THE RELATIONSHIP BETWEEN HELP-SEEKING AND
ATTITUDES TOWARD THE MALE ROLE

DISThETATION

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By

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Chapter I
INTRODUCTION

Popular and scientific interest regarding the impact of sex roles has increased dramatically in the past few decades. Initially, much of the sex role literature focused on the detrimental aspects of traditional female socialization. However, in the past few years interest in the impact of sex roles for men has also grown rapidly (O’Neil, Helms, Gable, David, & Wrightsman, 1986; Pleck, in press; Scher, 1981; Skovholt, 1978; Warren, 1983). However, the majority of work in this area has been theoretical in nature (e.g. David & Brannon, 1976; Goldberg, 1979; Pleck, 1981). Numerous theoretical questions are being raised about the possible relationship between male sex roles and men’s higher rate of antisocial and life-endangering behavior (e.g. murder, assault, suicide, substance abuse, high-risk activities) (Dohrenwend & Dohrenwend, 1976; Dohrenwend & Dohrenwend, 1977; Gove & Tudor, 1973; Gove & Tudor, 1977; Harrison, 1978; Meinecke, 1981; Skovholt, 1978).
Given the extensive questions about the male role being raised, this research sought to empirically examine but a small aspect of the theoretical sex role domain of the North American male. Namely, what is the nature of the relationship, if any, between the traditional male sex role and men's attitudes about seeking help, especially psychological help? This question is important. For if, as has been theorized, men are trained to be "the strong, silent type", they then may be reluctant to seek needed assistance (psychological or otherwise), and may turn instead to less effective and more debilitating coping mechanisms.

Initial research aimed at defining and delineating male roles has made notable progress (Pleck, in press). The traditional North American male role has been hypothesized to include such characteristics as: instrumentality, strength, aggressiveness, independence, rationality, and emotional inexpressiveness (David & Brannon, 1976; C'Neil, 1981). However, little is presently known about the relationship between adherence to the traditional male role and help-seeking. The little research that is available has indicated that the traditional masculine sex role was related to decreased willingness to seek help or counseling (Margolis, 1982; Nadler, Maler, & Friedman, 1984; Voit, 1982). However, these studies employed global measures of sex role
ideology which precluded examination of the specific elements of the male role which may be related to an individual's help-seeking attitudes and behaviors. Thus, a first purpose of this study is to examine the relationship between the male sex role and attitudes toward seeking professional psychological help.

Some specific elements of the male role have been hypothesized to result in negative consequences for men. These negative consequences have been termed "sex role strain" and "gender role conflict" by Garnets & Pleck (1979) and O'Neil et al. (1986), respectively. Men's gender role conflict is generally measured by a scale developed by O'Neil et al. (1986) termed the Gender Role Conflict Scale. This scale has factors which theoretically correspond to specific aspects of the male role: success, power, and competition; restrictive emotionality; and restrictive affectionate behavior between men. Many problems have been theorized to be associated with men's gender role conflict and its factors, including isolation, depression, violence, and substance abuse. However, no study has examined the relationship between the gender role conflict factors and help-seeking in men. Thus, a second purpose of this study is to examine the relationship between help-seeking attitudes and behaviors and specific elements of the male role, such as power, success, and competition; restrictive
emotionality; and restrictive affectionate behavior between men.

In a somewhat related area of research, more traditional attitudes toward the role of women in society have been found to be associated with more favorable attitudes towards physicians and less favorable attitudes toward seeking professional psychological assistance (Greenberg & Fisher, 1977; Zeldow & Greenberg, 1979, 1980). However, no known research has investigated whether or not attitudes toward the male role are also related to the above mentioned variables. Hence, a third major purpose of this study is to examine the relationship between elements of the male role and help-seeking attitudes and behaviors.

In short, past research regarding men's help-seeking attitudes has utilized global measures of sex-typing or attitudes towards women's roles in society. However, in seeking to better understand men's help-seeking attitudes and behaviors, it may prove more efficacious to focus on attitudes toward the male role and the specific components of male gender role conflict. Thus, this study seeks to examine the relationship of attitudes toward the male role and men's gender role conflict in relation to attitudes towards physicians and psychologists and toward seeking help from other sources (e.g. friends, parents, clergy).
Summary of Purposes

In light of both previous research and theory regarding men's roles and research on the correlates of help-seeking attitudes and behaviors, the primary purposes of this study are to examine the variables attitudes toward men's roles and factors associated with men's gender role conflict for their relationships with men's help-seeking attitudes and behaviors.

Hypotheses

In view of the dearth of research in this area, the hypotheses to be investigated will be nondirectional. The specific hypotheses under investigation may be delineated as follows:

I) There is a relationship between: a) attitudes toward the male role and factors of men's gender role conflict, and b) attitudes and behaviors related to help-seeking.

II) There is a relationship between attitudes toward seeking professional psychological assistance and:
   A) Attitudes toward the male role
   B) Power, success, and control
   C) Restrictive emotionality
   D) Restrictive affectionate behavior between men

III) There is a relationship between likelihood of help-seeking and:
   A) Attitudes toward the male role
B) Power, success, and control
C) Restrictive emotionality
D) Restrictive affectionate behavior between men

IV) There is a relationship between past help-seeking behavior and:
A) Attitudes toward the male role
B) Power, success, and control
C) Restrictive emotionality
D) Restrictive affectionate behavior between men

V) There is a relationship between attitudes toward physicians as compared to psychologists and:
A) Attitudes toward the male role
B) Power, success, and control
C) Restrictive emotionality
D) Restrictive affectionate behavior between men.
Chapter II

LITERATURE REVIEW

This chapter will review the theoretical literature and research findings related to the general topics of male role attitudes and help-seeking. First, the literature regarding the male sex role will be examined. Second, the literature on help-seeking will be reviewed. Third, the literature on the relationship between sex roles and help-seeking will be discussed.

Male Sex Roles

From the mid-1970's to the present, much of the sex role research was theoretically guided by the concept of androgyny. The primary contribution of the concept of androgyny was that masculinity and femininity came to be viewed as independent dimensions of personality, rather than polar ends of the same continuum. The androgyny research also introduced and employed new measures to assess sex typing, such as the Bem Sex Role Inventory (BSRI, Bem, 1974) and the Personal Attributes Questionnaire (PAQ, Spence & Helmreich, 1978). Thus, individuals' scores on the dimensions of masculinity and
femininity may vary, including being high or low on either or both dimensions.

More recently, literature focusing specifically on male sex roles and its correlates has grown rapidly. However, the majority of work in this area remains theoretical in nature (e.g. David & Brannon, 1976; Goldberg, 1979; Pleck, 1981). This more narrow focus on male sex roles is a departure from earlier sex role attitude research which failed to theoretically or empirically distinguish traditional attitudes toward the male role from traditional attitudes toward the female role (Pleck, in press). While there is probably some relationship between the two, individuals can, for example, have non-traditional attitudes about the role of women, but continue to hold traditional views about the appropriate roles of men (cf. Downs & Engleson, 1982).

Earlier research had not foreseen this possibility, as it was generally assumed that gender-related attitudes were either attitudes specifically about women or attitudes about sex roles in general. As attention became directed toward the subject of male sex roles, initial work sought to define and delineate male roles (Pleck & Sawyer, 1974; David & Brannon, 1976; O’Neil, 1981). The male role was typically theorized to include such components as: a) men should not be feminine (labeled by Brannon, 1985, as "no sissy stuff"), b) men should strive
to be respected and admired for successful achievement ("the big wheel"), men should never show weakness or uncertainty ("the sturdy oak"), and men should seek adventure and risk ("give 'em hell"). At present, research has been limited to examination of these views of the male role within a college student population, wherein they were supported (Brannon, 1985; O'Neil et al., 1986).

While some theorists have focused on defining male roles, other theorists have focused on delineating both the advantages and disadvantages of traditional male roles (David & Brannon, 1976; Fasteau, 1975; Goldberg, 1976; O'Neil et al., 1986). Advantages of traditional male roles include such characteristics as high self-esteem (Adams & Sherer, 1985; Spence & Helmreich, 1978), and instrumentality (Bem, 1974). However, much other literature has theorized that the traditional male role is rigid, limiting, and even destructive (Fasteau, 1975; Goldberg, 1976; Jourard, 1974; Pleck & Sawyer, 1974; Tarvis, 1977).

The negative consequences for a person and/or others involved with that person as a result of sex roles has been defined as sex role strain by Garnets & Pleck (1979) and gender role conflict by O'Neil et al. (1986). Pleck (1981) proposed that sex role strain was due to one of two very general causes. First, individuals may suffer negative consequences when they fail to live up to
prescribed sex roles. Second, because of sex roles, individuals may be socialized to develop dysfunctional personality characteristics.

In describing the hazards of the male sex role, Jourard (1974) proposed that both adherence to, and deviance from, the socialized male role could lead to restriction of men's potential for self-actualization. More specifically, Jourard (1974) stated that although men have basic needs such as to love and be loved, to know and be known, and to care and be cared for, the socially prescribed male sex role requires men to be noncommunicative, inexpressive, competitive, nongiving, and to evaluate life success in terms of external achievements rather than personal and interpersonal fulfillment. Thus, according to Jourard (1974), men are in a double bind: if a man fulfills the prescribed role requirements, his basic needs go unmet, and if, on the other hand, he does seek to have these needs met, he may be considered by others or himself as unmanly. Whether due to adherence to, or deviance from the male role, socially prescribed male sex roles appear to limit men's lives (O’Neil et al., 1986).

O’Neil (1981, 1982) hypothesized that one unifying theme of gender role conflict is men's strong negative emotion associated with stereotypic feminine values, attitudes, and behaviors. Men's personal apprehension
regarding feminine attributes is hypothesized to be directly relevant to men's patterns of gender role conflict (i.e. the negative consequences encountered due to gender roles). In an attempt to more precisely define these negative consequences, O'Neil and his colleagues (1986) developed an instrument termed the Gender Role Conflict Scale (GRCS) and administered it to 527 male college students. O'Neil et al. (1986) found that gender role conflict formed factors including: a) success, power, and competition, b) restrictive emotionality, c) restrictive affectionate behavior between men, d) conflict between work and family relations. Further, gender role conflict is viewed as affecting the overlapping dimensions of cognitions, affective responses, behaviors, and unconscious experiences (O'Neil, 1981). Thus, gender role conflict has been hypothesized to have significant ramifications in a number of important areas of men's lives.

Recently, studies have sought to directly examine the male role and its correlates. Thompson and Pleck (1986) found that for male college students, holding liberal or traditional attitudes about the appropriate behavior of men did not necessarily predict whether a male held traditional or liberal attitudes about women. In other words, men's attitudes toward the male role were not necessarily found to be related to attitudes toward the
female role.

In an examination of the masculine role as a moderator of the relationship between stress and distress, Snell, Belk, and Hawkins (1986) found that among stressed men and women, restrictive emotionality was significantly correlated with financial distress in men and leisure distress in women; inhibited affection was associated with love distress among men, and job, love, and health distress among women; and that success preoccupation was associated with leisure and health distress among women. Snell et al. (1986) concluded that the values, beliefs, and expectations of the masculine role predispose people to the distress effects of stressful life events.

Further, Thompson, Grisanti, & Pleck (1985) found that college men who endorsed traditional male role norms also reported other characteristics theoretically identified as aspects of the traditional male role. Specifically, as compared to nontraditional college men, more traditional college men showed higher than average levels of homophobia (fear and negative stereotyping of homosexuals and fear of homosexuality in oneself); higher rates of the "type A behavior pattern" (the constellation of competitive preoccupation with work, impatience, and rapid speech which have been implicated as a risk factor in coronary heart disease); lower self-disclosure; and greater dominance over their partner in intimate
relationships.

Regarding generalizations which may be drawn from studies of male role attitudes and their correlates, Pleck (in press) concluded that:

The relative endorsement of these (and other) dimensions of traditional attitudes about masculinity will, of course, not necessarily be the same in other samples of different age, ethnicity, or social class, nor will the correlates always be identical. The nature, correlates, and consequences of traditional attitudes toward masculinity need to be delineated in other social groups and subcultures. ...the set of expectations for men constituting the "male role" are not fixed and unalterable, but are in fact likely to vary in different social groups.

Research regarding the nature and correlates of male roles appears to reinforce some fundamental points about contemporary men's roles: there are a variety of different expectations inherent in traditional masculinity (i.e. male roles are multidimensional); the relative strength of these expectations may vary in different groups; and these expectations are associated with other phenomena that have been identified as problems or issues in the male role.
Help-Seeking Attitudes

Counseling, clinical, and health psychology journals are filled with research which seeks to better understand and describe potential clients for psychological services. Within this domain, factors which influence potential clients' decision about whether or not to seek professional psychological assistance continues to attract empirical research. Such examinations have included work on clients' expectations about the nature of counseling (Bordin, 1955; Subich & Coursol, 1985; Tinsley & Benton, 1978; Tinsley, Brown, de St. Aubin, & Lucek, 1984; Tinsley & Harris, 1976; Tinsley, Workman, & Kass, 1980; Yuen & Tinsley, 1981); college students' help-seeking preferences (Cook et al., 1984; Tinsley & Benton, 1978; Tinsley, de St. Aubin, & Brown, 1982); college students' perceptions of counselors and problems appropriate for counselors (Gelso & Karl, 1974; Gelso & McKenzie, 1973; Getsinger & Garfield, 1976); the relationship among help-seeking, life stress, and social support systems (Goodman, Sewell, & Jampol, 1984); the relation among help-seeking, student characteristics, and program descriptions (Murphy & Archer, 1986; Tracey et al., 1984); the relation of demographic factors to the use of counseling services (Greenley & Mechanic, 1976; Hummers & DeVolder, 1979; Kessler, Brown and Broman, 1981; Kulka, Veroff, & Douvan, 1979); and the relationship of personality variables to
the incidence of help-seeking (eg. Halgin, Weaver, Edell, & Spencer, 1987; Sharp & Kirk, 1974).

As reported by Tinsley and his colleagues (1982), investigations seeking to determine who does and does not use counseling services generally fall into three categories: 1) the nature of the problem for which potential clients seek help, 2) the characteristics of helpers, and 3) the characteristics of potential help-seekers. In a review of the literature pertaining to characteristics of potential clients, Utz (1983) reported that researchers have attempted to differentiate seekers of counseling services from those who did not seek help according to differences in personality characteristics, attitudinal variables, levels of personal adjustment, and demographic variables.

Among demographic variable research, the relationship of sex of the potential client and help-seeking attitudes has produced markedly conflicting findings in the literature. For example, Hummers and DeVolder (1979) found that women are more likely than men to use counseling services, and Cook et al. (1984) found that women have a greater willingness to seek help and more favorable attitudes about counseling than do men. Conversely, others have found no sex differences related to help-seeking (Christensen & Magoon, 1974; Halgin et al., 1987; Parish & Kappes, 1979).
Investigations of help-seeking are plagued by the plethora of problems which afflict most behavioral science research; problems with sampling, method of comparison, and data analysis are common. Nonetheless, Gourash (1978) concluded that some generalizations regarding help-seeking could be made. These generalizations included: a) more than half of the adults who experience troublesome life events seek help initially from friends, relatives, and neighbors, and finally from professional service organizations; b) that no one kind of problem has been found which precipitates help-seeking, rather, a wide variety of events result in the engagement of a diverse set of helping resources; and c) for help-seeking regarding self-help and professional services, those who are young, white, educated, middle-class, and female seek help more often than do males, minorities, the aged, people with less than a high school education, and the working and lower class.

Fischer and Turner (1970) developed the Attitudes Toward Seeking Professional Psychological Help Scale which is described in detail in the following chapter. Fisher and Cohen (1972) employed this scale among nonclinical high school and college subjects and found more favorable attitudes toward seeking professional psychological help among more educated, Jewish, and female subjects. However, Calhoun, Dawes, and Lewis (1972) failed to find
the same demographic correlates with the scale among a sample at a psychological outpatient clinic. Cash, Kehr, and Salzbach (1978) determined that the scale successfully discriminated college undergraduates who had sought professional psychological help from those who had not done so. Further, Cash et al. (1978) found that people with more favorable attitudes toward seeking professional psychological help also had more positive perceptions of: 1) the counselors' expertness and trustworthiness (interpersonal influence counselor attributes; Strong, 1968; Strong & Schmidt, 1970); 2) the counselors' regard, empathy, and genuineness (facilitative conditions; Carkhuff, 1969; Truax & Mitchell, 1971); and, 3) helpfulness (expectations regarding efficacy of counseling; Frank, 1961; Murray & Jacobson, 1971).

Although it was unclear whether positive help-seeking attitudes preceded or resulted from help-seeking behavior, Cash et al. (1978) found that positive attitudes also influenced willingness to return after the first session and the clients' expectations for improvement in personal problems.

Empirical examinations of other factors associated with psychological help-seeking attitudes and behaviors have included many variables. Greenley and Mechanic (1976) found that the factors which had the strongest influence on college students' decisions to seek help were
global attitudes. They concluded that subjects were more likely to seek help if they had a "psychological readiness" to do so and also had relatives with more positive attitudes toward psychiatry.

Bosmajian and Mattson (1980) examined 40 female college students and concluded that level of personal adjustment, as determined in part by scores on the College Maladjustment Scale (Kleinmuntz, 1961), affected potential clients' decision regarding whether or not to seek counseling. Additionally, they found that the variable providing the most discrimination between seekers and nonseekers when level of adjustment was held constant was alternate sources of help. Individuals who sought counseling turned to fewer people to discuss their personal problems than did individuals who did not seek counseling. Bosmajian and Mattson (1980) also concluded that subjects' attitudinal variables (e.g. attitudes toward psychologists and psychiatrists and willingness to disclose) were not good predictors of help-seeking behavior in college students. However, this study was limited by its small cell sizes and entirely female population.

Conversely, Utz (1983) in a study of 171 college students with vocational concerns, found that students who used the counseling center had significantly more favorable attitudes about counseling centers and
counselors. They concluded that people’s attitudes were important in predicting their help-seeking behavior, at least for those with vocational problems.

Obviously, the research related to attitudes and help-seeking is conflicting. This conflict appears to be based, in part, on researchers’ use of different specific measured variables as indicators of complex and global latent variables (e.g. attitudes toward help-seeking). Clearly, additional research is needed to clarify the role of attitudes and help-seeking. In sum, help-seeking research has focused on a variety of variables, yet few studies have examined the relationship between attitudes toward psychological help-seeking and the male role.

Male Sex Roles and Help-Seeking Research

This section will review aspects of the male role which are potentially related to help-seeking. Topics to be addressed include: restrictive emotional expression, need for power and success, self-reliance/independence, and fear of homosexuality. Subsequently, available research will be reviewed.

Restrictive emotionality, one element of the male sex role, seems to have clear implications for the field of counseling men. Restrictive emotionality involves the reluctance and/or difficulty men have in expressing their feelings to other people (David & Brannon, 1976; O’Neil et al., 1986), and may be related to men’s hesitancy in
seeking help from others. In a study of help-seeking behaviors and attitudes, Fisher and Turner (1970) identified the factor of interpersonal openness as a significant aspect of positive help-seeking attitudes. The constructs of interpersonal openness and restrictive emotionality appear to be parallel concepts, both addressing difficulties in sharing concerns and requesting assistance from others.

Along with restrictive emotionality, another aspect of gender role conflict possibly related to help-seeking by men is that of success, power, and competition (David & Brannon, 1976; O’Neil, 1981). Men are typically socialized to seek control and power. According to Chamow (1978), men may have difficulty entering therapy for precisely this reason. That is to say, men may experience seeking psychological assistance as admitting failure, weakness, and defeat ("sissy stuff"). Further, the nature of the therapeutic relationship may emphasize the power differential between the therapist (e.g. expert) as compared to the client. Thus, men may avoid entering therapy due to an aversion to being in an apparently subordinate role, and hence failing to live up to the requirements of male power.

In addition to problems created by the nature of the therapeutic relationship itself, men’s socialized success, power, and competition orientation can be seen as a
deterrent to help-seeking in other ways as well. The masculine sex role highlights self-reliance and hence, for men, help-seeking may be directly incongruent with socialization (Nader, Maler, & Friedman, 1984). Further, feeling sad or depressed and asking for help regarding these feelings is often viewed as unmanly (Warren, 1983). Additionally, there is evidence that men may experience social sanctions (i.e. are rejected and punished) for expressing sad emotions and for asking for help (Hammen & Peters, 1977; Warren, 1983). Men may thus have strong motivation to conceal feelings of sadness, and may not be disposed to recognize or directly seek help for such problems (Warren, 1983).

An additional reason that men may feel uncomfortable seeking help is fear of intimacy or emotional closeness (Levinson, 1978; Lewis, 1978). Further, men may be especially leery of sharing their full range of emotions or reactions with other men for fear of being considered a homosexual (Morin & Garfinkle, 1978; O’Neil, 1981). O’Neil (1981) and O’Neil et al. (1986) discussed traditional men’s restricted affectionate behavior with men and noted the limitations this expectation placed on men. Therefore, men who fear affectionate feelings or behavior with other men may be more likely to avoid entering therapy, especially with a male therapist, as they may be more prone to equate emotional closeness with
homosexuality.

Thus, one aspect of men's sex roles appears to be avoidance of requesting help (Chamow, 1978; Phillips & Segal, 1969; Warren, 1983). Warren (1983) argued that since expression of sad emotion is viewed as self-indulgent and weak (incompatible with the male role), men respond to these emotions by camouflage, denial, and avoidance. Also, David and Brannon (1976) noted that crying, a behavior congruent with sadness, is viewed as stereotypically feminine and is thus avoided by men. It appears that most men have not been socialized to be comfortable with affective experiences nor with the discussion of such experiences (Farrell, 1974; Goldberg, 1976; Jourard, 1974; O’Neil et al., 1986).

While the literature on sex differences in help-seeking has been growing, empirical studies which investigate differences in men's attitudes about the male role and help-seeking are rare. Hence, one purpose of this study was to examine the impact of men's attitude about the male role on men's help-seeking attitudes and behaviors. Similarly, no study had investigated overall male gender role conflict nor the gender role conflict subfactors in relation to help-seeking, and hence this study will do so. Because of the studies which will be discussed subsequently, help seeking variables examined in this study included: a) attitudes toward seeking
professional psychological help, b) likelihood of help-seeking from a variety of sources, c) past help-seeking behavior, and d) attitudes towards physicians as compared to psychologists.

Help-Seeking and Sex Roles Research

As mentioned in the introduction, sex-role ideology has just begun to be investigated in relation to help-seeking. The only study which specifically examined differences between groups of men found that sex-typed (masculine) men expressed less willingness to seek help than androgynous men (Nadler et al., 1984). Nadler and colleagues (1984) concluded that "...when in need, sex-typed males may rigidly adhere to norms of self-reliance—even at the cost of failure..." (p. 336). Although Voit (1982) did not report results for male subjects alone, he found that people with a masculine sex role orientation were less likely to express an interest in seeking counseling than were individuals with a feminine sex role orientation. Voit (1982) and Nadler et al. (1984) used the a global measure of sex type, the Bem Sex Role Inventory (Bem, 1974), to examine the effects of general sex role orientation on help-seeking. Similarly, Margolis (1982) found that individuals with higher levels of masculinity (instrumentality) on the Personality Attributes Questionnaire (Spence & Helmreich, 1980) were less likely to seek help than individuals with lower
levels of masculinity. To date, no study has specifically examined the impact of men's gender role conflict on help-seeking.

Greenberg and Fisher (1977) studied the effects of women's sex role ideology on attitudes toward medical help-seeking in female undergraduate students. More specifically, they examined the relationship between scores on the Attitudes Toward Women Scale (Spence & Helmreich, 1972), treatment delay ratings, and Semantic Differential Ratings (Osgood, Suci, & Tannenbaum, 1957) of the average physician and the average hospital. They found that women with liberal views of women's roles (valuing autonomy and independence) were less likely to seek medical attention and were more reluctant to assume the sick role. Further, women with liberal views of women's roles held more negative views of physicians and hospitals. Greenberg and Fisher (1977) concluded that "a woman's attitudes regarding sex roles may significantly affect her willingness to become a patient. ...In the woman with liberal sex-role views, the decision to seek medical attention may be more a function of the perceived psychological threat to her independence that a function of the actual threat to her body" (pg. 35). However, in the view of this author, generalizations from this study are limited by the notably small sample size (N = 28).
Zeldow and Greenberg (1979) used the Attitude Toward Women Scale (Spence & Helmreich, 1972) and the Attitudes Toward Seeking Professional Psychological Help Scale (Fischer & Turner, 1970) to examine the relationship between attitudes toward the roles of women in society and attitudes toward seeking psychological assistance in 40 male and 40 female university students. They found that men’s and women’s attitudes toward contemporary sex roles for women were significantly predictive of subjects’ orientation to seeking professional psychological help for personal troubles. While Greenberg and Fischer (1977) had found that women with liberal views of women’s roles were less favorable in their attitudes toward physicians than were women with more conservative views of women’s roles, Zeldow and Greenberg (1979) found that both women and men with liberal views of women’s roles were more favorable in their views of professional psychological help-seeking than were women and men with more conservative views of women’s roles.

Zeldow and Greenberg (1980) administered the Attitude toward Women Scale and conducted structured interviews of 36 male and 46 female undergraduate students. They found that individuals scoring in the liberal direction on the Attitudes toward Women Scale more readily sought mental health services, stayed in therapy longer, and had relatively negative attitudes toward physicians. Further,
individuals scoring in a conservative direction regarding women's roles also endorsed positive attitudes toward seeking psychological help but were less likely to actually visit a psychotherapist. These more conservative individuals were also more likely to have a physician available to consult with about medical problems. Zeldow and Greenberg (1980) offered the following explanation for their findings:

...visiting a physician or adopting the sick role threatens the autonomy of liberal women and men while providing the prospect of gratified dependency needs for more conservative people. Alternatively, a visit to a psychotherapist, who offers a more collaborative relationship, poses no similar threat to liberals, but is likely to frustrate the dependency needs of conservatives. The discrepancy between the attitudes and behaviors of conservatives toward mental health professionals, their relatively greater access and liking for physicians, and the preponderance of liberals entering and staying in psychotherapy are all consistent with this explanation. (p. 435).

Fisher and Greenberg (1979) sought to determine the relationship of sex and degree of masculinity-femininity to numerous factors including attitudes toward various
aspects of the medical establishment and to delay in seeking medical consultation. They evaluated masculinity-femininity using two measures, the Femininity scale from the California Psychological Inventory (Gough, 1964), and the Terman-Miles (1936) word association procedure. They measured attitudes toward five concepts (physician, nurse, hospital, psychiatrist, and dentist) using Semantic Differential Ratings (Osgood, Suci, and Tannenbaum, 1957). They concluded that sex and sex role were not consistently nor strongly correlated with delay in seeking medical consultation nor with frequency for which medical consultation is sought. Sex and sex roles were also not correlated with attitudes toward physicians nor with other health care figures. A notable difficulty with generalizing from the conclusions of this study involve the authors' unusual choice of instruments to measure sex role attitudes. Neither instrument employed by Fisher and Greenberg (1979) is currently recognized as a measure of contemporary sex role attitudes.

Summary

This chapter has examined literature and research relevant to the study of male sex roles and help-seeking. The existing research on male roles suggests numerous components which may impact several aspects of help-seeking. For the male role variables, these components include global attitude toward the male role and three
factors of gender role conflict including need for success, power, and competition; restrictive emotionality; and restrictive affectionate behavior between men. Of the many aspects of help-seeking which exist, the variables selected for examination in this study were chosen to build upon previous research which has been conducted in this area. Thus, attitudes toward seeking professional psychological assistance, likelihood and past behavior related to seeking help from a variety of sources, and attitudes toward physicians as compared to psychologists will be examined.
Chapter III

METHOD

Subjects and Procedures

Subjects were 401 undergraduate male students enrolled in introductory psychology courses at the Ohio State University. The participants had an average age of 19.3, and the majority were freshmen. Participation in the study was voluntary, but the students received course credit for their participation. Data collection took place during the fall quarter of the 1986-1987 academic year.

Subjects completed the instrument packets in groups of 20-35 during 1-hour sessions. At the beginning of the session, the instructions and importance of the study were explained, and the researcher remained present to answer any questions during the completion of the instruments. Participants were also given information regarding how to obtain the results of the completed study. As no deception was involved in the study, formal dehoaxing was unnecessary; however, the purpose of the study and the hypotheses under investigation were explained to the subjects following their completion of the instruments.
Instruments

The following section describes the inventories which were used to measure the variables under study. The instruments were presented in counterbalanced order by groups, except for the demographic information sheet which was always presented first. Subjects completed: a) a Demographic Data Sheet, b) the Attitudes toward Men Scale (Downs and Engleson, 1982), c) the Gender Role Conflict Scale (O’Neil et al., 1986), d) the Attitudes Towards Seeking Professional Psychological Help Scale (Fisher & Turner, 1970), e) the Help-seeking Attitudes and Behaviors Scale, and f) a Semantic Differential rating of the average physician and average psychologist (Greenberg & Fisher, 1977; Osgood, Suci, & Tannenbaum, 1957). As noted in the introduction and literature review, these instruments were given to assess demographic information (e.g. age, marital status, year in school), attitudes towards contemporary male roles, gender role conflict, attitudes toward seeking professional psychological help, attitudes and behaviors associated with help-seeking from a variety of sources, and attitudes towards physicians and psychologists, respectively.

Demographic Data. Information regarding subjects’ demographics was gathered by the Demographic Data Sheet. This questionnaire contained questions regarding the subject's age, year in school, academic major, ethnicity,
relationship status, place of residence, and grade point average. A copy of this questionnaire can be found in Appendix A.

Attitudes Toward Men. Attitudes toward men's roles in contemporary society were measured by Downs and Engleson's (1982) Attitudes Toward Men Scale (AMS). The AMS was designed to measure endorsement of current stereotypes regarding masculinity. This instrument was modeled after the Attitudes toward Women Scale developed by Spence and Helmreich (1972).

The Attitudes toward Men Scale consists of 34 statements of opinion concerning aspects of men's sex-roles, such as vocational and recreational interests, sexuality, parenting skills, male-male relationships, intellectual capabilities, attitudes towards homosexuals, and power-seeking. Subjects respond to these statements on a four-point scale, ranging from one (strongly agree) to four (strongly disagree). Total scores are obtained by reversing ratings for non-traditional items and then summing the item scores. Total scores can thus range from 34 (traditional view of men) to 136 (non-traditional view of men).

In view of the likelihood that the factor structure underlying the AMS was multi-dimensional, Downs and Engleson (1982) conducted a principle components factor analysis with oblique rotation which yielded seven
meaningful factors. These factors were: 1) vocational/recreational interests, 2) intellectual abilities, 3) male-male relations, 4) attitudes toward homosexuals, 5) power-seeking/confidence, 6) parenting skills, and 7) sexuality/contentment. The vocational/recreational factor accounted for 42.3 percent of the total variance, and the intellectual abilities factor accounted for 13.4 percent of the total variance. The next five factors each accounted for 7.6 percent of the variance or less.

Downs and Engleson (1982) also reported test-retest reliability over a two week period at $r=.94$ for men and $r=.90$ for women. Assessments of the internal consistency of the scale using Cronbach’s alpha procedure have ranged from .85 to .90 (Downs & Engleson, 1982). In the present study, the internal consistency of this instrument using Chronbach’s alpha was found to be .84. Furthermore, the AMS correlated with the Attitudes toward Women Scale ($r=.84$ for males, $r=.57$ for females), and with Villemez and Touhey’s (1977) Macho Scale ($r=.72$) hence providing evidence of criterion validity. Also, it was found that adolescent males scored in a more traditional direction on the AMS than did young adult men, hence providing evidence of construct validity (Downs & Engleson, 1982). An additional finding was that for male subjects, the AMS correlated ($r=.37$) with the Texas Social Behavior
Inventory (Spence & Helmreich, 1978). This suggests that among males, as attitudes towards men becomes more non-traditional, self-esteem scores increase. A complete copy of this instrument can be found in Appendix B.

**Gender Role Conflict.** Gender role conflict was measured by O’Neil et al.’s (1984, 1986) Gender Role Conflict Scale (GRCS-I). This instrument was designed to measure aspects of male gender role conflict, which was conceived of as a psychological state where gender roles have negative consequences or impact upon the person or upon others.

The Gender Role Conflict Scale-I consists of 37 statements concerning men’s thoughts and feelings about their gender role behaviors. Subjects report the degree to which they agree or disagree with each statement on a six-point scale ranging from one (strongly disagree) to six (strongly agree). On the basis of their responses, subjects may receive a mean gender role conflict score, which is obtained by summing the individual item scores and dividing by 37. Thus, total scale scores can range from one (low gender role conflict) to six (high gender role conflict).

O’Neil et al. (1986) factor analyzed this scale and found four factors: 1) success, power, and competition, 2) restrictive emotionality, 3) restrictive affectionate behavior between men, and 4) conflicts between work and
family relations. Subjects may thus receive both an overall gender role strain score and individual subscale scores for each of the scale's four factors. Individual subscale scores are obtained by summing the items in each subscale and dividing by the number of items in that subscale. The success, power, and competition subscale contains 13 items, and the scores can range from one (low self-concern regarding success, power, and competition) to six (high concern with success, power, and competition). The restrictive emotionality subscale contains ten items, and the score can thus range from one (low concern with restrictive emotionality) to six (high concern with restrictive emotionality). The restrictive affectionate behavior between men subscale contains eight items, and the scores can range from one (low concern with restrictive affectionate behavior between men) to six (high concern with restrictive affectionate behavior between men). The conflicts between work and family relations subscale contains six items, and the subscale scores range from one (low concern with conflicts between work and family relations) to six (high concern with conflicts between work and family relations).

O'Neil et al. (1984, 1986) reported test-retest reliability over a four week period on the four subscales which ranged from $r=.72$ to $r=.86$. Assessment of the internal consistency of the subscales using Cronbach's
alpha procedure ranged from .75 to .86. In the present study, internal consistency using Chronbach’s alpha was found to be .89 for the whole scale, .86 for the success, power, and competition subscale, .84 for the restrictive emotionality subscale, .88 for the restrictive affectionate behavior between men subscale, and .78 for the conflicts between work and family relations subscale. A complete copy of this instrument can be found in Appendix C.

Attitudes Toward Seeking Psychological Help. The Attitudes toward Seeking Psychological Help Scale (Fisher & Turner, 1970) was designed to measure attitudes toward seeking professional help for psychological disturbances. Items were chosen for their ability to sample many aspects of orientation toward seeking help.

The scale consists of 29 statements of opinion regarding general orientation towards seeking professional help for psychological problems. For purposes of this study, eight items on this instrument were slightly modified (e.g. the word "psychologist" was substituted for the word "psychiatrist"). Subjects are asked to respond to these items on a four point scale, ranging from zero (agree) to three (disagree). Eleven of the items are keyed so that an affirmative response indicates positive attitudes toward seeking psychological help, and 18 of the items are keyed so that a negative response indicates
positive attitudes towards seeking psychological help. The total score is obtained by reversing the items keyed in a negative direction and then summing the item scores. The total score can thus range from zero (negative attitude toward psychological help-seeking) to 87 (positive attitude toward psychological help-seeking).

Fisher and Turner (1970) used factor analysis with varimax rotation and found four meaningful factors. These factors were: 1) recognition of personal need for professional psychological help, 2) tolerance of the stigma associated with psychiatric help, 3) interpersonal openness regarding one's problems, and 4) confidence in the mental health profession. They cautioned that because of the few items and modest internal reliability of each subscale, the four factors should be interpreted in reference to the overall scale, rather than used as separate measures.

Fisher and Turner (1970) reported test-retest reliability of the whole instrument over a two week period at $r=.89$ and over an eight week period at $r=.84$. The internal consistency of the scale calculated using Tryon's (1957) method was $r=.83$. In the present study, internal consistency of the instrument using Chronbach's alpha was found to be .84.

Scores on this scale have discriminated between subjects who had never sought out psychological assistance
from those that had sought counseling, thus providing evidence for construct validity. It is also important to note that neither the total score nor any of the individual items correlated significantly with a measure of social desirability, indicating that the tendency for subjects to respond in a socially desirable manner is not a liability of this scale (Fisher & Turner, 1970). A complete copy of this instrument as adapted for this study may be found in Appendix D.

Attitudes and Behaviors Related to Seeking Help. The Help-seeking Attitudes and Behaviors Scale (HABS) was developed for this study to measure subjects' attitudes and past behaviors related to obtaining help for two classes of problems (academic/vocational and/or personal/emotional). The HABS consists of two parts, one section inquires about the likelihood of help-seeking for: a) personal or emotional problems, and b) academic or vocational problems from each of eight individuals (a male friend, a female friend, a spouse/partner/girlfriend/boyfriend, a parent, a relative, a member of the clergy, a psychologist, and a physician). In this section, subjects indicate their likelihood of seeking help on a seven-point scale ranging from one (never would) to seven (definitely would). Subjects' scores on these two sections may be summed for a range of sixteen (would never talk with any of the indicated people) to 112 (would definitely talk
with all of the indicated people). In the present study, Chronbach's alpha for this section of the HABS was found to be .79.

One specific comparison derived from this section of the HABS consisted of comparing the subjects' likelihood of seeking assistance from a psychologist versus from a physician. Subjects' scores for the likelihood of seeking help from a psychologist for the two types of problems (i.e. personal/emotional and/or academic/vocational) were combined, and then the subjects' scores for likelihood of seeking help from a physician for the same two types of problems were subtracted from the former score. Thus, scores on this comparison (termed "Psy/MD") could range from negative fourteen (would never talk with a psychologist but definitely would talk with a physician about both types of problems to fourteen (would definitely talk to a psychologist but never to a physician regarding both types of problems).

The second section of the HABS asks subjects to indicate which of the same eight groups of individuals they have spoken with in the past few years regarding the same two groups of problems (i.e. personal/emotional and academic/vocational). This section of the scale is dichotomous; subjects indicate that they either have or have not spoken with each individual about the indicated type of problem. Subjects' scores on this section of the
scale may be summed to produce a range from sixteen (have not talked with any indicated person about either type of problem) to 32 (have talked with each of the indicated individuals about both types of problem). A complete copy of this instrument may be found in Appendix E.

Attitudes Towards Physicians and Psychologists.
Attitudes towards physicians and psychologists were measured by the use of Semantic Differential ratings of the stimuli, "physician" and "psychologist." The Semantic Differential (Osgood, Suci, & Tannenbaum, 1957) is a widely used measure for specifying differences between stimuli in terms of their personal meanings for individuals (Greenberg & Fisher, 1977), and is used as a measure of general attitude toward a person or object (Osgood et al., 1957).

The Semantic Differential scale presents subjects with a stimulus person or object at the top of a page and asks subjects to rate how they feel about the stimulus on a series of seven point scales anchored by an adjective and its polar opposite on each end (e.g., good-bad). Factor analyses of numerous dimensions (adjective anchors) have generally yielded three factors: evaluation, potency, and activity (Osgood et al., 1957). The evaluation factor refers to a reaction to a stimulus in terms of general like or dislike, pro or con, approach or avoidance. The evaluation factor taken alone has been defined as a
measure of attitude (Osgood et al., 1957). The potency factor is concerned with power and related ideas and is exemplified by scales such as light-heavy. The activity factor is concerned with activity and is exemplified by scales such as fast-slow.

In the Semantic Differential instruments used in this study, 16 items were employed for each of the two stimuli words, "physician" and "psychologist." The bi-polar word pairs chosen for use in this study were those found by Osgood et al., (1957) to have high loading on their respective factors and negligible loadings on other factors. As the evaluation factor is most closely related to the construct of attitudes, this subscale was emphasized in the construction of the present scale, with nine of the items derived from this factor. The potency subscale consisted of four items, and the activity factor consisted of three items.

On the basis of their responses, subjects can receive a score for each pair of polar adjectives. Scores for each pair of adjectives can thus range from one (positive attitude/evaluation) to seven (negative attitude/evaluation). Sums for each subscale and for the three subscales combined were calculated for both physician and psychologist instruments. To compare ratings of physician to those for psychologist, the ratings of psychologist were subtracted from those for physician for the three
subscales combined, as well as for each subscale individually. Scores on the Semantic Differential rating between psychologist and physician could thus range from negative 96 (positive view of physicians and negative view of psychologists), to 96 (negative attitude of physicians and positive attitude of psychologists). On the evaluation subscale, scores could range from negative 56 (positive evaluation of physician and negative evaluation of psychologist), to 56 (negative evaluation of physician and positive evaluation of psychologist). On the potency subscale, scores could range from negative 24 (positive view of physician and negative view of psychologist), to 24 (negative view of physician and positive view of psychologist). On the potency subscale, scores could range from negative 17 (positive view of physician and negative view of psychologist), to 17 (negative view of physician and positive view of psychologist).

Test-retest reliability over a five week period for the evaluation factor of the Semantic Differential has been reported as $r = .91$ (Osgood, Suci, & Tannenbaum, 1957). Furthermore, the evaluation subscale has been shown to correlate highly with both the Thurstone Attitude Scales ($r = .91$) and Guttman Attitude Scales ($r = .78$) (Osgood et al., 1961), hence providing evidence of convergent validity. In the present study, internal consistency using Chronbach's alpha was found to be .72 for the
physician scale, and .69 for the psychologist scale. A complete copy of this instrument may be found in Appendix F.

Analysis of Data

Descriptive statistics consisted of frequency counts, means, standard deviations, and ranges, as appropriate, for demographic data, full scale scores, and subscale scores. To determine the extent to which views about the male role were correlated with help-seeking attitudes and behavior, a canonical correlation analysis was computed (Hotelling, 1936; SAS, 1982; Weiss, 1972). The first set of variables concerned views regarding the male role and included scores on the Attitudes toward Men Scale (AMS), and scores on the following three subscales of the Gender Role Conflict Scale: success, power, and competition (Power); restrictive emotionality (R-Emot), and restrictive affectionate behavior between men (R-Aff). The conflict between work and family subscale was not used in this variable set since this subscale represents the degree of present conflict between work and family, rather than a measure of attitude. The second set of canonical variables was concerned with help-seeking attitudes and behaviors, and included four separate variables. Within the help-seeking variables, the first variable was scores on the Attitudes Toward Seeking Psychological Help Scale (Psy Help). The second variable was scores of subjects'
attitudes of physicians versus psychologists (SDf), which was computed by subtracting the "psychologist" Semantic Differential score from the "physician" Semantic Differential score. The third and fourth variables were the scores on the attitude component (Help At) and the behavioral component (Help Beh) of the Help-seeking Attitudes and Behaviors Scale.

To examine the unique contribution of each of the male role variables on the individual help-seeking variables (Psy Help, Help At, Help Beh, and SDf), four separate regression analyses were conducted (SAS, 1982). The same four male role variables (AMS, Power, R-Emot, and R-Aff) utilized in the canonical analysis were employed as predictors in the four regression analyses. Correlational analyses were also completed for all interval demographics (age, year in school, and relationship involvement status) and for all full and subscale scores so that all correlations between the variables would be available.
Chapter IV

RESULTS

Introduction

In this chapter, the results of the data analyses are presented. First, a summary of the demographic subject data is presented. This is followed by the univariate statistics for the dependent variables. Next, the results of the canonical correlation analysis of the male role and help-seeking variables are presented. This is followed by the results of the multiple regression analyses of the male role variables as predictors of the help-seeking variables. Finally, the intercorrelation analyses for the demographic and dependent variables are presented.

Descriptive Statistics

Table 1 presents demographic information for the sample. The majority (82.3%) of subjects were between the ages of 18-20, with the mean age being 19.3 and with a standard deviation of 2.18. Similarly, the majority were freshmen (65.5%), or sophomores (18.6%). These students indicated a high percentage of technical, professional, and business majors and a low percentage of liberal arts majors. However, it should also be noted that these
<table>
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<td>22</td>
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<td>9</td>
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<td>11</td>
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<td>Married</td>
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<td>Casually Involved</td>
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<td>Seriously Involved</td>
<td>120</td>
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subjects were largely first quarter freshmen, and thus these majors may represent their intended majors, rather than the majors which they will select following additional experiences at the university.

With regard to ethnicity/race, subjects were predominantly caucasian. (However, it is noted that the seemingly large percentage of "native americans" is probably due to subjects' misinterpretation of the term, since it is noticeably higher than the percentage of this ethnic group at the university.) In terms of their marital status, the vast majority were single. However, in terms of a "relationship", subjects were approximately evenly divided between describing themselves as "uninvolved", "casually involved", and "seriously involved."

**Univariate Statistics**

Table 2 presents univariate statistics for the dependent variables in the study. The mean and standard deviation for the Attitude toward Men Scale (AMS) in the present study were similar to those reported for undergraduate males by Downs and Engleson (1982) ($M = 86.4, SD = 11.89; M = 88.11, SD = 13.30$, respectively). The means and standard deviations for the factors of the Gender Role Conflict Scale (GRCS) in the present study were relatively similar to those reported for undergraduate males by O'Neil et al. (1984). In the
### Table 2

Univariate Statistics for Dependent Variables

<table>
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<th>Category</th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
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<td>AMS</td>
<td>86.40</td>
<td>11.89</td>
<td>53-130</td>
</tr>
<tr>
<td>GRCS</td>
<td>3.98</td>
<td>.66</td>
<td>2.03-5.73</td>
</tr>
<tr>
<td>Power</td>
<td>4.27</td>
<td>.82</td>
<td>1.46-5.85</td>
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<td>R Emot</td>
<td>3.78</td>
<td>1.06</td>
<td>1.20-6.40</td>
</tr>
<tr>
<td>R Affect</td>
<td>3.76</td>
<td>.99</td>
<td>1.00-5.25</td>
</tr>
<tr>
<td>Work-Fam</td>
<td>3.95</td>
<td>1.02</td>
<td>1.17-6.00</td>
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<tr>
<td>Psy Help</td>
<td>45.14</td>
<td>11.59</td>
<td>7-79</td>
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<td>Semantic Differential</td>
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<tr>
<td>Physician, whole scale</td>
<td>49.08</td>
<td>9.12</td>
<td>26-100</td>
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<td>Psychologist, whole scale</td>
<td>52.70</td>
<td>9.24</td>
<td>26-93</td>
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<td>-3.52</td>
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<td>Potency factor, difference</td>
<td>-0.72</td>
<td>3.08</td>
<td>(-)16-12</td>
</tr>
<tr>
<td>Activity factor, difference</td>
<td>-0.94</td>
<td>3.69</td>
<td>(-)13-13</td>
</tr>
<tr>
<td>Help-seeking Attitudes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal/emotional</td>
<td>35.62</td>
<td>6.54</td>
<td>13-55</td>
</tr>
<tr>
<td>Academic/vocational</td>
<td>36.02</td>
<td>7.01</td>
<td>13-56</td>
</tr>
<tr>
<td>Help At (combined)</td>
<td>71.65</td>
<td>11.75</td>
<td>26-111</td>
</tr>
<tr>
<td>Psy/MD</td>
<td>0.30</td>
<td>2.08</td>
<td>(-7)-12</td>
</tr>
<tr>
<td>Help-seeking Behaviors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal/emotional</td>
<td>12.05</td>
<td>1.44</td>
<td>8-16</td>
</tr>
<tr>
<td>Academic/vocational</td>
<td>12.17</td>
<td>1.27</td>
<td>8-16</td>
</tr>
<tr>
<td>Help Beh (combined)</td>
<td>24.22</td>
<td>2.32</td>
<td>16-32</td>
</tr>
</tbody>
</table>

Note: A key to abbreviations used in this table may be found in Appendix G.
present study, the mean for the success, power and
competition factor was 4.27 (SD = .82) and was 4.87 (SD =
1.29) in O'Neil et al. (1984). For the restrictive
emotionality factor, the mean was 3.78 (SD = 1.06) in the
present study, and 3.28 (SD = 1.73) as observed by O'Neil
et al. (1984). The mean for the restrictive affectionate
behavior between men factor was 3.76 (SD = .99) in the
present study, and 4.26 (SD = 1.64) as reported by O'Neil
et al. (1984). Further, the conflicts between work and
leisure-family relations factor was 3.95 (SD = 1.02) in
the present study and 4.20 (SD = 1.60) as found by O'Neil
et al. (1984).

However, the Attitudes Toward Seeking Professional
Psychological Help Scale produced a noticeably lower mean
in the present study (M = 45.14, SD = 11.59) as compared
to the mean for male college students (M = 56.79, SD =
11.37) observed by Fisher & Turner in 1970. Thus,
subjects in the present study held less favorable views of
seeking professional psychological help than those
examined by Fisher and Turner.

On the Semantic Differential Ratings of physician
versus psychologist, physicians were viewed slightly more
favorably than psychologists on the combined scale and on
each of the individual factors (i.e. evaluation, potency,
and activity). However, the standard deviation on the
combined scale and each factor was quite large.
On the Help-seeking Attitudes and Behavior Scale (HABS), there was little difference noted between the means and standard deviations for the personal/emotional problem section as compared to the academic/vocational problem section. Subjects also indicated a slightly greater likelihood of seeking assistance from a psychologist as compared to a physician for personal/emotional and academic/vocational problems.

Canonical Correlation Analysis

A canonical correlation analysis was performed to determine the extent to which views about the male role and factors associated with gender role conflict were correlated with help-seeking attitudes and behaviors. Using attitudes toward the male role as one set of variables and attitudes and behaviors related to help-seeking as the second set of variables. The results of this analysis are presented in Tables 3, 4, and 5.

Table 3 presents the canonical variates produced in the canonical analysis. As shown in the table, the first two canonical variates (linear combinations of scores on the variables) were found to be significant (Wilks' lambda = .737, F = 7.739, df(16, 1180), p < .000; and Wilks' lambda = .903, F = 4.479, df(9, 942), p < .000, respectively. The first variate had a squared canonical correlation of .1836. The squared canonical variate represents the amount of variance in one variate that is
Table 3
Summary of Canonical Variates for Male Role Attitudes and Help-Seeking

<table>
<thead>
<tr>
<th>Variate</th>
<th>Canonical Correlation</th>
<th>Canonical R-Squared</th>
<th>F</th>
<th>df</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.4285</td>
<td>.1836</td>
<td>7.739</td>
<td>(16, 1,180)</td>
<td>.000</td>
</tr>
<tr>
<td>2</td>
<td>.2913</td>
<td>.0849</td>
<td>4.479</td>
<td>(9, 942)</td>
<td>.000</td>
</tr>
</tbody>
</table>

Table 4
Standardized Canonical Coefficients

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Variate 1</th>
<th>Variate 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Role Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMS</td>
<td>-.488</td>
<td>-.721</td>
</tr>
<tr>
<td>Power</td>
<td>.065</td>
<td>.203</td>
</tr>
<tr>
<td>R Emot</td>
<td>.369</td>
<td>-.900</td>
</tr>
<tr>
<td>R Affect</td>
<td>.402</td>
<td>-.029</td>
</tr>
<tr>
<td>Help-seeking Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psy Help</td>
<td>-.968</td>
<td>-.432</td>
</tr>
<tr>
<td>Help At</td>
<td>.115</td>
<td>.260</td>
</tr>
<tr>
<td>Help Beh</td>
<td>-.252</td>
<td>.821</td>
</tr>
<tr>
<td>SDF, All</td>
<td>.064</td>
<td>.339</td>
</tr>
</tbody>
</table>

Note: A key to abbreviations used in this table may be found in Appendix G.
Table 5

<table>
<thead>
<tr>
<th>Variate Proportion</th>
<th>Cumulative Proportion</th>
<th>Canonical Proportion</th>
<th>R-Squared</th>
<th>Cumulative Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Their own Canonical Variables</td>
<td>1</td>
<td>.292</td>
<td>.595</td>
<td>.054</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>.267</td>
<td>.559</td>
<td>.023</td>
</tr>
<tr>
<td>The opposite Canonical Variables</td>
<td>1</td>
<td>.502</td>
<td>.687</td>
<td>.092</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>.184</td>
<td>.085</td>
<td>.016</td>
</tr>
</tbody>
</table>

Canonical Redundancy Analysis for Male Role Attitudes and Help-Seeking
predictable from the other variate. The second variate had a squared canonical correlation of .0849.

Table 4 presents the standardized canonical coefficients for the male role and help-seeking variables on variates 1 and 2. In variate 1, the male role variables: attitudes toward the male role (AMS), restrictive affectionate behavior between men (R Affect), and restrictive emotionality (R Emot) contributed the greatest amount of variance in the help-seeking variable, attitudes toward seeking professional psychological help (Psy Help). In the second variate, the male role variables, restrictive emotionality (R Emot) and attitudes toward the male role (AMS), contributed the greatest amount of variance in the help-seeking variables, past help-seeking behavior (Help Beh), attitudes toward seeking professional psychological help (Psy Help), and attitudes towards physicians as compared to psychologists (SDF, All).

Table 5 shows the results of canonical redundancy analysis for the two canonical variates. In canonical analysis, redundancy is frequently asymmetric, as is the case in this study. The male role variables in variates one and two explained 7.6% of the variance observed in the help-seeking variables, whereas the help-seeking variables in variates one and two explained 10.8% of the variance observed in the male role variables.
Multiple Regression

Tables 6, 7, and 8 show the results of multiple regression analyses to examine the prediction of male role variables with the specific help-seeking variables, rather than in a composite with other related help-seeking variables. As noted in the Method chapter, the Attitudes toward the Male Role (AMS) and three subscales of the Gender Role Conflict Scale were employed to measure aspects of the male role. Table 6 presents the results of multiple regression with attitudes toward seeking professional psychological help. The overall F was significant \( (F = 20.89, \text{df}(4, 392), p < .001) \) and the model explained 17.6% of the variance. Further, attitudes toward the male role (AMS), restrictive affectionate behavior between men (R Affect), and restrictive emotionality (R Emot) were all significant male role predictors of attitudes regarding professional psychological help-seeking.

Table 7 shows the results of the regression for the reported likelihood of help-seeking from a variety of sources for personal/emotional and academic/vocational concerns. The overall F was significant \( (F = 3.32, \text{df}(4, 390), p < .05) \) and the model accounted for 3.30% of the variance in reported likelihood of help-seeking. Only restrictive emotionality (R Emot) was significant in predicting this help-seeking measure.
### Table 6
Regression Analysis for the Prediction of Attitudes Toward Seeking Professional Psychological Help from the Male Role Variables

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>B</th>
<th>t</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMS(^b)</td>
<td>-.226</td>
<td>4.43***</td>
<td></td>
</tr>
<tr>
<td>Power(^b)</td>
<td>-.044</td>
<td>-.78</td>
<td></td>
</tr>
<tr>
<td>R Emot(^b)</td>
<td>-.127</td>
<td>-2.13*</td>
<td></td>
</tr>
<tr>
<td>R Affect(^b)</td>
<td>-.248</td>
<td>-3.01**</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** A key to abbreviations used in this table may be found in Appendix G.  
\(^a\) df(4, 392) \(^b\) df(1, 392)  
* p < .05  ** p < .01  *** p < .001

### Table 7
Regression Analysis for the Prediction of Likelihood of Help-Seeking from the Male Role Variables

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>B</th>
<th>t</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMS(^b)</td>
<td>.001</td>
<td>-.02</td>
<td></td>
</tr>
<tr>
<td>Power(^b)</td>
<td>-.101</td>
<td>1.64</td>
<td></td>
</tr>
<tr>
<td>R Emot(^b)</td>
<td>-.181</td>
<td>-2.77**</td>
<td></td>
</tr>
<tr>
<td>R Affect(^b)</td>
<td>-.085</td>
<td>-.94</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** A key to abbreviations used in this table may be found in Appendix G.  
\(^a\) df(4, 390) \(^b\) df(1, 390)  
* p < .05  ** p < .01  *** p < .001
Table 8
Regression Analysis for the Prediction of Help-Seeking Behavior from the Male Role Variables

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>B</th>
<th>t</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMS&lt;sup&gt;b&lt;/sup&gt;</td>
<td>.020</td>
<td>1.82</td>
<td>9.47†***</td>
</tr>
<tr>
<td>Power&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-.012</td>
<td>-.98</td>
<td></td>
</tr>
<tr>
<td>R Emot&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-.065</td>
<td>5.20***</td>
<td></td>
</tr>
<tr>
<td>R Affect&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-.020</td>
<td>1.13</td>
<td></td>
</tr>
</tbody>
</table>

Note: A key to abbreviations used in this table may be found in Appendix G.
<sup>a</sup> df(4, 390)  <sup>b</sup> df(1, 390)
* p < .05  ** p < .01  *** p < .001
Table 8 presents the results of the regression of past help-seeking behaviors. The overall F was significant ($F = 9.47$, df$(4, 390)$, $p < .001$), and the model accounted for 8.86% of the variance in past help-seeking behavior. As with likelihood of help-seeking, only restrictive emotionality (R Emot) was significant as a predictor.

The criterion variable, attitudes towards physicians versus psychologists, as measured by Semantic Differential Ratings, could not be predicted from the regression analysis ($F = 2.16$, df$(4, 391)$, $p < .07$).

Correlation Analyses

Table 9 presents the correlation coefficients for: 1) the demographic variables (age, year in college, and relationship involvement), 2) the male role attitude variables, and 3) the help-seeking variables. Of the demographic variables, several correlations are noteworthy. As subjects' age increased, their scores on the Attitudes toward Men Scale (AMS) increased, indicating more non-traditional views of men increased as subjects grew older. Similarly, age was significantly negatively correlated with several indices of gender role conflict (overall gender role conflict, need for power, restrictive affectionate behavior between men, and work-family conflicts); that is to say that subjects' gender role conflict decreased as they grew older. Age was not
Table 9
Pearson Correlation Coefficients for Demographic Variables and Criterion Scales and Subscales

<table>
<thead>
<tr>
<th>Correlation Coefficients</th>
<th>Demographic Variables</th>
<th>Male Role Variables</th>
<th>Help-Seeking Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>1.000***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td>1.087***</td>
<td>1.000***</td>
<td></td>
</tr>
<tr>
<td>Relat</td>
<td>1.089**</td>
<td>1.000***</td>
<td></td>
</tr>
<tr>
<td>AHS</td>
<td>1.068**</td>
<td>1.000***</td>
<td></td>
</tr>
<tr>
<td>SRCS</td>
<td>1.057**</td>
<td>1.000***</td>
<td></td>
</tr>
<tr>
<td>Power</td>
<td>1.056**</td>
<td>1.000***</td>
<td></td>
</tr>
<tr>
<td># Emot</td>
<td>-0.54</td>
<td>0.006</td>
<td>-0.63***</td>
</tr>
<tr>
<td># Affect</td>
<td>-0.41***</td>
<td>-0.56***</td>
<td>-0.53***</td>
</tr>
<tr>
<td>Work-Fam</td>
<td>-0.56***</td>
<td>-0.63***</td>
<td>-0.53***</td>
</tr>
<tr>
<td>Pay Help</td>
<td>0.08***</td>
<td>0.07***</td>
<td>0.12***</td>
</tr>
<tr>
<td>Help At</td>
<td>0.06</td>
<td>0.07</td>
<td>-0.08</td>
</tr>
<tr>
<td>Help Beg</td>
<td>0.27**</td>
<td>0.11**</td>
<td>-0.07**</td>
</tr>
<tr>
<td>Pay/MO</td>
<td>0.05</td>
<td>-0.07</td>
<td>-0.12***</td>
</tr>
<tr>
<td>SDF, All</td>
<td>0.01</td>
<td>-0.07</td>
<td>-0.12***</td>
</tr>
<tr>
<td>SDF, Adv</td>
<td>0.05</td>
<td>0.06</td>
<td>0.05**</td>
</tr>
<tr>
<td>SDF, Adv</td>
<td>0.04</td>
<td>0.05</td>
<td>-0.06**</td>
</tr>
<tr>
<td>SDF, Adv</td>
<td>0.05</td>
<td>0.06</td>
<td>-0.06**</td>
</tr>
<tr>
<td>SDF, Adv</td>
<td>0.04</td>
<td>0.05</td>
<td>-0.06**</td>
</tr>
<tr>
<td>SDF, Adv</td>
<td>0.05</td>
<td>0.06</td>
<td>-0.06**</td>
</tr>
<tr>
<td>SDF, Adv</td>
<td>0.04</td>
<td>0.05</td>
<td>-0.06**</td>
</tr>
<tr>
<td>SDF, Adv</td>
<td>0.05</td>
<td>0.06</td>
<td>-0.06**</td>
</tr>
<tr>
<td>Note: A key for the abbreviations used in this table may be found in Appendix G.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* p &lt; .05</td>
<td>** p &lt; .01</td>
<td>*** p &lt; .001</td>
<td></td>
</tr>
</tbody>
</table>
significantly correlated with any help-seeking variable. Relationship involvement also produced some notable findings. As subjects identified themselves as increasingly involved in a relationship, their measure of restrictive emotionality (R Emot) significantly decreased. Also, relationship status was significantly positively correlated with favorable attitudes toward seeking professional psychological help (Psy Help), help-seeking attitudes (Help At), and reported help-seeking behaviors (Help Beh).

Of the male role variables, attitudes toward the male role (AMS) was significantly correlated with attitudes toward seeking professional psychological help (Psy Help) and with differences in likelihood of consulting a psychologist versus a physician for both personal/emotional and academic/vocational problems (Psy/MD). Similarly, gender role conflict (GRCS) was negatively correlated with attitudes toward seeking professional psychological help (Psy Help), past help-seeking behavior (Help Beh), and with reduced likelihood of seeking help from a psychologist as compared to a physician for both personal/emotional and academic/vocational problems (Psy/MD). The power subscale (Power) of the GRCS was negatively correlated with attitudes toward seeking professional psychological help (Psy Help) and also was correlated with reduced likelihood of seeking assistance
from a psychologist as compared to a physician for personal/emotional and academic/vocational problems (Psy/Mā). Restrictive emotionality (R Emot) and restrictive affectionate behavior between men (R Affect) were negatively correlated with attitudes toward seeking professional psychological help (Psy Help), likelihood of help-seeking (Help At), and past help-seeking behaviors (Help Beh).
Chapter V
DISCUSSION

The present study was designed to investigate the possible relationship between components of the male sex role and aspects of help-seeking in college men. Specifically, both attitudes toward the male role and factors associated with gender role conflict were examined for their relationship to: attitudes toward seeking professional psychological help, likelihood of help-seeking and past help-seeking behavior from a variety of sources, and attitudes toward physicians as compared to psychologists. This chapter focuses on discussion and interpretation of the major findings. Limitations of this study, suggestions for future research, and implications for psychologists and health care providers are subsequently discussed.

Relationship of Data to Questions Under Investigation

Relationship between the male role and help-seeking. The first and most general question under investigation concerned the possible existence of a relationship between components of the stereotypic male role and help-seeking attitudes and behavior. The results of this study indicate that there is a significant relationship between
elements of the male role and men's attitudes and behaviors related to seeking help. The results indicate that for this sample of college men, traditional attitudes about the male role in society, concern about expressing affection toward other men, and concern about expressing emotions were related to negative attitudes toward seeking professional psychological assistance. This conclusion is highly consistent with the theoretical literature; factors associated with traditional male roles are related to men's negative attitude toward obtaining psychological assistance.

It was also found that while holding traditional views of the male role, some men, nonetheless, reported sharing their feelings with others. These men also reported having talked with different types of people about their concerns, yet held negative views of psychological help-seeking. This finding is somewhat difficult to interpret. One explanation is that this pattern reflects a "socializer" style in which men hold traditional views of the male role and feel comfortable sharing their feelings with others, yet hold negative views of seeking psychological assistance although they have many people with whom they discuss their concerns. This combination of negative views of seeking professional psychological help coupled with a large number of people with whom one shares concerns is consistent with the
finding of Bosmajian and Mattson (1980) that individuals with numerous alternate sources of help were less likely to seek counseling. Numerous possible explanations exist for this pattern. Perhaps these men do not view talking with others (i.e. nonprofessionals) as seeking help. Or, perhaps, discussing one's concerns with nonprofessionals does not carrying the stigma of requiring psychological help, or the connotations of the sick role. Alternatively, for these men, there may be an inconsistency between attitudes and behaviors.

While the male role variables employed in this study were not found to explain a large proportion of the variance in the help-seeking variables, the proportion was significant. The variance accounted for by the male role variables may represent variance in help-seeking variables which has not heretofore been able to be accounted for by previously examined factors (e.g. characteristics of helpers, or prior help-seeking experiences).

Relationship between attitudes toward seeking professional psychological help and the male role. The second and more specific question under investigation was whether or not there was a relationship between attitudes toward seeking professional psychological assistance and the male role variables under investigation. The male role variables, attitudes toward the male role, restrictive affectionate behavior between men, and
restrictive emotionality, were all found to be significant predictors. Thus, as hypothesized in the literature, men's attitudes about the male role do significantly affect their attitudes about seeking psychological assistance; as men's values regarding the male role became more traditional, their views of psychological help-seeking became more negative. The findings of Zeldow and Greenberg (1979) that more liberal beliefs about the role of women (as measured by the Attitudes Toward Women Scale) were associated with greater willingness to seek psychological assistance may now be extended to be that more liberal views of the roles of women and men in society are associated with more favorable views of psychological help-seeking.

Further, as men's gender beliefs that men should not display affectionate behavior toward other men increased, they also became more likely to hold unfavorable views of psychological help-seeking. Similarly, as men's gender beliefs that it was not appropriate to share their emotional responses with others increased, they became more likely to hold unfavorable views of psychological help-seeking. These results were highly consistent with the predictions in the literature regarding the detrimental impact of the male role on help-seeking behavior.
The scale measuring the impact of men's needs for success, power, and competition did not reach significance as a predictor of attitudes toward psychological help-seeking. Thus, the literature and research hypothesis pertaining to the role of men's need for success, power, and competition as factors in preventing men from entering into therapy were not supported by the present research.

Relationship of likelihood of help-seeking and past help-seeking from a variety of sources and the male role. The present findings also supported the role of men's restrictive emotionality in decreasing both men's indicated likelihood of help-seeking and past help-seeking behavior from a variety of sources. Thus, men with high restrictive emotionality scores reported reduced likelihood of seeking help and had previously requested less help from a variety of individuals (i.e. male friend, female friend, spouse/partner/boyfriend/girlfriend, parent, other relatives, member of the clergy, psychologist, and physician) than men with low restrictive emotionality scores. However, men's attitudes toward the male role; success, power, and competition orientation; and restrictive affectionate behavior between men were not found to be significant predictors of likelihood of help-seeking and past help-seeking behavior from a variety of sources.
Relationship Between Attitudes Toward Physicians Versus Psychologists and the Male Role. The possible role of men's attitudes toward the male role and men's gender role conflict in relation to attitudes towards physicians as compared to psychologists unfortunately remains uncertain. The Semantic Differential Ratings for physicians and psychologists did not produce significant findings with regard to the male role variables. However both the physician and psychologist forms of the Semantic Differential Ratings exhibited low internal consistency in this study (Chronbach's alpha = .72 and .69 respectively). Thus, the results derived from the Semantic Differential Ratings are difficult interpret and few conclusions could be drawn.

A measure of men's attitudes regarding help-seeking from physicians as compared to psychologists was derived from comparing subjects' responses on the likelihood of help-seeking scale (HABS) items for physician versus those for psychologists. On this comparison, greater likelihood of help-seeking from psychologists as compared to physicians was significantly correlated with less traditional views of the male role in society; less overall gender role conflict; less concern with success, power, and competition; and less restrictive affectionate behavior between men. Thus, the hypothesis that men may hold different attitudes toward seeking help from
physicians as compared to psychologists as correlates of their attitudes about the male role and aspects of male gender role conflict did receive some support. However, further research will be necessary to delineate this possible relationship in greater detail.

Limitations

Although the relationship between aspects of the male role and help-seeking variables was significant, the conclusions are not without limitations. The primary concerns regarding the conclusions which may be drawn from this study stem from the instruments used to measure the latent variables related to male roles and help-seeking.

As interest in the nature and correlates of the male role is very recent, new theories, instruments, and critiques are rapidly being published. Since the present research was conducted, Pleck (in press) noted that most items in current attitude scales which claim to measure attitudes specifically about one sex frequently tap, in actuality, attitudes about sex roles in general. For example, one item on the Attitudes Toward Women Scale (Spence, Helmreich, and Stapp, 1973) is "Intoxication among women is worse than intoxication among men."

Whatever the scales are labeled, the preponderance of such items which compare the sexes may indicate that these instruments actually tap attitudes about sex roles in general (in the sense that beliefs about how the sexes
should differ from each other), and do not in fact assess attitudes about women separately from attitudes about men (Pleck, in press).

Regrettably, the Attitudes Toward Men Scale used in this study is vulnerable to the same criticisms which apply to the Attitudes Toward Women Scale upon which it was modeled; in other words, it uses a large number of sex-comparison questions. Thus, in some ways, the interpretation of the results of the AMS perhaps should be viewed more as attitudes towards sex roles, rather than specifically measuring attitudes toward the male role alone. Hence, perhaps it is attitudes toward sex roles, versus attitudes toward the male role, which are related to help-seeking attitudes and behaviors.

Conversely, while the Gender Role Conflict Scale was not specifically designed to measure adherence to male sex roles, it is quite similar in content and factors to some newer scales which have been developed to measure traditional attitudes specifically about men, independently of attitudes about women (e.g. Brannon, 1985; Mosher and Sirkin, 1984; Snell, 1986). The Brannon Masculinity Scale (BMS; Brannon, 1985) for example, assesses four components of traditional attitudes about masculinity: that men should not be feminine (labeled by Brannon as "no sissy stuff"); that men should strive to be respected and admired for successful achievement ("the big
wheel"); that men should never show weakness or uncertainty ("the sturdy oak"); and that men should seek adventure and risk, even accepting violence if necessary ("give 'em hell"). A comparison of the factors and items on the BMS and GRCS shows considerable similarity. Thus, the results derived from the Gender Role Conflict Scale may be suitable for interpretation as indicators of adherence to and difficulties associated with the traditional male role. Nonetheless, it would be desirable to further investigate the help-seeking correlates of the male role utilizing some of the newer male role instruments which specifically tap aspects of the male role, as independently as possible of general sex role attitudes.

The help-seeking instruments pose a different set of problems. With the exception of the Attitudes Toward Seeking Professional Psychological Help Scale (Fisher & Turner, 1970) used in this study, the other two instruments had notable limitations. The Help-seeking Attitudes and Behavior Scale (HABS) was specifically designed for this study and lacks supporting research regarding its psychometric properties, while the Semantic Differential Ratings of physician and psychologist were limited by low internal consistency. Thus, future research in the area of help-seeking would benefit from the development and employment of more reliable
instruments.

The generalizability of this study is limited to male undergraduates (particularly freshmen and sophomores) at a large midwestern university. While the male role variable means and standard deviations were similar to those found on other campuses, replication of the relationships found between components of the male role and aspects of help-seeking warrant replication at both other universities, and with older populations. To date, no studies have been conducted with this latter population.

A final and noteworthy limitation of this study is that causality cannot be inferred. Significant or nonsignificant differences do not imply that these variables are responsible for male role elements nor help-seeking attitudes or behaviors. For example, while theorists have hypothesized that adherence to the traditional male role restricts men's help-seeking behavior, this hypothesis needs to be investigated by other methods, such as interviews asking men what they perceive as responsible for their reluctance to seek help. Further, causal statistical methods should be employed in future research; for example, structural equation modeling could be used to test models of the male role and its impact on various aspects of help-seeking.
Additional Suggestions for Future Research

As stated previously, additional research is needed with instruments specifically designed to measure aspects of the male role coupled with help-seeking instruments with established psychometric properties. Further, research examining causal factors is warranted.

However, there are many additional questions which were generated by the results of this study. First, since men's attitudes about the male role are clearly related to the stereotypic ideal of the male espoused in American culture, a cross-cultural replication of this study would be very interesting. Perhaps in a society placing less emphasis on the restriction of men's expression of feeling and/or less prohibition against men's expression of affection for other men, men would view seeking help more favorably.

While this study did find some evidence that men with traditional views of the male role were more likely than men with nontraditional views of the male role to consult a physician for their psychological concerns, this study did not investigate the reciprocal question of whether men with non-traditional views of the male role had a greater propensity to seek assistance from a psychologist for their concerns which were primarily medical in nature. This is a potentially important question to explore, for just as physicians have begun to take greater note of the
psychological concerns of their patients, perhaps psychologists should more closely explore the possible medical basis of their clients' concerns.

As research on male roles is a relatively new area, there are many questions yet to be explored. Future research should seek to empirically test the numerous theories and hypotheses which are being proposed. It is hoped that the male role instruments recently and currently being developed will offer additional tools with which to accurately chart the correlates of the male role.

Implications For Psychologists

The findings of this study support the theory that for men, traditional views of the male role are associated with less favorable views of seeking professional psychological assistance. In addition to global attitudes toward the male role, the specific elements of the male role which were found to significantly predict less favorable attitudes toward help-seeking included a reluctance to become emotionally or physically close with another male, and a reluctance to share one's affective experiences with other people.

Counseling psychology has identified primary prevention as one aspect of its definition, and psychoeducation regarding the liabilities of the traditional male role may be an appropriate community intervention. The need to dispel the popular yet
restrictive image of men as the "strong and silent type" appears warranted. Indeed, a reframing of the stigma of seeking counseling appears important. If traditional men see seeking psychological assistance as a sign of weakness and unmanliness, this belies the courage and strength required to directly confront and share one's concerns with another human being.

Counselors may need to educate both themselves and their clients about the nature of the male role and the societal restrictions with which men may unwittingly and detrimentally comply. Counselors should assess client's endorsement of sociocultural mores regarding adherence to the male role, minimal expression of emotion, and prohibition against expression of affection to members of the same sex, as the results of this research supports the notion that endorsement of these mores may decrease men's likelihood of utilizing professional psychological services.

The traditional male role may include reluctance to enter therapy and a tendency to employ a larger system of social support. Further, men with traditional views of the male role may be more disposed to seek assistance from a physician rather than from a psychologist for their psychological concerns. Thus, primary health care providers (e.g. family physicians) should be trained to diagnose, address, and treat or refer their patients with
psychosocial and "behavioral" concerns. It is noted that family practice physicians are becoming increasing aware of the desirability of training their residents to recognize the implications of sex roles on their patients' concerns.

Summary

The results of this study indicate that there is a relationship between aspects of the prescribed male role and help-seeking attitudes and behaviors. More specifically, traditional views of the male role, restrictive affectionate behavior between men, and restrictive emotionality were found to be related to attitudes toward seeking professional psychological help. Restrictive emotionality was also found to be related to men's reported likelihood of help-seeking from a numerous different sources, as well as past help-seeking behavior.

Men's attitudes toward seeking assistance from physicians as compared to psychologists were also found to be related to men's male role attitudes. In general, based on the results of this study, it appears that adherence to traditional male roles is related to negative attitudes toward help-seeking.

Nonetheless, more research is needed examining this relationship with more valid and reliable instruments than were available at the conception of this study. Research is also needed with different populations of men.
Psychologists and health care providers need to be aware of the relationship between attitudes toward the male role and help-seeking. Therapists need to support men in understanding and dealing with the impact of gender roles on their lives. More specifically, therapists should strive to help men recognize the value of seeking help and emotional intimacy. Our society needs to confront the limitations imposed by traditional gender roles; for men, these restrictive gender roles may result in a harmful and isolating standard of self-reliance, even in the face of emotional turmoil.
Demographic Data Sheet

1) Age (circle one)
   17  18  19  20  21  22  23  24
   Other (please specify) _____

2) Year in School (circle one)
   Freshman  Sophomore  Junior  Senior  Grad

3) Major __________________________

4) Ethnicity (circle one)
   Black  Caucasian  Hispanic  Asian  Native American
   Other (please specify) ______________

5) Marital Status (circle one)
   Never Married  Married  Separated/Divorced

6) Relationship Status (circle one)
   Uninvolved  Casually Involved  Seriously Involved

7) I currently live (circle one)
   With parents
   Off campus- alone
   Off campus- with spouse or mate
   Off campus- with friend(s)
   Residence Hall
   Fraternity house

8) What is your approximate cumulative grade point average at OSU? (check one)
   _____3.5-4.0  _____1.5-1.9
   _____3.0-3.4  _____1.0-1.4
   _____2.5-2.9  _____Below 1.0
   _____2.0-2.4  _____Have no cumulative GPA
APPENDIX B

DOWNS AND ENGELSON'S (1982) ATTITUDES TOWARD MEN SCALE
Please express your feelings about each statement by indicating the extent to which you agree or disagree with each statement. There are no right or wrong answers, only opinions. Use the scale directly below, marked with the numbers 1, 2, 3, and 4. For each item, circle the number which best describes your opinion. Please be sure to answer every question, even if you're not sure.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>Strongly</td>
<td>Agree</td>
<td>Mildly</td>
<td>Disagree</td>
</tr>
</tbody>
</table>

1) When a man takes a job traditionally done by a woman, such as nursing, he has sacrificed some of his masculinity.

   1   2   3   4

2) Women are better at housekeeping than men.

   1   2   3   4

3) Women are more comfortable with women than men are with other men.

   1   2   3   4

4) Women find it easier to touch others than men do.

   1   2   3   4

5) Men feel threatened by intelligent, educated women.

   1   2   3   4

6) Women are less aspiring in their jobs than are men.

   1   2   3   4

7) Men are more likely than women to inflict pain during sexual relations.

   1   2   3   4

8) Men find wartime combat enjoyable because it gives them a sense of power.

   1   2   3   4

9) Participation in sports is equally important to women and men.

   1   2   3   4

10) Women are more artistically inclined than men.

    1   2   3   4
11) Men are more suited to fight in hand-to-hand combat than are women.
   1  2  3  4

12) Women are more content than men.
   1  2  3  4

13) Single fathers are competent to rear children.
   1  2  3  4

14) Men are more confident in their sexual capabilities than women are.
   1  2  3  4

15) Men have difficulty relaxing in the company of other men.
   1  2  3  4

16) Men are more sure of what they can do than women are.
   1  2  3  4

17) Men are less emotional than women.
   1  2  3  4

18) Homosexual men are not "real" men.
   1  2  3  4

19) In a dangerous situation, a man should not be expected to take the risk of bodily harm more than a woman should.
   1  2  3  4

20) It is ridiculous for men to stay home and keep house.
   1  2  3  4

21) Men have high reasoning abilities.
   1  2  3  4

22) Men prefer sex to most other activities.
   1  2  3  4
23) Men should be completely free to cry when they feel like it.
   1  2  3  4

24) Men should refrain from jobs which are traditionally associated with women, such as secretarial work.
   1  2  3  4

25) Men enjoy being touched in a friendly manner by other men.
   1  2  3  4

26) Men are workaholics.
   1  2  3  4

27) It is more embarrassing for men to cry than for women to cry.
   1  2  3  4

28) Men are intimidated by intelligent women.
   1  2  3  4

29) Sports and strenuous activities are vital components of masculinity.
   1  2  3  4

30) Single mothers make better parents than single fathers do.
   1  2  3  4

31) Women are more sexually faithful than men are.
   1  2  3  4

32) Men are courageous in the face of danger.
   1  2  3  4

33) Homosexual men are not as well-adjusted as heterosexual men.
   1  2  3  4

34) Men often worry about not being as sexually adequate as other men.
   1  2  3  4
APPENDIX C

O'NEIL, HELMS, GABLE, DAVID, AND WRIGHTSMAN'S (1986)

GENDER-ROLE CONFLICT SCALE
INSTRUCTIONS: In the space to the left of each sentence below, write the number which most closely represents the degree that you Agree or Disagree with that statement. There is no right or wrong answer to each statement. Your own reaction is what is asked for.

<table>
<thead>
<tr>
<th></th>
<th>strongly disagree</th>
<th>moderately disagree</th>
<th>mildly disagree</th>
<th>mildly agree</th>
<th>moderately agree</th>
<th>strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

1) ____ Moving up the career ladder is important to me.
2) ____ I have difficulty telling others I care about them.
3) ____ Verbally expressing my love to another man is difficult for me.
4) ____ I feel torn between my hectic work schedule and caring for my health.
5) ____ Making money is part of my idea of being a successful man.
6) ____ Strong emotions are difficult for me to understand.
7) ____ Affection with other men makes me tense.
8) ____ I sometimes define my personal value by my career success.
9) ____ Expressing feelings makes me feel open to attack by other people.
10) ____ Expressing my emotions to other men is risky.
11) ____ My career, job, or school affects the quality of my leisure time or family life.
12) ____ I evaluate other people’s value by their level of achievement and success.
13) ____ Talking (about my feelings) during sexual relations is difficult for me.
14) ____ I worry about failing and how it will affect me as a man.
15) ____ I have difficulty expressing my emotional needs to my partner.
16) ____ Men who touch other men make me uncomfortable.
17) ____ Finding time to relax is difficult for me.
18) ____ Doing well all the time is important to me.
<table>
<thead>
<tr>
<th></th>
<th>strongly</th>
<th>moderately</th>
<th>mildly</th>
<th>mildly</th>
<th>agree</th>
<th>moderately</th>
<th>strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>disagree</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19) _____ I have difficulty expressing my tender feelings.
20) _____ Hugging other men is difficult for me.
21) _____ I often feel that I need to be in charge of others around me.
22) _____ Telling others of my strong feelings is not part of my sexual behavior.
23) _____ Competing with others is the best way to succeed.
24) _____ Winning is a measure of my value and personal worth.
25) _____ I often have trouble finding words that describe how I am feeling.
26) _____ I am sometimes hesitant to show my affection to other men.
27) _____ My needs to work or study keep me from my family or leisure more than I would like.
28) _____ I strive to be more successful than others.
29) _____ I do not like to show my emotions to other people.
30) _____ Telling my partner my feelings about him/her during sex is difficult for me.
31) _____ My work or school often disrupts other parts of my life (home, health, leisure).
32) _____ I am often concerned about how others evaluate my performance at work or school.
33) _____ Being very personal with other men makes me feel uncomfortable.
34) _____ Being smarter or physically stronger than other men is important to me.
35) _____ Men who are overly friendly to me make me wonder about their sexual preference (men or women).
36) _____ Overwork, and stress, caused by a need to achieve on the job or in school, affects, hurts my life.
37) _____ I like to feel superior to other people.
APPENDIX D

FISHER AND TURNER’S (1970) ATTITUDES TOWARD SEEKING PSYCHOLOGICAL HELP SCALE
Using the scale below, circle the number which best represents your view on the following statements.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Slightly Agree</th>
<th>Slightly Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

1) Although there are centers for people with emotional problems, I would not have much faith in them.
   0     1     2     3

2) If a good friend asks my advice about a emotional problem, I might recommend that he or she see a counselor.
   0     1     2     3

3) I would feel uneasy going to a psychologist because of what people would think.
   0     1     2     3

4) A person with a strong character can get over mental conflicts by himself or herself, and would have little need for a psychologist.
   0     1     2     3

5) There are times when I have felt completely lost and would have welcomed professional advice for a personal or emotional problem.
   0     1     2     3

6) Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.
   0     1     2     3

7) I would willingly confide intimate matters to an appropriate person if I thought it might help me or members of my family.
   0     1     2     3

8) I would rather live with certain mental conflicts than go through the ordeal of getting psychological assistance.
   0     1     2     3

9) Emotional difficulties, like many things, tend to work out by themselves.
   0     1     2     3

10) There are certain problems which should not be discussed outside of one's immediate family.
    0     1     2     3

11) A person with serious emotional disturbance would probably feel most secure in a good mental hospital.
    0     1     2     3
0 1 2 3
Agree Slightly Slightly Disagree
Agree Disagree

12) If I believed I was having a nervous breakdown, my first inclination would be to get professional attention.
0 1 2 3

13) Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.
0 1 2 3

14) Having seen a psychologist is a blot on a person's life.
0 1 2 3

15) I would rather be advised by a close friend than by a psychologist, even for an emotional problem.
0 1 2 3

16) A person with an emotional problem is not likely to solve it alone; she or he is likely to solve it with professional help.
0 1 2 3

17) I resent a person--professionally trained or not--who wants to know about my personal difficulties.
0 1 2 3

18) I would want to get psychological attention if I was worried or upset for a long period of time.
0 1 2 3

19) The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.
0 1 2 3

20) Having been mentally ill carries with it a burden of shame.
0 1 2 3

21) There are experiences in life which I would not discuss with anyone.
0 1 2 3

22) It is probably best not to know everything about oneself.
0 1 2 3

23) If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.
0 1 2 3
<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>24)</td>
<td><strong>There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>25)</td>
<td><strong>At some future time, I might want to have psychological counseling.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>26)</td>
<td><strong>A person should work out his or her own problems; getting psychological assistance would be a last resort.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>27)</td>
<td><strong>Had I received treatment in a psychiatric hospital, I would not feel that it ought to be &quot;covered up.&quot;</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>28)</td>
<td><strong>If I thought I needed psychological help, I would get it no matter who knew about it.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>29)</td>
<td><strong>It is difficult for people to talk about personal affairs with highly educated people such as doctors, teachers, and clergy.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
APPENDIX E

HELP-SEEKING ATTITUDES AND BEHAVIOR SCALE
Please use the following scale to indicate how likely you would be to seek help for a personal or emotional problem from each of the following individuals:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
<td>Very</td>
<td>Moderately</td>
<td>Neutral</td>
<td>Moderately</td>
<td>Very</td>
<td>Definitely</td>
</tr>
<tr>
<td>Would</td>
<td>Unlikely</td>
<td>Unlikely</td>
<td>Likely</td>
<td>Likely</td>
<td>Would</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1) a male friend  
2) a female friend  
3) a spouse/partner/ girlfriend/boyfriend  
4) a parent  
5) a relative (non parent)  
6) a member of the clergy (eg. minister, rabbi, priest)  
7) a psychologist  
8) a physician

In the past few years, which of the following people have you spoken with regarding a personal or emotional problem?

<table>
<thead>
<tr>
<th></th>
<th>9) a male friend</th>
<th>Have ___</th>
<th>Have not ___</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10) a female friend</td>
<td>Have ___</td>
<td>Have not ___</td>
</tr>
<tr>
<td></td>
<td>11) a spouse/partner/ girlfriend/boyfriend</td>
<td>Have ___</td>
<td>Have not ___</td>
</tr>
<tr>
<td></td>
<td>12) a parent</td>
<td>Have ___</td>
<td>Have not ___</td>
</tr>
<tr>
<td></td>
<td>13) a relative (non parent)</td>
<td>Have ___</td>
<td>Have not ___</td>
</tr>
<tr>
<td></td>
<td>14) a member of the clergy (eg. minister, rabbi, priest)</td>
<td>Have ___</td>
<td>Have not ___</td>
</tr>
<tr>
<td></td>
<td>15) a psychologist</td>
<td>Have ___</td>
<td>Have not ___</td>
</tr>
<tr>
<td></td>
<td>16) a physician</td>
<td>Have ___</td>
<td>Have not ___</td>
</tr>
</tbody>
</table>
Please use the following scale to indicate how likely you would be to seek help for an academic or vocational problem from each of the following individuals:

<table>
<thead>
<tr>
<th></th>
<th>1 Never Would</th>
<th>2 Very Unlikely</th>
<th>3 Moderately Unlikely</th>
<th>4 Neutral</th>
<th>5 Moderately Likely</th>
<th>6 Very Likely</th>
<th>7 Definitely Would</th>
</tr>
</thead>
<tbody>
<tr>
<td>17) a male friend</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>18) a female friend</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>19) a spouse/partner/ girlfriend/boyfriend</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>20) a parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>21) a relative (non parent)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>22) a member of the clergy (eg. minister, rabbi, priest)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>23) a psychologist</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>24) a physician</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

In the past few years, which of the following people have you spoken with regarding an academic or vocational problem?

<table>
<thead>
<tr>
<th></th>
<th>Have</th>
<th>Have not</th>
</tr>
</thead>
<tbody>
<tr>
<td>25) a male friend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26) a female friend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27) a spouse/partner/ girlfriend/boyfriend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28) a parent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29) a relative (non parent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30) a member of the clergy (eg. minister, rabbi, priest)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31) a psychologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32) a physician</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX F

OSGOOD, SUCI, AND TANNENBAUM'S (1957)

SEMANTIC DIFFERENTIAL SCALE
Please indicate your associations to the word at the top of the next two pages on the seven-point scales below. Make your judgements on the basis of what the words mean to you. For example:

If you felt that the word was very closely associated with one end of the scale, you might place your mark as follows:

**PHYSICIAN:**

Friendly X____:____:____:____:____:____ Unfriendly

If you felt that the word was slightly associated with one end of the scale, you might place your mark as follows:

**PHYSICIAN:**

Ungrateful ____:____:X____:____:____:____ Grateful

If you considered the scale completely irrelevant, or both sides equally associated, you would check the middle space of the scale.

**PHYSICIAN:**

Successful ____:____:____:X____:____:____ Unsuccessful

Please work at a fairly high rate of speed, without worrying or puzzling over any individual item. Some items may seem irrelevant to you. Don't worry about this, just give the best association you can and move along. It is your first impression that is wanted.
**PHYSICIAN:**

<table>
<thead>
<tr>
<th>Hot</th>
<th>Cold</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Soft</strong></td>
<td>Hard</td>
</tr>
<tr>
<td>Grateful</td>
<td>Ungrateful</td>
</tr>
<tr>
<td>Unfriendly</td>
<td>Friendly</td>
</tr>
<tr>
<td>Attracting</td>
<td>Repelling</td>
</tr>
<tr>
<td>Foolish</td>
<td>Wise</td>
</tr>
<tr>
<td>Active</td>
<td>Passive</td>
</tr>
<tr>
<td>Bad</td>
<td>Good</td>
</tr>
<tr>
<td>Feminine</td>
<td>Masculine</td>
</tr>
<tr>
<td>Disreputable</td>
<td>Reputable</td>
</tr>
<tr>
<td>Deep</td>
<td>Shallow</td>
</tr>
<tr>
<td>Dangerous</td>
<td>Safe</td>
</tr>
<tr>
<td>Harmonious</td>
<td>Dissonant</td>
</tr>
<tr>
<td>Honest</td>
<td>Dishonest</td>
</tr>
<tr>
<td>Light</td>
<td>Heavy</td>
</tr>
<tr>
<td>Slow</td>
<td>Fast</td>
</tr>
</tbody>
</table>
PSYCHOLOGIST:

APPENDIX G

KEY TO TABLE ABBREVIATIONS
Key to Table Abbreviations

Demographic Variables
Age: Subjects' age
Year: Subjects' year in college
Relat: Subjects' relationship status, increases from uninvolved, to casually involved, to seriously involved.

Male Role Variables
AMS: Attitude toward the Male Role (Downs & Engleson, 1982).
GRCS: Gender Role Conflict Scale (O'Neil et al., 1986).
  Power: GRCS subscale; Success, power, & competition.
  R Emot: GRCS subscale; Restrictive emotionality.
  R Affect: GRCS subscale; Restrictive affectionate behavior between men.
  Work-Fam: GRCS subscale; Work-family conflict.

Help-Seeking Variables
Semantic Differential: (Osgood, Suci, & Tannenbaum, 1957)
  Physician, whole scale
  Psychologist, whole scale
  SDF, All: Physician minus Psychologist, whole scale
  SDF, Pot: Potency factor, Physician minus Psychologist on potency subscale of semantic differential.
Psy Help: Attitudes Towards Seeking Professional Psychological Help Scale (Fisher & Turner, 1970)
Help At: Help-seeking Attitudes (Part 1 of the Help-seeking Attitudes and Behavior Questionnaire)
  Personal/emotional: Portion of Help-seeking attitudes questionnaire which asked about likelihood of help-seeking for a personal/emotional problem.
Psy/MD: Difference in likelihood of seeking help from a psychologist as compared to a physician for a personal/emotional problem and an academic/vocational problem.
Help Beh: Help-seeking Behaviors (Part 2 of the Help-seeking Attitudes and Behavior Questionnaire)
  Personal/emotional: Portion of Help-seeking Behavior questionnaire which asked about past help-seeking behavior for a personal/emotional problem.
  Academic/vocational: Portion of Help-seeking behavior questionnaire which asked about past help-seeking behavior for an academic/vocational problem.
REFERENCES


Spence, J.T., & Helmreich, R. (1972). The attitudes toward women scale: An objective instrument to measure attitudes toward the rights and roles of women in contemporary society. JSAS Catalog of Selected Documents in Psychology, 66(2), (MS. #153).


