

Men's Help-Seeking Behaviour

By

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### **Acknowledgment**

This thesis is dedicated to my father Les. He flew bombing raids over Germany during WWII and returned home with wounds you could not see. Although he served as a mentor and counsellor for many young men in the cadet corps he founded in Port Alberni, his stiff upper lip kept him from asking for help himself. Depression ultimately led to suicide. Sadly, sixty years later, many of the same issues around traditional masculinity persist with similarly devastating consequences. There are many I wish to thank for their help. To Allan Wade for accepting me into the program at City University. To my professors for their patience and support. To my thesis advisor Andre Serzisko for his guidance and positivity. I would also like to thank my classmate Liz Stirling for her help navigating this challenging process as well as my sister Blaize the true academic in the family. Most of all, I wish to thank my wife Linda for supporting my decision to return to school at my advanced age. It has been an extraordinary experience.

### Abstract

This thesis used a self-reporting online survey to gather firsthand knowledge of men's help-seeking behaviour. Research into men's unwillingness to accept help generally, and more specifically for psychotherapy, is reviewed. The purpose of this study is to explore societal and personal barriers which influence men's willingness to seek support for mental health issues. The survey, created by the researcher, included Likert and open-ended questions. Men's responses revealed that conformity to masculine norms inhibit healthy help-seeking behaviour. Possible ways of changing traditional male attitudes towards counselling are discussed and further areas of research identified.

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## Chapter 1: Introduction

Men's traditional role and their place in society has been severely disrupted. From Clinton to Ghomeshi, Kavanagh to Weinstein, there has been a parade of disgraced high-profile male figures. In Canada, women make up close to 60 percent of college graduates (Statistics Canada, 2020). Women are choosing to have children later, if at all, and marriage, once a right of passage, which granted men a certain societal authority, is now often delayed if not abandoned completely.

Where in the past meaning and purpose was provided through military service, church membership, or involvement in service organizations, many men now find themselves, in Johann Hari's words, "disconnected from the tribe" (Hari, 2018, p. 20). To be additionally tarred with the brush of "toxic masculinity" pours salt into the wound, "it is clear that the women's movement has generated an atmosphere of enormous impatience with patriarchy and male privilege" (Brooks, 2010, p. 82).

That is not to say that much of men's behaviour does not continue to be problematic. Daemon Fairless, in *Mad Blood Stirring* (2018), notes that men perpetrate 85% of all homicides, mostly against each other (p. 41). Many men carry a rage inside them, "an explosive charge they're not entirely willing or sure how to defuse" (Fairless, 2018, p. 19). While it is fair to say that men suffer injury or death disproportionately during war it is also fair to say that they typically start them.

The feminist movement has led women to a new place in society. The same is now required of men if they are to reach a healthy and sustainable position in our changing world. However, this is an extremely tough sell. Men, who have traditionally had a one-up position, are

now being asked to forfeit that and to travel into the murky waters of emotional vulnerability. Rites of boyhood and manhood, such as the ones cultivated in fraternities and athletic cultures, are now overly associated with toxic archetypes. Those who promote the importance of initiation into manhood, like the poet Robert Bly and psychologist Jordan Peterson, are frequently portrayed as mystics, misogynists, or “Alt-right” conservatives.

Traditionally boys were brought up to be stoic and unemotional, unwilling and unable to reveal their feelings. In a 2019 Chicago Tribune article, Jerry Davich states that “Since I was a boy, I’ve been conditioned to be masculine. Not only by my family and friends, but even more so by our society and our world... be aggressive, be strong, be dominant, don’t be weak” (para.1). Davich adds, “the American Psychological Association now warns us... traditional masculinity, is, on the whole, harmful, not only to women and to society, but also to men” (para.2). In the April/May 2020 Esquire magazine article titled “Why Are We So Proud” Dave Holmes offers, “We’re all still struggling to fit into the suits we inherited from our fathers, never stopping to wonder how well those jackets fit us” (p. 96).

Men are left in an existential void and they are profoundly unskilled to deal with this sense of emptiness, “Trained to suppress emotional distress, to prefer action to reflection... to experience shame at any hint of failure... to resist asking for help, most men seem destined to do all the wrong things to quiet internal affective distress” (Brooks, 1998, p. xi).

Historically, it was thought that women suffered much higher rates of depression, “Typically, women are diagnosed with depression twice as often as men... this sex ratio appears in almost every setting, including Western and most non-Western community studies” (Griffith et al., 2013, para.7). Underlying this was the common view that men lacked emotional depth and

did not experience as much anxiety as women. Instead of acknowledging their feelings, asking for help and seeking appropriate support, men may turn to alcohol or drugs when they are depressed, or become frustrated, discouraged, angry, irritable and sometimes violently abusive. Some men deal with depression by throwing themselves compulsively into their work, attempting to hide their depression from themselves, family, and friends; other men may respond to depression by engaging in reckless behaviour and putting themselves in harm's way (Rochlen, 2005). In fact, "a man's depression is often ignored because he is meeting cultural expectations of masculinity" (Kindlon & Thompson, 2000, p. 159). Situations in which "the illness has been made worse when people get so caught up reacting to the symptoms that they can't see what is behind them" (Kindlon & Thompson, 2000, p. 159).

When behaviour such as aggression, substance-abuse, and risk-taking are incorporated in depression testing men score higher. In fact, when these items are taken into consideration, scores for depression for men and women level out. Using a scale that includes these male-type expressions of depression yielded the result of men identifying as being depressed 30.6% and women 33.3% (Martin et al., 2013). It is time for a fresh look at depression as a silent epidemic in men that manifests itself in excessive work, substance abuse, failures in intimacy and suicide. It is time for messaging that invites men to seek help and therapy that incorporates men's issues and preferred ways of learning.

In a 2014 article in the Guardian newspaper titled "Suicide and Silence: Why Depressed Men are Dying for Somebody to Talk to," Owen Jones reported Office for National Statistics (UK) data showing suicide as killing more men in Britain between the ages of 20 and 49 than any other cause. In the U.S., men are approximately four times more likely to die by suicide than women (Peterson et al., 2020). In 2017, nearly 38,000 persons of working age (16–64 years) in

the United States died by suicide, which represents a 40% increase compared to 2000, with blue collar workers at the highest risk (Peterson et al., 2020).

Reports indicate that despite lower reported rates of depressive disorders among men compared with women, men's suicide rates are three to four times higher than that of women (Schumacher, 2019). This difference is explained, in part, by the fact that many men do not seek or receive treatment for their depression. Good and Wood (1995) identified this pattern of relationships between gender-role conflict and help-seeking as *double jeopardy*. Different components of gender-role conflict were associated with both an increased likelihood of depressive symptoms and more negative attitudes toward seeking psychological help (Addis & Mahalik, 2003). This when psychological treatments have been shown to be equally effective across genders (Seidler et al., 2019).

In one study it was found that 75% of those who sought help in an institution for suicide prevention were female, whereas 75 % of those who committed suicide in the same year were male, leading the authors to conclude, "women seek help—men die" (Sierra et al., 2014, p. 346). Indeed, there is strong consensus that a principal health-related issue facing men is their reluctance to seek or access professional services.

On average, men in the United States die five years younger than women for all 15 leading causes of death (Jiaquan et al., 2020). Men spend less time with their physicians, engage in fewer preventive health behaviours, consume more alcohol, use more tobacco products, have poorer diets, sleep hygiene, and weight management, and lower physical activity than women (Levant et al., 2011).

Counselling: individual, marriage and group, offer opportunities for men to challenge their attitudes and learn new skills. However, men are reluctant to seek counselling, seeing it as

unmanly and an admission of weakness. It was hoped that by asking the question “What are the factors that help men determine if they will pursue personal counselling?” new approaches to marketing therapy to men could be discovered. For example, the “Real Men, Real Depression” campaign mounted in the U.S. between 2003-05 by the National Institute of Mental Health (NIMH) was effective in portraying “male depression” and encouraging men to seek help for psychological problems.

The purpose of this study was to use firsthand knowledge about men's help-seeking behaviour to explore ways to encourage men to access mental health services. The information gathered supports the research that shows elements of masculinity inhibit men from getting therapeutic help for issues such as depression. It is hoped that results from this study will contribute to the ongoing efforts to redefine therapy in ways that diminish men's reluctance to seek it. As well, it is hoped that a better understanding of depression in men will lead to a more sympathetic approach to working with them and towards a new masculinity which redefines self-care around mental health as positive behaviour.

## **Chapter 2: Literature Review**

This chapter will review selected literature regarding masculinity, male depression, men's help-seeking behaviour, and interventions and approaches that show promise in encouraging men to have a more positive attitude towards therapy.

### **Masculinity**

On the subject of masculinity, two books by Gary Brooks are particularly valuable, *A New Psychotherapy for Traditional Men* (1998) and *Beyond the Crisis of Masculinity* (2010).

The core of Brooks' message is:

Most modern men are in some degree of emotional distress because the definition of masculinity is changing... we live in a time when it is very difficult to nail down a simple definition of masculinity, to know which of many conflicting paths to follow, and to feel ultimate comfort and security with oneself as a man. (Brooks, 1998, pp. x,8)

Brooks describes the 'psychopathology of men's everyday lives' - the maladaptive strategies that men use to maintain a traditional male role that has increasingly come under assault. For men "There are no more frontiers, no damsels in distress, no tolerance for heavy-handed sexual styles, fewer "manly" jobs, and less acceptance of homophobia and gay bashing that used to allow men a measure of crude reassurance" (Brooks, 1998, p. xi). Men can no longer get away with what they used to, "Inspired by women's rights advocates the larger culture has taken a firm stand against the worst excesses of patriarchal, chauvinistic, and misogynist male behaviour, violence, coercive sexual conduct, and irresponsibility in society and relationships" (Brooks, 1998, p. 2). Women have begun to adopt a position which sees them, "far less likely to subordinate their emotional needs to those of men and family, and they no longer unthinkingly accept the role of emotional supporter and nurturer of the men in their lives" (Brooks, 1998, p. 9). Granted, while it is difficult to sympathize with a group that has so thoroughly dominated society and abused its power, ignoring the challenges traditional men are facing, and the resulting "deaths of despair," comes with a high price.

Masculinity is socially constructed, and as such, the role of social norms in the production of masculinity should not be ignored (Rochelle, 2019). Brooks sees men still being trained from earliest childhood to suppress emotional distress, to avoid the subtle signals of interpersonal conflicts, to experience humiliation at the first hint of failure, and most of all, to

resist asking for help. He shares his experience of working with resistant male clients and points the way to overcoming this resistance through showing men compassion, respect, empathy, and sensitivity to help break down barriers and make them amenable to the therapeutic process.

The endorsement of traditional masculinity is associated with various risky health-related behaviours. Research suggests that the more men endorse traditional masculinity ideologies, the more they experience a host of presenting issues, including poorer self-esteem, problems with interpersonal intimacy, greater depression and anxiety, substance abuse, interpersonal violence, greater bio-medical concerns, as well as greater overall mental distress (Mahalik, 2003).

Being viewed as unemotional is foundational to the “strong-and-silent” masculine script. Boys and men live up to this script through being stoic and in control of one’s feelings. However, when boys learn to be tough, they often do so by suppressing their emotions. If a man is unable to openly express his emotions of sadness and grief, he is likely to turn to alternate (and less healthy) coping mechanisms (Mahalik, 2003).

Often, the extent to which a man is considered masculine is defined by his willingness to engage in extreme behaviours that attest to his supposed indestructibility (Mahalik, 2003). Research finds that men disproportionately perpetrate, and are the victims of, most forms of violence. Violence and aggression may also be avenues through which some boys and men compensate for uncomfortable feelings such as shame and hurt (Berger et al., 2013). Therefore, instead of recognizing, understanding, and coping with their hurt or scared feelings, males may “take it out on others,” often in the form of violence against their partners (Mahalik, 2003). Ironically, the very partners who could help them deal with their emotional distress.

The corollary of being traditionally masculine is to avoid any features associated with femininity or homosexuality. In this vein, characteristics that are potentially associated with homosexuality, such as any intimate connection with other men, must be avoided in oneself and disdained in others. Men who live out the homophobic script fear appearing passive; and in working with a male therapist or in group therapy with other men, such men may fear being coerced into intimacy with other men (Mahalik et al., 2003).

Unexpressed emotions like fear, anger, and shame are internalized, causing chronic depression, self-hate, isolation, suicide, and serious health problems. Stereotypical attitudes about gender roles can cause discriminatory behaviour toward women, sexual harassment, homophobic and antigay attitudes, emotional abuse, and even sexual and physical assault. (O'Neil, 2013).

Traditional masculinity favours stoicism over help-seeking and individuation over cooperation. Stoicism, one of the pillars of masculinity, is profoundly misunderstood. Long viewed as being the suppression of emotion, a cursory examination of the Greek roots of the idea reveal it as an invitation for self-exploration. Andrew Fiouzi (2019) in an article titled "The Modern Man is Getting Stoicism All Wrong," quotes Gregory Sadler as saying "Stoic philosophy provides us with a complex, robust understanding of how emotions, desires, assumptions and judgements intersect. It also gives us tools for analysis of what's going on inside us" (para. 7).

### **Male Depression**

Research reports that men are less likely than women to be diagnosed with anxiety- and depression-related disorders. We might thus conclude that masculinity is associated with greater psychological well-being. However, when we learn that women are more likely to recognize and

label nonspecific feelings of distress as an emotional problem and that men have higher rates for the total prevalence of mental disorders when substance abuse and antisocial behaviours are considered the earlier conclusion appears unfounded (Mahalik et al., 2003).

For many years, the common assumption by clinicians and the public has been that roughly half as many men suffer from depression as women. However, the expression of depressive symptoms in men may be “masked” or expressed in a manner that does not correspond to accepted diagnostic symptoms of depression. (McCusker & Galupo, 2011).

Men have higher rates for the total prevalence of mental disorders when substance abuse and antisocial behaviours are considered (Mahalik et al., 2003). Not taking advantage of potentially useful treatments for depression consigns men to a life of misery, and a greatly increased risk of suicide (Sierra, 2015).

Masculine depression is characterized by pressures felt by men to limit certain emotional expressions. Expressions of vulnerability and introspection are avoided to adhere more closely to masculine norms (Addis & Mahalik, 2003). The restriction of the expression of depression to stay within the confines of masculine norms can result in deviation from symptoms of prototypic depression (e.g., tearfulness, sadness). Such deviations may be internalizing or externalizing, with externalizing symptoms including behaviours such as outbursts of anger, increases in substance use, and isolation, whereas internalizing symptoms might include feeling numbness, feeling as though one is a failure, or reporting physical symptoms (Parent et al., 2019). These models promote the idea that many men experience symptoms of depression in a qualitatively different manner from women, which may not be captured in traditional depression assessments (Rochlen et al., 2005).

Pollack (1999) has argued that “men [manifest] depression through moods and behaviours and self-reports that are different from women, [and that] our diagnostic tools are too often blind to this gender disparity” (p. 160). In light of this apparent incongruence between existing criteria and men’s symptoms, he proposed the development of an additional category of depression - depressive disorder—male type. This classification has been identified as a promising paradigm for capturing the ways in which men, according to clinical and preliminary research data, experience, report, and act out depressive illness (Rochlen et al., 2005).

A 2013 Journal of the American Medical Association article titled “The Experience of Symptoms of Depression in Men vs Women” attempts to deal with the issue of how men experience symptoms of depression that are not included in much current diagnostic criteria. When typically male items such as aggression, substance-abuse and risk-taking are incorporated in depression testing men score higher. With men reporting higher rates for anger attacks/aggression, substance abuse and risk-taking compared to women, scores for depression evened.

The stark discrepancy between relatively low reported rates of depression amongst men amid alarming suicide rates, signals the potential role of undiagnosed and untreated depression. Masculinity has been proposed as an important consideration in depression among men, whereby externalizing symptoms (e.g., anger, irritability, substance use) combine with internalized stigma, shame, and maladaptive coping styles to complicate diagnosis. Building on this, the specificities of male depression have drawn significant research and clinical attention. As mentioned, studies have found that including these atypical depressive symptoms in diagnostic measures eradicated sex differences in prevalence rates (Seidler et al., 2019).

Professionals reliance on mental health labels, such as “anxiety” and “depression,” may prevent some men from seeking help in order to avoid being diagnosed with a stigmatized mental health label. Men with greater adherence to masculine norms experience more stigma toward the term depression. Likewise, the label anxiety may also threaten men’s sense of invulnerability and masculine strength and contribute to their reluctance to pursue treatment (Berger et al., 2013).

### **Male Help-Seeking**

Traditional men who seek help feel weak and unmanly. The stigma associated with mental illness prevents men from pursuing and accepting psychological services when suffering from debilitating symptoms of depression. In contrast to being taught to seek help when needed, men are taught that physical toughness, self-reliance, and restrictive emotionality are central to masculine ideology (McCusker & Galupo, 2011).

Given that help-seeking is not perceived as a traditional masculine norm, men who endorse greater conformity to this norm may view themselves as unacceptable if they ask for assistance. Thus, to avoid such dissonance, men may hold negative attitudes and simply not seek counselling or other forms of assistance. Taking this approach allows men to preserve a positive sense of themselves as masculine and thus minimize threats to self-worth (Raemaker & Petrie, 2019).

*Self-stigma of seeking help* is defined as the reduction of an individual’s self-esteem caused by labelling oneself as a person who needs psychological help (Vogel et al., 2011). Men are thought of as an empowered group, not as a stigmatized group; however, because the feeling of not being able to solve one’s problems violates the traditional masculine norm of self-reliance,

men may experience self-stigma proportional to the extent that they have internalized traditional masculine norms, when they consider seeking psychological services. (Levant et al., 2013).

For more than 25 years and across many populations, researchers have identified correlations between masculine norms and men's diminished help-seeking, psychological distress, and unhealthy behaviours (Davies et al., 2010). One of the challenges facing therapists is not to create gender sensitive therapy for men but in men's resistance to therapy in any form. Rather than seeing a therapist's office as a place of support and understanding, "men see it as a place to experience hostile rejection, shame, and alienation" (Brooks, 1998, p. xii).

In fact, "If you are a clinician, you know that men are very sensitive to shame and feelings of incompetence... as a result, we have to do whatever we can to de-shame the therapeutic experience... otherwise, men will not show up" (Beel et al., 2018, p. 603).

Many of the actions related with seeking help from a health professional, such as relying on others, admitting a need for help, or recognizing and labeling an emotional problem, conflict with the messages men receive about the importance of self-reliance, physical toughness, and emotional control (Addis & Mahalik, 2003). This conflict between men's learned gender role and help-seeking behaviours may be resolved only after men negotiate the social and psychological implications of asking for help (Sierra et al. 2014).

What is it within men that causes them to seek help so reluctantly? Studies reveal the prominent role of self-stigma. Self-stigma is the internalization of negative views of society toward mental illness and seeking help. Thus, higher levels of public stigma lead to higher levels of self-stigma and less favourable attitudes toward counselling (Vogel et al., 2011).

Health, health behaviours, and health care are traditionally aligned with femininity and are therefore devalued within hegemonic masculinities (Anstiss & Lyons, 2014). For example, men are often socialized to believe they must rely on themselves which may lead to a decrease in seeking help from others (LaGrange, 2014).

The current results suggest that masculine norms are linked to self-stigma and, in turn, attitudes toward counselling across all male subgroups (Hammer et al., 2013). Interestingly, though, some important differences in the strengths of the relationships between masculinity and stigma, and between stigma and attitudes, seem to be present. For example, the relationship between masculine norms and self-stigma appears to be about twice as strong for rural men than for other men. In turn, this same relationship is weaker for men with graduate education compared with those with less education. However, no significant variability in these relationships was found between men from different income levels. The central clinical implication is that self-stigma is an important barrier to seeking professional mental health services for men across community size, education, and income lines (Hammer et al., 2013).

By seeking help from others, men are inherently acknowledging their difficulties and the inability to manage these difficulties independently, characteristics that are commonly associated with weakness and femininity. Thus, when men struggle psychologically, they are confronted with the options of not seeking help or of seeking help that could reduce their distress but also result in social or personal devaluation (Raemaker & Petrie, 2019). For example, a 37-year-old man stated, “There are no role models of people on how . . . not to hide it and not to try and deal with it on their own” (Sierra et al., 2014, p. 349).

A 32-year-old man saw seeking help as synonymous with, “admitting weakness... and men are not supposed to do that.” Similarly, a 21-year-old man’s reticence for help-seeking was

strongly influenced by the negative judgments of others, which he anticipated would flow from them knowing he had transgressed masculine ideals by seeking help: “I guess there’s a shame to it... you know, like if you go to a counselling office, do you really want to be seen there... are you sure about that, you are not cool anymore” (Sierra et al., 2014, p. 350).

### **Positive Steps – Towards Male-Friendly Counselling**

Male-friendly counselling commonly contextualizes and interprets men and their gender “cultures” within the framework of masculinity. *Masculinity* is the term used to define what is expected of men in society and men’s sense of gender identity as to what it means to be a man (Beel et al., 2018).

Davies et al. (2010) promote the idea of “positive masculinity.” When men focus on future goals, they are able to identify barriers to reaching those goals, assume responsibility, acquire positive skills and engage in problem solving. Men are capable of making positive changes towards more appropriate expression of emotion, positive health behaviour, power sharing in relationships, and flexibility in gender roles (Davies et al. 2010).

It would be good to help men better understand the complex relationships between when they conform to masculine norms and what the potential consequences of such conformity may be. By increasing this understanding, men may be able to develop more flexible patterns of norm conformity and make help-seeking a more viable option when they are feeling distressed and overwhelmed. For example, clinicians may explore the situations or contexts where conforming to masculine norms (e.g., being self-reliant) may be beneficial and instances where it may be detrimental. For instance, understanding that conforming to the masculine norm of emotional control may be beneficial in making financial decisions, yet may hinder emotional intimacy and lead to dissatisfaction in romantic relationships (Raemaker & Petrie, 2019).

At the core of male-friendly counselling is the understanding that, “care must be exercised to recognize when a man's presenting problems might be a manifestation of unrecognized emotional turmoil rather than simply bad behaviour” (Brooks, 2010, p. 71). The male-friendly counselling literature encourages therapists to be mindful that men are socialized to devalue, repress, and restrict emotions leading to men having sensitivities about expressing emotion in a therapy setting. Therapists might recognize that men can display emotions in different ways when compared to women, and thus can be potentially misinterpreted (Beel et al., 2018).

The number of men experiencing psychological concerns but not seeking counselling represents a mandate for counsellors to better understand the help-seeking process for men in order to target interventions that encourage men's help-seeking behaviour (Vogel et al., 2011). It is important that counsellors encourage men's use of counselling services (i.e., changing the belief that seeking counselling is a sign of weakness to a sign of courage or strength) (Vogel et al., 2011).

The consequences of gender role violations are more severe for men than women, and men must uphold an image of being pillars of strength when suffering from real and often debilitating symptoms of depression. The development of preventative interventions to increase psychological help-seeking behaviours in boys and men is needed given the low rates of psychological help-seeking and high rates of suicide in boys and men (McCusker & Galupo, 2011).

Valuing and demonstrating respect for male clients is encouraged by maintaining an emphasis on client strengths, resources, and positive aspects of masculinity rather than prioritizing an emphasis on what is problematic and requiring change. “Reframing therapy as a

place for winners, not losers, is important, as is viewing the client as heroic rather than as a victim” (Beel et al., 2018, p. 603). For example, suggesting that seeking help for a problem is simply logical. That seeking help does not imply a desire to be rescued. Rather, seeking help is a request for new information and skills which can be used to rectify one’s problems. “If I go to somebody with ownership, I’m not asking to be rescued, I might be asking for some help in helping me to correct the belief or helping me remember the truth or telling me to see things differently, but I’m not going to be rescued” (Sierra et al., 2014, p. 352).

While men often frame reluctance to use health-care services due to enactments of masculinity, men’s expectations of criticisms in reaction to disclosure may play a part in whether men choose to disclose issues to practitioners, how they disclose, and how long they take in doing so. Men high in gender role conflict may respond better to alternative counselling methods such as classes, workshops, and seminars that traditional one-on-one talk therapy.

There continues to be a need for alternate interventions that can be therapeutic without feeling and looking like traditional counselling (Davies et al., 2010). The use of men-only psychotherapy or support groups may be especially valuable because they offer a safe and supportive environment in which men can explore the influence of societal messages as well as learn and practice new ways of connecting with others (Raemaker & Petrie, 2019). Putting men into single session groups where they can experience counselling for a short time has been effective. Utilizing a structured, strengths-based, problem-solving approach may better facilitate their comfort in therapy (Hammer et al., 2013).

It makes sense that men’s groups often place reciprocity in help giving as a centerpiece of therapeutic work. If a man belongs to a large church group in which men are encouraged to share problems with friends, family members, and the clergy, he is more likely to seek help. In

this context, help-seeking is facilitated by normalizing both problems in living and the act of seeking help (Addis & Mahalik, 2003).

Help-seeking via the internet, text, or phone, given its relatively anonymous nature and increased accessibility for many, may also be a useful tool for initial help-seeking steps for men (Anstiss & Lyons, 2014). Across all strategies for normalizing problems and decreasing stigma, informational rather than confrontational strategies should elicit less resistance and may be more likely to lead men to consider counselling. Public service announcements, magazine advertisements, and psychoeducation in employee assistance, educational, and religious contexts may help challenge perceptions that problems in living are uncommon for men. (Addis & Mahalik 2003). Educational brochures targeting depressed men can be effective in reducing self-stigma and improving men's help-seeking attitudes. These materials can reach men if they are left in such places as medical waiting rooms, where men are more likely to seek initial assistance (Hammer et al., 2013).

Another approach may be to add information to websites discussing counselling that acknowledges the presence of stigma and provides information designed to counteract the negative messages associated with counselling. For example, the belief that "seeking counselling is a sign of weakness" could be redefined as evidence of strength, as it takes courage to acknowledge a problem and share it (Vogel et al., 2011).

Expectations of criticism may also play a pivotal role in whether or not men seek help for issues that are considered socially taboo, such as sexual and emotional health or those linked with feminine worlds. Future research across other domains would help provide insight into potential challenges faced by men and the complex negotiations and performances they may have to engage in when seeking help (Anstiss & Lyons, 2014).

In a symposium on psychotherapy with men at the 112th meeting of the American Psychological Association, researchers and clinicians suggested that men in therapy might respond better to seeing therapy as building emotional skills over repairing emotional deficits (McKelly & Rochlen, 2007).

Although many of the findings are promising, these studies used conventional interventions like therapy and support groups that are arguably inconsistent with traditional masculine ideology. A new direction for the psychology of men is to create positive paradigms of healthy masculinity, positive masculinity is about changing the dialogue to emphasize the benefits men may achieve by transcending their sexist socialization (O'Neil, 2013).

Specifically, men holding more traditional conceptions of masculinity may have strengths in such areas as problem solving, logical thinking, and assertiveness that are important skills for living and may be especially beneficial in times of crisis (Levant et al., 2013). Examples of how these positive aspects of more traditional masculine ideologies may be manifested include the ability to remain calm and problem-focused in times of crisis, to subsume personal needs to the greater duty of protecting, and to provide for one's family or country through personal sacrifice (Mahalik et al., 2003).

Coaching may be one important component in a larger conceptual model aimed at better addressing men's help-seeking attitudes and behaviours. If men are comfortable expressing themselves to other men they may be more willing to choose a 'masculinized' help-seeking label such as coaching rather than the more 'feminized' label of therapy. Coaching, even when focused on early childhood experiences, does not carry this stigma and thus arouses less resistance in men. Athletes use coaches for the specific purpose of overcoming weaknesses. Perhaps the reduced stigma of a coaching relationship might appeal to men currently resisting

other forms of professional help. Fundamental to the coaching process is setting goals to solve problems in a client's personal or work life, addressing traditional men's goal orientation and preference for active problem-solving. One of the key characteristics of coaching is that the agenda always comes from the client ensuring that a level of independence is still present in the relationship.

As well, coaching may be seen as based on a more collegial relationship between coach and client than that between therapist and client. In dealing with the issue of expressing closeness with other men, it is possible that expectations around coaching relationships differ from those of therapy. This seems an important barrier to overcome, whether through coaching or other alternative models of professional help.

A coach's job is to help clients articulate their goals and help them achieve a desired outcome. Clients reported acquiring new skills, abilities, and perspectives such as improved relationships, a more flexible range of behaviours, greater self-confidence, and more sensitivity to communication issues with others. Given that coaching is often success-oriented and competitive in nature, it may be a better approach for men with high needs of success, power, and competition where the culture of therapy may not easily fit into the culture associated with traditional masculine roles and values.

Central goals of coaching often are on building skills (e.g., listening, communication, interpersonal skills) and sustained behaviour change. More specifically, individuals in a coaching relationship are expected to learn new perspectives on personal challenges and opportunities, enhanced thinking and decision-making skills, improved interpersonal effectiveness, and increased confidence in work and life roles (McKelly & Rochlen, 2007).

**Positive Steps – “Real Men, Real Depression”**

While important ideas and approaches to identifying male depression and encouraging men to seek help for it have emerged few have been as successful as the National Institute of Mental Health's (NIMH) “Real Men, Real Depression” (RMRD) campaign.

Mounted in the United States between 2003-05, RMRD sought to raise public awareness about depression among men and to address the fact “men are less likely than women to recognize, acknowledge, and seek treatment for their depression” (Berger et al., 2013, p. 434). The RMRD campaign explained, instead of acknowledging their feelings, asking for help, or seeking appropriate treatment, men “may turn to alcohol or drugs when they are depressed, or become frustrated, discouraged, angry, irritable and, sometimes, violently abusive” (Rochlen et al., 2005, p. 189).

The RMRD campaign utilized radio, billboard, television, and brochure formats, and featured several unique strategies that endeavoured to decrease social stigma and encourage men to seek help. These strategies included the presentation of first-person testimonials, actively challenging men to seek help, and acknowledging alternative symptoms of depression (Rochlen & Hoyer, 2005).

Real Men Real Depression attempted to sever the connection between mental health treatment seeking and femininity in three ways. It featured hypermasculine participants, it acknowledged the gendered dynamics of men's reluctance to seek help, and it associated help-seeking with traditionally masculine norms and values (Rochlen et al., 2005). Real Men Real Depression directly addressed men's self-stigma by normalizing and providing information about mental health issues and reframing the act of seeking help as courageous and proactive (Hammer et al., 2013).

Despite the understanding of men's experience with depression, few such efforts have been made to reach men or in fact the larger public with this information. Real Men Real Depression represented the first large-scale public outreach program to promote the notion that depression may be felt, described, and exhibited differently by men. Also, it served to help physicians to recognize symptoms of male depression. While these health care providers were an important target for the campaign the main audience were men themselves (Berger et al., 2013).

It was hoped by NIMH that a campaign driven by the narratives of actual men with depression would augment the limited data that currently support the condition (Rochlen et al., 2005). While RMRD's reliance on first-person testimony stands out as a particularly noteworthy strategy, a second and perhaps equally critical feature of the campaign was its utilization of a broad array of media and communication modalities. These include printed brochures, TV and radio ads, and the internet (Rochlen et al., 2005). As well, a pamphlet was widely distributed. The trifold pamphlet described the symptoms of male-based depression, presented quotations from men who had been diagnosed with and treated for depression, and directed readers to talk with their doctors or contact the NIMH for more information. The pamphlet also introduced the campaign's primary slogan, "It takes courage to ask for help. These men did" (Rochlen et al., 2005, p. 188). According to NIMH, the campaign surpassed expectations for dissemination and visibility. The RMRD public service announcements on television "reached 34 million people, with another 8 million visitors to the website" (Rochlen et al., 2005, p. 186).

Stereotypes about masculinity and ethnic identity were cited as factors that make it difficult for the men to seek help. For example, college student Rodolfo Palma-Lulio remarked in one of the advertisements, "Being Latino makes it harder, because there's this silence over

things.” Jimmy Brown, a firefighter, comments on the role of gender in obscuring awareness of his own depression: “I’m this big, tough fireman. I’m supposed to be able to deal with anything” (Rochlen et al., 2005, p. 188).

These models promoted the idea that many men experience symptoms of depression in a qualitatively different manner from women, which may not be captured in traditional depression assessments. In addition to endorsing male-based depression as a concept, the materials also gave information about the symptoms thought to characterize the disorder - substance abuse; somatic forms of distress like headaches, digestive disorders, and chronic pain; risk-taking behaviours; severe social isolation; aggression and violence; sexual misconduct and promiscuity; as well as overwork (Rochlen et al., 2005).

The repeated phrase, “It takes courage to ask for help,” conveys a spirit of challenge and confrontation and invokes a masculine ethic of competition in order to motivate men to obtain treatment for depression. By advancing this connection between help-seeking and competitive striving, RMRD devised an alternative model of help-seeking that is characterized by traditionally masculine qualities, including courage, strength, and purposeful action (Rochlen et al., 2005).

### **Chapter 3: Methodology**

This study utilized an online, self-report survey designed to gather firsthand knowledge from men about their attitudes towards help-seeking generally and specifically in relation to mental health services. This section will describe the design of this study, the survey used, and how and where the survey was implemented. Participants, recruitment process and data analysis will also be detailed.

### **Design and Approach**

An online survey was chosen for this research project as online self-report surveys have been shown, if conducted properly, to have significant advantages over other formats (Evans & Mathur, 2005). Online surveys have many strengths including reach, convenience, and speed and timeliness (Evans & Mathur, 2005). As well, they are neutral in that there is no influence from an interviewer or the potential for a perceived power imbalance between interviewer and subject. However, the lack of an interviewer and the subsequent lack of potential to ask follow-up questions removes the ability to explore in more depth respondent's answers.

As there are questions which ask for a degree of introspection and disclosure, by guaranteeing anonymity it was hoped that the responses would be candid. Given the sensitivity of the subject matter, this was seen as a particularly valuable quality of such an online survey

### **Survey Design**

The survey, titled "Men's Help-Seeking Behaviour" (Appendix A) was created by the researcher. The survey contains 14 questions. It includes both Likert-type questions, asking men their feelings towards help-seeking, as well as open-ended questions around what might make counselling more acceptable to men. The survey was reviewed and approved for use by the researcher's thesis supervisor and by City University of Seattle's Institutional Review Board.

The survey was posted online via host Survey Monkey. The survey was available for four weeks. After this time, the survey and account were deleted from the host and raw data was transferred to an encrypted file on a password protected personal computer.

### **Data Analysis**

It was hoped that the open-ended questions would encourage qualitative answers. For example, question 13 asks, “What do you think might hold men back from counselling?” By framing the questions in this way, it was hoped that there would be a decrease in the pressure men might feel to disclose their personal shortcomings, and instead encourage them to offer possible solutions.

Qualitative answers to these open-ended questions were categorized into themes by the researcher. For example, responses to question 13, “What do you think might hold men back from counselling?” were broken down into categories like “fear of being seen as weak.” This category would be tallied if a respondent’s answer contained a comment suggesting that men attending counselling would be displaying weakness.

Responses from Likert scale questions are presented in bar graphs.

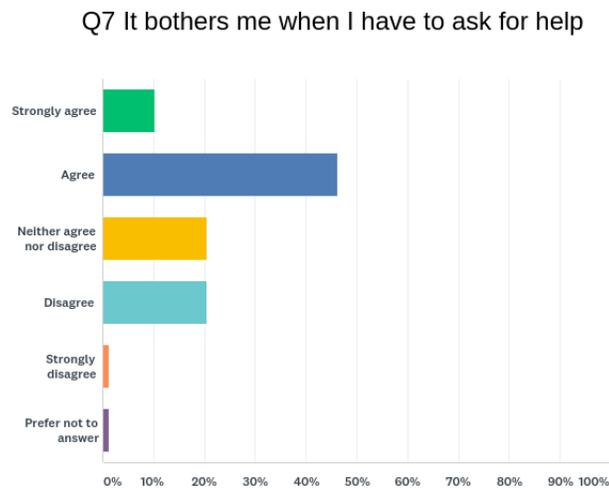
### **Participants**

Seventy-eight men aged eighteen and over completed the online survey. Participants were recruited via a public Facebook post which included a recruitment letter approved by the Institutional Review Board (See Appendix B for recruitment letter).

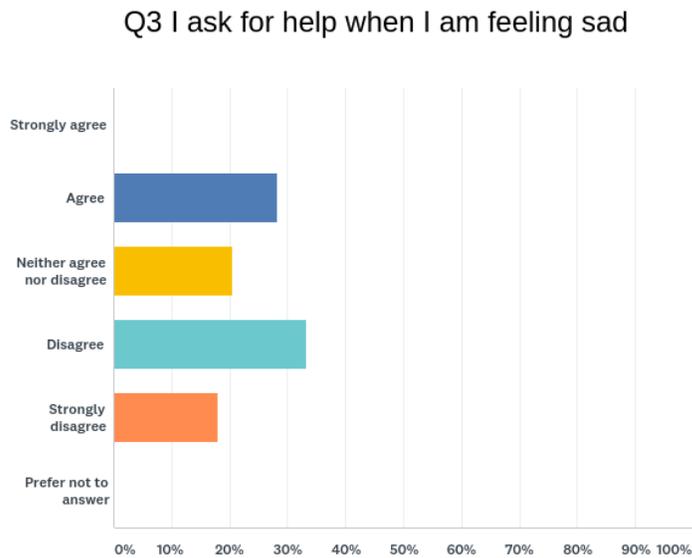
A link to the survey was included at the bottom of the recruitment letter. To participate, individuals clicked on the link and were taken to the survey which was hosted by Survey Monkey. Question one of the survey contained the “CityU Research Participant Informed Consent for On-line Surveys and Internet Data Collection.” Respondents had the opportunity to “agree” and continue to the rest of the survey, or “disagree” and be directed to the end of the survey, thanking them for their participation. In question two respondents were asked to identify which age group they belonged to.

**Chapter 4: Results**

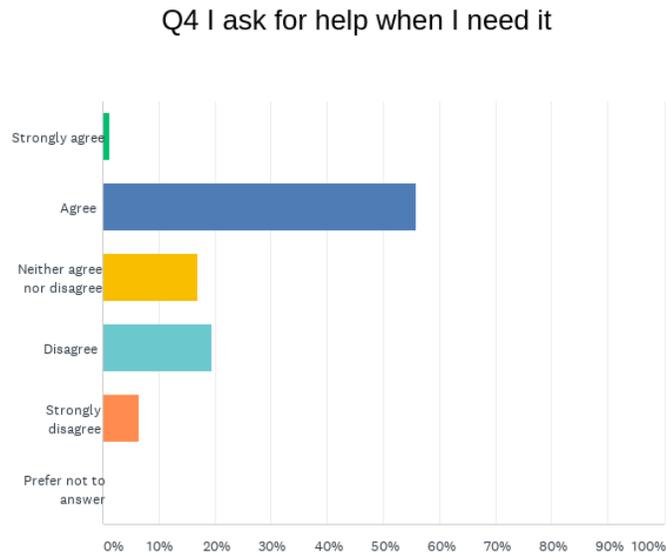
Responses to the survey can be found in Appendix C. Responses to the Likert questions on the survey seem to confirm that many men are still uncomfortable asking for help. To the question “It bothers me when I have to ask for help” 56 % of those surveyed either agreed or strongly agreed:



To the question “I ask for help when I am feeling sad” 51% disagreed or strongly disagreed:



and to “I ask for help when I need it” 26 % disagreed or strongly disagreed:



For the open ended questions, qualitative responses were reviewed and broken down into common themes:

Question 13

<b>What do you think might hold men back from seeking counselling?</b>		
<u>Responses</u>	<u>Number of Responses</u>	<u>Percent of Respondents</u>
Fear of being seen as weak	23	29.49
Fear of being labelled as mentally ill	15	19.23
Fear of negative response to seeking counselling	14	17.95
Shame at receiving counselling	13	16.67
Cost of counselling	13	16.67

Question 13 – Selected Quotes:

“Most men think counselling is a way to show weakness.”

“Counselling often is perceived as voodoo, or hit-and-miss, or crankish.”

“Being too proud and ashamed.”

“Pride and being judged by others.”

“Social constructs. We are told not to cry by our parents.”

“The cost and difficulty in finding a good counsellor.”

“Younger generations seem to be much more open to discussing problems.”

“Taught to be self-sufficient from an early age.”

“Traditional values about being a strong male.”

“The feeling that counselling is more of a women’s thing.”

“Fear of being labeled mentally ill.”

“Ego. Embarrassment.”

“Getting labeled as having issues”.

Question 14

<b>What do you think would make counselling a more popular option for men?</b>		
<u>Responses</u>	<u>Number of Responses</u>	<u>Percent of Respondents</u>
More information about it, greater awareness of benefits, promotion, advertising, demystifying, marketing	17	25
Funding to support it, affordability	11	16.17
More men to share their stories, camaraderie, men share benefits of counselling, normalize it, testimonials	8	11.76
Accessibility, availability, phone or online counselling	6	8.82
Integrate it into school curricula	5	7.35
More skilled male counsellors	5	7.35
Make counselling more outcome-focused, results-based	5	7.35

Question 14 – Selected Quotes:

“Apps like Babylon which connect you with a doctor from your phone.”

“Informing about where and how to get the help and making it more socially acceptable.”

“An attitude of camaraderie around getting help.”

“Creating awareness among men that seeking help is not a sign of weakness.”

“There should be awareness raising in schools, workplaces, and social institutions. If people were regularly exposed to counselling as part of their day-to-day experiences.”

“Lower costs, more government funded programs.”

“Maybe a good advertising campaign. Information about how counselling is used by and can help men. More role models and public figures admitting they have sought help and counselling. Someone respected saying, ‘It worked for me.’”

”Counselling fairs/panels, counsellors discussing their methods and approaches.”

“There is a need for more skilled and pragmatic male counsellors.”

“Despite the good work and successes of feminist gender awareness, sensitivity towards male problems are skewed by implications and to some degree, inference taking regarding men being the cause of most societal problems.”

“Differentiate between men being the problem and men having problems.”

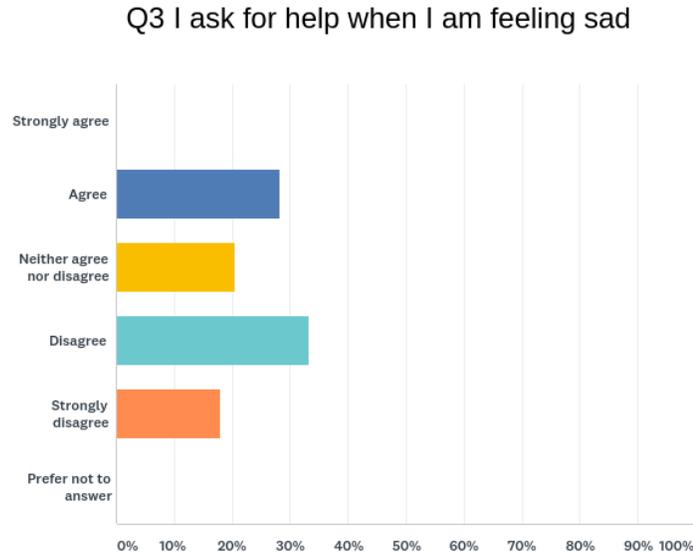
“Change the vocabulary e.g. consultations rather than counselling.”

## **Chapter 5: Discussion**

The purpose of this study was to gather first-hand information from men regarding their attitude towards help-seeking in general and in particular towards help-seeking for mental health issues. The researcher was looking to confirm the hypothesis that men were generally reluctant to seek help and in particular to seek help with personal issues.

Responses around reluctance to seek help seem to suggest agreement with much of the existing literature which might be summarized in the statement “Men have internalized messages regarding dominant masculine behaviour and may evaluate help-seeking as a failure to live up to those internalized standards of masculinity” (Vogel et al., 2013, p. 15).

When queried whether they asked for help when they are feeling sad, more than half said no.

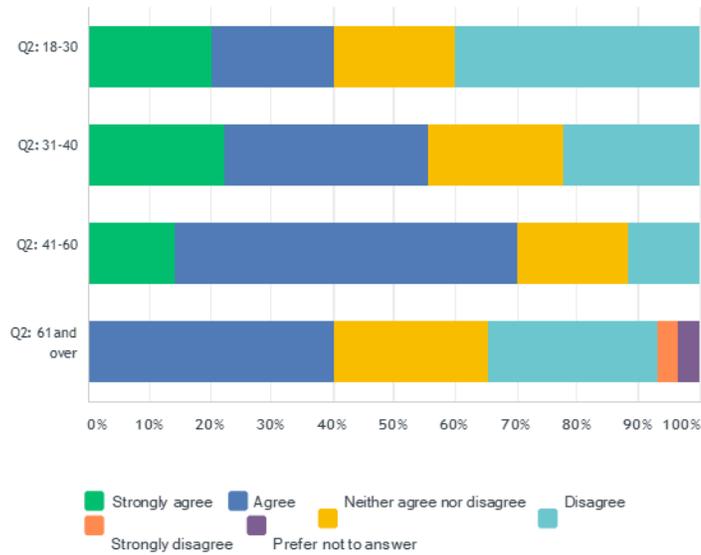


I feel that this is a particularly instructive finding. The American Psychiatric Association (2020), in an article titled *What is Depression*, gives as the first symptom of depression “Feeling sad or having a depressed mood.” In other words, even when men acknowledge that they are experiencing emotional discomfort, less than half surveyed said that they were willing to seek help for it. The result of untreated male depression can be reasonably linked to the Government of Canada (2020) figures which show men’s suicide rates as three times higher than that of women with women seeking help for depression at twice the rate men do.

One promising note is that results from the survey suggest that younger men are shifting away from the traditional masculinity towards a place where they are willing to accept help:

Q7 It bothers me when I have to ask for help

Answered: 78 Skipped: 0



Although this was an admittedly small sample of younger men, they identified that it bothered them less to have to ask for help. As one younger respondent stated, “I believe society as a whole is moving towards being more accepting and open to sharing feelings and seeking help when appropriate.” This points towards a healthier model of masculinity being encouraged in young men.

As well, responses to this question show men over the age of 60 were more open to help than men between the ages of 31 and 60. This may be due to a change in social-role expectations towards a more nurturing “grandfather” model and that “the process of growing old does not necessary imply loss of value on the part of men, but a reconstruction of their masculine identity” (Lucea, 2017, p. 40).

However, men surveyed who were between the ages of 31-40 were uncomfortable asking for help and those between the ages of 41 and 60 were even more reluctant. One middle-aged respondent offered, “We think we can fix our own problems, and that going to counselling is a sign of weakness.”

The responses to the open-ended questions pointed towards possible ways of changing this mindset. When asked what they thought would make counselling a more popular option, men identified a lack of information about it as the primary issue. A number of responses pointed to the benefits of seeing men, particularly traditional men, share their stories about the challenges they faced and the benefits of counselling. As one respondent suggested, “we need more role models and public figures admitting they have sought help and counselling.”

At present, what we are seeing is the under-identifying of, and a corresponding lack of treatment for, male depression. What is needed is a masculinity which does not assess psychological challenges in a plus/minus equation. One that does not suggest that men are less masculine for experiencing and revealing psychological issues.

### **Limitations**

A total of 78 men completed this survey. In order to create generalizable results, it would be necessary to have a larger sample. As well, there was a disproportionately large number of men aged 41-60 – 35, and over 60 – 29, compared to those 31-40 – 9 and 18-30 – 5.

The open-ended questions in this survey leave room for much researcher bias. Categorization of open-ended responses leaves room for misinterpretation or misunderstanding of respondents intended meaning. Continuing research through interviews would give space for asking clarifying follow-up questions and would ensure that the researcher had gathered the intended meaning and information from this type of question.

### **Further Research**

This study highlights many areas which require further research. Key amongst those is research into why men of different ages display greater or less reluctance to accept help. While

the survey supports the position that, overall, men are reluctant to seek and accept help, there were marked differences in different age categories.

In survey results younger men (18-30), albeit in a small sample, were shown to be more willing to accept help generally and more willing to accept help with mental health issues specifically than middle-aged men. Further research into why that is the case might help develop approaches that could be applied across the age span. Interviewing younger men might reveal the influences that shaped their masculinity, a masculinity that appears in some ways at odds with traditional masculinity. Influences such as what messages younger men have received in school around gender issues.

Survey results also showed older men (61 and up) as being more willing to accept help than middle-aged men. Interviewing older men around how age has lessened their reluctance to accept help might be instructive. Is it a factor of their changing family roles, leaving the workplace, physical changes? Again, research here might yield approaches that could be applied across the age span.

Survey results showed men aged 31-60 as having a markedly greater reluctance to accept help. Interviewing these men might yield an explanation for this difference. Is it due to growing up within a different cultural framework, different parenting styles, different media messaging? Having a better understanding of the roots of this reluctance to receiving help might yield a window into possible ways to influence that attitude.

It is important to acknowledge that the current study does not consider any cultural differences within the study group. Further research into such factors as rural vs. urban environments, different ethnicities, socio-economic status etc. could yield a deeper understanding of the issue and help identify where pockets of traditional masculinity still thrive.

## Conclusion

Many men continue to be reluctant to seek help, particularly around mental health issues. However, in general, younger men appear to be more open in this area and are displaying less of the parts of traditional masculinity that may be fairly described as “toxic” or self-destructive. Regardless, it is not a given that each new generation of men will do better than the one before it and “the progression of time will not, by itself, undo what decades of socialization have wrought” (Elliot, 2018, para.4).

With younger and older men more likely to accept help, middle-aged men are left suffering at the hands of an unhealthy adherence to traditional masculinity. One which sees stoicism and emotional distancing as assets and help-seeking as a sign of weakness. I would hope that a greater effort be made to de-shame the therapeutic experience for these men.

As well, greater effort should be made to make the counselling experience more palatable for men by framing therapy as solution-focused rather than problem-focused. By placing less attention on what is wrong and more on what could make things better.

Given the success of the Real Men Real Depression campaign in the U.S. it would be well worth creating a similar campaign in Canada, the cost of which, I suggest, would be far less than that of continuing to deal with untreated male depression.

For the benefit of all, we must look at redefining masculinity in a way that reframes help-seeking, particularly help-seeking for mental health issues, as a display of male strength rather than weakness.

## References

- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, *58*(1), 5–14. <http://dx.doi.org.proxy.cityu.edu/10.1037/0003-066X.58.1.5>
- Anstiss, D., & Lyons, A. (2014). From men to the media and back again: Help-seeking in popular men's magazines. *Journal of Health Psychology*, *19*(11), 1358–1370. <https://doi.org/10.1177/1359105313490314>
- Beel, N., Jeffries, C., Brownlow, C., Winterbotham, S., & du Preez, J. (2018). Recommendations for male-friendly individual counselling with men: A qualitative systematic literature review for the period 1995–2016. *Psychology of Men & Masculinities*, *19*(4), 600–611. <http://dx.doi.org.proxy.cityu.edu/10.1037/men0000137>
- 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 & Masculinities*, *14*(4), 433–443. <http://dx.doi.org.proxy.cityu.edu/10.1037/a0030175>
- Brooks, G. R. (1998). *A new psychotherapy for traditional men*. Jossey Bass Publishers.
- Brooks, G. R. (2010). A transtheoretical model. In *Beyond the crisis of masculinity: A transtheoretical model for male-friendly therapy*. (pp. 139–169, Chapter xiii, 221 Pages). American Psychological Association (Washington, DC, US). <http://search.proquest.com/docview/840738481/abstract/97F16C4757EA4E99PQ/1>
- Davies, J. A., Shen-Miller, D. S., & Isacco, A. (2010). The men's center approach to addressing the health crisis of college men. *Professional Psychology: Research and Practice*, *41*(4),

347–354. <http://dx.doi.org.proxy.cityu.edu/10.1037/a0020308>

Davich, J. (2019, January). For most males, 'toxic masculinity' is what raised us from boys to men. *Chicago Tribune*. <https://www.chicagotribune.com/suburbs/post-tribune/opinion/ct-ptb-davich-toxic-masculinity-versus-decades-of-social-conditioning-st-0121-story.html>

Elliott, K. (2018). Challenging toxic masculinity in schools and society. *On the Horizon*, 26(1), 17-22. doi:<http://dx.doi.org.proxy.cityu.edu/10.1108/OTH-11-2017-0088>

Evans, J. R., & Mathur, A. (2005). The value of online surveys. *Internet Research*, 15(2), 195-219. doi:<http://dx.doi.org.proxy.cityu.edu/10.1108/10662240510590360>

Fairless, D. (2018). *Mad blood stirring: The inner lives of violent men*. Random House Canada.

Fiouzi, A. (2019, Oct.). The modern man is getting stoicism all wrong. *MEL*.

<https://melmagazine.com/en-us/story/the-modern-man-is-getting-stoicism-all-wrong>

Good, G. E., & Wood, P. K. (1995). Male gender role conflict, depression, and help seeking: Do college men face double jeopardy? *Journal of Counseling and Development : JCD; Alexandria*, 74(1), 70. <http://dx.doi.org.proxy.cityu.edu/10.1002/j.1556-6676.1995.tb01825.x>

Government of Canada. (2020). *Suicide in Canada: Key statistics*.

<https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-canada-key-statistics-infographic.html>

Hammer, J. H., Vogel, D. L., & Heimerdinger-Edwards, S. R. (2013). Men's help seeking:

Examination of differences across community size, education, and income. *Psychology of Men & Masculinities*, 14(1), 65–75. <http://dx.doi.org.proxy.cityu.edu/10.1037/a0026813>

Hari, J. (2018). *Lost connections: Uncovering the real causes of depression and the unexpected solution*. Bloomsbury.

Holmes, D. (2020, April/May). Why are we so proud? *Esquire Magazine*, 94-96.

Jiaquan, X., Murphy, S., Kochanek, K. M.A., Arias, E. (2020, January). Mortality in the United States, 2018. *NCHS Data Brief, No. 355*.

<https://www.cdc.gov/nchs/data/databriefs/db355-h.pdf>

Jones, O. (2014, August 15). Suicide and silence: Why depressed men are dying for somebody to talk to. *The Guardian*.

<https://www.theguardian.com/society/2014/aug/N15/suicide-silence-depressed-men>

Kindlon, D. & Thompson, M. (2000). *Raising Cain: Protecting the emotional life of boys*. Ballantine Books.

LaGrange, S. J. (2014). *Gender influences on help seeking among men and women with chronic pain* [Doctoral Dissertation, Indiana University].

<http://search.proquest.com/docview/1616761137/abstract/8C5A0069052A4731PQ/1>

Levant, R. F., Stefanov, D. G., Rankin, T. J., Halter, M. J., Mellinger, C., & Williams, C. M. (2013). Moderated path analysis of the relationships between masculinity and men's attitudes toward seeking psychological help. *Journal of Counselling Psychology*, 60(3), 392–406. <http://dx.doi.org.proxy.cityu.edu/10.1037/a0033014>

Levant, R. F., Wimer, D. J., & Williams, C. M. (2011). An evaluation of the Health Behaviour Inventory-20 (HBI-20) and its relationships to masculinity and attitudes towards seeking psychological help among college men. *Psychology of Men & Masculinities*, 12(1), 26–41. <http://dx.doi.org.proxy.cityu.edu/10.1037/a0021014>

Lucea, M. T. (2017). Hegemonic masculinity and the aging factor in *The Old Man and the Sea*. *Universitat de Barcelona*, 4, 10.

- Mahalik, J. R., 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.  
<http://dx.doi.org.proxy.cityu.edu/10.1037/0735-7028.34.2.123>
- Martin, L. A., Neighbors, H. W., Griffith, D. M. (2013). The experience of symptoms of depression in men vs. women. *JAMA Psychiatry*.  
<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/1733742>
- McCusker, M. G., & Galupo, M. P. (2011). The impact of men seeking help for depression on perceptions of masculine and feminine characteristics. *Psychology of Men & Masculinity*, 12(3), 275-284. <http://dx.doi.org/10.1037/a0021071>
- McKelley, R. A., & Rochlen, A. B. (2007). The practice of coaching: Exploring alternatives to therapy for counselling-resistant men. *Psychology of Men & Masculinities*, 8(1), 53–65.  
<http://dx.doi.org.proxy.cityu.edu/10.1037/1524-9220.8.1.53>
- National Institute of Mental Health. (2020). *NIMH's 'Real Men. Real Depression' Campaign*.  
<https://www.nimh.nih.gov/health/topics/men-and-mental-health/men-and-depression/nimhs-real-men-real-depression-campaign.shtml>
- O'Neil, J. M. (2013). Gender role conflict research 30 years later: An evidence-based diagnostic schema to assess boys and men in counselling. *Journal of Counselling and Development : JCD; Alexandria*, 91(4), 490–498.  
<http://dx.doi.org.proxy.cityu.edu/10.1002/j.1556-6676.2013.00122.x>
- Parent, M. C., Gobble, T. D., & Rochlen, A. (2019). Social media behaviour, toxic masculinity, and depression. *Psychology of Men & Masculinities*, 20(3), 277-287.

<http://dx.doi.org.proxy.cityu.edu/10.1037/men0000156>

Peterson C., Sussell A., Li J., Schumacher P. K., Yeoman K., Stone D. M. (2020). Suicide rates by industry and occupation — national violent death reporting system, 32 States, 2016. *Morbidity and Mortality Weekly Report*. 69(3);57–62.

[https://www.cdc.gov/mmwr/volumes/69/wr/mm6903a1.htm?s\\_cid=mm6903a1\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6903a1.htm?s_cid=mm6903a1_w)

Pollack, W. (1999). *Real boys: Rescuing our sons from the myths of boyhood*. Henry Holt and Company.

Ramaeker, J., & Petrie, T. A. (2019). “Man up!”: Exploring intersections of sport participation, masculinity, psychological distress, and help-seeking attitudes and intentions. *Psychology of Men & Masculinities*. <http://dx.doi.org.proxy.cityu.edu/10.1037/men0000198>

Rochelle, T. L (2019). Health and help-seeking behaviour among Chinese men in Hong Kong: The influence of culture. *Psychology of Men & Masculinities*, 20(1), 71–81.

<http://dx.doi.org.proxy.cityu.edu/10.1037/men0000146>

Rochlen, A. B., & Hoyer, W. D. (2005). Marketing mental health to men: Theoretical and practical considerations. *Journal of Clinical Psychology*, 61(6), 675–684.

<https://doi.org/10.1002/jclp.20102>

Rochlen, A. B., Whilde, M. R., & Hoyer, W. D. (2005). The real men. Real depression campaign: Overview, theoretical implications, and research considerations. *Psychology of Men & Masculinities*, 6(3), 186–194.

<http://dx.doi.org.proxy.cityu.edu/10.1037/1524-9220.6.3.186>

Schumacher, H. (2019, March 17). Why more men than women die by suicide. *BBC Future*.

<https://www.bbc.com/future/article/20190313-why-more-men-kill-themselves-than-women>

- Seidler, Z. E., Rice, S. M., Ogrodniczuk, J. S., Oliffe, J. L., Shaw, J. M., & Dhillon, H. M. (2019). Men, masculinities, depression: Implications for mental health services from a Delphi expert consensus study. *Professional Psychology: Research and Practice, 50*(1), 51–61. <http://dx.doi.org.proxy.cityu.edu/10.1037/pro0000220>
- Sierra Hernandez, C. A., Han, C., Oliffe, J. L., & Ogrodniczuk, J. S. (2014). Understanding help-seeking among depressed men. *Psychology of Men & Masculinities, 15*(3), 346–354. <http://dx.doi.org.proxy.cityu.edu/10.1037/a0034052>
- Statistics Canada (2020). *Canadian postsecondary enrolments and graduates, 2017/2018*. <https://www150.statcan.gc.ca/n1/daily-quotidien/200219/dq200219b-eng.htm>.
- Vogel, D. L., Heimerdinger-Edwards, S. R., Hammer, J. H., & Hubbard, A. (2011). “Boys don’t cry”: Examination of the links between endorsement of masculine norms, self-stigma, and help-seeking attitudes for men from diverse backgrounds. *Journal of Counselling Psychology, 58*(3), 368–382. <http://dx.doi.org.proxy.cityu.edu/10.1037/a0023688>

**Appendix A**



**CITYU RESEARCH PARTICIPANT INFORMED CONSENT  
FOR ON-LINE SURVEYS AND INTERNET DATA COLLECTION**

**Title of Study:**

Men's Help-Seeking Behaviour

**Name and Title of Researcher(s):**

Rod Horner

***For Student Researcher(s):***

**Faculty Supervisor:** Andre Serzisko

**Department:** School of Arts and Sciences

**Telephone:**

**City U E-mail:** aserzisko@cityu.edu

**Program Coordinator (or Program Director):**

Andre Serzisko

**Key Information about this Research Study**

**You are being invited to participate in a research study.**

You are being invited to participate in an on-line survey that is part of a research study that has been approved by City University of Seattle Institutional Review Board.

The researcher will provide information about this research study to you before you will be asked to participate in the study and before you sign this consent form.

- You do not have to participate in this research.
- It is your choice whether or not you want to participate in this research.
- Your participation is voluntary and you can decide not to participate or withdraw your participation at any time without penalty or negative consequences.
- You should talk to the researcher(s) about the study and ask them as many questions you need to help you make your decision.

### **What should I know about being a participant in this research study?**

This form contains important information that will help you decide whether to join the study. Take the time to carefully review this information.

You are eligible to participate in this study because you are a man over the age of 18.

You will be in this research study for approximately 15 minutes.

About 50 individuals will participate in this study.

To make your decision, you must consider all the information below:

- The purpose of the research
- The procedures of the research. That is, what you will be asked to do and how much of your time will be required.
- The risks of participating in the research.
- The benefits of participating in the research and whether participation is worth the risk.

If you decide to join the study, you will be asked to sign this form before you can start study-related activities.

Why is this research being done?

### Purpose of Study:

The purpose of this paper is to consider the role of masculinity in determining men's willingness to accept help and in particular help for mental health issues with the hope that we may gain a better understanding of how to reduce the stigma around mental health services for men.

### **Research Participation.**

#### **You will be asked to participate in the following procedures:**

I understand I am being asked to participate in this study by completing an on-line survey. The survey consists of 12 questions and is expected to take approximately 15-20 minutes to complete. You may choose to answer as many questions as you decide and each question will have a "no response" choice.

#### **Are there any risks, stress or discomforts that I will experience as a result of being a participant in this study?**

Taking part in this research involves certain risks. This could include discomfort about disclosing personal thoughts or ideas about seeking help and around mental health issues.

#### **Will being a participant in this study benefit me in any way?**

We cannot promise any benefits to you or others from your participation in this research. However, possible benefits may include an opportunity to share what you think is needed to help men become more comfortable in seeking mental health support. As well, you will have access to the completed thesis paper which you may find interesting.

You will not receive any payment for participation in this study.

### **Confidentiality**

I understand that participation is confidential to the limits of applicable privacy laws. No one except the faculty researcher or student researcher, his/her supervisor and Program Coordinator (or Program Director) will be allowed to view any information or data collected by questionnaire, interview and/or other means.

If the student researcher's cooperating classroom teacher will also have access to raw data, the following box will be initialed by the researcher.

Steps will be taken to protect your identity, however, information collected about you can never be 100% secure. Your name and any other identifying information that can directly identify you will be stored separately from data collected as part of the research study. The results of this study will be published as a thesis and potentially published in an academic book or journal or presented at an academic conference. To protect your privacy no information that could directly identify you will be included.

All data (the questionnaires, audio/video tapes, typed records of the interview, interview notes, informed consent forms, computer discs, any backup of computer discs and any other storage devices) are kept locked and computer files will be encrypted and password protected by the researcher. The research data will be stored for 5 years. At the end of that time all data of whatever nature will be permanently destroyed. The published results of the study will contain data from which no individual participant can be identified.

### Signatures

I have carefully reviewed and understand this consent form. I understand the description of the research protocol and consent process provided to me by the researcher. My signature on this form indicates that I understand to my satisfaction the information provided to me about my participation in this research project. My signature also indicates that I have been apprised of the potential risks involved in my participation. Lastly, my signature indicates that I agree to participate as a research subject.

My consent to participate does not waive my legal rights nor release the researchers, sponsors, and/or City University of Seattle from their legal and professional responsibilities with respect to this research. I understand I am free to withdraw from this research study at any time. I further understand that I may ask for clarification or new information throughout my participation at any time during this research.

I have been advised that I may request a copy of the final research study report. Should I request a copy, I understand that I will be asked to pay the costs of photocopy and mailing.

**ELECTRONIC CONSENT:** Please select your choice below.

Clicking on the "**agree**" button below indicates that:

- you have read and understand all of the above information, and
  - you voluntarily agree to participate, and
- you are male and at least 18 years of age.

If you **do not wish to participate** in the research study, please decline participation by clicking on the "**disagree**" button.

Agree\_\_\_\_ Disagree\_\_\_\_

Thank you,

Rod Horner  
hornerroderick@cityuniversity.edu

1. Informed Consent Response: Agree \_\_\_\_\_ Disagree \_\_\_\_\_
2. I am between the ages of 19-30 \_\_\_\_\_ 31-40 \_\_\_\_\_ 41-60 \_\_\_\_\_ 60+ \_\_\_\_\_
3. I ask for help when I am feeling sad?
  - a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly Agree
4. I ask for help when I need it?
  - a. Strongly disagree
  - b. Disagree

- c. Neither agree nor disagree
  - d. Agree
  - e. Strongly Agree
5. I never ask for help?
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly Agree
6. I am not ashamed to ask for help?
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly Agree
7. It bothers me when I have to ask for help?
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly Agree

8. I would be open to having counselling in the future?
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly Agree
9. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help?
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly Agree
10. Considering the time and expense involved in counselling, it would have little value for a person like me?
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly Agree

11. A person should work out his or her own problems; getting counselling would be a last resort?

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly Agree

12. Personal and emotional troubles tend to work out by themselves?

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly Agree

13. What do you think might hold men back from seeking counselling?

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14. What do you think would make counselling a more popular option for men?

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## Appendix B

### Recruitment Letter

Thank you for taking the time to read this email/post.

I am a student currently working on my thesis as a partial requirement for completing the Master of Counselling program through City University of Seattle. For my thesis I am researching men's help-seeking behaviours and barriers to men seeking counselling for mental health issues. I hope to find out what challenges men are facing in this regard. I hope to add this information to other studies in this area in hopes of helping create a new, healthier masculinity.

I am seeking participants who would complete an online survey which would take approximately 15 minutes to complete. Participants must be men who are over the age of eighteen. If you are interested, please click the link below to begin the survey.

If you know of anyone who may be interested in participating, please forward this email to/share this post with them.

There is no compensation for participating, but upon completion and approval of my thesis, I would be happy to provide a copy to participants who are interested. Your participation is voluntary, and you can decide not to participate or withdraw your participation at any time without penalty or negative consequences. You can talk to me, the researcher, about the study and ask me as many questions you need to make your decision as to participating.

Your participation is confidential to the limits of applicable privacy laws. No one except me, the student researcher, my supervisor and the program coordinator will be allowed to view any information or data collected. Steps will be taken to protect your identity, however, information collected about you can never be 100% secure. Your name and any other identifying information that can directly identify you will be stored separately from data collected as part of the research study. The results of this study will be published as a thesis and potentially published in an academic book or journal or presented at an academic conference. To protect your privacy no information that could directly identify you will be included.

All data (the questionnaires, audio/video tapes, typed records of the interview, interview notes, informed consent forms, computer discs, any backup of computer discs and any other storage devices) are kept locked and computer files will be encrypted and password protected by the researcher. The research data will be stored for 5 years. At the end of that time all data of whatever nature will be permanently destroyed. The published results of the study will contain data from which no individual participant can be identified.

For questions about the legitimacy of the survey, researcher or project design, participants may contact Andre Serzisko, program director of the Master of Counselling program at City University. Andre Serzisko can be contacted via email at [aserzisko@cityu.edu](mailto:aserzisko@cityu.edu).

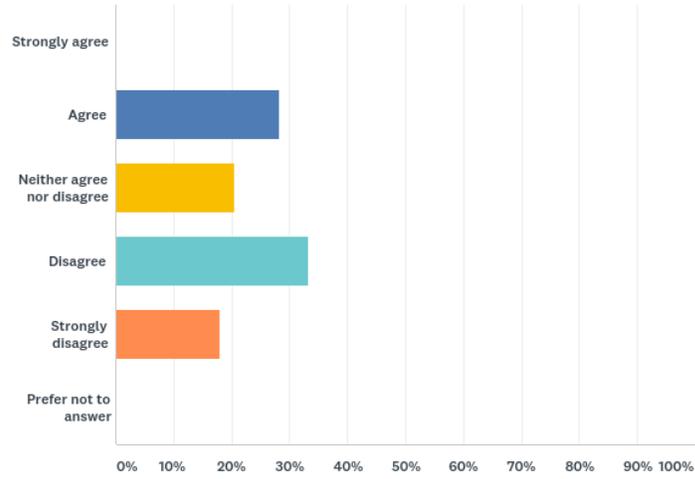
Thank you,

Rod Horner

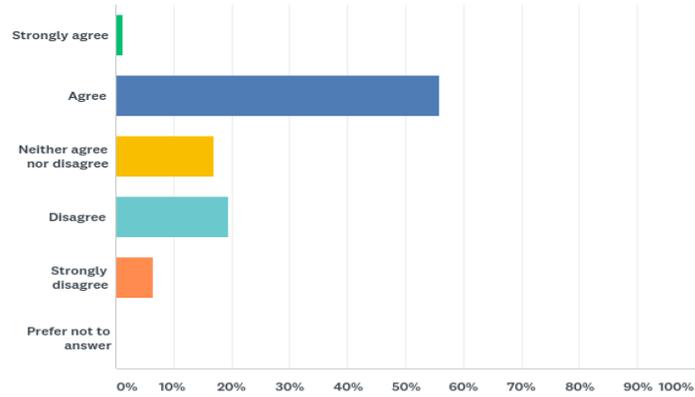
hornerroderick@cityuniversity.edu

### Appendix C

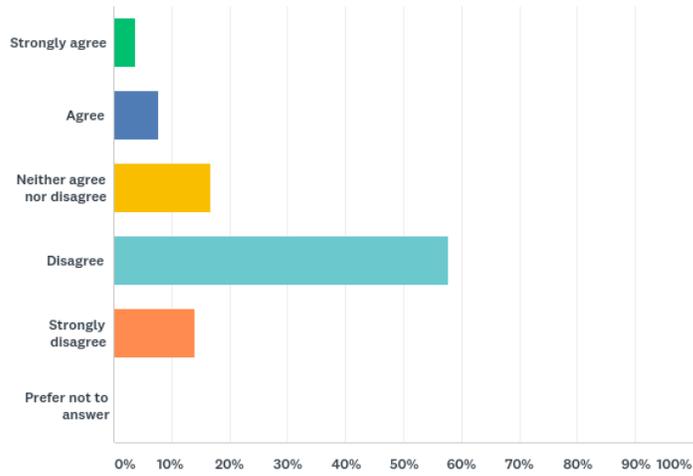
Q3 I ask for help when I am feeling sad



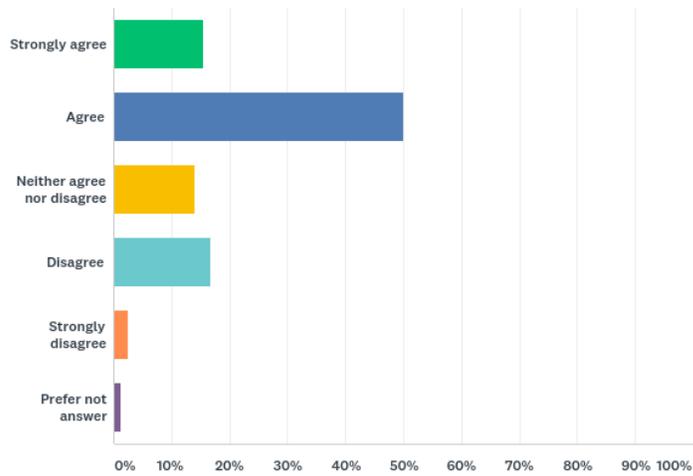
Q4 I ask for help when I need it



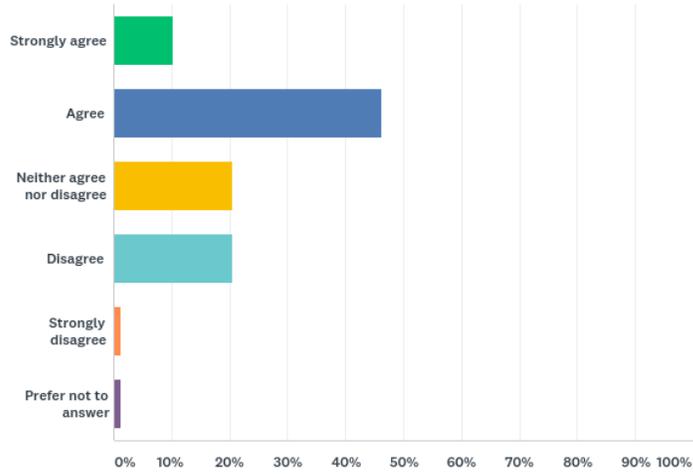
Q5 I never ask for help



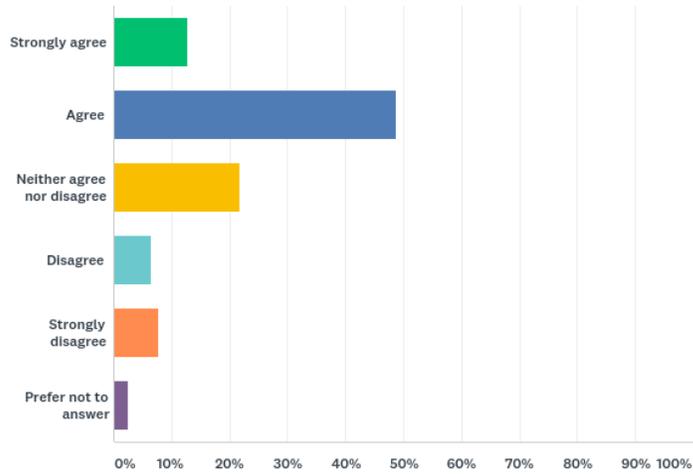
Q6 I am not ashamed to ask for help



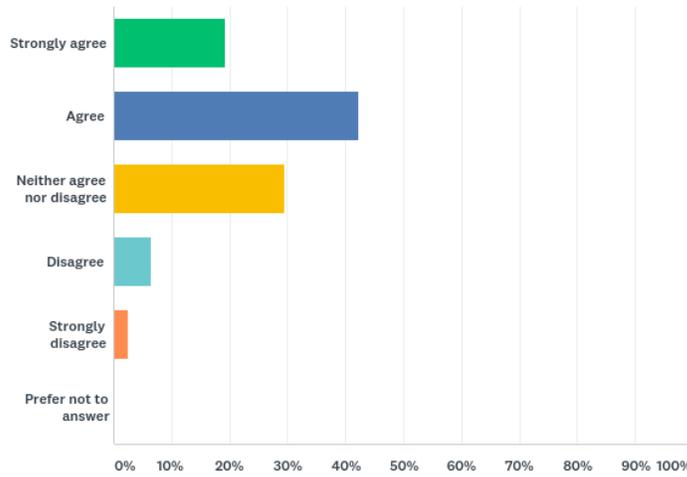
Q7 It bothers me when I have to ask for help



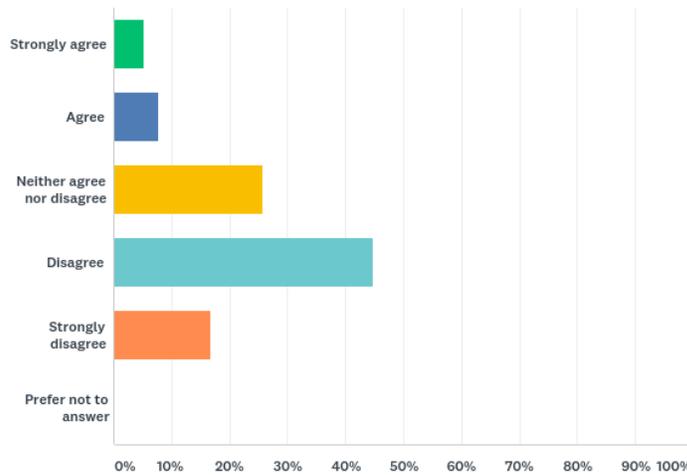
Q8 I would be open to having counseling in the future



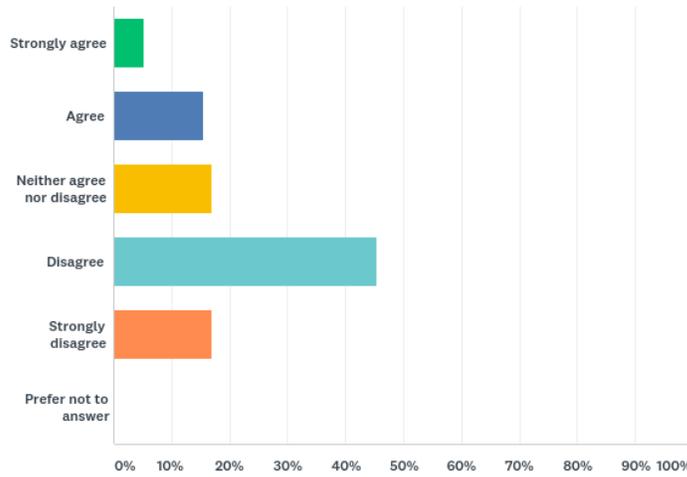
Q9 A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help



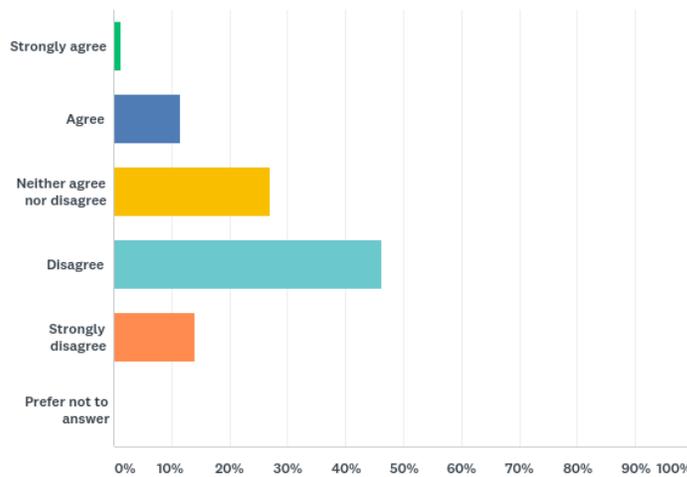
Q10 Considering the time and expense involved in counseling, it would have little value for a person like me



Q11 A person should work out his or her own problems; getting counseling would be a last resort



Q12 Personal and emotional troubles, like many things, tend to work out by themselves



Question 13

<b>What do you think might hold men back from seeking counselling?</b>		
<u>Responses</u>	<u>Number of Responses</u>	<u>Percent of Respondents</u>
Fear of being seen as weak	23	29.49

Fear of being labelled as mentally ill	15	19.23
Fear of negative response to seeking counselling	14	17.95
Shame at receiving counselling	13	16.67
Cost of counselling	13	16.67

Question 13 – Selected Quotes:

“Most men think counselling is a way to show weakness.

Counselling often is perceived as "voodoo," or hit-and-miss, or "crankish."

Being too proud and ashamed.

Pride and being judged by others.

Social constructs. We are told not to cry by our parents.

The cost and difficulty in finding a good counsellor.

Younger generations seem to be much more open to discussing problems.

Taught to be self-sufficient from an early age.

Traditional values about being a strong male.

The feeling that counselling is more of a women's thing.

Fear of being labeled mentally ill.

Ego. Embarrassment.

Getting labeled as having issues”.

Question 14

<b>What do you think would make counselling a more popular option for men?</b>		
<u>Responses</u>	<u>Number of Responses</u>	<u>Percent of Respondents</u>
More information about it, greater awareness of benefits, promotion, advertising, demystifying, marketing	17	25
Funding to support it, affordability	11	16.17
More men to share their stories, camaraderie, men share benefits of counselling, normalize it, testimonials	8	11.76
Accessibility, availability, phone or online counselling	6	8.82

Integrate it into school curricula	5	7.35
More skilled male counsellors	5	7.35
Make counselling more outcome-focused, results-based	5	7.35

Question 14 – Selected Quotes:

“Apps like Babylon which connect you with a doctor from your phone.

Informing about where and how to get the help and making it more socially acceptable.

An attitude of camaraderie around getting help.

Creating awareness among men that seeking help is not a sign of weakness.

There should be awareness raising in schools, workplaces and social institutions. If people were regularly exposed to counselling as part of their day-to-day experiences.

Lower costs, more government funded programs.

Maybe a good advertising campaign. Information about how counselling is used by and can help men. More role models and public figures admitting they have sought help and counselling. Someone respected saying, “It worked for me”.

Counselling fairs/panels, counsellors discussing their methods and approaches.

There is a need for more skilled and pragmatic male counsellors.

Despite the good work and successes of feminist gender awareness, sensitivity towards male problems are skewed by implications and to some degree, inference taking regarding men being the cause of most societal problems.

Differentiate between men being the problem and men having problems.

Change the vocabulary e.g. consultations rather than counselling”.