MEN’S PERCEPTIONS OF MEN ATTENDING
MENTAL HEALTH COUNSELING:
A Q METHODOLOGY STUDY

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MEN’S PERCEPTOINS OF MEN ATTENDIGN MENTAL HEALTH COUNSELING: A Q METHODOLOGICAL STUDY (223 pp.)

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The study utilized Q methodology to explore men’s perceptions of men attending mental health counseling. The concourse was obtained from a combination of an incomplete sentence task and relevant scholarship. Forty-three men from different areas of the United States sorted a P sample of 48 statements. The sorts were factor analyzed using an unrotated principle components analysis solution. One common factor emerged with three specificities that reflected four perceptions of men attending mental health counseling.

Interpretation of the factors was aided by post-sort responses provided by participants about their perceptions. These factors were titled (a) Counseling Helps Men, (b) Caution, (c) Emergent Openness, and (d) Problem Solving. The results suggested that the participants were on the whole supportive of men attending mental health counseling, as depicted in the common factor. The specificities reflected a more nuanced support for men attending mental health counseling. First, Caution put an emphasis on the stigma attached to men attending mental health counseling. Second, Emergent Openness reflected a growing acceptance of men attending mental health counseling. Finally, Problem Solving approved of men attending mental health counseling only if the problem was sufficiently large to offset the stigma.
The results suggest that men’s perceptions of mental health counseling attendance are more diverse than some theorists have suggested. The findings have implications for those working in mental health, researchers in men’s issues, and counselor educators. The limitations of the study are considered and future lines of inquiry elucidated.
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENTS.</td>
<td>iv</td>
</tr>
<tr>
<td>LIST OF FIGURES.</td>
<td>x</td>
</tr>
<tr>
<td>LIST OF TABLES.</td>
<td>xi</td>
</tr>
<tr>
<td>CHAPTER I INTRODUCTION AND LITERATURE REVIEW</td>
<td>1</td>
</tr>
<tr>
<td>Purpose and Rationale.</td>
<td>2</td>
</tr>
<tr>
<td>Definitions.</td>
<td>3</td>
</tr>
<tr>
<td>Review of the Literature.</td>
<td>5</td>
</tr>
<tr>
<td>The Culture of Men and Masculinity.</td>
<td>6</td>
</tr>
<tr>
<td>International male identities and issues.</td>
<td>7</td>
</tr>
<tr>
<td>The performance of masculinity.</td>
<td>11</td>
</tr>
<tr>
<td>Male sex role.</td>
<td>12</td>
</tr>
<tr>
<td>Gender role strain.</td>
<td>13</td>
</tr>
<tr>
<td>The role of shame.</td>
<td>15</td>
</tr>
<tr>
<td>Variability of masculinity.</td>
<td>16</td>
</tr>
<tr>
<td>Age and masculinity.</td>
<td>16</td>
</tr>
<tr>
<td>Race and masculinity.</td>
<td>20</td>
</tr>
<tr>
<td>African American males</td>
<td>20</td>
</tr>
<tr>
<td>Latino American males</td>
<td>22</td>
</tr>
<tr>
<td>Asian American males</td>
<td>23</td>
</tr>
<tr>
<td>Caucasian American males</td>
<td>25</td>
</tr>
<tr>
<td>Class and masculinity</td>
<td>26</td>
</tr>
<tr>
<td>Gay men and masculinity</td>
<td>28</td>
</tr>
<tr>
<td>Mental Health Concerns of Men</td>
<td>29</td>
</tr>
<tr>
<td>Epidemiological overview</td>
<td>30</td>
</tr>
<tr>
<td>Incidence of mental disorders in men.</td>
<td>30</td>
</tr>
<tr>
<td>GRS and mental health.</td>
<td>33</td>
</tr>
<tr>
<td>Drive for success, power, and competition</td>
<td>33</td>
</tr>
<tr>
<td>Restricted emotionality</td>
<td>34</td>
</tr>
<tr>
<td>Restricted affectionate behavior between men</td>
<td>35</td>
</tr>
<tr>
<td>Conflict between work and family relationships.</td>
<td>36</td>
</tr>
<tr>
<td>Men’s Help-Seeking Behavior.</td>
<td>37</td>
</tr>
<tr>
<td>Physical health services</td>
<td>38</td>
</tr>
<tr>
<td>Mental health services</td>
<td>40</td>
</tr>
<tr>
<td>Men’s Perceptions of Counseling.</td>
<td>42</td>
</tr>
<tr>
<td>Theoretical work on men’s perceptions</td>
<td>43</td>
</tr>
<tr>
<td>Measures of attitudes, expectations, intentions, and barriers.</td>
<td>45</td>
</tr>
<tr>
<td>Attitudes towards counseling.</td>
<td>46</td>
</tr>
<tr>
<td>Topic</td>
<td>Page</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Expectations about counseling</td>
<td>47</td>
</tr>
<tr>
<td>Help-seeking intentions</td>
<td>48</td>
</tr>
<tr>
<td>Barriers to help-seeking</td>
<td>49</td>
</tr>
<tr>
<td>Summary</td>
<td>50</td>
</tr>
<tr>
<td>CHAPTER II METHODOLOGY</td>
<td>52</td>
</tr>
<tr>
<td>Q Methodology</td>
<td>52</td>
</tr>
<tr>
<td>The Present Study</td>
<td>53</td>
</tr>
<tr>
<td>The Concourse</td>
<td>55</td>
</tr>
<tr>
<td>Incomplete sentence blanks concourse</td>
<td>55</td>
</tr>
<tr>
<td>Administration of the incomplete sentence blanks</td>
<td>56</td>
</tr>
<tr>
<td>Scholarly literature concourse</td>
<td>58</td>
</tr>
<tr>
<td>The Q Sample</td>
<td>61</td>
</tr>
<tr>
<td>Participants (P Sample)</td>
<td>64</td>
</tr>
<tr>
<td>Procedure</td>
<td>66</td>
</tr>
<tr>
<td>Analyses</td>
<td>69</td>
</tr>
<tr>
<td>Interpretation of Factors</td>
<td>70</td>
</tr>
<tr>
<td>Delimitations</td>
<td>71</td>
</tr>
<tr>
<td>Summary</td>
<td>72</td>
</tr>
<tr>
<td>CHAPTER III RESULTS</td>
<td>73</td>
</tr>
<tr>
<td>Participants</td>
<td>74</td>
</tr>
<tr>
<td>Statistical Data Analysis</td>
<td>76</td>
</tr>
<tr>
<td>Correlation</td>
<td>77</td>
</tr>
<tr>
<td>Factor Analysis</td>
<td>78</td>
</tr>
<tr>
<td>Factor rotation</td>
<td>78</td>
</tr>
<tr>
<td>Factor loadings</td>
<td>80</td>
</tr>
<tr>
<td>Factor scores</td>
<td>83</td>
</tr>
<tr>
<td>Factor reliability</td>
<td>83</td>
</tr>
<tr>
<td>Post-Sort Responses</td>
<td>84</td>
</tr>
<tr>
<td>Statistical Differences by Age, Education, and Counseling History</td>
<td>85</td>
</tr>
<tr>
<td>Summary</td>
<td>87</td>
</tr>
<tr>
<td>CHAPTER IV DISCUSSION</td>
<td>88</td>
</tr>
<tr>
<td>Factor Interpretation</td>
<td>88</td>
</tr>
<tr>
<td>Common Factor: Counseling Helps Men</td>
<td>89</td>
</tr>
<tr>
<td>Specificities of the Common Factor</td>
<td>103</td>
</tr>
<tr>
<td>Specificity: Caution</td>
<td>104</td>
</tr>
<tr>
<td>Specificity: Emergent Openness</td>
<td>108</td>
</tr>
<tr>
<td>Specificity: Problem Solving</td>
<td>112</td>
</tr>
<tr>
<td>An Incomplete Response</td>
<td>116</td>
</tr>
<tr>
<td>Implications</td>
<td>119</td>
</tr>
<tr>
<td>Mental Health Counselors and Administrators</td>
<td>120</td>
</tr>
<tr>
<td>Scholars in Counseling and Men’s Studies</td>
<td>122</td>
</tr>
</tbody>
</table>
Counselor Educators .......................................................... 124
Q Methodologists .............................................................. 124
Limitations ................................................................. 125
Future Research ............................................................. 127
Conclusion ................................................................. 129

APPENDICES ........................................................................ 130
APPENDIX A. MALE INCOMPLETE SENTENCE BLANKS FOR COUNSELING (MISBC) .......................................................... 131
APPENDIX B. KENT STATE UNIVERSITY INSTITUTIONAL REVIEW BOARD FOR HUMAN PARTICIPATION FORM, MALE INCOMPLETE SENTENCE BLANKS FOR COUNSELING (MISBC) .... 133
APPENDIX C. BACKGROUND QUESTIONNAIRE .................................. 135
APPENDIX D. INFORMED CONSENT FOR PARTICIPATION FOR MALE INCOMPLETE SENTENCE BLANKS FOR COUNSELING ........................................... 137
APPENDIX E. MALE INCOMPLETE SENTENCE BLANKS FOR COUNSELING CONCOURSE .................................................. 139
APPENDIX F. LITERATURE CONCOURSE ......................................... 155
APPENDIX G. MALE INCOMPLETE SENTENCE BLANKS FOR COUNSELING CONDENSED CONCOURSE .................................................. 161
APPENDIX H. Q SAMPLE .......................................................... 165
APPENDIX I. KENT STATE UNIVERSITY INSTITUTIONAL REVIEW BOARD FOR HUMAN PARTICIPATION FORM, Q SORT .................................................. 169
APPENDIX J. CONSENT FORM FOR PARTICIPATION IN Q SORT ........... 171
APPENDIX K. SCRIPT FOR ORIENTING PARTICIPANT TO STUDY AND Q TECHNIQUE .......................................................... 173
APPENDIX L. PARTICIPANT PACKET ............................................ 176
APPENDIX M. CORRELATION MATRIX BETWEEN SORTS ................. 181
APPENDIX N. UNROTATED FACTOR LOADINGS .................................. 184
APPENDIX O. CORRELATIONS BETWEEN FACTOR SCORES .............. 186
APPENDIX P. NORMALIZED FACTOR SCORES FOR FACTOR I ............ 188
APPENDIX Q. NORMALIZED FACTOR SCORES FOR FACTOR II ............ 191
APPENDIX R. NORMALIZED FACTOR SCORES FOR FACTOR IV ............ 194
APPENDIX S. NORMALIZED FACTOR SCORES FOR FACTOR IIIi .......... 197
APPENDIX T. FACTOR Q SORT VALUES FOR EACH STATEMENT .......... 200

REFERENCES ...................................................................... 203
## LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distribution Shape</td>
<td>67</td>
</tr>
<tr>
<td>2. Scatter Plot of Factor I and Factor II</td>
<td>81</td>
</tr>
<tr>
<td>3. Scatter Plot of Factor I and Factor IV</td>
<td>82</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Descriptive Statistics for the MISBC Participants</td>
<td>59</td>
</tr>
<tr>
<td>2. Selection Criteria for Person Sample</td>
<td>65</td>
</tr>
</tbody>
</table>
CHAPTER I
INTRODUCTION AND LITERATURE REVIEW

Men have been depicted in popular culture and academic literature as being in a state of crisis (Addis & Mahalik, 2003; Brooks, 1998; Levant & Kopecky, 1995). Models of manhood have failed to respond to the social changes of the past half-century leaving some men feeling anxious, confused, and irritable (Levant & Kopecky, 1995). Many men feel like something is wrong in their lives and are unable to identify the reason for this feeling (Brooks, 1998). The core of the problem may stem from the outdated models of manhood that are based on male sex roles. Male sex roles are socially prescribed stereotypes and norms to which men are expected to adhere (Kilmartin, 2000). These roles are often unappealing and at times hazardous to men (Pleck, 1981). Many men are looking for something more or something different from these sex roles, which often adversely impact men’s mental health (Brooks, 1998; Levant & Kopecky, 1995).

Men have been the majority of providers of and theorists in counseling for the better part of its existence. However, this presence has not brought more male clients into counseling, nor has it prepared counselors to work with men (Brooks, 1998). Men make up only about a third of those who present for counseling (Vessey & Howard, 1993). In the past several decades the number of women becoming counselors has dramatically increased. Women now account for roughly 70% of all counselors, making male counselors a minority (Wooten, 1997). Males who seek out counseling are now less likely to find their faces reflected in service providers. As the field of counseling
becomes more populated by women, men may distance themselves further in order to assert their masculinity (Levant & Kopecky, 1995).

Counseling is largely antithetical to male sex roles (Glicken, 2005; Kiselica, 2005; Robertson & Fitzgerald, 1992; Schaub & Williams, 2007). Traditional counseling has been designed to work for people who are largely sociable and involves self-disclosure of thoughts and feelings, abstract thinking and problem-solving, and interpersonal skills such as empathy (Bruch, 1978). These qualities are often excluded from male sex roles (Brooks, 1998). Tannen (1999) posited that the structure of counseling is more oriented towards the manner of expression of women than of men. It is unclear, if this incongruence between the counseling profession and male sex roles is the cause of men’s under utilization of counseling services. At this point there is no clear answer to why more men do not seek counseling.

**Purpose and Rationale**

The purpose of the present study was to explore men’s perceptions of men attending mental health counseling. Men’s perceptions of men attending counseling have been largely unexplored within the counseling profession. Understanding some of these perceptions may provide insight into beliefs held within masculine culture surrounding counseling and the reasons why men do not seek counseling. This may enable counselors to better serve male clients in two ways, (a) counselors will be more aware of the pressures that men face when presenting for counseling and thus be able to offer more specific support, (b) knowing the nature of these beliefs will enable the counseling field to target outreach efforts to potential male clients more accurately. In this way, the
present study may help to bridge the gap between some men’s need for counseling and the provision of that counseling.

This chapter reviews the current literature on men in mental health counseling in regards to the culture of men and masculinity, the mental health concerns of men, men’s help-seeking behaviors, and men’s perceptions of counseling. The literature lends support for several conclusions. First, masculinity impacts men’s behaviors and beliefs about the world (Kilmartin, 2000). Second, many men experience mental health issues resultant from psychopathology (Howard, Cornille, Lyons, Vessey, Lueger, & Saunders, 1996) or from adherence to male sex roles (Hayes & Mahalik, 2000). Third, men are hesitant to seek help for either physical or mental difficulties, due in large part to their adherence to male sex roles (Galdas, Cheater, & Marshall, 2005). Finally, while there has been a dearth of research conducted on men’s perceptions of counseling there has been literature on men’s expectations (Schaub & Williams, 2007), attitudes (Blazina & Watkins, 1996), and barriers (Mansfield, Addis, & Courtenay, 2005) to mental health treatment.

Definitions

The study of men and masculinity utilizes its own set of terms and concepts, just as any other area of specialized research (Baker, 2007). Prior to the review of the literature on men in counseling, these and other terms relevant to this study need definition. The following are terms that will be referenced throughout the review of literature.

Male Sex Roles: Socially prescribed male sex roles consist of stereotypes and norms about how all men are to be in the world (Kilmartin, 2000). Each man will present
his own unique male sex role that varies based on his endorsement of societal stereotypes and norms (Kilmartin, 2000; Pleck, 1981). According to Pleck (1981), there are both traditional and modern male roles. The traditional role supposes that men will be strong and aggressive, insensitive to others, and restrict emotional expression to anger. The modern male role emphasizes power in workplace, financial success, and generally restricted emotional expression. In both the traditional and modern male sex roles there is an emphasis on success, independence, and emotional restriction. In some cases the term gender role has been used interchangeably with sex role (Kilmartin, 2000; O’Neil, 1982). The present study will utilize the term sex role, except in the case of proper names (e.g., gender role strain).

*Gender Role Strain:* When men adhere or attempt to adhere to male sex roles they experience some form of discomfort, which has been conceptualized as strain (Pleck, 1981) and is a product of male sex roles being both difficult to achieve and harmful if achieved (Rabinowitz & Cochran, 2002).

*Counseling:* According to Nugent and Jones (2005), counseling encompasses individual, group, and family psychotherapy. They cited the goals of counseling as helping people deal with conflict, helping problem-solve life issues, and aiding in decision making. Additional work by counselors can include running outreach programs, assessment and diagnosis of mental health issues, and crisis management services. Counselors receive training in theories and techniques of counseling (Sweeney, 2001), but there is no one theoretical orientation that defines counseling (Corey, 2001). Counselors can be employed in a variety of settings, most commonly schools and
community agencies (Nugent & Jones, 2005). This study will focus on counseling in the community setting and will use the term *counseling* to refer to the individual mental health counseling services described above.

*Perceptions:* Complex mental processes that incorporate both the sensory intake and the judgment of information (Hamlyn, 1961). After sensory input, the information is judged as to its meaning and thus associated with related materials. This process is called apperception (Stout, 1902) and is considered to be the final stage of perception (Brown, 1980). Resultant is an assortment of items, concepts, or experiences that are associated in varying degrees to a “particular” (Russell, 1921, p. 125). In this way each person has a unique perception because it contains a unique configuration of these associated elements. In the present study it is assumed that men have received information about men attending counseling. They have apperceived this information by making meaning of it and associating it with related materials. Resultant is a perception of men attending counseling.

**Review of the Literature**

This chapter provides an overview of the literature on the culture of men and masculinity, mental health concerns in men, men’s help-seeking behaviors, and men’s perceptions of counseling. Through the course of the review, a case will be made that many men adhere to male sex roles that prevent them from pursuing counseling. While some could benefit from counseling, many are reticent to pursue that treatment because it is in violation of male sex roles (Brooks, 1998; Robertson & Fitzgerald, 1992). Men’s perspectives of counseling are largely negative and may be a contributing force in the gap
between men needing counseling and pursuing counseling. A deeper understanding of men’s perceptions of men attending counseling will be noted as helping the counseling profession bridge that gap. With this knowledge, the field may be able to better understand male clients and reach out to them.

**The Culture of Men and Masculinity**

Men and masculinity is a culture in and of itself. While men may be of different races, classes, or ethnicities they are all exposed to similar values, norms, customs, and expectations (Liu, 2005). Young Caucasian and African American males in the United States have internalized similar messages about masculinity (Harris, Torres, & Allender, 1994). Gilmore (1990) surmised that across the globe, most masculinities endorse strength, risk taking, avoidance of the feminine, aggression, and sexual assertiveness. He concluded that the similarities between men were greater than the differences between men.

According to Doss and Hopkins (1998), Caucasian, African American, and Latino American men endorsed the same core masculine qualities. These qualities reflected male sex roles and were labeled *Hypermasculine Posturing* and *Achievement*. Hypermasculine posturing was comprised of beliefs that masculinity was expressed through sex, restricting emotional expression only to anger, and presenting an image of strength. Similarly, achievement consisted of beliefs that masculinity was shown through confidence, competition, risk taking, keeping a positive attitude, having long-term goals, and always protecting family.
Masculinity is principally the same the world over (Gilmore, 1990; Louie, 2003). Edley and Wetherell (1995) suggested that masculinity is largely based on performance, meaning that it is not biologically assumed but must be repeatedly proven. The social enforcement of male sex roles (Pleck, 1981) and the internal force of shame (Krugman, 1995) can both shape the performance of masculinity. Those men who do not conform to these roles experience prejudice from other men (Moss-Racusin, Phelan, & Rudman, 2010). Other factors that account for the small variability of masculinity includes age, race, class, and sexual orientation. These different factors all play a part in the construction of the culture of men and masculinity (Lazur & Majors, 1995).

**International male identities and issues.** Gilmore (1990) studied many different cultural groups from around the world and concluded that masculinity is largely the same for most cultures. The similarities were tied to five common qualities (a) strength, (b) risk taking, (c) avoidance of the feminine, (d) aggression, and (e) sexual initiative. These masculine qualities mirror those espoused in American masculinity (Beneke, 1997). Similar to the crisis of American men (Levant & Kopecky, 1995), internationally men are experiencing a crisis of identity. Whether it is at work (Goodwin, 1999) or in the home (Gutmann & Vigoya, 2005), what it means to be a man, the world over, has been met with increasing challenges.

Goodwin (1999) observed that masculinity and work are closely linked in Britain, as they are in most of the world. However, the role that men play in the work force has been changing over the past several decades. Fewer men are working full-time now than in previous generations and some men are taking on different forms of employment (e.g.,
part-time, self-employment, or homemaker). Goodwin noted that the future of the job market is increasingly uncertain for British men. Full-time jobs that men once held for entire careers are becoming a thing of the past. He conjectured that this left British men without a large source of masculine identity that shaped previous generations.

Bogdal (2001) examined German men and contrasted his findings with German media depictions of men and masculinity. He observed in the media that many sources were heralding the rise of a new masculinity in German men. These men were purported to be softer, gentler, and more in tune with themselves than previous generations. In Bogdal’s own analysis of German men, he observed the opposite of this new masculinity. He saw that men were more frequently returning to traditional gender behavior, including dominance, non-experience of emotion, and the repression of self and others. These conflicting images of masculinity in Germany may in part be tied to the impact of the National Socialist (i.e., Nazi) political party. In an interview with Jerome (2001), Tilmann Moser suggested that many German men feel torn by conflicting feelings about their fathers. Men feel contempt for the role their fathers played in World War II, but see that it was these men who nurtured and loved them as children. Resultant are men who feel conflicted about what it means to be a man, thus stagnating the development of German masculinity.

In a historical overview of East Asia, Taga (2005) observed that in pre-modern Asian society masculinity was less strict than today. Men were allowed to be softer with each other without it being affront to their masculinity, which included sexual intimacy between men. Taga noted that modern society saw a shift from the softer less restrictive
masculinity to a more Westernized valuing of gender, which included the condemnation of homosexuality, a rigid patriarchal hierarchy, and strict Western-influenced sex roles. Louie (2003) highlighted the Chinese masculine ideal of wen-wu, which literally translated means literary-martial. This concept has permeated most of East Asia and reflects the duality of mental and physical attainment in masculinity. Education is the most common representation of wen, which depicts the strength of mind. Louie noted that in China, politicians have their highest degree listed in televised debates. Most often these politicians have doctorates from prestigious universities. In this context wen reflects the right of the person to be in power because of their intellectual achievements. Louie contrasted this to American politicians who distance themselves from their education and gravitate towards their action-oriented pursuits (e.g., hunting, sports). These types of activities are reflected in Wu, which depicts physical strength and is sometimes tied to the martial arts. In East Asian cultures, masculinity is defined by both of these variables in combination. Even in the loss of a softer masculinity, this balance between wen and wu remains important (Louie, 2002).

The Latin American culture is a merging of Spanish, Indian, and Black cultures. According to Gutmann and Vigoya (2005) the role of fatherhood in Latin America is evolving and thus challenging masculine traditions. For example, many men are struggling to find and maintain work. No longer are they always able to be the family’s financial provider. There is also the growing expectation that men will take a greater role in caretaking responsibilities. This new challenge has put men into roles previously reserved for women. While these changes and challenges are starting to alter the nature of
masculinity in Latin America, there is still a large emphasis on the subjugation of women. This depicts how some traditional masculine expectations are difficult to remove from cultural practices.

Morrell and Swart (2005) described the challenges to men and masculinity on the African continent. Not having work and not being able to make money has adversely impacted many men’s self-concept and forced them to become more transient. Many men are forced to travel to other areas (i.e., regions, countries) in attempts to find work. This large-scale transition has caused the loss of cultural foundations leading to a deterioration of traditional concepts of manhood. Traditional concepts include being focused on supporting family and community (Morrell & Swart, 2005). Without this grounding in their culture, many men have taken to asserting their masculinity through excessive drinking and sexual violence (Morrell & Swart, 2005; Sathiparsad, 2009). Both of these activities help men increase their sense of strength and power in the world. In a study by Sathiparsad (2009), young South African men were interviewed about their views of violence towards women. The responses were divided between an appreciation of violence towards women as a way to gain respect and an abhorrence of violence towards women. This reflected the changing understanding of socially acceptable violence towards women across the African continent. Similar transitions are occurring in Egypt where there has been a push to end female genital mutilation (FGM) during the past half century (Johnson & Greene, 2004). Johnson and Greene (2004) noted that FGM has been a way for men to physically control women and women’s sexuality by controlling their sex organs. Activists from both inside and outside of Egypt have challenged this practice
and in doing so have challenged view of gender status and power. These challenges have confronted the nature of the patriarchal society and thus the identity of Egyptian men (Inhorn, 2006; Johnson & Greene, 2004).

Morrell and Swart (2005) noted that some African men are revisiting indigenous knowledge in order to understand their lives. In this way they are empowering themselves and asserting their masculinity by connecting to their cultural foundation. Employment is about more than just money; it is about independence, strength, and choice (Ratele, 2008). When men are cut off from employment they are cut off from part of their identity. By reconnecting with indigenous knowledge they may in fact be empowering themselves in a different way.

Men are in crisis (Levant & Kopecky, 1995) and it seems from the literature that this crisis extends beyond the confines of the United States. As Gilmore (1990) purported, masculinity is largely the same the world over. As globalization increases, there may be a greater cohesion of an international conceptualization of masculinity (Louie, 2003). From this point forward the focus will be on men in the United States of America, the location of the present research study.

The performance of masculinity. Masculinity is not biologically derived; rather, it requires men to repeatedly prove themselves socially (Edley & Wetherell, 1995; Gilmore, 1990; Kimmel, 2004). Whether it is through dress, behaviors, or attitudes, men perform their masculinity in order to be considered a man (Edwards, 2006). This need to repeatedly prove their masculinity can lead to many men feeling like their masculinity is tenuous, uncertain, and elusive (Vandello, Bosson, Cohen, Burnaford, & Weaver, 2008).
Men adhere to male sex roles because the shame of non-adherence is often unbearable (Kilmartin, 2000).

**Male sex role.** Male sex roles are a collection of behaviors and attitudes that men are expected to adhere to in order to be considered masculine (Kilmartin, 2000). According to Pleck (1981), sex roles reflect identification with one’s sex that goes beyond the biological to the psychological. Even the term itself reflects the combination of biological and social elements: *sex* refers to the biological and *role* refers to the social (Kilmartin, 2000).

Pleck (1981) postulated two processes by which sex role is acquired: *reinforcement* and *cognitive learning*. *Reinforcement* occurs when people are rewarded for their adherence to sex role standards. This can be both positive and negative and can come from parents, teachers, peers, or institutions. Positive reinforcement can take the forms of increased attention or praise, while negative reinforcement is the removal of scorn or mockery. *Cognitive learning* is the internalization of a culture’s sex role standards. In doing so, people begin to prize those characteristics that are most congruent with their cultural norms.

Kilmartin (2000) illuminated the two underlying components of sex roles: stereotypes and norms. He defined stereotypes as over-generalizations about men and women’s characteristics. These generalizations are culturally embedded to the point that they are seldom questioned. For example, there is the stereotype that men are aggressive and that women are not. These stereotypes are similar to the concept of norms, which he noted can be prescriptive and proscriptive. Norms are beliefs about how men and women
should be (i.e., prescriptive) and how they should not be (i.e., proscriptive). Stereotypes and norms are combined to create sex roles. Men and women are expected to adhere to these roles and are judged for their level of adherence. Kilmartin observed that it is not uncommon for these stereotypes and norms to conflict. This conflict is evident in the case of fidelity, wherein men are seen as being sexually unfaithful (stereotype), but told that they should be (prescriptive norm).

The content of male sex roles are typically masculine qualities that are closely related with traditional conceptualizations of masculinity. Levant and Kopecky (1995) highlighted what they viewed as the negative and positive qualities associated with being a man. The negative qualities included the avoidance of the feminine, restriction of emotions, disconnection between sex and intimacy, pursuit of achievement and status, self-reliance, strength and aggression, and homophobia. The positive qualities were the willingness to sacrifice for others, to withstand hardship and pain for others, to solve other people’s problems, to express love through actions, loyalty to commitments, the willingness to stick with a difficult problem, and the ability to set goals and take risks to achieve them. Levant and Kopecky noted that these qualities are apt to change in value depending on the particular situation.

**Gender role strain.** Enacting male sex roles can lead to significant stress and strain on men. To this end, Pleck developed the Gender Role Strain (GRS) theory in 1981 to describe the difficulties associated with sex roles in general, and male sex roles in particular. The model initially had ten propositions: (a) Sex roles are operationally defined by sex role stereotypes and norms, (b) Sex roles are contradictory and
inconsistent, (c) The proportion of individuals who violate sex roles is high, (d) Violating sex roles leads to social condemnation, (e) Violating sex roles leads to negative psychological consequences, (f) Actual or imagined violation of sex roles leads individuals to over-conform to them, (g) Violating sex roles has more severe consequences for males than females, (h) Certain characteristics prescribed by sex roles are psychologically dysfunctional, (i) Each sex experiences sex role strain in its paid work and family roles, (j) Historical change causes sex role strain (Pleck, 1981, p. 9).

Pleck (1995) observed the three underlying ideas to the 10 propositions. First, most males continually fail to fulfill male role expectations. Resultant is incongruence between the actual and expected characteristics of self. This results in men experiencing some form of psychological distress. Second, male role expectations are difficult to attain. If pursued, the process itself can be traumatic. Finally, male role expectations have inherent negative consequences. If fulfilled, they are harmful for men and those close to them. For example, when men restrict their emotional experience they are doing a disservice to both themselves and their loved ones. The GRS contains four underlying factors that have been used in research (Rabinowitz & Cochran, 2002). These factors are a) conflict between work and family, b) restrictive emotionality, c) restrictive sexual and affectionate behavior between men, and d) success, power, and competition.

Male sex roles are supported and perpetuated by societal means (Kilmartin, 2000; Pleck, 1981). Aside from reinforcement, society keeps men adhering to these roles by shaming those who stray (Krugman, 1995). What follows is an overview of the role of shame in maintaining and perpetuating male sex roles.
The role of shame. Shame plays a large role in many men’s lives. It is often in the background of men’s minds, indicating to men how they achieve or fail to achieve male sex roles (Krugman, 1995). In this way, the conflict men experience as a result of GRS enhances men’s feelings of shame (Efthim, Kenny, & Mahalik, 2001; Thompkins & Rando, 2003). For Kaufman (1995), the core of this shame experience is the belief that men must succeed. He suggested that when failure occurs, even in small ways, the resultant shame is unbearable for most men. These feelings of shame can shape how men act (Backman & Backman, 1997), which helps to perpetuate male sex roles (Kimmel, 2004).

In his writing about men and shame, Krugman (1995) observed a fight or flight response in men. When faced with failure and the ensuing shame, men either fight what they identify as the cause of discomfort or they run from the source. In either case they are not challenging the underlying belief about self. From a cognitive therapy perspective, men’s underlying beliefs about self are intimately tied to male sex roles (Mahalik, 2005). Through challenging these beliefs, men can defuse the shame or are able to express it without compounding its effects.

Backman and Backman (1997) observed that when men do not express or challenge their beliefs about shame it might result in dysfunctional behavior. At the most extreme, this can take the form of acting out in sexually violent ways, such as rape or assault. In less extreme cases, this dysfunctional behavior can take the form of isolating from intimate relationships (Kaufman, 1995).
According to Kimmel (2004), men may not wish to express to other men their shame in not measuring up to male sex roles, so they remain silent about their feelings or their views on being a man. In doing so, they are perpetuating the roles by leaving them unchallenged. According to an interview with Frank Pittman (Baker & Jencius, 2005), it is men that allow male sex roles to continue by not saying anything to the contrary. Most individual men do not feel comfortable with the expectations of these roles. However, to challenge these roles is to break them, which may lead men to feel vulnerable (Krugman, 1995).

**Variability of masculinity.** Liu (2005) argued that men and masculinity should be considered a multi-cultural competency for mental health workers (including counselors). He observed that men experience similar difficulties due to common societal expectations (i.e., male sex roles). These similarities in the male population have been supported in other literature (e.g., Gilmore, 1990; Harris, Torres, & Allender, 1994; Levant, Richmond, Majors, Inclan, Rossello, Heesacker, Rowan, & Sellers, 2003). However, Liu (2005) also observed that there is no singular masculinity, but rather multiple masculinities that may be influenced by a plethora of factors. Multiple factors that influence men and masculinity have been explored in the literature (e.g., Abreu, Goodyear, Campos, & Newcomb, 2000; Lazur & Majors, 1995; Pleck, 1981). Below is an overview of some of those unique factors influencing men and masculinity based on age, race, class, and sexual orientation.

**Age and masculinity.** Men experience significant shifts in their masculinity across their lives due to changes in family structure, physical ability, social position,
career, or health (Kilmartin, 2000). According to Bergman (1995), at approximately two or three years of age, males disconnect emotionally from their mothers. Boys do this in order to become like the men in their lives (e.g., father, uncle) who are detached from women. However, still requiring an emotional connection, boys look to the older men in their lives for an empathic relationship. These older men are typically still recovering from their own disconnection and are not available for caring relationships. Bergman noted that boys then seek out friendships with other boys, who themselves are unable to connect emotionally. This process often leaves boys feeling emotionally isolated and disconnected from others.

Kilmartin (2000) noted how the Freudian psychosexual developmental phases are largely oriented towards men. He noted that Freud constructed the phallic stage to be a stage wherein both males and females sexual interest centers on the male sex organ. Additionally, around this time children develop sexual attraction toward the other-sex parent. Boys perceive their fathers as the rival for their mother’s attention, a precarious position for the much weaker male child who fears that his father will castrate him for these feelings (Kimmel, 2000). Freud called this the Oedipus conflict and it is repressed as the male child displaces his sexual feelings for his mother to a more appropriate recipient (i.e., a non-mother female) (Wong, 1982). Furthermore, the male child begins to identify more closely with his father in order to reduce the threat caused by the rivalry and to experience romantic attachment with his mother vicariously through his father (Kimmel, 2000). Inherent in this important stage of a male’s development is the rejection of his first love, thus preparing him for emotional isolation (Wong, 1982).
Erikson’s (1963) psychosocial developmental stages made distinctions based on the sex of the developing person. The most important stage, according to Eccles and Bryan (1994), is identity vs. role confusion. They observed that it is during this time that a male teenager will integrate socially prescribed male sex roles or will move away from traditional sex role identity. As a result adolescent males start to identify more closely with their sex role and tend to engage in more male sex-specific activities, such as organized sports (Eccles & Bryan, 1994).

Young men are more inclined to a strict adherence to male sex roles (Kilmartin, 2000). In comparison to middle-aged men, young men experienced more strain in their drive to succeed, had less concern about connecting with family (Cournoyer & Mahalik, 1995), were less likely to view health problems as significant (O’Brien, Hunt, & Hart, 2005), and were more likely to assert their masculinity through risky behavior, such as heavy alcohol consumption (Peralta, 2007). However, similar across both young and middle-aged men is their high level of emotional restriction (Cournoyer & Mahalik, 1995). According to Bergman (1995), young men continue the relational disconnection that was started in childhood. This disconnection serves them well as they are able to invest more time and energy in becoming successful at work.

In a review on middle-aged men, Tamir (1982) highlighted the uniqueness of thought, feeling, and behavior of men at this age. Men tend to embark on an inner exploration at this time in their lives when they evaluate their past and their future. They no longer view the present as an improvement upon the past and they start to view the future as being no better than the present. This often leads to reevaluation of what is
important in their lives and a switch to an internalized locus of value. For many years young men may have been driven to succeed by societal standards, but at middle age men start to assess their own standards for success. Tamir noted that while men at this age may achieve more at work they are no happier with their work, though they may feel more comfortable. The emphasis in life seems to shift from work to relationships, either marriage or social connections. Findings by Cournoyer and Mahalik (1995) supported this theory, wherein conflict between work and family becomes increasingly difficult for middle-aged men because they have a greater desire to connect and be with family.

Bergman (1995) observed that middle-aged men can start to feel that their emotional disconnection from others is unbearable. This lack of relating leaves many men feeling isolated and lacking a sense of meaning in their lives. At this juncture some men may reconnect with their partners, their families, or their friends and work to deepen their relationships. Bergman noted that some men do not seek to connect and instead will isolate even more. They fill in their sense of isolation with buying things, using people, or throwing themselves into their work. This is what is often considered a mid-life crisis in men.

Solomon (1982) highlighted the concerns than many older men have to face. He cited difficulties, such as transitioning to retirement, dealing with health issues, coping with widowerhood, and accepting dependency. In his review of the literature, Solomon noted that some research has shown that men become more androgynous over time. Kilmartin (2000) conjectured that as men age they adopt a wider lens on sex roles, being able to move beyond stereotypes and norms. He connected this perceptual shift with
changes that typically occur for men in their 40s and 50s. These changes include decreases in physical ability, changes in the workplace, children growing up, or even the realization that some of their dreams from youth will not come to fruition. Additionally, older men face many challenges to male sex roles as a result of a decline in physical abilities. As their physical abilities decline, older men need to increasingly rely on others for assistance. Thus, their self-concept about what it means to be a man is challenged and needs to be expanded. Additional research has reached similar conclusions, noting that older men are more open about seeking out help (Berger, Levant, McMillan, Kelleher, & Sellers, 2005; O’Brien, Hunt, & Hart, 2005). Changes such as these depict the importance of age in understanding the variability of male sex roles.

**Race and masculinity.** Male sex roles and GRS are experienced across racial groups to varying degrees (Levant, Richmond, Majors, Inclan, Rossello, Heesacker, Rowan, & Sellers, 2003). Abreu, Goodyear, Campos, and Newcomb (2000) found that men’s ethnic belonging was a significant predictor of male sex role endorsement. These variations in race and ethnicity intersect with masculinity producing unique difficulties (Lazur & Majors, 1995).

**African American males.** Hammond and Mattis (2005) noted that African American males have been depicted in literature as being irresponsible, reckless, and dangerous. In contrast to this view, their survey of 152 African American males about manhood revealed that responsibility was the most frequently endorsed quality of manhood. The other qualities that emerged were largely relational, connecting these men to family, community, and religion. The authors conjectured that the incongruence
between the views of the dominant culture and African American men creates difficulties for these men. The dominant culture may be forcing African American men to adhere to a role that does not meet the needs or the expectations of African American men. Furthermore, Wade (2008) suggested that African American men who defied male sex roles had higher levels of positive health behavior. Therefore, as African American men break free from the confines of the roles assigned by the dominant culture, there may be an increase in healthy behaviors.

In work by Hunter and Davis (1992), African American men identified their most important attributes. Among these were having a sense of self, being resourceful and responsible, having parental involvement and a sense of family, being goal oriented, being a good provider, and being kind. African American males identified similar attributes in a study by Harris, Torres, and Allender (1994). They highlighted personal characteristics such as being in control, having money, and being a breadwinner for their family as defining their manhood.

Seaton (2007) found that environmental pressures are related to higher levels of traditional masculinity exhibited in African American males. Seaton posited that in order to survive in some environments, African American males take on hyper-masculinized personalities to protect themselves. This is in line with the theoretical work by Majors and Billson (1992) on the cool pose adopted by some African American males. The cool pose is a façade worn by some African American males in order to project competence, strength, and pride in self. Majors and Billson cited special walks, handshakes, body stance, facial expressions, and eye contact as behaviors that typify this pose. In doing so,
an African American male can project a sense of control and power even in environments wherein power is not available to him. However, Majors and Billson cautioned that this pose might also lead to dropping out of school, getting into trouble, involvement with drugs or alcohol, or participation in gangs and violence.

*Latino American males.* According to Lazur and Majors (1995), Latino is a term used to group men from multiple backgrounds, including Mexican, Puerto Rican, Cuban, and men of South American nations. Each place of origin has its own set of masculine identities prescribed by the culture. While there are many differences between these groups, their similarities are numerous, namely the concepts of machismo. Lazur and Majors described this as a masculine identity in which men are expected to be strong, attractive, virtuous, and sexually potent. Gutmann and Vigoya (2005) indicated that traditionally Latinos were expected to be strong, forceful, withhold affection, and provide for and protect their families. They note, however, that Latinos in the United States are frequently denied economic and political resources. Unable to fulfill these expectations, some Latinos have undergone and increased in role related stress.

Ojeda, Rosales, and Good (2008) examined machismo in Mexican American men. Participants ranked statements concerning their definition of masculinity. The most highly ranked statements were a) that men are deserving of respect from their wives and children, b) that self-assurance in men is admirable, and c) that it is essential for men to gain the respect of others. These findings are in line with work by Torres, Solberg, and Carlstrom (2002) who examined the different types of machismo present in Latino men. They concluded that five types existed. First, *contemporary masculinity* entailed a
flexible view of sex roles, a cooperative attitude, and emotional expressiveness. Second, *Machismo* included a demand for family respect, a less traditional view of sex roles, and a somewhat competitive nature. Third, *Traditional Machismo* depicted an authoritarian relationship with family, a demand for respect from family, a traditional view of sex roles, and a competitive nature. Fourth, *Conflicted/Compassionate Machismo* entailed an authoritarian role in the family, a traditional view of sex roles, and a demand for respect from family. However, this type of machismo also entailed kindness, thoughtfulness, and understanding. Fifth, *Contemporary Machismo* endorsed a moderately authoritarian role in the family, a moderate demand for family’s respect, a moderate traditional view of sex roles, and competitive nature. These different types of machismo that emerged from the data indicated that the construct of Latino American masculinity has multiple variations in its presentation.

In work by Doss and Hopkins (1998), a Latino American sample endorsed the following unique masculine traits: toughness, pose, and responsibility. Toughness was defined by using violence to solve problems, caring for family’s financial needs, restricting emotions to anger, and being courageous. Pose consisted of the inhibiting emotional expression, proving masculinity through multiple sexual partners, and portraying oneself as having a lot of money. Finally, responsibility entailed avoiding danger, being sexually active only in committed relationships, and having long-term goals.

*Asian American males.* Similar to Latinos, Liu (2002) noted that Asian American males are a collection of national backgrounds, which have their own sets of masculine
roles. Lazur and Majors (1995) made distinctions between Asian American men, less on historic nationality and more upon religious affiliation. They indicated that Asian culture is patriarchal in nature, but whether one is from the Confucius or Buddhist tradition impacts the structure of that system. In a Confucian tradition the roles of both men and women are clearly defined, the male is in charge and the female is expected to adhere to his authority. In a Buddhist tradition, the male is typically in charge, but the roles are less clearly defined and there is a greater emphasis on the respect for life, honesty, and gentleness. In both traditions men publicly restrict emotion and may share emotions only with their immediate family.

Liu (2002) outlined the history of Asian American men over the past two centuries. He noted that during that time Asian American men were depicted by the dominant culture as being “emasculated” and “feminized” (p. 107). He contended that the view of Asian American males as being “asexual overachievers” is still prevalent in contemporary society (p. 108). When he examined masculinity in Asian American males, his results indicated a positive relationship between the GRS subscale success, power, and control and adherence to male sex roles. This relationship reflected a potential belief in the Asian American male sample that to be a successful man means following a certain path to success. This path involves aggression, self-reliance, and other masculine attitudes. Additionally, Liu’s results suggested that the lack of emotional expression in Asian American males may be due to both male sex roles and to cultural restrictions.

In a related study by Liu and Iwamoto (2006), results indicated that the higher the adherence to Asian cultural values the greater the GRS. They conjectured that aspects of
male sex roles maybe inherent in some Asian cultural values. For example, by succeeding in work a family member brings honor to the family, a traditional Asian cultural value. In this way, it might not be that Asian American males are high in the GRS subscale success, power, and control so much as they are working to fulfill traditional values.

*Caucasian American males.* Most of the scholarship on men and masculinity has focused on Caucasian males (Harris, Torres, & Allender, 1994). Caucasian masculinity is often heralded as the norm to which all men are expected to adhere (Kimmel, 2004; Chan, 2001). However, even Caucasian men are unsure about the exact nature of these norms and whether they want to adhere to them (DiPiero, 2002).

Harris, Torres, and Allender (1994) surveyed 509 African American and Caucasian males in their adherence male standards and found that young Caucasian males were less likely to share their difficulties or express their pain to others. Other researchers have generated the opposite findings, suggesting that Caucasian males tend to prize sensitivity (Doss & Hopkins, 1998). In this case, sensitivity was defined by qualities such as meeting needs nonviolently, avoiding danger, accepting support from others, sharing emotions, and showing affection.

Being able to move away from male sex roles might reflect the privileged status of the Caucasian male. Harris, Torres, and Allender (1994) contended that Caucasian men are already in a position of power due to their race. If they defy male sex roles, they still have power. This was in contrast to African American males who face a greater loss of power by not adhering to male sex roles.
Masculinity for Caucasian males can take many different forms. In a study by Peralta (2007), alcohol use was described as a way in which to assert masculinity for many college-aged Caucasian males. This persona of masculinity was constructed through the telling of drinking stories, the tolerating of alcohol, and judging the amount of alcohol consumed either as a sign of strength or of weakness. Because of the need to reassert masculinity in social settings, many young Caucasian males find drinking to be a proving ground of sorts. Peralta conjectured that as Caucasian men age they may start to represent their masculinity through the family or work. Rather than evidencing their masculinity through alcohol consumption, men are able to present their children or work as being evidence of their manhood.

Class and masculinity. Class differences in masculinity have not received as much attention as other demographic variables (Morgan, 2005). The literature has largely focused on the differences between working and middle class men at work and home. Tolson (1977) noted that in working class men, work is closely associated with making money. Working class men may take a more subordinate role at work, which may result in a hyper-masculine work place where men may attempt to compensate for their powerlessness. Additionally, many working class men will look to their local community as a source of identity or self worth. This may take the form of involvement in a sporting team or belonging to a community club or organization.

While at home working class men tend to move more towards patriarchy (Seidler, 1991; Tolson, 1977). This may be to make up for the lack of control at work and to enlarge the importance of family. If family is important in the lives of working class men,
work can be justified as the means through which the family is supported (Edley & Wetherell, 1995).

Middle class men typically identify more personally with work and invest more time in their job than their working class counterparts (Tolson, 1977). Edley and Wetherell (1995) noted that this lifestyle of middle class men is dependent upon their families’ acceptance of middle class values. For example, Edley and Wetherell explained that if wives do not participate in domestic labor, men’s ability to invest large quantities of time and energy at work is not feasible.

Middle class men tend to have authority at work that fulfills male sex roles need for success and power (Seidler, 1991). Therefore, middle class men may not need to feel powerful in their families because the need for success and power is met through their occupation. Because of this, many middle class men have more collaborative marital relationships with their partners (Seidler, 1991; Tolson, 1977).

Pleck (1981) highlighted how male sex role expectations differ between working and middle class men. He noted that working class men tend to adhere to a more traditional male sex role and middle class men tend to endorse a more modern variation. The differences between the two groups appeared to be large, but underlying both were the same core male roles. For example, the traditional male sex role expects men to be strong and aggressive, insensitive to others, and utilize anger and “impulsive emotional expression” with other men (p. 140). The modern male sex role dictates that power for men is in finances and institutional power, emotions are only to be shared with women,
and emotional control (including anger) is important. Both of these variations are largely the same, being that both support restricted emotionality and control over others.

**Gay men and masculinity.** Hidden within most scholarly work on men is the assumption of heterosexuality: to be a man is to be heterosexual (Kinsman, 2004). Silverberg (1986) observed that the fulfillment of sexual needs occupies a small portion of a person’s life. In the case of gay men, society chooses this portion as the only salient information. If the masculine standard of heterosexuality is not met the myriad aspects of men’s lives are ignored. Thus, Edwards (2005) concluded that homosexual masculinity is a contradiction in terms. The very nature of masculinity is being heterosexual and therefore is violated by homosexuality.

However, gay men are subject to the same pressures to conform to male sex roles as heterosexual men (Harrison, 1995), and while gay men enjoy the privileges of being a part of the dominant sex in a patriarchal system, they still face unique difficulties (Kinsman, 2004). Harrision (1995) considered sexual orientation an important consideration when examining sex role and GRS. He clarified that gay men are, in both biological and cultural regards, completely male. However, gay men face challenges that are presented by the dominant culture’s fear, stigma, and prejudice of same-sex romantic love.

Male sex roles can sometimes interfere with homosexual relationships. George and Behrendt (1987) noted that of the gay couples with which they had worked, in most at least one of the partners (and sometimes both) strongly adhered to male sex roles. Problems that exist for gay couples are more a result of male sex roles rather than any
particular sexual orientation trait (Alexander, 1997). This includes difficulties communicating, acknowledging or experiencing feelings, and challenging and competing with one another (Greenan & Tunnell, 2003). These difficulties can interfere with a relationship’s progression from a sexual intimacy to an emotional intimacy. Fortunately, many gay men do not fully embrace or integrate male sex roles; however, the roles are integrated enough that it may be a problematic aspect of gay couples (Odets, 1998).

The culture of masculinity is similar in many parts of the world (Gilmore, 1990) and is similar across racial groups in the United States (Harris, Torres, & Allender, 1994). Men are expected to adhere to male sex roles that are enforced through societal means (Kilmartin, 2000) and are largely problematic to the wellbeing of men (Pleck, 1981). There is some variation between groups based on age (Tanir, 1982), race (Lazur & Majors, 1995), class (Morgan, 2005), and sexual orientation (Odets, 1998). However, the common expectations and norms of male sex roles are present for all men (Kilmartin, 2000). In the next section, the impact that male sex roles has on the mental health concerns of men will be explored.

**Mental Health Concerns of Men**

Historically males and masculine traits have been seen as the ideal, while females and feminine traits have been viewed as pathological (Prior, 1999). The feminist movement challenged some of these traditionally held beliefs about gender and sex, leading many scholars to reassess the nature of pathology and its relationship to men and masculine norms (Sabo, 2005). With changes in conceptualizations of pathology came changes in epidemiological data indicating that men had greater levels of mental illness
than initially anticipated (Prior, 1999). Furthermore, general mental health concerns have been repeatedly linked to the adherence to GRS (e.g., Eisler, Skidmore, & Ward, 1988; Good, Robertson, Fitzgerald, Stevens, & Bartels, 1996; Hayes & Mahalik, 2000).

**Epidemiological overview.** The epidemiological research to date has been conducted using the best techniques available at the time of collection (Prior, 1999). The data presented below were collected using of several different versions of the Diagnostic and Statistics Manual of Mental Disorders (DSM), including the DSM-III (1980), the DSM-III-R (1987), the DSM-IV (1994), and the DSM-IV-TR (2000). The DSM is the manual used by American health care professionals for diagnosing mental health related issues (American Psychiatric Association, 2000). The DSM has changed in response to both societal shifts and research data. Changes in measurement and categorization of symptoms have been accompanied by changes in conceptualizations of mental health. We now see that life can be equally stressful for men and women, a conceptualization that was “hidden” by previous approaches and conceptualizations (Prior, 1999, p. 34).

**Incidence of mental disorders in men.** In a review of two major epidemiological studies, Howard, Cornille, Lyons, Vessey, Lueger, and Saunders (1996) calculated the lifetime probability of DSM diagnoses for men and women. The epidemiological studies were completed from 1980 to 1985 ($N = 20,291$) and from 1990 to 1992 ($N = 8,098$). Men and women had a probability of 0.382 and 0.348 (respectively) of having at least one DSM diagnosis in their lifetime. While this is a small difference in probability, the numbers are in opposition to historical understandings of mental health and gender. Prior (1999) wrote that historically women were viewed as having a higher
incidence of mental health issues. She surmised this outdated depiction was supported by early epidemiological studies that did not include substance related disorders and personality disorders. When these were included, men had an equal or greater incidence of mental illness. While it is still more common for women to present with symptoms of depression or anxiety, men have a greater incidence of personality disorders and substance related issues. This trend has been supported in additional research (e.g. Conway, Compton, Stinson, & Grant, 2006; Kessler, McGonagle, Swartz, Blazer, & Nelson, 1993; Robins, Helzer, Weissman, Orvaschel, Gruenberg, Burke, & Regier, 1984).

In an overview of mental illness in men, Rabinowitz and Cochran (2002) concluded that at some point in their lives 30% of men have a substance related diagnosis, 10-15% have a depressive disorder, 10% have a social phobia, and 5-8% have an antisocial personality disorder. In a ranking of most common diagnoses in men, Cochran (2005) ranked the most common diagnoses in men as being alcohol and drug abuse, major depression, and antisocial personality disorder. Furthermore, he noted that many men present with symptoms that could be classified under multiple disorders. Differentiating between these types of symptoms can be important in providing the correct treatment.

With the exception of sexual disorders, diagnostic criteria are not gender dependent. However, some theorists have contended that men’s psychiatric symptoms have been incorrectly diagnosed (e.g., Cochran, 2005; Lynch & Kilmartin, 1999; Rabinowitz & Cochran, 2000, 2001; Real, 1997). These theorists assert that the
epidemiological research has not accounted for unique male qualities that interfere with the presentation of symptoms. Typically men externalize their distressing feelings by becoming angry, self-destructive, or distract themselves with drinking (or other drugs), gambling, sex, and work (Lynch & Kilmartin, 1999). These symptoms have been presented as additional diagnostic considerations for men (Cochran, 2005; Kilmartin, 2005; Real, 1997).

Strike, Rhodes, Bergmans, and Links (2006) indicated that some men are even mislabeled by the mental health care system as not needing assistance based on their clinical presentations. They noted that some men present as detached and clearly reported symptoms, which removed the affective component of these diagnoses. Strike, Rhodes, Bergmans, and Links also observed that men in crisis were frequently labeled as attention seeking and viewed as being undesirable clients.

Men and women’s symptoms might be interpreted differently in regards to personality disorders, in which men typically present with different types (Serin & Marshall, 2003). Golomb, Fava, Abraham and Rosenbaum (1995) found that men had a higher incidence of narcissistic personality disorder. This includes symptoms such as an exaggerated sense of self-importance, belief that they are special, and arrogant behavior. The higher incidence of narcissistic personality disorder may reflect a misunderstanding of men’s presentation of symptoms as described by Strike, Rhodes, Bergmans, and Links (2006).

Literature has suggested that the mental health field has not provided an adequate assessment of men’s diagnostic issues (e.g., Prior, 1999; Real, 1997; Strike, Rhodes,
Bergmans, & Links, 2006). Some theorists have suggested using males sex roles and strain (i.e., GRS) to help in the diagnosis of men’s issues (Cochran, 2005; Kilmartin, 2005; Real, 1997). In the following section the literature linking mental health issues and GRS is explored.

**GRS and mental health.** Mental health concerns of men go beyond current diagnoses in the DSM. Eisler (1995) suggested that the mere act of adhering to male sex roles has serious physical and mental health implications for men. This may be due in part to GRS, which has been linked with mental health concerns (e.g., Blazina & Watkins, 1996; Cournoyer & Mahalik, 1995; Eisler, Skidmore, & Wards, 1988; Hayes & Mahalik, 2000). Below is an overview of the research on the connection between GRS and mental health. On the whole, each of the four components of GRS has shown significant relationships with poor mental health. The Gender Role Conflict Scale (O’Neil, Helms, Gable, David, & Wrightsman, 1986) was used to assess GRS in all the following research.

**Drive for success, power, and competition.** The GRS element of drive for success, power, and competition has shown a significant positive correlation with anger levels, alcohol abuse, and decreases in feelings of wellbeing (Blazina & Watkins, 1996). The drive for success, power, and competition has also been positively correlated with hostility (Hayes & Mahalik, 2000), depression, and anxiety (Cournoyer & Mahalik, 1995). It seems logical that these qualities would accompany such a trait wherein a person is looking to beat out a competitor. This is both a volatile and a high stress approach to life, the use of which may leave men more isolated than they would like.
Silverberg (1986) asserted that the use of control, domination, and power is counter indicated in relationships. Rather it is qualities like compromise, open-communication, self-disclosure and spontaneity that help to grow and maintain relationships (Silverberg, 1986).

Theoretically the drive for success, power, and competition decreases over time as men do succeed. This was supported by data from Cournoyer and Mahalik (1995), whose results indicated that middle-aged men have a lower need for success, power, and competition when compared with young men. They interpreted that to mean that young men still have yet to succeed while middle-aged men may have already succeeded or have accepted their level of success. Their data also showed that as this drive diminished there was an increase in overall wellbeing.

**Restricted emotionality.** Restricted emotionality reflects a difficulty in identifying or expressing emotions, negative beliefs about emotional expression, and a fear of emotions (Wong, Pituch, & Rochlen, 2006). It has been related to a decrease in overall psychological wellbeing (Cournoyer & Mahalik, 1995; Blazina & Watkins, 1996) and is consistently exhibited across young and middle-aged men (Cournoyer & Mahalik, 1995). Restricted emotionality has shown a significant relationship with a set of negative attitudes, such as a dislike of self and feelings of failure, guilt, and pessimism (Shepard, 2002). While findings like this might suggest that men are experiencing these negative feelings, it does not mean that they are able to express them.

Alexithymia is the inability to identify or experience feelings and is theoretically linked to restricted emotion (Levant, Good, Cook, O’Neil, Smalley, Owen, & Richmond,
Levant (1995) posited that this condition is the product of the process through which boys are reared into men. He conjectured that when males are taught to restrict or not express their emotions, particularly vulnerable emotions, they are at risk for such a condition. Males are instructed to restrict their feelings and they are discouraged from learning about those feelings. Thus men may lack an awareness of how to feel or express emotions. By adulthood many men are unaware that they are experiencing any emotions at all and have forgotten how to feel (Levant & Kopecky, 1995). Even when in distress and considering suicide, men may have a difficult time expressing their feelings (Strike, Rhodes, Bergmans, & Links, 2006). Canetto (1995) noted that this detachment from emotion has been indicated as one of the important psychological factors in males who have attempted suicide.

Levant (1995) observed and labeled four distinct ways in which men with alexithymia tend to handle emotions. They may distract themselves by shifting their thoughts to something else, thereby averting the physical reaction to the emotion. They may allow unknown emotions to build over time and explode in anger. They may lock all their emotions inside, thereby removing all emotional experience from their lives. Or they may unknowingly allow for emotional expression only through the use of nonverbal behaviors, such as shortness of breath when feeling anxious.

**Restricted affectionate behavior between men.** In a study by Wester, Christianson, Vogel, and Wei (2007), results suggested that men with low levels of social support scored high on the restricted affectionate behavior between men subscale. This may indicate that men endorsing this quality reject potential social supports or that social
supports act as a prophylactic against this trait. However, creating affectionate relationships is not an easy undertaking for many men, whether in social or therapeutic settings (Andronico, 1996).

Frank Pittman stated in a 2005 interview about men, “We can wrestle but we can’t hug. We can fight with one another but we can’t love one another. Maintaining the masculinity is far more important than maintaining the relationship by letting ourselves be known or letting ourselves get close to anybody else” (Baker & Jencius, 2005, p. 359). Nardi (1992) noted that oftentimes the restriction of affection between men is the direct result of homophobia. Many men feel isolated from their peers and unable to connect in a meaningful way (Goldburg, 1979; Kimmel, 2000).

**Conflict between work and family relationships.** Conflict between work and family relationships has shown a positive correlation with obsessive-compulsivity, depression, and psychoticism (Good, Robertson, Fitzgerald, Stevens, & Bartels, 1996). According to findings from Cournoyer and Mahalik (1995), conflict between work and family is more salient for middle-aged men when compared to college-aged men. This could be the result of college-age males being less likely to have both a family and a career. However, the trait in college-aged males has shown to be the most significant correlation with depression when compared to the other GRS elements (Good & Mintz, 1990).

It is important to note that not all men endorse these high levels of GRS, though men tend to score higher than women (Eisler, Skidmore, & Ward, 1988). GRS has consistently been related with low levels of wellness for both men and women (Addis &
Mahalik, 2003; Eisler, 1995; Eisler, Skidmore, & Ward, 1988). However, there is at least one notable exception to this finding, in a study by Good, Heppner, DeBord, and Fischer (2004). These researchers surveyed 260 college-aged men and found no significant relationship between GRS and distress. Rather, findings indicated a significant relationship between problem-solving skills and distress. They indicated that men who are able to employ problem-solving strategies were less likely to be experiencing psychological distress.

The mental health issues of men need to be considered in regards to both the diagnosis of difficulties (Cochran, 2005) and GRS (Cournoyer & Mahalik, 1995). From this a fuller understanding of the issues facing men can be conceptualized. These conceptualizations could aid in the treatment of men if and when they present for services. The following section will review the literature on men’s help-seeking behaviors for both physical and mental health services.

**Men’s Help-Seeking Behavior**

Men do not seek out and utilize health related resources at the same rate as women (Gomez, 1991). This trend would seem to suggest that the overall health of men is better than that of women, when the opposite may be true and more men should be seeking treatment. Galdas, Cheater, and Marshall (2005) reviewed much of the literature on the subject and concluded that there is significant support for the theory that this lack of help-seeking is a result of adherence to male sex roles. They noted that the qualities of being tough and self-reliant resulted in a failure to pursue health services. The interaction between male sex roles and help-seeking behaviors is detailed below.
Physical health services. In his review of men’s health, Sabo (2005) noted that men led women in all 15 of the leading causes of death in the United States. Therefore, the factors that influence men’s help-seeking behaviors are an integral piece in helping to reduce mortality in men. When men acknowledge or admit a health need they are breaking male sex roles by admitting weakness (Möller-Leimkühler, 2003). Therefore, many men will forgo seeking help in attempts to maintain their positive self-concept. Research has indicated that masculine norms (e.g., winning, emotional control, primacy of work) positively correlated with increased negative health behaviors, such as risk taking, drug and alcohol use, and lack of preventative measures (Mahalik, Levi-Minzi, & Walker, 2007). In a study of young men, the higher the endorsement of traditional masculinity the lower the likelihood of pursuing healthcare (Marcell, Ford, Pleck, & Sonenstein, 2007).

Courtenay (1998) noted three elements that contribute to men’s poor health: a) men engage in high-risk behaviors and perceive themselves as being invulnerable, typically viewing their health as excellent; b) any vulnerability experienced by men, such as pain or sickness, must be concealed in adherence to male sex roles; and c) typically men know less than women about health in general. This combination is lethal for men. These high-risk behaviors, gender norms, and lack of education are the potential causes of increased mortality for men across all age groups (Sabo, 2005).

In qualitative work by Noone and Stephens (2008) several common themes and constructions amongst men emerged when talking about health care use. The men in their study viewed women, not men, as the people who regularly use health services. They
viewed women as visiting the physician for trivial matters and frequently participated in screenings and preventative measures. The men also viewed women as expressing and discussing health concerns with female friends. In contrast, the men described men as seldom using health services. This may be partly explained by traditional masculinity’s view of itself as being the opposite of women. As such, if women are viewed as being regular users of health care services, then it is only logical that men must be seldom users. If a man were to regularly utilize the health care system he would be like a woman and therefore as not fulfilling male sex roles. As a result, many men find themselves in a bind between health and positive self-concept.

This bind is compounded by what Robertson (2006) termed the “don’t care/should care” dichotomy (p. 178). This occurs when men struggle between what is thought of as masculine (i.e., not going to the physician) and what is thought of as good “citizenship” (i.e., going to the physician). In essence men feel like they “don’t care” because they are men and men do not care about their health, but acknowledge they “should care” because they see themselves as being good citizens. Another struggle that Robertson observed for men was between control and release. Control was the need to take care of one’s health (i.e., exercise, eating well) and release is the freedom from that control into more indulgent behavior (i.e., alcohol, smoking, poor diet). Ultimately, Robertson concluded that many men hold the view that they need to have a balance between these forces in their lives. However, he noted that indulgent behavior may occur at a higher frequency than would suggest a balance.
Research by O’Brien, Hunt, and Hart (2005) suggested several important aspects of men’s relationship to seeking help for physical health. First, that men must perceive the problem as being large in order to necessitate a visit to the physician. That which constitutes a serious problem changes with age with older men having a more open view because of previous health difficulties. Second, that men find it more acceptable to seek help (even for minor complaints) when physical health is tied to occupational functioning. These negative views of health related help-seeking puts men in a bind between maintaining male sex roles and taking care of themselves. A similar bind occurs with help-seeking for mental health services.

**Mental health services.** While men are reluctant to seek help for physical and mental health issues unless a major concern is present, reluctance increases for mental health issues (O’Brien, Hunt, & Hart, 2005). Cusack, Deane, Wilson, and Ciarrochi (2004) suggested that the influence of others is the greatest motivator for men to pursue mental health treatment. In their study 96% of the male participants attributed their decision to pursue help to one or more people in their lives. Additionally, 37% expressed that without that influence they would never have presented for treatment. Similar conclusions were reached in a qualitative study by O’Brien, Hunt, and Hart (2005).

Males make up approximately one-third of those who seek mental health treatment (Vessey & Howard, 1993). This statistic was the product of several large scale epidemiological studies, including the Epidemiologic Catchment Area (1980-1985), the National Medical Care Utilization and Expenditure Survey (1980), the National Health Interview Survey (1985, 1986, 1987, 1988), and the National Survey of Access to Health
Care (1989). While men are less likely to receive treatment, they are slightly more likely to have a mental health diagnosis (Howard, Cornille, Lyons, Vessey, Lueguer, & Saunders, 1996).

As adherence to male sex roles increases the likelihood that a male will seek out mental health treatment decreases (Berger, Levant, McMillan, Kelleher, & Sellers, 2005; McKelley & Rochlen, 2010). Similar findings by Lane and Addis (2005) suggested that men higher in restricted emotionality will not seek treatment from professionals, nor will they seek support from others including family members, partners, friends, ministers, or anonymous online support. Mahalik and Rochlen (2006) found similar results suggesting that men were twice as likely to talk to a friend about depression than a mental health professional. Additionally, they found that there were 12 activities or supports these men would seek out before a mental health professional and among those was “do nothing.” This suggests that men would rather do nothing to help their depressive symptoms than go into counseling.

Several authors have suggested that male sex roles are incongruent with mental health counseling making it an undesirable treatment option for many men (e.g., Glicken, 2005; Kiselica, 2005; Robertson & Fitzgerald, 1992; Schaub & Williams, 2007). Robertson and Fitzgerald (1992) noted four reasons in particular that men do not seek out mental health counseling: (a) counseling encourages a sharing of feelings, but men are socialized to keep their feelings to themselves; (b) admitting the presence of problems is often a requirement for counseling, but men are taught to hide the problems they have; (c) counseling will often highlight an individual’s vulnerabilities, but men are expected to be
strong; and (d) counseling utilizes a relationship between the client and counselor, but men learn that they need to be independent.

Prior (1999) noted that in addition to the lack of counseling, men have also been less likely to be on psychotropic medication. She concluded that outpatient treatments are less likely to be utilized by men, but more intense levels of care, such as inpatient units, are more likely to be populated with men. It is unclear whether men have more severe mental health issues or if the greater use of intensive services reflects the lack of prevention. To that end, Kilmartin (2000) surmised that men only seem to seek out mental health services when their difficulties have reached “crisis” proportions.

The interaction between male sex roles and help-seeking behaviors has been well documented. Consistently, studies have shown a statistically significant negative correlation between restricted emotionality and attitudes towards help-seeking (Blazina & Watkins, 1996; Cusack, Deane, Wilson, & Ciarrochi, 2006). A similar relationship was present for the drive for success, power, and competition and negative attitudes towards help-seeking (Cusack, Deane, Wilson, & Ciarrochi, 2006). How men perceive these mental health services, in particular counseling, could provide an understanding of societal stereotypes and norms concerning such services. The following section will address men’s perceptions of counseling.

**Men’s Perceptions of Counseling**

The literature related to men in counseling has given little attention to the perceptions that men have of counseling. Many assumptions exist, which have been extolled in theoretical articles, chapters, and books (e.g., Rabinowitz & Cochran, 2002;
Brooks, 1998; Englar-Carlson & Stevens, 2006; Good, Thomson, & Brathwaite, 2005; Pollack & Levant, 1998). Additionally, several survey instruments have been used or developed in attempts to ascertain men’s attitudes, expectations, intentions, or barriers to counseling (e.g., Deane, Wilson, & Ciarrochi, 2001; Fisher & Tuner, 1970; Lane & Addis, 2005; Tinsley, Workman, & Kass, 1980). While there has not been research that has expressly examined men’s perceptions of counseling, both theoretical and quantitative scholarship elucidates some important concepts.

**Theoretical work on men’s perceptions.** The theoretical work to date has been typically based on clinical experience (e.g., Brooks, 1998; Rabinowitz & Cochran, 2002). The insight that these author-clinicians have provided has been invaluable in shaping the landscape of the study of men and masculinity. While authors have not dedicated sections of their works to men’s perspectives, they have highlighted them within their works. Much of the insight they have provided has focused on how male sex roles shape the perceptions of men. Within that, there is an underlying assumption that male sex roles are in conflict with the counseling process (Stevens & Englar-Carlson, 2006).

Pollack and Levant (1998) highlighted in an introduction to counseling men that men are strongly independent. The authors asserted that this independence is in conflict with some men’s views of the counseling process, which men may interpret as being a loss of independence. Within this concept is also the notion that men feel they can handle problems themselves. By going into counseling they are giving up their ability to handle problems and admitting defeat. As Levant and Kopecky (1995) noted, one of the more positive aspects of masculinity is its dedication to solving problems. In this way the
counseling process may seem, to many men, as going against their sense of self-efficacy. Many men perceive counseling as only a last resort, thus presenting for treatment only after symptoms or difficulties have become severe (Brooks, 1998).

Brooks (1998) noted that men perceive counseling as a place for people to go who cannot take care of themselves. Thus there is a perceived weakness associated with entering counseling. By showing this weakness, they are no longer adhering to male sex roles. These observations have been corroborated by other theorists (e.g., Rabinowitz & Cochran, 2002; Stevens & Englar-Carlson, 2006). Related to weakness, there is the perception that it is shameful to go to counseling (Brooks, 1998). According to Krugman (1995), shame is a powerful force in many men’s lives. Shame comes from the belief that they are not living up to the masculine standards that others achieve. Therefore, if it is commonly accepted in masculine culture that men do not go to counseling, the shame of going would be unbearable for many men (Efthim, Kenny, & Mahalik, 2001).

Men tend to perceive counseling as a process that will require them to become someone they are not (Stevens & Englar-Carlson, 2006). Brooks (1998) noted that men then to perceive the counselor as someone who will not accept them and require that they change themselves, even feminize themselves. Brooks observed that men perceive counseling as focusing on feelings, which are feminine, uninteresting, and scary for many men. As such, there are many men who perceive counseling as being as waste of time (Rabinowitz & Cochran, 2002). However, many also see it as being a helpful process for others, but not for themselves (Brooks, 1998; Pollack & Levant, 1998). By not needing it they display their strength and by supporting others in pursuing it they are helping to
solve problems. Both of these qualities (strength and solving problems) fall into the concept of male sex roles (Levant & Kopecky, 1995).

A final consideration of this line of inquiry is the role that sexual intimacy plays in counseling. Many men will mistake emotional intimacy as a precursor to physical intimacy resulting in discomfort with counseling (Brooks, 1998). Male clients are inclined to perceive the therapeutic encounter as having sexual undertones, whether they work with male or female counselors (Pollack & Levant, 1998). In situations where the counselor is a male the client might feel more uncomfortable and discontinue treatment (Brooks, 1998; Scher, 2005). This experience taps into the homophobia present in the male sex role (Levant & Kopecky, 1995).

The work on men’s perspectives of counseling is limited. Most authors have focused on how male sex roles shape men’s perspectives. The above work has been based on clinical work and the authors have not explicitly addressed perspectives. Rather, they have written about men’s interactions with counseling, which ultimately reflect a perspective.

**Measures of attitudes, expectations, intentions, and barriers.** As with the theoretical writings, the quantitative work on men’s perceptions informs the field’s understanding, yet does not expressly assess perceptions. The measures developed assess attitudes, expectations, intentions, and barriers to counseling. There have been critiques of many scales, charging that some researchers are unclear about what they are assessing (Hayes & Tinsley, 1989). Below are several scales that have been used in research on
men and counseling. Each helps further the discussion on men’s perceptions of counseling, but do not explicitly address that concept.

*Attitudes towards counseling.* The most common measure utilized to date is the Attitudes Toward Seeking Professional Psychological Help (ATSPPH) developed by Fisher and Tuner (1970). This measure consists of 29 Likert-scale statements rated on a 1 to 4 range. The statements are all oriented towards help-seeking and participants indicate their level of agreement with the statements using the scale. Scores range from 0 to 87, with higher scores indicating more positive views towards psychological help-seeking. Fisher and Tuner (1970) reported test-retest reliability during a two-week period at .89 and during an eight-week period at .84. Internal consistency was calculated using Cronbach’s alpha, which was .84. They evidenced validity by the being able to discern between those participants who had and had not sought out mental health services based upon their scores.

Examples of statements from Fisher and Tuner’s ATSPPH are “Although there are clinics for people with mental troubles, I would not have much faith in them”; “I would feel uneasy going to a psychiatrist because of what some people would think”; “Emotional difficulties, like many things, tend to work out by themselves”; and “I would want to get psychiatric attention if I was worried or upset for a long period of time.” These attitudes suggest that participants a) think that a mental health professional would not be needed, b) think that there is stigma associated with receiving mental health services, c) are not open to discussing their difficulties, and d) lack confidence in the mental health profession (Fischer & Turner, 1970).
The ATSPPH has been used in multiple research studies examining men and masculinity in counseling (e.g., Berger, Levant, McMillan, Kelleher, & Sellers, 2005; Blazina & Watkins, 1996; Good, Dell, & Mintz, 1989; Good & Wood, 1995; Smith, Tran, & Thompson, 2008). All of this research has indicated that GRS scores are correlated with negative attitudes toward psychological help-seeking.

**Expectations about counseling.** The Expectations About Counseling (EAC) questionnaire was developed by Tinsley, Workman, and Kass (1980) and consists of 135 statements that are rated on a seven-point Likert-scale. Examples of statements include “I expect the counselor to guide me through the interviews, to decide what treatment plan is best” and “I expect the counselor to know how I feel even when I cannot say quite what I mean, to understand exactly how I feel.” A brief version was developed for use and consists of only 66 items (Tinsley, 1982 as cited in Schaub & Williams, 2007). The factors assessed in the EAC are personal commitment, facilitative conditions, counselor expertise, and nurturance (Tinsley, Workman, & Kass, 1980). Construct validity on the brief scale has validated its use (Tinsley & Westcot, 1990). Internal consistency for the measure ranged from .69 to .82 (Tinsley, 1982 as cited in Schaub & Williams, 2007).

The EAC has been used in multiple research studies on men in counseling (e.g., Johnson & Knackstedt, 1993; Robitschek & Hershberger, 2005; Schaub & Williams, 2007). Results from Schaub and Williams (2007) suggested that the higher the traditional masculinity and the resulting stress the less likely counseling was seen as beneficial. Johnson and Knackstedt (1993) reported similar findings, that masculinity did not relate
with positive expectations about counseling. Rather, femininity was the predictor of whether participants had positive expectations.

**Help-seeking intentions.** The General Help-Seeking Questionnaire (GHSQ) was developed by Deane, Wilson, and Ciarrochi (2001) to assess the intentions of participants to pursue help and the level of perceived helpfulness. The questions asked how likely the participants would seek help from different sources for three different concerns: personal-emotional, anxiety-depression, and suicidal thoughts. The sources of help were friend, parent, other relative/family member, mental-health professional, telephone help-line, doctor/GP, or another source that the participants could provide. These questions are rated on a 0 to 7 Likert-scale with greater numbers indicating an increased likelihood of pursuing help from that source for that particular problem. Deane, Wilson, and Ciarrochi (2001) reported the test-retest reliability ranged from .86 to .92. They also confirmed the validity of the measure by finding a positive correlation between GHSQ scores with previous and predicted help-seeking behavior. While the scale does not provide a picture of how men perceive counseling, it does ascertain whether they would pursue help from a mental health professional. Furthermore, it places that rating in the context of other sources of support. Therefore, we can understand how important a resource mental health professionals are to the participants.

This measure has been used in several research studies examining men and counseling (e.g. Cusack, Deane, Wilson, & Ciarrochi, 2004, 2006). Results from Cusack et al. (2004) suggested that intimate partners and general practitioners had the greatest
influence on men’s help-seeking behavior. In Cusack et al. (2006), the GHSQ was related to likelihood of pursuing treatment in the future.

**Barriers to help-seeking.** The Barriers to Help-seeking Scale (BHSS) was developed by Mansfield, Addis, and Courtenay (2005) in order to assess the barriers men face in pursuing mental and physical health treatment. This scale represents a departure from the previous measures in that it was developed specifically for men. Fifty-four items were rated by a group of 537 undergraduate males on a 0 to 4 Likert scale in regards to level of agreement. Using principal components analysis, the researchers settled on a five-factor model that included (a) need for control and self-reliance, (b) minimizing problem and resignation, (c) concrete barriers and distrust of caregiver, (d) privacy, and (e) emotional control. Statements were chosen based on their representativeness of the five factors, condensing the number to a total of 31. After development, the measure was correlated with the ATSPPH in order to demonstrate validity. Each of the five factors from the BHSS had a significant positive correlation to the overall ATSPPH scores. Additionally, the reliability for the measure was found to range from .75 to .89. The results of the study were the scale itself, which proved to be a valid and reliable measure of men’s barriers to treatment.

While each of the above scales is a useful tool, they are somewhat limited by the nature of their designs. Utilizing such scales to understand a perception defines a priori what those perceptions will be (Brown, 1980). Additionally, each of these scales measures one element of a perception (e.g., expectations or attitudes), not allowing for an intermingling of elements to create a perspective. A perception is subjective, and in being
so, it does not need to be contained with in the pre-existing confines of the researchers’ definitions. These perceptions are already occurring, it is only a matter of using a methodology that allows for their expression. Therefore, a methodology that allows the participants to define their own perception is desired in order to understand more fully what men’s perceptions are about counseling.

**Summary**

The literature on men in counseling leads to several conclusions. First, male sex roles shape many men’s behaviors and self-concepts (Pleck, 1995). Masculinity is performative by nature and requires men to reassert their manhood continually (Vandello, Bosson, Cohen, Burnaford, & Weaver, 2008). This performance of male sex roles can be shaped by a multitude of factors such as age (Tanir, 1982), race (Lazur & Majors, 1995), class (Pleck, 1981), and sexual orientation (Odets, 1998). Each man’s performance is different, yet many of the underlying elements that contribute to the performance are the same (Gilmore, 1990).

Second, many men are dealing with mental health issues (Vessey & Howard, 1993). In regards to diagnostics, these issues may not be correctly assessed due to unique gender variations of symptoms (Cochran, 2005). With issues such as wellness, many men might be struggling as a result of GRS (Eisler, 1995). In essence, men may be quietly suffering from difficulties that are intensified by or caused by male sex roles.

Third, due in large part to traditional male sex roles, men do not seek out help for their difficulties (Galdas, Cheater, & Marshall, 2005). This applies to physical and mental health services, however is exacerbated in the latter (O’Brien, Hunt, & Hart, 2005).
According to some men a problem needs to be considered large in order to justify seeking help and mental health concerns are not large enough to warrant such behavior. The tension that exists between wanting to care for oneself and wanting to adhere to male sex roles causes many men considerable strain (Robertson, 2005).

Finally, the field’s understanding of men’s perceptions of counseling is largely theoretical or based on assessments of expectations, intentions, attitudes, or barriers to treatment (e.g., Cusack, Seane, Wilson, & Ciarrochi, 2006; Lane & Addis, 2005; Mansfield, Addis, & Courtenay, 2005; Schaub & Williams, 2007; Smith, Tran, & Thompson, 2008). Each point toward perception, but none addresses that issue directly.

In attempts to bridge the gap between many men’s need for counseling and the provision of services, this study seeks to explicitly examine men’s perceptions of men attending counseling. Doing so will allow for a greater understanding of how men interpret adherence to male sex norms. The study will make use of a Q methodological design to assess men’s perceptions (McKeown & Thomas, 1988). The application of this methodology to the current study is detailed in Chapter II.
CHAPTER II

METHODOLOGY

This chapter includes an overview of Q methodology, the rationale for utilizing Q to assess men’s perceptions of men in counseling, the procedure to be followed in the present study, and data analysis. Q methodology is an exploratory technique that traditionally does not utilize research hypotheses (Watts & Stenner, 2005). Therefore, the study will be guided by the research question: What are men’s perceptions of male clients in counseling?

Q Methodology

Developed by William Stephenson, Q methodology is the scientific study of human subjectivity (McKeown & Thomas, 1988). Stephenson introduced the theoretical foundation of Q methodology in a letter he wrote to the journal Nature in 1935 (Stephenson, 1935). In this letter Stephenson described the possibility of inverting factor analytic techniques in order to examine the relationships among people. In this letter and the texts to follow, Stephenson created and developed the Q methodological approach (McKeown & Thomas, 1988).

Stephenson (1953) contended that human subjectivity is a behavior that can be measured through the techniques used in Q methodology. Shinebourne and Adams (2007) provided an overview of the basic Q method process. Researchers start by sampling statements that reflect a wide range of opinions and perspectives. Statements can be pulled from literature, media, interviews, or related pilot studies. The sampled statements are transferred to cards and numbered. Participants are given instructions by
the researcher to sort the cards in order of preference. The sort is typically a ranking of statements from *agree* to *disagree*. When completed, the sort is recorded for analysis by noting the placement of statement cards. Participants are then asked follow-up questions about their sorted statements. The sorts are correlated with each other and then factor analyzed to depict the interrelatedness of participants’ viewpoints. Resultant are factors that represent different human subjectivities present within the participant sample. Subjectivity in Q methodology can relate to a person’s standpoint, judgment, interpretation, attitude, appraisal, experience, or perception (Brown, 1996). Results are not necessarily the exact perception of any one particular participant; rather they are a culmination of commonalities for a particular viewpoint (Brown, 1980). The remainder of the chapter will focus on Q methodology and the application to the present study.

**The Present Study**

The present study will utilize Q methodology in order to ascertain men’s perceptions of men attending mental health counseling. This methodology is an ideal fit due to its emphasis on the subjective views of participants and how they relate to one another. Other methodologies were considered to explore men’s perceptions of men attending counseling. Most notably, phenomenological and incomplete sentence blanks (ISB) were considered as possible methodologies. Phenomenology focuses on individuals’ perceptions and meaning of the world, which are revealed through participants’ use of language (Schram, 2006). Phenomenological research data typically consist of in-depth interviews with people whose perceptions are under study. In this way, phenomenology would have been a good fit in understanding men’s perceptions.
The construction and use of an ISB was also a consideration for the present study. ISBs have been used since the late nineteenth century to capture participants’ thoughts or feelings in a quasi-projective format (Lah, 2001). They are comprised of sentence stems, which are the first few words in a sentence, followed by a space for participants to complete the sentence in their own words thus providing their unique perception. In the present context, the researcher could have solely employed the use of an ISB, which presented stems concerning men’s perceptions of male clients in counseling. Because the analysis of stems would have provided an understanding of respondents’ perception of themselves and other the use of an ISB could have been a good choice for understanding men’s perceptions.

Phenomenological research and ISB methods were not chosen for the present study for several reasons. First, the goal of the present study was to provide a range of perceptions held by men rather than only individual perceptions. Both of the other methodologies considered value the unique individual response, but are limited in the breadth of perceptions presented. In contrast Q methodological data can allow for multiple perspectives to be reflected (Watts & Stenner, 2005). Second, Q methodology can facilitate a correlation analysis in order to examine the statistical relationships among individual perceptions and among the emergent viewpoints (Brown, 1993). This type of analysis is not possible with either the phenomenological or ISB research methods.

The following sections will include a description of the procedure to be followed in the present research study. It will address the construction and sampling (Q sample) of
the concourse, the selection of participants, the procedures for the collection of data, and the data analyses.

**The Concourse**

The concourse is a collection of ideas surrounding a particular topic (van Exel & de Graaf, 2005). It is a representation of perspectives related to a particular topic (Brown, 1993). The goal of researchers using Q methodology is to explore the concourse in order to understand its structure (Watts & Stenner, 2005). The concourse for the present study was generated through two methods. First, men were solicited for completion of a set of 16 ISB stems concerning counseling. Second, items were drawn from a review of scholarly literature pertaining to men in counseling.

**Incomplete sentence blanks concourse.** The Male Incomplete Sentence Blanks for Counseling (MISBC) was constructed by the researcher for use in the present study (see Appendix A). The MISBC consisted of 16 sentence stems oriented towards four main concepts: men in general, counseling in general, the participant in counseling, and men in counseling. The MISBC concepts were chosen to assess beliefs that were held personally (i.e., the participant in counseling) and socially (i.e., men in general, counseling in general, and men in counseling). Rogers, Bishop, and Lane (2003) noted that the content of the stems should have a high level of face validity. The researcher gained face validity of the MISBC through consultation with his dissertation co-advisors to ensure that the stems reflected the concepts outlined.

An additional consideration in the use of the MISBC was the sensitivity of the topic under study. Literature has suggested that men feel uncomfortable with counseling
(e.g., Levant & Kopecky, 1995; Rabinowitz & Cochran, 2002). As such, a method of data collection that was more anonymous than interviews was required. It was assumed that limited face-to-face contact and anonymous responses would help facilitate authenticity in participants. Surveys offer a similar level of anonymity; however, the MISBC allowed for the unique responses desired in this study.

**Administration of the incomplete sentence blanks.** The Kent State University Institutional Review Board approved the use of the MISCB with human subjects (see Appendix B). Participants were specifically sought in order to ensure that the concourse sample represents the main aspects under study (Brown, 1996). Based on the literature culminated for Chapter One, the researcher assumed that age, race, and social class background would influence participants’ views (Cournoyer & Mahalik, 1995; Lazur & Majors, 1995; Tolson, 1977). Participants were sought who would provide diverse viewpoints. To accomplish this goal the MISBC was administered in a large Midwestern university student center. The student center attracts university faculty, undergraduate and graduate students, parents of students, campus staff, and campus visitors for various events. While a diverse sample is not required for the concourse (Watts & Stenner, 2005), it was desired in order to ensure that the statements provided would allow for a range of perceptions (Brown, 1980).

A table was set up in the mezzanine on the second floor of the student center on four consecutive Mondays during the summer term. The researcher sat at the table from 11:00 AM to 2:00 PM in an attempt to catch potential participants during lunch. The table was set up across the hallway from several university offices, across the mezzanine from
the student dining area, and next to the men’s restroom door. On the table were several clip boards with consent forms, the MISBC, and drawing entry slips. A sign hung from the table explaining the study and asking for male participants. The researcher answered questions about the study and only engaged potential participants if they stopped to read the sign.

The background questionnaire surveyed age, race, student status, relationship status, employment status, annual income, highest level of education, and history of interaction with the counseling field (see Appendix C). These items were selected because they have been tied to masculine norms or to interactions with counseling. The questions regarding employment, income, and education were considered because of the literature linking socio-economic status to modern masculine perspectives (Tolson, 1977). Age (Cournoyer & Mahalik, 1995) and race (Lazur & Majors, 1995) have both been tied to expressions of masculinity. Additionally, relationships have been cited as a major motivator for men to go to counseling (Rabinowitz & Cochran, 2002).

Consent was administered at the time of participation (see Appendix D). As compensation, those who participated in the study were offered an opportunity to enter in a drawing for one of two $10 gift cards to a retail chain store. Twenty incomplete sentence blanks were administered, of which 19 were usable. One incomplete sentence blank was not completed correctly because the participant completed the demographic form but left the MISBC incomplete. His forms were removed from analysis. The first participant expressed confusion about the demographic form, which asks about student status and highest level of education. He asked if he, as a current student, should mark his
highest level of education or the degree he was pursuing. The researcher instructed him to indicate the degree he was pursuing. The researcher relayed this instruction verbally to all ensuing participants in order to ensure uniformity of response. Table 1 contains the demographic breakdown of participants.

Resultant from the MISBC were 294 statements from men concerning counseling (see Appendix E). These statements were combined with statements pulled from literature on men in counseling in order to construct the concourse.

**Scholarly literature concourse.** Part of the concourse was established from literature on men in counseling. Concepts were pulled from the theoretical work on men’s perceptions of counseling. Chapter I highlighted the dearth of research to date on men’s perceptions of counseling. The literature chosen for concourse construction reflected the closest approximation to work on perceptions available. The theoretical works were books about men in counseling by Brooks (1998), Pollack and Levant (1998), Rabinowitz and Cochran (2002), and Stevens and Englar-Carlson (2006). The research articles consisted of works by Cusack, Deane, Wilson, and Ciarrochi (2004); Good, Dell, and Mintz (1989); Mahalik, Good, and Englar-Carlson (2003); Mansfield, Addis, and Courtenay (2005); and Mansfield, Addis, and Mahalik (2006).

Some of the statements in the literature concourse were based on extrapolations of concepts presented in the literature. For example, Brooks (1998) noted that many men are referred by court to attend counseling. The extrapolation of this concept was that men
Table 1.

*Descriptive Statistics for the MISBC Participants (n = 19)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age = 27.97</td>
<td></td>
</tr>
<tr>
<td>Age Range = 18 – 61</td>
<td></td>
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<tr>
<td><strong>Race</strong></td>
<td></td>
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<tr>
<td>Caucasian or White</td>
<td>14</td>
</tr>
<tr>
<td>African American or Black</td>
<td>4</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
</tr>
<tr>
<td><strong>Educational level</strong></td>
<td></td>
</tr>
<tr>
<td>Associate or Technical degree student</td>
<td>2</td>
</tr>
<tr>
<td>Four-Year College student</td>
<td>10</td>
</tr>
<tr>
<td>Graduate student</td>
<td>3</td>
</tr>
<tr>
<td>High school graduate</td>
<td>2</td>
</tr>
<tr>
<td>Associate or Technical graduate</td>
<td>1</td>
</tr>
<tr>
<td>Graduate graduate</td>
<td>1</td>
</tr>
<tr>
<td><strong>Employment Status</strong></td>
<td></td>
</tr>
<tr>
<td>Part-time employment</td>
<td>10</td>
</tr>
<tr>
<td>Full-time employment</td>
<td>9</td>
</tr>
<tr>
<td><strong>Annual Income</strong></td>
<td></td>
</tr>
<tr>
<td>Less than $15,000</td>
<td>12</td>
</tr>
<tr>
<td>$15,000-20,000</td>
<td>2</td>
</tr>
</tbody>
</table>
Relationship Status

Single never married 10
Committed relationship, never married 6
Married 1
Divorced 2

History of Counseling

Currently in Counseling 1
Previous Counseling 6
Considered Counseling 5
Interested in Participating in Counseling 5

Benefit of Counseling

Could Benefit from Counseling 10
Close Friend or Family has been in Counseling 14
Close Friend or Family has Benefited from Counseling 13

often perceive counseling as something that is only done if legally forced. Brooks did not expressly state this perception; rather, it is an extrapolation from material he provided.

With one exception all the material pulled from the literature was shaped into representative statements by the researcher. For example, the statement “I would only go to counseling if a court made me” represented being legally mandated to go to
counseling. The one exception to this practice was for Mansfield, Addis, and Courtnay (2005). In this case, the 31 statements used to develop the Barriers to Help Seeking Scale were utilized as part of the concourse. Some were slightly altered for the purposes of the present study; for example, “health professional” was changed to “counselor”.

As the literature concourse construction progressed, sources offered fewer unique concepts about men’s perceptions of counseling. This caused some sources to yield multiple statements, while others to provide one or two statements. For example, the concept of men in counseling being perceived as being weak was repeatedly noted in the literature, but was not noted in the concourse with the same frequency. The literature concourse was completed when saturation occurred and no new statements were provided. The literature review resulted in 85 statements for the concourse (see Appendix F).

A total of 379 statements were generated for the concourse: 294 from the MISBC and 85 from the literature. There was significant overlap of concepts between the MISBC and the literature concourse. These statements were compared, combined, and condensed in order to create the Q sample. This process is described in detail in the following section.

The Q Sample

The Q sample is a collection of stimuli that has been pulled from the concourse in order to be ranked by participants (Brown, 1993). Statements are the most commonly used form of stimuli for sorting (Watts & Stenner, 2005). Statements were sampled from the concourse using an unstructured sampling technique. Because the present study is
exploratory there was no particular theory that was under study, thus there were no particular constructs used to structure the sample. Rather, the researcher and his co-advisors chose items thought to be relevant to the study based upon the data provided (i.e., MISBC and literature). While similar to an inductive structured sample (McKeown & Thomas, 1988), the present study did not establish concepts in the concourse and sample accordingly. Instead, all the unique viewpoints presented in the concourse were included in the sample.

According to McKeown and Thomas (1988), unstructured sampling can cover all potential concepts presented in the concourse; however, it may not represent those concepts equally. This is because an unstructured sample does not expressly seek equal representation of all concepts. Stephenson (1953) noted that unstructured samples could be conceptualized as having at least two levels. As an example, he highlighted a study on health wherein the unstructured sample would likely balance between ill-health and health (p. 73).

Prior to being combined with literature statements, the MISBC statements were consolidated. The MISBC statements were compiled by stem, resulting in 16 sets of statements based on stem. The researcher discarded statements that expressed similar content both within and between stems. For example, the researcher determined that the following statements were similar and could be reflected by one statement: “Men would not go to counseling because they think they are too macho” (#278) and “Men would not go to counseling because they are too macho” (#275). This type of consolidating resulted in a single set of 55 statements reflecting only the MISBC (see Appendix G).
The researcher and his dissertation co-advisors collaborated on sampling the concourse. The Q sample reflects the combination and consolidating the 55 statements from the MISBC concourse and the 85 statements from the literature concourse. These two lists were reviewed for common underlying concepts. These common statements were combined and reworded in order to fit the nature of the study. Some had to be rephrased to either reflect men in counseling or statements about counseling. For example, the statement from the MISBC, “Men would not go to counseling because they feel it is a sign of weakness” (#6), was combined with several statements, among them the statement from the literature, “Counseling means you are admitting weakness” (#6). These statements were combined and reworded, resulting in “Men in counseling are weak” (#10).

Consideration also needed to be given to the homogeneity of the Q sample. If certain statements stand out for special consideration because of their uniqueness or because they are unintelligible they may be sorted differently (Stephenson, 1953, p. 76). Participants may hold these items out for special placement because of factors not related to the statement itself. However, the sample also needs to reflect the diversity and complexity of the ways in which people describe their views (Brown, 1996). An example of this type of consideration was the statement from the MISBC, “Counselors are mostly taking advantage of people” (#55). The researcher and his co-advisors thought it important to present this concept, but were concerned that the language might make it stand out. With some alteration to the statement, the concept was reflected in the statement, “Men shouldn’t trust counselors.”
The researcher and his co-advisors discarded statements that repeated the same idea and, where necessary, reworded statements to reflect men’s perceptions of men. Through this process the sample of statements facilitate the myriad of statements provided and would likely allow for the presentation of multiple perceptions. This process yielded 48 unique statements that reflected the concepts in the MISBC concourse and the literature concourse (see Appendix H). These statements were placed on cards along with a numeric assignment for data collection purposes. The data collection procedures are described in the Procedure section.

**Participants (P Sample)**

Approval was obtained from Kent State University Institutional Review Board for use of human participants in research (see Appendix I). Participants (n=50) will be informally solicited through word of mouth by the researcher and his dissertation co-advisors. Solicitation will occur through personal and professional contacts around the state of Ohio. In particular, a volunteer fire department in central Ohio, a used car dealership in north central Ohio, a men’s group at a church in north central Ohio, faculty members at universities around the state of Ohio, and personal and professional connections in north central Ohio. As compensation, participants will be offered the opportunity to enter into a drawing for one of two $20 gift cards.

A snowball technique will be used by asking participants to recommend any additional participants who might take part in the study. Age will be the only constraining factor for the P sample, which was chosen because of the salient role it plays in mental (e.g., Cournoyer & Mahalik, 1995; Levant, 1995) and physical health (e.g., Marcell,
Ford, Pleck, & Sonenstein, 2007; O’Brien, Hunt, & Hart, 2005). As men age they tend to become more open to health-related services because at some point they have had to utilize them (O’Brien, Hunt, & Hart, 2005). It also has been suggested that over time men’s perceptions of what it means to be a man can evolve and grow (Tanir, 1982). Therefore, soliciting participants across age groups may help to capture a variety of perceptions. The selection criteria for the P sample is displayed in Table 2 (McKeown & Thomas, 1988). Several sources on Q methodology have suggested a P sample ranging from 30 to 50 participants for a comprehensive sample (Brown, 1980; Fairweather, 2001; McKeown & Thomas, 1988). Therefore, a P sample of 50 is in line with Q methodological requirements.

Table 2.

*Selection Criteria for Person Sample*

<table>
<thead>
<tr>
<th>A. Age Criteria</th>
<th>Replications</th>
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<tbody>
<tr>
<td>a. 18-24</td>
<td>10</td>
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<td>b. 25-34</td>
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<tr>
<td>c. 35-44</td>
<td>10</td>
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<tr>
<td>d. 45-54</td>
<td>10</td>
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<tr>
<td>e. 55+</td>
<td>10</td>
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</table>

n = 50 participants

In Q methodology participants do not sort based upon demographic information (e.g. gender, race, education), rather they sort based on perception (Watts & Stenner, 2005). All that is required is the presentation of a perception so it can be compared to
other perceptions (Brown, 1980). Because of the nature of the P sample, the results will make no claims about representing all the perceptions present in the male population. Even though age is being used for the selection criteria, the researcher will make attempts to represent a breadth of background variables. Variability will be sought in ethnicity, socio-economic background, education, relational status, and experience with counseling. While this will not be intentionally sampled for, care will be taken in reaching out to a variety of males for participation. The background questionnaire will assess these differences in participants. These particular variables were not included in structuring the P sample because of the anticipated difficulty recruiting male participants for a mental health counseling study.

**Procedure**

The participants will complete the sort either on their own (mailing their responses) or in the presence of the researcher. When the researcher administers the sorts, a quiet room will be located with a surface large enough to facilitate sorting and ensures some privacy for participants. The researcher will review the consent form (see Appendix J) with participants and describe the general sorting process. A short script will be utilized in order to help orient the participants to the research study and Q technique (see Appendix K). Background information will be collected using the same questionnaire as in the MISBC concourse development; however, it will be given within a packet of forms compiled for the study (see Appendix L).

The participants will be given the 48 Q sort cards, each card contained one of the statements from the Q sample. The men will be given a packet that includes the
instructions for sorting, a response grid for recording their responses, and a follow-up questionnaire (see Appendix L). The men will be asked to complete the Q sort, which is a process of sorting the statements in order of preference. The men will start by reading through all of the cards in order to familiarize themselves with the statements. They will then set up the ranking cards, which range from +5 to -5 indicating varying levels of agreement (McKeown & Thomas, 1988). The most positive end of the ranking is (+5) most like my view of men in counseling, to the most negative number, (-5) most unlike my view of men in counseling. The middle or zero point is neutral or unimportant. Each marker along the distribution requires a certain number of statements be ranked under that marker creating a forced distribution of statements. Many Q methodologists prefer the forced distribution because it forces participants to evidence a preference of one item over another (e.g., Brown, 1980; Watts & Stenner, 2005). This study utilizes a standard curve for the distribution of statements, which is most commonly used in Q methodology (McKeown & Thomas, 1988). According to Brown (1980), the impact that distribution has upon the factor loadings is “nil”; rather, it is the pattern of statement placement that is most important. See Figure 1 for the shape of the distribution.

<table>
<thead>
<tr>
<th>-5</th>
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<th>3</th>
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*Figure 1.* Distribution shape. The row of numbers is the scale for ranking the statements. Each X is a statement required for that ranking.
The participants will be instructed to sort the cards by first making three piles that represent *like my view*, *unlike my view*, and *neutral*. From there they will rank the statements in the forced distribution according to their perception. Once all the cards have been used, participants will record their ranking of statements by writing the number of the statement card in the response grid (see Appendix L). After the sort is finished and recorded, participants will complete follow-up questionnaires concerning the ranking of statements (Watts & Stenner, 2005). Questions have been augmented from Janson (2007) and include,

- Describe how the two items you ranked at 5 (Most like my view of men in counseling) are important to your view
- Describe why the two items that you placed at the -5 (Most unlike my view of men in counseling) are less important to your view
- Describe other statements that you think help define your view (either positive, negative, or neutrally ranked statements)
- What were other specific statements that you had difficulty placing?
  Please indicate your dilemma.

The participants will also be given space to describe any other thoughts or ideas they have about men in counseling that emerge during the sorting process. When the researcher is present for the sort he will ask these questions of the participant and record the responses on the questionnaire.

The participants who are unable to meet with the researcher will be sent a packet via mail which contains a consent form (see Appendix J), background questionnaire (see
Appendix L), the 48 Q sort cards, the instructions for sorting (see Appendix L), a response grid for recording their responses (see Appendix L), a follow up questionnaire (see Appendix L), and a return envelope. In these cases, the men can complete the Q sort in an environment of their own choosing. They will be instructed to find a large enough surface upon which to sort and to find an environment that will allow them to focus on and consider the statements. When they complete the materials the participants will return their completed consent and forms via mail.

**Analyses**

The complete Q sorts will be correlated and factor analyzed using PQMethod 2.11 (Schmolck & Atkinson, 2002). The program computes a by-person correlation matrix, wherein the coefficient is the relationship between participants’ individual sorts (Watts & Stenner, 2005). While this matrix contains information about the relatedness of subjectivity, it is typically of little interest in Q methodology (Brown, 1993).

After the correlation matrix is calculated, the data will be factor analyzed using the principal components method, with varimax rotation. The resultant factors will be clusters of individuals who ranked the statements in a similar fashion. The factor loading is how much each Q sort is related to a particular factor array. A factor loading is significant ($p < 0.01$) if it is in excess of $\pm 2.58$ times the standard error ($SE$), which is computed using the equation $SE = 1/\sqrt{N}$, where $N$ is the number of statements in the Q sample (McKeown & Thomas, 1988). For the present study there are 48 statements resulting in $SE = 0.14$, so factor loadings in excess of $\pm 2.58 \times 0.14 = \pm 0.37$ will be considered statistically significant. Men with positive factor loadings will suggest the
magnitude of agreement with the perception, while men with negative factor loadings will suggest the magnitude of disagreement (Watts & Stenner, 2005). The factor loadings will also be used in the computation of the eigenvalue, which indicates whether or not an overall factor is significant (McKeown & Thomas, 1988). The present study will use eigenvalues of 1.00 or greater as indicators of significance. While this is common in Q methodological studies, it does not infer that there is meaning in the chosen factors based upon the eigenvalue (McKeown & Thomas, 1988, p. 51; Watts & Stenner, 2005). Rather it is merely a starting point for interpreting the resultant factors.

**Interpretation of Factors**

While the factor loading is integral in the analysis, Q methodology tends to place more emphasis on factor scores (McKewon & Thomas, 1988). Factor scores are in essence the average scores of the statements for those Q sorts loaded on that factor (Brown, 1993). The researcher will compute factor arrays for each factor using PQMethod 2.11 (Schmolck & Atkinson, 2002). The arrays are not necessarily any one person’s exact sort (Brown, 1993). Rather, each factor will be in essence a culmination of the Q sorts that were highly correlated.

The researcher will be able to examine the similarities and differences among factors using the factor arrays. Analysis of the arrays will be conducted by examining the placement of statements, as well as the statements that are ranked in a statistically distinguishing way among factors (Watts & Stenner, 2005). By examining these factor arrays the meanings of the underlying factors will be interpreted.
The interpretation of factors will also be aided by consulting with the participants who completed the sorts. According to Brown (1993), the most salient areas to assess for meaning are on both ends of the ranking, in this case 5 and -5. Additional considerations will also be made to assess the placement of other important statements and any statements that were difficult to rank. Those participants who have high factor loadings will be considered to reflect the perception most accurately (McKeown & Thomas, 1988). These participants’ follow-up responses will be used to help to clarify their particular perception.

**Delimitations**

This study will be most limited by the nature of the P sample. Men are typically hesitant about the mental health field (Brooks, 1998). Therefore, the type of males who participate in research studies on mental health counseling may limit some of the findings. It might be that the males who do participate will view counseling in a more favorable light than other men.

Q methodology does not make any assertions about capturing all possible types of perceptions or the frequency of those perceptions (Brown, 1980). The quality of a perception is neither diminished nor enhanced by its prevalence in the larger population (Stephenson, 1953). However, the findings may reflect a particular type of men’s perceptions. There may be alternative perceptions in other types that are not as willing to participate in this research.
Summary

The present study will contribute to the discourse concerning men in counseling. Largely absent from the literature is work on men’s perceptions of counseling. Men may be able to provide important information about the norms surrounding counseling. It is clear that many men who could benefit from counseling are not seeking out such services (Vessey & Howard, 1993). Little is known about why men do not seek out counseling, but many have theorized that it has to do with the male sex role (e.g., Galdas, Cheater, & Marshall, 2005; Rabinowitz & Cochran, 2002). Male sex roles are asserted, defended, and enforced socially (Vandello, Bosson, Cohen, Burnaford, & Weaver, 2008). How men perceive men in counseling may be a part of that male sex role surrounding counseling.
CHAPTER III
RESULTS

The present study utilized Q methodology to assess men’s views of men attending mental health counseling. This chapter includes the demographic variables of the participants, the statistical data analysis, and the post-sort responses. The perceptions of the participants that emerged are presented in greater detail in Chapter IV. The overarching question of the study was; *how do men perceive men attending mental health counseling?*

Data collection occurred over a seven-month period from June 2009 to January 2010. As depicted in Chapter II, participants were to be solicited from a volunteer fire department in central Ohio, a used car dealership in north central Ohio, a men’s group at a church in north central Ohio, faculty members at universities around the state of Ohio, and personal and professional connections in north central Ohio. Due to conditions beyond the control of the researcher, all of these sources were unavailable save the personal and professional connections. In light of the limited access to participants, sampling was expanded from north central Ohio to the larger United States. Additionally, 20 personal and professional connections offered to contact one or more males about possible participation in the study.

Participants responded from eight different states: Ohio, Virginia, New York, Florida, Louisiana, Washington, California, and Pennsylvania. Over the course of the seven-month data collection phase, 172 packets were created and distributed through the mail or given out by hand. Verbal agreement for participation was attained from potential
participants prior to being given a packet. Potential participants were asked to complete the sort and return the materials via the postal service. All but one of the potential participants declined the face-to-face administration of the sort, wherein the researcher provided instructions orally. Of the 173 packets distributed, a total of 47 responses were received for inclusion in the study. This study had a response rate of 27.16% ($N = 47$), indicating that over 70% of the potential participants who agreed to participate did not complete their packets.

Forty-seven responses were returned to the researcher for inclusion in the study. Four of the responses were excluded from data analysis because of incomplete responses. The incomplete responses were due to missing statement cards ($n = 2$) and duplicated numbers recorded in the response grid ($n = 2$). This resulted in 43 useable responses for analysis in the present study. As indicated in Chapter II, a $P$ sample of 30 to 50 participants is considered comprehensive (Brown, 1980; Fairweather, 2001; McKewon & Thomas, 1988). Therefore the total number of responses in the present study was deemed sufficient to infer to the larger concourse of perspectives. The demographic information for those participants who were included in analysis is outlined below.

**Participants**

The mean age of the 43 participants was 40 years old ($SD = 16.6$). Twenty-one percent of the participants were between 18-24 ($n = 9$), 25% between 25-34 ($n = 11$), 18% between 35-44 ($n = 8$), 7% between 45-54 ($n = 3$), and 28% in the 55+ group ($n = 12$). The sexual orientation of the participants was comprised of 74% heterosexual ($n = 32$) and 7% homosexual ($n = 3$), with 18% ($n = 8$) providing the response “male” or “M”.
The latter suggested that the participants misread the question, believing it was asking about biological sex instead of sexual orientation. However, there may have been some who were indicating that they were interested in having male partners. Participants were asked to identify their race. Thirty-nine of the participants self-identified as White or Caucasian (90.7%, n = 39), two self-identified as Black (4.7%, n = 2), one self-identified as Asian (2.3%, n = 1), and one self-identified as Mulatto (2.3%, n = 1). Twenty-three participants indicated that they were married (53.5%), 17 that they were single (39.5%), two that they were divorced (4.7%), and one that he was separated (2.3%).

For current employment, 74% worked full-time (n = 32), 11% were students (n = 5), 4% worked part-time (n = 2), 4% were unemployed (n = 2), and 4% were retired (n = 2). Sixty percent of the students (n = 3) also indicated that they worked part time. For highest level of education, 4% of the respondents had completed some of high school (n = 2), 7% had completed high school or equivalent (n = 3), 9% held a technical or associates degree (n = 4), 37% held a four-year degree (n = 16), and 28% held a graduate degree (n = 12). Sixty percent of the students were working on a four-year degree (n = 3) and 40% were working on a graduate degree (n = 2). Overall, 76.7% (n = 33) of respondents were working on or held a four-year college degree or higher. In this sample, the income of participants was most commonly over $51,000 or more (41.9%, n = 18). Other income ranges included less than $15,000 (11.6%, n = 5), $15-20,000 (7.0%, n = 3), $21-30,000 (16.3%, n = 7), $31-40,000 (7.0%, n = 3), and $41-50,000 (16.3%, n = 7).

The participants had a diversity of experience with mental health counseling. Almost half (46.0%) of the respondents reported having attended mental health
counseling \((n = 20)\), 95\% \((n = 19)\) of those who had attended counseling reported it was a helpful process. Of the 23 who had no experience with counseling; 34.8\% \((n = 8)\) thought that they could benefit from attending counseling, 26.1\% \((n = 6)\) had thought about attending counseling at some time, and 4.3\% \((n = 1)\) were interested in attending counseling at the time of survey. Thirty-two of the respondents (74.0\%) indicated that a friend or relative had benefited from meeting with a counselor.

The data analysis in Q methodology entails both statistical and qualitative components. The statistical analysis involves a by-person correlation and factor analysis. According to Brown (1993), the statistical processes in Q methodology provide connections that might be overlooked without the aid of such analyses. However, they are not meant to be the totality of the data analysis process. The statistical analysis and resultant factors are merged with additional data pulled from participants’ post-sort responses for factor interpretation. The succeeding section depicts the statistical analysis and is followed by an overview of the post-sort responses.

**Statistical Data Analysis**

Factor analysis is the means through which similar Q sorts are grouped into shared perceptions. This analysis was conducted by using the DOS-based PQMethod 2.11 (Schmolck & Atkinson, 2002). The software was developed specifically for use in Q methodological studies. While the software is for use in Q methodology research, the statistical operations of factor analysis are no different in Q than in quantitative methodologies (McKeown & Thomas, 1988). The response grids, which contained each
participant’s sorting of statements, were entered into, and analyzed using PQMethod. The correlation output and the particulars of the factor analysis are elucidated below.

**Correlation**

In Q Methodology the first step in data analysis is to conduct a by-person correlation, correlating each participant’s response to every other participant’s response. This is largely considered a transitory step in the analysis because the matrix itself is too large for interpretation and yet it is needed for factor analysis (Brown, 1980). Nevertheless, the correlation matrix contains coefficients that reflect the level of similarity between the participants’ responses (Brown, 1993). In this case, the coefficients are the level of similarity in different men’s perceptions of men attending mental health counseling. Each participant’s subjective perception is represented in a fashion that allows for statistical comparison between sorts and facilitates further analysis.

While large, the matrix is helpful because the researcher can identify which of the sorts are significantly related (i.e., being statistically similar). The equation for statistically significant correlations, as presented by Brown (1993), is two to two and a half times the standard error. As indicated in Chapter II, $SE = 1/\sqrt{N}$, where $N$ = the number of items in the Q-sample ($N = 48$). Therefore, correlations greater than $2 \times (0.144) = 0.29$ are considered statistically significant. The results indicated a significant positive correlation between all sorts except for two sets: sorts 19 and 9 ($r = 0.24$), and sorts 19 and 27 ($r = 0.22$) (see Appendix M).
Factor Analysis

Factor analysis is performed in order to statistically represent the way participants' perceptions grouped together. Groupings are based on how participants sorted the 48 statement cards and similarities between their sorts (McKeown & Thomas, 1988). Factor analysis depicts the different factors that are present within the particular participant sample, the factors being different perceptions present in the sample. Those Q sorts that are highly correlated have a similar structure and therefore are considered to have a related perception (Brown, 1993, p. 111). While each sort is an individual’s perception, each factor is a commonly held perception (i.e., shared by participants). In this study the factors reflect men’s different perceptions of other men attending mental health counseling.

Following the correlation analysis, the data was factor analyzed using a Principal Components Analysis (PCA). This approach was chosen for two reasons: a) PCA is more mathematically precise than the Centroid alternative and b), because of its precision it is more commonly used and accepted both in and outside of Q methodology (Watts & Stenner, 2005). After a PCA was performed the factors were rotated using a Varimax rotation, which considered the factor loadings, scores, and reliability.

Factor rotation. PQMethod is programmed to provide eight factors from a PCA for possible rotation. Factors were selected for initial extraction if they had Eigenvalues of 1.00 or greater, which is a common standard employed in Q methodological studies.
(Watts & Stenner, 2005). This value is considered to be statistically significant, but does not infer that the factors are meaningful (McKeown & Thomas, 1988, p.51). Of the eight factors provided, six factors had Eigenvalues of 1.00 or greater.

Varimax was chosen for the rotation in order to maximize the amount of variance explained by each factor (Watts & Stenner, 2005). This rotation attempts to find simple structure by maximizing the scores on one factor and minimizing scores on other factors. Similar to Eigenvalues, maximized scores do not create meaningful factors. However, they can provide useful insight into the structure of the responses. For that reason, Varimax rotation is more commonly used when doing an exploratory analysis, as was the case with the present study (McKeown & Thomas, 1988). The varimax rotation was done for the six factors with Eigenvalues of 1.00 or greater. The results yielded six largely indistinguishable and highly correlated factors of 0.7 or greater. High correlations can suggest that the factors might be assessing the same underlying factor (Brown, 1980).

In attempts to thoroughly examine the data, varimax rotations were repeated with two, three, four, and five potential factors. Each solution was assessed for goodness of fit based upon the correlations between factors. For each of the attempted rotations the correlations were too high to warrant further investigation. The rotations attempted in the present study yielded very high between factor correlations of ±0.7 or greater. This suggested that there was an underlying common or shared perception between participants. An unrotated PCA solution proved to be the most meaningful solution for the present data set as depicted by the factor loadings.
**Factor loadings.** The factor loadings depict the level of agreement each sort had with each factor (McKeown & Thomas, 1988). Factor loadings are considered to be significant ($p < 0.01$) if they are greater than $\pm 2.58 \ (SE)$. In this case loadings needed to be greater than $\pm 2.58 \ (0.144) = \pm 0.37$ in order to significantly load on a factor. The factor loadings were the product of the unrotated PCA solution.

All 43 of the respondents loaded significantly on Factor I and dispersed across several other factors, some with significant loadings. This suggested that while the participants agreed overall (i.e., scored highly on Factor I), they also had specificities in their sorting that reflected differing perceptions (i.e., dispersed significantly across other factors; Stephenson, 1953). All the participants loaded to a greater or lesser extent on all eight factors. However, seven factors had statistically significant loadings on them (I, II, III, IV, V, VI, and VIII). For a factor to be selected it typically needs to have two or more sorts load significantly on it alone; these are termed *factor exemplars* (Watts & Stenner, 2005, p. 81). The present study used these criteria for selecting factors, but because these factors were specificities, some participants loaded significantly on more than one factor.

Three of the factors had two or more significant loadings, Factors I, II, and IV, which were selected for further investigation. The unselected factors (i.e., III, V, VI, and VIII) may reflect additional specificities, but were not adequately defined to warrant further consideration in this study. Factor VII was the only factor that had no significant loading. Each of the 43 loadings, on each of the three selected factors, was manually flagged for inclusion in the analysis. While many of the loadings were too small to significantly impact the structure of the factor, they were flagged for inclusion to estimate
the overall impact of the factors on the solution. Both the large and the small loadings impact the shape of the factor in relative proportion and balance the factor providing an orthogonal solution (S. R. Brown, personal communication, May 21, 2010). Factor I and Factor II are represented in Figure 2 and Factor I and Factor IV are represented in Figure 3. This process of flagging also kept the between factor correlations low and over exaggerated the factor reliability, which is discussed below.

Figure 2: Scatter Plot of Factor I and Factor II. Dashed lines delineate significance at ±0.37.
Figure 3: Scatter Plot of Factor I and Factor IV. Dashed lines delineate significance at ±0.37.

Factor II was bipolar, having two significant loadings that were positive and one that was negative. These two poles reflected two specificities, one being the positive endorsement of the factor and the other being the inverse of the positive endorsement (i.e., the negative). Factor II was inverted and saved to reflect both the specificities. Overall, this resulted in a total of three specificities; Factor II, Factor IV, and Factor II inverted (Factor IIIi) (see Appendix N). Between factor correlations were sufficiently low to suggest these were distinct perceptions (see Appendix O).
**Factor scores.** In Q methodology, the factor scores are the weighted averages given to particular statements. Factor scores are computed for each of the statements in each factor, resulting in a factor array. These arrays depict what a sort would look like if all the significant loadings sorted the same way. McKeown and Thomas (1988) also referred to this as the “model Q sort” (p. 53) because it is the model for a particular factor. The present study asked participants to sort statements from 5 to -5, therefore the resultant factor array is a list of statements ranked from 5 to -5.

Factor weight was calculated in order to determine the factor score (McKeown & Thomas, 1988). The formula for calculating the factor weight is \( w = f / (1 - f^2) \), where \( w \) is the weight and \( f \) is the factor loading (McKeown & Thomas, 1988). To facilitate the comparison between factors, the scores are converted to z scores. This means they have a mean of zero and a standard deviation of one. The weight is assigned to a statement based upon its ranking in the Q sort. In the present study, two statements were weighted at the 5 position, three statements at 4, four statements at 3, and so on. PQMethod provided the z scores for the resultant factor and specificities (see Appendices P, Q, R, S). The z scores are often converted into the whole numbers used in the sorting task, to ease the interpretation process (McKeown & Thomas, 1988). These whole numbers are depicted in the factor arrays (see Appendix T).

**Factor reliability.** The factor reliability calculation helps in differentiating one factor from another and provides distinguishing statements. Factor reliability is computed by using the equation, \( r_{xx} = 0.80 (p) / [1 + (p - 1) 0.80] \), where \( p \) is the number of persons defining a factor and 0.80 is the estimated reliability coefficient (Brown, 1980). The
estimated reliability refers to the likelihood that someone will sort and resort the same items in a similar way. The estimated correlation between these two sorts has been estimated at 0.80 (McKeown & Thomas, 1988).

The reliability for each of the selected factors is calculated at, \( r_{xx} = 0.80 \div (1 + (43 - 1) \times 0.80) = 0.99 \), which is unreasonably high. This is the result of all loadings being flagged in the analysis. While it is over inflated for the specificities, it is an accurate reflection of the reliability of Factor I where all participants loaded significantly.

Distinguishing statements are those statements that were ranked significantly different from one another on the different factors. According to Brown (1993), differences of two or more are considered significant for distinguishing statements. Because the reliability was exaggerated, only distinguishing statements that were significant for \( p < 0.01 \) were considered in the factor interpretation (S. R. Brown, personal communication, May 12, 2010).

The response grids were analyzed using an unrotated PCA that resulted in one common factor and three specificities. These statistical results were paired with post-sort responses from participants to facilitate factor interpretation. The post-sort responses are presented below and factor interpretation is described in Chapter IV.

**Post-Sort Responses**

The Q technique of sorting the cards and the resultant analysis is only one part of the overall methodology. After the completion of the sort, participants typically engage in a post-sort interview or questionnaire (Watts & Stenner, 2005). This enables a more detailed understanding of the participants’ perceptions and enhances the data
interpretation. The present study asked participants to respond to four questions that were augmented from Janson (2007). Participants were asked to describe the importance of the statements they ranked at the poles (5 and -5), identify other statements that were important to their perception, those statements that were difficult to place, and provide any other thoughts or ideas about men in counseling.

All participants were asked to provide written responses to the questions, with the exception of one participant who was administered the sort and questions orally. In the case of oral administration, the researcher recorded the responses on the response form. Of the 43 participants, 95.3% (n = 41) provided responses to the post-sort questions. The remaining two left the spaces blank and only provided their completed response grids. These responses are integrated into the factor interpretation in Chatham IV.

**Statistical Differences by Age, Education, and Counseling History**

Three demographic variables were highlighted for further analysis to examine any differences in sorting by (a) age, (b) education level, and (c) counseling history. As delineated in Chapter II, age was considered an important feature for participant selection. Solicitation of participants did not wholly depend on age, but was nevertheless an important guide for estimations about sample size. As such, age was examined statistically as a potential mediator in response type using three one-way analysis of variances (ANOVA) with Scheffe post-hoc comparisons. The dependent variables were the factor loadings on the three different factors and the independent variable was the participant’s age range. The latter was delineated into five groups of 18-24, 25-34, 35-44, 45-54, and 55+. 
Overall the P sample was highly educated with 76.7% were working on or held a four-year degree or higher. To examine if there were differences in sorting by educational level three one-way ANOVAs with Scheffe post-hoc comparisons were computed. Educational level was used as the independent variable and dependent variables were the factor loadings on the three different factors. The independent variable had five levels: some high school, high school or equivalent, technical or associates degree, four-year degree, and graduate degree. Those who were current students were grouped with the degree they were currently working on.

Whether or not someone has attended counseling previously was also highlighted as a potential mediator of response. Three independent samples t test were done in order to establish if there were statistically significant differences between these two groups. The independent variable was whether or not the respondent had attended counseling previously and the dependent variables were the factor loadings for the common factor and the specificities.

The data was entered into the Statistical Package for the Social Sciences (SPSS) for analysis. The ANOVAs revealed no statistically significant differences in how respondents loaded on the common factor or specificities as a product of age or education. The independent samples t test revealed no statistically significant differences in how respondents loaded on the common factor or specificities as a product of counseling history. Therefore, the differences in how respondents loaded on the factors was not mediated by age, education, or counseling history.
Summary

This chapter contained the statistical data analysis conducted in the current research project. This included an overview of the correlations, factor analysis, factor rotation, factor loadings, factor scores, and factor reliability. Factor loadings suggested the degree to which each sort is similar or dissimilar to one another. Factor loadings of $\pm 0.37$ or greater ($p < .01$) were considered significant in the present study. The results indicated that all of the participants loaded significantly on a common factor with three specificities to that perception.

A factor array was provided in the output from PQMethod 2.11 (Schmolck & Atkinson, 2002). The array was essentially a composite sort of the sorts that loaded significantly on the four factors. The information provided by the array was necessary for factor interpretation. The emergent factors depict some men’s perceptions of men attending mental health counseling. Additional statistical analyses were computed for differences in age by conducting three one-way ANOVAs. The results suggested that there was no statistically significant difference between age groups. The above statistical results were combined with post-sort responses provided by participants in order to interpret the factors. This interpretation along with a discussion, implications, and future research are detailed in Chapter IV.
The present study utilized a Q methodological approach to examine men’s perceptions of men attending mental health counseling. As described in the preceding chapter, 43 men of varying backgrounds completed the Q sort. The statistical analysis revealed that all the participants sorted the cards in an overall similar fashion, resulting in one common factor (*Counseling Helps Men*). Additionally, one bipolar factor (*Caution vs. Emergent Openness*) and one positive factor (*Problem Solving*) emerged in the analysis and represented specificities to the common factor. The factors are interpreted in this chapter and the findings are couched within the current literature. The implications, limitations, and potential for future research are considered.

**Factor Interpretation**

The interpretation typically utilizes the rankings of the statements (i.e., factor scores), distinguishing statements between factors, post sort responses (i.e., interviews or written responses), and the descriptive information of participants (Watts & Stenner, 2005). The interpretation of the four factors began with the factor scores, which created a model Q sort to reflect the perception of the participants on each factor. In the present study there were four different perceptions under consideration.

Participants were asked to rank statements from *most like my view* to *most unlike my view*, therefore the poles are the most meaning rich regions in interpretation (Brown, 1993). This region was most salient because the statements were either *most like* or *most unlike* participant views. These two regions, generally ranging from ±5 to ±3, were
examined first for an overall sense of the perception being espoused. The central region of the factor array, while less rich in description about the most important aspects of the perceptions, can nevertheless provide additional information about the nuances of the perception (Watts & Stenner, 2005). This region carries added significance in conjunction with distinguishing statements. When comparing two or more factors the relative importance of statements between factors can be determined. This region, ranging from 2 to -2, was examined second in order to more fully understand the relationship between the perceptions.

After examining the factor scores, the initial tentative interpretations were couched in the context of the post sort responses. These responses provided additional information that afforded greater insight into the nuances of the perceptions. Demographic information was then consulted to see if any differences appeared to emerge based on these variables.

The names of the factors were generated to best reflect the multifaceted perceptions that emerged. The names were derived by considering the factor scores, distinguishing statements, and the follow-up information. The names were not intended to reflect every nuance encapsulated within the perceptions. Rather, the titles were created to depict the overall essence of the factors and, in particular, the statements situated at 5 and -5 rankings.

**Common Factor: Counseling Helps Men**

The common factor accounted for 63% of the variance in the male respondents’ perceptions of men attending mental health counseling and was defined by all of the 43
sorts. The men who shared this perception endorsed counseling as being helpful and supported men attending if they needed to. This perception was in contrast to the expectation that men need to take care of their own problems (Levant & Kopecky, 1995). Male sex roles often expect men to find their own solutions to problems, which can deter some men from seeking out counseling (Glicken, 2005). Counseling Helps Men was incongruent with this aspect of male sex roles and offered men the freedom to seek out help in dealing with issues. This support for men attending counseling was depicted most strongly by the highest ranked statements.

Factor Scores

35. Counseling can help men deal with issues. 5
26. Men should go to counseling if they need to. 5

There was some variance in how respondents framed their post sort responses suggesting slight differences in their meaning. Five of the respondents used inclusive language in their post sort responses. These responders generally indicated that everyone needs help sometimes, going so far as to include themselves in that group (e.g., I, everyone, all people). All of these respondents had attended counseling at some point in their lives, which might account for the use of inclusive language (the participant’s number is indicated in parentheses after the quote).

*Having been in counseling, I know how much better my life has been since then because of the insight I gained.* (33)

*Everyone should be in counseling if needed. It is very important whether male or female.* (7)

*I see counseling as very beneficial to most all people, especially men.* (39)
In contrast, the second variation on language evidenced a perception that other men might need counseling. This language removed the respondents from the group attending mental health counseling (e.g., you, some men, many men), which suggested a distancing of self from that endorsement of men attending counseling. These respondents never attended counseling before, but were accepting of men who might need to attend.

*If you need counseling you should do it. (22)*

*Some men need help dealing with personal problems, stress, etc. (1)*

*Many men would benefit as well as their families if they would address issues. (40)*

The first set of responses used inclusive language that suggested a perception that there are times when everyone needs help and counseling can provide that help. This suggested that men who had previously been in counseling may have identified themselves as being included in the meaning of the statements. Because the majority of these respondents had positive experiences with counseling, they may have based their evaluations on their own positive experiences.

Conversely, men who had not previously attended counseling used language that referred to non-self-inclusive groups (e.g., you, some men, and they). This suggested that those men who had not attended counseling in the past distanced themselves from counseling via the language they used. Brooks (1998) suggested that some men believe counseling is acceptable as long as it is not them who needs to attend. This distancing may be, in part, a product of such a viewpoint.

The statements ranked on the negative side of the factor array furthered men’s endorsement of counseling. In this area the statements were *most unlike* participants’
perceptions of men attending mental health counseling. The rankings suggested that in order for counseling to be helpful for men, they needed to trust their counselors and talk about their problems.

Factor Scores

9. Men shouldn’t talk about their problems. -5
5. Men shouldn’t trust counselors. -5

It could not be assumed that a negative statement (e.g., *Men shouldn’t talk about their problems*) ranked as *most unlike* endorses the opposite sentiment (i.e., men should talk about their problems). However, the post sort responses reiterated the perception that men should express themselves in counseling and should trust counselors. As such, it could be implied that these men intended the opposite sentiment as part of their own perception. The post sort asserted that it was through talking about problems that men could find solace and solutions.

*Counselors are trustworthy.* (5)

*Talking through your problems is the first step to fixing them.* (39)

*Men’s problems are not going to magically go away by themselves, talking problems out can help.* (1)

*Regardless of gender, all people have social needs, no one should suffer in silence.* (43)

If men invite counselors into their emotional lives, their actions are incongruent with male sex roles. Men are expected to be independent (Levant & Kopecky, 1995) and these respondents encouraged men to be connected to others (i.e., counselors). The above responses suggested that many men supported this type of incongruence. The work done
to date on men attending counseling has been largely based on such incongruence (e.g., Brooks, 1998; Good, Dell, & Mintz, 1989; Robertson & Fitzgerald, 1992; Robitschek & Hershberger, 2005; Schaub & Williams, 2007). These works have consistently observed that there is a discrepancy between male sex roles and mental health counseling. To that end, men may not attend because of these discrepancies (Robertson & Fitzgerald, 1992). It has been suggested that shame is the tool by which roles are enforced, causing men to either adhere to male sex roles or isolate to avoid the shame of non-adherence (Kaufman 1995; Krugman, 1995). As such, men may be shamed into adhering to male sex roles, which dissuade them attending counseling.

Counseling Helps Men suggested that above confines were not relevant when seeking counseling. Two highly ranked statements (24 and 42) were in direct opposition to these expectations of male sex roles. In particular it opposed the expectations that, (a) men should be ashamed about counseling (e.g., Brooks, 1998; Rabinowitz & Cochran, 2002) and, (b) men should restrict their emotional expression (e.g., Levant & Kopecky, 1995; Pleck, 1981). By not shaming men who attend mental health counseling, this perception is allowing for men to admit that they do experience problems.

Factor Scores

24. Men shouldn’t be ashamed to be in counseling. 4
42. It’s ok for men to express their emotions. 4

The post sort responses for these statements focused predominately on the removal of shame. The respondents expressed that they did not shame other men who sought out counseling for problems. This may depict an acceptance of men who have
problems and who admit to having those problems. There was a slight difference in language between some of the respondents who had attended counseling and those who had not. Those who had previously attended counseling used inclusive language (e.g., *we all* and *no one*). Thereby suggesting that they are not exempt from these statements.

> Most men are afraid to admit when they need to speak to someone—we all have problems. (18)

> No one is exempt from having problems/issues which could be resolved through counseling. (43)

Those who had not attended counseling previously expressed this view by using language that told men they *shouldn’t* be ashamed. In this way they signaled their acceptance of counseling as being helpful for men, yet they did not include themselves in their responses (e.g., *people* and *men*).

> Sometimes there is a stigma associated with counseling, but people shouldn’t be ashamed to seek help. (8)

> Men shouldn’t feel ashamed or humiliated in seeking help. (1)

*Counseling Helps Men* seemed to remove the shame from men attending counseling, thus taking the power out of the performance of male sex roles (Edley & Wetherell, 1995). If it is not shameful to attend counseling, men can feel free to attend without fear of negative evaluations from men. This perception’s incongruence with male sex roles continued in the statements that were ranked in the negative region. These statements were norms that are commonly found in male sex roles (e.g., Levant & Kopecky, 1995; Pleck, 1981). These statements were ranked negatively, thus were *unlike* the overall perception.
Factor Scores

16. Men in counseling are weak.  -4
17. Counseling is really only good for women.  -4
33. Men in counseling are effeminate.  -4
4. Men don’t need counseling because they can take care of themselves. -3
32. Men aren’t emotional.  

*Counseling Helps Men* intimated that it was acceptable for men to have emotions, which is considered against male sex roles (Robertson & Fitzgerald, 1992). The perception also suggested that men in counseling are not effeminate and that counseling is not just for women. According to male sex roles, men are expected to be the opposite of women (Levant & Kopecky, 1995). By not feminizing men who attend counseling, this perception may condone the incongruence with male sex roles and view these men as retaining their masculinity. The traditional attributes of male sex roles were also challenged in post sort responses.

*Talking about feelings shouldn’t feminize someone. (17)*

*I think men are every bit as emotional as women. (39)*

*I don’t believe effeminacy applies to counseling. (20)*

*Men cannot always take care of themselves, they need help. (38)*

Traditional trappings of male sex roles were not salient in this perception. However, instead of being the opposite of the roles, they viewed men attending counseling with more complexity. Men in counseling were neither viewed as weak (ranked at -4) nor strong (ranked at 0). Instead, many respondents indicated that men
attending counseling might not be strong, but could feel *proud* about themselves. As one respondent indicated,

*Men should feel proud to have the ability to confront their issues no matter what. You should be proud you want to better your life.* (14)

Men attending counseling might better themselves and may become stronger as a result of counseling. The above response suggested that bettering one’s life might involve counseling and dealing with issues. Several authors have proffered a similar alternative perception; that men in counseling are actually stronger for attending counseling and for taking care of themselves (e.g., Brooks, 1998; Wexler, 2009). Real (1997) referred to men taking responsibility for their impact on those around them as *relational heroes* (p. 277). These men work to be more mindful about how they interact with others to ensure that they are intentionally shaping their lives for the better.

The perception that *Counseling Helps Men* also specified several specific benefits men could get from attending counseling. In particular, that it could help men with relationships, dealing with problems, and in venting stress. This furthered the perception’s overall emphasis on counseling being a useful experience for many men.

<table>
<thead>
<tr>
<th>Factor Scores</th>
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<tbody>
<tr>
<td>12. Counseling would help men with their relationships.</td>
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<tr>
<td>38. Counseling is a way for men to vent their problems.</td>
</tr>
<tr>
<td>39. Men in counseling can share their problems.</td>
</tr>
<tr>
<td>34. Counseling helps men reduce stress.</td>
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Several of the post sort responses for these statements used the term *bottle* to describe what men do with their feelings. The respondent’s indicated that men could
release what emotions they have \textit{bottled} when working with a counselor. Glicken (2005) observed that many men internalize their stress, in essence bottling it up. He proffered counseling as a way for men to release this stress and to learn how to deal with stress more effectively in the future. An example of the post sort responses supported this need for men to release stress,

\textit{Men bottle up stress and need an outlet. (13)}

Some post sort responses emphasized the role that counseling plays in improving men’s communication and the relationships in their lives.

\textit{Learning to communicate with others and gaining perspective helps when dealing with others. (5)}

\textit{Counseling helps to promote strategies that are successful in dealing with self and others (31).}

\textit{Counseling Helps Men} suggested that there were specific benefits that men might get from attending mental health counseling. It seemed to endorse that counseling could help men with their relationships, sharing problems, venting, and reducing stress. The latter three seemed to point to the same underlying benefit of finding a release for difficulties. The perception supported getting those elements outside of themselves as an important part of counseling for men. Allen and Gordon (1990) suggested that men are often referred to counseling or attend counseling for stress related difficulties. They noted that counseling is not the only way for men to work with these types of issues, but that it can be helpful.

Relationships were also an important perceived benefit for men attending counseling. The post sort responses noted that men can develop their communication
with others, avoid disagreements, and improve their overall life when they focus on relationships in counseling. The literature on men attending counseling supports the importance of working on relationships (e.g., Rabinowitz & Cochran, 2002; Silverberg, 1986; Wexler, 2009). Additionally, men often attend counseling at the behest of others (Cusack, Deane, Wilson, & Ciarrochi, 2004), thus the perceived benefit to relationships might reflect an assumption that men attend counseling because of such issues. Wexler (2009) considered improving men’s relationships one of the most important aspects of counseling. His views were similar to the responses above, noting that there needed to be an increase in communicating and more effective arguing in order to improve one’s relationship.

Regardless of what the respondents stressed as being most helpful, the overarching view was that counseling could provide these specific benefits. However, in order for men to get these benefits from counseling they first need to attend counseling. This perception challenged the theorized barriers to men attending counseling, which suggested that some historic expectations about counseling were not present in this perception (e.g., Brooks, 1998; Mansfield, Addis, & Courtenay, 2005; Schaub & Williams, 2007). These expectations are thought to deter some men from attending counseling. The perception Counseling Helps Men challenged these barriers through the rankings on the array.

Factor Scores

30. Counselors might want to have sex with their male clients. -3
37. Counselors don’t understand men’s problems. -3
8. Counseling doesn’t help men because it focuses on feelings. -2
18. Counseling puts someone else in control of your life. -2

Post sort responses continued this challenge of the barriers to counseling.
Notably, many responses highlighted the role of control in the counseling relationship.

*Counseling enhances/improves one’s control of his own life.* (31)

*Counselors don’t control you or your life, they’re here to listen to you and help you control your own life.* (15)

*Everyone is helped when they focus on their feelings.* (14)

*I don’t think sex has anything to do with the counseling issue; maybe a movie portrays this, but not in real life.* (8)

The final response is in regards to statement 30 (i.e., *Counselors might want to have sex with their male clients*.). Theorists have suggested that some men may worry that counselors will want to have sex with them (e.g., Brooks, 1998; Pollack & Levant, 1998). This worry was challenged by the perception as being a fallacy, as was the belief that counselors want to control men’s lives. The latter worry has been espoused by theorists as being in conflict with an important aspect of men’s identity (i.e., independence) and often will interfere with men attending counseling (Brooks, 1998; Pollack & Levant, 1998). Wexler (2009) observed that men might be able to gain greater control over their lives by attending counseling through taking responsibility for what they believe is important. Many of the post sort responses supported Wexler’s observations. Others responses suggested that it was acceptable for men to put their lives under the control of trained professionals because they are trustworthy. Overall, this
perception allowed men attending counseling to have control over their lives or not, either way there seemed to be no negative evaluation.

It appeared that the perception *Counseling Helps Men* was supportive of men attending mental health counseling. The perception was incongruent with male sex roles concerning emotions, independence, and masculinity. Several post sort responses cited that the views presented in the statements were *outdated* or *silly*. They cited the different ways that counseling could benefit men and encouraged men to trust the process of counseling (i.e., sharing emotions and trusting counselors). This perception did not stigmatize men who attend mental health counseling. To that end, some post sort responses even questioned whether the stigma exists or if it is something that is just assumed to exist.

The stigma against men attending mental health counseling has been evidenced throughout the literature (e.g., Brooks, 1998; Rabinowitz & Cochran, 2002; Wexler, 2009). This stigma depicts men who attend counseling as non-adherents to male sex roles. If men are not adhering to these roles they are not considered to be men and deserve some form of scorn (e.g., shame, prejudice; Kaufman 1995; Moss-Racusin, Phelan, & Rudman, 2010). Yet this view was not presented in the perception *Counseling Helps Men*. As evidenced in the above description of the perception, it was largely positive towards men attending counseling. Several of the post sort responses considered whether men actually hold this stigma about men attending counseling. These purported that the stigma might only exist through society’s perpetuation of it.
This view was most commonly reflected in the written answers given at the very end of the response sheet. In this space, participants were invited to share any other thoughts or ideas that they had while completing the sort. The following is one response concerning the stigma about men attending counseling.

I think that, in general, most people’s thoughts on issues are not actually their thoughts. I think that mass media and other forms of propaganda form many people’s opinions for them. Counseling for men is no exception. I think that men are intentionally kept from getting in touch with their inner selves (the only true self, in my humble opine) via propaganda, lest they awaken to the ruthless system we live in, and dare to think for themselves, and possibly change the status quo. Love, compassion, and kindness (which are clearly the only avenue towards world peace) have almost no place in “modern” society. Who would sign up for the Army, let alone kill someone for an idea, if they themselves had discovered these ways of being? A free-thinking man is the most dangerous man to those in power. (23)

Similar responses supported this conceptualization that society has created this stigma and become intertwined with people’s own personal views and experiences.

The most difficult aspect of sorting through these statements was trying to resolve my personal perceptions with those I believe are held by men in general, or all of the general public. I, as part of the general public, had to take pause and separate my perceptions from those I might immediately jump to out of conditioning. (4)

I found it interesting how each statement about counseling could be on either side of the spectrum depending on if I was saying how I felt about the statement or how I viewed society felt about the subject. Despite the directions, I found myself having to debate a lot of the cards because my feelings and my feeling about how society feels are intertwined and I needed real clarity of thought to unwind them. (33)

Furthermore, several of the responses noted how the statements that were most unlike their view were outdated, silly, a relic, antiquated, etc. Thus the responses implied that a negative evaluation of men attending counseling was not congruent with this perception or more modern ways of thinking. They wondered if these qualities were
things that men really believed or if they were socially imposed. This response might be presented because some of the respondents did not know other men who had these beliefs. There seemed to be the understanding that the stigma existed and that they are supposed to adhere to those roles, but they did not know who was creating or enforcing them. Because the source of these roles was unclear, it may be difficult to mitigate their negative impact on men’s experiences.

Framing this common perception (Counseling Helps Men) in the larger mental health literature is difficult at this point. There is scant research available to date on how people in general view mental health counseling (Lambert, 2007; McLeod, 1990). While it is an important area of inquiry in the mental health field, there is little known about how people perceive others attending counseling. Furthermore, there is equally less information available on how individuals recount their own perceptions of attending counseling. In a review on the topic, Feltham and Lambert (2006) noted that many people (i.e., both male and female) feel anxious about attending mental health counseling. Whether this anxiety is due to the stigmatization of those attending counseling is not delineated in the current literature. However, it would appear that both men and women experience some negative evaluations from others prior to attending counseling (Lambert, 2007). The exact nature or source (e.g., males) of these evaluations is unclear from the research available. Therefore, it is not possible to situate the present findings in relationship to how people in general might perceive others attending mental health counseling.
Overall, *Counseling Helps Men* deemed counseling a beneficial process for men. The subtle differences about inclusion of self in the perception may reflect differences in experiences. What resulted is a slight variation of perception between those who have attended counseling and those who have not. However, this difference did not seem to impact men’s evaluation of other men attending counseling. It merely suggested that men who have not attended counseling did not include themselves in the group who might benefit from such services. The findings of the present study reflected a significant shift in thinking from most of the research and theory driven work done to date. If men are evaluating other men’s performance of masculinity, the act of attending counseling is supported and is seen as being beneficial. This perception captured all of the usable responses in the study and depicted a strong departure from the literature on men’s experiences with counseling.

While *Counseling Helps Men* was largely supportive of men attending mental health counseling, there were three specificities that referenced a stigma for men attending counseling. These specificities shared other nuances to their perceptions that, in combination with the common factor, created three additional distinct perceptions. While they evidenced the presence of stigma, they did not directly enforce that stigma.

**Specificities of the Common Factor**

In addition to the common factor of *Counseling Helps Men*, there were three factors that were salient in the present study. Because all of the participants loaded significantly on the common factor, the three additional factors were considered to be specificities. This means that these perceptions encompassed both the common factor and
the particular specificity (Stephenson, 1953, p. 284). Thus resulting in a perception that is largely similar, but nevertheless distinct from the common factor.

Whereas the perception Counseling Helps Men was very supportive of men attending mental health counseling, the specificities expressed a greater stigmatization of men attending counseling. The quality of the stigmatization was unique in each of the specificities, as were the other nuances of the perceptions. The three specificities were (a) Caution, (b) Emergent Openness, and (c) Problem Solving. Each of these is detailed below with information from the factor arrays, post sort responses, and demographic data.

**Specificity: Caution**

This specificity was reflected in Factor II, which was bipolar, and accounted for 4% of the total variance. Participants 8 and 16 significantly loaded on this perception, which was the positive pole of Factor II. Participant 8 was a 28-year-old White, single heterosexual male who had never attended counseling previously. He was college educated, employed full time, and making $41-50,000 annually. Participant 16 was a 29-year-old, White, married heterosexual male who had attended counseling previously and felt that he had benefited. He was college educated, employed fulltime, and making $41-50,000 annually. Both participant 8 and 16 had a close friend or family member who benefited from attending counseling.

This specificity suggested that, men needed to exercise caution when attending counseling because of stigmas. Most notably, how the stigma might harm men should their attendance become public. Expectations of male sex roles are violated when men
attend counseling (Robertson & Fitzgerald, 1992). When expectations are not met, men open themselves to shame and prejudice from others (Kaufman, 1995; Moss-Racusin, Phelan, & Rudman, 2010). This perception highlighted this prejudice and recommended that men keep counseling attendance a secret to avoid negative evaluations from other men.

Factor Scores

2. Men in counseling would want to keep it a secret. 5
15. Men in counseling are normal. -5
10. Men in counseling are strong. -5
6. Men in counseling are stigmatized. 3

Post sort responses reinforced this interpretation by indicating that the stigma was very present for men attending counseling. As such, secrecy was necessary in order to keep information private.

_I feel men would not want others to know they are attending counseling._ (16)

_It can be a stigma that if you need counseling you’re weak._ (8)

_Some men fear having their personal life being put out in the public._ (8)

Men were perceived as being uncomfortable with the process of counseling, which was depicted as being mysterious. Some theorists have noted that many men find the counseling process antithetical to masculine ways of behaving or interacting (Kiselica, 2005; Wexler, 2009). Sharing feelings has been described as incongruent with male sex roles (Kilmartin, 2000; Pleck, 1981). Furthermore, male sex roles stipulate that men are supposed to solve their own problems (Levant & Kopecky, 1995). Opening up in
session by sharing problem and asking for help were viewed as difficult for men attending counseling.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Factor Score</th>
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<tbody>
<tr>
<td>40. Men are more closed and need help opening up.</td>
<td>5</td>
</tr>
<tr>
<td>41. Men in counseling will feel uncomfortable.</td>
<td>4</td>
</tr>
<tr>
<td>28. Counseling is mysterious for men.</td>
<td>3</td>
</tr>
<tr>
<td>39. Men in counseling can share their problems.</td>
<td>-4</td>
</tr>
<tr>
<td>13. Men can ask for help.</td>
<td>-4</td>
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</table>

Statement 41 may refer either to men feeling uncomfortable attending counseling due to the stigma or men feeling uncomfortable in session due to the process of counseling (i.e., sharing problems or asking for help). The post sort responses suggested that it referred to the latter by addressing trouble talking about feelings (participant 8, quoted below). Difficulty expressing or experiencing emotions is considered to be common in males (Levant, Good, Cook, O’Neil, Smalley, Owen, & Richmond, 2006). The post sort responses also addressed the mysteriousness of counseling, which was supported by a participant who had attended counseling previously (i.e., participant 16).

I am unsure what exactly happens during a session. The focus not being set ahead of time is a big mystery. (16)

Men in general, whether through their thoughts or those of their male friends, sometimes have trouble talking about feelings. (8)

The theme of caution was furthered by perception of why men should present for counseling. This perception suggested that men attend counseling only if men need to attend or if others make them go. Even in those cases, men should only attend if they
have a particular problem that needs to be addressed (i.e., need to) otherwise, they can take care of themselves. In doing so they may avoid the stigma of being weak or abnormal.

Factors Scores

26. Men should go to counseling if they need to. 4
20. Men go to counseling because others make them. 4
4. Men don’t need counseling because they can take care of themselves. 3
48. Men need a specific reason for going to counseling. 3

Men frequently attend mental health counseling at the behest of others (e.g., partners, family members, physicians; Cusack, Deane, Wilson, & Ciarrochi, 2004). It appeared from the factor array that this specificity embraced this perspective; that men attend mental health counseling only when absolutely necessary (i.e., if the need to or if others make them). It is common for men to think that seeking help is only necessary when the problem is too big to be fixed alone (Robertson, 2005).

This specificity did not reflect a mistrust of counselors or the counseling profession. The location of the statements in the factor array suggested that the perception is trusting of the mental health counseling profession’s treatment of men. This is in line with the perception espoused in Counseling Helps Men and most clearly reflected in the negative rankings (i.e., unlike my view of men attending counseling).

Factors Scores

37. Counselors don’t understand men’s problems. -4
30. Counselors might want to have sex with their male clients. -3
31. Men shouldn’t share their problems with strangers.

Overall this perception was supportive of men attending mental health counseling, being a part of the common factor *Counseling Helps Men*. However, the specificity suggested that men should be cautious about attending because of the stigma surrounding counseling for men. This stigma entailed being weak or abnormal in some manner. To that end, men should only attend counseling if there is a specific reason or if forced to go by someone else. While the perception suggested that men might find it difficult to open up in counseling, it is a trustworthy profession that can assist men if needed. This perception was reflected in the positive loadings on Factor II, which was bipolar. The factor was inverted to depict the negative loadings and thus a distinctly different specificity.

**Specificity: Emergent Openness**

This specificity was the negative loading on Factor II, which was inverted to create Factor III. One sort loaded significantly on this specificity; participant 34 who was a 62-year-old White married male. He had a technical/associates degree, worked full time, and earned $51,000 or greater annually. He reported that he had never participated in mental health counseling, but he did have a close friend or family member who benefited from counseling.

The perception *Emergent Openness* emphasized openness towards men attending counseling, which is in tandem with *Counseling Helps Men*. *Emergent Openness* depicted a perception that was undergoing change, but was largely positive towards men attending counseling. Men’s perceptions about the world change over the course of their
lives due to changes in their physical abilities, families, careers, and health (Kilmartin, 2000). Notably, research on men’s help seeking behaviors has depicted men as becoming more open to health care as they age (Berger, Levant, McMillan, Kelleher, & Sellers, 2005; O’Brien, Hunt, & Hart, 2005). This change has been attributed to an increased personal exposure to health care. The exposure commonly comes from a personal connection the man has with someone who has required services, such as a friend, family member, or even himself. This specificity perceived men attending mental health counseling as being strong and normal, thus not requiring men to hide their attendance.

Factor Scores

15. Men in counseling are normal. 5
10. Men in counseling are strong. 5
2. Men in counseling would want to keep it a secret. -5

Post sort responses supported this normalization, by highlighting that some of the greatest people go through counseling and that men shouldn’t be afraid to ask for help. The perception also viewed men attending counseling as being capable and comfortable participating in counseling.

Factor Scores

39. Men in counseling can share their problems. 4
13. Men can ask for help. 4
40. Men are more closed and need help opening up. -5
41. Men in counseling will feel uncomfortable. -4
20. Men go to counseling because others make them. -4
According to this perception, participation in counseling does not remove men’s own agency. Instead, a post-sort response indicated that, *you still control the outcome of your life, not the counselor*. This suggests that while men may be actively involved in mental health counseling, they are not sacrificing their own control over their lives. Additionally, several highly ranked statements noted that particular problems are not necessary for men to attend mental health counseling.

Factor Scores

26. Men should go to counseling if they need to.  
48. Men need a specific reason for going to counseling.

In this context, statement 26 suggested that men should attend counseling even if they do not have a specific need (i.e., in the absence of a particular problem). These statements were supported by post sort responses that indicated that *you don’t need a problem for counseling* and that *you don’t need a specific reason for counseling*. These endorsements suggested that counseling might be helpful in general for men.

The perception became more nuanced as the statements move inwards from the poles. Seemingly negative statements about men attending mental health counseling were ranked positively.

Factor Scores

37. Counselors don’t understand men’s problems.  
17. Counseling is really only good for women.  
30. Counselors might want to have sex with their male clients.  
31. Men shouldn’t share problems with strangers.
33. Men in counseling are effeminate.

47. Counseling would show fear to men’s competitors.

Upon initial inspection these statements appear out of sync with the other positive endorsements of men attending mental health counseling. However, the participant provided a post sort response that gave context to these rankings.

*Men have always been raised to keep emotions in check. Crying was always a sign of weakness in my generation. Things change the older you get. You look back on things you should have acted on but did not. Trying to correct these things as you get older. There are more feelings, you realize that life, family, friends, etc. are a short time.*

The positive endorsement of the statements that did not support men attending counseling may have reflected long held beliefs that were undergoing change. As the respondent noted, *Things change the older you get.* To that end, the openness expressed in this specificity may be more of an emergent process. While there was no statistically significant difference in how men sorted as a product of age, there is some evidence in the literature that supports changing perceptions over time (O’Brien, Hunt, & Hart, 2005). This specificity may reflect some struggle between two ways of perceiving men attending counseling, an older more restrictive perception and a newer more open perception. This emerging openness still carried some stigma, potentially left over from older perceptions about men attending counseling. The post sort response seemed to suggest that the positive evaluation of men attending counseling was an emerging perception that was in opposition to what was taught to young men. It is common for young men to be greater adherents to male sex roles when compared to their older counterparts (Cournoyer & Mahalik, 1995).
Men with this perception might be working to integrate their old notions (i.e., negative evaluations) and new notions (i.e., positive evaluations) about men attending mental health counseling. *Emergent Openness* reflected a new emerging perception that, after fully developed, may load solely on *Counseling Helps Men*. However, it is equally possible that this is the fully developed perception and will not alter any further. Regardless, this perception reflects an evolution from past beliefs (i.e., stigmas) that are still impacting how men are perceived, but is trying to be open and supportive. The quality of that stigmatization stands in contrast to what was presented in both *Caution* and in *Problem Solving*, both of which experienced active stigmatization. The latter is detailed below.

**Specificity: Problem Solving**

This specificity was reflected in Factor IV and emphasized men solving problems in mental health counseling. This was inline with male sex roles that prize problem solving when dealing with issues (Levant & Kopecky, 1995). While there is a tradition of problem solving focus in mental health counseling, there is often an equal emphasis on working through feelings (Nugent & Jones, 2005). In this specificity, working through feelings was perceived as a medium for solving particular problems. While overall this perception was supportive of men attending mental health counseling (*Counseling Helps Men*) it was particular to solving problems, otherwise there was concern about stigmatization from others.

There were two participants who loaded significantly on this perception, participants 2 and 19. Participant 2 was a 24-year-old White heterosexual married male
who had not previously attended counseling. He had a four year college degree, was employed full time, and making $51,000 or more annually. Participant 19 was a 44-year-old White heterosexual married male who had attended counseling and found it beneficial. He had a four-year college degree, was employed full time, and made $31-40,000 annually. Neither of the participants who loaded significantly on this perception had a close friend or family member who had benefited from counseling.

The factor was orientated towards problem solving as depicted in several of the highest ranked statements. Problem solving skills have been positively linked with overall mental wellness in men (Good, Heppner, DeBord, & Fischer, 2004). Each of these statements was problem focused, suggesting that mental health counseling for men be about solving problems.

Factor Scores

3. Counseling is only good for men with really big problems. 5

38. Counseling is a way for men to vent their problems. 5

14. Men in counseling are forced to address problems in their lives. 4

The post sort responses provided by the two participants who loaded on this specificity supported the problem-solving emphasis. Participant number 19 indicated that he went to mental health counseling in the past for a specific problem that needed resolved.

*Having had issues with panic disorder I couldn’t overcome with just pills.* (19)

*I needed to talk to someone to figure out what triggered attacks.* (19)
In a similar manner, participant 2 indicated that by focusing on feelings, men might be able to solve particular problems in their lives (e.g., male egotism and more in control). Additionally, he did not see the point in attending counseling without this focus.

*Men can share their feelings and maybe get away from other male egotism.* (2)

*Men can learn about their feelings and be more in control of their lives.* (2)

*Why just talk to talk if you are in control of life and things are good?* (2)

As indicated above, emotions are depicted as being something men need to learn about or may help solving their problems (i.e., get away from other male egotism). Robertson (2005) noted that counseling becomes acceptable for men only in the face of significant problems. It would appear that this was in line with the present perception.

The perception described men as being closed off emotionally, as indicated in the following ranking.

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<th>Factor Scores</th>
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<tr>
<td>32. Men aren’t emotional.</td>
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The post sort responses clarified the ranking of this statement, which was a distinguishing statement for this factor ($p < 0.01$). Participant 2’s response suggested that while the perception supposes that men do have feelings (e.g., *Men can share their feelings*…), there are many men who are not able to work with these experiences. This statement ranking and responses suggested that an important element of mental health counseling for men is to learn about feelings.

*Many men are not open with emotions and don’t know how to talk about things.* (2)

*The sense of macho-ism and being tough emotionally is higher than ever.* (2)
Men are often viewed as being unaware or unable to experience feelings (Levant, 1995). This specificity believes that men have feelings, but that they may be unaware of how they may be contributing to their difficulties. By report, if men were able to understand these experiences, through the process of counseling, they would be able to get away from a subjectively negative way of being.

Several of the statements reflected a stigmatization of men attending mental health counseling. Each of these statements was a distinguishing statement ($p < 0.01$) and suggested that men who attend counseling should be ashamed because there is something wrong with them (i.e., effeminate or crazy).

Factor Scores

33. Men in counseling are effeminate. 4

24. Men shouldn’t be ashamed to be in counseling. -4

25. If a man goes to counseling it doesn’t mean he’s crazy. -3

The post sort responses provided by participant 19 enhanced the meaning of these rankings by highlighting several of his personal experiences. Through these responses he evidenced his own experience of being shamed by his wife, as well as his fear of work stigmatizing his attending counseling. This source of shame seems uncommon, as research has depicted partners as being supportive of men attending counseling (Cusack, Deane, Wilson, & Ciarrochi, 2004).

I had a real problem going initially as my wife said I was weak. (19)

My biggest fear was work finding out and it hurting my career. (19)
Because of this stigmatization this perception encouraged men to keep their attendance private or to avoid talking about their problems in general.

**Factor Scores**

9. Men shouldn’t talk about their problems.  
2. Men in counseling would want to keep it a secret.

Participant 19 provided support for these statements in his post sort response. He noted that these issues are personal and should not be shared with others.

*Personal issues/keep it quiet.* (19)

Overall the specificities evidenced more of a stigmatization of men attending mental health counseling than did the common factor, *Counseling Helps Men.* Each of the specificities was nuanced in its own particular fashion. The specificity of *Caution* emphasized that men attending counseling need to be secretive about it because of what might result from others finding out. *Emergent Openness* was especially supportive of men attending counseling, however this support was still developing. Finally, *Problem Solving* highlighted the usefulness of counseling in solving problems, but noted how shameful counseling can be for men. These specificities, along with the common factor, were supportive of men attending counseling. One response, however, was not as supportive of men, but could not be included in the Q analysis.

**An Incomplete Response**

One of the participants who did not complete his response grid, and therefore could not be included in the Q analysis, was of interest based upon his post sort responses. His responses appeared to be different from those provided on the common
factor. In particular he seemed to intimate that men did not require mental health counseling. Because of the observed difference, the data he provided was of particular interest to the present study. The data he did provide is described below and analyzed with the emergent perceptions.

The respondent was a 52 year-old Caucasian male who did not specify his sexual orientation, but he indicated that he was divorced. He was a high school graduate or equivalent who worked full-time. He had not attended counseling previously, had never thought about or had interest in attending counseling, and did not believe he could benefit from counseling. He responded that he did not know any close friends or family members who had benefited from attending counseling.

The respondent’s incomplete response grid was entered into SPSS and correlated with the factor arrays of the three factors (i.e., Factor I, II, and IV). The responses he provided had a statistically significant positive Pearson’s $r$ one-tailed correlation with Factor IV ($r = 0.37, p < 0.01$). This correlation coefficient suggests that he would have loaded significantly on Factor IV (i.e., $\pm 0.37$), if he had been included in the overall Q analysis. Furthermore, his other coefficients are low enough to suggest that he would not have loaded significantly on the common factor ($r = -0.11, p = 0.24$) or on Factor II ($r = -0.10, p = 0.28$). This means that for him Factor IV (Problem Solving) would not have been a specificity of a perception, but rather reflective of his own perception.

This response would have likely loaded solely on Problem Solving, which suggested that the perception would see counseling only as a tool for solving particular
problems. Furthermore it would have likely asserted that men must only attend counseling to deal with *really big problems*.

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<th>Factor Scores</th>
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<tbody>
<tr>
<td>3. Counseling is only good for men with really big problems.</td>
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<tr>
<td>38. Counseling is a way for men to vent their problems.</td>
</tr>
<tr>
<td>14. Men in counseling are forced to address problems in their lives.</td>
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</table>

His post sort responses supported a perception that men should only attend counseling if they need to. He emphasized this point by responding, *Only if they need to!* The adamancy of this statement was highlighted by the double underline of the world *only*, which suggested a high level of significance to the word. This implied that counseling was helpful, but to be attended only if there was a significant need. How significant the need was not specified in the response.

The perception emphasized that men should be able to figure out difficulties for themselves and, if they do attend, keep counseling private. Both of these views were expressed in the specificity *Problem Solving*.

*If you have a head on your shoulders, you don’t need counseling.*

*Men’s problems are nobody’s business.*

Without being tempered by the common perception of *Counseling Helps Men*, this perception would not be wholly supportive of men attending mental health counseling. The perception would shame men who attended counseling and view men as lacking in emotionality.
The incomplete response provided an example of a different perception from the common factor (*Counseling Helps Men*). It did not support men who attend mental health counseling, unless the problem was severe enough to warrant defying the stigma of attendance. O’Brien, Hunt, and Hart (2005) noted that men are commonly hesitant about attending counseling because of this noted stigma. They found that many men would only seek out services if they viewed the problem as being larger than they could handle. This might explain why men who present for treatment are more likely to require a high level of treatment (e.g., inpatient treatment; Prior, 1999). This perception would likely keep people from pursuing counseling up until the point when the issues were overwhelming.

**Implications**

The present work has potential benefit to four different areas (a) mental health counselors and administrators, (b) scholars in counseling and men’s studies, (c) counselor educators, and (d) Q methodologists. The first three areas are impacted by the perceptions that emerged in the present study, while the latter addresses a methodological issue that might be of benefit to other Q methodologists.
Mental Health Counselors and Administrators

The present results may help prepare mental health counselors and administrators to support men who present for counseling. The findings evidenced that some men may need support overcoming the stigma of attending mental health counseling. These different perceptions may help administrators structure approaches to working with the concerns that men bring to counseling. For example, it may behoove administers to create psycho-education materials around men’s perceptions of men attending counseling. In particular the materials could highlight the perception that counseling can be a helpful and worthwhile experience for men. They could emphasize the removal of shame and stigma from men’s evaluations of men attending mental health counseling. Additionally, the findings also delineated some different types of men who might present for counseling. Counselors and administrators may be able to identify these types and provide specific forms of support.

Men who present with the perception espoused in Counseling Helps Men may have very little difficulty in engaging in counseling. These men would believe that counseling can be helpful to them and that they do not need to suffer stigma or shame in attending. These men may be identified by their openness about attending counseling and comfort with discussing their problems. These men will likely present on their own accord and be equally comfortable addressing specific problems or generally releasing stress. They may have a history of attending counseling, which may result in a familiarity with the process.
If men hold one of the three specificities (i.e., *Caution, Emerging Openness, and Problem Solving*), they may have a harder time accepting counseling. While these men may view counseling as a helpful activity for men, they may also be acutely aware of the stigma of attendance. This stigma was most clearly evidenced by the incomplete response that would have loaded solely on *Problem Solving*. The stigma presented therein was critical of men who attended counseling for anything less than a significant difficulty. It viewed men attending counseling as effeminate, crazy, and unemotional. This reflected just one type of stigma that exists and it is likely that many others exist.

Men who present to counseling with the specificity *Caution* may be weary of other men finding out about their attendance. They may have some uncertainty about the counseling process; yet believe that counselors are genuinely trustworthy. These men may need a lot of information at the start of counseling in order to allay concerns and to provide clarity about the counseling process. They may be comforted by a thorough review of confidentiality as well as the above-mentioned psycho-education about some men’s positive perceptions of men attending counseling. These men may benefit from a clear structure to counseling in order to demystify the process of counseling as well as education surrounding the expression of difficulties. Because of the fear of stigma from men, a female counselor may be the most helpful to these men.

Men who present with the *Emerging Openness* specificity may not feel as comfortable as they want to attending counseling. This may be due to the presence of old negative beliefs or messages about men attending counseling. These men may be identified by their potential attempts to normalize their counseling attendance in contrast
to their historic norms (e.g., *in my generation*). These men might benefit from a close examination of the impact of these old beliefs by delineating the structure of these beliefs and challenging them in session. Counselors can offer support for the emerging openness towards men attending counseling and help turn that openness inwards to enhance their own counseling process.

Finally, those with the *Problem Solving* specificity may present for counseling in a state of crisis. These men may wait until they can no longer handle the problem alone and only then present for counseling. They may be identified by the severity of this crisis or their emphasis on finding solutions to particular problems. Counselors will want to conduct a thorough evaluation of the severity of the presenting issues in order to accurately assess the level of care necessary (e.g., hospitalization, intensive outpatient, etc.). In outpatient settings, brief solution focused counseling might be most advantageous with this type of male client because of the emphasis on solving problems (De Jong & Berg, 2002).

**Scholars in Counseling and Men’s Studies**

The present work challenges some assumptions of scholars in mental health counseling and men’s studies. The prevailing assumption is that men typically do not condone the use of counseling as a solution to problems (e.g., Brooks, 1998; Rabinowitz & Cochran, 2002; Stevens & Englar-Carlson, 2006; Wexler, 2009). This assumption may require reconsideration in light of the present findings. It appeared from *Counseling Helps Men*, that many men condone and support men who attend mental health counseling. They endorsed behaviors that were incongruent with male sex roles and
highlighted the useful aspects of counseling. The specificities added an additional level of complexity to the commonality by adding nuances that referenced the stigma that men might face when attending counseling. These nuances provide a new texture to the discussion of men’s issues in counseling and seeking out more of these specificities, along with other perceptions, will continue to display the complexity in men’s perceptions.

Additional implications for scholars in the mental health profession address the branding of counseling. None of the participants were counselors; therefore their perceptions were from outside the profession. From this vantage point, the respondents are providing information about how mental health counseling appears to potential consumers (i.e., branded in the marketplace). On the whole, these potential consumers viewed counseling as a useful product. They saw it as helpful for men, as in line with being a man, and actually benefiting certain areas of men’s lives (e.g., relationships, venting stress). Research on consumers’ views of mental health counseling has been limited to date (Lambert, 2007; McLeod, 1990). Further work in this area might help to shape outreach programs to particular populations.

Finally, the findings have implications for the larger study of men’s studies. Namely, how the perception Counseling Helps Men removed shame from the evaluation of men’s behaviors. Shame has played a salient role in forcing men to adhere to male sex roles (Krugman, 1995). By removing this element from their evaluation of men’s performance of masculinity, these respondents have done away with the enforcement of
these norms. This challenge to established beliefs about sex roles warrants further investigation and consideration in the larger field of men’s studies.

**Counselor Educators**

Counselors receive little to no training in men’s issues, though it has been presented as an important cultural consideration in counseling (Liu, 2005). In a survey of counselor preparation programs, 83.3% had no course work in men’s issues and only 3.3% covered this topic in another course (Mellinger & Liu, 2006). The complexity of the perceptions evidenced in the present study, in combination with the implications for counselors, suggested that counseling men is more, rather than less, complex.

The resultant perceptions suggested that men perceive men attending mental health counseling in at least four distinct ways. The incomplete sort intimated a fifth perception that was more negative towards men than the four that emerged in the Q analysis. It is likely that many other perceptions exist, each with their own nuances. Counselor educators need to prepare counselors to work with these complex perceptions in their clinical work. Through understanding masculine culture and these various perceptions, counselors may be better able to assist male clients (Brooks, 1998; Silverberg, 1986). It is the responsibility of counselor educators to integrate this type of material into the course sequence and provide future counselors with the information they need to support men.

**Q Methodologists**

In Q methodology the concourse is typically constructed through interviews or written materials (e.g., editorials, newspapers, journals; Watts & Stenner, 2005). These
sources of data provide a breadth of perceptions that are then sampled to create the Q sample. The present study departed from these traditional forms of concourse construction by utilizing an incomplete sentence blank (ISB) to gather information about men in counseling. It is a task that has been utilized for over a century (Lah, 2001), but has not been regularly used in Q methodology.

The ISB was initially employed because it required men to invest little time in participating. To that end, it was hoped that a wider variety of men would ultimately participate in the pilot study. The ISB proved to be a helpful tool, both in its ease of administration and the nature of the responses. The task is supposed to capture subjective feelings and perceptions (Lah, 2001); therefore the completed sentences are a perfect fit for the needs of Q methodologists. The completed sentences are content-focused statements because the participants are responding to particular stimuli (i.e., the stems). Because of the usefulness of this task, it might be beneficial for other Q methodologists to employ similar practices in the future.

**Limitations**

The largest limitations to the study were a result of the response rate and the type of men who responded. The participants who returned their responses were largely Caucasian, heterosexual, and upper middle class (making over $51,000/year and having a bachelors degree or higher). Of the 43 participants in the P sample, 76.7% (n = 33) had completed or were working on a bachelors degree or higher. This sample is not reflective of the larger population, in which 28.2% of men aged 25 and older have this level of education (U.S. Census Bureau, 2008). It is unclear if these types of demographic
variables had anything to do with the emergence of a common factor. It is possible that with such a homogenous P sample there was not sufficient diversity to capture other perceptions. While it is unclear the role that homogeneity played in the present study, it is an important consideration if this study is replicated.

There may have also been homogeneity in the P sample in regards to experiences with mental health counseling. Seventy-four percent ($n = 32$) of respondents indicated that a close friend or family had benefited from meeting with a counselor. Van Tubergen and Olins (1979) noted that people are more likely to respond to a Q methodological study if they have utilized the product or service under study. In the present study, it might have been this close friend or family member that provided relevance for participation. It is unclear what the exact implications are of this type of homogeneity. It can be assumed that the majority of participants had a positive perception prior to participating because of this history of counseling being personally helpful (i.e., to a close friend or family member).

Another issue impacting the response rate was the methodology. Follow-up contact with non-responders suggested that many of them thought that the Q sort was too time intensive or confusing. While this contact was not formally documented, it did indicate that many of the men were dissuaded from participation by the perceived effort of sorting. Several of the actual responders noted in their written responses that the level of effort involved in participation was, *way too much work*.

After the sort, respondents wrote about the meaning they had for different statements. The willingness of participants to elaborate on their views varied
significantly, with some men not completing any of the written responses. While interviews may have been impractical with this topic and population, other means of post-sort data collection could be considered in the future. Several participants suggested that the sort be moved to the computer, thus they could more easily type their responses. Additionally, this may reduce the perceived work involved in participation. Researchers should consider this change if the study is replicated in the future.

Traditionally Q methodology has utilized post-sort interviews to more fully understand the views of the participants (McKeown & Thomas, 1988). This was deemed by the researcher as being impractical due to the sensitivity of the topic under study. However, the short written responses potentially hindered the depth of the interpretation possible. While it is unclear whether such interviews would have made a difference, it may have clarified the meaning that participants ascribed to particular statements.

**Future Research**

The most prominent question that remains from this research is, are there any other perceptions? Q methodology makes no claims to capture all possible points of view, thus the present study cannot claim to be all-inclusive (Watts & Stenner, 2005). As such, future research needs to seek out and capture other potential perceptions. These perceptions emerged in the present study, wherein seven of the eight unrotated factors had at least one significant loading. This suggested that there were other specificities to the common perception, however three of these were not well enough defined for consideration in the present study. Future research might seek out these particular perceptions to further explore the structure of the concourse.
Additional perceptions of men attending mental health counseling might be found in a female P set. Participant 19 reported that it was initially difficult for him to attend counseling because his wife told him he was weak. In that case it appeared that it was not other men who were enforcing male sex roles, but rather his wife. To further the understanding the societal pressures on men attending mental health counseling, future research might have women sort their perceptions of men attending mental health counseling.

Another area of inquiry would be to explore men’s own unique views of attending mental health counseling. Chapter I highlighted the scarcity of research on men’s own perceptions of counseling. What work has been done has utilized a priori notions of what men might find salient. Using a Q methodological or qualitative approach in examining this question might yield further clarity to the issue. A related area of future research addresses men who are already attending mental health counseling. There is no research depicting the process men go through to overcome the barriers might exist to present for counseling. Having men retrospectively reconstruct this process could highlight potential areas of difficulty.

Of particular interest to the researcher, is the low response rate of men in the present study. Inquiry into men’s motivations for participation in counseling related research might help further the field’s inquiry into male specific topics. It would be helpful to examine motivating incentives, effective approaches to solicitation, and particular topics of interest to men. Finally, it may behoove researchers to examine the personality characteristics of men who are willing to participate in counseling related
research. Through understanding what commonalities exist and how they differ from the larger population, researchers may gain a clearer picture of this group.

**Conclusion**

This study utilized a Q methodological design to explore men’s perceptions of men attending mental health counseling. Forty-three participants sorted 48 statements from *most like my perception of men attending counseling* to *most unlike my perception of men attending counseling*. The responses were analyzed using factor analysis resulting in one common factor and three specificities.

The researcher interpreted the factor by utilizing the factor array, distinguishing statements, and the written responses of participants. The emergent common factor (*Counseling Helps Men*) and specificities (*Caution, Emergent Openness, and Problem Solving*) reflected the actual perceptions that these men had of men attending mental health counseling. There is potential for other perceptions to exist, but they were not reflected in the present study. This chapter depicted the meaning of the perceptions and the related questions and experiences shared by the participants.
APPENDIX A

MALE INCOMPLETE SENTENCE BLANKS FOR COUNSELING (MISBC)
Appendix A

Male incomplete sentence blanks for counseling (MISBC)

**Male Incomplete Sentence Blank for Counseling (MISBC)**

Below are sixteen unfinished sentences about counseling. Read the first part of the sentence provided and complete the sentence in words that best represent how you feel now. There are no right or wrong answers. Whether your responses are positive or negative, we ask that you be as honest as possible in your statements.

1. I think counseling is…

2. Going to counseling …

3. I would go to counseling if…

4. Counselors are…

5. People who are in counseling…

6. Men in counseling…

7. Counseling does…

8. People go to counseling because…

9. Counseling is not…

10. If I were in counseling…

11. Men are…

12. Counseling is good for…

13. People go to counseling to…

14. Counseling does not…

15. Emotions are…

16. Men would not go to counseling because…
APPENDIX B

KENT STATE UNIVERSITY INSTITUTIONAL REVIEW BOARD FOR HUMAN PARTICIPATION FORM, MALE INCOMPLETE SENTENCE BLANKS FOR COUNSELING (MISBC)
Appendix B

Kent State University Institutional Review Board for Human Participation form, male

incomplete sentence blanks for counseling
APPENDIX C

BACKGROUND QUESTIONNAIRE
Appendix C

Background questionnaire

Background Questionnaire

The following are several questions about your background and your interaction with counseling in the past. Please answer each question to the best of your ability. If you have any questions about any of the material presented on this form please do not hesitate to ask. Thank you for your participation.

Please fill in the blanks:

1. Age (in years): ___________________

2. Ethnicity/Race: ___________________

Please circle the letter that best fits your answer:

3. Are you currently a student?
   a. Yes
   b. No

4. Highest level of education (if student, current degree sought):
   a. Some High School
   b. High School/Equivalent
   c. Technical School/ Associates Degree
   d. Four Year College
   e. Graduate School

5. Relationship Status:
   a. Single never married
   b. Committed Relationship never married.
   c. Married
   d. Widower
   e. Separated
   f. Divorced

6. Employment status:
   a. Unemployed and not seeking work
   b. Unemployed and seeking work
   c. Part-time employment
   d. Full-time employment
   e. Retired

7. Annual income:
   a. Less than $15,000/year
   b. $15,000-20,000/year
   c. $21,000-30,000/year
   d. $31,000-40,000/year
   e. $41,000-50,000/year
   f. $51,000/year or more

8. Are you currently participating in counseling?
   a. Yes
   b. No
   If yes, skip to number 12.

9. Have you ever participated in counseling?
   a. Yes
   b. No

10. Have you thought about meeting with a counselor before?
   a. Yes
   b. No

11. Are you currently interested in participating in counseling?
   a. Yes
   b. No

12. Do you feel that you could benefit from meeting with a counselor?
   a. Yes
   b. No

13. Do you have a close friend or family member who has been in counseling?
   a. Yes
   b. No
   If yes, go on to number 14.

14. Do you have a close friend or family member who has benefited from counseling?
   a. Yes
   b. No
APPENDIX D

INFORMED CONSENT FOR PARTICIPATION FOR MALE INCOMPLETE
SENTENCE BLANKS FOR COUNSELING
Appendix D

Informed consent for participation for male incomplete sentence blanks for counseling

CONSENT FORM

Consent Form: Male Perceptions of Counseling:

I want to examine the perceptions that males have about counseling. I think these views may shed light on how males perceive counseling and potential barriers to counseling. I would like you to take part in this project because I believe you will be able to provide a unique view about counseling. You will be asked to complete twelve sentences on a sheet of paper, each sentence is related to counseling. There are no right or wrong answers to these sentences, but I ask that you answer honestly. In addition, you will be asked to complete a short background form.

Your completed sentences will be kept confidential. No one will know what you write in your sentences, however I will check to ensure that you completed the form correctly. The only time that I would break confidentiality and tell others who you are and what you say or write would be if you were to threaten harm to yourself or another (i.e. suicide and homicide) or if there was the presence of child or elder abuse.

If you choose to participate you will be entered into a drawing for one of two ten dollar gift cards for Target. Taking part in this project is entirely up to you, and no one will hold it against you if you decide not to do it. If you take part, you may stop at any time without penalty.

If you want to know more about this research project, please call me at 740-263-1264. The project has been approved by Kent State University. If you have questions about Kent State University's rules for research, please call Dr. John West of Kent State University at 330-672-2662.

You will be provided a copy of this consent form upon request.

Thank you,

Travis W. Schermer, MS, LPC
Doctoral Student
Counseling and Human Development Program
Kent State University

CONSENT STATEMENT
I agree to take part in this project, I know what I will have to do, and that I can stop at any time.

________________________________________________________________________

Signature    Date
APPENDIX E

MALE INCOMPLETE SENTENCE BLANKS FOR COUNSELING

CONCOURSE
Appendix E
Male incomplete sentence blanks for counseling concourse

Item One

1. I think counseling is a great way to explore your stresses.
2. I think counseling is beneficial.
3. I think counseling is an opportunity to gain insight into personal behaviors.
4. I think counseling is good for oneself.
5. I think counseling is scary and awkward.
6. I think counseling is talking to someone to discuss life.
7. I think counseling is alright.
8. I think counseling is may be good for some people.
9. I think counseling is beneficial depending on situation.
10. I think counseling is a good way to talk about stressful things.
11. I think counseling is essential to identify problems.
12. I think counseling is only effective for people with big problems.
13. I think counseling is great.
14. I think counseling is overrated and unnecessary.
15. I think counseling is essential.
16. I think counseling is for talking about my feelings.
17. I think counseling is beneficial for some, but has a huge stigma attached to it.
18. I think counseling is necessary and helpful for many people.
19. I think counseling is a great way for people to get help.
Item Two

20. Going to counseling should not feel forced.

21. Going to counseling means you’ve admitted you have a problem.

22. Going to counseling shows willingness to solve personal issues.

23. Going to counseling is embarrassing.

24. Going to counseling would be helpful.

25. Going to counseling benefits personal health.

26. Going to counseling can be a waste of time.

27. Going to counseling can be beneficial.

28. Going to counseling is ok.

29. Going to counseling may help people in need of help.

30. Going to counseling is the first step to recovery.

31. Going to counseling suggests that your problem is too big enough to need help.

32. Going to counseling makes you feel a little more stress free.

33. Going to counseling is healthy and increases understanding.

34. Going to counseling is a hard thing to do.

35. Going to counseling probably has stigma associated with it, but people should keep an open mind.

36. Going to counseling may be a great help to people.

37. Going to counseling is interesting.

Item Three

38. I would go to counseling if made to (with need).
39. I would go to counseling if I have time.
40. I would go to counseling if I felt the need.
41. I would go to counseling if no one would know about it.
42. I would go to counseling if I had a problem.
43. I would go to counseling if I had insurance.
44. I would go to counseling if I had to be forced.
45. I would go to counseling if I absolutely had to.
46. I would go to counseling if I felt I had problems to work through.
47. I would go to counseling if in need.
48. I would go to counseling if I needed to but I’m cool for now, I went for a class and I didn’t mind it.
49. I would go to counseling if I had a failed marriage or someone I loved died.
50. I would go to counseling if I had irresolvable issues.
51. I would go to counseling if someone really close to me died.
52. I would go to counseling if it is useful to me.
53. I would go to counseling if I felt like I couldn’t control my thoughts.
54. I would go to counseling if it were very affordable and if I had time.
55. I would go to counseling if I needed to talk to a professional.
56. I would go to counseling if I felt depressed.

Item Four

57. Counselors are valuable.
58. Counselors are trained experts
59. Counselors are people who help others through situations.

60. Counselors are helpful.

61. Counselors are intelligent, helpful, intrusive.

62. Counselors are like you and me.

63. Counselors are good people.

64. Counselors are educated and nice. They like helping people.

65. Counselors are good for people.

66. Counselors are good in stressful times.

67. Counselors are know it alls.

68. Counselors are mostly taking advantage of people.

69. Counselors are professional.

70. Counselors are good people and someone to just talk to.

71. Counselors are anyone who you can confidentially talk to and will help you.

72. Counselors are trying to help people.

73. Counselors are generally genuine, caring people.

74. Counselors are caring individuals.

Item Five

75. People who are in counseling seek help unavailable elsewhere.

76. People who are in counseling need direction.

77. People who are in counseling need assistance and a place to vent.

78. People who are in counseling are seeking help.

79. People who are in counseling are normal.
80. People who are in counseling need help.
81. People who are in counseling may be really in need of help.
82. People who are in counseling are crazy.
83. People who are in counseling break through.
84. People who are in counseling are working out their problems and wasting their money.
85. People who are in counseling either have some kind of problem or just want to talk.
86. People who are in counseling might be crazy.
87. People who are in counseling are seeking help and understanding.
88. People who are in counseling probably have little support in their lives.
89. People who are in counseling are getting some help.
90. People who are in counseling are having some problems in life.
91. People who are in counseling are in the right place and should take full advantage.

Item Six

92. Men in counseling are no different than women.
93. Men in counseling can’t talk to their wife or friends.
94. Men in counseling are normal.
95. Men in counseling can swallow their egos.
96. Men in counseling are not less masculine than men who aren’t in counseling.
97. Men in counseling are in the right place.
98. Men in counseling are assumed suicidal.

99. Men in counseling are a rarity.

100. Men in counseling are slow to reveal their hurts or problems.

101. Men in counseling probably have a drinking problem.

102. Men in counseling are cool.

103. Men in counseling have nowhere else to go.

104. Men in counseling are seeking help and understanding and sometimes justification.

105. Men in counseling are brave for taking that step.

106. Men in counseling are less likely to seek help.

107. Men in counseling have anger issues.

108. Men in counseling are effeminate.

109. Men in counseling are in tune with themselves.

Item Seven

110. Counseling does help when done properly.

111. Counseling does offer help to some people.

112. Counseling does bring peace.

113. Counseling does help.

114. Counseling does help people understand life.

115. Counseling does help.


117. Counseling does help sometimes
118. Counseling does help people.
119. Counseling does provide answers.
120. Counseling does help if you need to just vent.
121. Counseling does work on occasion.
122. Counseling does help people.
123. Counseling does help.
124. Counseling does solve people’s mental problems.
125. Counseling does help
126. Counseling does a great deal of good.
127. Counseling does great things.
128. Counseling does wonders for depressed people.

Item Eight

129. People go to counseling because they feel they can benefit from counseling sessions.
130. People go to counseling because they need help/someone to talk to.
131. People go to counseling because they need direction/advice.
132. People go to counseling because they need an unbiased opinion.
133. People go to counseling because of problems.
134. People go to counseling because they may need professional help.
135. People go to counseling because they have problems.
136. People go to counseling because they want help in a situation.
137. People go to counseling because they have nowhere else to turn.
138. People go to counseling because they can’t solve things on their own.
139. People go to counseling because they can’t solve their own problems.
140. People go to counseling because of social issues, relationships, etc.
141. People go to counseling because they need a professional their-party perspective.
142. People go to counseling because they are overwhelmed.
143. People go to counseling because they have problems.
144. People go to counseling because they don’t know how to help themselves.
145. People go to counseling because they need help.
146. People go to counseling because of issues.
147. People go to counseling because need affirmation, encouragement, help.

Item Nine

148. Counseling is not difficult.
149. Counseling is not a waste of time.
150. Counseling is not bad.
151. Counseling is not for crazy people only.
152. Counseling is not for the faint of heart.
153. Counseling is not a cure all.
154. Counseling is not a one-way exchange of information.
155. Counseling is not for fun and games.
156. Counseling is not guaranteed to help.
157. Counseling is not for crazy people.
158. Counseling is not a solve all.

159. Counseling is not effective for everyone.

160. Counseling is not a joke, it does and can help.

161. Counseling is not always the solution.

162. Counseling is not something to be ashamed of, but most are.

163. Counseling is not generally appreciated. There is a stigma against it.

164. Counseling is not bad.

165. Counseling is not something to be ashamed of.

Item Ten

166. If I were in counseling it would be a good experience.

167. If I were in counseling that’d be one awesome session.

168. If I were in counseling I would keep it a secret.

169. If I were in counseling I would not tell anyone.

170. If I were in counseling I would discuss my problems.

171. If I were in counseling I would go.

172. If I were in counseling I would do my best to help someone in need.

173. If I were in counseling I would be pissed.

174. If I were in counseling need to trust the person confided in.

175. If I were in counseling I would feel uncomfortable.

176. If I were in counseling I’d like it.

177. If I were in counseling it would be for addiction

178. If I were in counseling I would be a bit resistant
179. If I were in counseling I would communicate as much as possible.

180. If I were in counseling I would talk about my problems and communicate how to solve them.

181. If I were in counseling I’m sure I would be able to communicate my feelings more effectively.

182. If I were in counseling I would probably be less stressed.

183. If I were in counseling I would like to keep it private.

Item Eleven

184. Men are probably difficult patients.

185. Men are complex.

186. Men are drunks.

187. Men are stubborn.

188. Men are strong.

189. Men are caught up in acting “tough”.

190. Men are good counselors.

191. Men are strong.

192. Men are afraid of being exposed.

193. Men are less likely to seek counseling.

194. Men are cool.

195. Men are self-reliant.

196. Men are more closed and need encouraged to open.

197. Men are ignoring their mental health.
198. Men are generally unable to communicate emotions and bottle them up.

199. Men are the fathers of our children.

200. Men are sometimes unwilling to seek help.

Item Twelve

201. Counseling is good for everyone.

202. Counseling is good for ones self esteem.

203. Counseling is good for everyone.

204. Counseling is good for promoting openness.

205. Counseling is good for people.

206. Counseling is good for people who need help.

207. Counseling is good for women.

208. Counseling is good for dealing with issues.

209. Counseling is good for working through things.

210. Counseling is good for distraught, depressed, and depraved individuals.

211. Counseling is good for people who need to talk about something.

212. Counseling is good for sensitive people.

213. Counseling is good for all.

214. Counseling is good for me and others.

215. Counseling is good for crazy people.

216. Counseling is good for cathartic release and advice on problems.

217. Counseling is good for everyone who needs it.

218. Counseling is good for exploring feelings/problems.
219. Counseling is good for finding out more about one’s self.

Item Thirteen

220. People go to counseling to get direction.

221. People go to counseling to work out problems.

222. People go to counseling to become healthier.

223. People go to counseling to seek advice.

224. People go to counseling to discuss their problems.

225. People go to counseling to get better.

226. People go to counseling to get help.

227. People go to counseling to express themselves.

228. People go to counseling to get help with issues.

229. People go to counseling to resolve conflict.

230. People go to counseling to solve problems they cannot solve on their own.

231. People go to counseling to relieve stress and talk.

232. People go to counseling to find quick ways out of problems.

233. People go to counseling to resolve issues, help understand, and fix problems.

234. People go to counseling to solve emotional problems.

235. People go to counseling to sort out their issues.

236. People go to counseling to achieve a sense of calm about issues.

237. People go to counseling to get professional help to resolve issues in their lives.

238. People go to counseling to get things off their chest.
Item Fourteen

239. Counseling does not seem to be boring.
240. Counseling does not help everyone.
241. Counseling does not hurt anyone.
242. Counseling does not mean you are crazy.
243. Counseling does not make people crazy.
244. Counseling does not work all the time.
245. Counseling does not solve all problems.
246. Counseling does not need to be expensive.
247. Counseling does not benefit certain people.
248. Counseling does not mean weakness.
249. Counseling does not magically fix broken people.
250. Counseling does not hurt you, it helps.
251. Counseling does not mean you are crazy.
252. Counseling does not do what only you can do.
253. Counseling does not hurt-- although sometimes it does.
254. Counseling does not discriminate/segregate.
255. Counseling does not always appear as the first option for many people.
256. Counseling does not mean you are crazy.

Item Fifteen

257. Emotions are a part of counseling.
258. Emotions are the body’s response to physical or mental circumstances.
259. Emotions are suppressed.

260. Emotions are necessary to live.

261. Emotions are normal and good.

262. Emotions are all way changing.

263. Emotions are depend on each person’s make up.

264. Emotions are strong.

265. Emotions are necessary.

266. Emotions are compartmentalized and pushed into background.

267. Emotions are to be expressed not help inside.

268. Emotions are exploitable.

269. Emotions are important to understand.

270. Emotions are controllable.

271. Emotions are difficult sometimes.

272. Emotions are feelings explored in counseling.

273. Emotions are awesome.

274. Emotions are incredibly difficult to avoid and deal with at times.

Item Sixteen

275. Men would not go to counseling because they are too macho.

276. Men would not go to counseling because its feminine

277. Men would not go to counseling because they are too macho.

278. Men would not go to counseling because think their too macho.

279. Men would not go to counseling because societal stigma.
280. Men would not go to counseling because stigma if peers found out.
281. Men would not go to counseling because of any stigma.
282. Men would not go to counseling because they are too proud to admit they need it.
283. Men would not go to counseling because they can recognize a scam when they see one.
284. Men would not go to counseling because they don’t want to damage their ego.
285. Men would not go to counseling because it would make them look weak.
286. Men would not go to counseling because they are perceived as weak.
287. Men would not go to counseling because of a break up with a girlfriend.
288. Men would not go to counseling because they feel they are too good for it.
289. Men would not go to counseling because they are stubborn and too proud.
290. Men would not go to counseling because they feel it is a sign of weakness.
291. Men would not go to counseling because it can be considered embarrassing.
292. Men would not go to counseling because they have issues of pride.
293. Men would not go to counseling because fear of change.
294. Men would not go to counseling because have no time or don’t think it useful.
APPENDIX F

LITERATURE CONCOURSE
Appendix F

Literature concourse

Brooks (1998):

1. Counseling is for people who cannot take care of themselves.
2. I would go to counseling only if a court made me.
3. Counseling would enhance the way I live my life.
4. I would go to counseling as a last resort.
5. Counseling is just for women.
6. Counseling means you are admitting weakness.
7. Counselors are not like me.
8. I am close with only one person and she is a women who I have sex with.
9. Counseling is fine for others, not me.
10. If I spend money on something I better have something to show for it, not just chit-chat.
11. Counseling would not help me because I don’t know how I feel.
12. Counseling would not help me because I don’t have many feelings.
13. I don’t feel.
14. Counseling is just emotional masturbation.
15. Going to counseling would be like me saying, “I’m not competent enough to live my own life.”
16. Counseling would show fear to my competitors.
17. Everybody has to take his turn swallowing crap in life, counseling won’t make it better. I am scared to show a counselor my fear.

18. Most men don’t have fears.

19. Counseling detracts from other, more important, activities.

20. Counseling would give me an edge over my competition.


22. Counseling shows that you are strong.


23. I would go to counseling only if someone important to me wanted me to go.

Good, Dell, and Mintz (1989):

24. I am open to sharing my feelings and thoughts with a counselor.

25. Counseling means I would have to let someone else control my life.

26. If I met with a male counselor I would worry he would want to sleep with me.

27. Being in counseling would mean that I was weak.

Mahalik, Good, and Englar-Carlson (2003):

28. Counseling makes you strong and helps you deal with issues.

29. Talking about your problem won’t help, you need to go and get the people that created this problem.

30. In order to win I cannot go to counseling.

Mansfield, Addis, and Courtenay (2005):

31. I’d feel better about myself knowing I didn’t need help from others.

32. I don’t like feeling controlled by other people.
33. I wouldn’t want to overreact to a problem that wasn’t serious.

34. Problems like this are part of life, they’re just something you have to deal with.

35. I’d prefer just to suck it up rather than dwell on my problems.

36. I don’t trust counselors.

37. Privacy is important to me, and I don’t want other people to know about my problems.

38. I don’t like to talk about feelings.

39. I wouldn’t want to look stupid for not knowing how to figure this problem out.

40. I would think less of myself for needing help.

41. I don’t like other people telling me what to do.

42. Nobody knows more about my problems than I do.

43. It would seem weak to ask for help.

44. I like to make my own decisions and not be too influenced by others.

45. I like to be in charge of everything in my life.

46. Asking for help is like surrendering authority over my life.

47. I do not want to appear weaker than my peers.

48. The problem wouldn’t seem worth getting help for.

49. The problem wouldn’t be a big deal; it would go away in time.

50. I would prefer to wait until I’m sure the problem is a serious one.

51. People typically expect something in return when they provide help.

52. I would have a real difficulty finding transportation to a place where I can get help.
53. I wouldn’t know what sort of help was available
54. Financial difficulties would be an obstacle to getting help.
55. I don’t trust counselors and other mental health workers.
56. This problem is embarrassing.
57. I don’t want some stranger analyzing me.
58. I don’t want to expose myself in front of other people.
59. I wouldn’t want someone of the same sex getting intimate with me.
60. I don’t like to get emotional about things.
61. I’d rather not show people what I’m feeling.
62. I would only go to counseling if someone close to me wanted me to go.
63. The counseling profession is against men.
64. Counselors only know how to help women, not men.

Mansfield, Addis, and Mahalik (2003):
65. It’s better to just deny you are feeling bad than to admit to it.
66. I would go to counseling for a problem if I knew someone who had the same problem.
67. I would feel better about meeting with a counselor if I could in turn help the counselor solve a problem he or she was having.

Pollack and Levant (1998):
68. My problems are never so bad that I cannot handle them alone.
69. Counselors don’t know how to help guys like me.

Rabinowitz and Cochran (2002):
70. Men go to counseling because of a loss: job, relationship, death, or failure.

71. The only reason I would go to counseling is if I had a drinking problem.

72. A counselor could help me build and maintain stronger relationships.

73. If I had a problem I need to keep a “stiff upper lip”.

74. There are some things about me that would scare a counselor if I shared them.

75. I feel uncomfortable expressing my feelings.

76. I think I would like counseling more if I could do something rather than just talking.

Stevens and Englar-Carlson (2006):

77. Counseling would be difficult because I only feel comfortable with people I’ve known for a while.

78. Counselors will take advantage of me.

79. Counselors would want me to be someone I’m not.

80. I can ask for help, it doesn’t mean anything bad about me.

81. If people knew I was in counseling they would judge me.

82. I would think I was weak if I were in counseling.

83. Counseling means looking at your problems and I would rather not look at them.

84. I don’t know what I’m supposed to do in counseling.
Appendix G

Male incomplete sentence blanks for counseling condensed concourse

1. Men would not go to counseling because they are too macho.
2. Men would not go to counseling because they are too proud to admit they need it.
3. Men would not go to counseling because of the stigma if peers found out.
4. Counseling is not something to be ashamed of (inverse).
5. I think counseling is beneficial for some, but has a huge stigma attached to it.
6. Men would not go to counseling because they feel it is a sign of weakness.
7. Counseling does not mean weakness (inverse).
8. People go to counseling because they don’t know how to help themselves.
9. Men are less likely to seek help.
10. Counseling is not for the faint of heart.
11. Men in counseling are effeminate.
12. Going to counseling is good for women.
13. Men would not go to counseling because they can recognize a scam when they see one.
14. People who are in counseling are wasting their money.
15. Men in counseling are normal.
16. Counseling is not a waste of time.
17. I think counseling is only effective for people with big problems.
18. Counseling is good for crazy people.
19. Counseling does not mean you are crazy (inverse).
20. Going to counseling suggests that your problem is big enough to need help.

21. People who are in counseling are crazy.

22. Men in counseling have nowhere else to go.

23. People in counseling probably have little support in their lives.

24. People go to counseling because nowhere else to turn.

25. I would go to counseling if I felt the need.

26. If I were in counseling I would discuss my problems.

27. If I were in counseling I would be a bit resistant.

28. People go to counseling to solve problems they cannot solve on their own.

29. I think counseling is a great way for people to get help.

30. Counseling is good for dealing with issues.

31. Counseling does solve people’s mental problems.

32. Going to counseling shows willingness to solve personal issues.

33. People go to counseling to get things off their chest.

34. Going to counseling makes you feel little more stress free.

35. Counseling is good for cathartic release and advice on problems.

36. I think counseling is scary and awkward.

37. Counseling is not effective for everyone.

38. Counseling may be good for some persons.

39. Counseling is good for everyone.

40. Counseling does not work all the time.

41. Counseling does work on occasion.
42. I would go to counseling if I had the time.

43. If I were in counseling I would keep it a secret.

44. I would go to counseling if no one would know about it.

45. Emotions are normal and good.

46. Emotions are controllable.

47. Emotions are exploitable.

48. Emotions are difficult sometimes.

49. Men are ignoring their mental health.

50. Men are afraid of being exposed.

51. Men are self-reliant.

52. Men are more closed and need encouragement to open up.

53. Counselors are generally genuine, caring people.

54. People go to counseling because they need a professional third-party perspective.

55. Counselors are mostly taking advantage of people.
APPENDIX H

Q SAMPLE
Appendix H

Q sample

1. Men go to counseling because they have no other support in their lives.
2. Men in counseling would want to keep it a secret.
3. Counseling is only good for men with really big problems.
4. Men don’t need counseling because they can take care of themselves.
5. Men shouldn’t trust counselors.
6. Men in counseling are stigmatized.
7. Men in counseling are not macho.
8. Counseling doesn’t help men because it focuses on feelings.
9. Men shouldn’t talk about their problems.
10. Men in counseling are weak.
11. Counseling is really only for women.
12. Counseling puts someone else in control of your life.
13. Men in counseling are wasting their money.
14. Men go to counseling because others make them.
15. Men in counseling only talk and take no action.
16. Counselors don’t understand men’s problems.
17. Men shouldn’t share problems with strangers.
18. Men aren’t emotional.
19. Men in counseling are effeminate.
20. Men are more closed and need help opening up.
21. Men in counseling will feel uncomfortable.

22. Men should only share problems with those close to them.

23. Counseling would show fear to men’s competitors.

24. Men don’t have time to go to counseling.

25. Men in counseling are strong.

26. Counseling would enhance men’s lives.

27. Counseling would help men with their relationships.

28. Men can ask for help.

29. Men in counseling are forced to address problems in their lives.

30. Men in counseling are normal.

31. Counseling is not a waste of time for men.

32. Counseling is helpful for some men.

33. Men shouldn’t be ashamed to be in counseling.

34. If a man goes to counseling it doesn’t mean he’s crazy.

35. Men should go to counseling if they need to.

36. Counselors generally care about men.

37. Counseling is mysterious for men.

38. Counseling would give men an edge over their competition.

39. Counselors might want to have sex with their male clients.

40. Counseling helps men reduce stress.

41. Counseling can help men deal with issues.

42. Counseling can fix problems for men.
43. Counseling is a way for men to vent their problems.

44. Men in counseling can share their problems.

45. It’s ok for men to express their emotions in counseling.

46. Counseling helps men control their emotions.

47. Men go to counseling because they need a professional, third-party perspective.

48. Men need a specific reason for going to counseling.
APPENDIX I

KENT STATE UNIVERSITY INSTITUTIONAL REVIEW BOARD FOR HUMAN PARTICIPATION FORM, Q SORT
Appendix I

Kent State University Institutional Review Board for Human Participation form, Q sort
APPENDIX J

CONSENT FORM FOR PARTICIPATION IN Q SORT
Appendix J

Consent form for participation in Q sort

Men’s Perceptions of Men Attending Mental Health Counseling

I am doing a research project on men’s perceptions of men attending counseling. I am doing this because I am interested in the ways men think about counseling. I would like you to take part in this project.

If you decide to do participate, you will be asked to complete a background questionnaire, rank 48 statements about men in counseling, and a fill out a short post-sort questionnaire. The set of statements are about men in counseling and will be ranked from most like to most unlike your view of men attending to counseling. The sort and all accompanying forms will take approximately 20 to 30 minutes to complete. Please read and follow all of the directions.

There are no physical or psychological risks involved with this project. All of the information collected will remain anonymous. Please do not write any identifying information on your forms. Taking part in this project is entirely up to you, and no one will hold it against you if you decide not to do it. If you do chose to take part, you may stop at any time.

If you part in this project you will be entered into a drawing for one of two twenty-dollar Visa gift-cards. The drawing will take place after the study has been completed and prizes will be sent through the mail. When you sign this consent include your address in order to enter the drawing.

If you want to know more about this research project, please feel free to contact me by phone at 740-263-1264 or by email at tscherme@kent.edu. In addition, you may contact my academic advisors Lynne Guillot-Miller, Ph.D. and Jason McGlothlin, Ph.D. at 330-672-2662. The project has been approved by Kent State University office of research. If you have questions about Kent State University’s rules for research, please call Dr. John West, Vice President of Research, Division of Research and Graduate Studies 330-672-2581.

I will provide you with a copy of this consent at your request.

Thank you very much for your time and participation.

Travis W. Schermer, MS, Licensed Professional Counselor
Doctoral Candidate
Counseling and Human Development Services
Kent State University

CONSENT STATEMENT
I agree to take part in this project, I know what I will have to do, and that I can stop at any time.

______________________________  __________________________
Signature                        Date

Address for the drawing:

______________________________  ________________________________
______________________________  ________________________________
______________________________  ________________________________
APPENDIX K

SCRIPT FOR ORIENTING PARTICIPANT TO STUDYAND Q TECHNIQUE
Appendix K

Script for orienting participant to study and Q technique

Thank you for taking the time to participate in this research study about men’s perspectives of men attending counseling. It should take 20 to 30 minutes of your time. In appreciation of your time, you will be given the chance to enter into a drawing for one of two $20 Visa gift cards.

Consent:
This project has been approved by the Institutional Review Board of Kent State University. This essentially means that they have made sure that I’m not subjecting anyone to anything bad. The consent outlines what is asked of you in this study, how you are free to stop at anytime, and who you can call if you have any concerns. Please take a moment to read over the consent and sign at the bottom if you agree to participate.

Paperwork Packet:
There is a small packet of paperwork for you to fill out in addition to the sorting. It has a short background questionnaire, the instruction for sorting, a grid to record your sort, and some follow-up questions.

Q Technique:
To start with you are going to line up the ranking cards on the table, from -5 on the left to +5 on the right. The negative five is most unlike your perception of men attending counseling, while the positive five is most like your perception of men attending counseling.

Next you are going to take some time and read through all the cards. As you go I want you to create three piles. One on the right for those statements that you know right away are like your perception of men attending counseling. Another pile on the left that you know right away are most unlike your perception of men attending counseling. Then a final pile in the middle that either you don’t know where it would go or don’t care right away.

After you have the three piles, I want you to pick up the one on the right and choose the two statements that are most like your perception of men attending counseling. Place these statements in the +5 column ranking. It doesn’t matter which goes on top because there is no distinction within each ranking, only between.

Next I want you to pick the three statements that are next most like your perception of men attending counseling. Place these three statements in +4. Continue going down the rankings until your first pile ends.
Once the first pile is gone, move your attention to the pile of the left, or the *most unlike your perception* pile. Choose the two statements that are most unlike your view of men attending counseling. Place these in the -5 column. Again continue this process, filling in rakings, until you have used all the cards in that pile.

At this point you will turn your attention to the third and final pile. This pile you will use to fill in the middle section between the two poles. Starting on either the positive side or the negative side, you must make distinctions between the statements to decide what will go where. Once this middle pile has been sorted you are free to reexamine the sort and make any switches that you need.

Response Grid:

Now using the response grid on the second page of your packet you write the number of each statement in the corresponding box. You see, the number is up in the corner of each card. For example, if you placed it here, you would write this number here (*point to example*).

Follow Up Questionnaire:

When you have completed all of that, there are a few follow up questionnaires about what you thought about the statements. Please take the time to complete that to the best of your ability.

Thanks.
APPENDIX L

PARTICIPANT PACKET
Appendix L

Participant packet

INSTRUCTIONS FOR PARTICIPATION
Please read through this form and follow the instructions. Try to find a half an hour block of time in a quiet area that you can sit down and complete these materials. Please try to have them completed and returned by DATE. If you have any questions please feel free to contact the researcher. I can be reached at 740-263-1264 or by email at tscherme@kent.edu.

Thank you for your participation.

Travis W. Schermer
Doctoral Candidate
Counseling and Human Development Services

BACKGROUND QUESTIONNAIRE
The following are twelve questions about your background and your interaction with mental health counseling. Please answer the following questions to the best of your ability.

1. Age (in years): ____________
2. Ethnicity/Race: ____________
3. Marital status:
   a. Single never married
   b. Married
   c. Widower
   d. Separated
   e. Divorced
4. Employment status (indicate all that apply):
   a. Unemployed
   b. Unemployed and seeking work
   c. Student
   d. Part-time employment
   e. Full-time employment
5. Annual income:
   a. Less than $15,000/year
   b. 15-20,000/year
   c. 21-30,000/year
   d. 31-40,000/year
   e. 41-50,000/year
   f. 51,000/year or more.
6. Highest level of education (if current student, indicate highest degree pursued):
   a. Some High School
   b. High School/Equivalent
   c. Technical/Associates Degree
   d. Four Year College
   e. Graduate School
7. Are you currently participating in counseling?
   a. Yes
   b. No
   If yes, skip to number 12.
8. Have you ever participated in counseling?
   a. Yes
   b. No
9. Have you thought about meeting with a counselor before?
   a. Yes
   b. No
10. Are you currently interested in participating in counseling?
    a. Yes
    b. No
11. Do you feel that you could benefit from meeting with a counselor?
    a. Yes
    b. No
12. Do you have a close friend or family member who has benefited from counseling?
    a. Yes
    b. No
Q-SORT INSTRUCTIONS

1. You will require a space large enough to spread out all the statement cards. A desk top, floor space, or other large flat surface is ideal.
2. Read through the deck of cards, familiarizing yourself with the statements on each card.
3. Read through the deck again, this time sorting the cards into three piles:
   a. A pile on the right representing the statements that are most like your view of men going to counseling;
   b. A pile on the left for statements which are most unlike your view of men going to counseling;
   c. A pile in the middle for neutral statements or statements that you are uncertain about.
   Note about sorting: You may find that one of the three piles you make in step 3 is larger than the others. This is ok. Just continue to place them in the next highest or lowest ranking depending on your perception.
4. Use the response grid (below) as a model for arranging the marker cards. Each marker card has two numbers: one is the rating (for example, -5, 5, -4, 4, etc.). The second is how many cards you will put in that rating (for example, 5 requires 2 cards).

ILIustrATION OF HOW MARKER CARDS SHOULD BE ARRANGED

<table>
<thead>
<tr>
<th>-5</th>
<th>-4</th>
<th>-3</th>
<th>-2</th>
<th>-1</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
<td>(8)</td>
<td>(6)</td>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
</tr>
</tbody>
</table>

5. Starting with the pile on the right, select two statements that are the “most characteristic” of your perception of men going to counseling and place them before you to represent the 5 category of the response grid. Next, take the pile on the left, the “least characteristic” pile, and pick two statements that are “least characteristics” of your perceptions of men going to counseling and place them before you to represent the -5 category of the response grid.
6. Turning your attention back to the right, select three statement cards for the category that are the next most characteristic. Place these three statements under the 4 ranking. Next, pick three for the -4 category and so on, until you have sorted all of the stacks of cards.
7. After all the cards have been put in a place on the list please record the number on each card (in the upper right hand corner of the statement card) on the corresponding place on the response grid below.

Most Unlike My View

<table>
<thead>
<tr>
<th>-5</th>
<th>-4</th>
<th>-3</th>
<th>-2</th>
<th>-1</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
<td>(8)</td>
<td>(6)</td>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
</tr>
</tbody>
</table>

Most Like My View
POST-SORT FOLLOW UP QUESTIONS

Once you have completed the sort, please answer the following questions about your placement of statements.

1. Describe how the two items you ranked at 5 (“Most like my view of men attending counseling”) are important to your view.
   
a. Item #_____ was important because: _____________________________________________________________
   
   b. Item #_____ was important because: _____________________________________________________________

2. Describe why the two items that you placed at the -5 (“Most unlike my view of men attending counseling”) are less important to your view.
   
a. Item #_____ was less important because: _____________________________________________________________
   
   b. Item #_____ was less important because: _____________________________________________________________

3. Describe other statements that you think help define your view (either positive, negative, or neutrally ranked).
   
a. Item #_____ helped define my view because: _____________________________________________________________
   
   b. Item #_____ helped define my view because: _____________________________________________________________

4. What were other specific statements that you had difficulty placing? Please indicate your dilemma.
   
a. Item #_____ was difficult because: _____________________________________________________________
   
   b. Item #_____ was difficult because: _____________________________________________________________
5. Describe any other thoughts or ideas about men attending counseling that emerged for you while sorting these statements.

__________________________________________________________________________________________
___________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

RETURNING MATERIALS

Please include this packet of forms and your consent in the return envelope. Feel free to keep or dispose of the Q-sort materials. Thank you for your participation.
APPENDIX M

CORRELATION MATRIX BETWEEN SORTS
Appendix M

Correlation matrix between sorts

| Q Sorts | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|---------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1       | 100 | 57 | 69 | 65 | 65 | 70 | 59 | 72 | 68 | 60 | 73 | 64 | 75 | 59 | 64 | 73 | 47 | 73 | 65 | 72 | 76 | 72 | 72 | 80 | 49 | 70 |
| 2       | 100 | 44 | 43 | 49 | 41 | 66 | 47 | 39 | 56 | 37 | 53 | 57 | 47 | 50 | 48 | 51 | 49 | 50 | 33 | 49 | 48 | 52 | 43 | 60 | 32 | 51 |
| 3       | 100 | 73 | 72 | 63 | 55 | 68 | 56 | 60 | 53 | 60 | 69 | 53 | 63 | 72 | 53 | 70 | 40 | 72 | 66 | 66 | 53 | 67 | 77 | 66 | 47 | 68 |
| 4       | 100 | 53 | 62 | 62 | 52 | 68 | 63 | 62 | 62 | 66 | 63 | 67 | 56 | 57 | 72 | 43 | 76 | 56 | 61 | 59 | 57 | 70 | 77 | 59 | 71 |
| 5       | 100 | 64 | 53 | 73 | 59 | 55 | 49 | 55 | 68 | 58 | 65 | 64 | 57 | 61 | 38 | 68 | 68 | 66 | 53 | 67 | 77 | 66 | 47 | 68 |
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| 9       | 100 | 50 | 64 | 52 | 73 | 53 | 53 | 52 | 52 | 68 | 24 | 61 | 52 | 63 | 52 | 52 | 51 | 68 | 56 | 59 |
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| 12      | 100 | 66 | 62 | 72 | 47 | 65 | 65 | 56 | 75 | 67 | 66 | 66 | 71 | 68 | 68 | 32 | 77 |
| 13      | 100 | 61 | 66 | 62 | 69 | 76 | 37 | 75 | 60 | 72 | 58 | 58 | 67 | 73 | 54 | 69 |
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(matrix continued)
Correlation Matrix Between Sorts (continued)

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APPENDIX N

UNROTATED FACTOR LOADINGS
## Appendix N

Unrotated factor loadings

*Unrotated Factor Loadings—X Indicating a Defining Sort*

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<td>0.67X</td>
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<td>0.85X</td>
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</table>
APPENDIX O

CORRELATIONS BETWEEN FACTOR SCORES
Appendix O

Correlations between factor scores

<table>
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<tr>
<th>Factor</th>
<th>I</th>
<th>II</th>
<th>IV</th>
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<tr>
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<tr>
<td>IV</td>
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</table>
APPENDIX P

NORMALIZED FACTOR SCORES FOR FACTOR I
### Appendix P

**Normalized factor scores for factor I**

<table>
<thead>
<tr>
<th>No.</th>
<th>Statement</th>
<th>Z-SCORES</th>
</tr>
</thead>
<tbody>
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<td>35</td>
<td>Counseling can help men deal with issues.</td>
<td>1.64</td>
</tr>
<tr>
<td>26</td>
<td>Men should go to counseling if they need to.</td>
<td>1.46</td>
</tr>
<tr>
<td>24</td>
<td>Men shouldn't be ashamed to be in counseling.</td>
<td>1.42</td>
</tr>
<tr>
<td>42</td>
<td>It's ok for men to express their emotions in counseling.</td>
<td>1.27</td>
</tr>
<tr>
<td>12</td>
<td>Counseling would help men with their relationships.</td>
<td>1.26</td>
</tr>
<tr>
<td>38</td>
<td>Counseling is a way for men to vent their problems.</td>
<td>1.19</td>
</tr>
<tr>
<td>23</td>
<td>Counseling is helpful for some men.</td>
<td>1.15</td>
</tr>
<tr>
<td>39</td>
<td>Men in counseling can share their problems.</td>
<td>1.08</td>
</tr>
<tr>
<td>13</td>
<td>Men can ask for help.</td>
<td>1.07</td>
</tr>
<tr>
<td>25</td>
<td>If a man goes to counseling it doesn't mean he's crazy.</td>
<td>1.06</td>
</tr>
<tr>
<td>34</td>
<td>Counseling helps men reduce stress.</td>
<td>0.94</td>
</tr>
<tr>
<td>40</td>
<td>Men are more closed and need help opening up.</td>
<td>0.90</td>
</tr>
<tr>
<td>11</td>
<td>Counseling would enhance men's lives.</td>
<td>0.90</td>
</tr>
<tr>
<td>15</td>
<td>Men in counseling are normal.</td>
<td>0.88</td>
</tr>
<tr>
<td>22</td>
<td>Counseling is not a waste of time for men.</td>
<td>0.87</td>
</tr>
<tr>
<td>46</td>
<td>Men go to counseling because they need a professional, third party perspective.</td>
<td>0.83</td>
</tr>
<tr>
<td>36</td>
<td>Counseling can fix problems for men.</td>
<td>0.72</td>
</tr>
<tr>
<td>27</td>
<td>Counselors generally care about men.</td>
<td>0.67</td>
</tr>
<tr>
<td>14</td>
<td>Men in counseling are forced to address problems in their lives.</td>
<td>0.55</td>
</tr>
<tr>
<td>43</td>
<td>Counseling helps men control their emotions.</td>
<td>0.48</td>
</tr>
<tr>
<td>48</td>
<td>Men need a specific reason for going to counseling.</td>
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</tr>
<tr>
<td>41</td>
<td>Men in counseling will feel uncomfortable.</td>
<td>0.18</td>
</tr>
<tr>
<td>2</td>
<td>Men in counseling would want to keep it a secret.</td>
<td>0.14</td>
</tr>
<tr>
<td>28</td>
<td>Counseling is mysterious for men.</td>
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</tr>
<tr>
<td>10</td>
<td>Men in counseling are strong.</td>
<td>0.10</td>
</tr>
<tr>
<td>6</td>
<td>Men in counseling are stigmatized.</td>
<td>0.06</td>
</tr>
<tr>
<td>20</td>
<td>Men go to counseling because others make them.</td>
<td>-0.20</td>
</tr>
<tr>
<td>29</td>
<td>Counseling would give men an edge over their competition.</td>
<td>-0.21</td>
</tr>
<tr>
<td>1</td>
<td>Men go to counseling because they have no other support in their lives.</td>
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<tr>
<td>47</td>
<td>Counseling would show fear to men's competitors.</td>
<td>-0.49</td>
</tr>
<tr>
<td>45</td>
<td>Men should only share problems with those close to them.</td>
<td>-0.55</td>
</tr>
<tr>
<td>21</td>
<td>Men in counseling only talk and take no action.</td>
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<tr>
<td>44</td>
<td>Men don't have time to go to counseling.</td>
<td>-0.62</td>
</tr>
<tr>
<td>3</td>
<td>Counseling is only good for men with really big problems.</td>
<td>-0.82</td>
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<td>19</td>
<td>Men in counseling are wasting their money.</td>
<td>-0.92</td>
</tr>
<tr>
<td>31</td>
<td>Men shouldn't share problems with strangers.</td>
<td>-0.94</td>
</tr>
<tr>
<td>7</td>
<td>Men in counseling are not macho.</td>
<td>-1.01</td>
</tr>
<tr>
<td>18</td>
<td>Counseling puts someone else in control of your life.</td>
<td>-1.04</td>
</tr>
<tr>
<td>8</td>
<td>Counseling doesn't help men because it focuses on feelings.</td>
<td>-1.04</td>
</tr>
<tr>
<td>37</td>
<td>Counselors don't understand men's problems.</td>
<td>-1.09</td>
</tr>
<tr>
<td>30</td>
<td>Counselors might want to have sex with their male clients.</td>
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<tr>
<td>32</td>
<td>Men aren't emotional.</td>
<td>-1.22</td>
</tr>
<tr>
<td>4</td>
<td>Men don't need counseling because they can take care of themselves.</td>
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</tr>
<tr>
<td>33</td>
<td>Men in counseling are effeminate.</td>
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## Normalized Factor Scores For Factor I (continued)

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<tr>
<td>16</td>
<td>Men in counseling are weak.</td>
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</tr>
<tr>
<td>5</td>
<td>Men shouldn't trust counselors.</td>
<td>-1.62</td>
</tr>
<tr>
<td>9</td>
<td>Men shouldn't talk about their problems.</td>
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APPENDIX Q

NORMALIZED FACTOR SCORES FOR FACTOR II
### Appendix Q

Normalized factor scores for factor II

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<td>41</td>
<td>Men in counseling will feel uncomfortable.</td>
<td>2.40</td>
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<td>26</td>
<td>Men should go to counseling if they need to.</td>
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</tr>
<tr>
<td>20</td>
<td>Men go to counseling because others make them.</td>
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</tr>
<tr>
<td>48</td>
<td>Men need a specific reason for going to counseling.</td>
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</tr>
<tr>
<td>28</td>
<td>Counseling is mysterious for men.</td>
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</tr>
<tr>
<td>6</td>
<td>Men in counseling are stigmatized.</td>
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</tr>
<tr>
<td>4</td>
<td>Men don't need counseling because they can take care of themselves.</td>
<td>0.87</td>
</tr>
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<td>Counseling is helpful for some men.</td>
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<td>7</td>
<td>Men in counseling are not macho.</td>
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<td>27</td>
<td>Counselors generally care about men.</td>
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<td>25</td>
<td>If a man goes to counseling it doesn't mean he's crazy.</td>
<td>0.35</td>
</tr>
<tr>
<td>38</td>
<td>Counseling is a way for men to vent their problems.</td>
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</tr>
<tr>
<td>16</td>
<td>Men in counseling are weak.</td>
<td>0.21</td>
</tr>
<tr>
<td>9</td>
<td>Men shouldn't talk about their problems.</td>
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<tr>
<td>44</td>
<td>Men don't have time to go to counseling.</td>
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</tr>
<tr>
<td>18</td>
<td>Counseling puts someone else in control of your life.</td>
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<tr>
<td>45</td>
<td>Men should only share problems with those close to them.</td>
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<tr>
<td>3</td>
<td>Counseling is only good for men with really big problems.</td>
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</tr>
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<td>1</td>
<td>Men go to counseling because they have no other support in their lives.</td>
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<td>29</td>
<td>Counseling would give men an edge over their competition.</td>
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<tr>
<td>8</td>
<td>Counseling doesn't help men because it focuses on feelings.</td>
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<td>12</td>
<td>Counseling would help men with their relationships.</td>
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<td>21</td>
<td>Men in counseling only talk and take no action.</td>
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<tr>
<td>24</td>
<td>Men shouldn't be ashamed to be in counseling.</td>
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<td>Men go to counseling because they need a professional, third-party perspective.</td>
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<td>5</td>
<td>Men shouldn't trust counselors.</td>
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<td>43</td>
<td>Counseling helps men control their emotions.</td>
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<tr>
<td>19</td>
<td>Men in counseling are wasting their money.</td>
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<td>35</td>
<td>Counseling can help men deal with issues.</td>
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<td>42</td>
<td>It's ok for men to express their emotions in counseling.</td>
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<tr>
<td>14</td>
<td>Men in counseling are forced to address problems in their lives.</td>
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<td>32</td>
<td>Men aren't emotional.</td>
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<td>22</td>
<td>Counseling is not a waste of time for men.</td>
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<td>Counseling would enhance men's lives.</td>
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<td>Counseling would show fear to men's competitors.</td>
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<td>Counseling can fix problems for men.</td>
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<tr>
<td>31</td>
<td>Men shouldn't share problems with strangers.</td>
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</tr>
<tr>
<td>30</td>
<td>Counselors might want to have sex with their male clients.</td>
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</tr>
<tr>
<td>17</td>
<td>Counseling is really only good for women.</td>
<td>-0.93</td>
</tr>
<tr>
<td>37</td>
<td>Counselors don't understand men's problems.</td>
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<td>Men can ask for help.</td>
<td>-1.22</td>
</tr>
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<td>Statement</td>
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<tr>
<td>39</td>
<td>Men in counseling can share their problems.</td>
<td>-1.33</td>
</tr>
<tr>
<td>10</td>
<td>Men in counseling are strong.</td>
<td>-1.53</td>
</tr>
<tr>
<td>15</td>
<td>Men in counseling are normal.</td>
<td>-2.25</td>
</tr>
</tbody>
</table>
APPENDIX R

NORMALIZED FACTOR SCORES FOR FACTOR IV
### Appendix R

Normalized factor scores for factor IV

<table>
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<th>No.</th>
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<tr>
<td>3</td>
<td>Counseling is only good for men with really big problems.</td>
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</tr>
<tr>
<td>38</td>
<td>Counseling is a way for men to vent their problems.</td>
<td>1.69</td>
</tr>
<tr>
<td>14</td>
<td>Men in counseling are forced to address problems in their lives.</td>
<td>1.58</td>
</tr>
<tr>
<td>39</td>
<td>Men in counseling can share their problems.</td>
<td>1.51</td>
</tr>
<tr>
<td>33</td>
<td>Men in counseling are effeminate.</td>
<td>1.37</td>
</tr>
<tr>
<td>48</td>
<td>Men need a specific reason for going to counseling.</td>
<td>1.23</td>
</tr>
<tr>
<td>13</td>
<td>Men can ask for help.</td>
<td>1.15</td>
</tr>
<tr>
<td>32</td>
<td>Men aren't emotional.</td>
<td>1.10</td>
</tr>
<tr>
<td>31</td>
<td>Men shouldn't share problems with strangers.</td>
<td>0.90</td>
</tr>
<tr>
<td>34</td>
<td>Counseling helps men reduce stress.</td>
<td>0.89</td>
</tr>
<tr>
<td>5</td>
<td>Men shouldn't trust counselors.</td>
<td>0.85</td>
</tr>
<tr>
<td>9</td>
<td>Men shouldn't talk about their problems.</td>
<td>0.79</td>
</tr>
<tr>
<td>43</td>
<td>Counseling helps men control their emotions.</td>
<td>0.79</td>
</tr>
<tr>
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<td>Men in counseling would want to keep it a secret.</td>
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</tr>
<tr>
<td>16</td>
<td>Men in counseling are weak.</td>
<td>0.64</td>
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<tr>
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<td>Men go to counseling because they need a professional, third-party perspective.</td>
<td>0.56</td>
</tr>
<tr>
<td>42</td>
<td>It's ok for men to express their emotions in counseling.</td>
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</tr>
<tr>
<td>40</td>
<td>Men are more closed and need help opening up.</td>
<td>0.51</td>
</tr>
<tr>
<td>45</td>
<td>Men should only share problems with those close to them.</td>
<td>0.43</td>
</tr>
<tr>
<td>26</td>
<td>Men should go to counseling if they need to.</td>
<td>0.32</td>
</tr>
<tr>
<td>4</td>
<td>Men don't need counseling because they can take care of themselves.</td>
<td>0.29</td>
</tr>
<tr>
<td>12</td>
<td>Counseling would help men with their relationships.</td>
<td>0.15</td>
</tr>
<tr>
<td>15</td>
<td>Men in counseling are normal.</td>
<td>0.10</td>
</tr>
<tr>
<td>35</td>
<td>Counseling can help men deal with issues.</td>
<td>0.00</td>
</tr>
<tr>
<td>8</td>
<td>Counseling doesn't help men because it focuses on feelings.</td>
<td>-0.09</td>
</tr>
<tr>
<td>41</td>
<td>Men in counseling will feel uncomfortable.</td>
<td>-0.09</td>
</tr>
<tr>
<td>23</td>
<td>Counseling is helpful for some men.</td>
<td>-0.11</td>
</tr>
<tr>
<td>19</td>
<td>Men in counseling are wasting their money.</td>
<td>-0.23</td>
</tr>
<tr>
<td>36</td>
<td>Counseling can fix problems for men.</td>
<td>-0.27</td>
</tr>
<tr>
<td>29</td>
<td>Counseling would give men an edge over their competition.</td>
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</tr>
<tr>
<td>6</td>
<td>Men in counseling are stigmatized.</td>
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<tr>
<td>22</td>
<td>Counseling is not a waste of time for men.</td>
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</tr>
<tr>
<td>21</td>
<td>Men in counseling only talk and take no action.</td>
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</tr>
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<td>17</td>
<td>Counseling is really only good for women.</td>
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</tr>
<tr>
<td>28</td>
<td>Counseling is mysterious for men.</td>
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</tr>
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<td>Men go to counseling because they have no other support in their lives.</td>
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<td>20</td>
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<td>Counseling would enhance men's lives.</td>
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<td>Counselors don't understand men's problems.</td>
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<tr>
<td>10</td>
<td>Men in counseling are strong.</td>
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<tr>
<td>7</td>
<td>Men in counseling are not macho.</td>
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<td>Counselors generally care about men.</td>
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<td>If a man goes to counseling it doesn't mean he's crazy.</td>
<td>-1.18</td>
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<td>47</td>
<td>Counseling would show fear to men's competitors.</td>
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</tr>
<tr>
<td>18</td>
<td>Counseling puts someone else in control of your life.</td>
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<tr>
<td>No.</td>
<td>Statement</td>
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<tr>
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<td>24</td>
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<td>Men don't have time to go to counseling.</td>
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<td>30</td>
<td>Counselors might want to have sex with their male clients.</td>
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APPENDIX S

NORMALIZED FACTOR SCORES FOR FACTOR III
Appendix S

Normalized factor scores for factor II

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<td>10</td>
<td>Men in counseling are strong.</td>
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</tr>
<tr>
<td>39</td>
<td>Men in counseling can share their problems.</td>
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</tr>
<tr>
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<td>Men can ask for help.</td>
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</tr>
<tr>
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<td>Counselors don't understand men's problems.</td>
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<td>Men in counseling are effeminate.</td>
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<td>Counseling helps men reduce stress.</td>
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<td>47</td>
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<tr>
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<td>Counseling would enhance men's lives.</td>
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</tr>
<tr>
<td>22</td>
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<tr>
<td>32</td>
<td>Men aren't emotional.</td>
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<td>Men in counseling are forced to address problems in their lives.</td>
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<td>It's ok for men to express their emotions in counseling.</td>
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<td>35</td>
<td>Counseling can help men deal with issues.</td>
<td>0.43</td>
</tr>
<tr>
<td>19</td>
<td>Men in counseling are wasting their money.</td>
<td>0.37</td>
</tr>
<tr>
<td>43</td>
<td>Counseling helps men control their emotions.</td>
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</tr>
<tr>
<td>5</td>
<td>Men shouldn't trust counselors.</td>
<td>0.35</td>
</tr>
<tr>
<td>46</td>
<td>Men go to counseling because they need a professional, third-party perspective.</td>
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<td>Men shouldn't be ashamed to be in counseling.</td>
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<td>21</td>
<td>Men in counseling only talk and take no action.</td>
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<tr>
<td>12</td>
<td>Counseling would help men with their relationships.</td>
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</tr>
<tr>
<td>8</td>
<td>Counseling doesn't help men because it focuses on feelings.</td>
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<td>29</td>
<td>Counseling would give men an edge over their competitors.</td>
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</tr>
<tr>
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<td>Men go to counseling because they have no other support in their lives.</td>
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<td>3</td>
<td>Counseling is only good for men with really big problems.</td>
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<td>45</td>
<td>Men should only share problems with those close to them.</td>
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<td>Counseling puts someone else in control of your life.</td>
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<td>Men don't have time to go to counseling.</td>
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<td>Men shouldn't talk about their problems.</td>
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<td>16</td>
<td>Men in counseling are weak.</td>
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<td>38</td>
<td>Counseling is a way for men to vent their problems.</td>
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<td>25</td>
<td>If a man goes to counseling it doesn't mean he's crazy.</td>
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<td>27</td>
<td>Counselors generally care about men.</td>
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<td>7</td>
<td>Men in counseling are not macho.</td>
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<td>6</td>
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<td>28</td>
<td>Counseling is mysterious for men.</td>
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<td>Men need a specific reason for going to counseling.</td>
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<td>Men go to counseling because others make them.</td>
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<td>26</td>
<td>Men should go to counseling if they need to.</td>
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<tr>
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<tr>
<td>41</td>
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<td>Men are more closed and need help opening up.</td>
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<tr>
<td>2</td>
<td>Men in counseling would want to keep it a secret.</td>
<td>-2.71</td>
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</table>
APPENDIX T

FACTOR Q SORT VALUES FOR EACH STATEMENT
Appendix T

Factor Q sort values for each statement

<table>
<thead>
<tr>
<th>No.</th>
<th>Statement</th>
<th>No. I</th>
<th>II</th>
<th>IV</th>
<th>III</th>
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<tr>
<td>3</td>
<td>Counseling is only good for men with really big problems.</td>
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<td>1</td>
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<td>-3</td>
<td>-2</td>
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<tr>
<td>8</td>
<td>Men shouldn't talk about their problems.</td>
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<td>Men in counseling are strong.</td>
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<td>Men can ask for help.</td>
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<td>Men in counseling are forced to address problems in their lives.</td>
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<td>-4</td>
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<td>-1</td>
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<td>Counseling is really only good for women.</td>
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<td>-4</td>
<td>-3</td>
<td>-1</td>
</tr>
<tr>
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<td>Counseling puts someone else in control of your life.</td>
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<td>Men in counseling are wasting their money.</td>
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<td>-1</td>
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</tr>
<tr>
<td>19</td>
<td>Men go to counseling because others make them.</td>
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<td>0</td>
<td>4</td>
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</tr>
<tr>
<td>20</td>
<td>Men in counseling only talk and take no action.</td>
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<td>21</td>
<td>Counseling is not a waste of time for men.</td>
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<td>-1</td>
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<td>If a man goes to counseling it doesn't mean he's crazy.</td>
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<td>25</td>
<td>Men should go to counseling if they need to.</td>
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<tr>
<td>26</td>
<td>Counselors generally care about men.</td>
<td>27</td>
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<td>2</td>
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</tr>
<tr>
<td>27</td>
<td>Counseling is mysterious for men.</td>
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<td>0</td>
<td>3</td>
<td>-2</td>
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<tr>
<td>28</td>
<td>Counseling would give men an edge over their competition.</td>
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<td>0</td>
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<td>Counselors might want to have sex with their male clients.</td>
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<td>31</td>
<td>Men aren't emotional.</td>
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<td>-3</td>
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<tr>
<td>32</td>
<td>Men in counseling are effeminate.</td>
<td>33</td>
<td>-4</td>
<td>-2</td>
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<td>33</td>
<td>Counseling helps men reduce stress.</td>
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<td>2</td>
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<td>34</td>
<td>Counseling can help men deal with issues.</td>
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<td>5</td>
<td>-1</td>
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<td>Counseling can fix problems for men.</td>
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<td>-3</td>
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<td>Counselors don't understand men's problems.</td>
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<td>Counseling is a way for men to vent their problems.</td>
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<td>3</td>
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<tr>
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<td>Men in counseling can share their problems.</td>
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<td>3</td>
<td>-4</td>
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<td>Men are more closed and need help opening up.</td>
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<td>5</td>
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### Factor Q Sort Values for Each Statement (continued)

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<td>Counseling helps men control their emotions.</td>
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<td>Men don't have time to go to counseling.</td>
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<td>Men should only share problems with those close to them.</td>
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<td>Men go to counseling because they need a professional, third-party</td>
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<td>perspective.</td>
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<td>Counseling would show fear to men's competitors.</td>
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<td>Men need a specific reason for going to counseling.</td>
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REFERENCES


