predictors of help-seeking attitudes (Vogel & Wester, 2003). Thus, individuals who were more willing to disclose distressful feelings and anticipated fewer risks and more benefits from their self-disclosures reported more positive attitudes towards seeking psychological help. Furthermore, the beta weights for self-disclosure variables were comparable to those for participants’ sex ($\beta = .27$; males 1, females 2), and previous counseling experience ($\beta = -.20$). This supports the authors’ hypothesis that self-disclosures variables are as important as other identified predictors of psychological help-seeking attitudes.

In a second study ($N = 268$), Vogel and Wester (2003) examined the relative significance of the aforementioned self-disclosure variables, as well as self-concealment, in comparison to perceived social support, psychological distress, previous use of counseling, and participants’ gender in predicting help-seeking attitudes and intentions. Results from a second simultaneous multiple regression analysis revealed that all of the self-disclosure variables and previous use of counseling were significant unique predictors of help-seeking attitudes ($\beta$s ranged from .17 to .29, $ps < .05$). Yet, when predicting help-seeking intentions, only the willingness to self-disclose information ($\beta = $
.14, \( p < .05 \) and attitudes toward help-seeking \( (\beta = .52, p < .001) \) were significant unique predictors. Overall, the results from both studies provide support for the importance self-disclosure variables in contributing to help-seeking attitudes and intentions.

However, a limitation of Vogel and Wester (2003) is the reliance on simultaneous multiple regression analyses to examine the relationships between the independent and help-seeking variables (i.e., attitudes and intentions). Thus, the authors were only able to examine direct effects of self-disclosure variables on help-seeking attitudes and intentions. Other studies have found that help-seeking attitudes mediated the relationship between certain self-disclosure variables and help-seeking intentions (e.g., Cramer, 1999; Vogel et al., 2005). Furthermore, the authors did not examine the extent self-disclosure variables accounted for variance in help-seeking attitudes and intentions beyond other previously demonstrated predictors (e.g., perceived social support, psychological distress, gender, previous use of therapy).

In a similar series of studies, Vogel et al. (2005) examined the contributions of willingness to self-disclose information and self-disclosure expectations, as well as several other variables, to the prediction of help-seeking attitudes and intentions. Using a non-experimental survey design, the authors sampled 354 college students. The authors hypothesized that the relation between the willingness to self-disclose (DDI; Kahn & Hessling, 2001), self-disclosure expectations (DES; Vogel & Wester, 2003) and help-seeking intentions (ISCI; Cash et al., 1975) would be mediated by help-seeking attitudes (ATSPPHS; Fischer & Farina, 1995). However, results from structural equation modeling revealed that willingness to self-disclose had a direct \( (\beta = .16, p < .05) \) and indirect relationship \( (\beta = .19, p < .01) \) with intentions to seek help for
interpersonal/emotional issues (Vogel et al., 2005). Results for disclosure expectations revealed that only anticipated benefits of self-disclosure had a significant but indirect (via help-seeking attitudes) relation ($\beta = .50, p < .001$) with help-seeking intentions for interpersonal issues and drug/alcohol issues.

In a second study, Vogel et al. (2005) surveyed 1,128 college students to examine the ability of self-disclosure willingness and self-disclosure expectations to predict future use of mental health services. A single item pertaining to whether participants experienced a psychological stressor or not was administered to examine its potential moderating effects. Results from a logistic regression indicated that for participants who expressed a psychological stressor, anticipated risk of self-disclosure significantly predicted the probability of engaging in help-seeking behavior compared to those who did not experience a psychological stressor, $\chi^2 (1, N= 600) = 6.1, p < .02)$. Thus, individuals who had experienced a psychological stressor and anticipated more risks of self-disclosure were more likely to seek professional help.

From these results, Vogel et al. (2005) concluded that distress and perceptions about possible painful experiences from discussing that distress are related to individuals’ help-seeking. This is consistent with the theoretical perspective (Kushner & Sher, 1989) that help-seeking behavior is the net result of approach (e.g., high distress) and avoidance tendencies (e.g., anticipated risks). Overall, the model was able to correctly classify 90% of the participants (i.e., 100% of those who did not seek help and 6% of those who did seek help). Ultimately, these results, as well as those from the first study, provide support for the importance of self-disclosure variables in understanding help-seeking intentions and behaviors (Vogel et al., 2005). However, a limitation of these studies is
that both used mixed gender samples. Recall that men, in contrast to women, are
socialized in a manner that rewards stoicism and being in control, thereby discouraging
self-disclosures about problems (Addis & Mahalik, 2003; O’Neil, 1982). Therefore, it
remains unclear whether the results would generalize to an all-male sample.

Shaffer et al. (2006) conducted a study to examine the possible mediation of the
relation between adult attachment and help-seeking attitudes by self-disclosure
expectations (i.e., anticipated risks and benefits of seeking psychological help). The
authors contended that attachment, particularly the development of attachment avoidance
or anxiety, might relate to negative evaluations of seeking psychological help. For
example, individuals with attachment avoidance (i.e., negative internal working model
about others) may be more cognizant of potential risks of seeking professional help,
thereby becoming more reluctant to utilize such services. On the other hand, individuals
with attachment anxiety (i.e., negative internal working model of self) may more readily
consider the benefits of seeking help from external resources. The authors hypothesized
that the relations of attachment avoidance and anxiety with help-seeking intentions for
interpersonal problems would be partially mediated by self-disclosure expectations and
help-seeking attitudes. In addition, all the variables (attachment, disclosure expectations,
and help-seeking attitudes) were hypothesized to have direct relations with help-seeking
intentions.

To test the proposed partial mediation model, the authors surveyed 821
undergraduate students. Participants completed measures for adult attachment (ECRS;
Brennan et al., 1998), disclosure expectations (DES; Vogel & Wester, 2003), help-
seeking attitudes (ATSPPHS; Fischer & Farina, 1995), and help-seeking intentions (ISCI;
Cash et al., 1975). The Experiences in Close Relationships (ECRS; Brennan et al., 1998) is a 38-item survey that was used to measure adult attachment dimensions on a 7-point Likert-type scale (1 = Disagree strongly, 7 = Agree strongly). Higher scores on the ECRS indicate more attachment avoidance or anxiety. Relevant to the current discussion is the mediation of the relation between attachment variables with help-seeking attitudes and intentions by self-disclosure expectations, as well as self-disclosure expectations relations with help-seeking attitudes and intentions.

Results from structural equation modeling indicated a good fit between the proposed partially mediated model and the data, \( \chi^2 (89, N = 821) = 390.44, p < .001, \) CFI = .97, SRMR = .044, RMSEA = .059, CI 90% = .052-.065 (Shaffer et al., 2006). The authors found that attachment avoidance accounted for 5% of the variance in anticipated benefits of self-disclosures to a counselor. Attachment anxiety accounted for 9% of the variance in anticipated risks of self-disclosures to a counselor. Self-disclosure expectations (risks and benefits) accounted for 31% of the variance in help-seeking attitudes. Overall, attachment anxiety, anticipated benefits of counseling, and help-seeking attitudes accounted for 41% of the variance in help seeking intentions (Shaffer et al.).

The results from Shaffer et al. (2006) only partially supported their hypotheses; only anticipated benefits of self-disclosing mediated the relations of attachment avoidance and anxiety with help-seeking attitudes and intentions. Furthermore, only anticipated benefits self-disclosing were a significant unique predictor of help-seeking intentions. These findings provide support for attachment and self-disclosure variables, particularly anticipated benefits self-disclosing, as significant predictors of help-seeking
attitudes and intentions. However, a limitation of this study is that the authors did not assess for any level or type of psychological distress among participants. Therefore, it remains unclear how psychological distress may affect the relationships between attachment, self-disclosure, and help-seeking variables.

Summary and Limitations

The extant literature has examined the willingness to self-disclose information, self-disclosure expectations, and self-concealment (Cramer, 1999; Hinson & Swanson, 1993; Vogel & Wester, 2003; Vogel et al., 2005) in predicting help-seeking attitudes and intentions. In addition, Shaffer et al. (2006) also examined the potential mediation of attachment variables and help-seeking attitudes and intentions by self-disclosure expectations. Overall, results from these indicate that self-disclosure variables contribute uniquely to help-seeking attitudes and intentions. For example, results from a few studies indicated that the willingness to self-disclose information and anticipated benefits of self-disclosures accounted for additional variance in help-seeking attitudes and intentions beyond several psychological factors (e.g., social support, psychological distress, help-seeking attitudes, previous use of counseling; Vogel & Wester, 2003; Vogel et al., 2005). Thus, these findings provide support for using self-disclosure variables, particularly the willingness to self-disclose information and anticipated benefits of self-disclosures, to better understand individuals’ help-seeking attitudes and intentions.

Despite these findings, the extant literature has some limitations that should be addressed in future research. Future studies should examine the relation between self-disclosure variables and seeking psychological help for actual problems participants are
experiencing. It is unclear whether the findings obtained using analogue methods (e.g., Hinson & Swanson, 1993) would generalize to real life scenarios for individuals.

Another limitation is that previous research has relied exclusively on mixed gender samples. Psychological theory and results from empirical studies indicate that men, as a result of their gender role socialization, may be more reluctant to disclose information or have more fears about discussing personal problems. Therefore, it is unclear whether the findings from mixed gender samples would generalize to an all-male sample. Furthermore, since the extant research has used mixed gender samples, studies have not examined the unique contribution of self-disclosure variables, when considered along with other constructs identified as inhibiting men from seeking psychological help. Thus, future studies should include all male samples and measures of relevant masculinity constructs (e.g., gender role conflict, adherence to traditional masculine norms) to determine the unique contribution of self-disclosure willingness and self-disclosure expectations on men’s intentions to seek psychological help for various problems. Such analyses would help to determine whether self-disclosure variables could improve the understanding of men’s help-seeking intentions beyond previously identified factors (e.g., gender role conflict, adherence to traditional masculine norms).

Perceived Stigma and Seeking Psychological Help

Another variable that has emerged as a significant predictor of seeking psychological help is the perceived stigma of receiving such services (e.g., Komiya et al., 2000; Vogel et al., 2006; Vogel et al., 2007). Corrigan (2004) suggested that stigma negatively affects utilization of mental health services through two key processes: social and self-stigma. Social stigma refers to perceived negative judgments of others because
of seeking psychological help, whereas self-stigma refers to negative self-evaluations (e.g., decrease in self-esteem) that occur as a result of internalizing social stigma. Both social and self-stigma may be particularly salient for men considering whether to seek psychological help because:

“research indicates that men and boys experience comparatively greater social pressure than women and girls to endorse gendered societal prescriptions – such as the strongly endorsed health-related beliefs that men are independent, self-reliant, strong, robust, and tough” (Courtenay, 2000a, p. 1387).

As a result, men may be more likely to perceive greater social stigma and experience more self-related stigma for seeking psychological help. Thus, examining the degree of stigma men experience may be important to further the understanding of men’s intentions to seek psychological help. Therefore, in this section, the extant literature on stigma (i.e. social and self-stigma) and seeking psychological help will reviewed, followed by a summary of limitations and directions for future research.

Komiya et al. (2000) surveyed 311 college students to examine the relations between emotional openness, social stigma, psychological distress, and attitudes towards seeking psychological help. Specifically, the authors wanted to assess the potential contribution of emotional openness in predicting help-seeking attitudes. The authors hypothesized that emotional openness would predict help-seeking attitudes beyond the variance accounted for by gender, psychological distress, and perceived social stigma for seeking psychological help. Furthermore, the authors also hypothesized that psychological distress would not mediate the relationship between emotional openness and help-seeking attitudes.
To test their hypotheses, each participant completed a Test of Emotional Styles (TES; Allen & Hamsher, 1974), Stigma Scale for Receiving Psychological Help (SSRPH; Komiya et al., 2000), Hopkins Symptom Checklist-21 item version (HSC-21; Derogatis et al., 1974), and the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS; Fischer & Farina, 1995). The TES is a self-report questionnaire that measures three dimensions of emotionality (i.e., responsiveness, expressiveness, and orientation or comfort/discomfort with emotions) using 30 forced-choice items scored 0 or 1, with higher scores indicating more positive attitudes towards emotions. The SSRPS is a self-report survey that asks respondents to indicate their level of agreement with five statements (e.g., “seeing a psychologist for emotional or interpersonal problems carries social stigma”) on a 4-point Likert-type scale (0 = Strongly disagree; 3 = Strongly agree). Higher scores on the SSRPS indicate a greater perception of social stigma associated with seeking psychological help. Relevant to the current discussion are the relations between perceived social stigma, emotional openness, and help-seeking attitudes.

Komiya et al. (2000) found significant negative correlations between help-seeking attitudes and perceived social stigma ($r = -23, p < .001$), as well as emotional openness ($r = -.40, p < .001$). Results also indicated that men perceived more social stigma for seeking psychological help than women ($r = .28, p < .001$; female = 0, men = 1). Furthermore, results from a simultaneous regression analysis indicated that gender, emotional openness, social stigma, and psychological distress accounted for 25% of the variance in help-seeking attitudes. All of the variables were significant unique predictors, with perceived social stigma demonstrating the strongest effect on help-seeking attitudes.
(e.g., gender $\beta = -.22$, $p < .001$; stigma $\beta = -.30$, $p < .001$; emotional openness $\beta = .13$, $p < .05$; distress $\beta = -.11$, $p < .05$).

Thus, the results suggest that being female, greater emotional openness and feelings of distress, and less perceived social stigma, were associated with more positive attitudes towards seeking psychological help (Komiya et al., 2000). However, despite the significance of gender in predicting help-seeking attitudes, the authors did not examine relations among other variables separately by gender, nor did they examine any gender role-related constructs associated with seeking or avoiding psychological help (e.g., measures of masculinity or femininity). Thus, it remains unclear how significant psychological distress, social stigma, and emotional openness are in comparison to other factors identified as inhibiting men from seeking psychological help (e.g., male gender role conflict and adherence to traditional masculine norms).

Vogel et al. (2005) examined the contributions of social stigma and several other variables to the prediction of help-seeking attitudes and intentions. Using a non-experimental survey design, the authors sampled 354 college students. The authors hypothesized that the relationship between social stigma and help-seeking intentions would be mediated by help-seeking attitudes. Social stigma was measured using the SSRPH (Komiya et al., 2000). Help-seeking attitudes and intentions were measured using the ATSPPHS (Fischer & Farina, 1995) and the ISCI (Cash et al., 1975), respectively.

Results from structural equation modeling revealed that social stigma had a significant but indirect relation with help-seeking intentions, mediated by help-seeking attitudes ($\beta = -.23$, $p < .001$). The results support the authors’ hypothesis and provide
additional evidence for the usefulness of measuring perceived social stigma to understand individuals’ help-seeking attitudes and intentions. However, a limitation of this study is that the authors used a mixed gender sample despite methodological critiques and empirical evidence indicating gender differences in seeking psychological help (Addis & Mahalik, 2003). As a result, it remains unclear whether the results would generalize to an all-male sample. Recall that men experience greater pressure to conform to gender role norms that are inconsistent with seeking psychological help (Courtenay, 2000a), and therefore men may experience more social stigma for seeking such services compared to women.

Vogel et al. (2006) sought to extend previous research on stigma and mental health by conducting a series of studies to develop and validate a measure of self-stigma for seeking psychological help. The authors contended that creating a measure of self-stigma for seeking psychological help would advance the understanding of reasons why people avoid seeking professional services. Specifically, it would allow researchers to compare self-stigma with other psychological factors to determine its unique contribution to attitudes, intentions, and actual help-seeking behaviors. Relevant to the current discussion is the extent that self-stigma is related to and predicts help-seeking attitudes, intentions, and behaviors.

To examine the construct and criterion validity of the Self-Stigma of Seeking Help scale (SSOSH; Vogel et al., 2006) the authors surveyed college students in a series of studies (Ns = 217 to 583). The SSOSH is a unidimensional 10-item self-report questionnaire that assesses self-related stigma associated with seeking psychological help (e.g., “I would feel inadequate if I went to a therapist for psychological help”) on a 5-
point Likert-type scale (1 = Strongly agree; 5 = Strongly disagree). Higher scores on the SSOSH suggest greater self-stigma.

Results from correlation analyses revealed significant negative relations between SSOSH scores and help-seeking attitudes ($rs = -.53$ to -.63, $p < .001$), and intentions to seek help ($rs = -.32$ to -.38, $p < .001$). Furthermore, results from a hierarchical multiple regression analysis indicated that self-stigma was a significant unique predictor of help-seeking intentions ($R^2$ change = .05, $p < .00; \beta = -.27$) beyond sex, self-disclosure expectations, social stigma, self-concealment, tendency to self-disclose information, psychological distress, self-esteem, and previous use of psychological help. The results indicated that participants who expressed more self-stigma for seeking psychological help reported having fewer intentions to seek such services.

Vogel et al. (2006) also examined whether differences existed between genders and between individuals who did or did not seek help 2 months post initial data collection on the SSOSH. Results revealed significant mean differences for men and women, $t (266) = 3.65$, $p < .001$, partial $\eta^2 = .05$. Furthermore, results from an analysis of variance (ANOVA) revealed a significant main effect for help-seeking, $F(1, 266) = 15.7$, $p < .001$, partial $\eta^2 = .06$. These results indicate that men and those who did not seek help reported greater perceptions of self-stigma related to seeking psychological help. Results from a discriminant analysis also revealed that scores on the SSOSH successfully differentiated participants who sought psychological services and those who did not two months post data collection, $\chi^2 (1, 654) = 5.05$, $p = .025$.

Overall, these results from Vogel et al. (2006) provide support for self-stigma as an important construct that can inhibit people from seeking psychological help,
particularly men. However, because the series of studies utilized mixed gender samples, the authors did not include any measures of masculinity-related constructs that are known to impede men’s help-seeking. Therefore, despite identifying significant gender differences on perceptions of self-stigma for seeking psychological help, its contribution to men’s help-seeking in comparison to other inhibiting psychological factors (e.g., gender role conflict and adherence to traditional masculine norms) remains unclear.

In another study, Vogel, Wade, and Hackler (2007) examined the mediating effects of self-stigma and attitudes towards seeking psychological help in the relation between social stigma and help-seeking intentions ($N = 680$). Specifically, the authors wanted to explore further how social and self-stigma related to the process of seeking psychological help. Therefore, the authors proposed a meditational model whereby the effect of social stigma on help-seeking attitudes would be fully mediated by self-stigma. Furthermore, the authors hypothesized that the effect of self-stigma on help-seeking intentions would be fully mediated by help-seeking attitudes. Additionally, based on previous results of gender differences in the help-seeking literature, the authors tested the proposed full mediation model separately for women and men.

To test the proposed meditational model participants completed measures of social stigma (SSRPH; Komiya et al., 2000), self-stigma (SSOSH; Vogel et al., 2006), help-seeking attitudes (ATSPPHS; Fischer & Farina, 1995), and the Psychological and Interpersonal Concerns subscale for help-seeking intentions (ISCI; Cash et al., 1975). An overall structural equation model revealed that the proposed full mediation model was an excellent fit with the data, $\chi^2 (51, N = 676) = 82.86, p = .001$, (CFI = .99; IFI = .99; SRMR = .03, RMSEA = .03, CI 90% = .02, .05). Specifically, the results indicated that
social and self-stigma accounted for 57% of the variance in help-seeking attitudes. Furthermore, social and self-stigma and help-seeking attitudes accounted for 34% of the variance in help-seeking intentions. In addition, when examining for potential gender differences in the proposed mediation model, Vogel et al. (2007) found a significant corrected scaled chi-square difference, $\Delta \chi^2 (3, N = 676), = 8.2, p = .04$. The results indicated that the relation between social and self-stigma was stronger for men ($\beta = .35$) than women ($\beta = .15$).

Overall, the results from this study support social and self-stigma as important constructs related to help-seeking attitudes and intentions. Furthermore, Vogel et al. (2007) demonstrated that self-stigma fully mediated the relations between social stigma and both help-seeking attitudes and intentions. The authors also found that the relation between social and self-stigma was stronger for males than females. This is not surprising considering results from empirical research indicating that men experience greater pressure to endorse socially prescribed behaviors (Courtenay, 2000a) that are oppositional to seeking psychological help (Addis & Mahalik, 2003). This greater pressure may, in turn, affect the level of self-stigma associated with seeking psychological help for men. However, a limitation of this study is that the authors did not examine the strength of these stigma variables in comparison to other demonstrated predictors of men’s attitudes and intentions to seek psychological help (e.g., gender role conflict or adherence to traditional masculine norms). Thus, it remains unclear how significant perceptions of stigma (e.g., social and self-stigma) are in comparison to other factors identified as inhibiting men from seeking psychological help (e.g., male gender role conflict and adherence to traditional masculine norms).
Summary and Limitations

The extant literature has examined the relations of social stigma (Komiya et al., 2000; Vogel et al., 2005) and self-stigma with help-seeking attitudes and intentions (Vogel et al., 2006; Vogel et al., 2007). Results from the literature have demonstrated significant negative relations, with both social stigma and self-stigma being unique negative predictors of attitudes and help-seeking intentions. Furthermore, when examined together, social and self-stigma accounted for 57% of the variance in help-seeking attitudes (Vogel et al.). Additionally, when social and self-stigma were examined in conjunction with help-seeking attitudes, they account for 34% of the variance in intentions to seek psychological help (Vogel et al.)

However, the extant literature has relied almost exclusively on mixed gender samples, and therefore has not examined the unique contribution of stigma related variables when considered with constructs identified as inhibiting men from seeking psychological help (e.g., gender role conflict and adherence to traditional masculine norms). Thus, future studies should include all-male samples and measures of relevant masculinity constructs (e.g., gender role conflict, traditional masculine norms) to determine the unique contribution of social and self-stigma in predicting men’s intentions to seek psychological help for various problems. Such analyses would help to determine whether stigma related variables could improve the understanding of men’s help-seeking intentions beyond previously identified factors (e.g., gender role conflict and adherence to traditional masculine norms).
Treatment Related Fears and Seeking Psychological Help

Treatment related fears (e.g., image concerns, coercion concerns, therapist responsiveness) have also been identified in the help-seeking literature as contributing to individuals’ reluctance to seek psychological help (Deane & Chamberlain, 1994; Kushner & Sher, 1989; Vogel et al., 2005). According to Kushner and Sher (1991), treatment fearfulness refers to “a subjective state of apprehension that arises from negative expectations about seeking and receiving mental health services” (p. 197, 1991). Apprehension related to seeking treatment may be particularly salient for men because the tasks associated with seeking help (e.g., relying on others, acknowledging the need for help, exploring emotions and being vulnerable) conflict with being self-reliant, tough, successful, and emotionally in control (Addis & Mahalik, 2003). Furthermore, research also indicates that men may suffer more severe consequences from violating gender role norms (Courtenay, 2000a). Thus, exploring treatment related fears in men may help to gain a better understanding of their intentions to seek psychological help. Therefore, in this section, the extant literature on treatment related fears and seeking psychological help will be reviewed, followed by a summary of limitations and directions for future research.

Kushner and Sher (1989) examined the relations between psychological distress, treatment fears, and mental heath help-seeking history for a clinical ($N = 96$) and non-clinical sample ($N = 526$). To measure the constructs of interest, the authors used the Brief Symptom Inventory (BSI; Derogatis, 1975), Thoughts About Psychotherapy Survey (TAPS; Kushner & Sher, 1989), and single item questions pertaining to participants’ history of seeking mental health services (e.g., “Have you previously used mental health
services?”). The TAPS is a 19-item survey measuring participants’ fears of psychological services (e.g., therapist responsiveness, image concerns, and coercion concerns) on a 5-point Likert-type scale (1 = No concern, 5 = Very concerned), with higher scores reflecting more fears of such services. Finally, both sets of participants (clinical and non-clinical) were asked if they ever felt they needed such services and did not seek help, and whether they were currently using mental health services.

Kushner and Sher (1989) divided participants into three groups based on their BSI scores (i.e., low = 0 to 47, medium = 48 to 98, high = 99 and higher). Additionally, participants were further classified into two categories based on their age (i.e., less than 20 years old versus 20 years or more). The authors conducted a 2 (clinical group status) x 3 (level of distress) x 2 (sex) x 2 (age) multivariate analysis of variance (MANOVA) on treatment related fears. Results yielded significant main multivariate effects for clinical group status and level of distress on participants’ treatment related fears, $F(3, 572) = 47.28, p < .0001$, and $F(6, 1146) = 4.70, p < .0001$, respectively. Post hoc analyses revealed that individuals with low levels of distress reported significantly fewer fears of psychological services compared to those with moderate or high levels of distress.

The authors then divided participants into three groups depending on their help-seeking history: those who never needed mental health services (never needed), those who needed services but never sought them (avoiders), and those who needed and sought mental health services (seekers; Kushner & Sher, 1989). Another MANOVA was conducted to examine the effects of help-seeking history, sex, and age on treatment fears. Results yielded significant multivariate effects for help-seeking history and sex, $F(6, 690) = 2.34, p < .05$, and $F(3, 479) = 2.86, p < .05$, respectively. Post hoc analyses revealed
that treatment avoiders and men reported significantly more treatment fears than women or those who sought mental health services.

Overall, Kushner and Sher (1989) extended previous research by examining treatment related fears in a clinical and non-clinical sample. Furthermore, the results from this study revealed that men and treatment avoiders reported having the most treatment related fears. By identifying specific treatment fears, such as therapist responsiveness, image and coercion concerns, the authors have provided areas that can be targeted for intervention to reduce the number of people who would otherwise avoid mental health services. However, a limitation of this study is that although the authors examined differences in treatment related fears, they did not examine the unique contribution of such fears to participants’ help-seeking history, compared to other identified predictors (e.g., level of psychological stress, gender, age).

In a follow-up study, Deane and Chamberlain (1994) surveyed 263 college students to examine the validity of the TAPS (Kushner & Sher, 1989) and the ability of treatment-related fears to predict help-seeking intentions. Participants completed measures of psychological distress (HSCL-21; Greenberg et al., 1988; STAI-Y; Spielberger, 1983), a measure of treatment related fears (TAPS; Kushner & Sher, 1989), and a single item for help-seeking intentions (i.e., “If you did have a personal problem, how likely is it that you would seek help from a professional psychologist or counselor?”) on a 9-point Likert-type scale (1 = Extremely unlikely, 9 = Extremely likely). Results from a multiple regression analysis indicated that the combination of stigma concerns ($\beta = -.21, p < .05$), image concerns ($\beta = -.19, p < .05$), coercion concerns ($\beta = .18, p < .05$),
and psychological distress ($\beta = .17, p < .05$) accounted for less than 10% of the variance in help-seeking intentions.

Deane and Chamberlain (1994) also conducted separate multiple regression analyses based on gender and age, two factors found in Kushner and Sher’s (1989) study to have an effect on help-seeking. Results revealed significant regression equations for females and individuals over the age of 20. For both women and those over 20 years old, stigma concerns and distress were the only significant unique predictors of help-seeking intentions. Specifically, for women over the age of 20 stigma related fears and level of psychological distress accounted for 32% of the variance in help-seeking intentions. Although not significant, coercion and image concerns were primarily related to men’s intentions to seek help.

The findings from Deane and Chamberlain (1994) provide additional support for examining treatment-related fears to understand individuals’ intentions to seek psychological help. Treatment-related fears accounted for 10% to 32% of the variance in help-seeking intentions. The relation between treatment-related fears and men’s help-seeking intentions, however, was less clear; no significant relationships were found between men’s different treatment concerns and their intentions to seek psychological help. This finding is surprising given that men’s gender role socialization may naturally predispose men to being more fearful of utilizing mental health services because doing so would violate their gender role norms (e.g., not being self-reliant). However, the authors did not examine any masculine gender role constructs (e.g., gender role conflict and adherence to traditional masculine norms). Therefore, the relationship between
treatment-related fears, masculine gender roles, and men’s help-seeking intentions remains unclear.

Seeking to extend previous findings, Vogel et al. (2005) examined the contribution of treatment-related fears (TAPS; Kushner & Sher, 1989) and several other variables to the prediction of help-seeking attitudes and intentions. Using a non-experimental survey design, the authors sampled 354 college students. The authors hypothesized that the relation between treatment fears and help-seeking intentions (ISCI; Cash et al., 1975) would be mediated by help-seeking attitudes (ATSPPHS; Fischer & Farina, 1995). However, results from a structural equation model revealed that treatment fears had a direct effect on the intentions to seek help for interpersonal/emotional problems and academic issues ($\beta = .27, p < .001; \beta = .36, p < .001$, respectively), accounting for 7% to 13% of the variance, respectively. The results from this study establish the importance of treatment fears in that they accounted for variance in help-seeking intentions beyond a variety of other variables (e.g., social stigma, self-concealment, disclosure expectations, social norm, level of distress, social support, previous use of therapy, and sex of participant). However, a limitation of this study is that the authors used a mixed gender sample and therefore it remains unclear as to whether these results would generalize to an all-male sample.

**Summary and Limitations**

The extant literature has examined treatment fears in relation to help-seeking intentions (Deane & Chamberlain, 1994; Vogel et al., 2005) and behaviors (Kushner & Sher, 1989). Results from these studies indicate a significant negative relation between perceived treatment fears and seeking psychological help, with treatment fears uniquely
accounting for less than 15% of the variance in individuals’ intentions to seek professional services. However, the research has been less clear about the significance of treatment related fears for men seeking psychological help. Previous research has relied exclusively on mixed gendered samples and therefore has not examined the unique contribution of treatment-related fears beyond masculinity-related variables to men’s help-seeking intentions. Thus, future studies should focus exclusively on men and include measures of relevant masculinity constructs (e.g., gender role conflict and adherence to traditional masculine norms) to determine the relative contribution of treatment fears in predicting men’s intentions to seek psychological help for various problems. Such analyses would help to determine whether treatment fears could improve the understanding of men’s help-seeking intentions beyond previously identified factors.

Summary of Research and Limitations

Increasing men’s professional help-seeking requires a good understanding of their reasons for utilizing or not utilizing such services (Pederson & Vogel, 2007). Research on men’s psychological help-seeking to date has largely focused on masculine gender roles. However, results from these studies have typically accounted for less than 30% of the variance in men’s help-seeking attitudes, intentions, and behaviors, leaving a substantial amount of the variance unexplained. Broader help-seeking literature has identified other significant factors associated with seeking psychological help that might be pertinent to understanding men’s intentions to seek professional services. For example, self-disclosure willingness and expectations (Shaffer et al., 2006; Vogel & Wester, 2003; Vogel et al., 2005; Vogel et al., 2007), perceived social and personal stigma (Komiya et al., 2000; Vogel et al., 2006), and treatment related fears (Deane &
Chamberlain, 1994; Kushner & Sher, 1989) have also been found to be significantly related to help-seeking attitudes and intentions.

However, studies examining the aforementioned psychological factors (e.g., self-disclosure, stigma, and treatment fears) have primarily used mixed gender samples. Therefore, it remains unclear as to whether the results of these studies would generalize to an all male sample. Furthermore, because these studies employed mixed-gender samples, they did not include measures of masculinity constructs (e.g., gender role conflict and traditional masculine ideologies or norms) identified as inhibiting men from seeking psychological help. Thus, the relative contributions of self-disclosure, stigma, and treatment fear variables and masculinity constructs (e.g., gender role conflict and traditional masculine ideologies or norms) to men’s intentions to seek psychological help remains unclear. Therefore, future studies would benefit greatly from a theoretical framework that can integrate and test these accumulative findings to improve the understanding of men’s help-seeking intentions.

Theory of Reasoned Action

Ajzen and Fishbein’s Theory of Reasoned Action (TRA; 1980) offers a model that “provides a more comprehensive account of the underlying causes of behavior” (p. 8). The model is hierarchical in nature, specifying successive levels of factors that determine behavioral intentions (see Figure 1). Specifically, attitudes and subjective norms for behaviors are posited to ultimately determine intentions to engage in a particular behavior. Attitudes are defined as whether the performance of a particular behavior is perceived as being good or bad by an individual (Ajzen & Fishbein). Subjective norms are defined as “specific behavior prescriptions that are attributed to a
generalized social agent” (Ajzen & Fishbein, 1980, p. 57). Thus, according to the TRA both a person’s attitude (e.g., seeking psychological help is good) and perception of the subjective norm for a particular behavior (e.g., other people in general support seeking psychological help) will collectively determine his or her intention to perform a specific action (e.g., more likely to have the intention to seek psychological help).

The TRA also specifies the determinants of attitudes (e.g., outcome expectations and evaluations) and subjective norms (e.g., normative beliefs and motivation to comply with those beliefs) to provide a more thorough analysis of the reasons individuals have intentions to engage in particular behaviors. Outcome expectations are defined as anticipatory beliefs of a certain outcome related to the performance of a specific behavior (e.g., seeking psychological help will reduce stress). Outcome evaluations are defined as the qualitative assessment of the anticipated outcome related to engaging in a specific behavior (e.g., reduced stress level is good). Therefore, according to the TRA, both outcome expectations (e.g., seeking psychological help will reduce stress) and outcome evaluations (e.g., reduced stress level is good) collectively determine a person’s attitude toward performing a specific behavior (e.g., seeking psychological help is good; see Figure 1).

Normative beliefs are defined as thoughts individuals have about whether specific individuals or groups who are deemed important endorse or do not endorse engaging in a specific behavior (e.g., other men do not approve of seeking psychological help). The motivation to comply with the normative beliefs refers to a person’s willingness to adhere to a social prescription for a specific behavior (e.g., I strongly want to do what other men think I should do). Thus, according to the TRA both normative beliefs (e.g., other men
do not approve of seeking psychological help) and a person’s motivation to comply with them (e.g., I strongly want to do what other men think I should do) collectively determine a person’s perception of the subjective norm (e.g., male experiences social pressure to not seek psychological help). Overall, according to the TRA, attitudes and subjective norms fully mediate the relationship between their determinants (e.g., outcome expectations and evaluations, normative beliefs and motivation to comply) and intentions to engage in particular behaviors (see Figure 1).

Several researchers have suggested that Ajzen and Fisbein’s TRA (1980) provides a beneficial framework for understanding help-seeking behavior (Bayer & Peay, 1997; Codd & Cohen, 2003; Halgin et al., 1987; Vogel et al., 2005). Specifically, authors have noted that the TRA can simultaneously assess several beliefs that may contribute to the formation of attitudes and subjective norms that determine a person’s intention to perform a specific behavior such as seeking psychological help (Halgin et al., 1997; Vogel et al., 2005). This is important because it allows researchers to examine both the collective and specific contributions of relevant variables identified in the extant literature on help-seeking (e.g., gender role conflict, conformity to traditional masculine norms, self-disclosure variables, social and self-stigma, and treatment fears).

Furthermore, researchers contend that the TRA can integrate multiple variables that have emerged from the help-seeking literature into a parsimonious model, ultimately providing greater conceptual clarity amongst a diverse body of findings (Codd & Cohen, 2003, Vogel et al, 2005). Therefore, it seems reasonable that the TRA may be a beneficial framework to further the understanding of men’s intentions to seek psychological help.

In the following section, the extant literature on the TRA and seeking psychological help
will be reviewed, followed by a summary of limitations and directions for future research.

**TRA and Help-Seeking Research**

Halgin et al. (1987) utilized the TRA to predict college students’ intentions toward seeking psychological help for depression ($N = 429$). The authors contended that using the TRA to study help-seeking behavior would be beneficial because it examines how certain beliefs contribute to the formation of attitudes and intentions to engage in a behavior of interest. Furthermore, the authors cited the TRA’s ability to predict other health behaviors (e.g., weight loss and family planning) as additional evidence of its potential utility to understand psychological help-seeking. For the current study, the authors hypothesized that prior help-seeking experience and current distress (i.e., symptoms of depression) would correspond with more positive attitudes toward and increased intentions to seek psychological help.

To test the authors’ hypothesis, participants completed measures pertaining to their help-seeking history, psychological distress, and constructs relevant to the TRA (e.g., attitudes, outcome expectations and evaluations, and current help-seeking intentions). Both help-seeking history (i.e., “Have you ever sought psychological help?” and current intentions to seek psychological help (i.e., “I intend to seek professional psychological help within the next month”) were measured by single items. Current help-seeking intentions were rated on a 7-point Likert-type scale ($-3 = \text{Highly unlikely}$, $+3 = \text{Highly likely}$). Attitudes toward seeking psychological help were assessed by summing the responses to six bipolar adjective items (e.g., “If I felt psychologically distressed, seeking professional psychological help within the next month would be…”):
(a) good to bad, (b) rewarding to unrewarding, (c) beneficial to harmful, (d) wise to foolish, (e) pleasant to unpleasant, and (f) interesting to boring). The bipolar adjective items were rated on a 7-point Likert-type scale (+3 = Extremely good, -3 = Extremely bad). Outcome expectations and evaluations of seeking professional psychological help were assessed by 14 items derived in a pilot study (N = 127) concerning salient beliefs college students had about the advantages and disadvantages of seeking help. Outcome expectations and evaluations of seeking professional psychological help were assessed by 14 items derived in a pilot study (N = 127) concerning salient beliefs college students had about the advantages and disadvantages of seeking help (e.g., Seeking professional psychological help within the next four weeks would be time consuming”). Participants rated the items on a 7-point Likert-type scale of for outcome expectations (+3 = Extremely likely, -3 = Extremely unlikely) and evaluations (+3 = Good, -3 = Bad). Outcome expectations and evaluation items were multiplied (+9 to -9) and summed to create a single index of outcome beliefs (range from -126 to 126) about seeking professional psychological help. The level of psychological distress was measured by the Beck Depression Inventory (BDI; Beck et al., 1961), with scores of 12 or higher (on a scale from 0 to 63) defining participants as “depressed.” Based on participants’ help-seeking history and severity of depressive symptoms, the authors divided the sample into three groups: depressed seekers, depressed non-seekers, and non-depressed non-seekers.

A multivariate analysis of variance (MANOVA) was used to examine the effects of group membership on outcome beliefs (i.e., expectations and evaluations), attitudes, and current intentions to seek psychological help (Halgin et al., 1987). Results indicated a significant main effect for group membership, Wilk’s lambda = .66, F(6, 184) = 7.04, p
Post hoc ANOVAs revealed significant group differences for current help-seeking intentions, $F(2,199) = 21.43, p < .001$; attitudes, $F(2,105) = 4.67, p < .01$; and outcome beliefs for seeking psychological help, $F(2,108) = 6.75, p < .002$. More specifically, the results consistently demonstrated that depressed individuals who have sought help in the past reported more positive outcome beliefs, attitudes, and greater intentions to seek psychological help. Additionally, the authors found that depressed individuals who had not sought help in the past still reported greater intentions to seek help, and more positive outcome beliefs and attitudes toward seeking psychological help, compared to those who were not depressed. Therefore, it appears that past help-seeking experience, level of distress, and outcome beliefs are important variables related to individuals’ attitudes and intentions to seek psychological help.

Overall, the findings of Halgin et al. (1989) provide support for using the TRA to examine help-seeking behavior. For example, significant differences were found in outcome beliefs, attitudes and current intentions to seek psychological help based on participants’ level of psychological distress and past help-seeking history. Thus, key variables within the TRA were able to distinguish participants on important factors such as psychological distress and previous use of psychological services. However, a limitation of this study is that the authors did not assess for any gender differences in their findings. This, along with using a mixed gender sample, makes it unclear whether the results would generalize to an all-male sample.

Another study used a community sample of 142 adults to examine the components of the TRA (Ajzen & Fishbein, 1980) in predicting intentions to seek professional mental health services (Bayer & Peay, 1997). The authors hypothesized that
all of the proposed relations between constructs in the TRA would be found in their study (see Figure 1). For example, outcome expectations and evaluations about seeking psychological help would predict attitudes towards seeking professional help. Normative beliefs and motivation to comply with those beliefs were hypothesized to predict participants’ subjective norm for seeking psychological help. Finally, participants’ subjective norms and attitudes to seek psychological help were hypothesized to predict their intentions to seek professional help.

To test the hypotheses pertaining to the TRA and its application to seeking psychological help, Bayer and Peay (1997) used the methodology employed by Halgin et al. (1987). Normative beliefs and motivation to comply with those beliefs were measured by three items on a 7-point Likert-type scale (+3 = Likely, -3 = Unlikely). The scores from normative beliefs and the motivation to comply with those beliefs were multiplied and the products summed for a single index of subjective beliefs for seeking psychological help.

Results from the study (Bayer & Peay, 1997) revealed significant positive associations between adults’ attitudes and subjective norms with their help-seeking intentions ($r = .57, p < .001; r = .34, p < .001$, respectively). Both variables combined accounted for 34% of the variance in help-seeking intentions, with help-seeking attitudes uniquely accounting for 23% of the variance and subjective norms uniquely accounting for 3% of the variance. Overall, these findings from this study (Bayer & Peay, 1997) provide additional support for using the TRA to predict intentions to seek psychological help. However, similar to Vogel et al. (2005), the authors found significant relationships between outcome expectations and help-seeking intentions ($rs = .55$ to $.57, p < .001$).
This suggests that the relation between outcome expectations and help-seeking intentions might only be partially mediated by help-seeking attitudes, thus requiring a slight modification of the TRA model. Additionally, the results also suggested that attitudes are better predictors of help-seeking intentions than are subjective norms. However, a limitation of this study is that the authors used a mixed gender sample and therefore it remains unclear whether these results would generalize to an all-male sample. Recall that differences exist between men and women in terms of their help-seeking attitudes, intentions, and other relevant variables that affect the help-seeking process (Wills & DePaulo, 1991).

Codd and Cohen (2003) examined the utility of the TRA in predicting college students’ intentions to seek professional psychological services for alcohol abuse in a series of three studies. Using procedures similar to those used in previous studies (Bayer & Peay, 1997; Halgin et al., 1987), the authors surveyed 199 undergraduate students to obtain outcome beliefs (i.e., outcome expectations and evaluations) and subjective beliefs (i.e., normative beliefs and motivation to comply) about seeking professional psychological help for alcohol abuse. Results from the initial study produced 18 items concerning outcome expectations (e.g., “Seeking professional psychological help for alcohol abuse would be painful”), and 6 items about referents (e.g., friends, family, significant others, parents, drinking buddies, teachers).

In the second study, Codd and Cohen (2003) examined the ability of variables specified within the TRA to predict college students’ intentions to seek psychological help for alcohol abuse (N = 324), using measures consistent with Bayer and Peay (1997). However, results from the second study were inconclusive because there was little
response variability to a single item that measured help-seeking intentions, with a vast
majority of participants indicating no intentions to seek help for alcohol abuse within the
next month.

Based on the limitations of their second study, Codd and Cohen (2003) conducted
a third study, surveying 124 undergraduate students to examine the TRA constructs
predictive ability for help-seeking intentions for alcohol abuse. In effort to increase
variance in help-seeking intentions, the authors altered the item pertaining to help-
seeking intentions to “I intend to seek professional psychological help for alcohol
problems,” thus eliminating the short-term focus (e.g., within the next month).
Furthermore, the authors included the Michigan Alcoholism Screening Test (MAST;
Selzer, 1985), which that measures the level of problems associated with drinking on 28
dichotomous items (yes/no). Higher scores (10 or more) are indicative of more problems
with drinking alcohol.

A series of multiple regressions revealed that attitudes and subjective norms for
seeking psychological help accounted for 12% of the variance in help-seeking intentions.
Furthermore, when outcome beliefs and subjective beliefs were added to the regression
equation, they did not account for any unique variance in help-seeking intentions beyond
attitudes and subjective norms. Finally, when scores on the MAST were added to the
regression equation, only attitudes toward seeking professional psychological help for
alcohol abuse were a significant unique predictor of help-seeking intentions. The authors
also regressed attitudes on outcome beliefs (i.e., outcome expectations and evaluations)
and subjective norm on subjective beliefs (i.e., normative beliefs and motivation to
comply). The results indicated that outcome beliefs accounted for 20% of the variance in
attitudes towards seeking professional psychological help for substance abuse. However, the authors found that subjective beliefs did not account for significant variance in subjective norms for seeking professional psychological help for alcohol abuse.

Overall, the studies of Codd and Cohen (2003) provide partial support for the TRA in predicting help-seeking intentions for alcohol abuse. For example, when controlling for alcohol use, only attitudes towards seeking professional psychological help significantly predicted help-seeking intentions, accounting for 12% of the variance. It is also important to note that the authors did not find a significant relationship between subjective norms and subjective beliefs (i.e., normative beliefs and motivation to comply, respectively). One explanation for this outcome is that the authors created their own measures to assess constructs within the TRA model, and the items developed specifically to measure subjective beliefs lacked construct validity. Recall that according to the TRA, subjective beliefs are posited to be determinants of subjective norms. Therefore, a potential limitation of the results is that the relationship between subjective norms, subjective beliefs, and help-seeking intentions may be underestimated.

In the most recent study, Vogel et al. (2005) sampled 354 college students to examine their intentions to seek psychological help for interpersonal/emotional problems, alcohol and drug use, and academic/vocational issues using the TRA. The authors noted that despite examining several different predictors and correlates of help-seeking, previous research has not examined these factors simultaneously. As a result, prior studies have not identified the unique contribution of different variables in understanding psychological help-seeking. Therefore, the authors proposed using the Theory of
Reasoned Action (Ajzen & Fishbein, 1980) as a comprehensive theoretical framework to examine the relations between multiple variables and help-seeking intentions.

Furthermore, in contrast to prior studies, Vogel et al. (2005) used validated measures of psychological constructs identified as important in the help-seeking literature to create a TRA model. Previous studies created their own measures of unknown psychometric properties to assess specified variables within the TRA (Bayer & Peay, 1997; Codd & Cohen, 2003; Halgin et al., 1987). Based on a review of the extant literature, the authors examined the following variables in predicting help-seeking intentions: social stigma, treatment fears, self-disclosure, self-concealment, disclosure expectations, subjective norm, psychological distress, social support, previous therapy experience, sex of the participant, and help-seeking attitudes.

To apply the TRA, Vogel et al. (2005) conceptualized certain psychological variables (e.g., social stigma, treatment fears, self-disclosure, self-concealment, and disclosure expectations) as outcome expectations (see Figure 2). The authors contended that these factors could either be conceptually or empirically associated with positive or negative anticipated outcomes of seeking psychological help (e.g., being stigmatized for seeking help), and thus could be reasonably conceptualized as outcome expectations. Consistent with the TRA, Vogel et al. proposed that the relation between outcome expectations and help-seeking intentions would be fully mediated by attitudes toward seeking psychological help. The authors also examined additional psychological variables such as the perceived amount of social support, level of psychological distress, and subjective norm for seeking psychological help (Vogel et al., 2005). The relations between these variables, demographic variables (e.g., previous experience with therapy,
sex of participant), and help-seeking intentions were also hypothesized to be fully mediated by help-seeking attitudes (see Figure 2; Vogel et al.). With the exception of participants’ subjective norms, which are posited to be a direct predictor of behavioral intentions, the hypothesized relations between variables and help-seeking intentions are consistent with the TRA.

Results from structural equation modeling revealed that Vogel’s proposed TRA model accounted for 62% to 66% of the variance in intentions for interpersonal/emotional problems and attitudes toward seeking psychological help, respectively. Specifically, significant direct effects on help-seeking intentions were found for treatment related fears ($\beta$s = .27-.36), willingness to self-disclose information ($\beta$ = .16), and help-seeking attitudes ($\beta$s = .24-.52). Significant indirect effects on help-seeking intentions (mediated by help-seeking attitudes) were also found for social stigma ($\beta = -.23$), self-disclosure ($\beta = .19$), anticipated utility of self-disclosure ($\beta = .50$), social norm ($\beta = .20$), social support ($\beta = -.13$), and previous therapy ($\beta = .15$).

Overall, these results demonstrate the effectiveness of utilizing the TRA model to incorporate and synthesize multiple findings in the psychological literature. The findings from Vogel et al. (2005) also indicated that outcome expectation variables, such as treatment fears and willingness to self-disclose information, had a direct effect on help-seeking intentions. However, according to the TRA, the relation between outcome expectations and help seeking intentions should be completely mediated by attitudes (see Figure 1). Nonetheless, despite some departure from the TRA, the results from Vogel et al.’s partially mediated TRA model accounted for more variance in help seeking intentions than any other study to date. Thus, the findings suggest that a modified TRA
model (i.e., a partial mediation model that allows for additional direct paths between outcome expectations and help seeking intentions) may be a potentially beneficial framework to improve the understanding of men’s intentions to seek psychological help. However, Vogel et al. did not provide any comparisons between the full and partial mediation models in terms of the indices of fit or accounted variance. Therefore, it remains unclear whether a full or partial mediation TRA model would better account for men’s intentions to seek psychological help.

Summary and Limitations

In summary, the TRA has been proposed as a beneficial framework for understanding help-seeking behavior (Bayer & Peay, 1997; Codd & Cohen, 2003, Halgin et al., 1987; Vogel et al., 2005). Proponents of the model have specifically asserted that the TRA is useful because it can simultaneously examine several specific variables that may contribute to the formation of attitudes and subjective norms that determine intentions to perform specific behaviors such as seeking psychological help (Codd & Cohen, 2003). Results from empirical research found that TRA-based models accounted for 12-18% of the variance in help-seeking intentions for alcohol and drug problems (Codd & Cohen, 2003; Vogel et al., 2005), and 34%-62% of the variance in help-seeking intentions for mental health problems (Bayer & Peay, 1997; Vogel et al., 2005). Ultimately, these findings provide support for Ajzen and Fishbein’s TRA (1980) and its potential utility – beyond the gender role socialization paradigm - in understanding men’s intentions to seek psychological help.

Nevertheless, limitations in previous research using the TRA model to predict intentions to seek psychological help should be addressed in future studies. First,
previous studies have often created their own measures for relevant constructs in the TRA model (Bayer & Peay, 1997; Codd & Cohen, 2003; Halgin et al., 1987) instead of using existing, psychometrically sound questionnaires (e.g., Attitudes Towards Seeking Professional Psychological Help; Fischer & Turner, 1970). Future studies should include measures of important psychological constructs with known psychometric properties to standardize research findings.

Another important limitation of the extant research is the use of mixed gender samples. As a result, it remains unclear from findings of prior studies whether the application of the TRA to men’s help-seeking intentions will generalize. Recall that literature on men’s psychological help-seeking indicates that men have more negative attitudes and fewer intentions to seek professional help compared to women (Addis & Cohane, 2005; Addis & Mahalik, 2003). Therefore, based on the uniqueness of men’s help-seeking attitudes and intentions, future research should explore the utility of the TRA using samples composed exclusively of men. Furthermore, because previous research efforts to apply the TRA to help-seeking intentions have not focused exclusively on men, they have not included measures of adherence to traditional masculine norms and masculine gender role conflict. This is an important omission because both constructs have consistently predicted differences in men’s help-seeking attitudes and intentions (Addis & Cohane, 2005). Thus, future studies should endeavor to include measures of these significant predictors when applying the TRA to men’s help-seeking intentions.

Finally, results from a few studies indicate that outcome expectations had both direct and indirect effects on help-seeking intentions (Bayer & Peay, 1997; Vogel et al.,
According to the TRA, the relation between outcome expectations and help-seeking intentions is posited to be fully mediated by help-seeking attitudes (Ajzen & Fishbein, 1980). However, no study to date has examined or compared a partial and full mediation TRA model. Therefore, it remains unclear whether a full or partial mediation TRA model would better account for men’s intentions to seek psychological help.

Summary

In summary, the understanding of men’s intentions to seek psychological help has been limited by the following factors: (1) the paucity of research examining men’s intentions to seek psychological help; (2) previous research has not consistently examined major constructs of men’s gender role socialization simultaneously, tending to focus instead on either gender role conflict or adherence to traditional masculine norms; (3) previous research has relied primarily on a theoretical paradigm (i.e., men’s gender role socialization) that has typically accounted for less than 30% of the variance in help-seeking variables for men; (4) use of mixed gender samples from studies examining other psychological variables (e.g., self-disclosure, stigma, treatment fears) makes it unclear whether the obtained results will generalize to an all male sample; and (5) research using mixed gender samples has not compared the unique contribution of other psychological variables with that of masculinity related constructs (e.g., gender role conflict and adherence to traditional masculine norms) identified as inhibiting men from seeking psychological help.

Few studies have examined men’s intentions to seek psychological help (Cusack et al., 2006; Lane & Addis, 2005; Pederson & Vogel, 2007), despite psychological theory and empirical data depicting intentions as better predictors of actual behaviors (e.g.,
Ajzen & Fishbein, 1980). Furthermore, research examining men’s intentions to seek psychological help has focused exclusively on gender role conflict to assess the relation between intentions to seek psychological help and masculinity constructs. However, both gender role conflict and adherence to traditional masculine norms have been identified as integral components of men’s gender role socialization (Addis & Cohane, 2005).

Additionally, over the last two decades research on men seeking psychological help has primarily emanated from a gender role socialization paradigm. However, research utilizing masculinity constructs identified in the gender role socialization paradigm has consistently accounted for less than 30% of the variance in men’s help-seeking attitudes, intentions, and behaviors, leaving a substantial amount of the variance unexplained. Therefore, the results from the extant literature provide reasonable evidence that future studies should examine additional variables or constructs to improve the understanding of men’s psychological help-seeking (Addis & Mahalik, 2003).

Broader help-seeking literature has identified other significant factors associated with seeking psychological help (e.g., self-disclosure, stigma, treatment fears, and previous use of mental health treatment) that might be pertinent to understanding men’s intentions to seeking professional services. However, studies examining these other factors have primarily used mixed gender samples; therefore, it remains unclear whether the results would generalize to an all-male sample. Furthermore, because these studies have not used all male samples, they have not included measures of masculinity constructs (e.g., gender role conflict and adherence to traditional masculine norms) identified as inhibiting men from seeking psychological help. Thus, the unique contributions of self-disclosure, stigma, treatment-related fears, previous mental health
treatment and masculinity constructs (e.g., gender role conflict and adherence to traditional masculine norms) to men’s intentions to seek psychological help remains unclear.

The current study seeks to address these limitations by using an alternative theoretical framework that might be more beneficial in understanding men’s intentions to seek psychological help. Specifically, the current study proposes using the TRA (Ajzen & Fishbein, 1980) because it represents an integrative and parsimonious framework for simultaneously testing the unique contributions of several important variables (Codd & Cohen, 2003; Vogel et al., 2005) that might determine men’s intentions to seek psychological help. Thus, the current study will examine multiple masculinity constructs (i.e., gender role conflict and conformity to traditional male norms) that have been posited and demonstrated to be significant in understanding men’s psychological help-seeking. Furthermore, additional variables that have been linked to help-seeking intentions in mixed gender samples (e.g., self-disclosure variables, social and self-stigma, treatment related fears, and previous mental health treatment) will also be examined because of their potential role in men’s help-seeking intentions (see Figure 3). The current study will use these variables (i.e., selected masculinity and other psychological constructs) to examine a full and partial mediation TRA model for men’s help-seeking intentions.

A full mediation TRA model posits that help-seeking attitudes and subjective norms have direct effects on help-seeking intentions (see Figure 1). Furthermore, this model specifies that outcome beliefs (i.e., outcome expectations and evaluations) have an indirect effect on help-seeking intentions via help-seeking attitudes. For the current
study, this means that variables conceptualized as outcome expectations (i.e., treatment fearfulness, self-disclosure, self-disclosure expectations, personal and social stigma, previous mental health treatment, and gender role conflict) will have an indirect effect on men’s help-seeking intentions via help-seeking attitudes (see Figure 3). Each of these factors (i.e., treatment fearfulness, self-disclosure, self-disclosure expectations, personal and social stigma, previous mental health treatment, and gender role conflict) could be associated with positive or negative anticipated outcomes of seeking psychological help, and therefore conceptualized as outcome expectations.

In addition, according to a full mediation TRA model subjective beliefs (i.e., normative beliefs and motivation to comply) are also posited to have an indirect effect on help-seeking intentions via subjective norms (see Figure 1). In the current study, conformity to traditional masculine norms is conceptualized as an aspect of men’s motivation to comply with certain social prescriptions for behavior (i.e., seeking psychological help; see Figure 3). For example, both theory and empirical data have indicated that conformity to traditional masculine norms conflicts with seeking psychological help (Addis & Mahalik, 2003; Levant et al., 2007). Consistent with TRA, conformity to traditional masculine norms will have an indirect effect on men’s help-seeking intentions, fully mediated by subjective norms (see Figure 3).

However, based on results from studies demonstrating that outcome expectations had a significant direct effect on help seeking intentions (e.g., Bayer & Peay, 1998; Vogel et al., 2005), the current study will also examine a partial mediation TRA model. The proposed partial mediation model is presented in Figure 4.
Specifically, results from previous studies have demonstrated significant direct effects of treatment fears and willingness to self-disclose information (Vogel et al.), as well as and gender role conflict (Pederson & Vogel, 2007), on help-seeking intentions. Furthermore, although no study to date has examined conformity to traditional male role norms in relation to men’s help-seeking intentions, Levant et al. (2007) found that conformity to male norms was the strongest unique predictor of help-seeking attitudes when compared with other masculinity constructs (e.g., gender role conflict).

Figure 4. Hypothesized partial mediation TRA model for men’s help-seeking intentions. Note that the dotted path indicates a direct effect of specific exogenous variables on help-seeking intentions.

Therefore, the current study proposes a partial mediation model in which certain outcome expectation variables (i.e., treatment fears, willingness to self-disclose information, and gender role conflict) and motivation to comply with normative beliefs (i.e., conformity to traditional male role norms) will have both a direct and indirect effect on men’s help-seeking intentions via help-seeking attitudes and subjective norms, respectively (see Figure 4).
Statements of Hypotheses

The primary research questions in this study include: (1) to what extent does a full mediation TRA model predict men’s intentions to seek psychological help, and (2) to what extent does the proposed partial mediation TRA model predict men’s intentions to seek psychological help? Hypotheses 1-6 describe the posited direct and indirect relationships in the TRA that will be examined in this study. Finally, Hypothesis 7 states that the partial mediation model will account for more variance in men’s help-seeking intentions than a full mediation model.

Hypothesis 1: The Relations of Outcome Expectations to Attitudes

Self-disclosure willingness, anticipated benefits and risks of self-disclosure, social and self-stigma, treatment fears, previous mental health treatment, and gender role conflict will be related to men’s attitudes towards seeking psychological help.

Hypothesis 1A. Self-disclosure willingness, previous mental health treatment, and anticipated benefits of self-disclosure will be positively related to men’s attitudes towards seeking psychological help.

Hypothesis 1B. Anticipated risks of self-disclosure, social and self-stigma, treatment fears, and gender role conflict will be negatively related to men’s attitudes towards seeking psychological help.

Hypothesis 2: Relation of Motivation to Comply to Subjective Norms

Conformity to traditional masculine role norms will be negatively related to men’s subjective norms for seeking psychological help.
Hypothesis 3: Relation of Attitudes to Intentions

Help-seeking attitudes will be positively related to men’s intentions to seek psychological help.

Hypothesis 4: Relation of Subjective Norms to Intentions

Subjective norms will be positively related to men’s intentions to seek psychological help.

Hypothesis 5: Relations of Outcome Expectations to Intentions

Self-disclosure willingness, anticipated risks and benefits of self-disclosure, personal and social stigma, treatment fears, and gender role conflict will be related to men’s intentions to seek psychological help.

Hypothesis 5A. The relations of anticipated risks, personal and social stigma, to men’s intentions to seek psychological help will be negative and indirect, via help seeking attitudes.

Hypothesis 5B. The relations of previous mental health treatment, anticipated benefits of self-disclosure to men’s help seeking intentions will be positive and indirect, via help seeking attitudes.

Hypothesis 5C. The relations of treatment fears and gender role conflict to men’s intentions to seek psychological help will be negative and partially indirect, via help-seeking attitudes.

Hypothesis 5D. The relation of self-disclosure willingness to men’s intentions to seek psychological help will be positive and partially indirect, via help-seeking attitudes.

Hypothesis 5E. The relations of treatment fears and gender role conflict to men’s intentions to seek psychological help will be negative and partially direct.
Hypothesis 5F. The relation of self-disclosure willingness to men’s intentions to seek psychological help will be positive and partially direct.

Hypothesis 6: Relation of Motivation to Intentions

Conformity to traditional masculine role norms will be related to men’s intentions to seek psychological help.

Hypothesis 6A. The relation of conformity to traditional masculine role norms to men’s help-seeking intentions will be negative and partially indirect, via subjective norms.

Hypothesis 6B. The relation of conformity to traditional masculine role norms to men’s help-seeking intentions will be negative and direct.

Hypothesis 7: Variance in Help-Seeking Intentions Accounted for by the Partial and Full Mediation TRA models

The partial mediation TRA model will account for more variance in men’s help-seeking intentions than will the full mediation TRA model.
CHAPTER III

METHODOLOGY

Participants and Procedures

Participants included 338 men attending a large Midwestern state university. They were recruited from psychology classes, and other allied health professional classes (e.g., social work, nursing) to participate in an on-line study examining men’s help seeking intentions. Participants were given a brief overview of the study, and if interested, they provided their email address in order to receive the link for the on-line study. Out of 456 individuals who provided their emails, 338 submitted responses for a 74% response rate.

Participants ranged in age from 17 to 55 ($M = 22.77, SD = 6.51$). The sample was mostly comprised of freshmen (31.6%), with 20.5% sophomores, 21.1% juniors, 17.2% seniors, 7.2% graduate students, and 2.4% other. Participants GPA ranged from 1.36 to 4.0 ($M = 3.20, SD = .546$). The majority of participants were Caucasian (87.3%), with 5.6% African American, 4.1% Asian/Pacific Islander, 0.9% Latino/Hispanic, 2.1% Other (e.g., multiracial). Participants were predominantly heterosexual (79.6%) and single (77.2%). Most participants reported having family incomes ranging between $20,000-$59,999 (32.2%), with 29.5% between $60,000-$99,999, 18.6% reporting more than $100,000, and 17.8% reporting less than $20,000. Thirty three percent of the
participants had previously used mental health services. A summary of demographic characteristics is presented in Table 1.

Table 1 Demographic Characteristics of the Sample.

<table>
<thead>
<tr>
<th>Variable</th>
<th>N = 338</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (N = 305)</strong></td>
<td></td>
</tr>
<tr>
<td>18-21</td>
<td>62%</td>
</tr>
<tr>
<td>22-26</td>
<td>22.9%</td>
</tr>
<tr>
<td>≥ 27</td>
<td>15.1%</td>
</tr>
<tr>
<td><strong>Race (N = 326)</strong></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>87.3%</td>
</tr>
<tr>
<td>African American</td>
<td>5.7%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>2.2%</td>
</tr>
<tr>
<td>Other</td>
<td>4.8%</td>
</tr>
<tr>
<td><strong>Sexual Orientation (N = 338)</strong></td>
<td></td>
</tr>
<tr>
<td>Exclusively Heterosexual</td>
<td>79.6%</td>
</tr>
<tr>
<td>Exclusively Homosexual</td>
<td>5.3%</td>
</tr>
<tr>
<td>Neither exclusively heterosexual or homosexual</td>
<td>15.1%</td>
</tr>
<tr>
<td><strong>Student Status (N = 298)</strong></td>
<td></td>
</tr>
<tr>
<td>Freshmen/Sophomore</td>
<td>52.1%</td>
</tr>
<tr>
<td>Junior/Senior</td>
<td>38.3%</td>
</tr>
<tr>
<td>Graduate Student</td>
<td>7.1%</td>
</tr>
<tr>
<td>Other</td>
<td>2.5%</td>
</tr>
<tr>
<td><strong>GPA (N = 338)</strong></td>
<td></td>
</tr>
<tr>
<td>3.55-4.0</td>
<td>27.8%</td>
</tr>
<tr>
<td>3.1-3.5</td>
<td>23.1%</td>
</tr>
<tr>
<td>2.55-3.0</td>
<td>21%</td>
</tr>
<tr>
<td>≤ 2.5</td>
<td>28.1%</td>
</tr>
<tr>
<td><strong>Relationship Status (N = 333)</strong></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>77.2%</td>
</tr>
<tr>
<td>Married</td>
<td>12.3%</td>
</tr>
<tr>
<td>Living with Partner</td>
<td>7.8%</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>2.7%</td>
</tr>
<tr>
<td><strong>Family Income (N = 338)</strong></td>
<td></td>
</tr>
<tr>
<td>≥ $100,000</td>
<td>18.6%</td>
</tr>
<tr>
<td>$60,000-$99,999</td>
<td>29.5%</td>
</tr>
<tr>
<td>$20,000-$59,999</td>
<td>32.2%</td>
</tr>
<tr>
<td>&lt; $20,000</td>
<td>17.8%</td>
</tr>
<tr>
<td><strong>Previous Use of MHS (N = 338)</strong></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>66.9%</td>
</tr>
<tr>
<td>Yes</td>
<td>33.1%</td>
</tr>
</tbody>
</table>

**Instruments**

*Attitudes Toward Seeking Professional Psychological Help - Short Form*

The ATSPPHS (Fischer & Farina, 1995; see Appendix A) is an abbreviated version of the Attitudes Toward Seeking Professional Psychological Help scale (Fischer & Turner, 1970), measuring the “core attitudes” towards seeking psychological help (p. 114)
Responses to the 10 items on the ATSSPHS are scored on a 4-point Likert-type scale ranging from 0 (disagree) to 3 (agree), with higher scores reflecting more positive attitudes towards seeking professional help (Fischer & Farina). The current study used the total scale score, which is calculated by adding the responses to the 10 items. A sample item is “I would want to get psychological help if I were worried or upset for a long period of time.” Significant correlations with the original measure (Fisher & Farina) and several variables associated with seeking and avoiding professional services provide support for the ATSSPHS’ construct validity (e.g., Komiya et al., 2000; Vogel et al., 2005; Vogel et al., 2006). In addition to its validity, the ATSSPHS has also demonstrated good internal consistency \( (\alpha = .81-.86; \text{Berger et al., 2005; Fischer & Farina, 1995; Shaffer et al., 2006}) \) and 4-week test-retest reliability \( (r = .80; \text{Fischer & Farina, 1995}) \).

For purposes of this study, some minor modifications were made to the wording and terminology of the ATSSPHS items. The ATSSPHS uses terms such as “psychologist,” “psychological counseling,” “psychotherapy,” and “professional help”; these were replaced with “mental health professional” and “professional mental health services.” Furthermore, “mental breakdown” was replaced with “mental health problems.” These modifications were made to indicate a broader range of potential help-seeking services, and for consistency in terminology throughout the measures used in current study. The instructions included definitions of “mental health professional” and “professional mental health services” as including services provided by psychologists, counselors, psychiatrists, and clinical social workers.
Conformity to Masculine Norms Inventory

The CMNI (Mahalik et al., 2003; see Appendix B) estimates the extent to which individuals conform to thoughts, feelings, and behaviors that reflect prevalent masculine norms in the U.S. society. The CMNI uses 94 items to measure the degree of conformity to 11 factor analytically derived masculine norms. Items are scored on a 4-point Likert-type scale ranging from 0 (strongly disagree) to 3 (strongly agree), with higher scores reflecting greater levels of conformity. The 11 factor analytically derived masculine norms include: Winning (e.g., “Winning isn’t everything, it’s the only thing”); Emotional Control (e.g., “I never share my feelings”); Risk-taking (e.g., “I enjoy taking risks”); Violence (e.g., “I like fighting”); Power Over Women (e.g., “In general, I control the women in my life”); Dominance (e.g., “I should be in charge”); Playboy (e.g. “If I could, I would date a lot of different people”); Self-reliance (e.g., “Asking for help is a sign of failure”); Primacy of Work (e.g., “My work is the most important part of my life”); Disdain for homosexuals (e.g., “I would be furious if someone thought I was gay”); and Pursuit of Status (e.g., “It feels good to be important”). The current study used the total scale scores which are calculated by summing the scores of the CMNI subscales.

Results from Mahalik et al. (2003) provide support for the validity and reliability of the CMNI total and subscale scores. For example, the construct validity of the total scale scores on the CMNI was supported by moderate to strong positive correlations with measures of masculine gender role conflict and normative masculinity (Mahalik et al.). The total scale score of the CMNI also had an alpha coefficient of .94, and two to three week test-retest revealed a reliability coefficient of .95 (Mahalik et al.).
Disclosure Expectations Scale

The DES (Vogel & Wester, 2003; see Appendix C) measures anticipated consequences of disclosing emotional problems to a counselor. The DES contains 8 items, scored for two factor analytically derived scales (i.e., Anticipated Risks and Anticipant Benefits of self-disclosures) that are scored on a 5-point Likert-type scale ranging from 1 (not at all) to 5 (very). Both subscales were used for the current study. Scores for each subscale are determined by summing the responses, with higher scores indicating greater anticipated risk or benefits of disclosing information to a counselor, respectively. A sample item from the Anticipated Risks of self-disclosure is “how risky would it feel to disclose your hidden feelings to a counselor?” The DES demonstrated good internal consistency, with its subscales of anticipated benefits and risks of self-disclosure producing alpha coefficients of .83 and .74, respectively (Vogel & Wester). Furthermore, the construct validity of the DES subscales was supported by significant correlations with other measures of self-disclosure, self-concealment, psychological distress, and social support (Shaffer et al., 2006; Vogel & Wester, 2003; Vogel et al., 2005; Vogel et al., 2006).

For the current study, a minor modification was made to the DES. The word “counselor” was replaced with “mental health professional,” and “professional psychological help” was replaced with “professional mental health services.” The wording was changed to indicate a broader range of helping providers, and in order to keep the terminology consistent throughout all of the research materials.
Distress Disclosure Index

The DDI (Kahn & Hessling, 2001; see Appendix D) measures the tendency to disclose feelings of distress. The 12 items on the DDI ask participants to rate statements about disclosing their distress (e.g., “I typically don’t discuss things that upset me”) on a 5-point Likert-type scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The responses to items are summed to create a total score, with higher scores reflecting a greater tendency to self-disclose feelings of distress. Kahn and Hessling found high internal consistencies (.92 to .95) and a two month test-retest reliability coefficient of .80. The convergent validity of the DDI was supported by moderate correlations with other self-disclosure measures, help-seeking attitudes and intentions, in session disclosures, and client ratings of the relevance of their disclosures (Sloan & Kahn, 2005; Vogel & Wester, 2003; Vogel et al., 2005). Discriminant validity for the DDI was supported by non-significant relations with measures of social desirability and neuroticism (Kahn & Hessling, 2001).

Gender Role Conflict Scale – I

The GRCS-I (O’Neil et al., 1986; see Appendix E) measures instances of gender role conflict that emanate from men’s fear of femininity (O’Neil, 1981). The 37 items on the GRCS-I compose four factor analytically derived subscales: (1) Success, Power, and Competition (13 items, e.g. “I worry about failing and how it affects my doing well as a man”); (2) Restrictive emotionality (10 items, e.g. “I have difficulty expressing my tender feelings”); (3) Restrictive Affectionate Behavior Between Men (8 items, e.g. “Affection with other men makes me tense”); and (4) Conflict Between Work and Family (6 items, e.g. “I feel torn between my hectic work schedule and caring for my health”). Responses
to items on each subscale are scored on a 6-point Likert-type scale, ranging from 1
(*strongly disagree*) to 6 (*strongly agree*), with higher scores indicating more gender role
conflict.

The current study used the total scores on the GRCS-I due to its well documented
validity and reliability (O’Neil & Good, 1995). Furthermore, the total scores on the
GRCS-I have consistently demonstrated significant effects on help-seeking attitudes and
intentions compared to the different subscales. Additionally, previous research has raised
questions about the validity of the Conflict Between Work and Family subscale (Good et
al., 1995). The internal consistencies of the total scale scores on the GRCS-I have ranged
from .75 to .90 (1995). The content validity of the total scale scores on the GRCS-I is
supported by significant positive correlations between other measures of traditional
masculine ideology \(r = .60\) and fear of intimacy \(r = .29;\) Good et al., 1995). The
Discriminant validity of the GRCS-I total scale scores was demonstrated by non-
significant or weak correlations with measures of gender role identity \(r_s = .03\) to \(.29) ,
feminist attitude ideology \(r_s = -.02\) to \(.25\), and social desirability \(r = -.10;\) 1995; O’Neil
& Good, 1995).

*Stigma Scale for Receiving Psychological Help*

The SSRPH measures the perception of public or social stigma associated with
seeking professional help (Komiya et al., 2000; see Appendix F). The SSRPH asks
participants to rate their responses to 5 items (e.g., “It is advisable for a person to hide
from people that he/she has seen a mental health professional”) on a 4-point Likert-type
scale ranging from 0 (*strongly disagree*) to 3 (*strongly agree*). Higher scores on the
SSRPH reflect greater perception of social or public stigma associated with receiving
professional help. The total scale scores are calculated by summing the responses to the five items, and will be used in the current the study. The internal consistency of the SSRPH total scale scores ranged from .72 to .78 (Komiya et al.; Vogel et al., 2005). Construct validity of the SSRPH was supported by significant negative correlations with attitudes toward seeking professional help, gender (i.e., correlated with being male), and emotional openness (Komiya et al., 2000; Vogel & Wester, 2003). Furthermore, the SSRPH was also found to have significant positive correlations with a measure of self-stigma for seeking psychological help ($r_s = .46$ to .48; Vogel et al., 2006).

For the current study, a minor modification was made to the SSRPH. The words “psychologist” was replaced with “mental health professional,” and “professional psychological help” was replaced with “professional mental health services.” The wording was changed in order to keep the terminology consistent throughout all of the research materials and to indicate a broader range of helping providers.

**Self-Stigma of Seeking Help**

The SSOSH (Vogel et al., 2006; see Appendix G) measures perceptions of personal or self-stigma associated with seeking psychological help. Responses to the 10 items on the SSOSH are scored on a 5-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), with higher scores reflecting a greater perception of personal stigma for seeking psychological help. Vogel et al. found high internal consistencies on the SSOSH, ranging from .92 to .94, and a 2-month test-retest reliability coefficient of .72. The construct validity of the SSOSH was also supported by significant correlations with the tendency and anticipated consequences of self-disclosures, self-concealment, and perceptions of social stigma for seeking psychological help (Vogel et
Additionally, the SSOSH significantly related with help-seeking attitudes ($r_s = -.53$ to -.63) and intentions ($r_s = -.34$ to -.38), providing evidence of criterion validity (Vogel et al.). Discriminant validity was also demonstrated by non-significant correlations with measures of social desirability, general level of psychological distress, and self-esteem (Vogel et al.). Expected significant differences on the SSOSH were also found between men and women ($N = 266; t = 3.65, p < .001$) and people who have sought professional help and those who have not ($N = 266; t = 15.7, p < .001$; Vogel et al.).

For the current study, minor modifications were made to the SSOSH. The word “therapist” was replaced with “mental health professional,” and “professional help” was replaced with “professional mental health services.” The wording was changed in order to keep the terminology consistent throughout all of the research materials and to indicate a broader range of helping providers.

**Subjective Norms**

Subjective norms for seeking help were measured by a single item, “Most people important to me would think that I should seek help from a mental health professional if I were experiencing a persistent personal problem in my life” (Bayer & Peay, 1997; Appendix J, item 23). Participants are asked to rate this item on a Likert-type scale ranging from 3 (*Likely*) to -3 (*Unlikely*). Results from Bayer and Peay found that subjective norms was a significant unique predictor of help-seeking intentions, with higher scores being more likely to have greater intentions to seek psychological help.

**Thoughts About Psychotherapy Survey**

The TAPS measures fears about receiving professional mental health services (Kushner & Sher, 1989; Pipes, Schwarz, & Crouch, 1985; see Appendix H). Items on the
TAPS are rated on a 5-point Likert-type scale (1 = no concern; 5 = very concerned), and are largely derived from the Thoughts About Counseling Survey (TACS) developed by Pipes et al. (1985). The TACS (Pipes et al.) measures two main factors, therapist responsiveness (8 items; e.g., fears about therapist competence and professionalism) and image concerns (7 items; e.g., fears about being judged negatively by oneself or others seeking treatment). Additional items were added to the TAPS to address concerns related to coercion (4 items; e.g., fears of being pushed to think, do, or say things related to their problem in a new way; Kushner & Sher, 1989) and stigma (11 items; Deane & Chamberlain, 1994) for seeking professional help.

The total scale score on the TAPS was used for the current study, with higher scores reflecting more fears or concerns about receiving psychological help. The total scale score is calculated by adding the responses to all the items. A sample item from the coercion subscale is “Whether I will be pressured to make changes in my lifestyle that I feel unwilling or unable to make right now.” Analyses examining the internal consistency of the TAPS have found high alpha coefficients for the total scale score .94 (Deane & Chamberlain, 1994; Kushner & Sher, 1989; Pipes et al., 1985). The content validity of the total TAPS scale scores is supported by significant correlations with measures of help-seeking attitudes and intentions, treatment expectations, and anxiety (Deane & Chamberlain, 1994; Kushner & Sher, 1989; Vogel et al., 2005).

For the current study, minor modifications were made to the TAPS. The word “therapist” was replaced with “mental health professional,” and “therapy” was replaced with “professional mental health services.” The wording was changed in order to keep the
terminology consistent throughout all of the research materials and to indicate a broader range of helping providers.

*Intentions to Seek Counseling Inventory*

The ISCI assesses how likely participants are to seek counseling for a list of 17 different problems typically experienced by college students (Cash, Begley, McCown, & Weise, 1975; see Appendix I). A factor analysis of the ISCI provided support for three subscales: Psychological and Interpersonal Concerns (10 items, $\alpha = .90$); Academic Problems (4 items, $\alpha = .71$); and Drug/Alcohol Problems (2 items, $\alpha = .86$; Cepeda-Benito & Short, 1998). Items are rated on a Likert-type scale ranging from 1 (*very unlikely*) to 4 (*very likely*). Responses on the ISCI are summed for each subscale or overall for a total ISCI score. Higher scores indicate a greater likelihood of participants seeking counseling. The reliability and validity of the ISCI has been supported in several studies (e.g., Cepeda-Benito & Short, 1998; Kelly & Achter, 1995; Vogel et al., 2005; Vogel et al., 2006; Vogel et al., 2007). The total scale scores on the ISCI has demonstrated good internal consistencies ranging from .84 to .95 (Vogel & Wester, 2003). Furthermore, the content of validity of the ISCI total scale scores has been supported by significant positive correlations with help-seeking attitudes ($r = .61$; Vogel & Wester, 2003).

*Demographic Questionnaire*

Participants also completed a demographic questionnaire (see Appendix J). Items on the demographic questionnaire include age, race/ethnicity, years of education completed, and student status. In addition, participants will be asked to respond to items inquiring about previous and or current experience with professional mental health
services. Items pertaining to participants' experiences with professional mental health services ask the following: who was/is providing the professional mental health services, whether participation was/is voluntary, number of sessions, and perceived helpfulness of services.
CHAPTER IV
RESULTS

Introduction

This chapter describes the results of this study in the following sections: a summary of descriptive statistics, internal consistencies, and intercorrelations for all measures; a description of the hypothesized TRA models; results from path analyses; post hoc analyses; and an overall summary of the findings.

Descriptive Statistics, Internal Consistencies, and Intercorrelations

The means, standard deviations, ranges, and internal consistencies of the ATSPPHS; a measure of help-seeking attitudes; CMNI, a comprehensive measure of conformity to traditional masculine norms; DES, a measure of disclosure expectations (anticipated benefits and risks); DDI, a measure of a person’s tendency to disclose distressing information; GRCS-I, a measure of gender role conflict; SSRPH, a measure of public stigma associated with seeking psychological help; SSOSH, a measure of personal stigma associated with seeking psychological help; Subjective Norms, a measure of one’s perceived subjective norms for seeking psychological help; TAPS, a measure of related fears to seeking psychotherapy; and ISCI, a measure of intentions to seeking psychological services, are presented in Table 2.
Overall, the means, standard deviations, and internal consistencies were very similar to other studies that have examined men’s help-seeking (e.g., Blazina & Marks, 2001; Mansfield, Addis, & Courtenay, 2005; Pederson & Vogel, 2007; Rochlen et al., 2004).

Table 2 Descriptive Statistics and Internal Consistencies of Variables in Proposed TRA Models.

<table>
<thead>
<tr>
<th>Scale</th>
<th>M</th>
<th>SD</th>
<th>Range</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATSPPHS</td>
<td>25.62</td>
<td>6.10</td>
<td>0-30</td>
<td>.82</td>
</tr>
<tr>
<td>CMNI</td>
<td>130.56</td>
<td>21.91</td>
<td>0-282</td>
<td>.92</td>
</tr>
<tr>
<td>Anticipated Benefits</td>
<td>12.51</td>
<td>3.56</td>
<td>4-16</td>
<td>.81</td>
</tr>
<tr>
<td>Anticipated Risks</td>
<td>11.19</td>
<td>4.03</td>
<td>4-16</td>
<td>.84</td>
</tr>
<tr>
<td>DDI</td>
<td>37.02</td>
<td>9.66</td>
<td>12-60</td>
<td>.93</td>
</tr>
<tr>
<td>GRCS-I</td>
<td>129.25</td>
<td>26.08</td>
<td>37-222</td>
<td>.94</td>
</tr>
<tr>
<td>SSRPH</td>
<td>12.10</td>
<td>2.72</td>
<td>5-20</td>
<td>.77</td>
</tr>
<tr>
<td>SSOSH</td>
<td>28.58</td>
<td>6.81</td>
<td>10-50</td>
<td>.89</td>
</tr>
<tr>
<td>TAPS</td>
<td>84.45</td>
<td>21.33</td>
<td>30-150</td>
<td>.95</td>
</tr>
<tr>
<td>PMHT</td>
<td>.33</td>
<td>.471</td>
<td>0-1</td>
<td>N/A</td>
</tr>
<tr>
<td>Subjective Norms</td>
<td>4.17</td>
<td>2.07</td>
<td>1-7</td>
<td>N/A</td>
</tr>
<tr>
<td>ISCI</td>
<td>35.06</td>
<td>7.69</td>
<td>17-68</td>
<td>.85</td>
</tr>
</tbody>
</table>

Note. \( N = 338 \). ATSPPHS = Attitudes Toward Seeking Professional Psychological Help Scale; CMNI = Conformity to Masculine Norms Inventory; AB = Disclosure Expectations Scale, Anticipated Benefits subscale; AR = Disclosure Expectations Scale, Anticipated Risks subscale; DDI = Distress Disclosure Index; GRCS-I = Gender Role Conflict Scale-I; SSRPH = Stigma Scale for Receiving Psychological Help; SSOSH = Self-stigma of Seeking Help; Thoughts About Psychotherapy Scale; PMHT = Previous Mental Health Treatment; ISCI = Intentions to Seek Counseling Inventory.

The internal consistencies reported from this study varied from .77 to .95, ranging from adequate to excellent (George & Mallery, 2003). A summary of the intercorrelations between the variables utilized in the hypothesized TRA models is presented in Table 6 (see Appendix K).

Path Models

To determine the number of participants necessary to achieve adequate power, the current study used Kline’s (1998) recommendation of at least five to ten cases for every parameter that is estimated using path analysis. Therefore, a minimal sample size of 270 individuals is required for the 50 to 54 parameters estimated for a full and partial
mediation TRA model, respectively. Therefore, the current sample size of 338 men was adequate for the path analyses.

In order to test Hypotheses 1-6, two path analyses were performed to examine the extent to which the data fit a model consistent with the TRA (Ajzen & Fishbein, 1980), and a partial mediation TRA model proposed by this study. The path models were analyzed using M-Plus (Múthen & Múthen, 1998-2004), using a maximum likelihood estimation procedure. Following the recommendations of Weston and Gore (2006), a global fit index (e.g., $\chi^2$), comparative fit index (CFI), root mean square error of approximation (RMSEA), and the standardized root mean square residual (SRMSR) were examined to assess the data-model fit. The $\chi^2$ is an index of model misspecification whereby a significant result would indicate a poor fit between the data and the model. The CFI examines the incremental fit of a proposed model compared to a null model, which specifies no relationships among variables. CFI ranges from 0 to 1.0, with values closer to 1.0 indicating a better fit (Weston & Gore). The RSMEA examines the potential lack of fit between the proposed model and the population covariance matrix. The SRMSR provides an estimate of how much difference exists between the observed data and the proposed model based on the covariance of residuals.

For studies with sample sizes smaller than 500 participants, Weston and Gore (2006) recommended using the following cut off values to indicate a good data-model fit: $\text{CFI} \geq .90$, $\text{RMSEA} \leq .10$, and $\text{SRMSR} \leq .10$. Results from prior studies have indicated that these criteria and cutoff values are robust predictors (e.g., more likely to be influenced by model misspecification than other external factors) of a model’s goodness of fit across a variety of samples (Martens, 2005). In addition to these indices of data-
model fit, specific parameter estimates (e.g., direct, indirect, and total effects) were examined to further assess the significance of different hypothesized paths within the TRA models. Taken together, these analyses help determine the applicability of a full and partial mediation TRA model in understanding men’s intentions to seek psychological help. In addition, the amount of variance accounted for by the direct and indirect effects of both models was compared to determine which model accounted for more variance in men’s help-seeking intentions. Furthermore, a chi-square difference test was used to examine whether the partial mediation TRA provided a better fit to the observed data than the full mediation model.

Path Analyses

A summary of the fit indices and variance accounted for by the TRA models examined in this study are presented in Table 4. The fit indices for the hypothesized fully mediated TRA model ($\chi^2 (19) = 169.802, p < .01; CFI = .633; RMSEA = .154 (CI 90 = .134-.176); SRMSR = .085$) suggest a less-than-adequate fit with the data, accounting for 18.1% of the variance in men’s help-seeking intentions.

<table>
<thead>
<tr>
<th>Model</th>
<th>$\chi^2$</th>
<th>Df</th>
<th>P</th>
<th>CFI</th>
<th>RMSEA (CI 90)</th>
<th>SRMSR</th>
<th>$R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Null Model</td>
<td>440.354</td>
<td>30</td>
<td>&lt;.01</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Fully Mediated TRA Model</td>
<td>169.802</td>
<td>19</td>
<td>&lt;.01</td>
<td>.633</td>
<td>.154 (.134-.176)</td>
<td>.085</td>
<td>.181</td>
</tr>
<tr>
<td>Partially Mediated TRA Model</td>
<td>119.798</td>
<td>15</td>
<td>&lt;.01</td>
<td>.745</td>
<td>.145 (.121-.169)</td>
<td>.062</td>
<td>.265</td>
</tr>
<tr>
<td>Post Hoc Alternative TRA Model</td>
<td>11.826</td>
<td>8</td>
<td>.16</td>
<td>.991</td>
<td>.038 (.000-.080)</td>
<td>.018</td>
<td>.424</td>
</tr>
</tbody>
</table>

Note: $N = 338$.

As a result, specific path estimates for direct, indirect, and total effects were not calculated for the fully mediated TRA model. The fit indices for the partially mediated TRA model ($\chi^2 (15) = 119.798, p < .01; CFI = .745; RMSEA = .145 (CI 90 = .121-.169);$
SRMSR = .062) suggest an improved yet still inadequate fit with the data, accounting for 26.5% of the variance in men’s help-seeking intentions.

These findings support Hypothesis 7, indicating that the partial mediation model accounted for more variance in men’s help-seeking intentions compared to the full mediation TRA model (i.e., 26.5% of the variance compared to 18.1% of the variance). A chi-square difference test ($\chi^2$ diff (4) = 50.004, $p$ < .001) also indicated that the partially mediated TRA model is a significantly better fit with the data than the fully mediated TRA model. However, these findings should be interpreted with caution given the overall less-than-adequate fit for both proposed TRA models.

Hypotheses 1-6 posited direct and indirect relations within the proposed TRA models. Since the findings of the fully mediated model are nested in the partially mediated TRA model, only the path coefficients and path estimates (i.e., direct, indirect, and total effects) of the better-fitting partially mediated TRA model will be presented. Path coefficients are presented in Figure 5.

Hypothesis 1a stated that self-disclosure willingness, previous mental health treatment, and anticipated benefits of self-disclosure would be positively related to men’s help-seeking attitudes. Results from the partially mediated TRA model partially supported Hypothesis 1a with previous mental health treatment ($\beta = .193$, $p < .01$; medium effect size) and anticipated benefits of self-disclosure ($\beta = .326$, $p < .01$; large effect size) demonstrating significant positive effects on men’s help-seeking attitudes. Self-disclosure willingness ($\beta = .015$, $p = .747$) demonstrated a positive but non-significant effect on help-seeking attitudes.
Hypothesis 1b stated that outcome expectations (i.e., anticipated risks of self-disclosure, social and self-stigma, treatment fears, and gender role conflict) would be inversely related to men’s help-seeking attitudes. Results from the partially mediated TRA model partially supported Hypothesis 1b, with anticipated risks of self-disclosure ($\beta = -0.141, p < 0.01; \text{small effect size}$) and self-stigma ($\beta = -0.356, p < 0.01; \text{large effect size}$) demonstrating significant negative effects on men’s help-seeking attitudes.

![Diagram of TRA model](image_url)

Note ** $p < 0.01$, two tailed.

Figure 5. Results from the partially mediated hypothesized TRA model.

Both social stigma ($\beta = -0.046, p = 0.389$) and gender role conflict ($\beta = -0.037, p = 0.486$) had negative but non-significant effects on men’s help-seeking attitudes. Contrary to expectations, treatment fears ($\beta = 0.089, p = 0.076$) was found to have a non-significant positive effect on men’s help-seeking attitudes.
Hypothesis 2 stated that conformity to traditional masculine norms would be inversely related to subjective norms for seeking psychological help. The results from this study supported this hypothesis, with conformity to traditional masculine norms ($\beta = -.269, p < .01; \text{medium effect size}$) having a significant negative effect on men’s subjective norms. Hypotheses 3-4 stated that help-seeking attitudes and subjective norms would be positively related to men’s help-seeking intentions. Results from the partially mediated TRA model supported both of these hypotheses, with help-seeking attitudes ($\beta = .268, p < .01; \text{medium effect size}$) and subjective norms ($\beta = .251, p < .01; \text{medium effect size}$) demonstrating significant positive effects on men’s help-seeking intentions. A summary of the path estimates for all predictor variables on men’s help-seeking intentions in the partially mediated TRA model is presented in Table 5.

Table 4 Path Estimates for all Predictor Variables on Intentions for the Partially Mediated TRA Model.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Indirect Effect</th>
<th>Direct Effect</th>
<th>Total Effect</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Fears</td>
<td>.024</td>
<td>.031</td>
<td>.055</td>
<td>N/A</td>
</tr>
<tr>
<td>Self-disclosure</td>
<td>.004</td>
<td>-.304*</td>
<td>-.300*</td>
<td>Large</td>
</tr>
<tr>
<td>Anticipated Benefits</td>
<td>.087*</td>
<td>N/A</td>
<td>.087*</td>
<td>Small</td>
</tr>
<tr>
<td>Anticipated Risks</td>
<td>-.038*</td>
<td>N/A</td>
<td>-.038*</td>
<td>Small</td>
</tr>
<tr>
<td>Personal Stigma</td>
<td>-.095*</td>
<td>N/A</td>
<td>-.095*</td>
<td>Small</td>
</tr>
<tr>
<td>Social Stigma</td>
<td>-.012</td>
<td>N/A</td>
<td>-.012</td>
<td>N/A</td>
</tr>
<tr>
<td>Gender Role Conflict</td>
<td>-.017</td>
<td>-.187*</td>
<td>-.204*</td>
<td>Medium</td>
</tr>
<tr>
<td>Conformity to Masculine Norms</td>
<td>-.068*</td>
<td>-.078</td>
<td>-.146*</td>
<td>Small</td>
</tr>
<tr>
<td>Previous Treatment</td>
<td>.052*</td>
<td>N/A</td>
<td>.052*</td>
<td>Small</td>
</tr>
<tr>
<td>Subjective Norms</td>
<td>N/A</td>
<td>.251*</td>
<td>.251*</td>
<td>Medium</td>
</tr>
<tr>
<td>Attitudes</td>
<td>N/A</td>
<td>.268*</td>
<td>.268*</td>
<td>Medium</td>
</tr>
</tbody>
</table>

Note. $N = 338$. *Indicates paths that are significant at the $p < .01$

Hypothesis 5a-f specified the relations of outcome expectation variables (i.e., previous mental health treatment, treatment fears, social and self-stigma, anticipated benefits and risks of self-disclosure, self-disclosure willingness, and gender role conflict) with men’s help-seeking intentions. Specifically, Hypothesis 5a stated the relations of anticipated risks of self-disclosure, personal and social stigma to men’s help-seeking
intentions would be negative and indirect via help-seeking attitudes. Findings from this study partially support Hypothesis 5a, with anticipated risks of self disclosure ($\beta = -0.038$, $p < .01$; small effect size) and personal stigma ($\beta = -0.095$, $p < .01$; small effect size) demonstrating significant negative indirect effects on men’s help-seeking intentions via help-seeking attitudes (see Table 5). Social stigma ($\beta = -0.012$, $p > .05$) had a negative but non-significant indirect effect with men’s help-seeking intentions via help-seeking attitudes. Hypothesis 5b stated that the relations of previous mental health treatment and anticipated benefits of self-disclosure with men’s help seeking intentions would be positive and indirect, via help seeking attitudes. Results from this study supported Hypothesis 5b, with both previous mental health treatment ($\beta = 0.052$, $p < .01$; small effect size) and anticipated benefits of self-disclosure ($\beta = 0.087$, $p < .01$; small effect size) demonstrating significant positive indirect effects on men’s help-seeking intentions via help-seeking attitudes.

Hypothesis 5c stated that the relations of treatment fears and gender role conflict to men’s intentions to seek psychological help will be negative and partially indirect, via help-seeking attitudes. Findings from this study did not support this hypothesis. Interestingly, treatment fears had a positive non-significant indirect effect ($\beta = 0.024$, $p > .05$) on men’s help-seeking intentions via help-seeking attitudes. Gender role conflict had a negative but non-significant indirect effect ($\beta = -0.017$, $p > .05$) on men’s help-seeking intentions via help-seeking attitudes. Hypothesis 5d stated that the relation of self-disclosure willingness to men’s help-seeking intentions would be positive and partially indirect, via help-seeking attitudes. Results from this study did not support
Hypothesis 5d, with self-disclosure willingness having a near zero and non-significant effect ($\beta = .004, p > .05$) on men’s help-seeking intentions via help-seeking attitudes.

Hypothesis 5e stated that relations of treatment fears and gender role conflict to men’s intentions to seek psychological help would be negative and partially direct. Findings from this study found partial support for this hypothesis, with gender role conflict demonstrating a significant negative direct effect ($\beta = -.187, p < .01$; medium effect size) on men’s help-seeking intentions. However, treatment fears had a positive non-significant direct effect on men’s help-seeking intentions ($\beta = .031, p > .05$).

Hypothesis 5f stated that self-disclosure willingness to men’s intentions to seek psychological help would be positive and partially direct. The results from this study did not support this hypothesis because self-disclosure willingness had a significant negative direct effect on men’s help-seeking intentions ($\beta = -.300, p < .01$; large effect size).

Hypothesis 6a-b stated that conformity to traditional masculine norms would have significant negative indirect, via subjective norms, and direct relations with men’s help-seeking intentions. The findings from this study supported Hypothesis 6a, with conformity to traditional masculine norms having a significant negative indirect effect on men’s help-seeking intentions ($\beta = -.068, p < .01$; small effect size). However, the results did not support Hypothesis 6b because conformity to traditional masculine norms had a negative but non-significant direct effect on men’s help-seeking intentions ($\beta = -.078, p = .120$). See Table 5 for a summary of all the path estimates for direct, indirect, and total effects of predictor variables on men’s help-seeking intentions.
Post Hoc Analyses

Based upon the less-than-adequate fit of the proposed TRA models, additional post hoc analyses were conducted to develop an alternative TRA model. Although there are recognized limitations of conducting post hoc analyses (i.e., capitalization on chance, lack of generalization, difficulties interpreting the findings because of biased fit indices, and need for validation with independent samples), they can also provide a useful framework for generating additional hypotheses for future research (Martens, 2005). The post hoc alternative TRA model, presented in Figure 6, was developed by utilizing data generated from the partially mediated path analysis (i.e., removing non-significant paths, and examining the model modification indices).

![Post Hoc Alternative TRA Model Diagram](image)

*Note. N = 338. *p < .05, **p < .01, two-tailed.*

Figure 6. Results from the Post Hoc Alternative TRA model.

As a result, the variables social stigma and treatment fears were removed from the post hoc alternative TRA model. In addition, the model modification results suggested that the model fit would improve if subjective norms was regressed on anticipated risks and gender role conflict, as well as allow for direct effects on men’s help-seeking intentions.
from anticipated benefits, anticipated risks, and self-stigma. Once these changes were made, a subsequent path analysis found that conformity to traditional male norms was no longer a significant predictor of either help-seeking attitudes or subjective norms and therefore was removed from the model.

The post hoc alternative TRA model fit indices ($\chi^2$ (8) = 11.826, $p = .159$; CFI = .991; RMSEA = .038 (CI 90 = .000-.080); SRMSR = .018) suggest an excellent data-model fit, accounting for 42.4% of the variance in men’s help-seeking intentions (see Table 4). A summary of the path estimates for all predictor variables on men’s help-seeking intentions in the post hoc alternative TRA model is presented in Table 6.

Table 5 Path Estimates for all Predictor Variables on Intentions for the Post Hoc Alternative TRA Model.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Indirect Effect</th>
<th>Direct Effect</th>
<th>Total Effect</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-disclosure</td>
<td>.013*</td>
<td>-.192**</td>
<td>-.179**</td>
<td>Medium</td>
</tr>
<tr>
<td>Anticipated Benefits</td>
<td>.040**</td>
<td>.202**</td>
<td>.242**</td>
<td>Medium</td>
</tr>
<tr>
<td>Anticipated Risks</td>
<td>.054**</td>
<td>.289**</td>
<td>.343**</td>
<td>Large</td>
</tr>
<tr>
<td>Personal Stigma</td>
<td>-.051**</td>
<td>-.117*</td>
<td>-.168**</td>
<td>Medium</td>
</tr>
<tr>
<td>Gender Role Conflict</td>
<td>-.032**</td>
<td>-.130**</td>
<td>-.162**</td>
<td>Medium</td>
</tr>
<tr>
<td>Previous Treatment</td>
<td>.025**</td>
<td>N/A</td>
<td>.025**</td>
<td>Small</td>
</tr>
<tr>
<td>Subjective Norms</td>
<td>N/A</td>
<td>.176**</td>
<td>.176**</td>
<td>Medium</td>
</tr>
<tr>
<td>Attitudes</td>
<td>N/A</td>
<td>.136**</td>
<td>.136**</td>
<td>Small</td>
</tr>
</tbody>
</table>

*Note. N = 338. ** Indicates paths that are significant at $p < .01$. * Indicates paths that are significant at $p < .05$.

The results from this post hoc alternative TRA model provide additional support for a partial mediation TRA model compared to Ajzen’s and Fisbein’s (1980) fully mediated TRA model. For example, several variables such as personal stigma ($\beta = -.117$, $p < .05$; small effect size), gender role conflict ($\beta = -.130$, $p < .01$; small effect size), anticipated benefits of self-disclosure ($\beta = .202$, $p < .01$; medium effect size), self-disclosure willingness ($\beta = -.192$, $p < .01$; medium effect size), and anticipated risks of self-disclosure ($\beta = .289$, $p < .01$; large effect size) had significant direct effects on men’s help-seeking intentions.
These findings are contrary to Ajzen and Fishbein’s TRA (1980) that posits attitudes and subjective norms fully mediate the relations of their respective determinants (i.e., outcome expectations and evaluations, normative beliefs and motivation to comply) with intentions to perform a specific behavior. Although not originally hypothesized, the current study found significant direct effects for personal stigma, anticipated benefits and risks of self-disclosure on men’s help-seeking intentions (see Table 6). Results from the alternative model also found a significant positive indirect effect for self-disclosure willingness on men’s help-seeking intentions via help-seeking attitudes ($\beta = .013, p < .05$), which was a departure from the results of the proposed partially mediated TRA model ($\beta = .004, p > .05$).

Summary

Overall, the results from this study indicated that both proposed TRA models fit inadequately with the data (see Table 4). However, the partially mediated model accounted for more variance in men’s help-seeking intentions (i.e., 26.5% to 18.1%) and was a significantly better fit with the data than the fully mediated TRA model. Although the path coefficients (i.e., direct effects; see Figure 5) and path estimates (i.e., direct and indirect effects; see Table 5) for the partially mediated model were presented to examine specific hypotheses, these results should be interpreted with caution given the less-than-adequate overall fit of the model.

The hypotheses of this study were mainly supported, in that most of the specified paths were significant and in the expected direction. However, some of the relations between outcome expectation variables and help-seeking attitudes were not significant (i.e., self-disclosure willingness, gender role conflict, and social stigma) or not in the
specified direction (i.e., treatment fears). Furthermore, some of the relations between outcome expectation variables and men’s help-seeking intentions were not significant (i.e., social stigma, treatment fears) or not in the specified direction (i.e., treatment fears, self-disclosure willingness). Finally, the direct relation between conformity to traditional male norms and men’s help-seeking intentions was negative but not significant (β = -0.078, p = .120).

After controlling for all the other variables in the proposed TRA models, treatment fears and social stigma were the only variables that did not have significant effects (i.e., direct or indirect) on men’s help-seeking intentions. Other variables had significant small (i.e., anticipated risks and benefits, personal stigma, conformity to traditional masculine norms, previous mental health treatment), medium (i.e., gender role conflict, subjective norms, attitudes) and large effects (i.e., self-disclosure willingness) on men’s help-seeking intentions (see Table 5) while controlling for all the other variables in the proposed TRA models. However, these results need to be interpreted with caution given the less-than-adequate fit of the proposed models with the data.

Based upon the less-than-adequate fit of the proposed TRA models, post hoc analyses were conducted to develop an alternative TRA model. Results from these post hoc analyses suggested that the alternative TRA model was an excellent fit with the data, accounting for 42.4% of the variance in men’s help-seeking intentions (see Table 4). All of the predictor variables in the alternative TRA model had significant small (i.e., previous treatment and help-seeking attitudes), medium (i.e., subjective norms, gender role conflict, personal stigma, anticipated benefits, and self-disclosure willingness), or large effects (i.e., anticipated risks) on men’s help-seeking intentions. Furthermore, in
addition to variables previously hypothesized (i.e., gender role conflict and self-disclosure willingness), personal stigma, anticipated benefits and risks of self-disclosure were found to have significant direct effects on men’s help-seeking intentions (see Figure 6, Table 6). Ultimately, these results provide support for a partial mediation TRA model, such as the post hoc alternative TRA model, which accounts for a large portion of the variance in men’s help-seeking intentions (i.e., 42.4%).
CHAPTER V
DISCUSSION

Introduction

This chapter starts by summarizing the importance of studying men’s help-seeking intentions, limitations of the extant literature, and purpose of this current study. Next, this chapter examines the results of the current study and discusses the potential implications of these findings. Finally, the chapter ends by examining the limitations of this study and offering suggestions for future research.

Summary

Addis and Mahalik (2003) state, “help-seeking is often an important step toward resolving numerous problems in living, it is a crucial link in the chain of effective health care services” (p. 5). However, the extant literature has found that men will often not seek help for a variety of medical and psychological problems (Galdas et al., 2005; Wyke et al., 1998). For example, results from national data revealed that one in seven men utilized mental health services during their lifetime compared to one in three women, despite more men meeting the criteria for psychiatric diagnoses (e.g., substance abuse disorders, conduct disorders, impulse control disorders; Courtenay, 2003). Men are also four times more likely to complete suicide compared to women (National Institute of Mental Health [NIMH], 2004). Thus, despite the variety and severity of problems men
encounter, they are less likely to seek help from mental health professionals when they need it (Addis & Cohane, 2005; Tudiver & Talbot, 1999). Based on the incidence and severity of mental health problems affecting men, as well as the potential negative consequences of not seeking help, it is extremely important to examine factors that may contribute to men’s intentions to seek help from mental health professionals (Bayer & Peay, 1997; Mansfield, Addis, & Courtenay, 2005; Stefl & Prosperi, 1985).

Although men’s utilization of healthcare services is receiving increasing attention, there are several limitations that exist in the extant literature including: (1) the paucity of research examining men’s intentions to seek psychological help; (2) previous research has not consistently examined major constructs of men’s gender role socialization simultaneously, tending to focus instead on either gender role conflict or adherence to traditional masculine norms; (3) previous research has relied primarily on a theoretical paradigm (i.e., men’s gender role socialization) that has typically accounted for less than 30% of the variance in help-seeking variables for men; (4) use of mixed gender samples from studies examining other psychological variables (e.g., self-disclosure, stigma, treatment fears), which makes it unclear whether the obtained results will generalize to an all male sample; and (5) research using mixed gender samples has not compared the unique contribution of other psychological variables with that of masculinity related constructs (e.g., gender role conflict and adherence to traditional masculine norms) identified as inhibiting men from seeking psychological help. As a result, the importance of masculinity related constructs and their relationship to other pertinent help-seeking variables in predicting men’s intentions to seek psychological help remains unclear.
The purpose of the current study was to increase the understanding of men’s help-seeking intentions by addressing the existing limitations in the extant literature. Therefore, this study utilizes a comprehensive theoretical framework to integrate and simultaneously test the significance of several potentially important variables that might contribute to men’s intentions to seek psychological help. Specifically, this study used the TRA (Ajzen & Fishbein, 1980) because it can simultaneously assess several beliefs that may contribute to the formation of attitudes and subjective norms that determine a person’s intention to perform a specific behavior such as seeking psychological help (Halgin et al., 1997; Vogel et al., 2005).

Results of the TRA Path Models

This study proposed two TRA models to predict men’s help-seeking intentions. The first hypothesized model, the fully mediated TRA model (see Figure 3), predicted men’s help-seeking intentions according to the theoretical parameters set by Ajzen and Fishbein (1980). Results from the fully mediated TRA model suggested a less-than-adequate fit with the data, accounting for 18.1% of the variance in men’s help-seeking intentions (see Table 4). The second hypothesized model, the partially mediated TRA Model (see Figure 4), modified Ajzen and Fishbein’s model based on previous empirical research (e.g., Vogel et al., 2005; Pederson & Vogel, 2007) that demonstrated a direct relationship between certain outcome expectation variables and help-seeking intentions. Results from the partially mediated TRA model suggested an improved yet still inadequate fit with the data, accounting for 26.5% of the variance in men’s help-seeking intentions (see Table 4). The partially mediated TRA model accounted for more variance in men’s help-seeking intentions (i.e., 26.5% to 18.1%) and was a significantly better fit.
with the data compared to the fully mediated model. However, these results need to be interpreted with caution given the inadequacy of the overall fit for both models.

Due to the less-than-adequate fit of the proposed TRA models, additional post hoc analyses were conducted to develop an alternative TRA model. The post hoc alternative TRA model (see Figure 6) was created by removing non-significant pathways and variables that did not have a significant effect (i.e., direct or indirect) on men’s help-seeking intentions and by reviewing modification indices from path analyses. Based on these findings, some variables were removed (i.e., treatment fears, social stigma, and conformity to traditional masculine norms), and others were rearranged in the model (i.e., gender role conflict and anticipated risks of self-disclosure) to improve the overall fit (see Figure 6). Results from the post hoc alternative TRA model suggested an excellent fit with the data, accounting for 42.4% of the variance in men’s help-seeking intentions (see Table 4).

The path estimates of the post hoc alternative TRA model supported most of the hypotheses in this current study. The results indicated that help-seeking attitudes and subjective norms had significant positive direct effects on men’s help-seeking intentions, supporting Hypotheses 3-4. These findings suggest that men who have more positive attitudes, and who believe that other people who are important to them would support their seeking mental health treatment, are more likely to have intentions to seek help for problems they are experiencing. These results are consistent with the TRA (Ajzen & Fishbein, 1980) and findings from previous studies (e.g., Bayer & Peay, 1997; Codd & Cohen, 2003).
Results from the post hoc alternative TRA model also found that previous mental health treatment, self-disclosure willingness, and anticipated benefits of self-disclosure had significant positive indirect effects on men’s help-seeking intentions via help-seeking attitudes. These findings support Hypothesis 1a, and are consistent with results from previous studies (e.g., Pederson & Vogel, 2007; Shaffer et al., 2006; Vogel et al., 2005). Only the relationship between previous mental health treatment and men’s help-seeking intentions was found to be fully mediated by help-seeking attitudes; men who previously used mental health services reported more positive attitudes towards seeking help, which in turn related to men being more likely to have intentions to seek psychological help for problems they were experiencing.

Results from the post hoc alternative TRA model also indicated that anticipated benefits of self-disclosure had a significant positive direct effect on men’s help-seeking intentions. Therefore, men who perceived more benefits to disclosing information were more likely to have intentions to seek psychological help for problems they were experiencing. This finding is consistent with results from previous research demonstrating that anticipated benefits of self-disclosure are a significant positive predictor of help-seeking intentions (e.g., Shaffer et al., 2006; Vogel et al., 2007).

Self-disclosure willingness had a significant positive indirect relationship with men’s help-seeking intentions partially mediated by help-seeking attitudes; men who reported a greater tendency to disclose distressful information had more positive attitudes towards seeking help and thus were more likely to have intentions to seek psychological help for problems they experience. However, contrary to Hypothesis 5f, the post hoc alternative TRA model found that self-disclosure willingness had a significant negative
direct relationship with help-seeking intentions. Therefore, the current study found that independent of help-seeking attitudes, men who were more willing to disclose distressing information were less likely to have intentions to seek psychological help for problems they might be experiencing. One explanation for this unanticipated finding pertains to the item content of the measure used to assess self-disclosure willingness (i.e., Distress Disclosure Index (DDI), see Appendix D). Items on the DDI ask about disclosing information to friends, or people in general. Given that previous research has demonstrated that both men and women seek informal help to a greater extent than utilizing professional mental services (Lane & Addis, 2005; Pillay & Rao, 2002), it is reasonable to speculate that men who are more likely to disclose information to friends or other people may be less likely to have intentions to seek psychological help.

Personal stigma had a negative indirect effect on men’s help-seeking intentions, partially mediated by help-seeking attitudes. This finding suggests that men who felt more personally stigmatized by using mental health services had less favorable attitudes towards seeking help and were less likely to have intentions to seek psychological help for their problems. This finding partially supports Hypothesis 1b and is consistent with results from previous research (i.e., Pederson & Vogel, 2007). Results from the post hoc alternative TRA model also found that personal stigma had a negative direct effect on men’s help-seeking intentions. This finding makes intuitive sense and also is consistent with results previous studies (Vogel et al., 2006; Vogel et al., 2007) that found personal stigma to be a significant negative predictor of help-seeking intentions.

Gender role conflict was found to have a significant negative indirect on men’s help-seeking intentions. However, instead of the relationship with gender role conflict
and men’s help-seeking intentions being partially mediated by help-seeking attitudes (i.e., Hypothesis 1b; see Figure 5), the post hoc alternative TRA model revealed that gender role conflict’s relationship to intentions was partially mediated by subjective norms (see Figure 6 and Table 6). This finding suggests that the more gender role conflict men experience, the less likely they are to perceive other important people in their lives as supporting the decision to seek mental health treatment, and thus are less likely to have intentions to seek psychological help for their problems. The results from the post hoc alternative TRA model also found a direct negative effect for gender role conflict men’s help-seeking intentions, partially supporting Hypothesis 5e. Overall, these findings are consistent with the gender role socialization paradigm, which posits that men are often socialized in ways that directly conflict with seeking psychological help (Addis & Mahalik, 2003).

Finally, contrary to Hypothesis 1b, anticipated risks of self-disclosure were found to have a positive indirect relationship on men’s help-seeking intentions. However, instead of the relationship between anticipated risks and men’s help-seeking intentions being mediated by help-seeking attitudes (i.e., Hypothesis 1b; see Figure 5), the post hoc alternative TRA model revealed instead that this relationship was partially mediated by subjective norms (see Figure 6). This finding suggests that the more risks men perceived in disclosing information, the more support they perceived by important people in their lives for seeking mental health treatment, and thus they were more likely to have intentions to seek psychological help. One reason for this finding may be that although men are socialized in a manner that conflicts with seeking psychological help, other people who contribute to their subjective norms may not be (e.g., females). Previous
research has found that other people, particularly women, often play a significant role in promoting men’s help-seeking behaviors (Jarrett, Bellamy, & Adeyemi, 2007; Millar, 2003; Seymour-Smith, Wetherell, & Phoenix, 2002). The alternative TRA model also found that anticipated risks of self-disclosure had a direct positive effect on men’s help-seeking intentions. This finding suggests that men who are more likely to have intentions to seek psychological help perceive more anticipated risks for disclosing information. One plausible explanation for this unexpected finding is that the intention to utilize psychological services might make anticipated risks of self-disclosure more salient for men because of their gender role socialization. The items on the Disclosure Expectations Scale that make up the Anticipated Risks subscale ask participants to rate how worried, vulnerable, risky, and difficult it would be if they disclosed information to a mental health professional (see Appendix C). Recall that men are posited to be socialized in a manner that directly conflicts with seeking psychological help (Addis & Mahalik, 2003), and therefore any intentions to seek psychological help might make any anticipated risks, fears, or concerns more salient.

Overall, the post hoc alternative TRA model demonstrated an excellent fit with the data (see Table 4) and accounted for 42.4% of the variance in men’s help-seeking intentions. In addition, the path estimates from the post hoc alternative TRA model supported the majority of the hypotheses from the current study. However, the negative direct effect of self-disclosure willingness and the effects (i.e., both direct and indirect) of anticipated risks of self-disclosure on men’s help-seeking intentions did not support the current study’s hypotheses concerning these constructs (i.e., 5f and 1b, respectively). The total effects of individual predictor variables on men’s help-seeking intentions in the
post hoc alternative TRA model ranged from small (i.e., help-seeking attitudes and previous mental health treatment), to medium (i.e., subjective norms, gender role conflict, personal stigma, anticipated benefits, and self-disclosure willingness), to large (i.e., anticipated risks). Ultimately, these findings suggest that a modified TRA model has potential utility in understanding men’s intentions to seek psychological help.

However, it is important to recognize some limitations of the TRA model. Despite modifications to the TRA model, it did not account for the majority of variance in men’s help-seeking intentions (i.e., 42.4% of the variance). This indicates that there are other important factors that are contributing to men’s intentions to seek psychological help. One criticism of using the TRA model to understand the process of seeking psychological help is that it primarily focuses on cognitive factors. As a result, the model does not account for other environmental or structural factors that have been identified as barriers for seeking mental health services such as the accessibility, availability, and affordability of services (Jarrett, Bellamy, & Adeyemi, 2007; Mansfield, Addis, and Courtenay, 2005). Furthermore, the model does not account for other known motivating factors for utilizing mental health services such as the level of psychological distress, which has often been an important factor contributing to men eventually seeking help (Addis, Cohane, 2005; Tudiver & Talbot, 1999; Wyke et al., 1998). Finally, limitations of the TRA model may be due to how an important construct such as attitudes is being measured. Attitudes in the TRA model have been typically examined by using self-report measures that tap explicit attitudes in reference to a particular behavior such as seeking psychological help. However, attitude research has demonstrated the importance of assessing implicit attitudes that are less susceptible to a participant’s response control and
may give a more valid indication of his or her acquired attitude toward a particular topic (Gawronski, 2007). Thus, the TRA model may be improved by including an implicit attitudes measure related to seeking psychological help.

**Implications**

The current study sought to increase the current knowledge of men’s help-seeking intentions by examining several pertinent help-seeking variables simultaneously to determine their relative importance. Results from this study suggest that when controlling for all other help-seeking variables included in the post hoc alternative TRA path model, help-seeking attitudes, subjective norms, personal stigma, anticipated benefits and risks, and gender role conflict had significant direct effects on men’s help-seeking intentions (see Table 6, Figure 6). Previous mental health treatment also had a significant, but indirect, effect on men’s help-seeking intentions, fully mediated by help-seeking attitudes.

Both psychological theory (TRA; Ajzen & Fishbein, 1980) and previous research have indicated that help-seeking attitudes are an important predictor of help-seeking intentions (Pederson & Vogel, 2007; Smith, Tran, & Thompson, 2008) and behaviors (Vogel et al., 2005). However, findings from the current study found that in comparison to other help-seeking variables (i.e., subjective norms, gender role conflict, personal stigma, anticipated benefits and risks of self-disclosure, and self-disclosure willingness), help-seeking attitudes had a small effect on men’s help-seeking intentions in the alternative TRA model (see Table 6). This suggests that other variables (e.g., personal stigma, self-disclosure willingness, subjective norms, gender role conflict, anticipated
benefits and risks) might be more important to understanding men’s intentions to seek psychological than help-seeking attitudes.

These findings are helpful because they enable future research, education and prevention efforts to target empirically supported factors that are most important in terms of their effect on men’s help-seeking intentions. For example, previous research has examined how different counseling-related stimuli (e.g., brochures, videos, different treatment modalities) affect men’s attitudes toward seeking psychological help (e.g., Blazina & Marks, 2001; Robertson & Fitzgerald, 1992; Rochlen et al., 2004; Wisch et al., 1995). Results from the current study suggest that research should examine how counseling-related stimuli affect other variables (i.e., personal stigma, subjective norms, gender role conflict, anticipated benefits and risks of self-disclosure, and self-disclosure willingness) that might have a potentially greater effect on men’s help-seeking intentions than help-seeking attitudes.

In terms of education, male student groups or athletic organizations could be targeted by public campaigns (e.g., student newspapers, radio station, university email, community outreach) that focus on addressing factors that were found to have medium to large effects on men’s help-seeking intentions (i.e., self-stigma, anticipated benefits and risks of self-disclosure, self-disclosure willingness, subjective norms, and gender role conflict). Educational and prevention efforts could also target staff and mental health providers who work with male college students to promote understanding of factors that affect men’s intentions to utilize psychological services. Promoting awareness of these factors that affect men’s help-seeking intentions may also aid staff, mental health providers, and counselor trainees in understanding and responding to issues surrounding
commitment to (e.g., no show appointments, continuation of services, or premature termination) and participation in treatment by assessing and addressing fears about treatment that male clients may possess (Bayer & Peay, 1997; Cusack et al., 2006; Halgin et al., 1985; Kushner & Sher, 1989). For example, clinicians working with men may need to: acknowledge and normalize seeking help; affirm and reframe help seeking as a sign of strength and courage; use action-oriented and solution-focused interventions; provide education on feelings as important sources of information that affect decision making; explore negative expectations and subsequent social support for treatment; encourage health-promoting behaviors as ways to maintain independent, successful functioning; and promote active involvement during health care visits. In addition to these practices, Garfield, Isacco, and Rogers (2008) suggested that the following clinical practices may be helpful in addressing some of concerns that men have while seeking mental health services: use administrative procedures that provide more anonymity (e.g., writing down reasons for visits instead of having to say them out loud, not announcing the patient’s name in the waiting room), have men’s interest magazines available, provide health education materials targeting men’s health issues, and gather feedback from male patients about the waiting room and how to improve it.

Another important implication of the results of this current study pertains to Ajzen and Fisbein’s TRA (1980). Although the proposed partially mediated TRA model was a less-than-adequate fit with the data, it accounted for more variance in men’s help-seeking intentions than and was a significant improvement over the fully mediated TRA model (i.e., 26.5% to 18.1%). Furthermore, results from the alternative TRA model support a partial mediation model compared to the fully mediated model posited by Ajzen and
Fishbein (1980). According to Ajzen and Fishbein (1980), attitudes and subjective norms are sufficient predictors of intentions to perform a particular behavior. They further specify that other variables may have an effect on intentions (e.g., outcome expectations and evaluations, normative beliefs and motivation to comply), but that these effects are fully mediated by attitudes and subjective norms, or through their respective determinants. Thus, attitudes and subjective norms are the most important predictors and ultimately determine behavioral intentions according to the TRA (1980).

The results from the current study found that both help-seeking attitudes and subjective norms were significant predictors of men’s help-seeking intentions. However, the alternative TRA model also revealed that several other variables had a significant direct effect on men’s help-seeking intentions (see Table 6). In fact, when controlling for other variables in the alternative TRA model, help-seeking attitudes were found to have a small positive direct effect on men’s help-seeking intentions. Subjective norms for seeking psychological help were found to have a medium positive effect on men’s help-seeking intentions. This suggests that other variables such as anticipated benefits and risks of self-disclosures, self-disclosure willingness, gender role conflict, and personal stigma were equally or more important in determining men’s intentions to seek psychological help than help-seeking attitudes and subjective norms (see Table 6).

One implication of these findings is that Ajzen and Fishbien’s (1980) TRA might need to be modified to allow additional direct effects from the determinants of attitudes (e.g., outcome expectations and evaluations) and subjective norms (e.g., normative beliefs and motivation to comply) to intentions to perform a specific behavior. Moreover, the posited prominence of attitudes and subjective norms in determining
behavioral intentions may need to be re-examined when predicting men’s intentions to seek psychological help in future research.

**Limitations and Future Research**

Despite these implications, it is also important to recognize the limitations of the current study. First, the results from this study should not be generalized to all males. The participants in this study were mostly single, heterosexual, Caucasian males between the ages of 18 to 21 years old. Additional research is needed to examine how these findings would generalize to a more diverse range of males. Another limitation was the cross-sectional, non-experimental survey design this study utilized. As a result, causal inferences cannot be made from this study’s findings. Furthermore, because this study used cross-sectional sampling, it did not assess for any future help-seeking behavior. Future studies should include follow-up data to assess how TRA predicts subsequent help-seeking behavior. The current study also relied exclusively on self-report measures to collect data, which may have been subject to biased reporting (e.g., impression management). It is also important to note that the results from the alternative TRA model were obtained from a post-hoc path analysis. As result, the findings from the current study require additional testing to determine their reliability.

Finally, the measure of help-seeking intentions used in this study asked participants to indicate the likelihood of seeking help from a list of potential problems versus actual problems the participants may be experiencing (see Appendix I). The Intentions to Seek Counseling Inventory (ISCI; Cash et al., 1975) does not assess problem severity, salience of the problem to the participant, or the intentions to engage in specific behaviors related to seeking help (e.g., making contact with a mental health
professional, attending an appointment). Future studies should examine men’s intentions to engage in specific help-seeking behaviors (e.g., contacting a mental health provider, attending an initial appointment) for actual problems they are experiencing.

Overall, despite these aforementioned limitations, the current study expanded the understanding of men’s help-seeking intentions. This study simultaneously examined several pertinent variables identified in the extant literature to determine their respective strength using a comprehensive theoretical framework. Results from the post hoc alternative partial mediation TRA model accounted for a large portion of the variance in men’s help-seeking intentions (i.e., 42.4%) and revealed some limitations of the TRA model posited by Ajzen and Fishbein (1980). Additionally, results from the current study also indicated that other variables (i.e., gender role conflict, anticipated benefits and risks of self-disclosure, self-disclosure willingness, subjective norms, and personal stigma) may be more important to study and address to promote men’s help-seeking intentions than help-seeking attitudes (see Table 6). These findings can help guide future research, and provide empirical support for more targeted educational and prevention efforts to promote men’s help-seeking intentions.


APPENDICES
APPENDIX A

ATTITUDES TOWARD SEEKING PROFESSIONAL PSYCHOLOGICAL HELP

SCALE - SHORT FORM

Please respond to the following items as accurately and honestly as possible. Remember that your responses are anonymous. There are no wrong answers. It is important that you answer every item.

Directions: For each statement below, decide whether you disagree, somewhat disagree, somewhat agree, or agree. Circle the number for each statement to indicate your response.

For this survey, the term “professional mental health services” refers to any services provided by the following persons: psychologist, psychiatrist, counselor, or clinical social worker.

<table>
<thead>
<tr>
<th></th>
<th>Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If I believed I was having a mental health difficulties, my first inclination would be to seek professional attention.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. The idea of talking about problems with a mental health professional strikes me as a poor way of getting rid of emotional conflicts.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in professional mental health services.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. There is something admirable in the attitude of a person who is willing to cope with his/her conflicts and fears without resorting to professional mental health services.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. I would want to get professional mental health services if I was worried or upset for a long period of time.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. I might want to have professional mental health services in the future.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional mental health services.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Considering time and expense involved with professional mental health services, it would have doubtful value for a person like me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
9. A person should work out his or her own problems; getting professional mental health services would be a last resort. 0 1 2 3

10. Personal and emotional troubles, like many things, tend to work out by themselves. 0 1 2 3
APPENDIX B
CONFORMITY TO MASCULINE NORMS INVENTORY

The following pages contain a series of statements about how men might think, feel or behave. The statements are designed to measure attitudes, beliefs, and behaviors associated with both traditional and non-traditional masculine gender roles.

Thinking about your own actions, feelings and beliefs, please indicate how much you personally agree or disagree with each statement by circling SD for "Strongly Disagree", D for "Disagree", A for "Agree", or SA for "Strongly agree" to the left of the statement. There are no right or wrong responses to the statements. You should give the responses that most accurately describe your personal actions, feelings and beliefs. It is best if you respond with your first impression when answering.

1. It is best to keep your emotions hidden.                  SD D A SA
2. In general, I will do anything to win.                   SD D A SA
3. If I could, I would frequently change sexual partners.   SD D A SA
4. If there is going to be violence, I find a way to avoid it.  SD D A SA
5. It is important to me that people think I am heterosexual. SD D A SA
6. In general, I must get my way.                          SD D A SA
7. Trying to be important is the greatest waste of time.    SD D A SA
8. I am often absorbed in my work.                         SD D A SA
9. I will only be satisfied when women are equal to men.    SD D A SA
10. I hate asking for help.                                 SD D A SA
11. Taking dangerous risks helps me to prove myself.        SD D A SA
12. In general, I do not expend a lot of energy trying to win at things.  SD D A SA
13. An emotional bond with a partner is the best part of sex.  
14. I should take every opportunity to show my feelings.  
15. I believe that violence is never justified.  
16. Being thought of as gay is not a bad thing.  
17. In general, I do not like risky situations.  
18. I should be in charge.  
19. Feelings are important to show.  
20. I feel miserable when work occupies all my attention.  
21. I feel best about my relationships with women when we are equals.  
22. Winning is not my first priority.  
23. I make sure that people think I am heterosexual.  
24. I enjoy taking risks.  
25. I am disgusted by any kind of violence.  
26. I would hate to be important.  
27. I love to explore my feelings with others.  
28. If I could, I would date a lot of different people.  
29. I ask for help when I need it.  
30. My work is the most important part of my life.  
31. Winning isn’t everything, it’s the only thing.  
32. I never take chances.  
33. I would only have sex if I was in a committed relationship.  
34. I like fighting.  
35. I treat women as equals.
36. I bring up my feelings when talking to others.  SD D A SA
37. I would be furious if someone thought I was gay.  SD D A SA
38. I only get romantically involved with one person.  SD D A SA
39. I don't mind losing.  SD D A SA
40. I take risks.  SD D A SA
41. I never do things to be an important person.  SD D A SA
42. It would not bother me at all if someone thought I was gay.  SD D A SA
43. I never share my feelings.  SD D A SA
44. Sometimes violent action is necessary.  SD D A SA
45. Asking for help is a sign of failure.  SD D A SA
46. In general, I control the women in my life.  SD D A SA
47. I would feel good if I had many sexual partners.  SD D A SA
48. It is important for me to win.  SD D A SA
49. I don't like giving all my attention to work.  SD D A SA
50. I feel uncomfortable when others see me as important.  SD D A SA
51. It would be awful if people thought I was gay.  SD D A SA
52. I like to talk about my feelings.  SD D A SA
53. I never ask for help.  SD D A SA
54. More often than not, losing does not bother me.  SD D A SA
55. It is foolish to take risks.  SD D A SA
56. Work is not the most important thing in my life.  SD D A SA
57. Men and women should respect each other as equals.  SD D A SA
58. Long term relationships are better than casual sexual encounters.  SD D A SA
59. Having status is not very important to me. 
60. I frequently put myself in risky situations. 
61. Women should be subservient to men. 
62. I am willing to get into a physical fight if necessary. 
63. I like having gay friends. 
64. I feel good when work is my first priority. 
65. I tend to keep my feelings to myself. 
66. Emotional involvement should be avoided when having sex. 
67. Winning is not important to me. 
68. Violence is almost never justified. 
69. I am comfortable trying to get my way. 
70. I am happiest when I'm risking danger. 
71. Men should not have power over women. 
72. It would be enjoyable to date more than one person at a time. 
73. I would feel uncomfortable if someone thought I was gay. 
74. I am not ashamed to ask for help. 
75. The best feeling in the world comes from winning. 
76. Work comes first. 
77. I tend to share my feelings. 
78. I like emotional involvement in a romantic relationship. 
79. No matter what the situation I would never act violently. 
80. If someone thought I was gay, I would not argue with them about it.
81. Things tend to be better when men are in charge.  
82. I prefer to be safe and careful.  
83. A person shouldn't get tied down to dating just one person.  
84. I tend to invest my energy in things other than work.  
85. It bothers me when I have to ask for help.  
86. I love it when men are in charge of women.  
87. It feels good to be important.  
88. I hate it when people ask me to talk about my feelings.  
89. I work hard to win.  
90. I would only be satisfied with sex if there was an emotional bond.  
91. I try to avoid being perceived as gay.  
92. I hate any kind of risk.  
93. I prefer to stay unemotional.  
94. I make sure people do as I say.
APPENDIX C

DISCLOSURE EXPECTATIONS SCALE

Note: For this survey, the term “mental health professional” refers to any of the following persons: psychologist, psychiatrist, counselor, or clinical social worker.

Please circle your answer to the following items using the scale:

<table>
<thead>
<tr>
<th></th>
<th>Not at All</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Very</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How difficult would it be for you to disclose personal information to a mental health professional?</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. How vulnerable would you feel if you disclosed something very personal you had never told anyone before to a mental health professional?</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3. If you were dealing with an emotional problem, how beneficial for yourself would it be to self-disclose personal information about the problem to a mental health professional?</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. How risky would it feel to disclose your hidden feelings to a mental health professional?</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. How worried about what the other person is thinking would you be if you disclosed negative emotions to a mental health professional?</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6. How helpful would it be to self-disclose a personal problem to a mental health professional?</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7. Would you feel better if you disclosed feelings of sadness or anxiety to a mental health professional?</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>8. How likely would you get a useful response if you disclosed an emotional problem you were struggling with to a mental health professional.</td>
<td>1 2 3 4 5</td>
<td></td>
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</tbody>
</table>
APPENDIX D

DISTRESS DISCLOSURE INDEX

Directions: *Please read each of the following items carefully. Indicate the extent to which you agree or disagree with each item according to the rating scale below.*

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

1. When I feel upset, I usually confide in my friends.  
2. I prefer not to talk about my problems.  
3. When something unpleasant happens to me, I often look for someone to talk to.  
4. I typically don’t discuss things that upset me.  
5. When I feel depressed or sad, I tend to keep those feelings to myself.  
6. I try to find people to talk with about my problems.  
7. When I am in a bad mood, I talk about it with my friends.  
8. If I have a bad day, the last thing I want to do is talk about it.  
9. I rarely look for people to talk with when I am having a problem.  
10. When I’m distressed I don’t tell anyone.  
11. I usually seek out someone to talk to when I am in a bad mood.  
12. I am willing to tell others my distressing thoughts.
APPENDIX E

GENDER ROLE CONFLICT SCALE-I

Instructions: In the space to the left of each sentence below, write the number that most closely represents the degree that you AGREE or DISAGREE with the statement. There is no right or wrong answer to each statement; your own reaction is what is asked for. It is important to answer every item.

<table>
<thead>
<tr>
<th>Rating</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>Strongly Agree</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1. Moving up the career ladder is important to me.</td>
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<tr>
<td>2. I have difficulty telling others I care about them.</td>
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<tr>
<td>3. Verbally expressing my love to another man is difficult for me.</td>
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<td>4. I feel torn between my hectic work schedule and caring for my health.</td>
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<td>5. Making money is part of my idea of being a successful man.</td>
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<td>6. Strong emotions are difficult for me to understand.</td>
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<tr>
<td>7. Affection with other men makes me tense.</td>
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<tr>
<td>8. I sometimes define my personal value by my career success.</td>
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<tr>
<td>9. Expressing feelings makes me feel open to attack by other people.</td>
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<tr>
<td>10. Expressing my emotions to other men is risky.</td>
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<tr>
<td>11. My career, job, or school affects the quality of my leisure or family life.</td>
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<td>12. I evaluate other people’s value by their level of achievement and success.</td>
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<td>13. Talking about my feelings during sexual relations is difficult for me.</td>
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<tr>
<td>14. I worry about failing and how it affects my doing well as a man.</td>
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<tr>
<td>15. I have difficulty expressing my emotional needs to my partner.</td>
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<tr>
<td>16. Men who touch other men make me uncomfortable.</td>
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<tr>
<td>17. Finding time to relax is difficult for me.</td>
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<tr>
<td>18. Doing well is important to me.</td>
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<tr>
<td>19. I have difficulty expressing my tender feelings.</td>
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<tr>
<td>20. Hugging other men is difficult for me.</td>
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<tr>
<td>21. I often feel that I need to be in charge of those around me.</td>
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<tr>
<td>22. Telling others of my strong feelings is not part of my sexual behavior.</td>
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<tr>
<td>23. Competing with others is the best way to succeed.</td>
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<tr>
<td>24. Winning is a measure of my value and personal worth.</td>
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<tr>
<td>25. I often have trouble finding words that describe how I am feeling.</td>
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<tr>
<td>26. I am sometimes hesitant to show my affection to men because of how others might perceive me.</td>
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<tr>
<td>27. My needs to work or study keep me from my family or leisure more than I would like.</td>
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<tr>
<td>28. I strive to be more successful than others.</td>
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<tr>
<td>29. I do not like to show my emotions to other people.</td>
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</tr>
<tr>
<td>30. Telling my partner my feelings about him/her during sex is difficult for me.</td>
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<td></td>
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</tr>
<tr>
<td>31. My work or school often disrupts other parts of my life (home, family, health, leisure).</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>32. I am often concerned about how others evaluate my performance at work or school.</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>33. Being very personal with other men makes me feel uncomfortable.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>34. Being smarter or physically stronger than other men is important to me.</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>35. Men who are overly friendly to me make me wonder about their sexual preference (men or women).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. Overwork and stress caused by a need to achieve on the job or in school, affects/hurts my life.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>37. I like to feel superior to other people.</td>
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</tr>
</tbody>
</table>
APPENDIX F

STIGMA SCALE FOR RECEIVING PSYCHOLOGICAL HELP

**Note:** For this survey, the term “professional mental health services” refers to any services provided by the following persons: psychologist, psychiatrist, counselor, or clinical social worker.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Seeing a mental health professional for emotional or interpersonal problems carries social stigma.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>It is a sign of personal weakness or inadequacy to see a mental health professional for emotional or interpersonal problems.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>People will see a person in a less favorable way if they come to know that he/she has seen a mental health professional.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>It is advisable for a person to hide from people that he/she has seen a mental health professional.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td>People tend to like less those who are receiving professional mental health services.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
APPENDIX G

SELF-STIGMA OF SEEKING HELP

Instructions: People at times find that they face problems that they consider seeking help for. This can bring up reactions about what seeking help would mean. Please use the 5-point scale to rate the degree to which each item describes how you might react in this situation.

Note: For this survey, the term “professional mental health services” refers to any services provided by the following persons: psychologist, psychiatrist, counselor, or clinical social worker.

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree &amp; Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I would feel inadequate if I went to a mental health professional for psychological help.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. My self-confidence would NOT be threatened if I sought professional mental health services.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Seeking psychological help would make me feel Less intelligent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. My self-esteem would increase if I talked to a mental health professional.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. My view of myself would not change just because I made the choice to see a mental health professional.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. It would make me feel inferior to ask a mental health professional for help.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. I would feel ok about myself if I made the choice to seek professional mental health services.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. If I went to a mental health professional, I would be less satisfied with myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
9. My self-confidence would remain the same if I sought professional mental health services for a problem I could not solve. | 1 | 2 | 3 | 4 | 5 |

10. I would feel worse about myself if I could not solve my own problems. | 1 | 2 | 3 | 4 | 5 |
APPENDIX H

THOUGHTS ABOUT PSYCHOTHERAPY SCALE

Instructions: The following items indicate concerns people have about professional mental health services or counseling. Please rate each item according to the scale below. There is no right or wrong answer.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Concern</td>
<td>Very Concerned</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Whether professional mental health services is what I need to help me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Whether I’ll be treated as a person in professional mental health services.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Whether the mental health professional will be honest with Me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Whether the mental health professional will take my problem seriously.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Whether the mental health professional will share my values.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Whether everything thing I say in professional mental health services will be kept confidential.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Whether the mental health professional will think I’m a bad person if I talk about all the things I have been thinking and feeling.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>8. Whether the mental health professional will understand my problem</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Whether my friends will think I’m abnormal for coming.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Whether the mental health professional will think I’m more disturbed than I am.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Whether the mental health professional will find out things I don’t want him/her to know about me and my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Whether I will learn things about myself I don’t want To really know.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>13. Whether I’ll lose control of my emotions in professional mental health services.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>14. Whether the mental health professional will be competent To address my problem.</td>
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<tr>
<td>15. Whether I will be pressured to do things in professional mental health services I don’t want to do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>16. Whether I will be pressured to make changes in my lifestyle that I feel unwilling or unable to make right now.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. Whether I will be pressured into talking about things that I don’t want to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18. Whether I will end up changing the way I think or feel about things and the world in general.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19. The thought of seeing a mental health professional would cause me to worry, experience nervousness or feel fearful in general.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20. Whether seeking treatment would affect my job or job Prospects if an employer found out about it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21. Whether an employer will question my ability if he/she knows I’m attending professional mental health services.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>22. Whether attending professional mental health services will create a psychiatric label that might stay with me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>23. Whether friends and family will see my future behavior as being attributable to my having had professional mental health services.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>24. Whether some people will like or respect me less if I say that I am receiving professional mental health services.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>25. Whether people treat me differently if they know I have been receiving professional mental health services.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>26. Whether people will think I’m weak because I can’t solve my own problems.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>27. Whether I will lose friends from my seeing a mental health professional.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>28. Whether being in professional mental health services will affect my relationship with those closest to me (partner, family, close friends).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>29. Whether those closest to me (my family, partner, close friends) will think less of me for seeing a mental health professional.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>30. Whether those closest to me will feel guilty as a result of my seeking professional mental health services.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
APPENDIX I

INTENTIONS TO SEEK COUNSELING INVENTORY

Please respond to the following items as accurately and honestly as possible. Remember that your responses are anonymous. There are no wrong answers. It is important that you answer every item.

Directions: *Circle the number for each statement to indicate your response.*

<table>
<thead>
<tr>
<th>Below is a list of issues people commonly bring to counseling. How likely would you be to seek counseling if you were experiencing these problems?</th>
<th>Very Likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very Unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Weight problems</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. Excessive alcohol use</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Relationship difficulties</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. Concerns about sexuality</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. Depression</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. Conflicts with parents</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7. Speech anxiety</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8. Difficulties dating</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9. Choosing a major</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>10. Difficulty sleeping</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>11. Drug problems</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>12. Inferiority feelings</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>13. Test Anxiety</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>14. Difficulties with friends</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>15. Academic work procrastination</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>16. Self-understanding</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>17. Loneliness</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
1) Age (years): __________

2) Race/Ethnicity: African American _________
Asian American/Pacific Islander ________
Caucasian __________
Latino/Hispanic ________
Native American ________
Multiracial ________
International Student from:

________________________________________

Other (please specify):

________________________________________

3) Educational Status Freshman _____ (1st year)
Sophomore _____ (2nd year)
Junior _____ (3rd year)
Senior _____ (4th year)
Graduate Student ____________________ (specify)
Other ____________________ (specify)

4) Major: ____________________________________

5) Overall GPA: __________
6) Relationship Status:  
   Single ________
   Divorced/Seperated ________
   Married ________
   Widowed ________
   Living with partner ________

7) How would you describe your sexual orientation?  (Please circle a number)

   1     2     3     4     5     6     7
Exclusively Homosexual

Exclusively Heterosexual

8) Family Income:  
   ≥ $100,000     _____
   $80,000-$99,000 _____
   $60,000-$79,000 _____
   $40,000-$59,000 _____
   $20,000-$39,000 _____
   $0 - $19,000     _____

9) Have you ever used mental health services (i.e., from a psychologist, psychiatrist, social worker, or counselor) in the past?

   Yes _____    No _____ (skip to question 14)

10) If you answered yes to question 9, please indicate to the best of your knowledge who you saw for mental health services. (Mark more than one if necessary)

   Psychiatrist _____
   Psychologist _____
   Counselor _____
   Social Worker _____
   Other (please specify): ______________________________
   Don’t Know ___

11) Was your participation in mental health services voluntary?

   Yes _____    No _____

12) How many sessions did you have?    ______________________  (Fill in)
13) Generally speaking, how helpful were your experiences with mental health services? (Please circle a number)

1 2 3 4 5 6 7
Extremely Unhelpful    Neither Unhelpful    Extremely Helpful
Or Helpful

14) Most people who are important to me would think that I should seek help from a mental health professional if I were experiencing a persistent personal problem in my life.

-3 -2 -1 0 1 2 3
Not likely    Neither Unlikely    Likely
Or Likely
APPENDIX K

CORRELATIONS OF VARIABLES INCLUDED IN THE TRA MODELS

Table 6 Correlations of Variables included in the TRA Models.

<table>
<thead>
<tr>
<th>Scale</th>
<th>ATSPPHS</th>
<th>CMNI</th>
<th>AR</th>
<th>AB</th>
<th>DDI</th>
<th>GRCS-I</th>
<th>SSRPH</th>
<th>SSOSH</th>
<th>TAPS</th>
<th>PMHT</th>
<th>SN</th>
<th>ISCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATSPPHS</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>CMNI</td>
<td>-.185**</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Anticipated Risks (AR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Anticipated Benefits (AB)</td>
<td>.469**</td>
<td>-.152**</td>
<td>-.060</td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>DDI</td>
<td>.292**</td>
<td>-.082</td>
<td>-.290**</td>
<td>.240**</td>
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<td></td>
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<tr>
<td>GRCS-I</td>
<td>-.093*</td>
<td>.184**</td>
<td>.323**</td>
<td>.084</td>
<td>-.370**</td>
<td>-</td>
<td></td>
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<tr>
<td>SSRPH</td>
<td>-.322**</td>
<td>.212**</td>
<td>.385**</td>
<td>-.143**</td>
<td>-.314**</td>
<td>.457**</td>
<td>-</td>
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<td></td>
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<tr>
<td>SSOSH</td>
<td>-.544**</td>
<td>.235**</td>
<td>.384**</td>
<td>-.422**</td>
<td>-.368**</td>
<td>.333**</td>
<td>.558**</td>
<td>-</td>
<td></td>
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<td></td>
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<tr>
<td>TAPS</td>
<td>-.107*</td>
<td>.106*</td>
<td>.381**</td>
<td>-.005</td>
<td>-.190**</td>
<td>.424**</td>
<td>.381**</td>
<td>.360**</td>
<td>-</td>
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<tr>
<td>PMHT</td>
<td>.287**</td>
<td>-.120*</td>
<td>.016</td>
<td>.110*</td>
<td>-.023</td>
<td>.076</td>
<td>-.094*</td>
<td>-.193**</td>
<td>-.132*</td>
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</tr>
<tr>
<td>Subjective Norms (SN)</td>
<td>-.049</td>
<td>.019</td>
<td>.058</td>
<td>-.104*</td>
<td>-.001</td>
<td>.005</td>
<td>.084</td>
<td>.067</td>
<td>.024</td>
<td>.017</td>
<td>-</td>
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<tr>
<td>ISCI</td>
<td>.212**</td>
<td>-.031</td>
<td>-.048</td>
<td>.232**</td>
<td>.085</td>
<td>.211**</td>
<td>.038</td>
<td>-.121*</td>
<td>.188**</td>
<td>.126*</td>
<td>.010</td>
<td>-</td>
</tr>
</tbody>
</table>

Note. N = 338. *p < .05, **p < .01, one tailed. ATSPPHS = Attitudes Toward Seeking Professional Psychological Help Scale; CMNI = Conformity to Masculine Norms Inventory; AR = Disclosure Expectations Scale, Anticipated Risks subscale; AB = Disclosure Expectations Scale, Anticipated Benefits subscale; DDI = Distress Disclosure Index; GRCS-I = Gender Role Conflict Scale-I; SSRPH = Stigma Scale for Receiving Psychological Help; SSOSH = Self-stigma of Seeking Help; TAPS = Thoughts About Psychotherapy Scale; PMHT = Previous Mental Health Treatment; SN = Subjective Norms; ISCI = Intentions to Seek Counseling Inventory.
APPENDIX L

IRB APPROVAL

NOTICE OF APPROVAL

Date: March 17, 2008
To: Timothy E. Rogers
2023 Valley Road
Cuyahoga Falls, Ohio 44223

From: Sharon McWhorter, IRB Administrator

Re: IRB Number 20080310
"Predicting College Men’s Intentions to Seek Psychological Help Using the Theory of Reasoned Action"

Thank you for submitting your IRB Application for Review of Research Involving Human Subjects for the referenced project. Your application was approved on March 14, 2008. Your protocol represents minimal risk to subjects and matches the following federal category for exemption:

- Exemption 1 - Research conducted in established or commonly accepted educational settings, involving normal educational practices.
- Exemption 2 - Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior.
- Exemption 3 - Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior not exempt under category 2, but subjects are elected or appointed public officials or candidates for public office.
- Exemption 4 - Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens.
- Exemption 5 - Research and demonstration projects conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine public programs or benefits.
- Exemption 6 - Taste and food quality evaluation and consumer acceptance studies.

Annual continuation applications are not required for exempt projects. If you make changes to the study’s design or procedures that increase the risk to subjects or include activities that do not fall within the approved exemption category, please contact me to discuss whether or not a new application must be submitted. Any such changes or modifications must be reviewed and approved by the IRB prior to implementation.

Please retain this letter for your files. If the research is being conducted for a master’s thesis or doctoral dissertation, the student must file a copy of this letter with the thesis or dissertation.

Approved consent form/s enclosed

Cc: David Tokar - Advisor
Cc: Rosalie Hall - IRB Chair

Office of Research Services and Sponsored Programs
Akron, OH 44305-2102
330-972-7665 * 330-972-6201 Fax

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