INFORMATION TO USERS

The most advanced technology has been used to photograph and reproduce this manuscript from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

UMI
University Microfilms International
A Bell & Howell Information Company
300 North Zeib Road, Ann Arbor, MI 48106-1346 USA
313/761-4700 800/521-0600
Changing men's male sex role attitudes and help-seeking attitudes

Harris, Jeff Eugene, Ph.D.
The Ohio State University, 1990
CHANGING MEN'S MALE SEX ROLE ATTITUDES
AND HELP-SEEKING ATTITUDES

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of the Ohio State University

By

Jeff Eugene Harris, B.A., M.A.

* * * * *

The Ohio State University
1990

Approved by

Dissertation Committee:
N.E. Betz
M. Heesacker
D.M. Dell

Co-Advisor
Co-Advisor
Department of Psychology
ACKNOWLEDGEMENTS

I would like to express thanks and appreciation to my advisor, Dr. Martin Heesacker, who has been instrumental in my development as a psychologist, researcher, and scholar during the last six years. Marty, thank you for your support and guidance in everything from research topics to Utah skiing. Your contribution to my education and development cannot be overemphasized nor will it be forgotten.

I also would like to thank the other members of my committee, Dr. Nancy Betz and Dr. Donald Dell, for their time, energy, and insight. Nancy Betz once introduced me to a Psychology of Women class as "a fellow warrior in the battle against sexism." It is my hope that research on men's issues will contribute to this fight. Don Dell is a faculty member whose intellect I admire and envy; thank you for the challenge and inspiration.

I want to thank Roger Hall who helped develop the arguments and who acted as the speaker on the intervention videotapes. Appreciation is also expressed to Susie Herb who helped with the collection of data. Glenn Good's dissertation established the relationship which I explore in
my dissertation and he is gratefully acknowledged.

I would like to thank all of my graduate school friends who have shared the ups and downs of academic life. In particular, I thank Suzanne Zilber for her support, encouragement, and loving friendship during the last four years. Suzanne, I don't know how I could have made it without you.

I dedicate this dissertation to my parents, Jeanne and Dewey Harris, whose support has always been felt and who have encouraged me to do my best in everything. Mom and Dad, your love has made my success possible. Thank you.
VITA

November 22, 1962 . . . . . Born - Ames, Iowa

1984 . . . . . . . . . . B.A., Psychology,
DePauw University,
Greencastle, Indiana

1988 . . . . . . . . . . M.A., Counseling Psychology,
Southern Illinois University,
Carbondale, Illinois

FIELD OF STUDY

Major Field: Psychology
TABLE OF CONTENTS

ACKNOWLEDGEMENTS ...................................... ii
VITA .................................................. iv
LIST OF TABLES ........................................ vi
LIST OF FIGURES ....................................... vii

CHAPTER
   I. INTRODUCTION .................................... 1
   II. LITERATURE REVIEW .............................. 8
   III. METHOD ......................................... 38
   IV. RESULTS ......................................... 77
   v. DISCUSSION ...................................... 105

APPENDICES
   A. Pilot Test Materials .............................. 120
   B. Intervention Message Arguments ................. 137
   C. Brannon Masculinity Scale ...................... 145
   D. Gender Role Conflict Scale ....................... 150
   E. Attitudes Toward Seeking Psychological Help Scale 154
   F. Help-Seeking Attitudes and Behavior Scale .... 158
   G. Need for Cognition Scale ........................ 161

REFERENCES .............................................. 164
### LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Testing and treatment parameters of experimental groups</td>
<td>41</td>
</tr>
<tr>
<td>2. Summary of pretest, treatment, and posttest condition components</td>
<td>42</td>
</tr>
<tr>
<td>3. Testing for differences between pretest-posttest and posttest-only groups</td>
<td>79</td>
</tr>
<tr>
<td>4. Correlations between year of birth and posttest dependent variables</td>
<td>81</td>
</tr>
<tr>
<td>5. Internal consistency reliabilities for dependent variable measures and subscales</td>
<td>83</td>
</tr>
<tr>
<td>6. Means and standard deviations of male sex role attitude measures and subscales by experimental group</td>
<td>85</td>
</tr>
<tr>
<td>7. Means and standard deviations of help-seeking attitude measures and subscales by experimental group</td>
<td>86</td>
</tr>
<tr>
<td>8. Effect of treatment type on posttest multivariate dependent variable scores</td>
<td>88</td>
</tr>
<tr>
<td>9. Effect of interaction between treatment type and time on posttest multivariate dependent variable scores</td>
<td>90</td>
</tr>
<tr>
<td>10. Effect of treatment type on posttest male sex role dependent variable scores</td>
<td>92</td>
</tr>
<tr>
<td>11. Posttest male sex role dependent variable means by treatment type</td>
<td>93</td>
</tr>
<tr>
<td>12. Means of Brannon Masculinity Scale subscales as a function of experimental condition</td>
<td>100</td>
</tr>
</tbody>
</table>
## LIST OF FIGURES

<table>
<thead>
<tr>
<th>FIGURE</th>
<th>Description</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Solomon four-group design</td>
<td>39</td>
</tr>
<tr>
<td>2.</td>
<td>Modified Solomon four-group design with two</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>treatments</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER I
INTRODUCTION

The literature discussing aspects of society's portrait of the male sex role has described a picture of a limited and constricted role for men that is characterized by avoidance of femininity, concern with status and success, appearance of confidence and strength, and an aura of aggression and adventure (Brannon, 1976). This role has negative consequences for men whether they conform to, or deviate from, the prescribed male role. Negative consequences of conforming to the male role include preoccupation with success, power and competition; restrictive emotionality and affectionate behavior; and conflicts between work and family life (O'Neil, 1981a, 1981b; O'Neil, Helms, Gable, David, & Wrightsman, 1986). Negative consequences of deviating from the male role include social condemnation, anxiety, self-devaluation, and attempts to overconform to the role (Pleck, 1981, pp. 144-147). The male sex role may also be associated with men's shorter life span, higher suicide rate, high stress level, and emotional isolation (Toomer, 1978). The male sex role also may have severe negative consequences for women in the
form of rape, child sexual abuse, and sexual harassment (Russell, 1984). Because of the negative impact on men and women, counseling psychologists have concerned themselves during the last decade and a half with the limitations and consequences of the male role (Skovholt, Gormally, Schauble, & Davis, 1978; Scher, Stevens, Good, & Eichenfield, 1987). Gender and sex roles are undergoing important changes in contemporary society and men are responding to these changes in a variety of ways (Skovholt, 1978; Pleck, 1987). Not only can counseling psychologists concern themselves with helping to continue these changes in sex roles, but also in helping individuals adapt to such change.

In addition to the negative consequences that result from the male role, the male role may hinder counseling itself. Aspects of the male role, such as restrictive emotionality and low levels of self disclosure, may directly interfere with counseling (Bruch, 1978; Heppner & Gonzales, 1987; Silverberg, 1986; Toomer, 1978), although empirical investigations of these relationships are just beginning.

It appears that men are less likely than women to seek help from counselors or others (Fischer & Turner, 1970; Gourasch, 1978; Margolis, 1982) and that men's unfavorable attitudes toward help-seeking may be related to the male sex role (Nadler, Maler, & Friedman, 1984). In this way, the male sex role may prevent men from seeking counseling when they need it. Preliminary research has shown that men with
traditional attitudes toward the male role report less favorable attitudes toward help-seeking and are less likely to seek psychological help (Good, Dell, & Mintz, 1989). Although men are showing signs of increasing rates of psychological distress in the last two decades (Pleck, 1987), many are still resistant to seeking the help they need. For these reasons, it is important for counseling psychologists to understand the way that male socialization affects help seeking and the counseling process and how men's attitudes about the male sex role may be modified.

Purpose

The proposed study experimentally explored the relationship between male sex role attitudes and attitudes toward seeking psychological help by attempting to change men's male sex role attitudes and their psychological help-seeking attitudes. This study was an extension of a study by Good, Dell, and Mintz (1989) that found a significant correlation between aspects of men's attitudes toward the male role and help-seeking attitudes and behavior showing that men with more traditional attitudes toward masculinity had less positive attitudes toward seeking psychological help, reported less help-seeking behavior in the past, and reported less likelihood of help-seeking behavior in the future. The present study tested the effect of attempts to change these attitudes and attempted to explore the directionality of this correlational relationship.
This study, therefore, had two related purposes. First, this study tested the usefulness of a brief psychoeducational intervention using theory-based attitude change strategies for changing men's attitudes toward the male sex role and attitudes toward psychological help-seeking. Can men's attitudes about the male sex role or about help-seeking be changed with a brief psychoeducational intervention? Second, this study also attempted to discover if the relationship between male sex role attitudes and psychological help-seeking attitudes was causal, by testing whether changing either of these sets of attitudes (by employing an attitude change intervention) had a significant impact on the other. If either men's sex-role or help-seeking attitudes are altered, what impact does this attitude change have on the alternate set of attitudes?

It should be noted that these two purposes were interdependent. If the attitude change intervention was unsuccessful in altering subjects' attitudes (first purpose), then it would be impossible to test the causality of the relationship between male sex role attitudes and help-seeking attitudes (second purpose). To further highlight the interdependence of these two purposes of the study, the hypotheses related to the attitude change effects of the treatment interventions (hypotheses 1 and 3) served as manipulation checks for the hypotheses related to the relationship between the two sets of attitudes (hypotheses 2
and 4) as explained in the next section.

Hypotheses

The hypotheses of this study predicted that brief psychoeducational attitude change interventions would successfully alter male subjects' male sex role and help-seeking attitudes. These attitude change hypotheses also served as manipulation checks for the directionality hypotheses, described next. The hypotheses of this experiment also predicted a causal, non-reciprocal relationship between male sex role attitudes and help-seeking attitudes. It was assumed that attitudes toward one's sex role are more experience-based and self-relevant and therefore more influential in determining other aspects of a person's attitudes and behavior than attitudes about a specific type of behavior such as help-seeking. For this reason, it was hypothesized that the correlational relationship between male sex-role attitudes and help-seeking attitudes resulted from the influence of male sex role attitudes on help-seeking attitudes rather than the influence of help-seeking attitudes on male sex role attitudes. Specifically, the hypotheses predicted that male sex role attitude change would influence help-seeking attitudes, but that help-seeking attitude change would not influence male sex role attitudes.
These predictions are detailed next in the form of four formal hypotheses:

(1) Subjects exposed to an intervention designed to change male sex role attitudes will display post-message attitudes toward the male sex role that differ significantly, in the less traditional attitude direction, from their pre-message attitudes or that differ significantly, in the less traditional attitude direction, from the attitudes of control group subjects not exposed to an attitude change intervention. (This hypothesis also served as a manipulation check for the second hypothesis.)

(2) Subjects exposed to the male sex role attitude change intervention will also display post-message psychological help-seeking attitudes that differ significantly, in the favorable direction, from their pre-message attitudes or that differ significantly, in the favorable direction, from the attitudes of control group subjects.

(3) Subjects exposed to an intervention designed to change subjects' psychological help-seeking attitudes will display post-message psychological help-seeking attitudes that differ significantly, in the favorable direction, from their pre-message attitudes and that differ significantly, in the favorable direction, from the attitudes of control group subjects. (This hypothesis also serves as a manipulation check for the fourth hypothesis.)
(4) Subjects exposed to the help-seeking attitude change intervention will display post-message male sex role attitudes that do not differ significantly from their pre-message attitudes or that do not differ significantly from the attitudes of control group subjects.
CHAPTER II
LITERATURE REVIEW

Literature in this review was retrieved using a variety of methods including tree searches, journal searches, and the use of the Social Sciences Citation Index (SSCI). First, a tree search was used by searching the references of important recent articles to identify past research of interest. Second, recent issues of appropriate journals, such as the Journal of Counseling Psychology and Sex Roles were searched for appropriate studies and additional references of other materials. Third, to locate articles pertaining to the use of important theories and instruments which were used in the present study, SSCI was used to locate studies which have employed these theories (e.g., O'Neil, 1981a, 1981b; Pleck, 1981) and measures (e.g., Brannon & Juni, 1984; Fisher & Turner, 1970; O'Neil et al., 1986) and have studied topics of interest. Because of the nature of the literature and the limited number of important theories and pertinent measures, it was thought that an SSCI search of this nature would be more useful and relevant than a topic-based search using psychological abstracts. Additionally, the redundancy of the references located with
the methods employed here suggested that the search had been thorough and comprehensive and did not suggest the need to conduct a more expensive or lengthy computer-based search or psychological abstracts search. It is acknowledged, however, that some biases, such as only locating references from well-known journals, may have been encountered by relying on the methods which were used in this search.

Theoretical examinations of the male sex role seem to have begun to proliferate in the 1970's in both the popular literature (Farrell, 1974; Fasteau, 1975; Goldberg, 1976; Nichols, 1975), and in psychological and sociological writings (David & Brannon, 1976; Pleck & Sawyer, 1974). In the 1980's there have been important new theoretical contributions (Pleck, 1981; O'Neil, 1981a, 1981b) and a variety of new instruments to measure aspects of the male role (Brannon & Juni, 1984; Downs & Engleson, 1982; O'Neil, Helms, Gable, David, & Wrightsman, 1986; Snell, 1986). At present, empirical research has just begun to use these instruments and to empirically test and refine theory.

The first part of this literature review will deal with theoretical aspects and consequences of the male role, changing sex roles, and measurement of the male sex role. The second part of this review will deal with theory about men in counseling and men and help-seeking. The final part of this review will discuss studies designed to change men's attitudes related to sex roles and an attitude change theory
that has been successfully employed in changing men's attitudes and which was employed in the design of the present study.

Male Sex Role

Theoretical Aspects of the Male Role

Recognition of the restriction and limitations of the male sex role began to influence thinking and writing in the 1970's. In part this recognition was in response to and was complementary to the explorations of the restrictiveness of the female role encouraged by the women's movement during the 1960's and 1970's. One conceptualization of the male role was proposed by Brannon (1976) who suggested four dimensions or themes that predominate the male sex role.

The first of these dimensions was described as "no sissy stuff" which emphasized the lesson that boys and men are taught that it is important to avoid all feminine characteristics and behaviors. The second dimension was described as the "big wheel" which emphasizes the importance of status and success as well as the need to be a competent breadwinner. Third, Brannon describes the "sturdy oak" dimension which includes the appearance of confidence, self-reliance, toughness, and strength. The fourth dimension of the male role was described as "give 'em hell" which portrays an emphasis on aggression, violence, adventure, and daring. In addition to describing these components of the male role, Brannon discusses how difficult and unrealistic
it is for men to try to live up to such a role and describes the impact that these role expectations have on men throughout life.

Similar to Brannon's four dimensions of the male sex role is a conceptualization proposed by Doyle (1983). Doyle discussed historical, biological, anthropological, sociological and psychological elements which influence the male role and suggested five elements. These five elements of the male sex role were described as the antifeminine element, the success element, the aggressive element, the sexual element, and the self-reliant element. Doyle also suggested that antihomosexual attitudes and unequal power in relationships with women are important aspects of the male role. Doyle's discussion was largely theoretical and did not present empirical data supporting many of these ideas.

Crites and Fitzgerald (1978) suggested that competence for males should depend upon success in the areas of both achievement and affiliation. In regard to achievement, males have been socialized to overemphasize winning and success. In regard to affiliation, men have been taught to establish shallow relationships with other men and to narrowly define their relationships with women either sexually or maternally. These pressures related to male achievement and affiliation result in an ideal man who is self-reliant, tough, rational, and unemotional. Crites and Fitzgerald suggested that the competent male must learn how
to define achievement and success internally, on the basis of fulfillment of personal potential. Likewise, the competent male should redefine affiliation to include more cooperation and broader, more flexible ways of relating to others. This discussion was also largely theoretical and did not present empirical data supporting these claims.

Whereas many of these writings have been very critical of the male sex role, it must be recognized that the male role has positive characteristics and has been developed to serve important purposes in our society. In fact, many of the negative aspects of the male role described here are merely exaggerations of positive characteristics. For example, it would be hard to completely denounce men for trying to be successful, competent, confident, and self-reliant. These are values that most people in our society endorse although they may disagree on definitions of success and competence. In fact, some writers are now claiming that the aspects of the male sex role that are being criticized by feminist women and profeminist men are actually positive characteristics. For example, Farrell (1986) presents an explanation of "why men are the way they are," which can be considered a defense of the traditional male role.

**Consequences of the Male Role**

Psychologists concerned with personality measurement have been one group who have had a great deal of impact on perceptions of the male role and the importance of
masculinity. Throughout the last half-century, personality measurement views about the male role have been dominated by what Pleck (1981) called the male sex role identity paradigm. The male sex role identity paradigm stresses the importance of developing a proper sex role identity, the difficulties of such development, and the negative consequences of failing to develop a proper sex role identity. Pleck criticized the male sex role identity paradigm and suggests, in its place, the sex role strain paradigm. The sex role strain paradigm emphasizes the psychological strain and negative consequences that result from the discrepancy between one’s own self-concept and one’s same sex ideal (Garnets & Pleck, 1979). Davis (1988) tested this sex role strain hypothesis among college men and found that discrepancy between real self-concept and same-sex ideal had a significant effect on self-esteem and on anxiety.

Pleck (1981) described both negative psychological consequences and social condemnation that result from violating sex role norms and suggested that a high proportion of men deviate from these norms. For example, Moore and Nutall’s (1981) finding that college men rated themselves less masculine than their ideal self or the ideal male supports Pleck’s assertion that a high proportion of men violate sex role norms. Pleck also cites past research to support the link between sex role violation and social
condemnation and negative psychological consequences. For example, Feinman (1974) found that both male and female college students indicated greater disapproval of sex role deviation among boys compared to deviation among girls. Costrich, Feinstein, Kidder, Marecek, and Pascale (1975) found that men who were described as passive and dependent received lower ratings on both popularity and perceived psychological adjustment, supporting Pleck's contention that sex role violations among men result in social condemnation. In contrast, O'Leary and Donoghue (1978) found that nontraditional males were not devalued by either men or women in a resume evaluation or decision making simulation. Regarding psychological adjustment, Deutsch and Gilbert (1976) found greater adjustment for masculine men than for androgynous men, supporting Pleck's suggestion that sex role deviation results in poor adjustment.

Related to sex role strain is the concept of gender role conflict, hypothesized by O'Neil (1981a, 1981b). Whereas Pleck's (1981; Garnets & Pleck, 1979) writings emphasized the negative consequences of violating sex role norms, O'Neil identified negative consequences of conforming to the male sex role. O'Neil (1981b) organized his analysis around the concept of men's fear of femininity and suggested six patterns of gender role conflict: (1) restrictive emotionality, (2) socialized control, power and competition, (3) homophobia, (4) restrictive sexual and affectionate
behavior, (5) obsession with achievement and success, and (6) health care problems.

The negative consequences of either conforming to or violating male sex role norms is reminiscent of the double bind of women's mental health suggested by Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel (1970) who demonstrated that the mental health field's ideal for women did not conform to the mental health ideal for people in general and concluded that women must choose between being perceived as a psychologically healthy female and an unhealthy person or being a healthy person and an unhealthy female. Kaplan (1983) reiterated this theme by suggesting that women are seen as psychologically unhealthy by either overconforming to or underconforming to the female role. If Pleck and O'Neil's theories are supported, it may suggest that men are faced with the same double bind and may suffer from either overconforming to or deviating from the male sex role.

Beyond these two broad conceptualizations of consequences of the male sex role (Pleck's Sex Role Strain and O'Neil's Gender Role Conflict), there are numerous specific effects allegedly related to the male role such as marital violence, rape, and child abuse (Finn, 1986; Russell, 1984). Finn found a positive relationship between traditional sex role attitudes and attitudes which support marital violence. Russell has argued that male sex role
socialization is related to the sexual exploitation of women in the forms of rape, child sexual abuse, and sexual harassment in the workplace, although this argument is theoretical and empirical support is not presented.

**Changing Sex Roles**

Skovholt (1978) suggested that the most visible changes in gender roles have taken place on the part of women and that men largely have been in a position of reacting to these changes. A decrease in the importance of gender role distinctions has taken place because of three societal changes: the decreased importance of women's reproductive role, the decreased importance of men's physical strength, and the demand for sexual equality by women. Skovholt suggested that while some men welcome the changes that are occurring and that have been brought about in part by feminism, others openly resist change and others respond by pointing out the oppression that the male role places on men. Skovholt concluded by pointing out emotional trouble spots for men which include: (1) mixed messages about aggression which in adolescence is both rewarded (e.g., through athletics) and punished (e.g., delinquency); (2) restrictive emotionality which include fewer friendships with other men, lower rates of self-disclosure, and homophobia; and (3) an overemphasis on vocational success which leaves both those that succeed and those that fail to meet traditional standards feeling inadequate. Skovholt's
discussion was largely theoretical and empirical support was not provided.

Other writers have also recognized the impact of the feminist movement and women's changing status on the attitudes and experiences of men. Skjei and Rabkin (1981) described the "male dilemma" as the stress that men experience in response to role transitions that are occurring in society. These authors pointed out the lack of control that men perceive in regard to these societal changes. Bell (1982) also described the reactions of men to changes in society and suggested that the "paradox of masculinity" is that men were socialized to live in a world that no longer exists. Optimistically, Bell points to the possibility for men to react to their feelings of ambivalence and anxiety with growth in the process of redefining masculinity. Realistically, he points out that men's transition to a more holistic definition of the male role will be a long process, just as the process of changing women's roles has been long. Again, these discussions were largely theoretical and did not provide empirical support for their claims.

**Measurement**

Pleck (1987) critiqued the trends in measurement of aspects of the male sex role and distinguishes between three types of measures: (1) sex-role attitude measures, (2) sex-role stereotype measures, and (3) sex typing measures. Sex-
role attitudes and sex-role stereotypes were common subjects for research in the late 1960's and early 1970's. Sex-role attitudes refer to personal attitudes about personality and behavioral characteristics appropriate for men and women. Sex-role stereotypes refer to sociocultural norms for men and women. Starting in the mid 1970's research began to emphasize measures of sex typing based on the theoretical construct of androgyny. Sex-typing refers to how masculine/instrumental or feminine/expressive a person's behavior or personality characteristics are. Examples of measures of sex typing and androgyny are the Bem Sex Role Inventory (Bem, 1974) and the Personal Attributes Questionnaire (Spence, Helmreich, & Stapp, 1974). Recent instruments have returned to a focus on sex-role attitudes and several new scales have been developed to measure attitudes toward the male role. Several of these instruments will be reviewed next.

The Attitudes Toward the Male's Role Scale (AMR; Doyle & Moore, 1978) is a 45 item scale designed to measure attitudes dealing with male dominance, general interests, vocational pursuits, sexuality, emotionality, courtesy toward women, and interpersonal relations. The scale is comprised of five subscales based on factor analysis. These subscales are: (1) male-female sex roles, (2) appropriate male behavior, (3) chivalry, (4) male role in family and occupations, and (5) attitudes toward homosexuality.
The Attitudes Towards Men Scale (AMS; Downs & Engleson, 1982) is a 34 item scale designed to measure current attitudes about men and masculinity. The AMS can be used to measure the extent to which an individual's attitudes toward masculinity are traditional or nontraditional. Downs and Engleson reported that more traditional AMS scores were found among male subjects, younger subjects, and subjects with traditional attitudes toward women. A strong positive correlation was also found between AMS scores and self-esteem for male subjects.

Fiebert (1983) developed a scale measuring adherence to traditional versus liberated attitudes and behavior associated with the male role. This scale contains 29 items and is comprised of two subscales based on factor analysis. One scale contains items indicating liberated attitudes, whereas the second scale contains items indicating traditional attitudes toward the male role. Fiebert reported that men over 50 years of age responded in a less liberated manner than younger men in the validation sample.

One criticism that can be leveled at the three scales described so far is that they each contain sex comparison items which measure aspects of the male role only as it relates to attitudes toward the female role (Thompson, Grisanti, & Pleck, 1985). An example of a sex comparison item is "it is worse for a man to cry in public than for a woman." Pleck (1981, p 142; 1987) stressed the importance
of measuring absolute rather than relative attitudes about each sex role. In support of the distinction between attitudes toward the male role and attitudes toward the female role, Thompson and Pleck (1986) found that attitudes toward the male role and attitudes toward women exist independently. Three scales which avoid this criticism and do not use sex comparison items will be described next as will research utilizing these scales. One of these scales measures attitudes about the male role (Brannon & Juni, 1984) and two of these scales measure aspects of gender role conflict that result from male socialization and fear of femininity (O'Neill, et al., 1986; Snell, 1986).

The Brannon Masculinity Scale (BMS; Brannon & Juni, 1984; Brannon, 1985) is a 110 item scale which measures the degree to which an individual endorses traditional masculine behavior in men and is based on Brannon's (1976) four-dimensional conceptualization of the male sex role (described earlier). The BMS contains seven subscales, each containing 15 or 16 items, which were determined on the basis of inter-item correlations. The subscales of the BMS which correspond to Brannon's "no sissy stuff" dimension are (1) Avoiding Femininity, and (2) Concealing Emotions. Corresponding to the "big wheel" dimension are subscales for (3) the Breadwinner, and (4) Admired and Respected. Corresponding to the "sturdy oak" dimension are subscales for (5) Toughness, and (6) the Male Machine. The "give 'em
Initial research using the short form of the BMS (58 items) indicated that this operationalization of male role attitudes correlates significantly with measures of homophobia ($r = .59, p < .001$), type A behavior ($r = .26, p < .001$), self-disclosure to one's closest female friend ($r = -15, p < .01$), and an endorsement of using unilateral power in intimate relationships ($r = .10, p < .05$; Thompson, Grisanti, & Pleck, 1985). Another study using the BMS found that men's scores negatively correlated with their performance of traditionally feminine household chores ($r = -.31, p < .01$), but did not significantly correlate with performance of childcare activities (Baruch & Barnett, 1986).

A factor analysis of items from the short form of the BMS revealed three factors which refer to (1) status, (2) toughness, and (3) antifemininity (Thompson & Pleck, 1986). This factor analysis suggests three empirically-derived dimensions which contradict the four dimensions which Brannon (1976) derived theoretically. The empirically-derived Status factor contains items from the "big wheel" and the "sturdy oak" theoretical dimensions. The empirically-derived Toughness factor contains items from the "no sissy stuff", "sturdy oak", and "give 'em hell" theoretical dimensions. The empirically-derived
Antifemininity factor contains items from the "no sissy stuff" theoretical dimension not contained in the Toughness factor.

Thompson and Pleck (1986) used this factor analysis of the BMS (Brannon & Juni, 1984) to measure male college students' endorsement of male role norms and the relation of these norms to attitudes toward women. Results indicated moderate, but not strong, endorsement of these emphases on status, toughness, and antifemininity. Results also indicated that attitudes about male role norms are not strong predictors of attitudes toward women, indicating that attitudes toward the male and female role may exist independently.

The Gender Role Conflict Scale (GRCS; O'Neil, et al., 1986) is based on O'Neil's (1981a, 1981b) conceptualization of gender role conflict as the negative outcome of adhering to the male sex role and consists of two different scales. The first of these scales (GRCS-I) measures personal gender role attitudes, behaviors, and conflicts, and the second scale (GRCS-II) measures comfort and conflict in specific situations. O'Neil, et al. conducted a factor analysis which resulted in four factors on the GRCS-I and four factors of the GRCS-II. The four attitude factors revealed on the GRCS-I were: (1) Success, Power, and Competition; (2) Restrictive Emotionality; (3) Restrictive Affectionate Behavior between Men; and (4) Conflicts between Work and
Family Relations. The four situation factors revealed on the GRCS-II were: (1) Success, Power, and Competition; (2) Homophobia; (3) Lack of Emotional Response; and (4) Public Embarrassment in response to gender role deviance. O'Neil, et al. found that undifferentiated men (neither masculine or feminine), based on PAQ scores (Spence & Helmreich, & Stapp, 1974) scored significantly higher than other men (masculine, feminine, or androgynous) on restrictive emotionality and lack of emotional response. Masculine men, on the other hand, scored significantly higher than other men (androgynous, feminine, or undifferentiated) on restrictive affectionate behavior and homophobia. No other factor score differences were reported on the basis of PAQ scores.

Another instrument based on O'Neil's (1981a, 1981b) conceptualization of gender role conflict is Snell's (1986) Masculine Role Inventory (MRI). The MRI contains 26 items divided into three factor analytically derived subscales designed to measure (1) Success Preoccupation, (2) Restrictive Emotionality, and (3) Inhibited Affection. Snell reports that men score higher than women on the Restrictive Emotionality and Inhibited Affection subscale, but not on the Success Preoccupation subscale. Preliminary correlational research using the MRI indicated that both men and women who score high on the MRI may be more likely than low scorers to react to stressful life events with distress (Snell, Belk, & Hawkins, 1986).
Two other scales will be described briefly that are related to the male sex role but do not directly measure a broad range of male sex role attitudes. Villemez and Touhey (1977) developed a 28 item personality measure called the "Macho" scale designed to measure sex-role stereotyping and sex discrimination. Originally designed to assess the degree of sexism in Cuban-American and Mexican-American subcultures, Mexican-American university students scored significantly higher than Anglo-American students on the Macho scale. The Macho scale also correlated with scores on the Bem Sex Role Inventory (Bem, 1974) most highly for masculine-typed men ($r = .41, p < .001$), compared to androgynous or feminine-typed men.

Measuring the "macho personality" was also the goal of Mosher and Sirkin (1984) who developed the Hypermasculinity Inventory. This 30-item scale measures three aspects of hypermasculinity: (1) Calloused Sex Attitudes Toward Women, (2) Violence as Manly, and (3) Danger as Exciting. This measure of hypermasculinity correlated significantly with reports of drug use ($r = .26, p < .01$), aggression ($r = .65, p < .001$), dangerous driving ($r = .47, p < .001$), and delinquency ($r = .38, p < .01$).

In spite of the large number of instruments that have been developed to measure attitudes toward the male role, few empirical studies have been conducted. The few studies that have been conducted are almost exclusively
correlational and it is difficult to find male sex role research which has used experimental designs. This means that research has typically focused on nondirectional relationships between variables and has not attempted to ascertain causal relationships between these variables. Experimental designs may aid in clarifying such relationships and may lead to a more accurate understanding of the consequences of male sex role attitudes.

**Men in Counseling**

In the last decade and a half, professionals in the field of counseling and psychotherapy have begun to recognize the need for attention to the unique needs of men in counseling. This recognition led to special issues on counseling men published by both *The Counseling Psychologist* (Skovholt, Gormally, Schauble, & Davis, 1978) and the * Personnel and Guidance Journal* (Scher, 1981). Recent books recognizing the unique needs of men in counseling and psychotherapy include *Men in transition: Theory and therapy* (Solomon & Levy, 1982), *Psychotherapy for men* (Silverberg, 1986), and the *Handbook of counseling and psychotherapy with men* (Scher, Stevens, Good, & Eichenfield, 1987). This literature is almost exclusively theoretical and very little empirical data has been employed in the exploration of men in counseling. Some common theoretical themes recognized in the literature on counseling men will be outlined next.
Toomer (1978) pointed out that the societal expectations for men to be ingenious, competitive, powerful winners has taken a heavy toll and may contribute to men's shorter life span, higher suicide rate, high stress level and self-imposed emotional isolation. Research related to men in counseling was reviewed which suggested that men expect counselors to be more directive and critical, and that male counselor-client dyads have lower rates of self-disclosure than mixed sex dyads. Toomer also pointed out that sex bias in the mental health field in the past has valued the traditional male role (Broverman et al., 1970) and has also served to restrict men and may lead counselors to devalue men who choose to deviate from the traditional role. Toomer suggested that the goal of psychological treatment should be to free all people to flexibly choose optimal ways of thinking, feeling, and behaving.

Bruch (1978) analyzed men in counseling from a person-environment perspective and suggested that men often do not have the social personality which would match the social environment of counseling. She concluded that, as much as possible, counselors should tailor their interventions to the values, expectations, and personality preferences of their clients. Based on Holland's typology, Bruch suggested that realistic and conventional men might respond best to counseling approaches that use simple instructions and guided practice. Investigative and enterprising men may
prefer an active, rational or persuasive counseling style such as rational-emotive therapy or another cognitive-behavioral technique. Artistic men might prefer a more experiential style of counseling such as gestalt or group psychodrama. Social men were hypothesized to be most likely to adapt to a variety of counseling styles. Bruch's discussion was largely theoretical and did not provide empirical support for these claims.

Heppner and Gonzales (1987) pointed out the difficulty men have in admitting that they have a problem and need help. Men also find it difficult to identify and share their emotions, particularly with other men, such as a male counselor. When male clients in counseling become aware of their emotions, these reactions may be very threatening to them. Heppner and Gonzales also suggested that gender issues such as the need for control or fear of intimacy may affect male counselors and their effectiveness in counseling. Again, this discussion was largely theoretical and did not provide empirical support for these ideas.

Silverberg (1986) suggests that there are many obstacles to psychological treatment associated with the male sex role. Obstacles to treatment include motivation, stigma against feelings, and fear of intimacy. Silverberg suggested that important issues to deal with in psychotherapy with men are competitiveness, conflict around changing gender roles, and problems with self-disclosure.
This discussion was also largely theoretical and did not provide empirical support for these ideas.

Men and Help-Seeking

In addition to the unique needs of men in counseling, one factor that should be explored is the fact that it appears that many men may be less likely than women to seek psychological help in the first place. If men do not seek psychological help, they cannot benefit or be helped by counseling or psychotherapy. Fischer and Turner (1970) developed an instrument to measure attitudes toward seeking professional psychological help and found that men have significantly less favorable attitudes toward psychological help-seeking than women. This sex difference, however, was not related to a measure of masculinity used in the study.

In a review of the literature on help-seeking, Gourash (1978) noted that men seek help from self-help groups and from medical, dental, mental health, social service, and legal professionals less often than women. Margolis (1982) found that significantly fewer male than female university students sought help from their social network or from professionals for their most bothersome personal problem. Students who did not seek help displayed higher levels of masculinity than help-seekers. Nadler, Maler, & Friedman (1984) found that sex-typed (masculine) men were less receptive to seeking help than nonsex-typed men and that men generally were more willing to seek and receive help from a
female helper than from a male helper.

When we look specifically at university students' reports of their use of counseling, the conclusions are less clear. Although some studies have found that female students report more interest than males in counseling center programs (Tracey, Sherry, Bauer, Robins, Todaro, & Briggs, 1984), or that male students perceive counseling as only for serious problems more than females (Cook et al., 1984), other studies did not show such sex differences. Goodman, Sewell, and Jampol (1984) found that university students with less social support were more likely than students with social support to seek help during times of stress, but found no sex differences. Halgin, Weaver, Edell, and Spencer (1987) found that previous help-seeking and depression predisposed university students toward help-seeking, but no sex differences were found. Hummers and DeVolder (1979) also found no sex differences in freshman students' reports of frequency and reason for counseling center use. An additional study which may clarify this unclear pattern will be discussed next.

Good, Dell, and Mintz (1989) conducted a correlational study to examine the relationship between male university students' attitudes toward the male role and their attitudes toward seeking professional psychological help. Results of this study revealed a significant relationship between attitudes toward the male role and attitudes toward
psychological help-seeking. Men holding more traditional attitudes toward the male sex role reported less favorable attitudes toward seeking professional psychological help. This relationship is similar to the relationship between help-seeking and sex-type found in studies described earlier (Margolis, 1982; Nadler, Maler, & Friedman, 1984).

This relationship between male sex role attitudes and help seeking may clarify the mixed pattern of results reported for male student's reported use of counseling. Male students with more traditional attitudes about the male role may be predisposed against counseling, whereas men with less traditional sex role attitudes may not hold this unfavorable opinion of counseling. Unfortunately, a correlational study such as Good, Dell, and Mintz (1989) cannot determine whether traditional attitudes toward the male role cause unfavorable attitudes toward psychological help-seeking. An experimental study would help clarify the relationship between men's male sex role attitudes and help-seeking attitudes to test for a causal relationship.

Changing Men's Attitudes

Very few studies have actually attempted to experimentally change men's attitudes about the male role. Research on men's attitudes toward the male role is at an early point and has not focused on the use of experimental designs. Much of the focus in the 1980's has been on the development of instruments for measurement of aspects of the
male role, attitudes toward the male role, and consequences of male sex role socialization, as described earlier. Early studies utilizing these instruments have been predominantly correlational. The development of these instruments could lead to further experimental research. Three studies that have used experimental designs to study men's sex-role attitudes will be discussed next.

Slaney and Cabellero (1983) conducted a study designed to change men's attitudes toward having a working wife. Men in the experimental groups were exposed to one of two videotapes entitled "Men: Choices and changes" or "Women: Choices and changes." These videotapes explored sex-role socialization and recent changes in sex roles in society. Results indicated that men exposed to the film about men's roles reported more liberal attitudes about having a working wife than men exposed to the film about women or men in the control group. No differences between groups were found regarding attitudes toward women. It is interesting to note that the videotape about men's roles resulted in more attitude change about women's occupational roles than the videotape about women's roles.

Lewis (1988) attempted to replicate Slaney and Cabellero's (1983) study and to test if the attitude change would affect behavior. After exposing the experimental group to the "Men: Choices and changes" videotape, the experimental group reported significantly more favorable
attitudes toward women than the no video control group on two of three measures. Subjects who scored high on measures of motivation reported more positive reactions to the videotape and reported that the arguments were more convincing than subjects who scored low on the motivation measures. High motivation subjects, however, reacted to the videotape with predominantly unfavorable thoughts and did not perceive arguments as high in quality. Subjects' attitudes toward women were not significantly related to two behavior measures: requesting more information on men's roles, and expressing interest in attending a workshop on men's roles. Using the elaboration likelihood model of attitude change (ELM; Petty & Cacioppo, 1986) as a conceptual framework, Lewis concluded that high motivation subjects responded to the videotape with peripheral route attitude change based on positive cues, but were not persuaded via the central route of attitude change. The key finding of the study was that the attitude change effect found in the Slaney and Caballero study was shown to be unlikely to be enduring.

A major limitation of both Slaney and Caballero's (1983) and Lewis's (1988) studies in their application to this discussion is that although the videotape intervention dealt with men's roles, the studies dealt with attitudes toward women's roles and the purpose of the studies was to remove barriers from women's career development. In Lewis's
study, however, it is not surprising that attitudes and behavior were not related because the attitudes measured were attitudes toward women and the behavioral measure was related to interest in the topic of men's roles. Other research has demonstrated relative independence of attitudes toward men and attitudes toward women (Thompson & Pleck, 1986).

Gilbert (1988) conducted a study measuring the effectiveness of an intervention designed to change men's attitudes supporting sexual aggression. This study exposed male subjects in the treatment group to an hour-long, live presentation by two facilitators about the internal and external negative consequences of sexual aggression-supportive attitudes and beliefs. The intervention used in this study was designed using the ELM (Petty & Cacioppo, 1986) as a guide in an attempt to produce central route attitude change. Gilbert used a pretest-posttest design and found that subjects exposed to the attitude change intervention reported greater attitude change in the desired direction than subjects in the control group. Furthermore, at a one month follow-up, treatment group subjects continued to show attitude change greater than the control group by increased willingness to listen to and make positive comments about a telephone solicitation for volunteer work for a women's safety project. However, the treatment group did not differ from the control group in willingness to
volunteer time. Results also indicated that higher levels of motivation were associated with increased attitude change in this study. The implications of Gilbert's study are that men's attitudes supporting sexual aggression and related behaviors can be changed and that the ELM can be used as a useful guide for designing such attitude change interventions. Because of the usefulness of the ELM in understanding Lewis's (1988) and Gilbert's studies and because of the use of the ELM in the present study, theory and research related to the ELM will be reviewed next.

The Elaboration Likelihood Model

The elaboration likelihood model of attitude change (ELM; Petty & Cacioppo, 1981, 1986) is a recent social psychological theory of persuasion and attitude change that has received strong empirical support and has been applied successfully to a wide variety of attitude change situations. The ELM describes two routes of attitude change which serve as ends of a continuum of attitude change. The central and peripheral routes differ in the likelihood that a recipient of a persuasive communication will cognitively elaborate on the message. A relatively high elaboration likelihood will result in central route attitude change, whereas low elaboration likelihood may result in peripheral route attitude change. A person's motivation and ability to cognitively process the communication will determine the elaboration likelihood and, therefore, the route of attitude change.
change. Central route attitude change can occur when a person is motivated to cognitively process a message and is based on thoughtful consideration of the persuasive message. Central route attitude change is oriented toward rational evaluation of the message arguments presented which may result in either favorable thoughts or counterarguments (Petty & Cacioppo, 1979; Petty, Cacioppo, & Goldman, 1981; Petty, Cacioppo, & Schumann, 1983). Compared to the peripheral route, central route attitude change is relatively persistent (Heesacker, Petty, Cacioppo, & Haugtvedt, 1988), is resistant to counterargumentation (Haugtvedt, in press), and is predictive of behavior (Gilbert, 1988; Neimeyer, Guy, & Metzler, in press).

If a person is not sufficiently motivated or able to thoughtfully consider a persuasive communication, peripheral route attitude change may occur. Peripheral route attitude change is based on an association with a cue related to the message rather than on the message itself (Petty, Cacioppo, & Goldman, 1981; Petty, Cacioppo, & Schumann, 1983). For example, in the absence of ability or motivation, a person may be more persuaded by an expert than by a nonexpert. In this case, the expertise of the message source acts as a peripheral cue. When no cues are present, peripheral route attitude change will not occur. Compared to the central route, peripheral route attitude change is less persistent (Heesacker, Petty, Cacioppo, & Haugtvedt, 1988), less
resistant to counterpersuasion (Haugtvedt, in press), and less predictive of behavior (Neimeyer, Guy, & Metzler, in press).

Because of the persistence, resistance to counterpersuasion, and effect on behavior, the central route is the preferred route of attitude change. In order to increase the likelihood that central route attitude change will occur, motivation and ability to thoughtfully consider a persuasive message should be maximized. Petty, Cacioppo, and Heesacker (1984) suggest strategies for increasing both motivation and ability to thoughtfully consider a message. Strategies designed to increase motivation to process include increasing the perception of personal relevance of a message (Petty & Cacioppo, 1979) and increasing personal responsibility for evaluating the message (Petty, Harkins, & Williams, 1980). Strategies designed to increase ability to process a message include self-relevance of the message (Cacioppo, Petty, & Sidera, 1982), the reduction of distractions in the environment (Petty & Brock, 1981), and moderate repetition of the message (Cacioppo & Petty, 1979, 1985). In addition to motivation and ability to process the message, favorable thoughts should result and these thoughts should be incorporated into memory (Petty, 1977; Petty & Cacioppo, 1986).
The Present Study

The present study was a conceptual extension of Good, Dell, and Mintz (1989) and attempted to experimentally examine the relationship between male sex role attitudes and psychological help-seeking attitudes. The present study utilized attitude change strategies based on the ELM (Petty & Cacioppo, 1986; Petty, Cacioppo, & Heesacker, 1984) to attempt to change male university students' male sex role attitudes and psychological help-seeking attitudes and to see what impact attitude change on either topic may have on the other.
CHAPTER III

METHOD

Design

The present study employed a Solomon four-group design (Solomon, 1949; Campbell & Stanley, 1963). Modifications included two different attitude change treatment interventions, one pertaining to male sex role attitudes and the other pertaining to help-seeking attitudes. A traditional Solomon four-group design is depicted in Figure 1 and the modification used in this study is depicted in Figure 2. The resulting design included six experimental conditions to which subjects were assigned randomly: (1) pretest - male sex role attitude change treatment - posttest, (2) pretest - help-seeking attitude change treatment - posttest, (3) pretest - posttest control group, (4) male sex role attitude change treatment - posttest only, (5) help-seeking attitude change treatment - posttest only, and (6) posttest only control group. A description of these conditions is depicted in Table 1 and a list of components in each phase is depicted in Table 2.

A Solomon four-group design combines the elements of both a pretest-posttest control group design and a
Figure 1. Solomon Four-Group Design. R indicates randomization, O represents an observation, X indicates a treatment (Adapted from Campbell & Stanley, 1963).
Figure 2. Modified Solomon Four-Group Design with Two Treatments. R indicates randomization, O represents an observation, X1 and X2 represent different treatments (Adapted from Campbell & Stanley, 1963).
Table 1. Testing and Treatment Parameters of Experimental Groups.

<table>
<thead>
<tr>
<th>group</th>
<th>pretest</th>
<th>treatment</th>
<th>posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>yes</td>
<td>sex role</td>
<td>yes</td>
</tr>
<tr>
<td>(2)</td>
<td>yes</td>
<td>help-seek</td>
<td>yes</td>
</tr>
<tr>
<td>(3)</td>
<td>yes</td>
<td>none</td>
<td>yes</td>
</tr>
<tr>
<td>(4)</td>
<td>no</td>
<td>sex role</td>
<td>yes</td>
</tr>
<tr>
<td>(5)</td>
<td>no</td>
<td>help-seek</td>
<td>yes</td>
</tr>
<tr>
<td>(6)</td>
<td>no</td>
<td>none</td>
<td>yes</td>
</tr>
</tbody>
</table>
Table 2. Summary of Pretest, Treatment, and Posttest Condition Components.

Pretest

Brannon Masculinity Scale (short form)
Gender Role Conflict Scale
Attitudes Toward Seeking Psychological Help Scale
Help Seeking Attitudes and Behavior Scale

Treatment

Videotaped Psychoeducational Intervention
Self Generation of Additional Arguments

Posttest

Brannon Masculinity Scale (short form)
Gender Role Conflict Scale
Attitudes Toward Seeking Psychological Help Scale
Help Seeking Attitudes and Behavior Scale
Need for Cognition Scale
Thought Listing
Attitude Change Manipulation Check Items
Beliefs that May Inhibit Attitude Change Items
posttest-only control group design. This design has important advantages over either the pretest-posttest control group or posttest-only control group designs alone. By using a Solomon four-group design, the effects of testing and the effects of the interaction of treatment and testing can each be detected (Campbell & Stanley, 1963). In this experiment, the pretest-posttest treatment groups (1 and 2) allowed discrimination between subjects whose attitudes changed in response to the treatment intervention and those who merely had preexisting attitudes in agreement with the intervention. The posttest-only treatment groups (4 and 5) allowed measurement of the effects of the treatment intervention without the threat of sensitizing effects of a pretest.

Subjects assigned to groups 1 and 4 were exposed to an intervention designed to change subject's attitudes about the male sex role. This intervention was based on central route attitude change strategies suggested by the elaboration likelihood model of attitude change (ELM; Petty & Cacioppo, 1986). Subjects in groups 2 and 5 were exposed to an intervention designed to change subject's attitudes about psychological help-seeking which also used ELM-based central route strategies. Subjects assigned to groups 3 and 6 served as control group members and were not exposed to an attitude change intervention, but did complete all dependent variable measures. Order of presentation of
dependent variables was counterbalanced in order to avoid order of measurement effects.

Subjects

Subjects were 142 male undergraduate students at Ohio State University taking Introductory Psychology and participated in the study for class credit during the spring and summer quarters of 1989. Of those subjects who reported their year of birth (*n* = 106), subjects' ages ranged from 18 to 30 years with a mean age of 21 years (*SD* = 2.29). Of those subjects who reported their educational level (*n* = 136), 52.9% were freshmen (*n* = 72), 23.5% were sophomores (*n* = 32), 8.8% were juniors (*n* = 12), and 14.7% were seniors (*n* = 20).

Subjects were randomly assigned to one of the six experimental groups, resulting in cell sizes ranging from 16 to 22 subjects per cell. The data of 24 subjects were eliminated because of missing or invalid data. These subjects were eliminated if at least 20% of the data on any one dependent variable instrument was missing or invalid. After eliminating the data of these subjects, the data of the remaining 118 subjects were used in statistical analyses.

Procedure

This experiment occurred in two phases. The first phase was the pretest phase which occurred for groups 1, 2, and 3. The second phase was the treatment and posttest
phase which occurred for all groups. The experiment used a cover story which informed subjects that their help was needed to develop a classroom presentation related to a psychological topic. Subjects were told that their involvement would include both completing attitude measures and viewing a videotape and participating in a writing assignment related to the videotape. After completing the attitude measures, control group subjects were told that circumstances had changed and that they would not be needed to view the videotape. This was done to ensure that control group subjects complete the attitude measures under conditions similar to treatment groups. Control group subjects were, however, asked to complete other instruments related to another study so that all subjects participated in three hours of research and received the same amount of research credit.

The pretest phase (for groups 1, 2, and 3) included pretest measures of the four dependent variable attitude measures. At the time of the pretest, an experimenter introduced himself or herself, provided instructions for how subjects should fill out the four instruments using computer answer sheets and answered any questions that subjects asked. Completing the pretest measures took less than an hour. After subjects completed the pretest measures they were reminded to return for the second phase of the experiment two weeks after the pretest date. At the time of
the pretest, posttest-only group subjects were given instruments related to another study.

The treatment and posttest phase occurred for all groups and occurred two weeks after the pretest. For treatment conditions (groups 1, 2, 4, and 5), the experimenter presented a videotaped intervention to subjects. Treatment group subjects were told by the experimenter that they would be viewing portions of a videotape of a classroom presentation and that they would be contributing their ideas which would be used in the future development of the presentation. The importance each subject's individual contribution was stressed. Subjects then viewed six five-minute segments of videotape that featured a male speaker, blind to experimental hypotheses, who presented and elaborated upon the arguments developed in the pilot study. Each five-minute videotape segment covered five arguments on one topic related to male sex role attitudes (groups 1 and 4) or help-seeking attitudes (groups 3 and 5). The speaker verbally presented each argument, as developed in the pilot study, elaborated the argument with examples, evidence from research, analogies, or anecdotal evidence, and then reiterated the argument. The presentation of each argument lasted approximately one minute.

After each of the six five-minute videotape segments, subjects were asked to think of additional arguments that
would support the same target attitude topic. Subjects were provided with workbooks that listed the target attitude topic and provided spaces to write additional arguments. Subjects were given three minutes to list their own arguments in response to each of the six five-minute videotape segments. The videotaped intervention and the subjects' generation of additional arguments lasted approximately 48 minutes.

After the treatment intervention, the experimenter administered the dependent variable instruments and the ancillary measures. The control groups (groups 3 and 6) were not exposed to an attitude change intervention but did complete all dependent variable measures and pertinent ancillary measures during this phase of the experiment. Control groups subjects filled out posttest dependent variables during the first hour of the two-hour treatment and posttest phase and were then informed that they were in the control group but were given the opportunity to complete instruments from another study in order to receive three hours of research credit. After filling out these instruments, subjects were thanked and debriefed.

Independent Variables

**Attitude Change Interventions**

A large number of attitude change experiments have used brief audiotaped or written messages, that typically last less than ten minutes and that often included ten or less
arguments, to successfully change subjects' attitudes (Petty & Cacioppo, 1986, p. 54-59). However, these experiments usually attempted to change subjects' attitudes on very specific topics such as attitudes about increasing university tuition or attitudes about adopting a policy that would require passing comprehensive examinations in order to graduate. It was assumed that to alter highly self-relevant attitudes about topics such as the male sex role and psychological help-seeking, it would be necessary to use a more extensive intervention that could cover these topics more comprehensively than would be possible in a briefer intervention. Previous research studies related to changing men's attitudes toward the male sex role have also been based on this assumption and have used longer, more engaging interventions. Slaney and Caballero (1983) and Lewis (1988) used videotaped interventions, and Gilbert (1988) used a live presentation by two facilitators.

In the present experiment, the combination of the videotaped intervention and writing exercise were expected to provide a context that would maximize subjects' ability and motivation to process the intervention message, encourage the production of favorable thoughts in response to the message and to allow these thoughts to be consolidated into memory (Petty & Cacioppo, 1986). A videotaped intervention, in the form of a classroom presentation, allowed a standardized presentation in a
visually engaging format familiar to university students. Using a standardized treatment ensured that all subjects would receive the same intervention. Presenting arguments in an engaging and familiar format were attempts to increase subjects' motivation and ability to thoughtfully consider the content of the message. In addition to viewing the videotaped intervention, subjects were asked to respond to each of the six five-minute videotape segments by spending three minutes listing their own arguments which would support the target attitude topic. This writing exercise was intended to increase motivation to thoughtfully consider the intervention message, to encourage subjects to respond to the message with favorable thoughts, and to allow subjects to consolidate their thoughts into memory.

Treatment group subjects in this experiment were exposed to one of two attitude change interventions that will be described in more detail next. To make this experiment as applicable as possible to understanding the work of psychology practitioners, these interventions took the form of psychoeducational interventions and were described to subjects as a classroom presentation that may be used in psychology classes in the future. Subjects were asked to pay close attention to the intervention message in order to evaluate it on its interest level and educational value and to be able to contribute their own ideas to the future development of the presentation.
Both attitude change interventions were based on central route attitude change strategies suggested by the ELM (Petty & Cacioppo, 1981, 1986). Petty, Cacioppo, and Heesacker (1984) discussed applying the ELM to counseling and suggest several strategies that can be employed to encourage central route processing and attitude change among counseling clients that were utilized in these intervention messages. Because central route processing is only possible when motivation and ability to cognitively process a message is high, both of these conditions were facilitated as much as possible. In order to increase subjects' motivation to cognitively process the intervention message, (1) the personal relevance and implications of the message were emphasized (Petty & Cacioppo, 1979), and (2) personal responsibility for evaluating the intervention was stressed (Petty, Harkins, & Williams, 1980). In order to increase subjects' ability to cognitively process the intervention message, (1) message arguments were designed to be relevant to subjects' self-conception (Cacioppo, Petty, & Sidera, 1982), (2) distractions were eliminated as much as possible (Petty & Brock, 1981), and (3) messages were repeated at times (Cacioppo & Petty, 1979, 1985).

Other conditions that are important to central route processing are the production of favorable thoughts and the consolidation of these thoughts into memory (Petty, 1977; Harris, Heesacker, Chapin & Gilbert, 1989). In order to
facilitate the production of independent favorable thoughts on the message topic, part of the treatment intervention included having each subject write about their ideas supporting the positions advocated by the intervention message which subjects were told may be used in the final form of the classroom presentation. Such writing tasks have been shown to result in effective and persistent attitude change by encouraging subjects to focus primarily on arguments in agreement with the message (Janis & King, 1954; King & Janis, 1956; Janis & Mann, 1977; Petty & Cacioppo, 1981, chap. 8). This writing task was also expected to result in consolidation of thoughts into memory (Harris, Heesacker, Chapin, & Gilbert, 1989).

Male Sex-Role Attitude Intervention. The male sex-role attitude intervention emphasized the positive changes that many men are currently making in their lives and was designed to change men's attitudes related to six topics: (1) expression of emotions, (2) acceptance of vulnerability, (3) recognition of inner values in decision making, (4) alternatives to aggression, (5) affectionate behavior, and (6) taking care of one's physical health. These points of emphasis are presented as alternatives to aspects of the traditional male sex role as described by Brannon (1976) and as alternatives to aspects of gender role conflict as described by O'Neil et al. (1986). This attitude change intervention was designed to address a very broad domain of
attitudes toward one's own sex role socialization and was not meant to be limited to specific behaviors. Arguments supporting these points of emphasis were developed in a pilot test which will be described later. These arguments are listed in Appendix B with empirical information about the arguments from the pilot test.

**Psychological Help-Seeking Attitude Intervention.** The help-seeking attitude intervention emphasized the positive results of seeking help and was designed to change attitudes related to six topics: (1) recognition and acceptance of need for help, (2) reduction of stigma, (3) advantages of openness regarding problems, (4) confidence about ability of helpers to help, (5) reduction of interpersonal isolation, and (6) reduction of stress and health care problems. These points of emphasis were based on the areas of help-seeking attitudes presented by Fischer and Turner (1970) and are designed to point out the advantages of seeking psychological help when it is needed. This attitude change intervention was designed to address attitudes toward a limited and specific domain of behavior and to be relevant to the attitudes of both men and women. Arguments supporting these points of emphasis were developed in a pilot test which will be described later. These arguments are listed in Appendix B with empirical information about the arguments from the pilot test.
Definitions and Distinctions between Male Sex Role and Help-Seeking Attitudes. In order to explore the relationship between male sex role attitudes and help-seeking attitudes, the two domains must be clearly defined and a distinction must be made between the two. To begin with, attitudes can be defined as general and enduring positive or negative feelings about persons, objects, or issues (Petty & Cacioppo, 1981, ch. 1). Male sex role attitudes can be defined as one's "views about the actual and desired characteristics of...men" (Pleck, 1987, p. 21), "an individual's approval of the traditional male sex role" (Brannon & Juni, 1984, p. 1), or "men's thoughts and feelings about their gender-role behaviors" (O'Neil et al., 1986, p. 339). Each of these definitions emphasize the broad, gender-based nature of male sex role attitudes.

Help-seeking attitudes, on the other hand, can be defined as attitudes regarding "one's tendency to seek or to resist professional aid during a personal crisis or following prolonged psychological discomfort" (Fischer & Turner, 1970). This definition emphasizes the specific, behavior-related nature of help-seeking attitudes. A distinction can be seen between these two attitude domains such that male sex role attitudes pertain to the entire spectrum of men's lives and are expected to be an essential part of their identity, whereas help-seeking attitudes refer to a specific behavior under specific conditions and is not expected to be
an essential part of an individual's identity. This distinction suggests that male sex role attitudes are more likely to influence other aspects of attitudes and behavior than help-seeking attitudes. The distinction between male sex role and help-seeking attitudes will be further discussed conceptually, empirically and methodologically.

Conceptually, male sex role and help-seeking attitudes can be distinguished on the basis of self relevance and on the basis of direct experience. First, a conceptual distinction can be made between core self-relevant attitudes formed in childhood and information-based attitudes acquired later in life. Male sex role attitudes are likely to be core self-relevant attitudes, whereas help-seeking attitudes are more likely to be information-based. This distinction suggests that sex role attitudes may be formed in childhood and are broad and general and are not dependent on acquisition of information. Help-seeking attitudes, on the other hand, may be more information-based and are more likely to be acquired later. This reasoning also supports the idea that male sex role attitudes are more likely to influence other aspects of attitudes and behavior than help-seeking attitudes.

Second, male sex role attitudes are more likely to be based on direct experience than help-seeking attitudes. All people have been directly exposed to experiences about the differences between males and females, and thus have formed
direct-experience attitudes related to sex and gender. On the other hand, most people have had less direct experience associated with psychological help-seeking and are less likely to have formed direct experience attitudes about this topic. Direct experience attitudes have been shown to correlate more highly with behavior (Fazio & Zanna, 1978; Regan & Fazio, 1977) and to be more memorable (Fazio & Zanna, 1981) than attitudes that were not formed on the basis of direct experience. Therefore it can be suggested that direct experience attitudes, such as male sex role attitudes, are more likely to influence other aspects of attitudes and behavior than attitudes that are less based on direct experience, such as help-seeking attitudes.

These two conceptual distinctions can be used to suggest the directionality of the relationship between male sex role attitudes and help-seeking attitudes which guide the design and hypotheses of this study. Unfortunately, these lines of reasoning may also suggest that male sex role attitudes may be so deeply self-relevant and may be based on so much direct experience that they are not subject to attitude change. Help-seeking attitudes, on the other hand, may be less self-relevant and experience-based and may be more easily changed. If this suggestion is true, the outcome of the present study may be help-seeking attitude change in response to one or both of the interventions and the absence of male sex role attitude change in response to
either intervention. If such a pattern of data is found, this may suggest that male sex role attitudes, by the nature of their experience-relatedness and their self-relevance, may be difficult or impossible to change in a brief psychoeducational intervention.

Empirically, a distinction can be demonstrated between male sex role attitudes and help-seeking attitudes on the basis of Good, Dell, and Mintz's (1989) data. Although Good, Dell, and Mintz found statistically significant correlations between measures of male sex role attitudes and help-seeking attitudes, the size of these correlations was moderate and suggested that the concepts were related but not identical or confounded. The correlation of attitudes toward the male role with attitudes toward seeking psychological help was \( r = .35 (p < .001) \), with help-seeking attitudes was \( r = .04 (p > .05) \), and with help-seeking behaviors was \( r = -.01 (p > .05) \). The correlation of gender role conflict with attitudes toward seeking psychological help was \( r = -.33 (p < .001) \), with help-seeking attitudes was \( r = -.09 (p > .05) \), and with help-seeking behaviors was \( r = -.18 (p < .001) \). Although some of these correlations were statistically significant and suggest relatedness, the moderate size of these correlations demonstrates that these instruments are probably measuring independent constructs.

Methodologically, a distinction can be made between male sex role attitudes and help-seeking attitudes in regard
to the interventions and measures which were used in the present study. The intervention arguments about the male sex role and about psychological help-seeking differed in important ways (see Appendix B). The help-seeking message arguments are specifically related to seeking psychological help and are largely behavior-specific arguments aimed at influencing behavior-specific attitudes. The male sex role message arguments, on the other hand, are more global and are not restricted to a particular domain of behavior. Likewise, the attitude measures also differ in similar ways. The help-seeking attitude measures are very specific in the behavior-related attitudes and actual behaviors that they measure (see Appendices E and F), whereas the male sex role attitude measures are more global and less behavior-related (see Appendices C and D). Thus, it can be seen that male sex role attitudes and help-seeking attitudes are distinct on the basis of conceptualization, empirical relationship, and method of intervention and measurement.

Pilot Study. Message arguments were developed and selected on the basis of a pilot study. The pilot study elicited persuasive arguments about six help-seeking topics and six male sex role topics from counseling psychology graduate students. The six topics were chosen on the basis of theory and measurement as discussed earlier in the intervention descriptions. Ten graduate students contributed persuasive arguments and a total of 173 unique
arguments were compiled (between 12 and 17 arguments for each topic). These 173 arguments were presented to undergraduate men (N = 34) enrolled in an introductory psychology class. The pilot test materials, including the 173 pilot arguments, are presented in Appendix A. Some subjects rated the argument strength of only the help-seeking arguments (n = 7), some rated only the male sex-role arguments (n = 10), and some rated both (n = 17). Subjects rated the argument strength of these arguments on a 10-point Likert-type scale anchored at 0 - "very weak / unconvincing" and 9 - "very strong / convincing."

Means were calculated for each item's argument strength rankings. Item means for argument strength ranged from 2.59 to 7.00. The five highest ranked arguments for each topic were retained for use in the help-seeking and sex-role interventions. The mean argument strength rankings for these selected arguments ranged from 4.81 to 7.00. The range of argument strength ratings for selected arguments varied between topics. For example, the mean item ratings of the selected arguments (the five strongest arguments) for the affection topic arguments for the male sex-role intervention ranged from 4.81 to 6.30, whereas the mean item ratings for the care-taking/male sex-role arguments ranged from 6.52 to 6.78, and for the stress reduction/help-seeking arguments from 6.38 to 7.00. This suggests that the selected arguments for some topics may have been perceived
as stronger than the selected arguments for other topics. This difference in argument strength ratings may be related to the particular arguments that were contributed or it may be topic-related and may indicate that subjects would not perceive any arguments about a particular topic as strong or convincing as arguments about another topic. These selected arguments and the means and standard deviations of their ratings are listed in Appendix B.

Dependent Variables

Rationale

Dependent variable measures were chosen on the basis of availability (in a published format), use in previous research, relatedness to important theories, and psychometric properties. To measure male sex role attitudes, the Brannon Masculinity Scale (BMS; Brannon and Juni, 1984; Brannon, 1985) and the Gender Role Conflict Scale (GRCs; O'Neil, et al., 1986) were chosen. Both of these instruments have been published in journals or as documents, have been used in a number of other studies, are based on important theories (Brannon, 1976; O'Neil, 1981a, 1981b), and have been shown to possess adequate reliability and validity. Furthermore, both of these instruments avoid the use of sex comparison items which has been criticized as a weakness of other previously used measures (Pleck, 1981, p. 142; 1987; Thompson, Grisanti, & Pleck, 1985; Thompson & Pleck, 1986).
To measure help-seeking attitudes, the Attitudes Toward Seeking Psychological Help Scale (ATPH; Fischer & Turner, 1970) and the Help-Seeking Attitudes and Behavior Scale (HSAB; Good, 1987) were chosen. Unfortunately, there were fewer instruments available to measure help-seeking attitudes, compared to male sex role attitudes, and availability played a greater role in selection. The ATPH has been published in a journal, has been used in a number of studies, and has been shown to possess adequate reliability and validity. The HSAB was included to provide continuity with previous research which used this scale (Good, Dell, & Mintz, 1989), as well as the GRCS and the ATPH. Unfortunately, the HSAB has not been published or widely used and less is known about its psychometric properties (Good, 1987). Because of these weaknesses of the HSAB, greater caution was used in interpreting results based on this instrument.

Male Sex Role Attitudes

Brannon Masculinity Scale. The degree to which subjects endorse traditional masculine behaviors in men was measured using the short form of the Brannon Masculinity Scale (BMS; Brannon & Juni, 1984; Brannon, 1985; see Appendix C). The BMS-short form contains 58 items using a 7-point Likert-type response anchored at 1 (strongly agree) and 7 (strongly disagree). The BMS was designed to assess aspects of Brannon's (1976) four-dimensional model of the
male role but contains seven subscales which can be used to measure approval of the male role in more specificity than Brannon's original model.

A method of pooling items from pairs of subscales to compensate for the smaller number of items on the short form was implemented in this study. This method was used successfully in prior research by Thompson, Grisanti, and Pleck (1985) and results in scores on the four dimensions originally identified by Brannon (1976). This method of pooling items is also supported empirically because the subscale correlations are higher between these pairs of subscales ($r = .64$ to $r = .69$) than between other subscales ($r = .22$ to $r = .57$; Brannon & Juni, 1984). Items on the "Avoiding Femininity" and "Concealing Emotions" subscales were used to assess what Brannon called the "No Sissy Stuff" dimension (17 items; e.g., "It bothers me when a man does something that I consider feminine;" "I like the kind of guy who doesn't complain or carry on much when he gets hurt"). Items from the "Breadwinner" and "Admired and Respected" subscales were used to assess the "Big Wheel" dimension (17 items; e.g., "Success in his work has to be a man's central goal in this life;" "I like the kind of man who is given the best seat in a crowded restaurant without asking for it"). Items from the "Toughness" and the "Male Machine" subscales were used to assess the "Sturdy Oak" dimension (16 items; e.g., "It disgusts me when a man comes
across as weak;" "I always like a man who's totally sure of himself"). Items from the "Violence and Adventure" subscale were used to assess the "Give 'em Hell" dimension (8 items; e.g., "Having wild adventures and doing exciting things brings out the glamour and manliness of a man"). Because the Give 'em Hell dimension is only measured by one subscale, this dimension was interpreted more cautiously.

Brannon and Juni (1984) report high test-retest reliability ($r = .92$) for the BMS over a four-week interval. In order to obtain initial validation of this scale, Brannon and Juni measured BMS scores and participation in selected activities which were considered either masculine or nonmasculine. They expected that males who approve of the traditional male sex role would also attempt to behave in traditionally masculine ways. The results of this method supported the validity of the scale. BMS full scale scores showed significant differences between men who had and had not participated during the past five years in activities such as watching boxing or an auto race on TV, fist-fighting, and sports participation. There were also significant BMS full scale score differences in the opposite direction between men who had and had not participated in activities such as sewing, poetry writing, fancy cooking, art museum attendance, and opera, ballet or classical music concert attendance. These relationships between BMS scores and behavior indicate initial validation
of the full scale measure.

Regarding the reliability of the short form of the BMS, Thompson, Grisanti, and Pleck (1985) found an overall internal consistency reliability score of alpha = .90, using Cronbach's alpha. The subscale internal consistency scores ranged from alpha = .67 to alpha = .81, using Cronbach's alpha. Regarding validity, Thompson, Grisanti, and Pleck found significant correlations of the BMS short form with measures of homophobia ($r = .59, p < .001$), type A behavior ($r = .26, p < .001$), self-disclosure to one's closest female friend ($r = -.15, p < .01$), and an endorsement of using unilateral power in intimate relationships ($r = .18, p < .05$). Homophobia was also significantly correlated with all four subscales and was most highly correlated with the No Sissy Stuff subscale ($r = .54, p < .001$). Type A behavior was also significantly correlated with all four subscales and was most highly correlated with the Sturdy Oak subscale ($r = .29, p < .001$). Self disclosure to a female friend was significantly correlated with the No Sissy Stuff subscale ($r = -.28, p < .001$). Endorsement of using unilateral power in intimate relationships was significantly correlated with both the No Sissy Stuff subscale ($r = .22, p < .01$) and the Big Wheel subscale ($r = .17, p < .05$). Although some of these correlations are low and do not give strong support for the validity of all aspects of the BMS, some of the correlations used to estimate validity were higher and even
exceeded $r = .50$ and should be interpreted as support for the validity of the BMS.

**Gender Role Conflict Scale.** The Gender Role Conflict Scale (GRCS; O'Neil, et al., 1986; see Appendix D) measures aspects of the negative effects of male socialization. The GRCS consists of two scales measuring personal gender role attitudes, behaviors, and conflicts (GRCS-I), and measuring comfort and conflict in specific situations (GRCS-II). For the purposes of this study, only the GRCS-I was used in order to measure male sex role attitudes and attitude change. The GRCS-I consists of 37 items reported on six-point Likert-type scales anchored at 1 (strongly disagree) and 6 (strongly agree).

O'Neil, et al. (1986) conducted a factor analysis resulting in four factors which serve as subscales of the GRCS-I. These four factor/subscales are: (1) Success, Power, and Competition (13 items; e.g., "I sometimes define my personal value by my career success"); (2) Restrictive Emotionality (10 items; e.g., "I have difficulty telling others I care about them"); (3) Restrictive Affectionate Behavior Between Men (8 items; e.g., "Men who touch other men make me uncomfortable"); and (4) Conflicts Between Work and Family Relations (6 items; e.g., "My career, job, or school affects the quality of my leisure or family time"). On the factor/subscales of the GRCS-I, O'Neil et al. found internal consistency reliabilities ranging from alpha = .75
to alpha = .85. Test-retest reliability scores for these factor/subscales over a four-week interval ranged from $\tau = .72$ to $\tau = .86$. No further validity measures were reported and O'Neil et al. pointed to the need for further validation of the instrument.

**Psychological Help-Seeking Attitudes**

**Attitudes Toward Seeking Psychological Help.** Fischer and Turner's (1970) Attitudes Toward Seeking Psychological Help Scale (ATPH; see Appendix E) was designed to measure one's tendency to seek professional help during or following personal crisis or discomfort. The ATPH scale consists of 29 items and responses are measured on a four-point Likert-type scale anchored at 0 (agree) and 4 (disagree). A modified version of the scale developed by Good (1987) was used in this study. In this modified version, 10 items were slightly modified to reflect more emphasis on "psychological assistance" rather than "psychiatric treatment," and more emphasis on "emotional" rather than "mental" problems. These minor changes were made to reflect more current language and concepts more familiar to college students and are seen as semantic rather than substantive changes and are not expected to affect the psychometric properties of the instrument.

Fischer and Turner (1970) conducted a factor analysis and found four distinct factors which were called: (1) recognition of personal need (8 items; e.g., "There are
times when I have felt completely lost, and would have welcomed professional advice for a personal or emotional problem"), (2) tolerance of stigma (5 items; e.g., "If I thought I needed psychological help, I would get it no matter who knew about it"), (3) interpersonal openness regarding problems (7 items; e.g., "I would willingly confide intimate matters to an appropriate person if I thought it would help me or a member of my family"), and (4) confidence in the mental health profession (9 items; e.g., "If a good friend asks my advice about an emotional problem, I might recommend that he or she see a counselor"). This factor structure was found to be stable for an all male sample and an all female sample as well as the original mixed-sex sample. Using these factors as subscales, moderately high consistency was found within scales (ranging from $\xi = .62$ to $\xi = .74$) and fairly low intercorrelations between scales (ranging from $\xi = .25$ to $\xi = .35$), except between the need and confidence subscales ($\xi = .58$), indicating reasonable independence.

Fischer and Turner (1970) found an internal reliability score of .86 (using Tryon's, 1957, method) on the standardization sample ($n = 212$) and an internal reliability estimate of .83 on a later sample ($n = 406$). Test-retest reliabilities were calculated for five intervals ranging from five days to two months, and for four of these intervals the test-retest reliability was over $\xi = .80$
(ranging from $r = .82$ to $r = .89$). For the six week interval, however, test-retest reliability was $r = .73$. Fischer and Turner found that none of the items correlated greater than $r = .25$ with social desirability. An indication of validity was that the scale strongly discriminated between subjects who had received psychotherapeutic help and those who had not received such help ($p < .0001$).

**Help-Seeking Attitudes and Behavior.** The Help-Seeking Attitudes and Behavior Scale (HSAB; see Appendix F) was developed by Good (1987) to measure respondents' likelihood of seeking help for different types of problems from different sources of help. The HSAB scale contains two subscales (16 items each) referring to (1) seeking help for a personal or emotional problem, or (2) seeking help for an academic or vocational problem. Each subscale contains eight items measuring attitudes toward seeking help from different sources and eight items measuring past help-seeking behavior regarding the same sources of help. Attitude items measure the likelihood that the respondent would seek help from one of eight sources (e.g., "Indicate how likely you would be to seek help for a personal or emotional problem from each of the following individuals:" male friend, female friend, spouse/romantic partner, parent, relative, clergy, psychologist, and physician). These items are scored on a 7-point Likert-type scale anchored at 1
(never would) and 7 (definitely would). The scores from the attitude section of the instrument can be summed across both problem types for a total attitude score ranging from 16 (would never talk to any of the sources of help for either type of problem) to 112 (would definitely talk to each of the sources of help for either type of problem). Good reported a Cronbach internal consistency score for the attitude section of alpha = .79.

The behavior items of each subscale ask respondents if they have or have not spoken to each of the same eight sources of help about a personal/emotional or academic/vocational problem in the past few years. The scores on behavior section of the instrument can be summed to indicate the total number of sources of help that have been spoken with on one or both of the types of problems. The resulting total behavior score can range from 16 (have not talked with any of the sources of help about either type of problem) to 32 (have talked to each of the sources of help about each of the types of problem). Good reported no reliability or validity data other than internal consistency and points to the need for the development of more reliable instruments related to help-seeking with known psychometric properties.
Ancillary Measures

ELM-Related Measures

ELM-related measures measured subjects' ability and motivation to think about the intervention message, subjects' perception of arguments related to strength, the nature of cognitive responses that resulted from the message (favorability), and the ability of subjects to consolidate favorable cognitions into memory. These ELM-related measures were intended to be used to identify important dimensions that distinguish between subjects who respond to the interventions with attitude change and those subjects who do not respond with attitude change. For example, scores on the Need for Cognition Scale might have revealed that only subjects with intrinsic motivation to think may have responded to the intervention with attitude change, suggesting the need for increased state levels of motivation in order to change attitudes in this area. Other items assessing resistance to attitude change not related to attitude change theory will be discussed later.

Need for Cognition Scale. The Need for Cognition Scale (NCS; Cacioppo & Petty, 1982; Cacioppo, Petty, & Kao, 1984; see Appendix G) was used to measure subjects' intrinsic motivation for and enjoyment of tasks requiring cognitive effort. The short form of the NCS includes 18 items (e.g., "I would prefer complex to simple problems") which subjects were asked to respond to on a 7-point Likert-type scale
anchored at 1 (disagreement) and 7 (agreement). Cacioppo, Petty, and Kao report a reliability score of .90 on Cronbach's alpha. Validity measures supporting the NCS include factor analysis indicating a single factor that accounts for more variance (37%) in the 18-item short form than the one factor found for the earlier 36-item NCS (27% of the variance). This factor analysis suggests that the NCS measures a single phenomenon. In this study, NCS scores can be used to discriminate between subjects with high and low levels of intrinsic motivation to process the intervention message. These scores may be predictive of subjects' level of attitude change because motivation to process is a necessary prerequisite for central route attitude change.

Thought Listing. Treatment group (but not control group) subjects' cognitive responses to the intervention message were measured after the measurement of other dependent variables using a thought-listing technique (Cacioppo & Petty, 1981). Subjects were given 2 and 1/2 minutes to list their thoughts on a sheet of paper, one thought per line. These thoughts were later rated by judges blind to condition as positive (e.g., "This sort of thing really would help me"), negative (e.g., "I would not want to try something like that"), or neutral/irrelevant (e.g., "I wonder if it will rain") in relation to the intervention message. Cognition scores could be calculated
by subtracting the number of negative thoughts from the number of positive thoughts. A positive cognition score would indicate predominantly positive thoughts, and a negative cognition score would indicate predominantly negative thoughts. The cognition score could be compared to attitude scores to measure attitude-cognition consistency which could be used as an indicator of central route processing. This thought-listing technique has been used successfully in the past in ELM research (Cacioppo & Petty, 1979; Heesacker, 1986; Heesacker, Petty, & Cacioppo, 1983; Petty & Cacioppo, 1977).

**Other ELM items.** Additional items were administered to treatment group subjects (but not control group subjects) which were used to check manipulation of ELM-related variables. These items included two items each to measure perceived ability to process the message, perceived motivation to process, and the perceived strength of the message and three items assessing perceived aspects of cognitive response and consolidation into memory. Perception of ability items included ratings of the extent to which subjects were given the opportunity to think about the intervention topic and the extent to which the environment was free from distraction. Motivation items included ratings of how motivated subjects were to think about the intervention message and how personally relevant they considered the message. Perceived message strength
was measured by asking subjects to rate the quality of the intervention message and how convincing they thought it was. To measure aspects of cognitive response and consolidation, subjects were asked to rate the encouragement of favorable thoughts, the opportunity to think about the message, and the opportunity to remember their own thoughts. At this time, no reliability or validity data are available for these ELM-related items.

Beliefs that May Inhibit Attitude Change

The ELM (Petty & Cacioppo, 1986) suggests that for positive central route attitude change to occur, favorable thoughts must predominate in response to a persuasive communication. In the present study, several specific beliefs may result in predominantly negative thoughts regarding nontraditional attitudes about the male role that are advocated by the intervention messages. The existence of such beliefs may result in greater resistance to attitude change among some subjects, or even attitude change in the direction opposite that intended by the intervention message. For example, subjects with strong religious beliefs that prescribe specific sex roles may respond to the message with predominantly negative thoughts, which would not result in attitude change. Several questions were used in this study in order to explore and detect beliefs that may result in unfavorable cognitive responses and which would inhibit attitude change. The relationship between
responses to these questions and the degree of attitude change can be measured and used to identify beliefs that result in negative thoughts and inhibit attitude change. It was assumed that these attitude change interventions probably would successfully result in changing the attitudes of some subjects, but not others. These items were intended to be used to help explain why some men might have responded to the intervention with attitude change and why some men might not. Questions about beliefs that may inhibit sex-role attitude change were asked regarding the following areas: (1) religious beliefs, (2) belief in the value of power, (3) belief in the importance of sex-role identity as crucial to self identity, (4) beliefs or fears about consequences of violating sex role norms, (5) beliefs about importance of maintaining the status quo, and (6) the importance of one's reference group as a subjective norm. These items and beliefs were purely exploratory and were not based on a consistent theory, therefore no hypotheses related to beliefs that might result in negative thoughts and resistance to persuasion were specified. An additional method of determining beliefs that may cause resistance to sex role and help-seeking attitude change would have been to examine different patterns of responses in the thought listings of resistant and nonresistant subjects.
Use of Ancillary Measures in Post Hoc Analyses

These ancillary measures were to be used as measures of individual differences that may have affected patterns of attitude change, and as variables that may have been used in post hoc analyses suggested by the hypothesis testing. In addition to testing for overall attitude change effects, these ancillary measures allow detection of differences between subjects who responded to the message with attitude change and those who did not respond with attitude change. This type of investigation uses pretest-posttest subjects' scores to identify groups of individual subjects who did and did not respond to the intervention message with attitude change and to use ancillary measures to test for differences between these two groups of subjects. Analyses could be used to test for difference between groups on any of the ancillary measures. For example, if subjects whose attitudes did not change had shown lower motivation to process than subjects whose attitudes did change, then this would suggest the need for implementing strategies that would be designed to increase motivation to process this type of message. These ancillary measures were intended to provide insight into the differences between subjects who responded to the intervention with attitude change and those who were resistant to attitude change. Identifying these differences was intended to contribute to our understanding of male sex role and help-seeking attitudes and attitude
change even if experimental hypotheses were not supported.

Data Analyses

Analyses of the difference between the posttest attitude scores of the pretest-posttest groups and the posttest-only groups were used to detect possible effects of pretesting on posttest scores and to detect effects of the combination of the pretest and treatment. If pretesting effects had been found, this would have affected the interpretation of hypothesis testing and may have suggested the need to pay greater attention to the results of the posttest-only treatment groups compared to results of the pretest-posttest treatment groups.

Hypotheses were tested using multivariate analyses of variance (MANOVA) and were specified using univariate analyses of variance (ANOVA). MANOVAs were used to test hypotheses that predicted overall differences due to the effect of treatment type (male sex role, help-seeking, Control) on the combined, multivariate measures of either male sex role attitudes (combining BMS and GRCS) or help-seeking attitudes (combining ATPH and HSAB). MANOVAs were performed testing both the one-way effect of treatment type and the two-way effect of the interaction between time of testing and treatment type. Univariate ANOVAs testing the effect of treatment type or the effect of the interaction of treatment type and time of testing were used to specify any significant multivariate effects identified with the initial
hypothesis-testing MANOVAs. ANOVAs were also used to specify the effect of treatment type on subscales of instruments that revealed significant univariate results.
CHAPTER IV
RESULTS

Overview

This chapter will report results related to testing for pretest effects, correlations between age and dependent variables, reliability, hypothesis testing, results on subscales of the Brannon Masculinity Scale (BMS), and ancillary analyses. The testing for pretest effects revealed no difference due to pretesting and allowed the combination of pretest-posttest and posttest-only subjects for some analyses. The results of hypothesis testing are reported sequentially and revealed partial support for the first hypothesis but not for the subsequent hypotheses. Analyses of subscale scores were limited to the BMS because support for the first hypothesis was revealed on this instrument. Too few subjects displayed significant attitude change between pretest and posttest to justify performing the ancillary analyses suggested to identify differences between subjects whose attitudes changed and those whose attitudes did not change.
Testing for Pretest Effects

In order to detect possible effects of the combination of the pretest and treatment on posttest scores, three one-way analyses of variance (ANOVAs) were used, one for each treatment type (male sex role treatment, help-seeking treatment, or control group). The posttest dependent variable scores of the pretest-posttest conditions (groups 1, 2, & 3) were compared with the corresponding posttest dependent variable scores of the posttest-only conditions (groups 4, 5, & 6). This resulted in fifteen comparisons (3 treatment types x 5 posttest dependent variable scores). None of these comparisons resulted in statistically significant differences between the posttest scores of the pretest-posttest groups compared to the posttest scores of the posttest-only groups. F values and p values for these tests can be found in Table 3. These results suggest that the combination of the pretest and the treatment did not have a biasing or sensitizing effect on the posttest scores. For this reason, posttest scores of pretest-posttest and posttest-only groups within treatment type (groups 1 & 3, 2 & 4, and 3 & 6) were combined, as appropriate, in some of the analyses described later.

Correlations with Age

To detect whether age may have had a biasing effect on dependent variable measures, the correlation between year of birth and posttest scores for each dependent variable were
Table 3. Testing for Differences between Pretest-Posttest and Posttest-Only Groups.

<table>
<thead>
<tr>
<th>Condition</th>
<th>D.V.</th>
<th>df</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male Sex Role</strong></td>
<td>BMS</td>
<td>(1, 39)</td>
<td>0.96</td>
<td>0.33</td>
</tr>
<tr>
<td>Treatment</td>
<td>GRCS</td>
<td>(1, 39)</td>
<td>1.05</td>
<td>0.31</td>
</tr>
<tr>
<td></td>
<td>ATPH</td>
<td>(1, 39)</td>
<td>0.26</td>
<td>0.61</td>
</tr>
<tr>
<td></td>
<td>HSAtts</td>
<td>(1, 39)</td>
<td>0.29</td>
<td>0.59</td>
</tr>
<tr>
<td></td>
<td>HSBhvr</td>
<td>(1, 39)</td>
<td>0.45</td>
<td>0.51</td>
</tr>
<tr>
<td><strong>Help Seeking</strong></td>
<td>BMS</td>
<td>(1, 39)</td>
<td>1.20</td>
<td>0.28</td>
</tr>
<tr>
<td>Treatment</td>
<td>GRCS</td>
<td>(1, 39)</td>
<td>0.15</td>
<td>0.70</td>
</tr>
<tr>
<td></td>
<td>ATPH</td>
<td>(1, 39)</td>
<td>0.60</td>
<td>0.44</td>
</tr>
<tr>
<td></td>
<td>HSAtts</td>
<td>(1, 39)</td>
<td>0.18</td>
<td>0.67</td>
</tr>
<tr>
<td></td>
<td>HSBhvr</td>
<td>(1, 39)</td>
<td>0.02</td>
<td>0.88</td>
</tr>
<tr>
<td><strong>Control Group</strong></td>
<td>BMS</td>
<td>(1, 34)</td>
<td>1.98</td>
<td>0.17</td>
</tr>
<tr>
<td>Treatment</td>
<td>GRCS</td>
<td>(1, 34)</td>
<td>0.01</td>
<td>0.94</td>
</tr>
<tr>
<td></td>
<td>ATPH</td>
<td>(1, 34)</td>
<td>0.00</td>
<td>0.95</td>
</tr>
<tr>
<td></td>
<td>HSAtts</td>
<td>(1, 34)</td>
<td>0.12</td>
<td>0.73</td>
</tr>
<tr>
<td></td>
<td>HSBhvr</td>
<td>(1, 34)</td>
<td>0.95</td>
<td>0.34</td>
</tr>
</tbody>
</table>
calculated. These correlations are reported in Table 4. For the combined sample (n = 106), the correlations between year of birth and posttest dependent variable attitudes ranged from -0.10 to 0.09, and none of these correlations were statistically significant. For the male sex role treatment groups (n = 37), the correlations between age and posttest dependent variable attitudes ranged from -0.24 to 0.07. The strongest correlation was between year of birth and posttest GRCS scores (r = -0.24), although this correlation was not statistically significant (p > .10). For the help-seeking treatment groups (n = 37), the correlations between year of birth and posttest dependent variable attitudes ranged from -0.32 to 0.17. The strongest correlation was between year of birth and posttest ATPH scores (r = -0.32) and this correlation approached statistical significance (p < .06). For the control groups (n = 32), the correlations between year of birth and posttest dependent variable attitudes ranged from -0.18 to 0.16, and none of these correlations were statistically significant. Because only one of these twenty correlations approached statistical significance, it was assumed that age did not have a biasing effect on results. At chance, it would be expected that one of twenty correlations would be statistically significant with alpha set a 0.05.
Table 4. Correlations between Year of Birth and Posttest Dependent Variables.

<table>
<thead>
<tr>
<th>Group</th>
<th>BMS</th>
<th>GRCS</th>
<th>ATPH</th>
<th>HSAtt</th>
<th>HSBhvr</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Groups</td>
<td>-0.02</td>
<td>-0.10</td>
<td>-0.01</td>
<td>0.09</td>
<td>0.03</td>
</tr>
<tr>
<td>n = 106</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Sex Role Treatment</td>
<td>-0.07</td>
<td>-0.24</td>
<td>0.01</td>
<td>0.07</td>
<td>-0.06</td>
</tr>
<tr>
<td>n = 37</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help-Seeking Treatment</td>
<td>0.13</td>
<td>0.17</td>
<td>-0.32</td>
<td>-0.03</td>
<td>0.03</td>
</tr>
<tr>
<td>n = 37</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control Group</td>
<td>-0.00</td>
<td>-0.18</td>
<td>0.16</td>
<td>0.16</td>
<td>0.02</td>
</tr>
<tr>
<td>n = 32</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: BMS = Brannon Masculinity Scale; GRCS = Gender Role Conflict Scale; ATPH = Attitudes Toward Seeking Psychological Help; HSAtt = Help-Seeking Attitudes; HSBhvr = Help-Seeking Behavior.
Internal Consistency Reliability

In order to estimate the internal consistency reliability, theta reliability was calculated for each dependent variable measure (Armor, 1974). Theta is "mathematically equivalent to alpha for a composite scale formed by weighting items according to their principal-component factor loadings" (Armor, 1974, p. 28). Theta reliabilities for dependent variable measures and their subscales are listed in Table 5. Theta reliabilities ranged from 0.84 to 0.93 for dependent variable measures, indicating high internal consistency reliability for each measure. It should be noted that the Brannon Masculinity Scale displayed the highest reliability (theta = .93) and was also the dependent variable on which support for experimental hypotheses was found. It is possible that the higher internal consistency of this measure allowed differences to be detected that may not have been detected by the other, less consistent, measures. This possibility, however, seems unlikely because the internal consistency reliability estimates of all measures were high and did not differ dramatically from one another.

Reliability estimates were also calculated for the subscales of dependent variable measures. Reliability estimates for the subscales of the BMS ranged from 0.76 to 0.86. For the GRCS subscales, reliability estimates ranged from 0.79 to 0.90. Reliability estimates for the subscales
Table 5. Internal Consistency Reliabilities for Dependent Variable Measures and Subscales.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Theta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brannon Masculinity Scale</td>
<td></td>
</tr>
<tr>
<td>No Sissy Stuff</td>
<td>.93</td>
</tr>
<tr>
<td>Big Wheel</td>
<td>.86</td>
</tr>
<tr>
<td>Sturdy Oak</td>
<td>.81</td>
</tr>
<tr>
<td>Give 'Em Hell</td>
<td>.85</td>
</tr>
<tr>
<td>Gender Role Conflict Scale</td>
<td></td>
</tr>
<tr>
<td>Success, Power, and Competition</td>
<td>.91</td>
</tr>
<tr>
<td>Restrictive Emotionality</td>
<td>.86</td>
</tr>
<tr>
<td>Restrictive Affectionate Behavior</td>
<td></td>
</tr>
<tr>
<td>Conflicts between Work and Family</td>
<td>.90</td>
</tr>
<tr>
<td>Attitudes Toward Seeking Psychological Help</td>
<td></td>
</tr>
<tr>
<td>Recognition of Personal Need</td>
<td>.89</td>
</tr>
<tr>
<td>Tolerance of Stigma</td>
<td>.89</td>
</tr>
<tr>
<td>Interpersonal Openness</td>
<td>.79</td>
</tr>
<tr>
<td>Confidence in Profession</td>
<td></td>
</tr>
<tr>
<td>Help-Seeking Attitudes and Behavior</td>
<td></td>
</tr>
<tr>
<td>Attitudes</td>
<td>.66</td>
</tr>
<tr>
<td>Behavior</td>
<td>.66</td>
</tr>
</tbody>
</table>
of the ATPH ranged from 0.46 to 0.78. For the HSAB subscales, reliability estimates were 0.72 and 0.85. The low subscale reliabilities for the ATPH would seriously limit the usefulness and interpretability of results based on these subscales and appropriate caution would need to be used with these subscales.

Hypothesis Testing

Four hypotheses were tested in this study and each was tested in two ways. First, one-way multivariate analyses of variance (MANOVAs) were used to test for between-groups effects of treatment type (male sex role treatment, help-seeking treatment, or control group) on the posttest male sex role and help-seeking attitudes. Second, for the pretest-posttest conditions (groups 1, 2, & 3), two-way multivariate analyses of variance were used to test for the within-group effect of the interaction of time of testing and treatment type on male sex role and help-seeking attitudes. Means of all dependent variable measures and subscales are listed by treatment group in Tables 6 and 7.

Hypothesis 1

The first hypothesis predicted that subjects exposed to the male sex role treatment intervention would display posttest male sex role attitudes that differed significantly, in the less traditional direction, from their pretest male sex role attitudes or that differed significantly, in the less traditional direction, from the
Table 6. Means and Standard Deviations of Male Sex Role Attitude Measures and Subscales by Experimental Group.

<table>
<thead>
<tr>
<th>Experimental Group</th>
<th>Male Sex Role (n = 41)</th>
<th>Help-Seeking (n = 41)</th>
<th>Control Group (n = 36)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>Brannon Masculinity Scale</td>
<td>232.46 (37.87)</td>
<td>233.35 (36.00)</td>
<td>253.42 (30.86)</td>
</tr>
<tr>
<td>No Sissy Stuff</td>
<td>67.35 (13.93)</td>
<td>67.81 (15.02)</td>
<td>73.29 (13.05)</td>
</tr>
<tr>
<td>Big Wheel</td>
<td>65.94 (11.71)</td>
<td>66.55 (12.41)</td>
<td>72.47 (11.46)</td>
</tr>
<tr>
<td>Sturdy Oak</td>
<td>66.59 (13.54)</td>
<td>65.70 (11.89)</td>
<td>71.92 (10.03)</td>
</tr>
<tr>
<td>Give 'Em Hell</td>
<td>32.59 (6.48)</td>
<td>33.30 (6.32)</td>
<td>35.73 (4.36)</td>
</tr>
<tr>
<td>Gender Role</td>
<td>151.59 (26.52)</td>
<td>146.91 (20.97)</td>
<td>152.74 (23.27)</td>
</tr>
<tr>
<td>Conflict Scale</td>
<td>Success, Power, and Competition (10.47)</td>
<td>53.96 (9.27)</td>
<td>58.47 (9.35)</td>
</tr>
<tr>
<td>Restrictive</td>
<td>37.10 (9.57)</td>
<td>34.21 (10.10)</td>
<td>36.27 (9.42)</td>
</tr>
<tr>
<td>Restrictive</td>
<td>35.55 (8.11)</td>
<td>32.29 (8.57)</td>
<td>34.17 (7.55)</td>
</tr>
<tr>
<td>Affectionate Behavior</td>
<td>24.98 (6.61)</td>
<td>24.68 (4.69)</td>
<td>23.83 (5.33)</td>
</tr>
</tbody>
</table>
Table 7. Means and Standard Deviations of Help-Seeking Attitude Measures and Subscales by Experimental Group.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Male Sex Role (n = 41)</th>
<th>Help-Seeking (n = 41)</th>
<th>Control Group (n = 36)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>Attitudes Toward Seeking Psychological Help</td>
<td>43.47 (10.73)</td>
<td>47.41 (9.92)</td>
<td>48.20 (9.99)</td>
</tr>
<tr>
<td>Recognition of Personal Need</td>
<td>11.49 (5.20)</td>
<td>12.63 (4.73)</td>
<td>12.39 (3.56)</td>
</tr>
<tr>
<td>Tolerance of Stigma</td>
<td>8.02 (3.02)</td>
<td>9.23 (2.73)</td>
<td>9.01 (3.00)</td>
</tr>
<tr>
<td>Interpersonal Openness</td>
<td>10.37 (2.83)</td>
<td>11.49 (2.54)</td>
<td>10.73 (3.40)</td>
</tr>
<tr>
<td>Confidence in Profession</td>
<td>13.85 (4.20)</td>
<td>14.28 (3.59)</td>
<td>16.48 (3.63)</td>
</tr>
</tbody>
</table>

Help-Seeking Attitudes and Behavior

<table>
<thead>
<tr>
<th>Measure</th>
<th>Male Sex Role (n = 41)</th>
<th>Help-Seeking (n = 41)</th>
<th>Control Group (n = 36)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes</td>
<td>69.62 (12.68)</td>
<td>70.40 (12.84)</td>
<td>68.71 (14.39)</td>
</tr>
<tr>
<td>Behavior</td>
<td>7.63 (2.16)</td>
<td>8.44 (2.47)</td>
<td>7.33 (2.67)</td>
</tr>
</tbody>
</table>
male sex role attitudes of control group subjects not exposed to an attitude change intervention.

This hypothesis was tested using two MANOVAs. First, this hypothesis was tested using a one-way MANOVA testing the effects of treatment type on posttest male sex role dependent variable scores. This analysis was performed using the treatment type groups combining the pretest-posttest subjects and the posttest-only subjects within treatment type (groups 1 & 3, 2 & 4, and 3 & 6) and tested the effect of treatment type (male sex role, help-seeking, or control group) on the combined male sex role attitude dependent variables (BMS and GRCS). This one-way MANOVA revealed a statistically significant effect of treatment type on male sex role attitudes, using Wilk's Criterion, $\Lambda(4, 228) = 2.57 (p < .04)$. This statistically significant MANOVA effect will be further explored and specified later using univariate analyses of variance (ANOVAs). The results of this analysis are also presented in Table 8.

Second, this hypothesis was tested using a two-way MANOVA for the pretest-posttest conditions (groups 1, 2, & 3), testing the effects of the interaction between time of testing (Pretest or Posttest) and treatment type (male sex role, help-seeking, or control group) on the combined male sex role attitude dependent variables (BMS and GRCS). This two-way MANOVA did not reveal a statistically significant effect of the interaction of time of testing and treatment type.
Table 8. Effect of Treatment Type on Posttest Multivariate Dependent Variable Scores.

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>df</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Sex Role</td>
<td>(4, 228)</td>
<td>2.57</td>
<td>0.04</td>
</tr>
<tr>
<td>Help-Seeking</td>
<td>(6, 226)</td>
<td>1.51</td>
<td>0.18</td>
</tr>
</tbody>
</table>
type on male sex role attitudes, using Wilk's Criterion, $F(4, 106) = 1.16 (p > .10)$. The results of this analysis are also presented in Table 9.

One-way ANOVAs were used to test the effect of treatment type (male sex role, help-seeking, or control group) on individual male sex role dependent variable scores (BMS and GRCS) in order to specify the effect of treatment type on male sex role attitudes. These analyses were performed using the treatment type groups combining the pretest-posttest subjects and the posttest-only subjects within treatment type (groups 1 & 3, 2 & 4, and 3 & 6). The results of these ANOVAs revealed a statistically significant effect on the Brannon Masculinity Scale (BMS) posttest scores but not on the Gender Role Conflict Scale (GRCS) posttest scores. Analyses revealed a statistically significant effect of treatment type on BMS posttest scores, $F(2, 115) = 4.25 (p < .02)$. Post hoc tests using Tukey's studentized range test with alpha set at 0.05 indicated that BMS scores for the male sex role treatment groups ($M = 232.46$) and the help-seeking treatment groups ($M = 233.35$) differed significantly from the scores of the control groups ($M = 253.42$), but that the scores for the two treatment types did not differ from one another. Analyses did not reveal a statistically significant effect of treatment type on the GRCS posttest scores, $F = 0.67 (p > .10)$. This suggests that the results of the MANOVA revealing a
Table 9. Effect of Interaction between Treatment Type and Time on Posttest Multivariate Dependent Variable Scores.

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>df</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Sex Role</td>
<td>(4, 106)</td>
<td>1.16</td>
<td>0.33</td>
</tr>
<tr>
<td>Help-Seeking</td>
<td>(6, 104)</td>
<td>1.02</td>
<td>0.41</td>
</tr>
</tbody>
</table>
significant effect of treatment type on male sex role attitudes was primarily due to differences in BMS scores and not to differences in GRCS scores. The results of these analyses are also presented in Tables 10 and 11.

The BMS results suggest that subjects who were exposed to either the male sex role or help-seeking treatment interventions had significantly less traditional posttest attitudes toward masculinity than control group subjects who were not exposed to a treatment intervention. However, this result was not replicated with GRCS scores. Important differences between the BMS and GRCS that may account for this difference will be explored in the discussion chapter.

These results partially support the first hypothesis, which suggested that the male sex role treatment intervention would result in significantly different male sex role attitudes compared to the control groups. This pattern of data was found between groups but not within groups and was found on the BMS, but not on the GRCS posttest scores. Lack of statistical power may have contributed to the absence of statistically significant differences between pretest and posttest scores within groups. The between-groups analyses, which revealed significant results used data combining pretest-posttest and posttest-only conditions with combined group sizes between 36 and 41 subjects. The within group analyses for pretest-posttest conditions, on the other hand, used groups that
Table 10. Effect of Treatment Type on Posttest Male Sex Role Dependent Variable Scores.

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>df</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brannon Masculinity Scale</td>
<td>(2, 115)</td>
<td>4.25</td>
<td>0.02</td>
</tr>
<tr>
<td>Gender Role Conflict Scale</td>
<td>(2, 115)</td>
<td>0.67</td>
<td>0.51</td>
</tr>
</tbody>
</table>
Table 11. Posttest Male Sex Role Dependent Variable Means by Treatment Type.

<table>
<thead>
<tr>
<th>Treatment Type</th>
<th>n</th>
<th>Brannon Masculinity Scale</th>
<th>Gender Role Conflict Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Sex Role</td>
<td>41</td>
<td>232.46 a</td>
<td>151.59 c</td>
</tr>
<tr>
<td>Help-Seeking</td>
<td>41</td>
<td>233.35 a</td>
<td>146.91 c</td>
</tr>
<tr>
<td>Control Groups</td>
<td>36</td>
<td>252.42 b</td>
<td>152.74 c</td>
</tr>
</tbody>
</table>

Note: Means within dependent variable that display the same subscript do not differ significantly from one another according to Tukey post hoc tests with alpha set at 0.05.
contained between 18 and 22 subjects. The idea that lack of statistical power may have prevented finding within-group differences between pretest and posttest attitudes is further supported by the fact that for the male sex role pretest-posttest treatment group, the pretest BMS mean ($M = 235.95$) and posttest BMS mean ($M = 226.81$) did differ in the hypothesized direction (larger BMS scores indicate more traditional attitudes about masculinity), although this difference was not large enough to result in a statistically significant finding. In sum, subjects exposed to the male sex role treatment may have changed their male sex role attitudes in the less traditional direction, as measured by the BMS, but this attitude change was not statistically significant.

In addition to partial support for the first hypothesis, one other unexpected, but notable, finding was uncovered. These results revealed that the help-seeking treatment intervention resulted in significantly different male sex role attitudes on the BMS compared to the control groups, although this intervention did not affect help-seeking attitudes as intended. This unexpected result may suggest that male sex role attitudes, as measured by the BMS, are more easily changed than help-seeking attitudes, as measured by the ATPH and the HSAB. This idea will be further explored in the discussion chapter.
Hypotheses 2 & 3

The second and third hypotheses both made predictions about subjects' posttest help-seeking attitudes and the same analyses were, therefore, used to test both hypotheses. The second hypothesis predicted that subjects exposed to the male sex role treatment intervention would display posttest help-seeking attitudes that differed significantly, in the favorable direction, from their pretest help-seeking attitudes or that differed significantly, in the favorable direction, from the help-seeking attitudes of control group subjects not exposed to an attitude change intervention. The first hypothesis served as a manipulation check of the second hypothesis. The purpose of the second hypothesis was to explore the effect of male sex role attitude change on help-seeking attitudes and not simply to test the effect of the male sex role treatment intervention on help-seeking attitudes. Unfortunately, the first hypothesis was only partially supported, on one but not on both male sex role attitude measures and between groups but not within groups. Therefore, it is difficult to know whether the second hypothesis was adequately tested in this study. In other words, because male sex role attitudes were not consistently changed, it is difficult to test the effect of male sex role attitude change on help-seeking attitudes. The third hypothesis predicted that subjects exposed to the help-seeking treatment intervention would display posttest help-
seeking attitudes that differed significantly, in the favorable direction, from their pretest help-seeking attitudes or that differed significantly from the help-seeking attitudes of control group subjects.

A one-way MANOVA tested the effect of treatment type (male sex role, help-seeking, or control group) on the combined help-seeking (HS) dependent variables (ATPH, HSAtts, and HSBhvr). This one-way MANOVA did not reveal a statistically significant effect of treatment type on help-seeking attitudes, using Wilk's Criterion, $\mathbf{\Lambda}$ (6, 226) = 1.51 ($p > .10$). A two-way MANOVA was used to test the effects of the interaction between time of testing (Pretest or Posttest) and treatment type (male sex role, help-seeking, or control group) on the combined help-seeking attitude dependent variables (ATPH, HSAtts, and HSBhvr). This two-way MANOVA did not reveal a statistically significant interaction effect of the interaction of time of testing and treatment type on help-seeking attitudes, using Wilk's Criterion, $\mathbf{\Lambda}$ (6, 104) = 1.02 ($p > .10$). The results of these analyses were also reported in Tables 8 and 9.

These analyses do not demonstrate support for either the second or third hypotheses. It appears that neither the help-seeking nor the male sex role treatment intervention had an effect on help-seeking attitudes, either within or between groups. This suggests that the help-seeking intervention was less successful at changing attitudes than
the male sex role intervention, as indicated by the partial support of the first hypothesis. It may also indicate that help-seeking attitudes, as measured by the ATPH and the HSAB, are more difficult to change than male sex role attitudes, as measured by the BMS. These possibilities will be further explored in the discussion chapter.

**Hypothesis 4**

The fourth hypothesis predicted that subjects exposed to the help-seeking treatment intervention would display posttest male sex role attitudes that did not differ significantly from their pretest male sex role attitudes and that did not differ significantly from the male sex role attitudes of control group subjects. However, the third hypothesis served as a manipulation check for this fourth hypothesis. The purpose of the fourth hypothesis was to explore the effect of help-seeking attitude change on male sex role attitudes, and not simply to test the effect of the help-seeking treatment intervention on male sex role attitudes. Because the third hypothesis was not supported, it was not possible to adequately test the fourth hypothesis in this study. In other words, because help-seeking attitudes were not changed, it is impossible to test the effect of help-seeking attitude change on male sex role attitudes. Therefore, statistical analyses testing this hypothesis would be inappropriate.
Hypothesis Testing Summary

Overall, these hypothesis testing analyses suggest only partial support for experimental hypotheses, which predicted that exposure to treatment interventions would result in significant attitude change. It should be noted that significant differences in attitudes were found only for male sex role attitudes and not for help-seeking attitudes. Furthermore, these attitude differences were only found between groups and were not found within groups and were found on one male sex role attitude measure and not on the other.

These results partially support the first hypothesis, which suggested that the male sex role treatment intervention would result in significantly different male sex role attitudes compared to the control groups. Support for the second and third hypotheses was not found in these analyses. There was no significant help-seeking attitude change in response to the male sex role attitude change intervention (hypothesis two) or in response to the help-seeking attitude change intervention (hypothesis three). The effect of help-seeking attitude change on male sex role attitudes (hypothesis four) could not be tested properly because of the absence of help-seeking attitude change.

BMS Subscales

In order to specify the significant effect of treatment type on subjects' BMS scores, one-way ANOVAs were used to
explore the effect of treatment type on the subscale scores of the BMS. As explained in the Method chapter, the BMS has seven subscales. However, when using the short form, as in this study, pairs of subscales can be combined to measure the four dimensions of the male role as originally described by Brannon (1976; Thompson, Grisanti, and Pleck, 1985). These four dimensions, which serve as subscales when using the BMS short form, are called "No Sissy Stuff," "Big Wheel," "Sturdy Oak," and "Give 'em Hell."

One-way ANOVAs were used to test the effect of treatment type (male sex role, help-seeking, or control) on the posttest BMS subscale scores. These analyses were performed using the treatment type groups combining the pretest-posttest subjects and the posttest-only subjects within treatment type (groups 1 & 3, 2 & 4, and 3 & 6). The mean scores on the subscales of the BMS are reported in Table 12. The results revealed a statistically significant effect of treatment type on the Big Wheel dimension, $F(2, 115) = 3.46$ ($p < .04$). Post hoc tests using Tukey's studentized range test with alpha set at 0.05 indicated that Big Wheel scores for the male sex role treatment groups ($M = 65.94$) differed significantly from the scores of the control group ($M = 72.47$), but that the scores of the help-seeking treatment group ($M = 66.55$) did not differ significantly from either the male sex role treatment group or the control group. Subjects exposed to the male sex role treatment had
Table 12. Means of Brannon Masculinity Scale Subscales as a Function of Experimental Condition.

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Male Sex Role Treatment (n = 41)</th>
<th>Help-Seeking Treatment (n = 41)</th>
<th>Control Group (n = 36)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Sissy Stuff</td>
<td>67.35 a</td>
<td>67.81 a</td>
<td>73.29 a</td>
</tr>
<tr>
<td>Big Wheel</td>
<td>65.94 b</td>
<td>66.55 bc</td>
<td>72.47 c</td>
</tr>
<tr>
<td>Sturdy Oak</td>
<td>66.59 d</td>
<td>65.70 d</td>
<td>71.92 d</td>
</tr>
<tr>
<td>Give 'Em Hell</td>
<td>32.59 e</td>
<td>33.30 e</td>
<td>35.73 e</td>
</tr>
</tbody>
</table>

Note: Means within subscale that display the same subscript do not differ significantly from one another according to Tukey post hoc tests with alpha set at 0.05.
significantly less traditional attitudes on the Big Wheel dimension than control group subjects not exposed to either treatment intervention. The mean score on the Big Wheel subscale for the help-seeking treatment group fell between the mean for the male sex role treatment group and the mean for the control group suggesting an effect on Big Wheel attitudes, although this effect was not statistically significant. Results revealed nonsignificant trends toward statistically significant effects of treatment type on Sturdy Oak attitudes, $F(2, 115) = 2.96$ ($p < .06$), and on Give 'em Hell attitudes, $F(2, 115) = 2.99$ ($p < .06$). Results did not reveal a statistically significant effect of treatment type on No Sissy Stuff attitudes, $F(2, 115) = 2.08$ ($p > .10$). These results suggest that the treatment intervention used in this study were most successful at altering male role attitudes related to the Big Wheel dimension and least successful in altering attitudes related to the No Sissy Stuff dimension.

Ancillary Measures

Several ancillary measures were included in this study in order to investigate variables that may affect or mediate male sex role or help-seeking attitude change. These variables included cognitive variables, attitude change variables, and belief variables. A strategy was suggested to investigate these variables by testing for differences on these ancillary measures between subjects who displayed
pretest-posttest attitude change in the intended direction, subjects who displayed attitude change in the opposite direction, and those who did not display substantial attitude change. Unfortunately, there were very few subjects who displayed substantial attitude change between pretest and posttest on any of the dependent variable measures and this pool of subjects was not large enough to warrant these ancillary analyses.

Subjects who displayed a change in their own dependent variable attitude scores from pretest to posttest of greater than one standard deviation of the pretest mean of the full pretest-posttest sample were identified. This process resulted in an attitude change sample for each dependent variable. For the pretest-posttest subjects (groups 1, 2, & 3; \( n = 57 \)), the standard deviation of the pretest mean on the BMS was 37.32. Only three subjects displayed BMS attitude change greater than this standard deviation, all three in the intended attitude change direction. Fifty-four subjects displayed less than one standard deviation BMS attitude change.

The standard deviation of the pretest mean on the GRCS for the pretest-posttest subjects was 21.83. Twelve subjects displayed GRCS attitude change greater than this standard deviation; three in the intended attitude change direction, nine in the opposite direction. Forty-five subjects displayed less than one standard deviation GRCS
attitude change.

The standard deviation of the pretest mean on the ATPH for the pretest-posttest subjects was 10.68. Nine subjects displayed ATPH attitude change greater than this standard deviation; eight in the intended attitude change direction, one in the opposite direction. Forty-eight subjects displayed less than one standard deviation ATPH attitude change.

The standard deviation of the pretest mean on HSAtts for the pretest-posttest subjects was 12.24. Eleven subjects displayed HSAtts attitude change greater than this standard deviation; six in the intended attitude change direction, five in the opposite direction. Forty-six subjects displayed less than one standard deviation HSAtts attitude change.

The standard deviation of the pretest mean on HSBhvr for the pretest-posttest subjects was 2.49. Nine subjects displayed HSBhvr attitude change greater than this standard deviation; seven in the desired direction, two in the opposite direction. Forty-eight subjects displayed less than one standard deviation HSBhvr attitude change.

The attitude change samples of subjects who displayed attitude change in the intended attitude change direction resulted in cell sizes between three and eight. The attitude change samples of subjects who displayed attitude change opposite the intended direction resulted in cell
sizes between zero and nine. These cell sizes were too small and inconsistent to warrant ancillary analyses designed to identify differences between subjects whose attitudes did change, in the intended and opposite direction, and subjects whose attitudes did not change.
Hypothesis Testing

Four hypotheses were proposed for this study as detailed in the introductory chapter. The first hypothesis, which predicted that exposure to the male sex role treatment intervention would result in significant male sex role attitude change, was partially supported. Exposure to the male sex role intervention did result in significant male sex role attitude change on one male sex role attitude measure, but not on the other. However, this hypothesis was supported only between groups, comparing the posttest scores of treatment subjects to the posttest scores of control subjects, and was not supported within groups, comparing pretest and posttest scores of pretest-posttest subjects. The within-group comparisons of the male sex role pretest-posttest treatment group did, however, reveal that BMS means between pretest and posttest did change in the predicted direction but that the differences between these BMS means was not statistically significant. This suggests that the nonsignificant within-group results do not contradict the significant between-groups results but that attitude change
was not as strong within groups or perhaps was not statistically significant because of lower statistical power due to smaller group size.

The first hypothesis served as a manipulation check for the second hypothesis, which predicted that male sex role attitude change, as a result of exposure to the male sex role treatment intervention, would result in significant help-seeking attitude change. Because the first hypothesis was only partially supported, on one but not on both male sex role attitude measures and between groups but not within groups, it is unlikely that the second hypothesis was adequately tested. Not surprisingly, therefore, support was not found for the second hypothesis. Subjects exposed to the male sex role attitude change intervention did not show significant help-seeking attitude change.

The third hypothesis, which predicted that exposure to the help-seeking treatment intervention would result in significant help-seeking attitude change, was not supported. Exposure to the help-seeking attitude change intervention did not result in significant help-seeking attitude change. The third hypothesis served as a manipulation check for the fourth hypothesis, which predicted that help-seeking attitude change, as a result of exposure to the help-seeking treatment intervention, would not result in significant male sex role attitude change. Because the third hypothesis was not supported, the fourth hypothesis was not adequately
Because help-seeking attitudes were not changed by the treatment interventions, this study did not test whether help-seeking attitude change would also result in male sex role attitude change.

Overall, these data do not strongly support these hypotheses. This suggests that the brief psychoeducational intervention used in this study was not as successful in changing men's male sex role and help-seeking attitudes as was expected. Another possible reason why hypotheses were not more strongly supported is that the study may have had low statistical power due to small group size. This idea is consistent with the fact that stronger support for the first hypothesis was found comparing between groups which had larger cell sizes, but not found in comparing within groups.

**Purposes of the Study**

In addition to testing the study's four hypotheses, the introductory chapter also described two interrelated purposes. The first purpose was to test the efficacy of brief psychoeducational interventions based on current attitude change theory designed to change men's attitudes about the male sex role or their attitudes about psychological help seeking. The second purpose was to use these attitude change interventions to explore the directionality of the relationship between male sex role attitudes and help-seeking attitudes. This study was more successful at testing the efficacy of the attitude change
interventions than testing the directionality of the relationship between male sex role and help-seeking attitudes. Because the hypotheses related to testing the efficacy of the attitude change interventions did not receive strong support, the hypotheses related to the directionality of the relationship between male sex role and help-seeking attitudes were not adequately tested. Because male sex role and help-seeking attitudes were not consistently altered, it was not possible to test the effect of male sex role attitude change on help-seeking attitudes or to test the effect of help-seeking attitude change on male sex role attitudes. Future research may use other experimental methods to continue to investigate this relationship, or may use statistical methods such as covariance structure analysis that address directionality of relationships.

Item Content of Instruments

Results indicated that, as predicted, exposure to the male sex role treatment intervention did result in male sex role attitude change compared to the control groups. However, this effect was found only on the BMS and not on the GRCS. Furthermore, this effect was found between groups but not within groups. An important finding of this study that was not predicted was that although the help-seeking treatment intervention did not successfully alter subjects' help-seeking attitudes as intended, exposure to the help-
seeking intervention did result in male sex role attitude change. Both the male sex role and the help-seeking treatment intervention had the same effect despite the difference in focus and intent. Both interventions had a significant impact on subjects' male sex role attitudes as measured by the BMS, but not on their male sex role attitudes measured by the GRCS or on their help-seeking attitudes. This indicates that male sex role attitudes, as measured by the BMS, were altered, regardless of the focus of the intervention; these attitudes were changed by both the male sex role and the help-seeking intervention. On the other hand, male sex role attitudes as measured by the GRCS were more resistant to change, as were help-seeking attitudes. This pattern of results raises two questions. First, why did the help-seeking attitude change intervention result in male sex role attitude change? Second, why was attitude change found only on the BMS and not on the other three dependent variable measures?

Regarding the first question, the fact that both interventions had the same effect suggests that the male sex role attitude domain and the help-seeking attitude domain may not be as independent as was assumed in the methodology chapter. Because the two attitude change interventions had the same effect, it may be assumed that they addressed similar underlying themes although the overt content differed in a number of ways. An example of such a common
underlying theme may be emotional vulnerability. For example, the male sex role intervention advocated greater emotional expression among men and the help-seeking intervention advocated openness regarding personal problems. These topics both advocate emotional vulnerability and similarities of this type between the two interventions may account for the fact that both interventions had the same effect.

The fact that attitude change was found only on the BMS and not on the other dependent variable measures suggests that the pattern of results may be best understood by examining differences between instruments rather than the differences between interventions, although the original purposes and hypotheses of the study focused on differences between the male sex role and help-seeking interventions. Different effects were not found due to the different interventions, but different patterns of data were found on different attitude instruments. To understand this pattern of results, it is important to look more closely at the attitude instruments used in this study. It is important to note that the BMS, which revealed significant attitude change, measured general attitudes about masculinity focusing on the behavior of other men and used third-person wording such as, "It bothers me when a man does something I consider feminine." On the other hand, the GRCS, which did not reveal significant attitude change, measured more
personal attitudes about one's own sex-role behavior and used first-person wording such as, "I have difficulty telling others I care about them." Likewise, the help-seeking attitude measures, which were not altered by the interventions in this study, also included items that used first-person wording and referred to personal behavior.

This difference between the wording of BMS items and the items of the other instruments may suggest that it is easier to change men's general or impersonal attitudes about masculinity than to change their more involving or self-relevant personal attitudes about their own sex-role behavior. Men may feel comfortable endorsing change for men in general, but may not be ready to change their own behavior in areas related to masculinity and help-seeking. Future research should focus on strategies for bridging the gap between changing less-involving, general sex-role attitudes and more highly-involving personal sex-role and help-seeking attitudes. Future research could determine whether the differences between BMS and GRCS results are due to the differences in generality or differences in personal relevance between the instruments.

Previous research has addressed differences between general and specific attitudes, but has focused on attitude-behavior consistency rather than susceptibility or resistance to attitude change. For example, Ajzen and Fishbein (1977) pointed out that items that measure
attitudes at increasing levels of specificity are more predictive of behavior than items that measure global or nonspecific attitudes. Zanna, Olson, and Fazio (1980) point out that behavior-based attitudes are more predictive of future behavior than attitudes that are not behaviorally-based. However, this literature has not directly addressed whether specific (behaviorally-based) attitudes are more difficult to change than general (nonbehaviorally-based) attitudes, as has been suggested in the present study.

Previous research has also addressed differences between self-relevant and self-irrelevant attitudes. For example, self-relevant attitudes would be expected to be based on prior knowledge which has been shown to be related to biased processing. The idea of biased processing suggests that there are variables, such as prior knowledge or forewarning of persuasive intent, that create a bias in the types of thoughts (positive or negative) that are generated in response to a persuasive message (Petty & Cacioppo, 1986). For example, increased prior knowledge has been found to result in greater resistance to a counterattitudinal message because of increased counterargumentation (Wood, 1982). The idea of biased processing based on prior knowledge may provide one explanation for the results of the present study that revealed greater resistance to attitude change on specific attitudes compared to general attitudes. Specific attitudes
about one's own sex role and help-seeking behavior may be based on more prior knowledge than general attitudes and may, therefore, have produced biased processing due to greater counterargumentation (negative cognitive responses) in response to the persuasive message.

It also should be noted that the attitude change interventions used in the present study were presented largely in third person and talked about men's sex-role attitudes and behaviors in general or people's help-seeking attitudes and behavior in general. This may have contributed to finding greater attitude change about men in general compared to attitude change about one's own sex-role and help-seeking behavior. It is difficult to predict whether an attitude change intervention that advocated changing attitudes about the subjects' own behavior would have resulted in greater attitude change in this domain. An intervention of this type may have increased resistance to attitude change by creating defensiveness. Future research might investigate the difference between interventions advocating change for men in general and interventions advocating personal sex role change.

Furthermore, in retrospect it is not surprising that there was only inconsistent evidence of a small amount of attitude change in response to a brief videotaped intervention and writing exercise that lasted less than an hour. To create consistent and substantial attitude change
related to sex roles or help-seeking, an ongoing process of self exploration may need to be created in order to facilitate the ability and motivation to think about these highly involving, self-relevant attitudes. Future research might investigate the impact of longer, more in-depth interventions, such as sex roles classes or the impact of more personally-oriented interventions, such as structured group workshops, consciousness raising groups, or group counseling.

Dimensions of Male Sex Role Attitude Change

This study also investigated differences in attitude change effects for four different dimensions of the male sex role using the BMS subscales measuring attitudes typified as "No Sissy Stuff," "Big Wheel," "Sturdy Oak," and "Give 'em Hell." The male sex role treatment intervention was most successful at changing subjects' Big Wheel attitudes and was not successful at changing subjects' No Sissy Stuff attitudes. These results suggest that men's attitudes related to status and success may be more easily altered using psychoeducational interventions than men's attitudes related to avoidance of femininity. This finding is consistent with the idea that the core of the male sex role is a "fear of femininity," which is described as a strong negative emotion associated with feminine values, attitudes, and behaviors (O'Neil, 1981b). If avoidance of femininity is a core part of male sex role identity, it is not
surprising that these attitudes are particularly resistant to change. In contrast, societal changes may allow more liberal attitudes deemphasizing the importance of male status and success, and perhaps made Big Wheel attitudes more malleable and open to alteration than No Sissy Stuff attitudes.

Self-relevance

The methodology chapter suggested that male sex role attitudes might be more difficult to alter than help-seeking attitudes because of differences in self-relevance. It was expected that male sex role attitudes were more self-relevant and, therefore, more resistant to change than help-seeking attitudes. The results of this study did not support the expectation that male sex role attitudes would be more difficult to change than help-seeking attitudes; some male sex role attitudes were altered, but help-seeking attitudes were not altered. Although this expectation about attitude change was not supported, the concept of self relevance may still be important to understand the results of the study. Male sex role and help-seeking attitudes may not have differed in self relevance as expected, but differences in self relevance between attitude instruments may account for observed differences. The BMS, which revealed significant attitude change, appears to measure less self relevant attitudes (general, third-person attitudes) than the other instruments (personal, first-
person attitudes) which did not reveal significant attitude change. Therefore, the pattern of attitude change revealed in this study is consistent with the idea that it is more difficult to change highly self-relevant attitudes compared to less self-relevant attitudes.

Furthermore, attitude change results of BMS subtests suggested that attitudes related to the avoidance of femininity were not altered in response to the male sex role intervention, whereas attitudes related to status and success were altered. If the assumption that fear of femininity undergirds all other aspects of the male sex role is true (O'Neil, 1981b), then this pattern of results is also consistent with the idea that highly self-relevant attitudes are most difficult to change. It may be easier to change less self-relevant attitudes about status and success than to change more highly self-relevant attitudes about avoidance of femininity.

Future Research

Future research will be discussed first in terms of methodological considerations, and subsequently in terms of the two purposes of the study. One finding of this study which has methodological implications for future research is that no pretest sensitization effects were found. There were no significant differences found between pretest-posttest and posttest-only groups on dependent variable measures. This indicates that the combination of the
pretest and the treatment did not sensitize or distort the posttest responses of pretest-posttest subjects. This suggests that future studies in this area do not need to use a Solomon four-group design, which allows pretest effects to be detected, as this study did. Future research can use more simple and less costly designs that include either pretest-posttest within-group comparisons or posttest between-group comparisons, but not both.

The first purpose of the study was to test the efficacy of a brief psychoeducational intervention that attempted to change men's attitudes about the male sex role and their attitudes about seeking psychological help. Related to this purpose, three areas of further inquiry have been identified. First, future research could investigate whether differences between instruments that detected attitude change and those that did not detect attitude change reflect consistent differences between domains of attitudes that are subject to change (general attitudes) and domains that are more resistant to change (personal attitudes). Second, future research could test the effect of similar brief interventions that advocate personal rather than general attitude change. Third, future research could investigate the impact of longer, more in-depth interventions related to sex role attitudes or the impact of more personally-oriented interventions related to sex role attitudes. For example, more extensive interventions might
include sex roles classes that are taught on many university campuses through women's studies, sociology, or psychology departments. More personally-oriented interventions might include structured group workshops, consciousness raising groups, or group counseling.

Related to the second purpose, this study did not adequately answer questions about the relationship between male sex role attitudes and help-seeking attitudes, particularly concerning causality. Future research in this area might use other experimental designs or statistical methods such as covariance structure analysis that may help clarify the directionality of the relationship between male sex role attitudes and help-seeking attitudes.

Conclusions

The brief videotaped psychoeducational interventions used in this study were successful in altering the male subjects' general attitudes about the male sex role but were not successful in altering their personal sex role attitudes nor their personal attitudes about seeking psychological help. Furthermore, attitudes regarding fear of femininity appear to be more resistant to change than other male sex role attitudes such as attitudes valuing status and success. Both of these patterns of results support the idea that highly self-relevant attitudes are more resistant to change than less self-relevant attitudes. In conclusion, brief psychoeducational interventions may be
successful at changing men's general attitudes about the male role but may not alter men's personal attitudes about their own sex role or help-seeking behaviors. In order to change men's more personal and self-relevant sex role and help-seeking attitudes, more extensive or more personal interventions may need to be employed.
APPENDIX A

PILOT TEST MATERIALS
Message Evaluation Study

Thank you for participating in this study. You will be asked to rate the quality of persuasive arguments that will be used to develop presentations on psychological topics that will be used in future research. You will read arguments that pertain to either help-seeking or the male sex role. The help-seeking arguments are aimed at trying to encourage people to feel positively about seeking help from a counselor or other professional helper when such help is needed. The male sex role arguments are designed to try to encourage men to adopt less restrictive attitudes about masculinity. For each of these areas, there are several topics that are underlined followed by arguments for each topic that you will be asked to rate.

You will anonymously record your ratings on the computer answer sheet that is provided. Please take a moment now to fill out your sex, educational level (13=fresh, 14=soph, etc.), and the year of your birth as indicated on the answer sheet. Please do not write your name on the answer sheet. Please do not write on this booklet.

Please work steadily but carefully. Your ratings are important for the success of this research. You should have time to rate all of the arguments, but if you do not, you will be excused at the end of the hour.

Please rate how convincing or strong each argument is in reference to the underlined topic. Your rating does not refer to your agreement with the statement, but refers to the extent to which you believe that the argument is strong and convincing in regard to the particular topic.

Please rate each argument on the following scale:

very weak/very strong
unconvincing convincing

0 1 2 3 4 5 6 7 8 9

If you have any questions, please ask the experimenter. You may now begin.
I. Help-seeking Arguments:

A. People should recognize and accept that they may need help from others, including a counselor or professional helper, because...

1. Everyone faces difficulties in life that could benefit from some kind of help. Would you ignore physical symptoms and not see a physician?

2. Recognizing your need for occasional help can bring happiness to yourself and those around you.

3. You can become a stronger person by recognizing and working on weaknesses or sources of strength.

4. It takes strength to face up to one's limitations and seeking help reflects maturity. Seeking help is a sign of strength.

5. All people can experience overwhelming situations and it is natural to get upset and to need help coping with trauma and difficulty.

6. Not recognizing your need for help or going for help can allow a problem to bother you your whole life when, perhaps counseling or another form of help could resolve the problem in a relatively brief time. If you really need help and you don't get it, things could get much worse. What we resist persists.

7. It is important to recognize and accept your need for help because your problems will subtly sabotage your life otherwise. Recognizing and accepting your need for help shows that you are strong enough to look at yourself and take risks. If you pretend you don't need help, it may just get worse.

8. It takes courage and insight to be able to recognize your need for help and to seek it.

9. Reaching out for help is a coping mechanism which allows you to connect with others rather than insulate yourself. Seeking help is a healthy means of coping.

10. No one can take on the whole world alone. Sometimes talking out things helps you to get a new perspective on them.

11. Recognition and acceptance is the first step toward solving any problem, whether one chooses to get help or not.
12. You know yourself better than anyone else. You know best when you are in need of help. You become your own best caretaker when you become aware of times that you need help and act upon these needs.

13. Human beings are not self-sufficient. People who believe that they do not need other people are deceiving themselves and are aspiring to an impossible goal.

B. People who seek help from a counselor or another type of helper do not need to be concerned with the stigma which has been associated with help seeking in the past because...

14. Professional helpers have spent time studying and being trained, they have more resources to identify and correct thinking and acting and all destructive forces people may be trying to cope with.

15. Seeking professional help does not mean that one is crazy or weak. It's simply using a resource.

16. Many people who do not seek professional help suffer from alcoholism, failed marriages, failed careers.

17. The stigma associated with seeing a professional helper is based on an outdated view of how "mental patients" may have been mistreated in the past.

18. The stigma associated with seeking help is based on the cultural pressure to "make it on your own," which may prevent positive mental health.

19. Most people could benefit from counseling at some point in their lives. It is not a sign of weakness or dependence.

20. Seeking help used to carry more of a stigma. Today people and companies are accepting and encouraging the use of professional helpers. Sometimes one can't tackle things alone.

21. Counseling is no disgrace. Almost everyone could benefit from this kind of help at one time or another.

22. Even important and powerful people have seen professional helpers for a variety of problems or feelings.

23. Seeing a counselor is not a sign of weakness, but a sign of strength.

24. Some problems and issues really can't be solved by yourself or with friends.
25. Mental health is beginning to be recognized by our society as a major area of misunderstanding.

26. All people have areas in their lives that they would like to improve. I haven't seen a perfect person yet. A professional helper is there to help facilitate this positive growth and change.

27. Counseling is a relationship unique in its means and ends. Its outcome, benefitting the client, is a joint effort. The client has control of the change that they want to make in their life.

C. People should realize the advantages of openness regarding some personal problems because...

28. Being open regarding your problems can allow you to be closer to others and allow others to be closer to you. Being open is way to reduce loneliness.

29. People may find you more attractive if you are more open about your problems.

30. Being open about your problems with other people can help you gain alternative perspectives. When you are open about your problems, you benefit from others' viewpoints.

31. Being open can reduce stress by sharing with others and getting assistance.

32. Being open can enhance your lifestyle, increase your chance of a better career, and result in better relationships.

33. Only through openness can help be obtained.

34. Many problems can be caused by lack of openness; for example, marital problems, substance abuse, depression, and other serious problems. Also, physical problems such as headaches, ulcers, colitis, and heart disease can result from not being open.

35. To admit weaknesses helps interpersonal relationships by making you seem more real and human. It also is a way to reach out to others for a meaningful intimate connection. Others know you have problems, we all have our own struggles, and to act like you don't isn't fooling anyone. Talking to others about problems helps you to sort things out and understand the situation better for yourself.

36. Taking an honest look at what's bothering you is a good start toward dealing with it.
37. Being open about your problems to other people encourages more openness in others and demonstrates that others share the same problems and feelings.

38. By talking to other people and receiving their reactions and feedback, we learn more about ourselves and we gain new insights.

39. Honesty to the self breaks down denial and defense mechanisms that serve as a barrier to truly living up to one's potential.

40. Openness is more healthy than keeping everything bottled up.

41. It's very hard for someone who isn't open about his or her problems to actually get the help they need.

42. Openness is a sign of healthy self-respect and nondefensiveness.

D. If someone chooses to see a professional helper, they can be confident about the ability of that person to help them because...

43. Counselors and other professional helpers are trained to note patterns of thinking, feeling, and behaving that can maintain problems.

44. Helpers have an objective view and can lend alternative perspectives.

45. Counselors will not make fun of clients for needing help.

46. Counselors have training for special issues that may come up like grief, dealing with severe injuries, relationships, or anxiety.

47. Using a professional helper allows you to check the helper's credentials and gaining the best help that you can.

48. A helper is someone who can help you gain a more objective view of your life situation or offer you a new perspective that may not have occurred to you or the people in your social network or family.

49. You can always "shop around" until you find a helper with whom you feel connected.
50. Professional helpers have spent a lot of time and energy in training to become professionals. For example, the training of a psychologist requires five years of training beyond the undergraduate degree. Helpers are educated, trained, and licenced to be of help.

51. Studies show that people who have pursued psychotherapy are better off than 75% of people who did not pursue psychotherapy.

52. Counselors would not be doing what they do if they didn't know what they're doing.

53. Most people who seek professional help are satisfied with the help they receive and feel that they have benefitted from it.

54. One shouldn't have unreasonable expectations about what a helper does and does not do. They won't tell you what to do but are there to help facilitate your growth.

55. You probably know people who have seen a counselor. What did they say about the experience?

56. Just as attorneys are trained to give legal advice and medical doctors are trained to deal with medical concerns, counselors are trained to help people with psychological or emotional issues.

57. Having confidence in helpers actually increases your likelihood of being helped.

58. People don't tend to pursue a career in counseling or psychotherapy unless they have a strong aptitude and ability to help.

59. Research has found that counseling really does help. Sometimes you just have to find the "right" counselor whose style matches your needs or preferences.

E. Reducing interpersonal isolation by seeking help when it is needed is beneficial because...

60. A helper may be able to share sincere interest in you even when you feel withdrawn. This can build into a trusting relationship.

61. Having social support can buffer you against stress and stress-related problems.
62. Seeing a professional helper can temporarily take the place of having a close friend to confide in when you really need to.

63. Connecting with a helper allows you to lift the burden of always having to rely on others around you.

64. Isolation tends to magnify problems. This magnification can lead to a vicious circle which may be harder to get out of.

65. Isolation may seem like the easiest thing to do, but often facing the challenge of breaking out of the isolation is more helpful in the long run.

66. Seeing a professional helper is a way to change things when you haven't been able to get new perspectives or support using other resources.

67. Counselors are there because they want to help people in whatever way they can.

68. By breaking a pattern of isolation, you can see that others have similar problems which may make your issues seem more manageable.

69. Although we say we have friends, often times it's hard to share with them information about certain areas of our lives for one reason or another. We often don't let our completely true self show through to anyone.

70. People are naturally social and do need interpersonal interaction to fulfill their vital need for contact.

71. People who have a network of friends or a significant other have fewer physical health problems.

72. People who have others to talk to can get a "reality check" on things that are bothering them.

73. People who have others to talk to can find out that they are not alone with their concerns.

F. The reduction of stress and health care problems can be an important aspect of seeing a counselor or helper because...

74. Seeing a professional helper can save money in the long run because it can prevent more costly physical problems.
75. Seeing a professional helper can reduce stress and health care problems and, therefore, prolong your life and increase your happiness.

76. Health problems interfere with work productivity and sexual performance.

77. Seeing a counselor in order to reduce stress and health problems can bring happiness and greater prosperity.

78. Quality of life is enhanced by the reduction of stress.

79. Research indicates that chronic stress and/or unresolved personal issues can lead to heart disease and other life threatening illnesses.

80. Talking to someone about your troubles can just make you feel better. If you can get things off your chest it can be a good stress reliever.

81. Physical health and mental health go hand in hand.

82. Stress becomes self-perpetuating. Stress leads to poor work habits, bad relationships, and other problems which themselves lead to even more stress. Seeking help can break this cycle.

83. Living day to day is risky and strenuous, why not make it as easy as possible by eliminating the unnecessary stressors that are quite controllable.

84. Stress in widespread in our time. We are all touched by stress.

85. If we ignore our health problems, they don't just go away.

86. Stress can creep up on us - we can be unaware of a problem until it suddenly overwhelms us.

87. Stress reduces our effectiveness in all areas: interpersonally, socially, academically, vocationally. People under stress just don't do as well.

88. Stress has been linked to physical and mental health problems, as well as lowered immunity.
II. Male Sex Role Arguments:

A. Men should try be more emotionally expressive because...

89. Becoming more fully aware of your self makes one a better problem solver and therefore a more powerful person.
90. Expressing emotions allows others to know you more fully so they can be closer to you.

91. Expressing emotions releases tensions that interfere with concentration and cause health problems.

92. Being able to show both the strong side of yourself and the soft or emotional side of yourself can make you a more complete person.

93. Learning to express your emotions in direct and positive ways prevents them from coming out in indirect and destructive ways.

94. Restricting your emotions can cause you to feel unheard, misunderstood, and even uncared for.

95. Expressing emotions enhances the quality of possible intimacy with others and decreases the interpersonal isolation that many men feel.

96. Most women prefer a sensitive, emotionally expressive man, compared to a emotionally restricted, "macho" man.

97. Expressing emotions allows fuller expression of self. If men could express their emotions more openly, they wouldn't feel that they have to live up to an unrealistic ideal of "being a man."

98. Expressing emotions is healthy in marriage and other relationships. Many problems, including sexual dysfunction and marital discord, can result from lack of emotional expression.

99. You can have deeper, more satisfying friendships if you express your emotions more openly. If you risk expressing your emotions, your friends will probably react by expressing their emotions in similar ways.

100. You should express your emotions because emotions are part of all of us. To deny your emotions is to deny a vital part of yourself.

101. Crying is physically healthy.
102. By expressing your emotions, you then allow someone else to be close to you. Sharing emotionally is like giving someone else a gift.

103. As a part of our personhood we have emotions. We are not like Mr. Spock. If you don't directly express your emotions, they will manifest themselves in other, less healthy ways. There's not really a way to escape our emotional nature.

104. Since everyone feels emotions as they respond to their environment, releasing these emotions should not be discouraged among men.

B. Instead of trying to be the "strong, silent type," men should accept their personal vulnerability because...

105. People can create more stress and unhappiness by criticizing themselves for being vulnerable or unable to handle all situations. So, it is important to accept that everyone has vulnerabilities and to accept one's own weaknesses.

106. People do not lose respect for people who share their problems.

107. Being strong and silent is a good way to die young.

108. Women and men who really care about you won't look down on you for being vulnerable.

109. Being strong and silent makes you seem superhuman and unapproachable.

110. It really isn't possible for people to be strong in all areas of their lives, all the time.

111. If people react oddly to your sharing of vulnerability, they are revealing their own insecurity about dealing with feelings.

112. If you are strong and silent all the time your spouse or romantic partner may eventually look for someone else who understands them.

113. Being vulnerable is not the same as being "weak." It is a particular kind of strength that allows one to admit and show vulnerability. It can also greatly enhance the quality of intimacy that is possible with another person. A person can always choose when, how, and with whom to show vulnerability.
114. Overcoming the tendency to hide your vulnerabilities is the key to forming really supportive friendships. We share our strength with everyone, but we share our weaknesses with our closest friends.

115. Not having to be perfect and strong all the time reduces a lot of pressure.

116. Men should allow themselves to be vulnerable with others because it frees up energy to do other things. It takes too much energy holding everything inside.

117. It's not possible to always take everything the world throws at you. People can't take everything on themselves all the time.

118. Acceptance of vulnerability is a sign of strength. Only through acceptance of a weakness can it become a strength or be changed to something positive. Denial of weaknesses make them persist.

C. Rather than only being concerned with success, power, and competition, men should recognize the importance of inner values in decision making because...

119. Inner values are important in making decisions because it is more likely that you will feel satisfied adhering to your own values than trying to fit others' standards.

120. Competition creates negative energy between coworkers, friends, or romantic partners and results in low productivity or poor relationships.

121. Few people on their deathbed have expressed regret over not having worked enough or made enough money. Many have regretted overlooking the simple things in life and doing what they really wanted.

122. Not everyone can be number one. So, the rest of us need to find ways to value ourselves other than being on the top of the heap.

123. Success is a relative term - if you aren't happy, how can you be a success?

124. If you are concerned only with acquiring power, you will find yourself constantly battling others who want to take it away from you.
125. You can only really have control over yourself and a person who emphasizes internal values is emphasizing those values over which he or she has more control. This results in a greater chance of happiness and inner peace than if you are invested in outer directed goals such as success, power, and competition.

126. Our inner values are what will guide us toward acceptable and comfortable feelings.

127. Each person is a special individual. It is best not to lose yourself by conforming to external, prescribed values regarding success.

128. Ultimately, you are the person that has to live with your decisions. Why not make decisions based on what you want rather than what others expect?

129. It can't hurt to consider the inner values along side societal pressures. Looking at both sides can give a better overall perspective.

130. Intuitive decision making usually produces better results in the long run.

131. Although we get messages from society to suggest that we should strive for success and power, the people who really care about us want us to be happy, even if this happiness does not conform to external standards of success or power.

132. Success can be measured on many levels, one of which is the amount of control one has in one's own life. If someone can control their own life and keep consistent with their own personal values, then they are succeeding without competing.

D. Men should find peaceful ways of expressing themselves that do not include aggression and violence because...

133. Aggressive behavior harms people you care about. This harm can occur both emotionally and physically.

134. Assertive behavior accounts for the rights and feelings of yourself and others, without being harmful to others.

135. Expressing emotions such as anger or frustration to objective parties prevents violent and harmful blow ups at others.
136. Our society glorifies violence and fears crime at the same time. Violent behavior does not solve anything. It usually makes problems worse and creates other problems.

137. If you are aggressive and violent with others they will probably be aggressive or violent back or will hate you. "He who lives by the sword dies by the sword."

138. Using assertive behavior rather than aggressive behavior includes confronting people with respect which will help you to respect yourself as well.

139. By avoiding aggression and violence you are less likely to be hurt or to hurt someone else.

140. You will experience more sense of personal power if you are able to work things out verbally without resorting to violence.

141. In relationships, aggressive behavior makes things worse and doesn't solve anything. Aggression brings more difficulty into your life.

142. Aggressive behavior alienates other people from us. If men are angry, they should be assertive. Assertiveness does not push others away like aggression does.

143. Violence will get you in trouble in the long run. The prisons are overrun with men who could not find alternatives to aggression.

144. Violence is a negative thing. It doesn't usually feel good. It's okay to feel angry but it is important not to channel this anger into violence or aggression.

145. There is a tremendous strength in gentleness and tremendous gentleness in true strength. Aggressive behavior tears down and chooses death. Assertive, affirmative behavior builds up and chooses life.

146. What is really proven with violence? What is the result? What are we really showing the world when we are violent?

E. Men should allow themselves greater affection with other men because...

147. All people need physical and emotional affection. Touching can communicate friendship without being sexual.

148. Becoming more open and affectionate with your male friends will help you feel closer to them.
149. If men in general become more affectionate with each other, affection will no longer be feared as a sign of homosexuality.

150. Shared experiences among men are important. It's hard to really share experiences without openness and affection.

151. Being able to be affectionate with your friends is a way to overcome feelings of isolation and loneliness.

152. A really healthy person should be able to express affection openly to both men and women without it being sexual.

153. Although football players hold hands in the huddle or hug each other after a big victory, most of us don't feel comfortable touching each other. If affection were more acceptable, all of us would feel more comfortable.

154. Standards for affectionate behavior are culturally determined. In some cultures, men hug or kiss each other as a greeting.

155. Men need close friends and affection from other men just as women do. It's a basic human need that shouldn't just be fulfilled through sports.

156. It's a more evolved or mature position to believe in affection and to receive affection from other men. We should strive for the goal of not being as self-conscious about what others might think.

157. Wouldn't it be nice to walk into a restaurant and meet a male friend and talk about personal feelings rather than having to make small talk about sports first?

158. Although affection between men is not viewed positively, a man who isn't afraid of being a whole person and who cares about both men and women can show affection to both men and women.

159. Openness and affection affirms people. This affection permits sharing and exchanging feelings and seeing similarities.

160. What is okay is culturally determined and we should be able to overcome or change these standards if we want to. Do you think of European men who hug other men as less masculine?
161. Men can show affection on the football field. So, why not show it in the classroom, the cafeteria, or on the street?

F. Men should learn to take care of themselves better because...

162. If you are well balanced physically and emotionally, you will feel more energetic, alert, and powerful.

163. Taking care of yourself is important if you want to be happy and healthy.

164. Ignoring your physical and emotional health sends the message that you don't consider yourself "important" enough to stay healthy.

165. Taking care of yourself will help you do your best and also to live longer.

166. An ounce of prevention is worth a pound of cure. Don't treat your body like a used car. Give it the best care and it won't break down as soon or as often.

167. Taking care of yourself can lead to a longer, happier, more productive life. You are worth it!

168. You put yourself first in other areas, why not your health? Why can't your health be number one also?

169. If you're not physically and emotionally healthy, you can't accomplish other goals that are important to you.

170. Not being sure to take care of yourself just weakens you to everyday stress and strain. It's important to take care of yourself.

171. Only by loving yourself can you love others.

172. Being in good physical, mental, and emotional health provides greater possibilities of contributing, reaching goals, getting the most of and putting the most into life.

173. You are the best person to take care of yourself.

YOU HAVE NOW COMPLETED THE STUDY. PLEASE TURN THE PAGE AND READ THE DEBRIEFING INFORMATION.
Debriefing about the Study

Thank you for participating in this study. Your responses are important to this research. We would like to tell you a bit about the study in order for you to gain the maximum educational benefit from your participation. Please do not share information about this study with others who may be taking Psychology 100 and participating in this research this quarter or in the coming year. If other participants know about the study ahead of time, their responses will not be natural and the research will be flawed which will waste our time and your time, and may create misinformation about human behavior. For this reason, it is important that you do not share information about this study to people who may participate in the research this quarter or in the future.

We will be using your ratings to develop strong and convincing messages that will be used in presentations designed to encourage people either to adopt more favorable attitudes about help-seeking or to adopt less restrictive attitudes about the male sex role. These presentations and measures related to both topics will be used to explore the relationship between these two sets of attitudes. We want to know whether changing one set of these attitudes will affect the other set of attitudes. Your ratings will allow us to use the best arguments possible to explore these ideas.

If you have any questions about this research, please ask the experimenter. If you do not have any questions, you are free to leave, but we ask you to do so quietly.
APPENDIX B

SELECTED ARGUMENTS WITH ARGUMENT STRENGTH MEANS AND S.D.S
Selected Arguments with Argument Strength Means and SDs

I. Help-seeking Arguments:

A. People should recognize and accept that they may need help from others, including a counselor or professional helper, because...

3. You can become a stronger person by recognizing and working on weaknesses or sources of strength. (\(M = 6.67, \ SD = 1.83\))

6. Not recognizing your need for help or going for help can allow a problem to bother you your whole life when, perhaps counseling or another form of help could resolve the problem in a relatively brief time. If you really need help and you don't get it, things could get much worse. What we resist persists. (\(M = 6.50, \ SD = 1.41\))

7. It is important to recognize and accept your need for help because your problems will subtly sabotage your life otherwise. Recognizing and accepting your need for help shows that you are strong enough to look at yourself and take risks. If you pretend you don't need help, it may just get worse. (\(M = 6.33, \ SD = 1.81\))

11. Recognition and acceptance is the first step toward solving any problem, whether one chooses to get help or not. (\(M = 6.67, \ SD = 1.74\))

12. You know yourself better than anyone else. You know best when you are in need of help. You become your own best caretaker when you become aware of times that you need help and act upon these needs. (\(M = 6.29, \ SD = 1.88\))

B. People who seek help from a counselor or another type of helper do not need to be concerned with the stigma which has been associated with help seeking in the past because...

15. Seeking professional help does not mean that one is crazy or weak. It's simply using a resource. (\(M = 5.96, \ SD = 2.03\))

18. The stigma associated with seeking help is based on the cultural pressure to "make it on your own," which may prevent positive mental health. (\(M = 5.83, \ SD = 1.93\))

20. Seeking help used to carry more of a stigma. Today people and companies are accepting and encouraging the use of professional helpers. Sometimes one can't tackle things alone. (\(M = 6.50, \ SD = 1.64\))
22. Even important and powerful people have seen professional helpers for a variety of problems or feelings. ($M = 6.13, SD = 2.15$)

27. Counseling is a relationship unique in its means and ends. Its outcome, benefitting the client, is a joint effort. The client has control of the change that they want to make in their life. ($M = 5.62, SD = 1.56$)

C. People should realize the advantages of openness regarding some personal problems because...

30. Being open about your problems with other people can help you gain alternative perspectives. When you are open about your problems, you benefit from others' viewpoints. ($M = 6.25, SD = 1.73$)

34. Many problems can be caused by lack of openness; for example, marital problems, substance abuse, depression, and other serious problems. Also, physical problems such as headaches, ulcers, colitis, and heart disease can result from not being open. ($M = 6.46, SD = 1.89$)

36. Taking an honest look at what's bothering you is a good start toward dealing with it. ($M = 6.46, SD = 1.74$)

40. Openness is more healthy than keeping everything bottled up. ($M = 6.50, SD = 2.09$)

41. It's very hard for someone who isn't open about his or her problems to actually get the help they need. ($M = 6.54, SD = 2.02$)

D. If someone chooses to see a professional helper, they can be confident about the ability of that person to help them because...

45. Counselors will not make fun of clients for needing help. ($M = 5.92, SD = 2.30$)

46. Counselors have training for special issues that may come up like grief, dealing with severe injuries, relationships, or anxiety. ($M = 6.43, SD = 1.16$)

48. A helper is someone who can help you gain a more objective view of your life situation or offer you a new perspective that may not have occurred to you or the people in your social network or family. ($M = 5.58, SD = 1.95$)
56. Just as attorneys are trained to give legal advice and medical doctors are trained to deal with medical concerns, counselors are trained to help people with psychological or emotional issues. \(M = 6.13, \ SD = 1.75\)

57. Having confidence in helpers actually increases your likelihood of being helped. \(M = 5.71, \ SD = 1.94\)

E. Reducing interpersonal isolation by seeking help when it is needed is beneficial because...

60. A helper may be able to share sincere interest in you even when you feel withdrawn. This can build into a trusting relationship. \(M = 5.92, \ SD = 1.59\)

64. Isolation tends to magnify problems. This magnification can lead to a vicious circle which may be harder to get out of. \(M = 6.04, \ SD = 1.40\)

65. Isolation may seem like the easiest thing to do, but often facing the challenge of breaking out of the isolation is more helpful in the long run. \(M = 6.33, \ SD = 1.66\)

69. Although we say we have friends, often times it's hard to share with them information about certain areas of our lives for one reason or another. We often don't let our completely true self show through to anyone. \(M = 6.33, \ SD = 2.24\)

73. People who have others to talk to can find out that they are not alone with their concerns. \(M = 6.42, \ SD = 1.18\)

F. The reduction of stress and health care problems can be an important aspect of seeing a counselor or helper because...

79. Research indicates that chronic stress and/or unresolved personal issues can lead to heart disease and other life threatening illnesses. \(M = 6.58, \ SD = 1.69\)

80. Talking to someone about your troubles can just make you feel better. If you can get things off your chest it can be a good stress reliever. \(M = 7.00, \ SD = 1.32\)

82. Stress becomes self-perpetuating. Stress leads to poor work habits, bad relationships, and other problems which themselves lead to even more stress. Seeking help can break this cycle. \(M = 6.35, \ SD = 1.27\)
87. Stress reduces our effectiveness in all areas: interpersonally, socially, academically, vocationally. People under stress just don't do as well. ($M = 6.58$, $SD = 1.79$)

88. Stress has been linked to physical and mental health problems, as well as lowered immunity. ($M = 6.38$, $SD = 1.69$)

II. Male Sex Role Arguments:

A. Men should try be more emotionally expressive because...

90. Expressing emotions allows others to know you more fully so they can be closer to you. ($M = 5.70$, $SD = 1.61$)

91. Expressing emotions releases tensions that interfere with concentration and cause health problems. ($M = 5.67$, $SD = 2.42$)

92. Being able to show both the strong side of yourself and the soft or emotional side of yourself can make you a more complete person. ($M = 6.00$, $SD = 1.80$)

93. Learning to express your emotions in direct and positive ways prevents them from coming out in indirect and destructive ways. ($M = 5.70$, $SD = 2.07$)

98. Expressing emotions is healthy in marriage and other relationships. Many problems, including sexual dysfunction and marital discord, can result from lack of emotional expression. ($M = 6.15$, $SD = 1.38$)

B. Instead of trying to be the "strong, silent type," men should accept their personal vulnerability because...

105. People can create more stress and unhappiness by criticizing themselves for being vulnerable or unable to handle all situations. So, it is important to accept that everyone has vulnerabilities and to accept one's own weaknesses. ($M = 5.89$, $SD = 1.99$)

110. It really isn't possible for people to be strong in all areas of their lives, all the time. ($M = 5.89$, $SD = 2.36$)

114. Overcoming the tendency to hide your vulnerabilities is the key to forming really supportive friendships. We share our strength with everyone, but we share our weaknesses with our closest friends. ($M = 6.26$, $SD = 1.51$)
117. It's not possible to always take everything the world throws at you. People can't take everything on themselves all the time. ($M = 5.89$, $SD = 1.99$)

118. Acceptance of vulnerability is a sign of strength. Only through acceptance of a weakness can it become a strength or be changed to something positive. Denial of weaknesses make them persist. ($M = 5.89$, $SD = 1.50$)

C. Rather than only being concerned with success, power, and competition, men should recognize the importance of inner values in decision making because...

119. Inner values are important in making decisions because it is more likely that you will feel satisfied adhering to your own values than trying to fit others' standards. ($M = 6.19$, $SD = 1.66$)

121. Few people on their deathbed have expressed regret over not having worked enough or made enough money. Many have regretted overlooking the simple things in life and doing what they really wanted. ($M = 6.31$, $SD = 1.95$)

123. Success is a relative term - if you aren't happy, how can you be a success? ($M = 5.96$, $SD = 2.17$)

127. Each person is a special individual. It is best not to lose yourself by conforming to external, prescribed values regarding success. ($M = 6.00$, $SD = 2.04$)

128. Ultimately, you are the person that has to live with your decisions. Why not make decisions based on what you want rather than what others expect? ($M = 6.59$, $SD = 2.24$)

D. Men should find peaceful ways of expressing themselves that do not include aggression and violence because...

136. Our society glorifies violence and fears crime at the same time. Violent behavior does not solve anything. It usually makes problems worse and creates other problems. ($M = 5.78$, $SD = 1.89$)

137. If you are aggressive and violent with others they will probably be aggressive or violent back or will hate you. "He who lives by the sword dies by the sword." ($M = 6.52$, $SD = 1.19$)

138. Using assertive behavior rather than aggressive behavior includes confronting people with respect which will help you to respect yourself as well. ($M = 6.19$, $SD = 1.62$)
139. By avoiding aggression and violence you are less likely to be hurt or to hurt someone else. ($M = 6.26, SD = 1.53$)

143. Violence will get you in trouble in the long run. The prisons are overrun with men who could not find alternatives to aggression. ($M = 6.04, SD = 1.89$)

E. Men should allow themselves greater affection with other men because...

147. All people need physical and emotional affection. Touching can communicate friendship without being sexual. ($M = 5.30, SD = 2.57$)

152. A really healthy person should be able to express affection openly to both men and women without it being sexual. ($M = 5.37, SD = 1.76$)

153. Although football players hold hands in the huddle or hug each other after a big victory, most of us don't feel comfortable touching each other. If affection were more acceptable, all of us would feel more comfortable. ($M = 5.59, SD = 1.85$)

154. Standards for affectionate behavior are culturally determined. In some cultures, men hug or kiss each other as a greeting. ($M = 6.30, SD = 1.59$)

155. Men need close friends and affection from other men just as women do. It's a basic human need that shouldn't just be fulfilled through sports. ($M = 4.81, SD = 2.51$)

F. Men should learn to take care of themselves better because...

162. If you are well balanced physically and emotionally, you will feel more energetic, alert, and powerful. ($M = 6.52, SD = 1.70$)

163. Taking care of yourself is important if you want to be happy and healthy. ($M = 6.59, SD = 1.78$)

166. An ounce of prevention is worth a pound of cure. Don't treat your body like a used car. Give it the best care and it won't break down as soon or as often. ($M = 6.52, SD = 1.81$)

172. Being in good physical, mental, and emotional health provides greater possibilities of contributing, reaching goals, getting the most of and putting the most into life. ($M = 6.78, SD = 1.69$)
173. You are the best person to take care of yourself. \( (M = 6.52, SD = 2.17) \)
APPENDIX C

BRANNON AND JUNI'S (1984) BRANNON MASCULINITY SCALE
PLEASE NOTE:

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

These consist of pages:

146-149
151-153
155-157
159-160
162-163
APPENDIX D

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

GENDER-ROLE CONFLICT SCALE

150
APPENDIX E

FISHER AND TURNER'S (1970) ATTITUDES TOWARD SEEKING
PROFESSIONAL PSYCHOLOGICAL HELP SCALE
APPENDIX F

GOOD'S (1987) HELP-SEEKING ATTITUDES AND BEHAVIOR SCALE
APPENDIX G

CACIOPPO, PETTY AND KAO'S (1984) NEED FOR COGNITION SCALE
REFERENCES


Doyle, J. A., & Moore, R. J. (1978). Attitudes toward the male's role scale: An objective instrument to measure attitudes toward the male's sex role in contemporary society. *JSAS Catalog of Selected Documents in Psychology, 8*, 35 (MS 1678).


