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Men's Receptivity to Mental Health Help Seeking Intervention Messages: The Effects of Message Sender Gender and Message Content

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MEN'S RECEPTIVITY TO MENTAL HEALTH HELP SEEKING INTERVENTION

MESSAGES: THE EFFECT OF MESSAGE SENDER GENDER AND MESSAGE

CONTENT

by

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Abstract

Men are much less likely to seek out mental health care services than women, despite having equally significant mental health related needs. The purpose of this study was to explore the impact of the construction and delivery of intervention messages designed to encourage men to seek help for mental health concerns. 225 men in the United States were randomly assigned to one of 4 vignette conditions featuring a pro-mental health help seeking message, varying based on the gender of the sender of the message (male vs. female) and based on the inclusion of information concerning misconceptions about therapy (inclusion vs. exclusion of information). A male message sender and a message that included information about misconceptions regarding therapy were both predicted to contribute to higher mental health help seeking intentions for men, and particularly so for men who conform strongly to masculine gender role norms. These hypotheses were not supported; however, the results replicated prior findings indicating that men who conform strongly to masculine gender role norms are less open to seeking help for mental health concerns. Additionally, men's conformity to the specific masculine norms of self-reliance and violence both at least partially moderated the impact of message sender gender upon help seeking intentions. These results suggest that there is reason to further investigate methods of increasing men's comfort with taking care of their mental health needs. Further research should continue to investigate the potential effects of message sender gender and message content on men's help seeking intentions, perhaps with a special focus on the norms of self-reliance and violence, by presenting the pro-help seeking message in person and by presenting a message that more explicitly challenges typical masculine attitudes about mental health care.

Keywords: mental health help seeking; masculine gender role endorsement; message framing and delivery

Men's Receptivity to Mental Health Help Seeking Intervention Messages: The Effect of Message Sender Gender and Message Content

One in ten men suffer from anxiety or depression yet only fifty percent of these affected individuals actually seek out any kind of mental health care services. This low rate of male help-seeking is similarly mimicked among other disorders. These statistics are alarming given that men, and especially young adult men, are more likely than women to suffer from certain mental health issues, such as substance abuse and suicide (Berger et. al, 2013).

The existing literature points to a distinct gender difference in the frequency of seeking out health care services, that is, women seek both professional mental health care and physical health care services significantly more often than do men. This disinclination to seek help is likely putting men at risk for developing greater physical and emotional problems (Pleck, 1995). Furthermore, research shows that extreme severity is what most frequently prompts men's help-seeking (Biddle, Gunnel, Sharp, & Donavan, 2004). These realities are highly concerning in considering the mental health care needs of men - a large portion of this population never comes into contact with any mental healh care resources, and for those that do, it often comes at a point of crisis (Rickwood, Deane, & Wilson, 2007).

Masculine Role Socialization

Masculine role socialization has emerged as one of the primary explanations for the limited occurrence of male help-seeking.

Mahalik et al. (2003) define gender role norms as similar to social norms: "Gender role norms operate when people observe what most men or women do in social situations, are told what is acceptable or unacceptable behavior for men or women, and observe how popular men or

women act. As a result, males and females come to learn what is expected of them when living their gendered lives." (p.7).

Through his gender role strain paradigm model, Pleck (1995) argues that these learned and expected roles can produce stress for men. He describes three primary stress pathways. First, gender role discrepancy is produced out of the impossibility for many men to achieve gender role expectations; this gap between expectations and reality frequently leads to a deep sense of failure and subsequent low self-esteem. Second, gender role trauma describes the inherent trauma within the socialization process leading to the fulfillment of gender role expectations; thus, even if a man meets the expectations of his gender role, he has still experienced negative stress. Third, gender role dysfunction describes how even if successfully fulfilled, many expectations for the male gender role are unhealthy in and of themselves.

Good & Wood (1995) describe different types of gender role conflict. Restriction related male gender role conflict (MGRC) involves the limiting of male relationships and emotional expression, and essentially articulates what men *aren't* supposed to do according to their gender roles. This type of gender role conflict is unrelated to men's experience of depression, but related to men's negative attitudes about seeking help. Achievement related MGRC, on the other, hand, describes what men *are* supposed to do, such as strive for achievement and define the self. Conversely, this type of gender role conflict was found to be related to men's experience of depression, but unrelated to men's negative attitudes about seeking help. Thus men who are high in both types are at the greatest risk of developing depression and not receiving any help.

Mahalik, Good, & Englar-Carlson (2003) gathered information about the function of masculinity "scripts" that reflect and also help create and reinforce gender roles for men. Common types of scripts include the strong-and-silent, tough-guy, give em hell, playboy,

homophobic, winner, and independent. From a socialization perspective, many of the tasks associated with help seeking, such as relying on others, admitting that one needs help, or recognizing and labeling an emotional problem, are at odds with the above identified masculinity scripts. This research identifies the importance of distinguishing which scripts are most salient to individual men (i.e., masculinity is not static, it takes different forms) in order to better understand men's hesitancy to seek help.

Branney and White (2008) developed a theory of mental illness, specifically depression, as being constituted in direct relationship with masculinity norms. According to these scripts of masculinity, to be depressed is to be feminine and in opposition to male gender role norms - thus men's recovery may require a renegotiating of masculinity itself. This theory asserts that the actual experience of depression may not be that different for men versus women but is enacted differently in terms of masculinities and femininities, since depression can be understood as being part of an inner emotional world that is "contained, constrained, or set free by gendered practices" (p.261).

Masculinity and Help Seeking

Empirical research has attempted to evaluate the theory of masculine gender role socialization as a primary mechanism in determining the help seeking behaviors of men. Research has in fact shown that men who adopt traditional and restrictive masculinity norms tend to have higher rates of depression and negative perceptions of available help seeking options (Rochlen et al., 2010).

Mansfield, Addis, and Courtenay (2005) delved further into the mechanisms of how masculinity norms impact men's help seeking. They found that men's roles as providers and breadwinners within traditional family structures were primary components of their belief that "I

can't afford to be weak and depressed, I have to hold up the family." Furthermore, the psychological state of happiness is not generally considered a natural male trait, thus men in this study were more likely to conceptualize depression as simply "not being happy," a process that normalizes depression as part of a supposedly typical male experience. Men also identified barriers in terms of the feminized "culture" of therapy; within a therapy setting, there is an emphasis on vulnerability and verbal expressions of feelings, processes that contrast sharply with traditional masculine norms of stoicism and avoidance of emotions. Research shows that men tend to over-perceive the amount of power held in the roles of mental health practitioners and to express discomfort at occupying an inherently less powerful (read: weak, feminine) position as a client/patient in need (Blazina & Marks, 2001). Furthermore, the push to never expose weakness, to look strong to others, and to demonstrate courage and self-reliance is a powerful component of masculine gender role socialization that limits men's contact with treatment. Lastly, research also shows that men frequently perceive providers as both ineffective and incompetent and experience ambivalence about the usefulness of treatment in general (Rochlen et al., 2010).

In addition, men's accounts of depression, which sometimes include more frequent experiences of anger, anxiety, and physical illness, are not always captured by traditional criteria for depression (Rochlen et al., 2010). Thus, men may be less likely to think they need help because they are not fitting the mold, and clinicians may be less likely to diagnose men appropriately.

Research indicates that masculine role socialization is related to men's lack of interaction with both physical health and mental health services (O'Brien, Hunt, & Hart, 2005). In a focus group study of men, the most vulnerable individuals were those with emotional or mental health problems, which they often construed as "stress" rather than admitting to the "unmanly"

diagnosis of depression. These men reported feeling unwelcome scrutiny of their male identities when they began the process of consulting others about depression. Thus, the process of engaging with emotional or mental health problems as a man may be construed as "behaving like a woman." This appears to contribute to men's reluctance to consult with such problems, and thus reinforces the relative invisibility of men's mental health struggles.

This information indicates that many men share perceptions of therapy as a feminized, ineffective, and threatening form of treatment. Thus, masculine gender role socialization might be contributing to men's skewed understandings of what mental health services are actually like. More often than not, therapy is problem-solving oriented and educational, a reality that is obscured by negative anti-therapy messages prevalent in masculine cultural discourse.

Interventions

Given this problematic lack of male help seeking, there have been a variety of attempted interventions developed with the goal of reaching out to and encouraging men to seek help for mental health issues. There is an increasing volume of research devoted to examining the effectiveness of various components of pro-help seeking interventions.

Pro-Help Seeking Message Content and Audience Congruence

The congruency between the content of pro-help seeking messages and the beliefs of their intended audiences has a significant impact on how effective they are. For instance, it has been found that when health messages are framed in a way that corresponds with the receiver's motivational disposition/orientation, the individual is more likely to engage in the suggested health behavior change that is being communicated in the message (Mann, Sherman, & Updegraff, 2004). For example, in a study on breast cancer prevention and screening, it was found that women who received messages encouraging them to participate in regular

mammogram screenings were more likely to follow through when the messages were framed corresponding to their personal locus of control beliefs about health (Williams-Piethota, Schneider, Pizarro, Mowad, & Salovey, 2004).

Some researchers have attempted to apply these concepts to mental health help seeking interventions designed to target men. A number of studies have concluded that matching intervention programs to correspond with men's beliefs about gender role norms is one of the most effective means of encouraging men to pursue mental health care resources (Fiori & Denckla, 2012; Proudfoot et al., 2015; O'Brien, Hunt, & Hart, 2005; Wisch, Mahalik, Hayes, & Nutt, 1995; Blazina & Marks, 2001). Fiori & Denckla (2012) assert that men and women are more comfortable with seeking out (and ultimately benefit more from) help that is consistent with learned gender role traits. For example, it was found that prevention programs for men dealing with depression and suicidal ideation that emphasized "self-help, technical competence, and an achievement orientation" were most effective (Addis & Mahalik, 2003). Programs that are cognitively oriented and include information that is specifically relevant to masculine-type roles (such as "breadwinner") have also been found to be more appealing to men (Rochlen et al., 2010). Furthermore, therapies that employ an active problem-solving orientation, include specific homework, and generally emphasize tangible plans and exercises are typically more palatable to men ("Addressing," 2013). It has also been found that men are more likely to report having engaged in (or report an openness towards) alternative mental health management strategies that involve physical rather than mental "work" - specifically, men frequently report exercise, eating well, and staying active/busy as preferred methods (Proudfoot et al., 2015). Thus, men may respond better to help seeking options if they can conceptualize the process as

related to active physical well-being, since this may be less psychologically threatening in terms of preserving masculine role norms (O'Brien, Hunt, & Hart, 2005).

Wisch, Mahalik, Hayes, and Nutt (1995) found that high gender-role conflict men held significantly stronger negative attitudes toward emotion-focused counseling than towards cognitively-focused counseling services. Similarly, a study by Blazina and Marks (2001) found that men exposed to information about three different types of mental health services (individual therapy; a psychoeducational workshop; and a men's support group) responded most negatively to the men's support group format and most positively to the psychoeducational workshop format. The negative responses were more drastic for men who scored highly in terms of conflict about masculine gender role norms. Thus, framing the process as "education" rather than therapy was perceived as less feminine and allowed the men to conceptualize themselves as active students rather than as passive, helpless "patients."

This body of research clearly shows that highly gender role conforming men respond better to pro-mental health help seeking messages that present information about psychological help that is congruent with masculine role norms. This sort of presentation is successful in part because it offers a more comfortable alternative view of what mental health services might actually be like, relative to the perceptions of highly gender role conforming men who often believe that therapy is unmasculine (and thus feminine), and that it requires "laying on a couch, crying about your feelings, talking about your mom and your sexuality." What has not been pursued in this literature, however, is to what extent pro-mental health help seeking messages are effective for men when they specifically address these misconceptions about mental health services, both as a point of clarification and education and as a way to express relatability with or validation of men's real concerns about therapy. The literature provides reason to believe that

highly gender role conforming men may respond better to advice about mental health services when this advice explicitly addresses how negative expectations and fears about the "unmasculine" nature of therapy are unfounded. This type of message may prove effective for highly gender role conforming men because these sorts of concerns are more salient for their considerations of mental health care than for less gender role conforming men.

Pro-Help Seeking Message Sender-Receiver Congruence

In addition, characteristics of the person who is communicating these messages to men also may play a role in how effective the messages are.

There is some evidence in the literature to suggest that exposure to help seeking role modeling may positively impact people's likelihood of seeking help for themselves. This means that if an individual knows a friend, a partner, a colleague, or family member, etc., who has sought help for mental health issues, they may be more likely to interpret help seeking as acceptable for themselves (Gulliver, Griffiths, & Christensen, 2010). Social cognitive theory postulates that self-efficacy increases the more we see others modeling successful behaviors, such that seeing others gain desired outcomes can function as a positive incentive for behavior. Learning is further enhanced when others' thoughts regarding problem-solving can be observed. Role models can act not only to legitimize new practices, but also to advocate for new behaviors by directly encouraging others to adopt them. Thus, a person's exposure to others whom they perceive to be similar (or at least relatable) who have sought help for mental health issues may predict their own likelihood of seeking help (Machlin, King, Spittal, & Pirkis, 2014). Positive male celebrity role models telling their stories of help seeking may serve as important encouragement for male individuals to also seek help (Berman & McNelis, 2008). For instance, the use of male identification figures (e.g., sports celebrities) to deliver personalized help seeking

messages may function to normalize the behavior as masculine, as shown by the successful marketing of medications for erectile dysfunction via male role models (Addis & Mahalik, 2003).

Research on persuasive communication has also found a positive effect of communicator-recipient similarity upon message effectiveness. Studies have shown that similarity between communicator and recipient increases the effectiveness of the information exchange when the similarity is at least partially relevant to the content of the message being shared (Berscheid, 1966). One mechanism behind this phenomenon may be that similarity leads people to weigh advice and recommendations from others more heavily, especially when considering judgments and/or decisions about oneself (Gino, Shang, & Croson, 2009). Haslam, McGarty, and Turner (1996) concluded that the persuasiveness of information contained in a message is a function of the extent to which the source is believed to be informative about reality, which is facilitated by the recipient's perceived shared sense of perspective and experience with the message sender. Another mechanism of advice-processing has been proposed, suggesting that the adviser's similarity to the advice taker induces in the advice taker a perception of understanding, which creates a general feeling of certainty that is subsequently used as information to validate and act on the advice (Faraji-Rad, Samuelsen, & Warlop, 2015). Related research found that similarity increased persuasion by increasing liking of the message sender and decreasing forces towards resistance by making the message seem less threatening (Silvia, 2005). Furthermore, it has been shown that recipients attend less well to information that comes from group identities (such as gender) that are different from their own (Haslam, McGarty, & Turner, 1996).

The question of explicit reference to fears and expectations about therapy in a pro-help seeking message may also be related to the theory of communicator-recipient similarity

persuasiveness. If highly gender role conforming men receive pro-help seeking advice from a man who explains his previous expectations about the "unmasculine" nature of therapy, they may be more likely to perceive this source as convincing because both the sender (based on shared male gender) *and* the content (the inclusion of information about previous expectations regarding masculinity that highly gender role conforming men typically share) reflect a shared sense of reality with the recipient (i.e., they are both men who share some concerns related to masculine norms).

Synthesizing from the above literatures, gender may be an important characteristic that facilitates feelings of similarity in both role modeling and persuasive communication processes. Gender may also impact the effectiveness of communication in terms of gendered differences in status. Influence attempts by women and girls are more likely to be ignored than attempts by men and boys, a result of men generally being perceived as occupying higher status and as being more expert, credible, and competent, which allows their communication to carry more weight and influence (Carli, 2001). Gender is also a relevant factor when there are more explicit, formal status differences between people. A study conducted by Netchaeva, Kouchaki, and Sheppard (2015) examined men's responses to threats of status and gender in a workplace setting, and found that men perceived threat and responded negatively (e.g., acting out in aggression) when asked to act out a subordinate role to a female superior, but not when asked to act out a subordinate role to a male superior. These findings were interpreted via the precarious manhood theory, which postulates that men's sense of manhood is tenuous and "fickle" – that men feel anxious that it could be "taken away" at any moment (Vandello & Bosson, 2013). Men may behave defensively in reaction to this perceived threat, as evidenced by research showing that men are more likely to engage in stereotypical masculine gender role norm behaviors when they

feel that their masculinity is in question (Kosakowska-Berezecka, Besta, Adamska, Jaśkiewicz, Jurek, & Vandello, 2016).

Implications of this research suggest that men may accept female leadership less well than male leadership and thus may receive information less well from perceived female authority figures (Netchaeva, Kouchaki, & Sheppard, 2015). Additionally, precarious manhood theory suggests that information perceived as threatening to masculinity (such as a woman advising a man to seek help for his mental health concerns) may produce a defensive negative reaction in men.

This body of research indicates that men generally receive information better from other men, and thus would likely be more receptive to information about mental health help seeking when it is communicated by other men. However, studies have shown that men who do access mental health services actually prefer to receive help from a female professional; this phenomenon is especially true for men who conform strongly to masculine role norms. Social comparison process theory provides insight, suggesting that receipt of help from a similar other is self-threatening because it provides the recipient with negative self-information via social comparison (Nadler, Maler, & Friedman, 1984). This is interesting, given that men otherwise show a preference to receive advice from other men rather than women.

The Current Study

In light of this literature review, it is important to note that there is a lack of research specifically addressing how the gender of the sender of pro-mental health help seeking messages affects the impact of the message for men, and particularly for men who conform closely to masculine gender role norms, individuals who, on average, are especially hesitant to seek help (Rochlen et al., 2010). Though research indicates that men are more open to the idea of seeking

out mental health services when presented with information that frames therapy as congruent with masculine gender role norms, there has been no attempt to investigate the effectiveness of intervention messages that explicitly address men's misconceptions and concerns about the "non-masculine" nature of therapy. Furthermore, there is also a gap in the literature in terms of exploring the interactive effects of sender's gender and message content upon mental health intervention efficacy. This study explicitly explored content elements of the message as well as the sender of the message. Specifically, it addressed whether acknowledgment of masculine-based misconceptions about what mental health treatment is actually like increases the effectiveness of pro-help seeking messages, and whether or not this effect depends on the gender of who is sending the message.

This study is significant as there is a distinct need to devote more attention in research to maximizing mental health outcomes for men. The existing literature shows that men do struggle with mental health, yet are not getting the necessary help. Research indicates that this "silent" struggle may be expressing itself in unhealthy ways for men, specifically in regards to male violence and toxic, unproductive workplace behavior (Goodman et al., 1993). Thus, it is important to improve and maximize the process by which men learn about and choose to pursue help, as specifically pertains to the development of effective help seeking intervention messages.

Hypotheses

The current study attempted to address these gaps in the literature. Replicating previous research, it was hypothesized that there would be a negative relationship between masculine gender role endorsement and mental health help seeking intentions for men, such that as scores of role endorsement increased, reports of intention to seek out mental health care services would decrease.

It was hypothesized that there would be a main effect of the gender of the sender of pro-mental health help seeking messages, such that men would report a greater intention to seek mental health services when exposed to a vignette featuring a man rather than a woman communicating a pro-mental health help seeking message. It was also hypothesized that there would be a main effect of the inclusion of information about misconceptions concerning mental health services within pro-mental health help seeking messages, such that men exposed to a vignette featuring information about misconceptions concerning mental health services would report a greater intention to seek help for mental health issues.

It was hypothesized that the effect of the inclusion of information about misconceptions concerning mental health services within pro-mental health help seeking messages would depend upon the condition of the message sender's gender, such that inclusion of this information would be related to a greater increase in mental health help seeking intentions when the message was communicated by a man.

It was hypothesized that the effect of the gender of the sender of a pro-mental health help seeking message upon mental health help seeking intentions would depend upon masculine gender role endorsement, such that the presence of a male pro-help seeking message sender would be related to a greater increase in mental health help seeking intentions as masculine gender role endorsement increased.

Lastly, it was hypothesized that the effect of the inclusion of information about misconceptions concerning mental health services within pro-mental health help seeking messages would also depend upon masculine gender role endorsement, such that the presence of this information would be related to a greater increase in mental health help seeking intentions as gender role endorsement increased.

Method

Participants

Participants in this study were comprised of male individuals living in the United States. The population under investigation was American men. The sample of the study (as a representation of the population) included 225 men. An a priori power analysis indicated that a minimum of 132 participants was required to have 80% power for detecting a medium sized effect with a statistical significance criterion of alpha = 0.05. 238 total participants initially filled out the survey. 13 were removed due to missing data, and 7 remaining cases that had 10% or less missing data were imputed with the item means. Data were missing at random (i.e., no identifiable pattern was found to exist for the missing data), $X^2(1) = 3239.4$, $p = .921$.

Women were excluded from this study because the research questions were specifically inquiring about the experiences of men. Individuals under the age 18 were also excluded. The mean age of participants was 35.28 ($SD = 11.707$), with a range of 18-76 years of age. 162 (72%) identified as White, 22 (9.8%) as Black/African American, 18 (8.0%) as Asian/Pacific Islander, 14 (6.2%) as Hispanic or Latino, 4 (1.8%) as Multiracial, and 2 (.9%) as Other. 1 participant (.4% o f the total) indicated that they preferred not to respond. The mean income of participants was approximately $45,029 ($SD = $31,136.268$), with a range of $0-200,000. This study used a non-probabilistic purposive sampling design; there was no random sampling. Participants were recruited from MTurk, the online workforce marketplace hosted by Amazon.com, where the survey was posted. Using MTurk platform settings, the survey was made accessible to men from the United States over the age of 18. Participants participated voluntarily, and were compensated with money, $0.50 upon completion of the survey.

Materials

Participants completed this survey online, as accessed on MTurk via Amazon.com.

Vignettes. Participants were presented with a vignette featuring a pro-mental health help seeking message communicated by an individual. The study used a 2 (gender of the pro-help seeking message sender) x 2 (inclusion/exclusion of information concerning misconceptions about mental health services) factorial ANCOVA design. The gender of the pro-help seeking message sender was either male (named John) or female (named Jane). The message either included or excluded information concerning the sender's prior misconceptions about mental health services. These manipulations were fully crossed, resulting in 4 possible conditions to which the participants were randomly assigned: 1) John expressing a pro-help seeking message including information concerning his previous misconceptions about mental health services; 2) Jane expressing a pro-help seeking message including information concerning her previous misconceptions about mental health services; 3) John expressing a pro-help seeking message excluding information concerning his previous misconceptions about mental health services; or 4) Jane expressing a pro-help seeking message excluding information concerning her previous misconceptions about mental health services. All other aspects of the presented vignettes were held constant across conditions. Prior research shows that men express greater openness to receiving mental health care services from a woman rather than a man due to social comparison processes (Nadler, Maler, & Friedman, 1984). Thus, the gender of the therapist featured in the vignettes was kept constant as a woman across all conditions. Furthermore, the literature suggests that gender role-endorsing and gender-conflicted men are more comfortable seeking out and receiving mental health care that is cognitively focused and "action" oriented (Wisch, Mahalik, Hayes, & Nutt, 1995); therefore the message sender's presentation and promotion of

accessing mental health services in the vignettes described therapy that is framed in this more "masculine palatable" way (while also being an authentic representation of cognitive behavioral therapy). Both of these factors were controlled across the vignettes so as to better isolate the effect of the experimental manipulations – the gender of the message sender and the acknowledgment (or lack thereof) of the sender's prior misconceptions about the feminized nature therapy. Participants were not made aware of the existence of the other three conditions of vignettes in order to preserve the effect of the specific manipulation they were exposed to. The vignettes attempted to communicate, albeit in different ways, the same basic message, which is that seeking help for mental health issues is acceptable, helpful, and healthy (see Appendix A for full vignettes).

Mental Help Seeking Intentions Scale (MHSIS) (Hammer & Spiker, 2017)**.** To measure participants' openness to seeking help for mental health concerns, participants were asked to complete the Mental Help Seeking Intention Scale (MHSIS). This scale contains 3 items which produce a single mean score. Items include statements such as "If I had a mental health concern, I would try to seek help from a mental health professional." Participants indicated how much they agreed with the statements on a 7 point Likert-type scale, with 1 being lowest agreement and 7 being highest agreement. A higher mean score on the MHSIS indicates greater intention to seek help. The internal consistency of the MHSIS is strong, with Cronbach's alpha > 0.87. The MHSIS also demonstrates strong internal validity; when analyzed as a unidimensional model, standardized factor loadings and standardized residual variances were .92 (.15), .91 (.15), and .92 (.16), indicating that each of the three items were strongly related to a single factor. Predictive validity for this scale is also strong, with 69.7% accurate prediction for actual future help seeking behaviors of adults (Hammer & Spiker, 2017).

Conformity to Masculine Norms Inventory (CMNI) (Mahalik et al., 2003). To measure participants' masculine gender role endorsement, participants completed the Conformity to Masculine Norms Inventory (CMNI). This scale contains 94 items that assess conformity to 11 masculine gender role norms within dominant U.S. culture, identified as Winning, Emotional Control, Risk-Taking, Violence, Dominance, Playboy, Self-Reliance, Primacy of Work, Power Over Women, Disdain for Homosexuality, and Pursuit of Status. Items include statements such as "In general, I will do anything to win." These items are answered on a 4 point Likert-type scale, with 0 being strongly disagree and 3 being strongly agree. The CMNI produces an overall total score for conformity to masculine role norms, as well as subscale scores for conformity to each of the 11 masculine norms - a higher score on any of these indicates greater conformity. The CMNI demonstrates strong internal consistency, with a Cronbach's alpha of .94 for the total CMNI score. Validity is also strong for this scale. The CMNI total score relates strongly to other masculinity norm scales ($r = 0.79$ for Brannon Masculinity Scale; $r = 0.56$ for Gender Role Conflict Scale; $r = 0.40$ for Masculine Gender Role Stress Scale), indicating significant convergent validity. Furthermore, the CMNI correlates with other measures that relate to masculinity norms, such as negative attitudes toward help seeking ($r = –.49$), social desirability ($r = –.34$), and psychological distress ($r = 0.20$) (Mahalik et al., 2003).

Procedure

Participants who responded to the survey posting clicked on the link and began the survey. Once the survey was opened, participants were presented with an informed consent page. The informed consent contained information about the study procedures, the benefits and risks of participating, the confidentiality of responses, the unlikely incidence of risk associated with the research, and the freedom not to participate. The email address of the researcher was provided in

the event that any potential participants had questions concerning their participation in the study. Participants not wishing to continue with the research after reading the informed consent were guided to exit the questionnaire window on their computers and were assured that no negative consequences would occur as a result of their decision not to participate. Participants wishing to participate who checked the option "I have read, understood, and consent to participate" on the informed consent page were presented with a page designed to randomize their assignment to variable conditions. They were shown a random ordering of the numbers 1 through 4 and were instructed to select the number that showed up first in the list. This selection ensured their random assignment – i.e. if number 4 was ordered first, they were directed to condition 4. Participants were directed to their randomly assigned condition of pro-help seeking message vignette – a male sender communicating a message including information concerning prior misconceptions about mental health services; a female sender communicating a message including information concerning prior misconceptions about mental health services; a male sender communicating a message excluding information concerning prior misconceptions about mental health services; or a female sender communicating a message excluding information concerning prior misconceptions about mental health services. After reading their randomly assigned vignette, participants were directed to a page where they completed the Mental Help Seeking Intention Scale (MHSIS). Next, they were directed to a page where they completed the Conformity to Masculine Norms Inventory (CMNI). Finally, participants were asked demographic questions of gender, race/ethnicity, age, education, and income, as well the question "have you sought out mental health services at any point in your life?" After completing these research tasks, participants were presented with a debriefing page that provided more information about the study, the contact information of the researcher, as well as information

about mental health resources in the event that any distress was experienced during their completion of the survey. Lastly, participants entered the survey's completion code back into MTurk, and thereby received $0.50 for their time (around 15 minutes total).

Ethics

This study examined the impact of the gender of the sender of pro-mental health help seeking messages, as well as the inclusion or exclusion of information concerning the sender's prior misconceptions about mental health services, upon men's mental health help seeking intentions, as moderated by masculine gender role endorsement.

Participants who completed the survey may have found their participation experience to be a useful opportunity for self-reflection. It is possible that some of the participants have not previously been asked to think much about the various "scripts" of hegemonic masculinity that affect their lives, nor much about the choices they make in regards to seeking help (if they do at all). Though this sort of reflection about society and the self can bring up feelings of discomfort, it can also prove to be illuminating, satisfying, inspiring, or at least interesting and thought-provoking. The knowledge produced through the completion of this study was also beneficial. This study provided more information on the impact of two different unaddressed components of pro-mental health seeking informational messages directed at men – the gender of the message sender, and the reference to prior misconceptions about mental health services in the content of the message. Lastly, and perhaps most importantly, the increased knowledge gained from this study (and the potential follow up studies that it inspires) has the potential to benefit public education, public health, and/or clinical mental health outreach programs. Knowing more specific information about the factors that influence the effectiveness of mental health outreach messages is essential in fine-tuning prevention and intervention programs directed towards men,

especially if these messaging strategies have particular effects upon men who conform highly to masculine role norms (a subset of the male population that is most in need of contact with mental health services).

This study did not exceed the level of minimal risk. First of all, this study did not involve a protected population. Participants in this study were men ages 18 and older living in the United States. No individuals who were incarcerated, disabled, or of an age/circumstance in which they were not fully able to independently consent or were at greater risk in being exposed to my particular study materials/demands were recruited.

However, it is true that this study involved the provision of sensitive information by participants. Participants were asked to share personal information about their mental health care help seeking behaviors and intentions (which also implicitly required participants to think about and reveal that they may have experienced some kind of mental health difficulty); this sort of vulnerable sharing and reflection could have created feelings of discomfort. For one, participants were asked to provide information on their openness to seeking mental health services. Although they were not asked to specify what sorts of personal mental health reasons might be relevant to their reported intention to seek help, participants were still probably prompted to consider the potential struggles they have experienced with mental health. Furthermore, participants were asked to respond to scales measuring their endorsement of masculine gender role norms, which might have brought up some uncomfortable reflection on their own insecurities and personal conflicts about gender and gendered expectations for their behavior in the world. This type of sensitive material was necessarily covered within this survey in order to get at the research goals. There was no other way, besides this study's method of asking participants to report themselves, to learn about men's help seeking intentions and the factors that influence these intentions. There

was also no justifiable alternative method of measuring gender role endorsement that did not bring up issues of masculinity and gender roles.

Though it is possible that participation in this study might have brought up some low-level discomfort for participants, there was still minimal risk. The kind of discomfort they might have felt was no greater than the discomfort that they might come across in their daily lives because the questions asked in the survey were similar to those considered in everyday situations. Furthermore, the participants shared and reflected on some of this sensitive material within the privacy of their own space, given that they answered via online survey, most likely from their personal computers. This study did not involve deception, and participation was completely voluntary.

In case any participant did experience distress as a result of participation in this study, contact information and resources were provided in the debriefing at the end of the survey. It provided the contact information for a psychological services hotline that participants could access if they felt the need to work through any issues that came up for them during their participation experience. The researcher also provided contact information (and Institutional Review Board contact) so that participants could feel free to discuss and clarify any confusing and/or potentially stress-inducing elements of the survey. If participants reached out to the researcher, the researcher would then also have been able to direct them to other mental health services if deemed necessary. In addition, the informed consent page provided participants with the opportunity to assess for themselves whether the content of the study would cause too much discomfort, before being exposed to the survey materials.

The data collected in this study was confidential. No personal identifying information was collected. When participants completed the survey, they were not asked to provide their

names, their workplaces, or their region or location. Within the data set, participants' responses were simply identified according to a participant number.

In conclusion, the design of this study was ethically sound. Participants were well informed about the contents before they began their participation, they were guaranteed confidentiality, and they were provided access to mental health resources in the event that they experienced any distress. The content of the study did not exceed risk that participants might otherwise have come across in their daily lives, and importantly, the individual, scientific, and societal benefits gained from the completion of this study far outweigh the unremarkable level of risk.

Results

This study tested hypotheses using a 2x2 between subjects factorial ANCOVA, controlling for the covariate of prior mental health service access. This covariate was deemed relevant because exposure to mental health services may have an effect on the relevance of misconceptions about therapy and has been shown to predict future mental health help seeking intentions. Prior help seeking or mental health care access did indeed have a significant effect on help seeking intentions ($F(1, 221) = 5.492$, $p < .05$), indicating that having previously sought out or accessed mental health care services in the past does significantly impact future help seeking intentions. Given this significant finding, prior help seeking/access was controlled for in all analyses.

Masculine gender role endorsement was also included as a covariate in this model in order to determine its potential moderation of the effects of the manipulated experimental variables. This study also employed simple regression to assess the relationship between

masculine gender role endorsement and help seeking intentions, as well as between various participant variables and help seeking intentions.

Hypothesis 1 predicted that there would be a negative relationship between masculine gender role endorsement and mental health help seeking intentions for men, such that as scores of role endorsement increased, reports of openness to seeking out mental health care services would decrease. A simple linear regression analysis demonstrated support for this hypothesis that men's reports of openness to seeking out mental health care services would increase as their levels of masculine gender role endorsement decreased. A significant linear regression equation was found ($F(1,222) = 8.315$, $p <.05$), with an R^2 of .036. Participants' reported intention to seek help decreased -.012 for every unit increase in masculine gender role conformity. The observed power was .782, indicating that a Type I error may have been possible, but unlikely. This result is line with robust previous findings of a negative relationship between high conformity to masculine norms and help-seeking (O'Brien, Hunt, & Hart, 2005).

After determining that higher overall masculine gender role endorsement predicted lower mental health help seeking intentions, exploratory analyses of the 11 subscales of the Conformity to Masculine Norms Inventory were conducted to assess the ways in which specific masculine norm conformity related to help seeking intentions. Subscales that significantly predicted participants' mental health help seeking intentions included the following: Emotional Control ($r = -.431$, $p < .05$), Violence ($r = -.120$, $p < .05$), Self-Reliance ($r = -.320$, $p < .05$), Power Over Women ($r = -.152$, $p < .05$), Homophobia ($r = -.116$, $p < .05$), Primacy of Work ($r = .136$, $p < .05$), and Dominance ($r = .133$, $p < .05$). Emotional Control, Violence, Self-Reliance, Power Over Women, and Homophobia predicted help seeking intentions in the theoretically expected direction, that is as scores on these masculinity conformity subscales increased, help seeking

intentions decreased. Interestingly, Primacy of Work and Dominance predicted in the opposite direction, that is as men reported a greater conformity to masculine norms of dominance and of prioritizing work identity, they actually reported a greater intention to seek help. The following subscales were insignificant predictors of help seeking intentions: Pursuit of Status, Playboy, Winning, and Risk Taking.

In terms of the experimental component of this study, Hypothesis 2 predicted that there would be a main effect of the gender of the sender of pro-mental health help seeking messages, such that men would report a greater intention to seek mental health services when exposed to a vignette featuring a man rather than a woman communicating a pro-mental health help seeking message. A two-way ANOVCA test of main effects with gender of sender (male vs. female) and inclusion of information (misconceptions vs. none) as the independent variables (IVs) and intention to seek mental health help as the dependent variable (DV) did not support the hypothesis at the .05 significance level, $F(1, 221) = 1.301$, $p = .255$. The observed power was .206, indicating a 20.6% probability of detecting an effect and of not making a Type I error. Contrary to prediction, there was not a significant difference in men's reported intention to seek help after receiving an informational message communicated by either a man or a woman.

Hypothesis 3 predicted that there would be a main effect of the inclusion of information concerning the message sender's prior misconceptions about mental health services, such that men who were exposed to a vignette featuring a pro-mental health help seeking message describing these misconceptions would report a greater intention to seek mental health services than when exposed to a message that did not include this information.

As with the previous hypothesis, the two-way ANOVCA was run to address this prediction. The results did not support the hypothesis; men did not report a greater intention to

seek mental health help when presented with a pro-mental health help seeking message that included information concerning the message sender's prior misconceptions about mental health services, $F(1,221) = .047$, $p = .829$. The observed power was .055.

Hypothesis 4 predicted that the effect of the inclusion of information concerning the message sender's prior misconceptions about mental health services within a pro-help seeking message upon mental health help seeking intentions would depend upon the gender of the pro-mental health help seeking message sender, such that the presence of this information would be related to a greater increase in mental health help seeking intentions when the message sender was a man. Contrary to hypothesis, the two-way ANCOVA test for interaction effects indicated no interaction between the gender of the message sender and the informational content of the message, $F(1, 121) = 1.053$, $p = .306$, observed power = .175. Thus the results demonstrated that the impact of the help seeking message content did not depend upon the gender of who was sending the message. See Figure 1 for mean scores of mental health seeking intentions in each experimental condition of the ANCOVA.
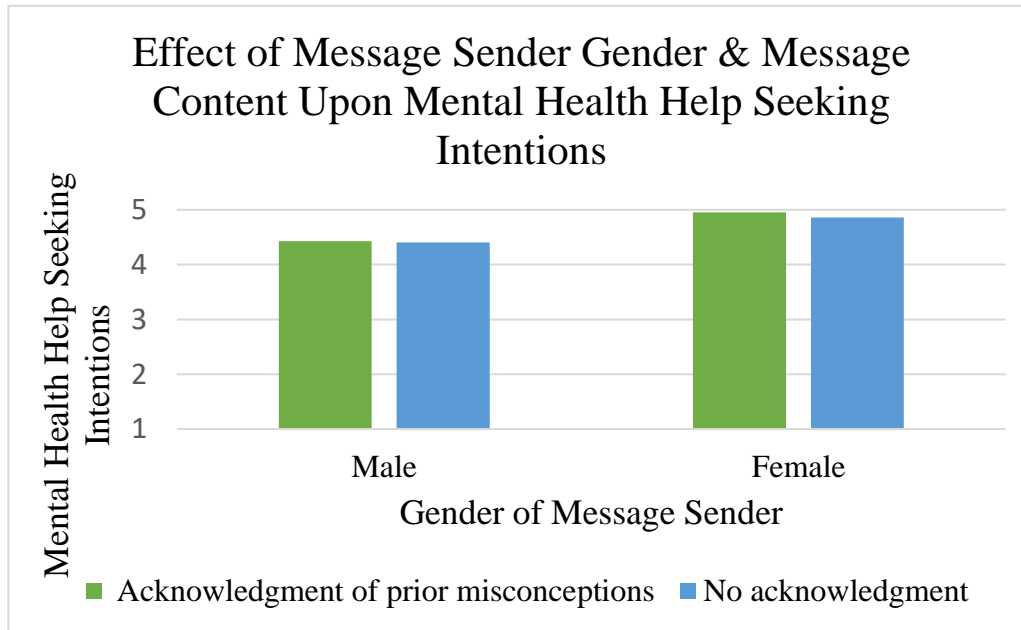
Figure 1. Mean scores of mental health help seeking intentions for men for each experimental condition.

Hypothesis 5 predicted that the effect of the gender of the sender of a pro-mental health help seeking message upon mental health help seeking intentions would depend upon masculine gender role endorsement, such that the presence of a male pro-help seeking message sender would be related to a greater increase in mental health help seeking intentions as masculine gender role endorsement increased. Hypothesis 6 predicted that the effect of the inclusion of information concerning the message sender's prior misconceptions about mental health services upon mental health help seeking intentions would also depend upon masculine gender role endorsement, such that the presence of this information would be related to a greater increase in mental health help seeking intentions as gender role endorsement increased. To test these hypotheses, masculine gender role endorsement was included as a covariate in the 2x2 ANCOVA test, and interactions of this variable with the experimental condition variables were run. Masculine gender role endorsement was reflected in the test as deviance from the mean

endorsement score for the dataset, in order to ensure that the test assessed the actual moderating effect of lower or higher gender role conformity relative to the sample.

Neither hypotheses were supported by the data. Masculine gender role endorsement did not moderate the impact of the gender of the sender of the pro-mental health help seeking message upon mental health help seeking intentions, $F(1, 221) = 1.885$, $p = .171$, with an observed power of .277. Role endorsement also did not moderate the impact of the inclusion of information concerning the message sender's prior misconceptions about mental health services upon mental health help seeking intentions, $F(1, 221) = .044$, $p = .834$, with an observed power of .055. The 2x2 ANCOVA was rerun to examine the 7 Conformity to Masculine Norms Inventory subscales that significantly predicted help seeking intentions. The following subscales were insignificant moderators of the effect of both the gender of the sender of the pro-mental health help seeking message and the inclusion of information concerning the message sender's prior misconceptions about mental health services at the .05 significance level: Primacy of Work, Homophobia, Dominance, Emotional Control, and Power over Women. The Self-Reliance subscale was a marginally significant moderator of the effect of the gender of the sender of the pro-mental health help seeking message upon help seeking intentions, $F(1, 221) = 3.279$, $p = .072$. That is, the gender of the informational message made slightly more of a difference to men who conformed more strongly to the masculine gender role norm of self-reliance. Conformity to the self-reliance norm was not a significant moderator of the effect of the informational content, $F(1, 221) = .136$, $p = .712$. The Violence subscale was also not a significant moderator of the effect of informational content of the message, $F(1, 221) = .781$, $p = .378$. However, Violence was a significant moderator of the effect of the gender of the sender of the pro-mental health help seeking message, $F(1, 221) = 3.836$, $p = .05$. That is, the gender of the informational message

made more of a difference to men who conformed more strongly to the masculine gender role norm of violence.

Exploratory analyses were conducted to investigate the impact of participant variables. Age ($F(1, 220) = .007$, $p = .934$), income ($F(1, 186) = .011$, $p = .918$), education ($F(5, 221) = .716$, $p = .612$), and race ($F(7, 221) = .910$, $p = .500$) were insignificant predictors of mental health help seeking intentions.

Discussion

The purpose of this study was to learn more about the effectiveness of different formats of informational messages designed to encourage men, and especially masculine gender role conforming men, to seek help for mental health concerns. A good deal of research has established a relationship between masculine gender role endorsement and men's lack of help seeking for physical health concerns and especially for mental health concerns (Addis & Mahalik, 2003; Rickwood, Deane, & Wilson, 2007). A variety of attempts at specializing intervention messages for the purpose of encouraging men to seek mental health services have been developed and studied (Fiori & Denckla, 2012; Proudfoot et al., 2015; O'Brien, Hunt, & Hart, 2005; Wisch, Mahalik, Hayes, & Nutt, 1995; Blazina & Marks, 2001). A main theme that emerges from this literature is that masculine gender role conforming men indicate a greater openness to seeking mental health services when the intervention message presents information about therapy that aligns with masculine role norms. Though this research is highly informative, there is relatively little understanding of how other aspects of message construction and delivery come together to impact the effectiveness of these pro-help seeking messages. The current study expanded knowledge of this topic, specifically by addressing the gender of intervention message

sender and the inclusion of information about misconceptions concerning therapy in the message content.

Replicating previous research, it was found that men who adhere strongly to masculine gender role norms reported less intention to seek help for mental health concerns, confirming Hypothesis 1. This result matched previous findings of a negative relationship between high conformity to masculine norms and help-seeking (O'Brien, Hunt, & Hart, 2005). Further analyses of conformity to specific masculine gender role norms indicated that men who strongly conform to the masculine norms of Emotional Control, Violence, Self-Reliance, Power Over Women, and Homophobia are less likely to be open to seeking help for mental health concerns. Interestingly, the masculine norms of Primacy of Work and Dominance predicted in the opposite direction, that is men who more strongly conform to masculine norms of dominance and of prioritizing work identity actually expressed more intention to seek help. This positive relationship between conformity to the masculine norm of prioritizing work and help seeking, though unexpected, might be a reflection of men's investment in their own well-being in order to maintain their ability to work and to succeed at work. In other words, men might conceptualize help seeking for mental health concerns as valid, functional, or productive for ensuring their work identity. The relationship between conformity to dominance norms and higher help seeking intentions is less clearly explained. Further research specifically into these norms of work prioritization and dominance would be useful to better determine the mechanism by which they are related to increased help seeking for men. The following subscales were insignificant predictors of help seeking intentions: Pursuit of Status, Playboy, Winning, and Risk Taking. It could be that these particular masculine gender role norms are less relevant to help seeking; feeling that it is very important to have many sexual partners and to take risks may not interfere

with a man's ability to seek out assistance or advice for a mental health concern (i.e., he could still be high in conformity to these norms but also feel comfortable seeking out help; they are not mutually exclusive). It also could be that a man who values status would not feel threatened by seeking help if he felt confident that he could do so privately without jeopardizing his public status in the community. Additionally, men who place a high value on winning also might not feel as threatened by seeking help if they conceptualize help seeking as something that can be done privately such that it does not impede their sense of succeeding in public.

It was predicted that men would express a greater intention to seek help for mental health concerns after reading an informational message about seeking out mental health services that is communicated by a man, rather than by a woman. Inconsistent with Hypothesis 2, the gender of the individual communicating an informational message about seeking out mental health services did not impact men's reported help seeking intentions. Gender was expected to make a difference in message impact because there is evidence to suggest that communication is more impactfully received and trusted when the receiver perceives fundamental similarities with the sender, such as gender (Gino, Shang, & Croson, 2009; Silvia, 2005). Prior research has shown that marketing for physical health medications for men, specifically for erectile dysfunction, is more well received by men when the advertisement is communicated by another male figure (Addis & Mahalik, 2003). Thus, it was hypothesized that this effect would extend to mental health treatment informational messages. This insignificant result suggests that this phenomenon of gender similarity might not also apply to promotional messages regarding mental health treatments, as it has been found in regards to physical health treatment messages. It is possible that the domain of mental illness and mental health treatment is culturally loaded with meaning and norms related to gender in a way that the domain of physical health is not. So though men

might register the familiarity of hearing physical health information from another man versus another woman, when it comes to mental health, the typical phenomenon of registering information better from more familiar sources (i.e., same gender) might be overridden by the more explicitly culturally feminized domain of mental health. Though the data do not indicate a significant difference, on average men actually did express a somewhat greater intention to seek help when the message was communicated by a woman. It could be that men hearing other men talk about their mental health experience triggers internalized negative feelings about men going to therapy that could produce a defensive reaction against the information. On the other hand, hearing a woman giving advice about a gender-congruent domain (i.e., therapy) might be perceived as more comfortable and coherent and thus perhaps even more trustworthy. Though research on the effect of gender and differences in status and authority indicates that men are more likely to feel threatened and respond negatively to the leadership and advice of women occupying perceived positions of authority (Netchaeva, Kouchaki, & Sheppard, 2015), it could be that hearing advice from a woman who is a perceived authority on mental health treatment does not trigger the same sense of threat because it is considered a more appropriate domain for women to hold more authority in than a man (Carli, 2001). In general, "behavior that is consistent with prescriptive gender role norms is more influential than behavior that violates those norms," indicating that the communication of information encouraging mental health help seeking by women might be perceived as gender appropriate, and thus more persuasive, behavior (Burgoon, Dillard, & Doran, 1983). Additionally, prior research shows that men express greater openness to receiving help, including mental health care, from a woman rather than a man due to social comparison processes that often lead men to compare themselves to the men offering them help in such a way that produces challenges to self-esteem (Nadler, Maler, & Friedman, 1984).

It was also predicted that men would express a greater intention to seek help for mental health concerns after reading an informational message about seeking out mental health services when the message included acknowledgment of the sender's prior misconceptions about mental health services. Contrary to this hypothesis, it was found that the inclusion or exclusion of this information did not make a difference for men's help seeking intentions. In other words, including this information did not improve the message's impact. It was hypothesized that this manipulation would make a difference because it was theorized that men who heard advice from a person who acknowledges that they had unfounded concerns about perceived "feminized" characteristics of mental health services might be more likely to perceive similarity and shared perspective with this advice giver, given that men's aversion to therapy is frequently based in their beliefs that therapy is "feminine." Men's sense of familiarity with this message content might have led them to take the advice more seriously and thus consider more carefully the possibility of seeking mental health services (Haslam, McGarty, & Turner, 1996). The fact that this effect was not found in the data may indicate that men are not necessarily more receptive to hearing direct information addressing "typical" masculine-based concerns about therapy, or it could be that the information expressed to the men in this study did not challenge masculine norms related to therapy explicitly enough.

It was also found that the two manipulations of pro-mental health help seeking message did not interact, contrary to hypothesis. The gender of the sender of the message did not differentially impact the effect of the message content, which is a reflection of the fact that neither of the manipulations by themselves were related to greater or less intention to seek help.

Contrary to hypothesis, it was found that men's endorsement of masculine role norms did not moderate the impact of the two message manipulations - gender of the message sender and

the presentation of the message content. Presenting an informational message about mental health help seeking communicated by a man did not lead to a greater increase in reported intentions to seek help for mental health concerns for men who adhered more strongly to masculine gender role norms nor did presenting a message that included acknowledgment of the message sender's prior misconceptions about mental health services.

This moderation was hypothesized to occur according to the following logic: that information communicated by another man that specifically acknowledges and challenges masculine-based misconceptions about therapy may be more salient for men who are more uncomfortable about seeking help in relation to a strong endorsement of masculine gender role norms, simply because those gendered elements of the message construction and delivery would be more relevant for those men.

Therefore, this insignificant moderation effect suggests that these two manipulations of pro-mental health help seeking message were not more or less impactful and relevant for men depending on their relative level of conformity to masculine gender role norms. In other words, regardless of the particular form of intervention message they received, men who conform more strongly to gender role norms expressed less intention to seek help and men who conform less strongly to gender role norms expressed greater intention to seek help. It is possible that masculine gender role endorsement is such a powerful predictor of help seeking intentions that it "overrides" the experimentally manipulated predictors.

However, it is important to note that conformity to the specific masculine norms of Self-Reliance and Violence both at least partially moderated the effect of the gender of the sender of the pro-mental health help seeking message upon men's help seeking intentions. Thus, there is reason to believe that at least some types of masculine gender role conformity may be relevant

for men's perceptions of the person who is expressing help seeking advice to them. Though not significant, men expressed a higher mean intention to seek help in the female message sender condition, thus conformity to the masculine norms of self-reliance and violence might be related to a greater comfort in hearing mental health advice from a woman rather than a man. As discussed previously, social comparison theory suggests that receipt of help from a similar other is threatening because it prompts negative self-evaluation via social comparison (Nadler, Maler, & Friedman, 1984). Even though the pro-help seeking messages used in this study were not explicitly framed as "help," it certainly could be that some men construed the information as such. It is possible that men who more strongly endorse and accept violence also engage in more competition (since violence might be construed as a means of asserting power in a competitive sense) that would prompt a greater threat to self-esteem via social comparison when they hear another man providing instructive advice. In other words, the advice from another man might be interpreted as more competitive and more threatening (via this social comparison process) for men who endorse violence as a normative male characteristic. It is also possible that men who strongly endorse self-reliance might have a greater need to avoid relying on another man for help and advice; thus, hearing a pro-help seeking message from another man might invoke a sense of dependence that brings up this same self-esteem threatening social comparison.

Limitations

Though this study contributes information to the literature on men's help seeking, there are a number of limitations to note when considering the results. First of all, this study was entirely based on self-report measures. Self-report methods of collecting information allow for the possibility of social desirability bias, a type of response bias in which participants answer questions based on what they perceive to be viewed favorably by others, including what they

believe the researchers would like to hear. In the specific case of this study, when asking about masculine gender role endorsement, the participants probably recognized that the researcher was gathering information about their sense of masculinity. Such a recognition may have led participants to understate or overstate their conformity to masculine gender role norms depending on if they interpreted the "desirable" outcome as being less or more conforming to gender roles. Furthermore, this study did not account for the context of need specific to the participants, which limits the extent to which this information about men's help seeking receptivity can be applied differentially based on mental health status. However, the current mental health needs of participants were intentionally not assessed because mental health status has not been shown to be a solid predictor of openness to seeking help for men. In fact, research shows that men overall, and particularly highly gender role-endorsing men, are actually less likely to recognize their own mental health related needs (Mahalik, Good, & Englar-Carlson, 2003). Additionally, this study must be considered in its distance from "real life" scenarios. Though having participants read an intervention message in a survey was similar to written materials that real men might see in their lives, it is difficult to say if they would process the information differently if they were to "authentically" come across it or be provided it in contexts more typical of their daily lives.

Lastly, there are limitations associated with the use of Amazon's Mechanical Turk as the source of participants. One potential drawback of Turk experiments is that unsupervised participants tend to be less attentive than subjects in a lab with an experimenter, thus some of the participants in this study's sample may not have considered the questions thoroughly or might have worked through them hastily in order to finish quickly. Additionally, there are potential concerns in regards to the generalizability of the sample. Though the MTurk population has been

found to be comparable to the general U.S. population in terms of age, race, and gender, there is an overrepresentation of highly educated, white collar workers, as well as an overrepresentation of unemployed individuals (Paolacci, Chandler, & Ipeirotis, 2010). The specific sample of this study is in line with these findings. Only .4% of participants had completed less than high school and 8.4% had completed a maximum of a high school diploma, whereas 43.1% had received a bachelor's degree. The national average for men's attainment of bachelor's degrees is approximately 32%, a full 10 percentage points lower than what was found in this sample ("US Census Bureau," 2010). Despite having higher levels of education than the national average, participants in this study had a median income of $44,128, a value that is quite typical of the American male population (roughly $49,000) ("U.S. Census Bureau," 2010). Thus, the results of this study may pertain more closely to highly educated men, and specifically to more highly educated men who are not necessarily of high socioeconomic status in terms of income.

Future Directions

This research could certainly be expanded in a number of important ways. First of all, it would be useful to investigate if these manipulations of intervention message might be more impactful on mental health help seeking intentions when they are communicated in person, rather than through paper/online message. Secondly, it would be informative to examine how men's actual knowledge of mental health issues and treatment affects their receptiveness to pro-mental health help seeking intervention messages, given that the current study manipulates the presentation of information about mental health services in relation to men's misconceptions. Third, it would be fruitful to assess whether or not the manipulation of message content that was examined in this study would have a significant impact if the manipulation was more direct and explicit. In this study, two of the conditions of message addressed and challenged typical

masculine concerns about therapy; however, these messages did not explicitly call them out as being masculine-based concerns, and did not explicitly call on men to reject those faulty assumptions about therapy, *as men*. It would be interesting to see if men would be more receptive to this explicitly directed advice related to masculinity and therapy, or if asking men to so directly challenge their beliefs about masculinity would produce a greater defensive reaction. Furthermore, explicitly framing the message content as an offer of help might provide more information on the effects examined in the current study. In this study, the informational message certainly maintained a tone of advice, but did not explicitly announce that it was attempting to "help" the men receiving the information. Additionally, it would be useful to further investigate the masculine norms of Self-Reliance and Violence, which were found to moderate, at least partially, the effect of the gender of the pro-mental health help seeking message on men's help seeking intentions.

Conclusion

This study added to the literature on intervention messages designed to encourage masculine-conforming men to seek help for mental health concerns. Results indicated that men were not more likely to be receptive to pro-mental health intervention messages when the person providing the information was a man, and when the message included information about the man's prior misconceptions about what mental health services are like. Results did indicate, however, that higher conformity to masculine gender role norms predicts less openness to seeking help for mental health concerns. Thus, the fundamental issue presented in this research remains to be investigated further. The intervention message manipulations proposed in this particular study did not appear to impact the men who participated; further research should

continue to investigate how the construction and delivery of these intervention messages can be

designed to maximize their effect on men's willingness to take care of their mental health needs.

References

Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help

seeking. *American Psychologist, 58*(1), 5-14. doi:10.1037/0003-066X.58.1.5

Addressing the specific behavioral health needs of men: Treatment issues for men (2013).

Center for Substance Abuse Treatment. Rockville, MD: Substance Abuse and Mental

Health Services Administration. Retrieved from

https://www.ncbi.nlm.nih.gov/books/NBK144290/

Berger, J. L., Addis, M. E., Green, J. D., Mackowiak, C., & Goldberg, V. (2013). Men's

reactions to mental health labels, forms of help-seeking, and sources of help-

seeking advice. *Psychology of Men and Masculinity, 14*(4), 433-443. doi:

10.1037M/a0030175

Berman, A. L., & McNelis, K. (2008). *Help-seeking among men: Implications for suicide

prevention*. Retrieved from https://www.suicideinfo.ca/wpcontent/uploads/2017/06/Help-

seeking-among-Men-Implications-for-Suicide-Prevention_oa.pdf

Berscheid, E. (1966). Opinion change and communicator-communicatee similarity and

dissimilarity. *Journal of Personality and Social Psychology, 4*(6), 670–80.

Biddle, L., Gunnell, D., Sharp, D., & Donovan, J. L. (2004). Factors influencing help

seeking in mentally distressed young adults: A cross-sectional survey. *British

Journal of General Practice, 54*, 248-253.

Blazina, C., & Marks, L. I. (2001). College men's affective reactions to individual

therapy, psychoeducational workshops, and men's support group brochures: The

influence of gender-role conflict and power dynamics upon help-seeking attitudes.

Psychotherapy, 28(3), 297-305.

Branney, P., & White, A. (2008). Big boys don't cry: Depression and men. *Advances*

    in Psychiatric Treatment, 14, 256-262. doi: 10.1192/apt.bp.106.003467

Burgoon, M., Dillard, J. P., & Doran, N. E., (1983). Friendly or unfriendly persuasion: The

    effects of violations by males and females. *Human Communication Research, 10*, 283-

    294.

Carli, L. L. (2001). Gender and social influence. *Journal of Social Issues, 57*(4), 725-741.

Faraji-Rad, A., Samuelsen, B. M., & Warlop, L. (2015). On the persuasiveness of similar

    others: The role of mentalizing and the feeling of certainty. *Journal of Consumer*

    Research, 42, 458-471.

Fiori, K. L., & Denckla, C. A. (2012). Social support and mental health in middle-aged

    men and women: A multidimensional approach. *Journal of Aging*

    And Health, *24*(3), 407-438.

Gino, F., Shang, J., & Croson, R. (2009). The impact of information from

    similar or different advisors on judgment. *Organizational Behavior and Human*

    Decision Processes, 108, 287–302.

Good, G. E., & Wood, P. K. (1995). Male gender role conflict, depression, and help

    seeking: Do college men face double jeopardy? *Journal of Counseling & Development,*

    74, 70-75.

Goodman, L. A., Koss, M. P., Fitzgerald, L. F., Russo, N. F., & Keita, G. P. (1993).

    Male violence against women: Current research and future directions. *American*

    Psychologist, 48(10), 1054-1058.

Griffiths, S., Mond, J. M., Li, Z., Gunatilake, S., Murray, S. B., Sheffield, J., &

Touyz, S. (2015). Self-stigma of seeking treatment and being male predict an increased

likelihood of having an undiagnosed eating disorder. *International Journal of Eating*

Disorders, 48(6), 775-778.

Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and

facilitators to mental health help-seeking in young people: A systematic

review. *BMC Psychiatry, 10* (113).

Hammer, J. H., & Spiker, D. A. (in press). Dimensionality, reliability, and predictive

evidence of validity for three help seeking intention instruments: ISCI, GHSQ,

and MHSIS. *Journal of Counseling Psychology*.

Haslam, S. A., McGarty, C. & Turner, J. C. (1996). Salient group memberships and

persuasion: The role of social identity in the validation of beliefs. In J. Nye & A. Brower

(Eds.), *What's social about cognition? Research on socially shared cognition in small*

groups (pp.29-56). Sage Publications: Canberra, Australia.

Kosakowska-Berezecka, N., Besta, T., Adamska, K., Jaśkiewicz, M., Jurek, P., &

Vandello, J. (2016). If my masculinity is threatened I won't support gender equality? The

role of agentic self-stereotyping in restoration of manhood and perception of gender

relations. *Psychology of Men & Masculinity*, *17*, 274-284.

Machlin, A., King, K., Spittal, M., Pirkis, J. (2014). *The role of the media in*

encouraging men to seek help for depression and anxiety. Retrieved from

https://www.lifeline.org.au/static/uploads/files/male-callers-to-helplines-and-media-

messages-research-report-2014-wffgcyofhtcl.pdf

Mahalik, J., Good, G. E., & Englar-Carlson, M. (2003). Masculinity scripts,

presenting concerns, and help seeking: Implications for practice and training.

Professional Psychology: Research and Practice, 34(2), 123-131. doi:

10.1037/0735-7028.34.2.123

Mahalik, J. R., Locke, B. D., Ludlow, L. H., Diemer, M. A., Scott, R. P. J., Gottfried,

M., & Freitas, G. (2003). Development of the conformity to masculine norms

inventory. *Psychology of Men & Masculinity, 4*(1), 3-25. doi:10.1037/1524-

9220.4.1.3

Mann, T., Sherman, D., & Updegraff, J. (2004). Dispositional motivations and message

framing: A test of the congruency hypothesis in college students. *Health Psychology:*

Official Journal of the Division of Health Psychology, American Psychological

Association, *23*(3), 330–334. doi:10.1037/0278-6133.23.3.330

Mansfield, A., Addis, M. E., & Courtenay, W. (2005). Measurement of men's help

seeking: Development and evaluation of the barriers to help seeking scale.

Psychology of Men & Masculinity, 6(2), 95-108. doi:10.1037/1524-

9220.6.2.95

Nadler, A., Maler, S., & Friedman, A. (1984). Effects of helper's sex, subjects'

androgyny, and self-evaluation on males' and females' willingness to seek and receive

help. *Sex Roles, 10*(5-6), 327-339.

O'Brien, O., Hunt, K., & Hart, G. (2005). 'It's caveman stuff, but that is to an extent

how guys still operate': Men's accounts of masculinity and help seeking.

Social Science & Medicine, 61, 503-516. doi:10.1016/j.socscimed.2004.12.008

Paolacci, G., Chandler, J., & Ipeirotis, P. G. (2010). Running experiments on Amazon

Mechanical Turk. *Judgment and Decision Making 5*(5), 411-419.

Player, M. J., Hadzi-Pavlovic, D., & Wilhelm, K. (2015). Positive strategies men

regularly use to prevent and manage depression: A national survey of Australian men.

  BMC Public Health, 15, 11-35. doi:10.1186/s12889-015-2478-7

Pleck, J. H. (1995). The gender role strain paradigm: An update. In Levant, R. F., &

  Pollack, W. S. (Eds.), *A New Psychology of Men* (pp. 11-32). New York, NY:

  BasicBooks.

Proudfoot, J., Fogarty, A. S., McTigue, I., Nathan, S., Whittle, E. L., Christensen, H.,

  Player, M. J., Hadzi-Pavlovic, D., & Wilhelm, K. (2015). Positive strategies men

  regularly use to prevent and manage depression: A national survey of Australian men.

  BMC Public Health, 15, 11-35. doi: 10.1186/s12889-015-2478-7

Rickwood, D. J., Deane, F.P., & Wilson, C.J. (2007). When and how do young people

  seek professional help for mental health problems? *The Medical Journal of Australia,*

  187(7), 35-39.

Rochlen, A. B., Paterniti, D. A., Epstein, R. M., Duberstein, P., Willeford, L., &

  Kravitz, R. L. (2010). Barriers in diagnosing and treating men with

  depression: A focus group report. *American Journal of Men's Health, 4*(2),

  167-175. doi:10.1177/1557988309335823

Silvia, P. J. (2005). Deflecting reactance: The role of similarity in increasing compliance

  and reducing resistance. *Basic and Applied Social Psychology*, *27*(3), 277-284.

  doi:10.1207/s15324834basp2703_9

Tanner, J. L., & Arnett, J. L. (2016). Chapter 7: Emerging adult clinical psychology.

  In J.C. Norcross, G. R. VandenBos, and D. K. Freedhe (Eds.),

  APA Handbook of Clinical Psychology: Vol. 1 Roots and Branches (pp. 127-138).

  Washington, D.C.: American Psychological Association.

Vandello, J. A., & Bosson, J. K. (2013). Hard won and easily lost: A review and

synthesis of theory and research on precarious manhood. *Psychology of Men &*

Masculinity, 14(2), 101-113.

U.S. Census Bureau (2010). *Personal Income and Educational Attainment*. Retrieved

from http://www.census.gov/hhes/income/histinc/p16.html

Williams-Piehota, P., Schneider, T. R., Pizarro, J., Mowad, L., & Salovey, P. (2004).

Matching health messages to health locus of control beliefs for promoting mammography

utilization. *Journal of Psychology and Health, 19(*4), 407-423.

Wisch, A. F., Mahalik, J. R., Hayes, J. A., & Nutt, E. A. (1995). The impact of gender

role conflict and counseling technique on psychological help seeking in men.

Sex Roles, 33(1-2), 77-89.

Appendix A

Pro-Mental Health Help Seeking Message Vignettes

Male message sender/inclusion of information about misconceptions

Please read the following testimony provided by John, an undergraduate student: I was feeling overwhelmed by the demands of school, family, and work right around the middle of the semester during the spring of my sophomore year of college. I was really unsure about what to do, but I knew that something needed to change. So I looked at my university's website and found a link to a counseling center located on campus. I called and made an appointment with a therapist named Susan Andrews. I always thought that therapy would end up with me sitting on a couch, talking about my mother, my feelings, and my sexuality, or something ridiculous like that. When I went to my first appointment with Susan, I realized that I couldn't have been more wrong. She had me identify in specific terms the problems I was having, what wasn't working, and then we made a plan for how to implement solutions based on well-researched techniques and strategies for behavior and thinking. My experience in therapy really helped me figure out better and healthier ways to deal with stress, and I would recommend it to anyone who is struggling with balancing the demands in their lives.

Female message sender/inclusion of information about misconceptions

Please read the following testimony provided by Jane, an undergraduate student: I was feeling overwhelmed by the demands of school, family, and work right around the middle of the semester during the spring of my sophomore year of college. I was really unsure about what to do, but I knew that something needed to change. So I looked at my university's website and found a link to a counseling center located on campus. I called and made an appointment with a therapist named Susan Andrews. I always thought that therapy would end up with me sitting on a

couch, talking about my mother, my feelings, and my sexuality, or something ridiculous like that. When I went to my first appointment with Susan, I realized that I couldn't have been more wrong. She had me identify in specific terms the problems I was having, what wasn't working, and then we made a plan for how to implement solutions based on well-researched techniques and strategies for behavior and thinking. My experience in therapy really helped me figure out better and healthier ways to deal with stress, and I would recommend it to anyone who is struggling with balancing the demands in their lives.

Male message sender/exclusion of information about misconceptions

Please read the following testimony provided by John, an undergraduate student: I was feeling overwhelmed by the demands of school, family, and work right around the middle of the semester during the spring of my sophomore year of college. I was really unsure about what to do, but I knew that something needed to change. So I looked at my university's website and found a link to a counseling center located on campus. I called and made an appointment with a therapist named Susan Andrews. At my first appointment, she had me identify in specific terms the problems I was having, what wasn't working, and then we made a plan for how to implement solutions based on well-researched techniques and strategies for behavior and thinking. My experience in therapy really helped me figure out better and healthier ways to deal with stress, and I would recommend it to anyone who is struggling with balancing the demands in their lives.

Female message sender/exclusion of information about misconceptions

Please read the following testimony provided by Jane, an undergraduate student: I was feeling overwhelmed by the demands of school, family, and work right around the middle of the semester during the spring of my sophomore year of college. I was really unsure about what to do, but I knew that something needed to change. So I looked at my university's website and

found a link to a counseling center located on campus. I called and made an appointment with a

therapist named Susan Andrews. At my first appointment, she had me identify in specific terms

the problems I was having, what wasn't working, and then we made a plan for how to implement

solutions based on well-researched techniques and strategies for behavior and thinking. My

experience in therapy really helped me figure out better and healthier ways to deal with stress,

and I would recommend it to anyone who is struggling with balancing the demands in their lives.