HEGEMONIC MASCULINITY AND ITS EFFECT ON ATTITUDES TOWARD SEEKING PROFESSIONAL PSYCHOLOGICAL HELP

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Literature Review: Masculinity as a Pathogen

Abstract

Many researchers and theorists have deconstructed the myriad systems affording men, as a group, inordinate power and privilege. Far fewer have examined or discussed the ways in which individual men may suffer severe consequences as they attempt to embody the masculine ideal. The present review explores the adverse effects of traditional male socialization on early development, academic performance, body image, help-seeking behavior, proneness to aggression, and physical as well as mental health. The review concludes with a discussion of implications for mental health practitioners.
Literature Review: Masculinity as a Pathogen

Sociologist Edwin Schur (1983) asserted that women, in American society, are routinely objectified and devalued. Others have pointed out that “typical” male traits such as being independent, action-oriented, and logical are those most prized in American culture and are the very traits that women, as well as individuals from other marginalized groups, are presumed not to possess. In her lucid analysis of white privilege and an analogous phenomenon, male privilege, Peggy McIntosh (1997) remarked:

Only rarely will a man go beyond acknowledging that women are disadvantaged to acknowledging that men have an unearned advantage, or that unearned privilege has not been good for men’s development as human beings, or for society’s development, or that privilege systems might ever be challenged and changed. (p. 291)

What these depictions of “maleness” have in common is that they highlight power differentials between males and females as well as illustrate that, by virtue of their gender, males in the United States are afforded systematic advantages. Critical analyses of male privilege abound, but, comparatively speaking, the adverse effects of male socialization are often understudied and under-acknowledged.

Levant (1996) has noted that males are disproportionately represented among the homeless, among victims of homicide and suicide, among victims involved in fatal automobile accidents, and among those dying from life-style and stress-related fatal illnesses. In his view, many "male-typical problems" are the unfortunate, but expected, byproducts of gender role socialization processes. Males frequently face significant pressure to meet contradictory or inconsistent expectations, resulting in increased levels of stress and conflict as men are placed in veritable double-binds (Levant, 1996). Levant has pointed out that violations of gender norms
tend to result in more severe consequences for men, as compared to women, but the alternative to violation is the enactment of “traditional” male behaviors that similarly place men at risk for incurring severe negative consequences.

Beneke (2008) has contended that "proving" manliness is a perpetual process. A man may experience a transient sense of having met some idealized standard, but doubts, in his own mind as well as in the minds of others, are quick to reemerge. Many men experience persistent strain as they attempt to live up to impossible ideals throughout the course of their lives (Levant, 1996). The concepts of gender role conflict and gender role stress have evolved as researchers attempted to describe the psychological conflicts that result when rigid gender roles constrain functioning (O’Neil, Helms, Gable, David, & Wrightsman, 1986; O’Neil, Good, & Holmes, 1995). Internalizing traditional masculine ideologies, such as beliefs that men should be tough, competitive, and emotionally reserved, and acting in accordance with these beliefs, has been shown to detrimentally affect a man’s physical and mental health in a variety of ways (Courtenay, 2000).

It should be here noted that references to masculinity, maleness, etc., in a singular form, are made in the interest of simplification, as, in actuality, diverse “masculinities” are believed to exist (Hearn & Morgan, 1990; Kimmel & Messner, 1989; Segal, 1990). However, a full exploration of the variability in masculine ideology, and the ways in which masculinity interfaces with other statuses such as race and sexual orientation, is beyond the scope of this review. The focus of the present examination is on traditional notions of masculinity. That is, the values, expectations, etc. that have achieved a hegemonic status by virtue of being promoted (many would argue imposed) by those in positions of power and widely disseminated by socializing forces.
Together, the sections that follow constitute an overview of the more severe negative consequences that can result from exposure to, and internalization of, traditional masculine ideologies. To begin, a discussion of gender role socialization during childhood/adolescence will be provided, with a particular focus on the ways in which traditional masculine norms are imposed on youths and on the enduring, problematic patterns of behavior that often result. Next, the debilitating effects of traditional masculinity ideology will be discussed in regards to school functioning, physical appearance concerns, and help-seeking behavior. Following this, the impact of traditional ideology on aggression as well as physical and mental health will be explored. The review will conclude with a discussion of implications for mental health practitioners.

**Gender Role Socialization During Childhood and Adolescence**

Research findings have indicated that male infants are more emotionally reactive and expressive than female infants (Haviland & Malatesta, 1981). It is believed that this significant difference remains intact until infants reach approximately six months of age. After this point in time, Levant (1996) maintains, a process is instituted whereby males are taught to tune out or suppress their emotions, while females are socialized to develop their expressive abilities. Levant and Kopecky (1995) identified four socialization forces that seem to most impact the development of emotionally suppressive tendencies.

Levant and Kopecky (1995) noted that caregivers expend more effort managing the emotions of male infants. This tends to result in male infants having decreased familiarity with their own emotional experiences and having their expressions stifled. With external sources attenuating and, in some cases, defining emotional experience, male infants are less likely to be fully cognizant of their internal reactions/states.
Another early socializing force that Levant and Kopecky (1995) described is the gender-stereotypical teachings that fathers (and other prominent male figures) provide. It has been shown that fathers tend to take an active interest in their children when they are around 13 months old. At this point, fathers begin to teach their sons about traditional masculinity in both subtle and overt ways.

Levant and Kopecky (1995) posited that both male and female caregivers inhibit the emotional language development of male children. They tend to discourage boys from developing the ability to express vulnerable emotions. As a result, boys often emerge from childhood with an impoverished "emotional vocabulary" that limits their abilities to accurately recognize and effectively articulate emotional experiences. Levant (1995) proposed the term “normative male alexithymia” to describe what he believed to be a typical male phenomenon.

Levant and Kopecky (1995) also discussed the powerful impact that same-sex peers have on a child's early gendered development. Most male children gain at least some experience playing structured games with other male children in large groups. They learn to play by a set of (oftentimes rigid) rules and become exposed to values promoting teamwork, stoicism, toughness, and competition.

Male children learn relatively quickly, through reinforcement as well as punishment, which behaviors are appropriate in particular contexts. Receiving aversive consequences when expressing vulnerable emotions decreases the likelihood that boys will openly discuss such emotions in the future. Alternatively, receiving positive reinforcement for assertive, outgoing, and competitive behavior, is likely to increase the frequency of engagement in these behaviors (Addis, Mansfield, & Syzdek, 2010).

Feder, Levant and Dean (2010) hypothesized that when male children are discouraged
from acknowledging and expressing vulnerability or emotional need, they are more likely to strive to maintain “toughness”, which increases the likelihood that they will respond aggressively when distressed. Boys have limited outlets for expressing vulnerable emotions and this, combined with their exposure to masculine values such as depersonalization and dominance over others, increases the likelihood that they will resort to violence. An additional interpersonal problem that might develop from exposure to traditional masculinity ideologies in childhood/adolescence is that heterosexual males might begin to sexualize emotional connectedness with females so that they can avoid acknowledging the "soft" emotions that might, if expressed, place them in a "vulnerable" position (Good & Sherrod, 1997).

The traditional expectation that male children will achieve independence from their mothers (or other prominent female caregivers) at a young age may predispose males to continually seek out the idealized attachment that they were forced to relinquish, while simultaneously being concerned that they might lose their autonomy in an intimate relationship (Bergman, 1995; Pollack, 1998). The frequency of male caregiver absences, either physical or psychological, may increase the likelihood that males over-identify with traditional masculine ideology because they have fewer male role models who can demonstrate "non-traditional" emotional bonding between men, empathy for others, etc. This emotional distancing between, for example, a father and son, is likely to be perpetuated if the son has a male child, due to his limited exposure to less traditional behavioral repertoires/cognitive schemas.

**Masculinity in the Classroom**

Stolzer (2008) has emphatically remarked that male children are currently experiencing an “educational crisis.” He highlighted statistics suggesting that males are dropping out of high school in unprecedented numbers (U.S. Department of Education, 2004), are receiving lower
grades (in kindergarten through 12th grade) and express lower academic aspirations than females (U.S. Department of Education, 2004). Males have been found to make up 70% of the learning disabled population (U.S. Department of Education, 2003), and are far more often classified as emotionally disturbed, relative to their female counterparts (U.S. Department of Education, 2003). Stolzer also cited Hoff Sommers (2000) and Peter and Horn's (2006) reports that males are less likely to attend college and are less likely to obtain a degree of any kind (e.g., high school diploma, bachelor's, doctoral). Many more males than females are diagnosed with Attention-Deficit/Hyperactivity Disorder as well as Conduct Disorder (U.S. Department of Education, 2003).

Stolzer’s (2008) theory regarding the development of these deficits is that certain male qualities (e.g., extroversion, high activity levels) that are reinforced during early childhood place boys at a distinct disadvantage when they enter the American education system. He contended that classroom norms are often modeled after traditional female ideologies/values and that academic institutions frequently fail to accommodate to the unique needs of boys. Stolzer asserted that traditional male traits have become pathologized in academic settings, resulting in, he believes, systematic marginalization, "both academically and emotionally” (p. 92). There appears to be a problem with the “goodness-of-fit” between male children and their learning environment. A lack of awareness on the part of school personnel regarding how to meet male students’ needs and how to adapt instruction to coincide with their learning styles may partially explain the performance and diagnostic discrepancies between male and female students.

**Masculinity and Muscularity**

Results of research conducted by Pope et al. (2000) suggest that males describe their ideal body size as one which is, on average, 28 pounds more muscular than their current size.
The males in this study also reported that they believed women were attracted to males that were 30 pounds (of muscle) heavier than they themselves were. Researchers have pointed out that both men and boys seem to link masculinity with muscularity, perpetuating the belief that the stronger a man is, the more masculine he is. Boys and men who are less muscular might be seen as feminine and this particular failure to conform to gender-role norms is sometimes severely punished (McCreary, Saucier, & Courtenay, 2005).

A number of studies have found that male body-image dissatisfaction is on the rise (e.g., Leit, Pope, & Gray, 2001; Morry & Staska, 2001). Poor male body image has been associated with anxiety, depression, shame, and low self-esteem, as well as with a number of negative behaviors such as compulsive exercise, disordered eating, and the use of performance enhancing drugs (Cafri, Strauss, & Thompson, 2002; Cash & Flemming, 2002; McCreary & Sasse, 2000; Olivardia, Pope, Borowiecki, & Cohane, 2004). Other findings have suggested that rigid adherence to traditional masculinity ideology is a positive predictor of male body dissatisfaction (Olivardia et al., 2004; Scwartz & Tylka, 2008; Tylka, Bergeron, & Schwartz, 2005).

Experiencing male gender role conflict has been linked with an increased “drive” to be muscular as well as with self-objectification (McCreary et al., 2005; Schwartz, Grammas, Sutherland, Stiffert, & Bush-King, 2010). Many men likely see muscularity as an external display of their masculinity. Embracing traditional male norms can lead to the experience of significant pressure to develop the “ideal” masculine physique. Frustrated in their attempts to obtain this ideal, men may engage in any number of dysfunctional compensatory behaviors.

**Why Are Males Less Likely to Seek Help?**

Research has consistently shown that men are less likely than women to enlist help for a variety of problems, such as depression, substance abuse, physical disabilities, and stress-related
issues (Husaini, Moore, & Cain, 1994; McKay, Rutherford, Cacciola, & Kabasakalian-McKay, 1996; Padesky & Hammen, 1981; Thom, 1986; Weissman & Klerman, 1977). Men tend to seek out both medical and psychological services less often than women (Addis & Mahalik, 2003). Obtaining help requires recognizing as well as labeling problems, admitting a need, and relying on others. For a man to accomplish these tasks, he must violate traditional norms pertaining to self-reliance, toughness, and emotional regulation (Brannon & David, 1976; Good, Dell, & Mintz, 1989; Levant & Pollack, 1995; Pleck, 1981; Pollack, 1998; Real, 1997). Therefore, even the mere thought of needing or seeking help can, understandably, be significantly distressing for a man.

Good et al. (1989) found that males who experienced concerns about expressing emotions, concerns about expressing affection toward other men, and concerns about fulfilling traditional male gender roles also endorsed more negative attitudes toward seeking professional psychological help. Results from other studies have indicated that males who experience higher levels of gender role conflict often face “double jeopardy,” being more likely to develop depressive symptoms and also more likely to disapprove of seeking psychological help (e.g., Good & Wood, 1995). The degree to which men have internalized and consciously endorse traditional masculinity ideologies will vary from male to male, but it is likely that all males will experience some hesitance to seek help, under certain circumstances, because of perceived threats to their masculine identity.

McCarthy and Holliday (2004) have asserted that initiating the help-seeking process can only be accomplished by taking the sort of action that is inconsistent with the dictates of traditional masculinity ideologies. O’Neil (1981), in summarizing the relevant literature, noted that male assistance-seeking has been associated with perceptions of weakness, vulnerability,
and incompetence. A critical analysis of a traditional value regarding physical toughness provides an illustrative example of how negative attitudes toward help-seeking are perpetuated.

When a male athlete is injured during the course of a game, and he is able to stifle his experience, as well as expression, of physical pain, his actions are often applauded. His demonstration of toughness and intensity is rewarded with praise. The athlete, and others males who observe such events, learn about the value of withstanding pain as well as the value of continuing to compete without regard for one's personal safety. This is one way in which gender is “performed” in the context of injury and the resultant reinforcements influence future behavior on the part of the individual involved as well as on the part of the other males who bear witness to such performances (Addis & Mahalik, 2003).

Skovholt (1993) discussed the seeming insensitivity of traditional mental health services to men's specific needs through the lens of Holland’s (1985) “person-environment fit” theory. Skovholt maintained that counseling is primarily a “social-type” activity and many males are “realistic-type” individuals. The fit between such an activity and such types of individuals is poor, which increases the likelihood that males will avoid counseling as well as that they will terminate services prematurely.

Masculinity and Aggression

The prevalence of aggressive acts committed by males in American society has been a subject, rightfully so, of much concern. As such, it should be noted that the purpose of the present section is not to condone male-perpetrated violence. Rather, the intended purpose is to provide some support for the contention that aggressive acts may result, in part, from a restricted range of "acceptable/appropriate" responses being available to men during times of conflict. Men receive contradictory messages about hostile behavior and may, as just noted, perceive that they
have limited coping-strategy options when faced with a conflict, both of which increase the likelihood that they will resort to violence during times of distress. In contrast to the section of this review exploring early socialization experiences and their impact on engagement in aggressive behaviors, the current section will focus more on the enactment of aggression in adulthood (although the two are certainly related as the latter is directly influenced by early learning experiences).

Eisler and Blalock (1991) noted that while the use of force to commit criminal acts is overtly discouraged by most members of American society, males are, conversely, commonly rewarded for exhibiting aggression during sporting events, military operations, business endeavors, etc. The convoluted message, whether a male is consciously aware of it or not, is that only certain forms of aggressive behavior are acceptable, under certain conditions. Oftentimes, males must contend with significant ambiguity regarding exactly what those forms and conditions are. Many men have learned that, in some instances, employing coercion or aggression to obtain power or exert control is, at the very least, acceptable, while in others, it is strictly prohibited (Eisler & Balock, 1991). Violence may be widely admonished ideologically, but certain forms of aggressive behavior continue to contribute positively to men's gender identities, rather than posing any sort of threat (Chick & Loy, 2001).

Copenhaver, Lash, and Eisler (2000) asserted that men commonly experience gender role stress when they feel as though they may not be able meet traditional expectations in a given situation. For example, a man may want to express feelings of rejection to his partner, but may be deeply concerned that such a disclosure would violate a salient gender norm regarding the (in)articulation of vulnerable emotions. Some believe that experiencing gender role stress may predispose a man to respond with hostility or rage (Copenhaver & Eisler, 1996). Men who are
invested in conforming to traditional ideologies are more likely to feel constrained when contemplating “appropriate” behavioral responses to conflict, and are more likely to consider violence and/or substance abuse (a "facilitator" of aggression) to be viable coping mechanisms (Copenhaver et al., 2000).

Males who are committed to maintaining power and influence in relationships, as many have been socialized to do, are more likely to utilize a number of problematic interpersonal styles, including a maladaptive tendency to respond to threats with force (Eisler & Balock, 1991). Males may perceive certain approaches to interpersonal problem solving as “feminine” and under pressure to maintain a "proper" masculine identity at all costs, they may resort to the more aggressive strategies that have been positively reinforced in other contexts.

**Masculinity and Its Effects on Physical and Mental Health Problems**

Data gathered in 2007 indicated that females in the US tend to live, on average, 5 years longer than males (Xu, Kochanek, Murphy, & Tejada-Vera, 2010). Waldron (1976) has claimed that 75% of the sex difference in life expectancy can be accounted for by differences in typical gender role behaviors. Courtenay (2011) pointed out that the rate of death for men is higher than the rate for women at all ages, and for nearly all leading causes of death.

In terms of mental illness, it has been found that men are far more likely than women to struggle with substance use issues, to exhibit anti-social personality traits, to receive a paraphilia diagnosis, and to experience combat-related posttraumatic stress disorder (Brooks, 2001). Cochran (2001) has argued that, contrary to popular belief, men's rates of depression are likely equal to, or may even exceed, women's rates. He contended that the under-diagnosis of depression in males is linked to the shortcomings of current diagnostic criteria, which seem to better capture a "female-typical" depressive presentation.
The psychosocial perspective on physical and mental health disparities between the sexes is that differential exposure to certain stressors, differences in culturally acquired risk factors, and differences in the utilization of health care resources are primarily responsible (Eisler & Blalock, 1991). Men, due to the emphasis that traditional masculinity ideologies place on toughness and risk-taking, are more likely to engage in high-risk behaviors such as smoking, abusing alcohol, and working in hazardous environments (Eisler & Blalock, 1991). Males who believe that they cannot live up to traditional gender role expectations in certain domains may feel compelled to overcompensate by demonstrating hypermasculinity in other domains, including driving recklessly and assaulting others to prove their superior strength, which may cause substantial harm (to themselves and/or others) (Harrison, 1978). Workplace stressors, such as prolonged pressure to "get ahead", may contribute to the development of certain illnesses (Harrison, 1978). In some fields, aggressiveness, competitiveness, and impatience are tangibly rewarded, placing men who pursue such rewards at risk of developing what Friedman and Rosenman (1974) termed a "Coronary Prone" profile. Men who exhibit this “Type A” behavioral pattern are at increased risk for experiencing a myocardial infarction, among other adverse cardiac effects. The stress and anxiety created by gender role conflicts, coupled with a tendency to stifle emotional expression, can lead to chronic nervous system hyperarousal, which increases a man’s susceptibility to a variety of acute and chronic illnesses (Harrison, 1978).

In addition to those already presented, a variety of other theoretical propositions have been offered to explain the health disparities between men and women, which can be synthesized as follows: males are socialized to engage in a number of high-risk behaviors that females are not, and they are exposed to a number of male-specific stressors, both of which increase their susceptibility to developing certain physical and mental illnesses.
Conclusion

Harrison (1978) has astutely, and alarmingly, observed that: if a man fulfills the traditional role expectations imposed upon him, his basic human needs may go unmet; but, if he actively pursues meeting such needs, he may be considered, and/or consider himself, “unmanly.” This captures the essence of the thesis advanced throughout the present review, which is that males in American society are often caught in a double-bind whereby they must choose between behaving dysfunctionally or being stigmatized for violating gender role norms.

Much has been written about the ways in which males perpetuate deleterious masculinity ideologies, but the role that females play in this process has often been overlooked. This may lead, and likely already has, to the generation of knowledge and interventions that are limited in their ability to fully address the "roots" of gender role socialization problems. As just one example of the ways in which women contribute to the perpetuation of traditional masculinity ideologies, Hacker (1981) has noted that “the very wife who ostensibly craves more communication of personal feelings from her husband may be suspected of finding him unmanly if he satisfied her desire” (p. 399).

The following is a summary of the theoretical/empirical topics examined in the present review. An exploration of early socialization processes demonstrated the ways in which young males are encouraged to stifle their expressions of emotion and behave aggressively. The incongruencies between academic environments/teaching styles and boys’ learning styles were also highlighted. Men's body image concerns were explored, with a particular focus on the ways in which masculinity and muscularity have become conflated. The influence of role restrictions on help-seeking and on adult aggressive behavior was also detailed. The final section offered some potential explanations of the prominent physical and mental health disparities commonly
found among men and women. While abundant critical deconstructions have accurately exposed the power and privilege afforded men in American society, the current examination lends support to the position that men are not unequivocally advantaged; many must suffer severe consequences, sometimes lethal ones, as they continually attempt to live up to idealized, unrealistic standards of masculinity.

Implications for Practitioners

The research findings here reviewed have important implications for those providing mental health services. In the broadest sense, these data suggest that practitioners should try to understand the particular masculinity ideologies that a client endorses and adjust assessment, diagnosis, and treatment practices in accordance with such ideological differences. Professionals should assess the extent to which male clients/patients adhere to traditional male gender roles at the outset of therapy because all subsequent treatment decisions should be based on this important clinical information. Being attuned to the pervasive effects that gender-role orientation can have on functioning, and consciously avoiding over-pathologizing, will increase the likelihood that males will seek out, and remain in, treatment.

McCarthy and Holliday (2004) have offered five helpful recommendations for clinicians working with males. The first is to use “role induction,” which they discuss as informing clients/patients about the nature of mental health treatment in a way that is culturally sensitive/relevant and dispelling any myths or unfounded fears. Another recommendation is for clinicians to understand their own biases regarding various masculinity ideologies and to recognize the ways in which therapy might be affected by such biases. A third recommendation is that practitioners reflect on “mainstream” portrayals of men, both positive and negative, so that they avoid allowing these stereotypes to affect their work and so that they are able to work
authentically with individual clients, affirming their unique strengths. The fourth recommendation that McCarthy and Holliday provided is to adapt the content and process of therapy so that it is consistent with traditional masculinity norms, and this includes, for instance, reframing “psychotherapy” as a “workshop.” Lastly, McCarthy and Holliday suggested that clinicians be sensitive to individual differences in gender identities and apply their adapted techniques based on a thorough analysis of a particular client's best interests and needs.

Facilitating the development of a “critical consciousness” in male clients can assist them in openly examining the insidious (and overt) socialization forces that have led to the internalization of problematic masculinity ideologies. With an expanded knowledge of external pressures and propagated beliefs, values, etc., males can begin to volitionally construct more adaptive gender identities for themselves. Engaging female clients in a similar deconstructive process would likely assist them in recognizing the ways in which they too reinforce/perpetuate traditional male gender roles, both subtly and overtly. Being aware of the adverse effects of adopting traditional male roles can liberate a man, allowing him the opportunity to reconstitute his masculinity. He may emerge, at the very least, with improved self-understanding and self-disclosure skills, and, at best, he may significantly improve his overall quality of life, extending his lifespan in the process.
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Hegemonic Masculinity and Its Effect on Attitudes Toward Seeking Professional Psychological Help

Abstract

Both informal observation and empirical evidence support the contention that men are less likely to seek help for mental health issues, as compared to women. Little is known, though, about the precise ways in which "being a man" deters seeking professional psychological help. The current study sought to expand this (as yet) limited knowledgebase. Adult male participants (N = 171) completed the Male Role Norms Inventory - Revised (MRNI-R), the Attitudes Toward Seeking Professional Psychological Help Scale - Short Form (ATSPPH-SF), and a number of follow-up, open-response questions. Group differences in endorsement of traditional masculinity ideologies and in attitudes toward seeking help for psychiatric problems were examined. Multiple regression analyses were conducted to determine the extent to which particular components of traditional masculinity (as measured by MRNI-R subscale scores) could predict attitudes toward seeking psychological services. Following a discussion of the findings, implications are presented and future directions are proposed.
Hegemonic Masculinity and Its Effect on Attitudes Toward Seeking Professional Psychological Help

The Social Construction of Gender and Hegemonic Masculinity

Kimmel (1994) concisely characterized gender as "a constantly changing collection of meanings that we construct through our relationships with ourselves, with each other and with our world" (p. 122). In differentiating the social constructionist viewpoint from the long-dominant essentialist one, Hoy (2012) has argued that gender is not a thing that one has, but rather, it is a set of activities one does. Through this "lens", gender is seen as actively learned and constructed within particular, historical contexts, rather than as a static constellation of innate qualities. Conceptualizing gender as a human construction may erroneously suggest that gender has a limited capacity to exert "real" control over individuals' lives. On the contrary, the process of gender role socialization leads to the internalization and perpetuation of gender ideologies that come to constitute material reality (Branney & White, 2008). A prime example of the profound effect that gender role socialization has on the structuring of individuals' lives is the substantial power and privilege (relatively speaking) afforded to men, an affordance that appears to be universal in Western societies. A focus on the systemic advantages that men inherit is critical for deconstructing harmful gender relations and diminishing power imbalances, but when such analyses focus exclusively on what men stand to gain by enacting traditional masculinity, the costs, which can at times be lethal, are often obscured or ignored altogether.

While many researchers agree that masculinity is not a monolithic construct, contending instead that pluralistic masculinities exist (Hearn & Morgan, 1990; Kimmel & Messner, 1989; Segal, 1990), there is also widespread agreement that "some expectations and social forces will be a common denominator" in all men's lives (Thompson, Pleck, & Ferrera, 1992, p. 579).
Brooks (2001) has taken a less conservative position, arguing that "despite the occasional variations, there is considerable overlap in all masculinity ideologies" (p. 295). Much of this overlap would appear to be composed of "traditional" masculine values, beliefs, etc., commonly referred to as "hegemonic" masculinity (Courtenay, 2011). Hegemonic masculinity represents the dominant, idealized form of masculinity, which in the United States is believed to disproportionately reflect the views and biases of heterosexual, well-educated, European-American men from middle-to-upper class socioeconomic backgrounds. Qualities most commonly associated with traditional masculinity include: the denial of weakness/vulnerability, emotional and physical control, and a ceaseless interest in sex, to name just a few. Courtenay (2011) has claimed that hegemonic masculinity is a ubiquitous aspect of men's (and women's) lives in the US. Because hegemonic masculinity holds such a dominant, influential position in what might be referred to as a "hierarchy of masculinities", it would seem that focusing more intently on such a form provides the most promise in terms of uncovering the "truths" about masculinity that hold for the majority of men.

Fully embodying hegemonic masculinity can be aptly characterized as a Sisyphean task. Men must continually "prove" their manhood through behavioral acts, expressions of values, etc. As Evans, Frank, Oliffe, and Gregory (2011) have maintained, "men are only as masculine as their last demonstration of masculinity" (p. 8). Exacerbating this situation is the tendency for men to receive greater scrutiny and stigma for deviations from hegemonic norms than women, beginning at an early age (Evans et al., 2011). This tends to result in a restricted range of "acceptable" behaviors, values, etc. that must be perpetually exhibited in order to avoid criticism and alienation, or worse. Men are pressured to repeatedly affirm and reaffirm hegemonic
masculinity, with some means for doing so garnering them power and privilege, and others resulting in either direct or indirect risk of death.

**Power and Privilege, but at What Cost?**

Courtenay (2011) has alarmingly noted that, despite greater socioeconomic advantages, which provide easier access to healthcare resources, men are at increased risk of experiencing serious chronic disease, injury, and death relative to women. Findings released by the Department of Health and Human Services (DHHS) in 2009 suggested that men in the United States die, on average, more than 5 years earlier than women. In regards to nearly all 15 leading causes of death, men have higher age-adjusted death rates than women, with the disparities in some cases ranging from 200-400% (DHHS, 2009). Garfield, Isacco, and Rogers (2008) contended that the impact of biological factors is relatively small in comparison to the effects of social and psychological factors, with much of the difference in rates of adverse health events/problems between men and women attributable to the influence of gender role socialization.

Supporting and extending Courtenay's (2011) observations about physical health disparities, Mankowski and Maton (2010) have posited that there is consistent evidence to suggest that men have poorer overall attainment of quality of life in physical and mental health, safety, and education. In terms of safety, Evans et al. (2011) noted that holding traditional beliefs about masculinity is the strongest predictor of individual risk behavior throughout a person's life. As for education, men have been found to drop out of high school at a 27% higher rate, as compared to women (National Center for Education Statistics, 2007). Since 1982, fewer men than women have enrolled in, and graduated from, college (DiPrete & Buchmann, 2006).
Brooks (2001) has expounded on the numerous interpersonal patterns and behaviors, reinforced through traditional male socialization, that are profoundly harmful to both society and men themselves. He referred to this constellation of behaviors and values as the "dark side" of masculinity. Among other adverse consequences, he asserted that male gender role socialization leads to increased violence (with men being more commonly perpetrators as well as victims), increased sexual misconduct, neglect of personal needs, fathering problems, and homelessness.

Additionally, men who endorse traditional beliefs about masculinity are more likely to have sleep problems and a poor diet (Garfield et al., 2008), as well as to experience unemployment (Mankowski & Maton, 2010). Liu (2005) has characterized the adverse consequences related to traditional male socialization as chronic and as emerging early in life, remarking that men "experience traumas as boys and adolescents as preparation for a life in pursuit of power and privilege, and consequently, they experience pain, powerlessness, isolation, and ill-health" (pp. 689-690). The "costs" of enacting traditional masculinity just outlined are, unfortunately, only a sampling of the extensive ramifications identified and discussed in the research literature, a knowledgebase that is continuing to expand. One particular aspect of the destructive nature of traditional masculinity that has received increasing attention as of late is mental health impairment, a topic which will be explored in the following section.

**In What Ways Does Hegemonic Masculinity Jeopardize Mental Health?: Associations Between Adherence to Traditional Masculinity and Mental Health Issues**

Garfield et al. (2008) reported that men who identify as more traditionally masculine tend to be at increased risk of experiencing problems with anxiety, depression, and psychological stress, as well as tend to more frequently utilize maladaptive coping styles. Mankowski and Maton (2010) cited research suggesting that men who are more adherent to hegemonic ideals
experience a diminished sense of well being and are more likely to abuse alcohol and/or other drugs. Good, Thomson, and Brathwaite (2005) noted a relationship in the research literature between traditional masculinity and level of psychological distress, as well as interpersonal intimacy, with greater endorsement of hegemonic masculinity related to greater distress and lower levels of intimacy. Brooks (2001) has argued that even when masculinity-related issues do not warrant a formal psychiatric diagnosis, they are likely to be severe enough to significantly inhibit optimal growth and functioning.

Courtenay (2011) presented a thorough examination of gender differences in mental health diagnoses. He reported that antisocial, narcissistic, obsessive-compulsive, paranoid, schizoid, and schizotypal personality disorders are all more commonly diagnosed among men. Gender identity disorder, pyromania, intermittent explosive disorder, and most sexual disorders have been found to occur more frequently among men as well. Men have been found to be at greater risk of developing schizophrenia and tend to experience greater levels of accompanying impairment, as well as poorer prognoses. Young males are diagnosed with attention-deficit/hyperactivity disorder (ADHD) at a rate that is approximately 9 times that of girls, with autism spectrum disorders at a rate that is 5 to 8 times that of girls, and with any type of functional difficulty (sensory, movement, cognitive, emotional, or behavioral) at a rate that is twice that of girls (Courtenay, 2011).

While the validity of psychiatric diagnoses is admittedly a contentious topic, and the data do not justify the interpretation that the relationship between male gender and increased rates of disorder is a causal one, these findings certainly do suggest that male socialization, at least to some extent, increases men's susceptibility to developing particular mental health problems. The dynamics of such problems seem to be directly connected to the specific behaviors, values, etc.
that men are pressured to enact. It is also important to note that men are less frequently assessed for problems by healthcare professionals and that certain diagnostic criteria may not be sensitive to gender differences in the presentation of symptoms, both of which suggest that established rates of formal diagnoses for men are likely to underestimate "true" rates of pathology.

It has been suggested herein that conforming to traditional notions of masculinity can be life threatening, and there exist few other pieces of supportive evidence as convincing as current suicide rates. Courtenay (2011) emphatically described men's suicide rates as "staggering" (p. 6). Men have been found to commit suicide at a rate that is, on average, 4 times that of women (Courtenay, 2011). Within different age groups, men's rates have been found to vary from approximately 2 (among children 10-14) to 18 (among adults 85 and older) times greater than women's rates (Courtenay, 2011). Oliffe and Phillips (2008) reported the tragic finding that among men between the ages of 15 to 34, suicide is the second most common cause of death. These authors also pointed out the association between suicide and underlying mental illness, citing that an estimated 30-70% of individuals who complete suicide are afflicted with some form of mood disorder, most commonly major depression.

Many researchers/theorists have interpreted the connection between mental illness and men's significantly greater risk of suicide as indicating that many men who have resorted to suicide were unwilling or unable to seek necessary medical attention or receive appropriate treatment (Oliffe & Phillips, 2008). Such a hypothesis, in a general sense, is well supported by existing research regarding gender differences in mental healthcare utilization. In fact, men's pronounced reluctance to seek mental health treatment, as compared to women, has been so consistently evidenced that some researchers have come to consider it "one of the least contested
sex differences found in the psychological literature", a literature that, traditionally, has been rife with disputes and refutations (Hoy, 2012, p. 203).

**Men's Avoidance and Disparagement of Mental Health Services: Is Hegemonic Masculinity Implicated?**

Moller-Leimkuhler (2002) bluntly remarked that "women seek help - men die" (p. 3). Such a statement is both provocative and, unfortunately, widely supported by informal observation as well as formal research. In discussing rates of mental health service utilization, Courtenay (2011) pointed out that, for decades, men have been found to be less likely to seek help for mental health problems, as compared to women (Kessler, Brown & Broman, 1981; DHHS, 2004; Good, Dell, & Mintz, 1989; Weissman & Klerman, 1977). During this time period, research has not demonstrated any significant changes whatsoever in men's psychological help-seeking behavior (Moller-Leimkuhler, 2002). Methodologies utilized include both quantitative (e.g., Husaini, Moore, & Cain, 1994) and qualitative (e.g., O'Brien, Hunt, & Hart, 2005) techniques, with primarily convergent findings reported. Ang, Lim, Tan, and Yau (2004) noted that gender differences in seeking professional psychological help have been consistently demonstrated among people of diverse national origin as well as across racial/ethnic groups in the US, including: Taiwanese (Yeh, 2002), Kuwaitis (Soliman, 1993), Chinese Americans (Tata & Leong, 1994), and African Americans (Neighbors & Howard, 1987). Discrepancies in rates of seeking mental health services have been found among adolescent (Garland & Zigler, 1994) and elderly (Husaini et al., 1994) populations as well. Even among mental health professionals, a group of individuals ostensibly holding favorable views towards, and identifying with, mental health care, males are significantly less likely to obtain psychological services (Neukrug & Williams, 1993).
In order to more precisely illustrate the extent of differential rates in psychological help seeking, some relevant statistics will be provided. Courtenay (2011) noted that even though more men than women meet criteria for a formal psychiatric diagnosis, only one third of patients/clients receiving mental health services at any given time are men. Over the course of their lives, an estimated 1 in 3 women will seek professional psychological help, whereas only 1 in 7 men will do the same (Collier, 1982). Substance dependence and abuse are significantly more common among men, yet nearly twice as many men as women do not seek treatment for their substance problems (Substance Abuse and Mental Health Services Administration, 2009). As Addis and Mahalik (2003) have pointed out, men's "relative reluctance to seek help stands in stark contrast to the range and severity of the problems that affect them" (p. 6).

Those men that do actually seek out mental health services are likely to do so at a time when their symptoms or concerns have become particularly acute (Vogel, Wester, & Larson, 2007). When seeking treatment for progressive mental health conditions, they tend to present with more advanced pathology (Courtenay, 2011). Due to such delays, men are likely to experience more profound functional impairments and poorer prognoses.

One approach researchers have taken in an effort to better understand disparities in help-seeking behaviors has been to study men's (and women's) attitudes and intentions toward seeking professional psychological services. Robertson and Fitzgerald (1992) contended that attitudes and intentions tend to be very reliable predictors of actual behavior and they also provide a degree of insight into the specific catalysts of behavior. That is, they can elucidate the forces that are likely "driving" a particular behavior or constellation of behaviors. Judd, Komiti, and Jackson (2008) listed a number of different factors that may impact attitudes toward engaging in mental health treatment, among them: age, gender, and social structure. They went on to state that
gender, in particular, has been most consistently found to exert a significant influence on attitudes toward seeking mental health services.

Courtenay (2011) cited numerous studies suggesting that men are generally less willing and have less intention to seek psychological help when they need it (Chandra & Minkovitz, 2006; Fischer & Turner, 1970; Good et al., 1989; Wills & DePaulo, 1991). Throughout the research literature, men's attitudes toward seeking professional psychological services have been characterized as, overall, significantly more negative than women's (Fischer & Farina, 1995). Many researchers and theorists have posited that traditional notions of "manliness" account, to a large extent, for the established differences in attitudes amongst men and women.

Describing the wide-ranging effects of traditional masculine socialization on aspects of help seeking, Hoy (2012) asserted that the endorsement of hegemonic masculinity impacts men's attitudes, intentions, and behavior towards help seeking (Mahalik, Burns, & Syzdek, 2007; Mahalik, Lagan, & Morrison, 2006; Smith, Tran, & Thompson, 2008). Branney and White (2008), among others (e.g., Good et al. 2005), have discussed the empirical relationship between endorsement of traditional masculinity ideologies and possession of negative attitudes towards counseling services. In regards to perceptions of stigma and beliefs about the effectiveness of therapy, men who are more adherent to hegemonic ideologies have been found to associate traditional psychotherapy with significant stigma and poor outcomes (McKelley & Rochlen, 2010).

Highlighting the adverse effects on mental health that can result from the internalization of hegemonic ideologies, Good et al. (2005) noted that "masculinity-related constructs are empirically associated with both clinically relevant issues and reluctance to use psychological services - a situation potentially putting men at compounded risk for unresolved psychological
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problems” (p.701). Evidently, hegemonic masculinity comprises particular values, beliefs, etc. that place men at elevated risk for experiencing psychological distress and that also frame help seeking as a markedly "deviant" practice, likely to be met with criticism or other such punitive responses. This has led some researchers to describe men as facing "double jeopardy" in this regard (Good & Wood, 1995).

Deviations from "the Norm"

The characterization of hegemonic masculinity as ubiquitous, presented by Courtenay (2011), as well as others, should not be interpreted as suggestive that traditional masculinity is universally embraced and enacted. As alluded to earlier in the present work, many researchers/theorists (e.g., Hearn & Morgan, 1990; Kimmel & Messner, 1989; Segal, 1990) agree that "masculinities" is a more ecologically valid and useful term than the unitary construct of "masculinity." The present review has, thus far, maintained a singular focus on traditional masculinity in its "purest" form (i.e., "undiluted" by any non-mainstream, alternative ideologies), but due to the particular aims of the current study, it is critical that diversity considerations receive some degree of discussion. As Messerschmidt (1993) has remarked, "'boys will be boys' differently, depending upon their position in social structures and, therefore, upon their access to power and resources” (p.87). In fact, because definitively achieving the hegemonic ideal in all circumstances is a virtual impossibility, Courtenay (2011) has suggested that "most men necessarily demonstrate alternative masculinities in relation to hegemonic masculinity that variously aspire to, conspire with, or attempt to resist, diminish, or otherwise undermine hegemonic masculinity” (p. 153).

Kimmel (2004) posited that gender is actively constructed from cultural and subjective meanings that are variable, depending on the time and place. From this point of view, gender is
believed to be demonstrated through the utilization of behavioral "resources" such as language, work, sports, crime, and sex (Courtenay, 2000). Access to such resources, though, is not equitable. Men from marginalized groups are denied, to varying degrees, access to the social power and resources that are necessary for constructing a traditional gender identity, and, as a result, they must seek out alternative resources, or "overcompensate" with the resources they do have at their disposal, to validate their masculinity (Messerschmidt, 1993). Courtenay (2011) asserted that factors such as "ethnicity, class, educational level, and sexual orientation marginalize certain men and augment the relevance of enacting other forms of masculinity" (p. 150).

Endorsing alternative ideals is one strategy that men from diverse groups utilize to validate their masculinity, whereas another is to endorse the same ideologies that "mainstream" men do, but to demonstrate compliance in divergent ways. Courtenay (1998) provides the example of the common belief that men should be "tough." He contends that such a belief is widely accepted among men in the US, but points out that how each individual man demonstrates toughness will be influenced by his age, ethnicity, social class, and sexual orientation, among other factors. To extend this example, men from diverse groups may exhibit toughness through behavior ranging from fist fighting, to risky sexual practices, to a relentless pursuit of financial success. Courtenay (2011) provides additional illustrative examples: "demonstrating masculinities with fearless, high-risk behaviors may entail skydiving for an upper-class man, mountain climbing for a middle-class man, racing hot rods for a working-class man, and street fighting for a poor urban man" (p. 148).

The foregoing discussion provides a broad overview of perspectives regarding how men from diverse groups might differentially endorse, or resist (to a greater or lesser extent),
hegemonic ideologies. Such men may frequently feel "trapped", needing to reconcile contradictory demands that result from "living in two different gender worlds" (Wester, 2008, p. 317). That is, the "world" of mainstream, hegemonic ideologies, and the "world" of culture-of-origin ideologies. What follows is a brief and necessarily limited (i.e., not all relevant statuses are explored) examination of cultural differences, broadly defined, in common values, expectations, etc. associated with masculinity. In particular, the focus will be on those prescriptions/proscriptions that seem to be at most at odds with hegemonic ones. Although each marginalized status will be here treated in isolation, owing to the fact that a more comprehensive review is outside the scope of the present work, it is important to note that identity statuses intersect, and it is the complex interplay of overlapping statuses that ultimately determines the specific enactment of masculinity at any given moment.

**Racial/Ethnic Group Differences**

**African-American men.** Sue and Sue (2008) have asserted that African-American men tend to be more accepting of women working outside the home than men of other races and tend to share more responsibility for household chores as well as for other "feminine" tasks. Wester (2008) has noted that some African-American cultural groups "tend to emphasize cooperation and the collective good rather than individual advancement" (p. 301). African-American men exposed to such values are likely to experience significant tension when confronted with hegemonic pressures to be competitive and self-interested. Majors and Billson (1992) described a unique enactment of African-American masculinity, which they referred to as "cool pose." They characterized cool pose as a protective mechanism involving displays of toughness, detachment, control, and "style."
Many African-American men face substantial systemic barriers to achieving economic success. As a result, African-American men may emphasize the importance of masculinity characteristics that are unrelated to wealth, such as toughness, risk taking, violence, and sexual prowess (Franklin, 1984). Majors and Billson (1992) have powerfully remarked that, for African-American males, "toughness, violence, and disregard of death and danger become the hallmark of survival in a world that does not respond to reasonable efforts to belong and achieve" (p. 34). Spirituality and religion, as with individuals from other racial/ethnic minority groups, often play an important part in the lives of African-American men, providing support, escape from oppression, communal bonding, etc. (Sue & Sue, 2008). Despite the variations/resistances in masculinity ideologies just outlined, consistent empirical evidence has indicated that African-American males, on average, actually hold the most traditional values in regard to their gender, as compared to men of other races (Levant & Majors, 1997; Levant, Majors, & Kelley, 1998; Pleck, Sonenstein, & Ku, 1994).

**American-Indian/Alaskan-Native men.** Castaneda and Burns-Glover (2004) noted that, historically, Native Americans have viewed gender and sexual orientation as fluid and as contextually bound, rather than as static components of identity. Sharing, cooperation, and noninterference are three prominent American-Indian values that seem to clash with hegemonic masculinity ideologies (Sue & Sue, 2008). American-Indian men may struggle to reconcile such collectivistic ideologies with the competitive, assertive/domineering values espoused by dominant discourses. Sue and Sue (2008) have described American Indians as having a present, rather than future, time orientation. Future-oriented planning tends to be de-emphasized, which contrasts with the hegemonic ideology of continually striving for future success. American-Indian/Alaskan-Native men (and women) tend to see the spirit, mind, and body as all
interconnected, which is contrary to the dualistic perspective on the relationship between mind and body that is associated with traditional masculinity (Sue & Sue, 2008).

**Asian-American men.** Wester (2008) asserted that many Asian-American men endorse collectivistic values, at least to some extent. He contends that their "sense of self, and by extension their sense of themselves as masculine, seems defined not by individual qualities but through connections such as family or business relationships" (p. 308). Consistent with collectivistic ideologies, Asian-American men may tend to prioritize the success of the group (either narrowly or more broadly defined) over individual success (Wester, 2008). Deemed the "model minority", Asian-American individuals are expected to be hard working and to be economically successful, which places significant pressure on them to succeed academically and to have high career aspirations. They risk both familial and societal shame should they "fail" academically or in the pursuit of a prestigious career, generating an intense pressure to succeed that appears to be in excess of the amount experienced by individuals from other racial/ethnic groups (Sue & Sue, 2008). Like American-Indian/Alaskan-Native men, Asian-American men tend to view the mind and body as intimately connected, which stands in opposition to the hegemonic perspective that a distinct mind-body split exists.

Although many Asian-American men could be considered traditional, or even hypermasculine, in regard to their perspectives on "appropriate" family structure (i.e., hierarchical and patriarchal), on how a father should act (i.e., authoritative and distant), and on how emotions should be handled (i.e., via suppression/constriction), societal stereotypes persist that portray Asian-American men as effeminate. According to Sue and Sue (2008), Asian-American men are "seen as sexually emasculated, passive and unassertive, inhibited, and lacking in social confidence" (p. 398). Like the stereotypes associated with men from other marginalized
racial/ethnic groups, such ingrained biases serve to "justify" inequalities and prohibit marginalized men from actualizing hegemonic masculinity, often leading, when no other recourse exists, to dysfunctional overcompensations.

**Hispanic-/Latino-American men.** A core value in many Hispanic cultures is "familismo" (familism). This value emphasizes the importance of kinship relationships, promoting interdependence, cooperation, and affiliation (Falicov, 1996). Mexican-American men, as well as men from other Latino groups, have been found to engage in a number of "nontraditional" behaviors/roles such as shared decision making, nurturant fathering, and participation in family-oriented social activities (Baca Zinn, 1995). A strong religious/spiritual orientation is also a common feature among Hispanic-American men, including endorsement of the concept of "fatalismo" (fatalism). Some Latino-American men may feel resigned to their fate, exhibiting an external locus of control. The Hispanic/Latino emphases on familial bonds, caretaking, shared decision making, and "passively" accepting one's fate all notably diverge from hegemonic values.

Contrary to the nontraditional values just outlined, Latino-American men commonly endorse a number of traditional, and in some cases hypermasculine, values. One prominent, oft-discussed component of Hispanic masculinity is "machismo." There is a lack of consensus regarding the particular constituent parts of this construct, but a number of definitions have consistently included the following attributes/values: physical strength, virtue, virility, physical aggression, and dominance of women (De La Cancela, 1986; Gutierrez, 1990). While some of these traditional/hypermasculine traits and behaviors may be endorsed by some Latino men, it is important to note that a number of researchers have argued that the concept of machismo has become distorted by mainstream stereotypes and fails to capture the positive attributes, such as
courage, generosity, respect for others, and responsibility (Ruiz, 1981; Valdes, Baron, & Ponce, 1987; Mirande, 1997). Other traditional ideologies promoted in Hispanic cultures include beliefs that men should be independent, rational, and authoritarian (Kilmartin, 2000). Kilmartin (2000) has importantly pointed out that, faced with political and economic oppression, many Latino-American men engage in hypermasculine behavior "in the service of defending against feelings of powerlessness, rather than in gaining power for some specific purpose" (p. 122).

**Social Class Differences**

It has been argued that "power is central to social definitions of masculinity, and many see economic power as the best kind to have" (Kilmartin, 2000, p. 125). In the US, economic power is not equitably distributed, nor uniformly accessible, and therefore, men from lower-class backgrounds often, of necessity, turn to other sources of power, such as physical and interpersonal dominance (Kilmartin, 2000). Ehrenreich (1983) has described working-class notions of masculinity as more overtly aggressive and angry than professional-class notions. Connell (1995) has contended that the posturing, misogyny, and violence enacted by some men from socioeconomically marginalized groups may represent one approach, among a limited number of options, to combating a deep-rooted sense of weakness. Men of higher socioeconomic status have been found to endorse more egalitarian gender ideologies, and this is likely due, at least in part, to the greater ease with which they can wield a prized form of power (i.e., economic power), leading them to feel more "secure" in their masculine identities.

**Age Differences**

Kilmartin (2000) has noted that as men age, they often experience a number of profound changes in their family system, physical health, social position, and career, all of which may necessitate gender-ideology adaptations. Gutmann (1987) maintained that gender role
differentiation diminishes as men and women grow older. A number of theorists have posited that older men tend to experience an expansion in their social role opportunities (O’Rand, 1987; Solomon, 1982). It appears that older men experience less societal pressure to conform to traditional values and may additionally be less invested in maintaining a traditional masculine image (Kilmartin, 2000).

Older men often experience an abatement of certain hegemonic pressures, freeing them to expand their behavioral/ideological repertoire, but they also tend to encounter a number of age-related issues that may severely threaten their sense of manliness. Sue and Sue (2008) identified the following problems commonly experienced by older men: deterioration of their physical and mental health, economic downturn, and impairment in sexual functioning. As physical health and cognitive abilities deteriorate, men become more dependent and less in control. A decrease in finances may be interpreted as a loss of an important source of power. Sexual dysfunction may be perceived as an embarrassing failure to meet entrenched expectations of virility and potency.

A common theme with each of these "problems of aging" is that they are all likely to result in self-perceptions of no longer being able to fulfill "core" demands of masculinity, perceptions which can devastatingly diminish a man’s sense of self-worth.

**Ability/Disability Status Differences**

The vast majority of hegemonic masculinity ideologies require, if they are to be “properly” enacted, a relatively high level of mental and physical dexterity. Regardless of the particular nature of a man's disability, he is likely to experience at least some degree of challenge in meeting stringent hegemonic expectations as a result. Sue and Sue (2008) highlighted the diversity of problems that individuals with various disabilities might experience, but maintained that some commonalities exist: unemployment, susceptibility to developing depression, and
issues surrounding sexuality/reproduction. Men who are unable to work because of their disabilities may have no opportunities whatsoever to demonstrate masculinity through career/economic success. Depressive symptomatology may mark a man already considered to have significant "limitations" as even more "weak" and vulnerable (Oliffe & Phillips, 2008). Men with disabilities that impair or preclude sexual may experience significant shame, since they are unable to meet traditional expectations regarding sexual prowess.

**Sexual Orientation Differences**

Gay men, bisexual men, and men who have sex with men but do not identify as homosexual (G/B/MSM) all eschew dominant, heterosexist norms to some extent (Schwartzberg & Rosenberg, 1998). Wester (2008) asserted that G/B/MSM "have been demonized for their perceived violation of the dominant, European American masculinity" (p. 317). Kilmartin (2000) has contended that "homosexual" (male homosexuality, that is) and "feminine" have become parallel, negative concepts. Many heterosexual men affirm their in-group identities by contrasting themselves with homosexual and female out-groups, and it appears that some homosexual men do the same, embracing and defining themselves based on what they are not (Kilmartin, 2000). Heyl (1996) characterized gay and bisexual men as more likely than heterosexual men to approve of and to enact a broad range of gendered behavior (i.e., both stereotypically male and stereotypically female behaviors). It is important to note that there is significant within-group variability among G/B/MSM, with gender identity (and its outward expression) impacted by such factors as an individual's location along a continuum of sexual orientation identity development and the particular context of enactment.

While many gay and bisexual men propagate nontraditional definitions of masculinity, none are immune to the pervasive pressure, and attendant entitlements, of hegemonic ideologies.
As Courtenay (2011) has noted, "gay and bisexual men may...adopt culturally sanctioned beliefs about masculinity to compensate for their subordinated and less privileged social position" (p. 152). In fact, national data have indicated that young men in the U.S. who are not exclusively heterosexual actually hold more traditional beliefs about masculinity than young men who are exclusively heterosexual (Courtenay, 1998). Gay and bisexual men may strive to prove that they are "still real men" by endangering themselves (e.g., engaging in high-risk sexual practices) or by adopting physically dominant behaviors (Courtenay, 2011).

Gay and bisexual men, like men from other marginalized groups, are bombarded with messages touting the "superiority" of traditional masculinity ideologies, and yet, the oppressive, hierarchical structure of American society prevents them from ever fully embodying such ideologies. Men from marginalized groups may attempt to cope with this reality by devising alternative definitions of masculinity utilizing different "resources" or they may attempt to overcompensate with the sanctioned resources they do possess. Some degree of chronic gender-role conflict or dysphoria, above and beyond that which many "mainstream" men similarly experience, would seem to be an inevitable consequence of ongoing attempts to adapt to this oppressive social climate.

**What Are the "Core" Ideologies Deterring Help Seeking?**

As previously mentioned, gender differences in help seeking have been replicated cross-culturally (with culture broadly defined to include age, national origin, race/ethnicity, etc.). This would suggest that there are certain "fundamental" components of masculinity that have been widely disseminated and that likely constitute a core, integral aspect of most men's identities. Such a contention is supported by evidence that intersecting statuses (e.g., race) only minimally moderate the effect of gender on help-seeking behaviors and attitudes. Maintaining the
appearance of traditional masculinity seems to be, at least in the case of help seeking, a significantly higher priority for most men than thinking/acting in a way that is consistent with other (potentially conflicting) value systems. In other words, when men contemplate seeking help, their beliefs about their own masculinity and how men "should be" constitute some of the most salient considerations. As will be seen, men's aversion to traditional mental health services is not the product of isolated, minor discrepancies between hegemonic ideologies and the conditions of most treatments, but rather, is related to a more profound antithesis between the two, which likely helps explain why the finding that men are commonly reluctant to seek help has been so widely documented and so rarely questioned.

Robertson (2001) cogently argued that if "counseling does not require men to set aside their sense of independence, their comfort with goals, tasks, and activities, or their preference of developing an understanding of a situation, then the idea of seeking help may be more appealing" (p. 156). Robertson's list of required compromises, upon entering therapy, is certainly not exhaustive. There seems to be a prominent "lack of fit" between counseling services, which can be conceptualized from the perspective of Holland codes as a "social" activity, and traditional masculinity, which can be considered a "realistic"-type set of values (McCarthy & Holliday, 2004). The path to mental health treatment tends to be so fraught with challenges and concessions that men, if they are able to overcome the obstacles, often begin therapy in a state of considerable discomfort, ambivalence, and shame (Good et al., 2005).

Certain values, attributes, etc. associated with hegemonic masculinity appear in the research literature with notable consistency. These recurring constructs likely approximate the core components of traditional masculinity. While there is certainly some redundancy and conceptual overlap contained within, a relatively comprehensive list of constituent values,
expectations, etc. can be extracted from the literature. These ideologies are the ones most likely to form the foundation of an individual's masculine identity; they are ones that tend to be most entrenched, and, therefore, most closely related to those behavioral acts and general attitudes that are common and predictable among men, such as those surrounding help seeking.

The following is a condensed list of the qualities typically associated with hegemonic masculinity: strength (both physical and emotional), power, resiliency/robustness/toughness, emotional inhibition, rationality, stoicism, invulnerability, independence, self-reliance, control, and aggression (e.g., Branney & White, 2008; Courtenay, 2011; Cusack, Deane, Wilson, & Ciarrochi, 2006; Garfield et al., 2008; Good et al., 2005; Hoy, 2012; Judd et al., 2008; Mankowski & Maton, 2010). In regards to common expectations, it has been consistently reported that men are encouraged to: reject all things feminine, externalize their problems (“act out”), base a large part of their identity on work/career, and maintain a provider/protector role (Courtenay, 2011; Good et al., 2005; Hoy, 2012; Mankowski & Maton, 2010; Oliffe & Phillips, 2008). Upon close inspection, it becomes apparent that seeking professional psychological services, or endorsing positive attitudes towards such services, directly violates the vast majority of these prescriptions in some way. A few illustrative examples can highlight the ways in which help seeking represents a transgression of traditional masculine norms.

Masculinity, like other constructs, has often become defined by what it is not. It has become distinctly differentiated from any and all things feminine and men are socialized to continually reject/devalue feminine qualities, practices, etc. Hoy (2012) has claimed that many men (and likely some women too) equate emotional issues with feminine issues. As such, "real" men disconnect from their inner, emotional worlds and disregard or suppress mental health problems. To make matters worse, many mainstream approaches to counseling can be
characterized as emotion-focused, which is in direct opposition to the problem-focused approach that men tend to prefer (Branney & White, 2008).

McCarthy and Holliday (2004) pointed out that engagement in mental health services tends to place men in a position in which they are less independent, less successful, and less in control, all of which directly calls their masculinity into question. Similar examples of incompatibilities abound. Those hegemonic ideologies that are most fundamental seem to encourage an almost adversarial stance towards mental healthcare, admonishing against acknowledging, even to oneself, the existence of a mental health issue.

It is apparent that most of the hegemonic masculinity ideologies are not at all conducive to seeking help. A central question then becomes: how can the goodness-of-fit between the two be improved (in a way that does not majorly violate masculine cultural norms and, at the same time, increases the likelihood that men are willing and able to seek help when they need it)? As an aside, it is important to note, in the interest of limiting overpathologizing, that not all traditional values, expectations, etc. directly deter help seeking and those that do exert varying degrees of maladaptive influence. Returning to the question of interest, it is imperative that both the problem and potential solutions be defined in precise terms. To accomplish these ends, research should specifically examine which hegemonic ideologies most strongly proscribe help seeking and which may actually promote adaptive help-seeking behaviors/attitudes. Such findings, in addition to providing a more nuanced understanding of the component "parts" of traditional masculinity, could effectively inform interventions aimed at eradicating barriers to help seeking as well as those aimed at reinforcing and strengthening preexisting health-promoting attributes. Emphasizing the practical importance of this line of research, Addis and Mahalik (2003) asserted that the "study of men's help seeking thus has direct implications for
betering men's and women's lives, reducing national health care costs, and developing effective interventions informed by a psychology of gender" (p. 5).

**Method**

**Participants**

To determine the ideal sample size for each of the intended statistical tests, a priori power analyses were conducted using G*Power (Faul, Erdfelder, Buchner, & Lang, 2009). In regards to the multiple regression analysis utilized to identify the strength of each of the seven MRNI-R subscales in predicting attitudes toward seeking professional psychological help, it was determined that 103 participants would be needed to run this test with adequate power (effect size = .15, $\alpha = .05$, power = .8, number of predictors = 7).

Five separate analyses of variance (ANOVAs) were conducted to examine group differences in total masculinity ideology scores, or lack thereof, with regards to the following demographic variables of interest: race/ethnicity (White, Black/African American, American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Hispanic, Other), social class (poor/low-income, working class, middle class, wealthy/upper class), age group (18 to 24, 25 to 44, 45 to 64), ability status (disabled or not), and sexual orientation (heterosexual, bisexual, homosexual). These same five demographic variables were also utilized in a series of ANOVAs to examine potential group differences in attitudes toward seeking professional psychological help. The ideal number of participants for each of these tests was calculated using an effect size of .4, an alpha of .05, and power equal to .8. It was determined that the following number of participants, in total, would be required to conduct adequately powered one-way ANOVAs on each demographic variable: race/ethnicity (seven groups) = 98, social class (four groups) = 76, age group (three groups) = 66, ability status (two groups) = 52, and sexual orientation (three
groups) = 66. In regards to participants per each level of these independent variables, Tabachnick and Fidell (2007) have contended that "In a simple one-way between-subjects ANOVA, problems created by unequal group sizes are relatively minor" (p. 48).

Data from a total of 171 participants were included in the primary analyses. In regards to race/ethnicity, 83.6% of these men identified as White (n = 143), 5.8% identified as Black/African American (n = 10), 0.6% identified as American Indian/Alaskan Native (n = 1), 1.8% identified as Asian (n = 3), 0.6% identified as Native Hawaiian/Other Pacific Islander (n = 1), 4.7% identified as Hispanic (n = 8), and 2.9% identified as Other (n = 5). The majority of participants identified as middle class (56.1%, n = 96), with the rest identifying as follows: 10.5% poor/low-income (n = 18), 26.3% working class (n = 45), and 7% wealthy/upper class (n = 12). Fifty-five participants (32.2%) were aged 18 to 24, 91 participants (53.2%) were between the ages of 25 and 44, and 25 participants (14.6%) ranged in age from 45 to 64. Thirty-six participants (21.1%) reported having a physical or mentally disability, whereas 135 participants (78.9%) reported that they do not. With regards to sexual orientation, 83% identified as heterosexual (n = 142), 5.8% identified as homosexual (n = 10), and 11.1% identified as bisexual (n = 19). All participant demographic data are presented in Table A (in appendix A).

Measures

Male Role Norms Inventory - Revised (MRNI-R). The MRNI-R (Levant et al., 2007) is a 53-item inventory utilizing a Likert-type response scale ranging from 1 (strongly disagree) to 7 (strongly agree). Higher scores indicate higher levels of endorsement of traditional masculinity ideology (see appendix B for scale content and scoring instructions). Seven subscales assess endorsement of specific dimensions of traditional masculinity: (1) Avoidance of Femininity, (2) Disdain for Sexual Minorities, (3) Extreme Self Reliance, (4) Aggression, (5) Dominance, (6)
Non-Relational Attitudes Toward Sexuality, and (7) Restrictive Emotionality. Cronbach's alphas for the total scale and subscales have been found to range from .73 to .96, which is considered "good" to "excellent" (Levant et al., 2007). The seven subscales do seem to measure separate aspects of the same broad construct, as evidenced by the fact that the subscales have tended to correlate more highly with the total score than with each other (Levant et al., 2007). The MRNI-R has demonstrated good convergent, discriminant, and concurrent validity (Levant, Rankin, Williams, Hasan, & Smalley, 2010). In the present study, the Cronbach's alpha coefficient for the MRNI-R total scale was found to be .97, suggesting "excellent" internal consistency. Subscale Cronbach's alphas were "good" to "excellent", ranging from .83 to .93.

**Attitudes Toward Seeking Professional Psychological Help Scale - Short Form (ATSPPH-SF).** The ATSPPH-SF (Fischer & Farina, 1995) is a 10-item, unidimensional measure of treatment attitudes (see appendix C for scale content and scoring instructions). Responses are provided based on a four-point Likert-type scale (0 = Disagree to 3 = Agree), with total scores ranging from 0 to 30. Higher score indicate more favorable attitudes toward seeking professional help. Elhai, Schweinle, and Anderson (2008) have described the ATSPPH-SF as the "most relevant and widely used contemporary assessment of mental health treatment attitudes" (p. 321). The ATSPPH-SF has demonstrated "good" Cronbach's alphas, ranging from .82 to .84 (Fischer & Farina, 1995; Komiya, Good, & Sherrod, 2000; Constantine, 2002). One-month test-retest reliability was found to be .80 (Fischer & Farina, 1995). Research has supported the ATSPPH-SF's factor structure as well as has demonstrated its construct and criterion validity (Elhai, Schweinle, and Anderson, 2008). In the current study, the ATSPPH-SF demonstrated a Cronbach's alpha of .89, which is considered "good" (and very nearly "excellent" since the lower limit for such a distinction is .9).
**Open-ended, follow-up questions.** After the MRNI-R and ATSPPH-SF items were presented, participants were encouraged to respond to four open-ended questions about masculinity and one question about mental health therapy. The questions were as follows:

1. What does it mean to be a man (i.e., how should one think, act, and feel)?
2. What sources (e.g., the mass media, your male peers, etc.) have most impacted your beliefs about masculinity?
3. What are some of the "costs" (i.e., the major disadvantages/negative consequences) of meeting societal expectations regarding how a man should be?
4. What are some of the benefits of meeting societal expectations regarding how a man should be?
5. What do you think are some of the benefits of engaging in therapy? What do you think are some of the negative consequences?

**Procedure**

The online survey-development tool, "Survey Monkey", was utilized to create a consolidated, web-accessible questionnaire containing the MRNI-R, the ATSPPH-SF, the five demographic questions, and the five open-response items. The all-inclusive questionnaire was provided an internet URL (i.e., web address) that could be converted into a hyperlink and disseminated through any medium that allows posting/embedding of such links.

Efforts were made to recruit a diverse sample of men by targeting a wide array of internet forums. Some of the websites through which participation was solicited could be considered "general interest" forums (e.g., "The Art of Manliness", "Reddit"), frequented by a relatively "mainstream" population of men. Participation was also solicited through sites that cater to more specialized, non-traditional, marginalized, etc. populations of men (e.g., "Youreable", "..."
"Shybiguys", "50ish"). The primary objective guiding selection of forums was to maximize variability, both in terms of demographic characteristics and masculinity ideologies.

Once a sufficiently diverse group of internet forums had been selected, a uniform request for participation was posted on each of the sites. The request briefly outlined the nature of the study and provided a hyperlink to the composite questionnaire. An informed consent statement was presented to all participants prior to any data being collected.

Results

Preliminary Analyses

Missing data. A thorough examination of missing data was conducted prior to running any of the primary analyses. Of the 332 sets of responses received, a total of 172 (51.8%) were fully completed (i.e., they contained no missing values whatsoever). Tabachnick and Fidell (2007) stated that, although not always ideal, list-wise deletion of cases (i.e., removing all cases missing one or more values) is a viable option for handling missing data. Cone and Foster (2006) asserted that list-wise deletion is one of the most common approaches to dealing with missing data. Other methods of addressing the problem of missing values were explored, but were ultimately deemed impractical for various reasons, and so, list-wise deletion was implemented in the present study, resulting in the retention of the 172 cases without any missing data, and removal of all others.

Mean substitution, involving replacing missing values with a respondent's (or the overall) average score, was considered for the 41 cases containing only one or two missing values. To determine if inclusion of these particular cases might add meaningful data, two separate independent-samples t-tests were conducted: one testing for a difference in mean MRNI-R total scale scores between the complete case group and the group missing one or two values, and the
other testing for a difference in mean ATSPPH-SF total scores between these two groups. The mean MRNI-R total scale score of the complete case group \((M = 3.02, SD = 1.15)\) was not significantly different from the mean MRNI-R total scale score of the group missing one or two values \((M = 2.94, SD = 1.22)\), \(t(211) = .369, p = .71\) (two-tailed). Mean scores on the ATSPPH-SF were also not significantly different between these two groups \((M_{Complete} = 16.37, SD_{Complete} = 7.72; M_{Missing1or2} = 14.51, SD_{Missing1or2} = 8.31; t(211) = 1.36, p = .175,\) two-tailed). Therefore, it was determined that recovering the 41 cases with one or two missing values via mean substitution would not likely alter results in any meaningful way (since the two groups were not significantly different from one another in terms of scores on the two dependent measures), and this provided further support for the appropriateness of list-wise deletion.

Eighty-nine cases were found to have exactly 63 missing values. Upon further inspection, it was discovered that these 89 participants responded only to the demographic questions. They did not complete any of the MRNI-R items, nor did they complete any of the ATSPPH-SF items. To determine whether or not this group of "demographic-only" respondents was significantly different, in terms of the grouping variables utilized in the present study (i.e., race/ethnicity, social class, age group, ability status, and sexual orientation), as compared to the complete case group, a series of chi-square tests for independence were conducted.

Response type (i.e., demographic-only vs. complete case) was not found to be significantly associated with race/ethnicity, \(\chi^2 (6, n = 261) = 8.411, p = .209\). That is, race/ethnicity was not observed to be dependent on the response pattern. Social class membership was also not significantly associated with response type, \(\chi^2 (3, n = 261) = 2.349, p = .50\); nor was age group (although it was approaching significance at the \(p < .05\) level), \(\chi^2 (2, n = 261) = 4.99, p = .08\). Similarly, ability status was not found to be significantly associated with
response type, \( \chi^2 (1, n = 261) = .04, p = .85, \) Yates Continuity Corrected. Neither was sexual orientation, \( \chi^2 (2, n = 261) = .39, p = .82. \) These results suggested that for each of the demographic variables, men in the demographic-only group did not respond significantly differently from men in the complete case group. In other words, there were no meaningful, systematic differences found between the group of participants who did not respond to any of the scale items and the group that responded to all of the survey items.

**Outliers.** To begin examining the data for univariate outliers, raw scores on all of the continuous variables (i.e., each participant's total score on the MRNI-R, subscale scores on the MRNI-R, and total score on the ATSPPH-SF) were converted to z-scores. Tabachnick and Fidell (2007) recommended that z-scores with an absolute value greater than 3.29 (\( p < .001, \) two-tailed test) be considered outliers, and this guideline was adopted in the current study. One outlying MRNI-R total score was identified (\( z = 3.38 \)). No outliers were found with respect to MRNI-R subscale scores or with respect to ATSPPH-SF total scores. The case with the MRNI-R total score outlier was deleted from the dataset, an approach promoted by Judd and McClelland (1989), in order to maximize the accuracy of population parameter estimates. As a result, the total N was reduced to 171. All of the primary analyses, except the standard multiple regression, were conducted on data from these 171 participants. Four additional cases had to be removed prior to conducting the multiple regression analysis because they were found to contain multivariate outliers, bringing the sample size utilized in this analysis to 167. The method of multivariate outlier detection and the rationale for deletion will be discussed in the "assumptions" subsection preceding the presentation of the multiple regression results.

**Primary Analyses**

**Correlation.** In an attempt to replicate previous findings and generate support for the
subsequent use of analyses that presuppose a linear relationship amongst variables, the association between masculinity ideology (as measured by the MRNI-R) and attitudes toward seeking professional psychological services (as measured by the ATSPPH-SF) was investigated via Pearson product-moment correlation coefficient. Prior to conducting this analysis, a scatterplot of the scores on these two variables was generated and examined to determine if assumptions of this model had been met. Visual inspection suggested that there was, in fact, a linear relationship between the variables, that there were no extreme outliers, and that the assumption of homoscedasticity had been met.

Bivariate normality was assessed by examining, separately, the distributions of scores on the MRNI-R and the ATSPPH-SF. In regards to the MRNI-R scores, results of a Kolmogorov-Smirnov test of normality indicated that the distribution was not significantly different from a normal distribution, $D = .06, p = .20$. As for scores on ATSPPH-SF, Kolmogorov-Smirnov results ($D = .097, p < .001$) suggested that the distribution did significantly deviate from a normal distribution. Visual inspection indicated that the ATSPPH-SF total score distribution was somewhat negatively skewed and somewhat "flat" (i.e., showed some evidence of negative kurtosis).

Tabachnick and Fidell (2007) have asserted that when a sample is relatively large (100 participants or more), the problems created by significant skewness and/or kurtosis are greatly minimized. Owing to the current study's relatively large sample size, to a visual inspection that indicated a reasonable degree of normality, and to the fact that parametric statistics have long been considered robust with respect to the assumption of normality (e.g., Glass, Peckham, & Sanders, 1972), it was determined that the correlation analysis could be conducted and would be capable of producing valid results.
Results of the Pearson product-moment correlation analysis indicated that the relationship between masculinity ideology and attitudes toward seeking professional psychological services was significant, \( r (169) = -.57, \ p < .001 \). The direction of the relationship was found to be negative. This suggests that as endorsement of traditional masculinity ideologies increased, attitudes toward seeking professional psychological services tended to become more negative. According to criteria established by Cohen (1988), the strength of the relationship would be considered "large" (Cohen defined large as a correlation coefficient with an absolute value greater than .50). The coefficient of determination (often referred to as \( R^2 \)) was calculated to be .32. This indicates that 32% of the variance was shared. That is, scores on the MRNI-R explained 32% of the variance in scores on the ATSPPH-SF.

**ANOVAs.** A series of one-way, between-groups ANOVAs were conducted to examine potential group differences in mean total scores on the MRNI-R for each of the demographic variables. Potential group differences in mean total scores on the ATSPPH-SF were also examined through a series of one-way, between-groups ANOVAs that similarly included each of the demographic variables.

**Between-groups differences in masculinity ideology.** Prior to investigating potential differences in mean total scores on the MRNI-R via a series of ANOVAs, the assumptions of this model were examined for all of the variables that were planned to be included in these analyses. Rather than discuss assumptions sequentially by the particular grouping variable being investigated, all assumptions, and the extent to which they were met, will be mentioned here together.

One of the assumptions of ANOVA is normality of sampling distribution means. Tabachnick and Fidell (2006) noted that "when raw scores are not normally distributed, the
Central Limit Theorem assures us that the sampling distribution of means is normally distributed for large enough samples” (p. 87). Pallant (2013) defined "large enough" as 30 or more participants. A number of the levels of the demographic variables contained 30 or more participants, and so, normality was assumed to have been met for those groups. In regards to the other (smaller) groups, there was some evidence that scores were not normally distributed, but, as has been previously noted, parametric statistics have been characterized as robust (e.g., Glass, Peckham, & Sanders, 1972) to violations of normality, thus, it was determined that the ANOVAs could still be conducted and could still provide valid results.

Another assumption of ANOVA is homogeneity of variance. Levene's test for homogeneity of variances was conducted on all of the grouping variables and there was no statistically significant evidence (at the $p < .05$ level) of unequal variances. Therefore, this assumption was considered uniformly met.

The assumption of absence of outliers was investigated by visually inspecting boxplots of scores at each level of the grouping variables. No outliers were detected. Overall, assumptions were determined to have been adequately met, and so, analyses were conducted as planned. Table D (in appendix D) presents the MRNI-R total score means and standard deviations for all levels of the demographic variables.

**Race/ethnicity.** A one-way, between-subjects ANOVA was conducted to examine the effect of race/ethnicity on masculinity ideology. Results suggested that there were no significant differences in mean MRNI-R total scores between the seven racial/ethnic groups, $F(6, 164) = .64, p = .70$.

**Social class.** A one-way, between-subjects ANOVA was conducted to examine the effect of social class on masculinity ideology. Results indicated that there were no significant
differences in mean MRNI-R total scores between the four social class categories, $F(3, 167) = .28, p = .84$.

**Age group.** A one-way, between-subjects ANOVA was conducted to examine the effect of age group on masculinity ideology. Results indicated a statistically significant difference, at the $p < .01$ level, in mean total scores on the MRNI-R between the three age groups, $F(2,168) = 5.41, p = .005$. The effect size (eta squared) was determined to be .06, which would be classified as "medium" according to Cohen (1988). Post-hoc comparisons were conducted using the Tukey HSD test. The mean MRNI-R total score of those in the 18 to 24 age group ($M = 2.62, SD = 1.02$) was found to be significantly different from the mean total score of those in the 25 to 44 age group ($M = 3.11, SD = 1.10$), and was also significantly different from the mean total score of those in the 45 to 64 age group ($M = 3.39, SD = 1.17$). The mean MRNI-R total score of those in the 25 to 44 age group was not found to be statistically different from mean total score of those in the 45 to 64 age group.

**Ability status.** A one-way, between-subjects ANOVA was conducted to examine the effect of ability status on masculinity ideology. Results indicated a borderline statistically significant difference, at the $p < .05$ level, in mean total scores on the MRNI-R between the two ability status groups, $F(1,169) = 3.89, p = .05$. Those who reported having a physical and/or mental disability ($M = 2.67, SD = .91$) were found to have a mean total score on the MRNI-R that approached being considered significantly different from the mean total score of those who reported not having a physical/mental disability ($M = 3.08, SD = 1.15$).

**Sexual orientation.** A one-way, between-subjects ANOVA was conducted to examine the effect of sexual orientation on masculinity ideology. Results indicated a statistically significant difference, at the $p < .01$ level, in mean total scores on the MRNI-R between the three sexual
orientation categories, $F(2,168) = 6.23, p = .002$. The effect size (eta squared) was determined to be .07, which would be classified as "medium" according to Cohen (1988). Post-hoc comparisons were conducted using the Tukey HSD test. Those identifying as heterosexual ($M = 3.13, SD = 1.11$) were found to have a mean MRNI-R total score that was significantly different from the mean total score of participants identifying as homosexual ($M = 2.18, SD = .67$). Participants identifying as bisexual ($M = 2.46, SD = 1.03$) were also found to have a mean MRNI-R total score that was significantly different from the group of men identifying as heterosexual. Mean MRNI-R total scores among participants identifying as homosexual and those identifying as bisexual did not significantly differ from one another.

**Between-groups differences in attitudes toward seeking professional psychological help.** All assumptions of the ANOVA model were checked for the variables planned to be included in examinations of potential group differences in mean ATSPPH-SF scores prior to conducting any of the analyses. In regards to the assumption of normality of sampling distribution means, there were a number of grouping variable levels with relatively large sample sizes, which, according to the previously referenced Central Limit Theorem, provides assurance that the sampling distributions of the means are normally distributed. Also previously mentioned was the fact that ANOVA has been deemed robust to violations of normality. Therefore, the presence of non-normally distributed scores among some levels of the grouping variables in the current study was not considered to preclude generation of valid results.

To examine the homogeneity of variance assumption, Levene's tests for homogeneity of variances were conducted on all of the grouping variables and no statistically significant evidence (at the $p < .05$ level) of unequal variances was found, except in the instance of the age group variable, $F(2,168) = 5.69, p = .004$. Field (2009) recommended that the Welch's F test be
used instead of the ANOVA $F$-test when the homogeneity of variance assumption has been violated and this practice was adopted in the present study. 

The assumption of absence of outliers was investigated by visually inspecting boxplots of scores at each level of the grouping variables and by checking $z$-scores of any values determined to be potential outliers. None of $z$-scores exceeded the 3.29 (absolute value) cut-off score recommended by Tabachnick and Fidell (2007). In sum, all assumptions were determined to have been adequately met (with the exception of one violation of the homogeneity of variance assumption, which was corrected for in accordance with established guidelines), allowing for all analyses to be conducted as planned. Table E (in appendix E) presents the ATSPPH-SF total score means and standard deviations for all levels of the demographic variables.

*Race/ethnicity.* A one-way, between-subjects ANOVA was conducted to examine the effect of race/ethnicity on attitudes toward seeking mental health services. Results indicated that there were no significant differences in mean ATSPPH-SF total scores between the seven racial/ethnic groups, $F(6, 164) = 1.00, p = .43$.

*Social class.* A one-way, between-subjects ANOVA was conducted to examine the effect of social class on attitudes toward seeking mental health services. Results indicated that there were no significant differences in mean ATSPPH-SF total scores between the four social class statuses, $F(3, 167) = .59, p = .63$.

*Age group.* A one-way, between-subjects ANOVA was conducted to examine the effect of age group on attitudes toward seeking mental health services. Because results of Levene's test for homogeneity of variance indicated that this assumption had been violated (as noted above), interpretation was based on the Welch's $F$ test findings. It was determined that there were no
significant differences in mean ATSPPH-SF total scores between the three age groups, \( F(2, 64.15) = 2.26, p = .11 \).

**Ability status.** A one-way, between-subjects ANOVA was conducted to examine the effect of ability status on attitudes toward seeking mental health services. Results indicated that there were no significant differences in mean ATSPPH-SF total scores between the group of participants who identified as having a physical/mental disability and the group who did not, \( F(1, 169) = 2.29, p = .13 \).

**Sexual orientation.** A one-way, between-subjects ANOVA was conducted to examine the effect of sexual orientation on attitudes toward seeking mental health services. Results indicated that the difference in mean ATSPPH-SF total scores between the three sexual orientation categories approached statistical significance at the \( p < .05 \) level, \( F(2, 168) = 2.77, p = .07 \). The means and standard deviations of the three groups were as follows: \( M_{Heterosexual} = 15.73, SD_{Heterosexual} = 7.72; M_{Homosexual} = 20.80, SD_{Homosexual} = 5.63; M_{Bisexual} = 18.26, SD_{Bisexual} = 7.70 \).

**Multiple regression.**

**Assumptions.** One assumption of the multiple regression model is that there is a "substantial" ratio of cases to independent variables. Tabachnick and Fidell (2007) have recommended that if individual predictors are to be tested, the sample size should be greater than, or equal to, \( 104 + m \) (with \( m \) being the number of independent variables included in the analysis). As previously noted, the sample size utilized for the multiple regression analysis in the present study was 167, which exceeds the suggested minimum size of 111 (\( 104 + 7 \) independent variables).

Another assumption is absence of outliers, both univariate and multivariate. All univariate outliers had been removed prior to performing any of the primary analyses, as part of
the data screening process. To identify multivariate outliers, or, alternatively, to be able to confirm their absence, Mahalanobis distances were calculated via a regression analysis that included all of the independent variables, an approach promoted by Tabachnick and Fidell (2007). Based on an examination of the results, four multivariate outliers were identified, each exceeding the preestablished chi-square critical value, $\chi^2(7) = 24.32, p < .001$. Tabachnick and Fidell (2007) have contended that transformations or score alterations may not effectively reduce the influence of multivariate outliers, and so, it was decided that removal from the dataset would be the best course of action in the current study.

The remainder of the multiple regression assumptions are examined after the analysis has been conducted. To confirm absence of multicollinearity and singularity, bivariate correlations amongst the independent variables are examined, as are Tolerance and VIF values. Tabachnick and Fidell (2007) have maintained that bivariate correlations above .90 suggest multicollinearity. Pallant (2013) has advised that Tolerance values less than .10 should be considered to indicate multicollinearity, as should VIF values above 10. Singularity exists when one variable is actually a combination of two or more other variables. In the present study, the highest bivariate correlation amongst the independent variables was found to be .80. The lowest tolerance value was .18. The largest VIF value was 5.67. None of the independent variables were found to be a combination of two or more of the others. Taken together, these results indicate that the assumption of absence of multicollinearity and singularity was met.

Assumptions of normality, linearity, and homoscedasticity of residuals can all be assessed via an examination of the residuals scatterplot. If the residuals are found to be normally distributed (normality), the residuals have a straight-line relationship with predicted dependent variable scores (linearity), and the variance of the residuals about predicted dependent variable
scores is the same for all predicted scores (homoscedasticity of residuals), then these assumptions are considered met. A visual inspection of the residual scatterplot generated in the current study indicated that all three assumptions had been adequately met.

The assumption of independence of errors is assessed by examining the Durbin-Watson statistic, which was not found to be significant in the present study (Durbin-Watson $d > 1.72$, and $4-d > 1.72$), indicating that this assumption had been met. To summarize, all of the multiple regression model assumptions were found to have been adequately met.

**Results.** A standard multiple regression analysis was conducted to determine if seven components of traditional masculinity (as measured by subscale total scores on the MRNI-R) could significantly predict participants' attitudes toward seeking professional psychological services (as measured by total scores on the ATSPPH-SF), as well as to examine the relative predictive strength of each of the component ideologies. The linear combination of the seven subscales (i.e., Avoidance of Femininity, Disdain for Sexual Minorities, Extreme Self Reliance, Aggression, Dominance, Non-Relational Attitudes Toward Sexuality, and Restrictive Emotionality) accounted for a significant amount of the variance in total scores on the ATSPPH-SF, $R^2 = .35$, $F(7,159) = 12.32, p < .001$. That is, 35% of the variance in ATSPPH-SF total scores was accounted for by the combination of the seven subscale total scores. Individually, Avoidance of Femininity total scores ($\beta = -.34, p = .03$) and Restrictive Emotionality total scores ($\beta = -.33, p = .002$) were found to be significant predictors. As total scores on these two subscales scales increased (i.e., beliefs about masculinity became more traditional), total scores on the ATSPPH-SF were found to decrease (i.e., attitudes toward seeking professional psychological services became more negative). The correlation matrix for the predictors and the
dependent variable can be found in Table F (in appendix F) and a regression analysis summary for each of the predictors is presented in Table 1.

Table 1

*Regression Analysis Summary for Components of Traditional Masculinity Ideology Predicting Attitudes Toward Seeking Professional Psychological Help*

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRNI-R Avoidance of Femininity subscale</td>
<td>-1.68</td>
<td>0.76</td>
<td>-.34</td>
<td>-2.22</td>
<td>.028</td>
</tr>
<tr>
<td>MRNI-R Disdain for Sexual Minorities subscale</td>
<td>-0.20</td>
<td>0.71</td>
<td>-.03</td>
<td>-0.29</td>
<td>.775</td>
</tr>
<tr>
<td>MRNI-R Extreme Self Reliance subscale</td>
<td>-0.38</td>
<td>0.65</td>
<td>-.06</td>
<td>-0.58</td>
<td>.565</td>
</tr>
<tr>
<td>MRNI-R Aggression subscale</td>
<td>1.05</td>
<td>0.74</td>
<td>.19</td>
<td>1.41</td>
<td>.159</td>
</tr>
<tr>
<td>MRNI-R Dominance subscale</td>
<td>0.16</td>
<td>0.69</td>
<td>.03</td>
<td>0.23</td>
<td>.817</td>
</tr>
<tr>
<td>MRNI-R Non-Relational Attitudes Toward Sexuality subscale</td>
<td>-0.71</td>
<td>0.73</td>
<td>-.10</td>
<td>-0.97</td>
<td>.333</td>
</tr>
<tr>
<td>MRNI-R Restrictive Emotionality subscale</td>
<td>-1.79</td>
<td>0.58</td>
<td>-.33</td>
<td>-3.11</td>
<td>.002</td>
</tr>
</tbody>
</table>

*Note.* $R^2 = .35$ ($N = 167$, $p < .001$). MRNI-R = Male Role Norms Inventory - Revised.

Some researchers (e.g., Egan & Morgan, 1998; Hadi & Simonoff, 1993) have argued that identifying multivariate outliers via examining Mahalanobis distances is not a perfectly reliable method (and other widely used statistical methods have similar limitations, they contend), therefore, a follow-up multiple regression analysis was conducted, with multivariate outliers included, to examine potential differences in the results. It should be noted that the findings here reported were obtained under less conservative conditions, in regards to common recommendations for dealing with multivariate outliers, but it was determined that the meaningful difference in results warranted presentation and discussion.

With the multivariate outliers included ($N = 171$), the linear combination of the seven subscales was found to account for 37% of the variance in total scores on the ATSPPH-SF,
The unique contribution of the following three predictors was found to be significant: Avoidance of Femininity total scores ($\beta = -0.39$, $p = 0.01$), Aggression total scores ($\beta = 0.25$, $p = 0.047$), and Restrictive Emotionality total scores ($\beta = -0.32$, $p = 0.002$). As in the initial multiple regression analysis, an increase in scores on the Avoidance of Femininity and Restrictive Emotionality subscales was found to be predictive of a decrease in ATSPPH-SF total score. Unique to the results of the model with multivariate outliers included, as scores on the Aggression subscale increased (i.e., beliefs about this aspect of masculinity became more traditional), total scores on the ATSPPH-SF were found to increase as well (i.e., attitudes toward seeking professional help became more positive). The correlation matrix for the predictors and the dependent variable can be found in Table G (in appendix G) and a regression analysis summary for each of the predictors is presented in Table 2.

Table 2

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$</th>
<th>SE B</th>
<th>$\beta$</th>
<th>$t$</th>
<th>$p$</th>
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<td>MRNI-R Disdain for Sexual Minorities subscale</td>
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<td>0.63</td>
<td>0.01</td>
<td>0.09</td>
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<tr>
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<td>0.55</td>
<td>-0.32</td>
<td>-3.22</td>
<td>0.002</td>
</tr>
</tbody>
</table>

Note. $R^2 = .37$ ($N = 171$, $p < .001$). MRNI-R = Male Role Norms Inventory - Revised.
Responses to Open-Ended, Follow-Up Questions

As previously discussed, participants were encouraged to respond to the following open-response items, in the final section of the composite survey:

1. What does it mean to be a man (i.e., how should one think, act, and feel)?
2. What sources (e.g., the mass media, your male peers, etc.) have most impacted your beliefs about masculinity?
3. What are some of the "costs" (i.e., the major disadvantages/negative consequences) of meeting societal expectations regarding how a man should be?
4. What are some of the benefits of meeting societal expectations regarding how a man should be?
5. What do you think are some of the benefits of engaging in therapy? What do you think are some of the negative consequences?

The number of responses received for each of these questions was 114, 116, 115, 108, and 115, respectively (see appendix H for a presentation of the entire response set, organized by question). Responses were systematically analyzed, on a question-by-question basis, via an adapted version of a grounded theory approach advocated by Auerbach and Silverstein (2003). The particular method that they outlined involves, in essence, stepwise progression from "a lower to higher (more abstract) level of understanding" (p. 35). The lowest level being "raw text" and the highest level being the overarching "research concerns" (i.e., how the results fit within the broad theoretical frameworks adopted by researchers). Higher level coding, such as identifying the "theoretical narrative(s)", was not conducted since the purpose of qualitative analysis in the present study was to provide a broad overview, and not an in-depth account. In accordance with
this, only "repeating ideas" and "themes" will be presented. Results for each question will be discussed, sequentially, in the subsections that follow.

Morrow (2005) promoted the practice of reflexivity as "a way for researchers to inform their audiences about their perspectives as well as to manage their subjectivities" (p. 250). In accordance with this recommendation, I will "position myself" as an investigator prior to offering any of my qualitative interpretations. I am a 29-year-old, heterosexual, able-bodied, White male of middle-class origins. Throughout my life, I have been afforded the power and privilege to successfully enact many hegemonic masculinity ideologies (and to benefit from doing so), but I have also been deeply impacted by family, professors, and colleagues who have encouraged me to critically question the status quo as well as what it "really" means to be a man.

While training to become a mental health practitioner, I developed a notion, early on, that many mainstream approaches to treatment are, comparatively speaking, more infused with feminine values. I began to wonder if the aversion to therapy that so many of my male peers claimed to have was related to the mismatch I had perceived between some forms of psychotherapy and certain aspects of traditional male socialization. All of the open-response data examined in the current study were filtered through the lens of these particular identity statuses and past experiences, with all attendant biases, blind spots, etc. ever present.

What does it mean to be a man (i.e., how should one think, act, and feel)? Based on an application of grounded theory coding principles to the responses to question one, it was determined that four distinct themes represented the entirety of the data well.

Traditional notions of what it means to be a man. A majority of respondents made some reference to traditional masculine traits in their response. A subset of this population defined masculinity in exclusively, or nearly exclusively, traditional terms. Some of the descriptors most
commonly mentioned, which constitute the repeating ideas, were: dependable, reliable, self-sufficient, protector, confident, independent, strong, capable, brave, tough, and problem-solver. A typical example of a "traditional notion" response is as follows:

Men should take charge of their own lives. Men should always be ready to tackle life's obstacles head on, instead of being beaten by them, or hoping they'll just go away. Men should always be willing to protect and defend those they care about. Men should present an unshakable front to inspire confidence in times of uncertainty. Men should be the kind of person others can depend on.

Another participant, expressing a similar sentiment, wrote: "ideally a man should be stalwart, resourceful [sic], bold, a leader in the home, earn a decent living, and be able to make his own way in life." Emphasizing the importance of rational thinking and "proper" action, one participant responded: "Independence. Take risks. Do the right thing. Accept responsibility. Think clearly. Separate facts from feelings.". Lastly, a response that seemed to epitomize the traditional notion category: "strong, brave, intelligent, capable, independent, dominant, stable, deliberate, determined, ambitious."

**Nontraditional notions of what it means to be a man.** A (sizeable) minority of respondents espoused nontraditional values regarding what they believed to be the defining features of masculinity. Some might argue that these sorts of values could be more aptly labeled "progressive", but doing so would likely reinforce pathologizing of traditional values (since progressive seems to connote some unspecified extent of improvement), and so, "nontraditional" was selected for its more neutral implications. The repeating ideas identified were that men should be compassionate, they should help others, and they should invest significant time and energy in cultivating relationships. The following is a representative response:
Men, along with women, should be caring. It is up to all people to take care of each other. Everybody should think of the better of others, act for the better of others, and attempt to understand the viewpoints of all others.

One participant asserted that men should act "in favour [sic] of supporting the people around you" and should "care for those who care for you." Emphasizing what he believed to be the critical importance of interpersonal connection, one man wrote that hanging "out with men that trust each other and are always hoping the best for them after departure is the best way for men to be." He went on to state that as "men face challenges through school and beyond, I think building strong relationships is important in the definition of what it means to be a man."

Integrated notions regarding what it means to be a man. One of the comparatively less commonplace, but still notably evident, themes was a description of what it means to be a man that contained an admixture of traditional and nontraditional notions. The repeating idea was that men should be, to some extent, androgynous. A prime example is: "men should be stoic yet sensitive, strong yet yielding, self-assured but never self-righteous, and above all else, self-sacrificing." Another participant remarked that "it is good for men to have traditional male thinking (e.g., being strong, not getting to [sic] emotional and controlling fear) but men need to find a compromise and have an emotional connect and no [sic] when to ask for help." One respondent wrote that men should be "responsible, confident, capable, thoughtful, helping." The following is an additional illustrative example:

I think being a man means taking personal responsibility for one's thoughts, feelings, and actions; embracing one's duties, obligations and responsibilities; demonstrating courage, resolve, independence, and strength, but also wisdom, benevolence, and compassion for others.
Integrated responses were variable in terms of the particular balance between endorsing traditional notions and endorsing nontraditional ones, with a trend toward placing greater emphasis on, or discussing at greater length, traditional ideologies.

**Opting to describe how "all people" should be.** Some participants discussed how they believed all humans should be, regardless of gender. Repeating ideas were that men should simply be "good people" and should reject societally prescribed, gender-specific ideologies. As one participant understands it:

> Being a man is about self-identifying as a man, and choosing to go through life as such. It can mean masculine dress/behavior, or more effeminate behavior, either one can be as manly as the person wishes. But part of that should include being a decent human being.

Another response included in this category was: "I believe in morals and acting honorably, but that's not exclusive to men. I believe in treating others well, but that's not exclusive to men." One respondent remarked: "Sorry I try to act like a person. This gender drive is old hat and out of fashion." Others wrote that what it means to be a man is the same as "what it means to be human" and that "being a man is the same as being a woman." An additional example is: "Be yourself, pursue what you want to get out of life. Consequently this is what it means to be human."

**What sources (e.g., the mass media, your male peers, etc.) have most impacted your beliefs about masculinity?** Responses to this question tended to be brief and to be written in list form, with multiple sources identified, therefore, a discussion of the repeating ideas (most of which have been extracted from the text verbatim) will serve as the primary method of representing the raw text, rather than a presentation of direct quotes.
**Family.** One of the most commonly cited sources was respondents' fathers. Other repeating ideas included mothers, uncles, and grandfathers. In some cases, these sources were described as modeling maladaptive behaviors, values, etc., while in others the lessons learned were held in high esteem. When respondents did specify particular family members who had most impacted their beliefs about masculinity, they primarily mentioned male members (with the relatively frequent mention of mothers being the only exception).

**Peers and friends.** Listing friends and/or peers who were considered to be influential, in regards to beliefs about masculinity, was another very common response. Some participants mentioned only male peers and/or male friends, whereas others explicitly indicated both male and female friends/peers. Still others made no reference to the gender of such peers/friends. There was minimal elaboration as to who in particular amongst friends/peers were the primary sources or as to which specific messages had been conveyed by these people.

**Media.** A majority of participants reported that the "media", broadly defined, had a significant impact on their beliefs about masculinity. As was the case with family members, some participants were critical of the messages they received from this (set of) outlet(s) and others viewed the messages as positively contributing to their gender identity development. The specific types of media outlets identified, which can be considered the repeating ideas, were: television, movies, fictional literature, and the internet. Some participants mentioned specific fictional characters, movies, websites, etc. that have strongly influenced their perspectives on masculinity. One respondent, elaborating more than most, wrote that:

The mass media contains both positive and negative examples of masculinity, so it makes sense to define one's own maleness in reaction to it. Some of my own fictional role models for masculinity include Atticus Finch, "Coach" from Friday Night Lights, Jean
Luc Picard from Star Trek, Mr. Feeny from Boy Meets World, and Captain Malcolm from Firefly. These men showed me that toughness and kindness are not opposites -- one can show empathy and vulnerability toward one's friends, and fight for one's beliefs.

**Personal experience, including direct observation.** A number of men indicated that they learned about masculinity through "life experience", that is, via the (often profound) effects of having particular behaviors, beliefs, etc. either punished or promoted by others. One participant identifying this sort of source as a major influence simply stated: "reactions from partners and peers." Another remarked: "Life experience through physical and social events. While the common modern rhetoric is that men should be able to be sensitive and docile, I have found this type of behavior to be generally unproductive."

A notable subset of the population who cited personal experience as a major influence on their beliefs regarding masculinity maintained that they relied entirely, or nearly so, on their own notions (i.e., self-reflection was their primary source of learning). One such participant wrote: "I am of the mind that others ought not tell me my own business, therefore I set about to understand how to act in the world myself." Others, without further detail, responded: "my own opinions" or "self-reflection."

**Religion.** A notable number of respondents reported that church, and, more specifically, the Bible, have significantly influenced their beliefs about masculinity. There was minimal discussion of the particular messages, or the impact of such messages, received from these sources. One participant did write: "The Bible (loving one another)." All others citing religion gave no indication as to whether the lessons learned about masculinity, from church or the Bible, have been helpful or dysfunctional.
**Formal education and non-fiction.** Although none cited it exclusively, a substantial number of participants listed some element of their formal education, or their self-directed non-fiction reading, as influential in regards to their beliefs about masculinity. One such participant wrote: "Audre Lorde's essay on raising a son as a feminist. Queer theory, such as Kate Bornstein's book Gender Outlaw." Another reported that "research literature" has been especially impactful. Some discussed philosophy as an important learning source, with occasional references to particular philosophers. A few respondents listed "teachers" as influential sources.

**What are some of the "costs" (i.e., the major disadvantages/negative consequences) of meeting societal expectations regarding how a man should be?** The responses to this question tended to be more heterogeneous than those provided to the previous questions. It was determined that six themes capture the essence of this relatively diverse response set.

**Difficulties expressing and/or adaptively coping with emotions.** Repeating ideas were that men often experience a "stunting" of emotional growth when attempting to adhere to "normative" societal expectations, that they frequently have to suppress emotions, and that many tend to feel unable to ask for help with emotional issues. A number of respondents asserted that because adherent men tend to feel unable or unwilling to access social supports when struggling with emotional issues, they are more likely to resort to dysfunctional behaviors such as substance abuse or violence as a means of coping. As one participant put it: "when a man isn't allowed to open up and confront his issues it will boil over into unhealthy habits that could eventually hurt him." Others described the emotional consequences as having to "bottle up emotions", as having "no emotional life", and as "emotional trauma." Describing the emotional consequences over the course of the lifespan, on respondent wrote:
Nobody really talks about the fact that we invalidate men's emotions from such an early age that by the time they're teenagers, they're not even sure they have emotions. The fallout of not letting men get help is damaging to everybody. Another man remarked that he has commonly encountered males being discouraged from expressing emotions "largely because people are either unwilling to hear, do not know how to interpret, or are entirely disdainful of them [emotions] as revealing weakness."

**Difficulties connecting with others.** Many participants spoke of loneliness, isolation, and discomfort with intimacy as a result of acting in accordance with norms encouraging independence. One participant highlighted the alienation that can be created by avoiding any signs of dependence/reliance on others when he questioned: "Who does the person that is the help go to when he needs help?" Others referenced "shutting people out", a "pervading sense of loneliness", developing "disingenuous relationships" and "isolation from support structures."

**Identity disturbance.** The primary repeating idea was that men often have to sacrifice their own needs, wants, etc. to be compliant with gender norms, and, therefore, they are frequently unable to be their "true selves." They may feel that their authenticity must be consistently stifled. Respondents noted that having to inhibit "true" needs, beliefs, etc. can lead to "low self-esteem" and "low self-worth." One participant described "having to please others or fulfill their expectations rather than my own." Another wrote: "depending on those societal expectations, you could lose your integrity and your self-value as a man." As one participant put it: "you'll be lying to yourself, if you try and be the man that society wants you to be, and that can drive a person crazy." Similarly, another man wrote:

The major cost of following such a course of action is that it ignores how *you* want to be - and if it went far enough it could repress your own desires to meet society's. While I have
no background in psychology this strikes me as something that could cause dissonance and psychological troubles down the road.

**Physical and/or mental health problems.** A significant number of respondents asserted that striving to meet societal expectations regarding what it means to be a man can pose a direct threat to your health, physical as well as mental. One participant described the potential consequences as "physiological and emotional death." Another contended "lower life expectancy" and "higher risk of morbidities." Discussing adverse effects on mental health, one participant remarked that traditional men are likely to suffer from "mental disorders and instability." An additional example of this theme is: "the costs associated with conforming to gender specific norms is often depression." The idea that men are often expected to ignore risks, and that this exposes them to significant physical/emotional dangers, was commonly voiced. The following is a representative example:

The concept of the disposable male is strongly embedded in our society. Men are expected to risk life and limb to help others, especially women. To the point that men are shamed for saving themselves over others. You're expected to sacrifice your relationship with your family to provide for them. You're expected to ignore your own physical and mental health.

**Constant pressure.** Development of the "constant pressure" theme was based on the identification of a repeating idea that meeting societal expectations is an ongoing process requiring considerable, persistent effort. One man described the struggle thus:

The biggest cost of conforming to the societal expectation of manhood is, I feel, primarily the amount of stress it entails. You spend an enormous amount of time presenting yourself as rigorously male to the world. A single shred of evidence that you do not fully
conform to the expectation can be the source of bullying, both physical and mental.

Effectively, you have to second-guess everything you do to make sure it doesn't say the wrong thing about your masculinity.

One participant described this negative consequence as "exhaustion coupled with anxiety about losing the acceptance associated with meeting those expectations." Another remarked: "there is huge pressure to conform, to play the role, to fit the stereotype, always being questioned about your status." An additional representative example is: "continuous pressure to be the best, tough, unemotional."

**There are no negative consequences.** A notable number of respondents reported that they either did not believe there were any negative consequences associated with striving to meet societal expectations or that none readily came to mind. One such participant remarked: "I don't know, I don't bother much with societal expectations." Another claimed: "there aren't any I can think of." Speaking more definitively, one man wrote: "there are no costs to be a man or woman." A final example is: "based on my experience, I have no real clue."

**What are some of the benefits of meeting societal expectations regarding how a man should be?** Like responses to the question about sources of masculinity ideologies, participants tended to answer this question by means of a brief list. As such, there will be less of an emphasis on presenting direct quotes, since this would do little to enrich the information provided via a discussion of repeating ideas. A small subset of the respondent population maintained that they knew of no benefits, whereas the vast majority identified at least one.

**Career/financial success.** Repeating ideas were that adhering to societal norms can result in greater success at work, especially in business-oriented positions, as well as in earning more money. One representative response was: "it can...facilitate success in business." Speaking
objectively, another participant wrote: "it is a known fact that men will average higher pay than women." An additional illustrative example is: "it makes me a better candidate in the business world." One participant remarked that an "obvious advantage" is: "increased opportunities in career fields."

**Acceptance and, relatedly, avoiding ridicule.** This theme was represented by responses that focused on the perceived benefits of "fitting in" better and avoiding ostracism. One such response was: "you won't be hassled by other men that much for being you." Others, responding similarly, wrote: "feeling accepted", "social acceptance", and "wider acceptance in the community." One man argued that acceptance was the only benefit, stating: "Other men accept you more. That's basically it." Another man discussed evading criticism: "you avoid negative feedback from society members close to you." One participant described what a typical response from others might be: "Fitting in. 'He's one of us. Nothing threatening, nothing to see, let's pick on that guy instead, he doesn't like...'"

**Status and esteem.** Some respondents believed that displays of normative masculinity tend to engender more than mere acceptance, claiming that the rewards for adequately demonstrating traditional masculine values are often "admiration" and "popularity." A closely related term that several men used to describe the benefit of positive perception was "respect." One participant discussed the supposed high likelihood that a man would gain "respect from one's peers, admiration of one's fellows." Another simply stated: "approval, admiration." An additional representative example is: "your friends will be more loyal than other people even know can exist and your relationships will last longer and be more fruitful because their [sic] based on respect and admiration." One man remarked: "status, popularity, power."
"Success" with women. A number of respondents stated that men who enact mainstream forms of masculinity are more sexually attractive to women, providing them with easier access to, as well as more frequent, sexual intercourse and/or romantic relationships. A response that aptly represents this theme is: "most women, in my experience, tend to demand men who meet traditional norms, so the 'regular guys' have an advantage in finding mates." Another participant wrote: "sexual attraction of women." Other men simply stated: "more sex" and "more dates." One man wrote that "women actually prefer manly men."

Perceived competence. Repeating ideas included assumptions of capability and of knowledgeability, regardless of whether or not either has been actually demonstrated. Additionally, repeating ideas of being perceived as trustworthy and treated with deference were identified. One participant wrote that "men who conform to society's expectations are more likely to be listened to, have their opinions respected." Another remarked: "considered a leader." An additional representative example is: "Assumption of capability can be a boon as well. In some situations it is easier to gain trust by taking the masculine role." One man stated that "an assumption of competence is nice, people generally believe men are competent." A final example is: "our opinion is more highly regarded in some situations, even when it shouldn't be (e.g., buying cars from dealerships, walking around hardware stores, car troubles, etc.)."

It makes life easier. The repeating ideas were that traditional male gender norms offer guidance regarding how to navigate complex social situations and they tend to facilitate a certain predictability in the social environment. One respondent stated it thus: "having social guidelines gives men 'rails to run on.'" Another remarked that adhering to traditional norms "can 'grease the wheels' so to speak in social situations." The following is an additional representative example: "one could argue meeting [sic] societal expectations could provide a common and uniform
understanding." One participant stated that "social interactions in general may be easier."

Another asserted: "it helps us function in this society."

**What do you think are some of the benefits of engaging in therapy? What do you think are some of the negative consequences?**

In general, participants provided lengthier, more detailed responses to this question, as compared to the four previous. Perceptions of psychotherapy varied widely. Some men discussed only potential benefits, whereas others wrote exclusively about what the negative consequences might be. Amongst those responses that focused on only benefits or on only negative consequences, the latter type was noticeably more prevalent. A number of respondents explicitly mentioned that they were currently engaged in therapy, or had been in the past, and discussed their personal experiences with it. Themes pertaining to each part of the question (i.e., benefits and negative consequences) will be discussed separately.

**Benefits.**

*It can help with problem solving.* A significant number of participants asserted that engaging in therapy can help with problem solving, either directly or indirectly. Some stated that the primary focus of treatment could be on resolving particular issues, while others noted that the focus could be on developing adaptive coping skills that are likely to assist with problem solving in a more general sense. One participant described this benefit as being able to work "with a trained health professional to untangle problems and solve them." Another wrote that therapy involves a "systematic, methodological manner to attempt to solve a problem which means that seeking a solution via therapy is likely to be done in an organized fashion with a specific direction." As one man phrased it: "everyone faces unproductive thoughts and behaviors, and
therapists can help patients develop strategies to confront these." A final representative example is: "you obtain the knowledge, skills, and tools to solve your problems."

You can obtain an outside, unbiased perspective. Repeating ideas were that you are likely to receive impartial input and/or advice, which can lead to greater understanding and the development of more adaptive thoughts as well as behaviors. For some, exposure to a different perspective, in and of itself, was considered a valuable experience. A representative example of this theme is: "[therapy offers] another perspective on your problems, and a fresh set of eyes to catch the things you invariably miss, because you are too close to the situation." One respondent contended that individuals engaging in therapy can gain "an outside perspective on personal issues." Another man wrote that a therapist can "provide an unbiased view of a patient and help put their problems in perspective." Others described, in lesser detail, similar benefits: "a new perspective", "an alternative view", and "a professional viewpoint."

You can (safely) express and explore emotions. A notable proportion of the respondent population expressed the belief that engaging in therapy affords one the opportunity to learn about and process emotions in a non-threatening environment. The following response is a prime example: "[therapy provides a] safe environment to talk about emotionally intense topics."

Another man wrote that therapy can be an "outlet to express frustrations, without worrying about social mores." Similarly, one respondent stated that speaking with a therapist can provide the benefit of "getting things off your chest without any consequence." An additional representative example is: "Every pipe needs a release valve, even if it may never become blocked. Therapy supplies a meaningful release of stress in difficult times." One participant maintained that the benefits include "learning to become vulnerable" and "learning not to fear emotions."

Another
claimed that "to have someone to talk to, to vocalize your thoughts and emotions is so so so helpful and healthy."

*It may help you to increase self-awareness/self-understanding.* Another relatively common response to the question of potential benefits was that those engaging in therapy are likely to learn a lot about themselves, which has value in and of itself as well as instrumentally, insofar as such knowledge can help facilitate adaptive changes in one’s life. One participant described the benefit thus: "engaging in therapy can draw attention to one's self, and increased self awareness can make positive changes possible." Another respondent discussed the benefit of openly exploring "hidden" parts of yourself:

As long as you hide something, it remains your 'dirty little secret' and holds power over you. As soon as you let it into the open (in a safe environment), an issue, which might feel like a monster in the closet, looses [sic] its mystique and becomes easier to deal with.

One participant contended that therapy "is a healthy tool for self-reflection and analysis." The following is an additional representative example: "guided introspection is more efficient, making it easier to identify and work around, dealt [sic] with or remove harmful patterns of though [sic] or habits."

**Negative consequences.**

*Engaging in therapy may require a substantial investment of time and money.* The most commonly cited negative consequence was financial burden. The time commitment required was also identified as a negative consequence by many. One man wrote that therapy is "too expensive for most people and often not covered by insurance plans." Another man stated that the primary negative consequence is "the $350 per hour you have to pay." Many others provided briefer
statements reflecting this theme, such as: "financial cost", "cost of time/money", "expensive", and "time."

_Therapy is ineffective._ Another notably common response to the question of negative consequences was that therapy is not actually helpful in any meaningful way. Some men responding in this manner identified the problem as the "broken" mental health system, with occasional allusion to the "unscientific" theories that guide practice, whereas others characterized the ineffectiveness as due to incompetent therapists, who may, or may not, be representative of all mental health practitioners. There was some overlap between this theme and the preceding one, in terms of frequent references to time and money, but the distinct difference is that respondents believing therapy to be wholly ineffective saw engagement as a "complete waste" of these resources, rather than simply a major commitment. The "ineffectiveness" theme is aptly illustrated by a small number of responses that contain, relatively speaking, the greatest extent of elaboration regarding this perceived fundamental flaw.

As one man put it:

You are essentially paying to hear what you already know/your friends would have told you but we are conditioned to think that a degree in what is essentially sociology with a fancy hat somehow gives more gravity to the speaker.

Another respondent wrote that: "Having engaged in therapy, I cannot vouch for its benefits. It struck me then as it does now as 'much ado about nothing.'" One participant described his experience working with multiple (ostensibly incompetent) therapists thus:

I went to therapy with my girlfriend then wife. The therapists are lazy and completely relied on her doing homework for them while she was raising 3 kids, full time school and part time job. I helped her more than they did, so it's a waste of time and money.
Another participant emphatically stated: "I have done psychotherapy before and it was USELESS. Worse than useless. It actually made me worse. I would seek help for the purpose of getting medication only but I would not voluntarily use psychotherapy again." One man voiced skepticism regarding the validity of the theories that underlie clinical interventions, stating that: "I'm unsure of the soundness of a lot of psychology, and therapy is expensive. You might just be throwing your hard work away for a fantasy."

You might become dependent on therapy/a particular therapist. This theme is represented by responses that emphasized the potential danger of becoming too reliant on therapy, in a general sense, or else too reliant on the particular practitioner one is currently working with. Most respondents mentioning the negative consequence of dependency did not specify the ways in which such dependency might be problematic. The following is an illustrative example: "[giving] over one's authority to a therapist is dangerous, as is becoming dependent on the therapist." Another respondent wrote that the "only negative consequence for me is that you can become too reliant on that external voice." One man noted that, after initiating therapy, it can become very difficult to determine when termination of services is warranted. As he put it: "over-dependence on the services may occur if the individual regresses to the point of integrating therapy entirely into their lives, instead of realizing the end point of no longer needing it."

Similarly, another man wrote: "the biggest negative I see is abrogating responsibility for oneself by being permanently in therapy."

Others might judge you negatively and/or you might judge yourself negatively for seeing a therapist. Another consistently mentioned negative consequence was the perceived high likelihood of being stigmatized by others, and the related phenomenon of developing self-stigma, as a result of engaging in therapy. Most participants discussing the potential of becoming
stigmatized did not specify a basis for negative evaluations (e.g., pervasive negative beliefs about mental illness, negative beliefs about mental health treatment, negative beliefs about seeking help). In fact, a significant number of those who provided responses reflecting this theme simply wrote "stigma" or "social stigma." One participant, discussing his opinion at comparatively greater length, wrote: "there is a negative stigma against therapy, so people may judge you."
Another man contended that individuals engaging in therapy might perceive themselves as "weak/vulnerable" for doing so. An additional representative example of this theme is: "there is somewhat of a stigma when it comes to emotional problems, so I would feel judged for trying to get help with a professional." One final example is: "people consider you 'weak', people think you have deep troubling issues and therefore dangerous/unworthy of attention."

Discussion

Primary Analyses

Correlation. A number of research studies have identified a negative relationship between endorsement of traditional masculinity and attitudes toward seeking mental health services (e.g., Branney & White, 2008; Good et al., 2005). Results from the present study supported these prior findings. A strong, negative relationship was indicated between overall level of endorsement of traditional masculinity ideologies (as measured by total scale scores on the MRNI-R) and attitudes toward seeking professional psychological help (as measured by total scores on the ATSPPH-SF). As the extent of endorsement of traditional ideologies increased, attitudes toward seeking professional psychological services were found to become more negative. Total scores on the MRNI-R were found to explain close to one third of the variance in total scores on the ATSPPH-SF. Similar evidence, from prior studies, of a strong relationship between these two scores has led some researchers (e.g., Berger, Levant, McMillan, Kelleher, &
Sellers, 2005) to wonder if avoidance of seeking help might actually be validly conceptualized as an additional dimension of traditional masculinity.

The strength of the relationship found between total scores on the MRNI-R and total scores on the ATSPPH-SF in the current study was greater than that which was indicated by results from several other studies (e.g., Berger et al., 2005; Levant et al., 2013; Levant, Wimer, Williams, Smalley, & Noronha, 2009). These studies varied in terms of the demographic region of the U.S. where recruitment primarily occurred (e.g., the Midwest vs. Florida) and the type of participant population utilized (e.g., a college sample vs. a community sample), among other factors. This seems to highlight the importance of considering moderating factors when attempting to apply general knowledge about the relationship between traditional masculinity ideologies and attitudes toward seeking mental health services to particular groups of (or individual) men. Researchers have consistently found that more traditional notions of masculinity are associated with more negative attitudes toward seeking help for psychiatric issues, but the strength of the association seems to vary (in some cases sizeably) based on such factors as geographic location, education level, etc.

**ANOVAs.**

**Group differences in masculinity ideology.** A significant (mean) difference in the extent of traditional masculinity ideology endorsed (as measured by total scores on the MRNI-R) was found between the three age groups included in the present study. Participants in the 18 to 24 age group endorsed traditional ideologies to a lesser extent, on average, than did participants from the 25 to 44 and 45 to 64 age groups.

Berger et al. (2005) noted that research within the gender role strain paradigm has consistently indicated that older men tend to endorse traditional masculinity ideology to a lesser
extent than younger men do. The results of the present study may, at first glance, seem to contradict these prior findings, but, in actuality, it appears that the designation of "older" has commonly been applied to ages outside the range examined herein. The inclusion criterion for the current study, in regards to age, was 18 to 64 (typically referred to as the "adult age range"). Individuals aged 65 or older have traditionally been labeled "older adults" or elderly. Therefore, results of the current study are likely to validly reflect differences in the extent of endorsement of traditional ideologies within a population of adult men, but they do not provide any insight into differences between adult men and elderly men in this regard.

A study conducted by Young (1996), using the original MRNI (Levant et al., 1992), detected a generational difference in endorsement of traditional masculinity ideologies. Among father-son dyads, sons were found to score lower (i.e., espouse less traditional values) on the MRNI than their fathers. Abreu, Goodyear, Campos, and Newcomb (2000) examined how well a number of variables, including age, could predict scores on the Male Role Norms Scale (MRNS; Thompson & Pleck, 1986), a measure of traditional masculinity ideology that is, conceptually, closely related to the MRNI-R. They found that age was a significant predictor, with endorsement of traditional ideologies increasing with age.

The finding, in the current study, that those in the youngest age group (i.e., 18 to 24) endorsed traditional ideologies to a lesser extent, as compared to the two older groups (i.e., 25 to 44 and 45 to 64), was consistent with the results of these earlier studies. There do appear to be consistent generational differences in endorsement of traditional masculinity ideologies, with younger generations espousing more nontraditional values. This seems to reflect an ongoing progression (albeit a gradual one) towards greater gender equality in American society, and, relatedly, less polarization between normative male and female roles, with the endorsement of
nontraditional values, as well as the enactment of nontraditional behaviors, being more socially acceptable.

Men who identified as having a physical/mental disability endorsed traditional masculinity ideology, on average, to an extent that was very nearly significantly different from those identifying as not having a physical/mental disability. The group of men with disabilities was found to have a lower mean score on the MRNI-R (indicating less traditional beliefs) than the group of men without disabilities. There is a paucity of research exploring the ways in which having a disability impacts one's gender identity, and so, the following interpretation is necessarily speculative. It has been noted in a previous section of the current study that demonstrating compliance with hegemonic norms requires a high degree of physical and manual dexterity. Disabilities are therefore likely to hinder a man's ability to successfully enact traditional values, to varying extents. Many men with disabilities may opt to define masculinity via more nontraditional ideals that they can actually live up to (which would be associated with lower scores on the MRNI-R), allowing them to maintain an image of themselves as appropriately masculine.

Men identifying as heterosexual were found, in the present study, to endorse traditional masculinity ideology to a greater extent than men identifying as bisexual and men identifying as homosexual. These results are consistent with findings from past research involving similar investigations. Vogel, Heimerdinger-Edwards, Hammer, and Hubbard (2011), measuring endorsement of hegemonic norms via an instrument that has been found to strongly and positively correlate with the MRNI-R (i.e., the Conformity to Masculinity Norms Inventory; Mahalik et al. 2003), reported that heterosexual men scored significantly higher on the instrument (indicating a greater extent of conformity to traditional norms) than gay men did.
Sanchez, Bocklandt, and Vilain (2013), employing the Gender Role Conflict Scale (GRCS; O’Neil, Helms, Gable, David, & Wrightsman, 1986), similarly found that, among monozygotic male twins discordant for sexual orientation, heterosexual men endorsed traditional masculine values to a significantly greater extent than their gay cotwins did. Scores on the GRCS have exhibited a strong, positive correlation with scores on the MRNI-R in prior research (e.g., Levant et al. 2010). Wester (2008) contended that many gay men actively reject certain traditional "mandates" (e.g., that men should avoid expressing emotions to, and coming into physical contact with, other men), which likely explains why several studies have found that, overall, homosexual men report less adherence to traditional norms, as compared to heterosexual men.

There were no significant differences detected in mean scores on the MRNI-R between racial/ethnic groups, nor were there any significant differences discovered between social class categories, in the present study. Vogel et al. (2011), using the aforementioned Conformity to Masculinity Norms Inventory (CMNI), found that European-American men scored significantly lower than both Latino-American men and Asian-American men did. Levant and Majors (1997) reported that, in their study, African-American men scored significantly higher, as compared to European-American men, on the original MRNI. Levant et al. (2003) discussed their findings thus:

African American adults [both men and women]...tend to endorse traditional masculinity ideology to a higher degree than do their European American counterparts...Hispanic adults and cultures residing in the mainland United States...appear to be midway between African Americans and European Americans in their endorsement of traditional masculinity ideology. (p. 97)
Levant et al. (2007) also combined the scores of men and women when examining racial/ethnic group differences, finding that European-American adults scored significantly lower on the MRNI-R than both African-American and Asian-American adults.

One potential explanation for the discrepancy between the results of the present study and findings from prior research, in regards to racial/ethnic group differences in endorsement of traditional masculinity ideologies, is that there was an insufficient number of participants in each "cell" (i.e., the number of participants in the racial/ethnic minority groups was too small) to adequately power the ANOVA, resulting in nonsignificant findings when, in actuality, significant differences do exist. Tabachnick and Fidell (2007) noted that small samples sizes can substantially diminish the power of a test to detect significant differences. Another factor that likely contributed to the failure to detect significant results was the relatively large within-groups variance (commonly referred to as error variance) in MRNI-R scores exhibited by the racial/ethnic groups. As Tabachnick and Fidell (2006) have stated, "error variability...has a profound effect on power; the smaller the error variability, the greater the power" (p. 115). The small number of participants in the racial/ethnic minority groups, combined with the relatively large error variability, likely considerably diminished the power of the ANOVA to detect the types of significant differences that have been reported in other studies.

There appears to be a dearth of research examining differences in endorsement of traditional masculinity ideologies between various social class statuses. Levant and Richmond (2007) reported that adults (men's and women's MRNI scores were combined when analyses were conducted) identifying as "lower class" have been found to be more likely to endorse traditional masculinity ideologies. As previously noted, no significant differences in the extent of endorsement of traditional masculinity ideologies between the four social class categories were
found in the present study. Since there is a lack of related, empirical research to compare these results with, it is unclear whether they are aberrant, or, alternatively, are consistent with (yet-to-be) established trends.

Kilmartin (2000) contended that since men from lower-class backgrounds are often barred from obtaining economic power, they are more likely to try to elevate their status via physical and interpersonal dominance. Such men may appear hypermasculine in some regards and may, of necessity, exhibit less endorsement of those traditional values that they have no means of enacting. Conversely, men from middle- and upper-class backgrounds may strongly identify with traditional values pertaining to career/economic success and may feel less compelled to overcompensate in other domains. This could explain why, overall, men from different social class backgrounds had similar mean scores on the MRNI-R in the current study. Alternatively, it is possible that significant differences do, in fact, exist, in which case the lack of detection was likely due to insufficient power, resulting from the same issues that seemed to have led to nonsignificant findings in regards to racial/ethnic group differences. That is, the combination of a small number of participants in some of the groups (i.e., the poor/low-income group and the wealthy/upper-class group) and relatively large error variability.

*Group differences in attitudes toward seeking professional psychological help.* No statistically significant (mean) differences in attitudes toward seeking professional psychological help (as measured by total scores on the ATSPPH-SF) were found between the racial/ethnic groups, the social class groups, the age groups, or the ability status groups. The differences in mean total scores on the ATSPPH-SF between the three sexual orientation categories (i.e., heterosexual, homosexual, bisexual) approached statistical significance (at the $p < .05$ level). Attitudes toward seeking professional psychological help, among men identifying as
heterosexual, were, on average, notably more negative than the attitudes espoused by men identifying as homosexual and men identifying as bisexual. It is difficult to contextualize these results since very few studies have examined, in regards to men specifically, whether or not differences in attitudes toward seeking mental health services exist among diverse groups.

Vogel et al. (2011) found a significant difference in mean scores on the ATSPPH-SF between gay men and heterosexual men, with gay men exhibiting, on average, more positive attitudes. These researchers found no significant differences in mean ATSPPH-SF scores between the four racial/ethnic groups included in their study. Results of a study conducted by Sanchez et al. (2013) indicated that, among monozygotic male twins discordant for sexual orientation, heterosexual men held significantly more negative attitudes toward seeking professional psychological help than their gay cotwins did. Berger et al. (2005) found that older men espoused more positive attitudes toward seeking professional psychological help than younger men did.

Taken together, the results just outlined suggest that there may be consistent differences in attitudes toward seeking professional psychological help between men of different sexual orientations and different age groups. It is likely that the same factors diminishing the power of analyses to detect group differences in masculinity ideology (i.e., a small number of participants in some levels of the grouping variables and relatively large error variability) were responsible for the nondetection of group differences in attitudes toward seeking professional psychological help (assuming that such differences do, in fact, exist). Both homosexual men and older men have been characterized as, overall, less traditional and more flexible in regards to their gender identities, which seems to allow them more latitude to promote, and engage in, nontraditional behaviors such as help seeking (e.g., Berger et al., 2005; Sanchez et al., 2013).
Results from at least one other study (i.e., Vogel et al., 2011) lend support to the finding, in the present study, of no significant differences in attitudes toward seeking professional psychological help between racial/ethnic groups. A thorough review of pertinent literature did not uncover any published research examining social class or ability status differences in attitudes toward seeking professional psychological help. As such, it unclear whether the nonsignificant findings pertaining to these two demographic variables were an artifact of the current study, or, alternatively, whether they accurately reflect group differences in attitudes (in this case, a lack thereof) that hold true for other, similar populations of men.

A number of researchers have pointed out the myriad incongruencies between traditional masculinity ideologies and (most) professional psychological services (e.g., Branney & White, 2008; McCarthy & Holliday, 2004). Many men are likely to experience mixed feelings when considering the utility of seeking help for psychiatric issues, which might explain why men from diverse social class backgrounds and disparate ability statuses endorsed, on average, notably similar, neutral attitudes toward seeking professional psychological help in the current study. It is worth noting that, overall, the discrepancies in mean ATSPPH-SF scores, both within and across demographic variables, were relatively minor, which might also be attributable to the pervasiveness of mixed feelings. An alternative explanation is that a lack of statistical power, as previously discussed in greater detail, was responsible for the failure to detect attitudinal differences between the social class and ability status groups.

**Multiple regression.** One of the unique strengths of the current study is that it included an examination of the relationships between individual components of traditional masculinity (as measured by MRNI-R subscales scores) and attitudes toward seeking professional psychological help, via a multiple regression analysis. Some researchers (e.g., Levant et al., 2009; Berger et al.,
2005) have investigated the extent to which total scores on various masculinity ideology measures predict scores on the ATSPPH-SF, but subscales scores have seldom been included in primary analyses. This has resulted, heretofore, in a relatively limited, one-dimensional understanding of the ways in which internalized beliefs about masculinity might (or might not) deter help seeking for mental health issues.

The combination of the seven MRNI-R subscales (i.e., Avoidance of Femininity, Disdain for Sexual Minorities, Extreme Self Reliance, Aggression, Dominance, Non-Relational Attitudes Toward Sexuality, and Restrictive Emotionality) was found to account for over a third of the variance in ATSPPH-SF total scores. Results indicated that the Avoidance of Femininity and Restrictive Emotionality subscales were, individually, significant predictors of attitudes toward seeking professional psychological help. The Avoidance of Femininity subscale was, by a narrow margin, the stronger predictor of the two. Higher scores on the Avoidance of Femininity and Restrictive Emotionality subscales (reflecting greater endorsement of traditional ideologies in these domains) were predictive of more negative attitudes toward seeking professional psychological help.

Some researchers and theorists (e.g., Hoy, 2012) have argued that those struggling with a mental health issue are commonly considered to be afflicted with a feminine condition. A number of mainstream approaches to treating psychiatric disorders entail in-depth processing of emotions, a practice also considered stereotypically feminine (Branney & White, 2008). It is not surprising, then, that men who promoted avoiding femininity were found to have more negative attitudes toward seeking professional psychological help in the current study.

The finding that greater endorsement of the traditional ideologies comprising the restrictive emotionality subscale predicted more negative attitudes is also consistent with
preexisting theoretical postulates, as well as with prior empirical evidence. Levant (1995) asserted that, due to socializing forces, men commonly emerge from childhood with an impoverished understanding of emotions, limiting their ability to both label and articulate them. He proposed the term "normative male alexithymia" to describe this ostensibly prototypical phenomenon. Addis (2011) maintained that "the invisibility of men's [emotional] pain is continuously reinforced by a cycle of personal, private, and public silence" (p. 29). He additionally noted that "when a man is able to open up and share his vulnerability, we treat him as the exception rather than the rule" (p. 138). Most men are exposed to at least some degree of pressure to restrict their emotional reactions/expressions, throughout their lives, leading those who most highly value meeting these expectations to, naturally, have more negative attitudes toward services, activities, contexts, etc. encouraging emotional expression, such as most mainstream forms of psychotherapy.

In one of the only studies of its kind, Berger et al. (2005) entered four of the MRNI-R subscales, along with a number of other conceptually related variables, into a stepwise regression analysis, with total scores on the ATSPPH-SF as the dependent variable. Results indicated that only two of the independent variables were retained, the MRNI-R Disdain for Sexual Minorities subscale and age. The Disdain for Sexual Minorities subscale uniquely accounted for approximately 11% of the variance in total scores on the ATSPPH-SF. Endorsing higher levels of disdain for sexual minorities was found to be predictive of more negative attitudes toward seeking professional psychological help. While nonetheless notable, results from Berger et al.'s study cannot be compared with the results obtained in the current study since the particular type of regression analysis conducted was different as was the particular set of independent variables entered into the analysis.
Due to a lack of clear consensus amongst statisticians regarding how to identify and handle multivariate outliers, a follow-up multiple regression analysis was conducted as part of the present study, with all (previously removed) multivariate outliers retained. The results were noteworthy, but should be treated with caution since some (e.g., Tabachnick & Fidell, 2007) have argued that non-removal of multivariate outliers may distort the findings "in almost any direction" (p. 77).

With the multivariate outliers restored, the combination of the seven MRNI-R subscales was found to account for an even greater percentage of the variance in ATSPPH-SF total scores (i.e., 37% vs. 35%). As in the initial multiple regression analysis, both the Avoidance of Femininity subscale and the Restrictive Emotionality subscale made significant unique contributions to the explanation of variance. Exclusive to the follow-up analysis, the Aggressiveness subscale was found to be a significant predictor as well. The relationship between Avoidance of Femininity subscale scores and ATSPPH-SF total scores, as well as between Restrictive Emotionality subscale scores and ATSPPH-SF total scores, was the same as in the initial multiple regression analysis (i.e., as scores on these subscales increased, ATSPPH-SF total scores tended to decrease). In regards to the Aggressiveness subscale, results indicated that as scores increased, so too did total scores on the ATSPPH-SF (i.e., attitudes toward seeking professional psychological help became more positive).

This finding appeared, initially, paradoxical. An examination of the particular items comprising the Aggression subscale did seem to provide a degree of elucidation. Some of the items explicitly mentioned physical toughness or prowess. Others, however, seemed designed to elicit views on a more abstract, broadly defined notion of toughness/aggressiveness, such as that men should be courageous and should confront problems "head on." Three of the seven items
comprising the Aggression subscale fit this description: "men should get up to investigate if there is a strange noise in the house at night", "it is important for a man to take risks, even if he might get hurt", and "when the going gets tough, men should get tough." Individuals agreeing with these statements ostensibly believe that men should be brave, should take risks (even if doing so leaves them vulnerable), and should actively address their issues. It could be argued that seeking professional psychological help represents an enactment of these very values. Therefore, the unexpected finding just discussed might be explained by a tendency of men who believe in courageously, actively confronting their problems (reflected in higher scores on the Aggression subscale) to also view a means of self-improvement/self-empowerment (e.g., individual psychotherapy) in a positive light.

**Responses to Follow-Up Questions**

Participants' responses to the open-ended questions included in the present study support and extend the findings of the primary analyses. Much of the response data were also consistent with the theoretical tenets and empirical results regarding masculinity and help seeking expounded by other theorists/researchers. A broad overview of the most salient themes extracted from responses to each question will be provided, followed by a general discussion of the motifs that emerged when response data were critically analyzed as a whole.

Responses to question one, "What does it mean to be a man (i.e., how should one think, act, and feel)?", were quite variable. Some men defined masculinity in traditional terms, asserting that men should be independent, strong, confident, brave, tough, etc. Other participants defined masculinity in nontraditional terms, stating that men should be compassionate, should help others, and should cherish their relationships with those close to them. Another common response pattern was to define masculinity in both traditional and nontraditional terms, with an
observed trend toward placing greater emphasis on traditional values. An additional notable response pattern was espousing what will be referred to as a "gender-blind" perspective. Individuals responding in this manner focused exclusively on universals, discussing how they thought all people should be.

Question two, "What sources (e.g., the mass media, your male peers, etc.) have most impacted your beliefs about masculinity?", elicited brief, but informative responses. Many men mentioned family members who had strongly influenced their beliefs about masculinity, for better or worse. Peers and friends, both male and female, were also cited as influential in regards to perspectives on masculinity. A significant number of men reported that messages proliferated via mass media had impacted their notions of masculinity, with the following outlets most commonly specified: television, movies, fictional literature, and the internet. Some men contended that their own personal experience had taught them much about what it means to be a man. Other less common, but still notably prevalent, sources listed by participants were religion and people/writings encountered through formal or self-directed education.

A number of the widely cited negative consequences detailed in the literature review section of the present study were echoed in participants' responses to question three: "What are some of the 'costs' (i.e., the major disadvantages/negative consequences) of meeting societal expectations regarding how a man should be?" One consequence consistently mentioned was having to stifle emotions, and, relatedly, not having many adaptive outlets through which to "release" negative emotions. Another commonly reported negative consequence was that men who meet societal expectations are more likely to experience feelings of alienation/isolation due to pervasive pressure to maintain independence. Many participants noted that some traditional ideologies are ego-dystonic and, as such, enacting these ideologies may lead one to feel
disconnected from his "true self", potentially resulting in severe identity disturbances/disintegration. Responses listing physical and/or mental health problems that were believed to be directly caused by striving to meet normative expectations were also notably prevalent. Some respondents highlighted the chronic stress that perpetual pressure to conform can engender. A notable subset of the respondent population maintained that there are no, or that they were not aware of any, negative consequences of meeting societal expectations regarding how a man should be.

Question four asked: "What are some of the benefits of meeting societal expectations regarding how a man should be?" One common response was that men who enact traditional values are more likely to succeed in their careers and, as an accompanying benefit, to earn more money. Some respondents wrote about gaining acceptance and avoiding ridicule through meeting societal expectations. Others wrote more enthusiastically about the benefits, claiming that espousing traditional values can raise a man's social status and inspire admiration. Another prevalent response was that "being a man", as defined by society, facilitates success with women (i.e., doing so makes a man appear more sexually attractive to women and as a more desirable long-term partner). Some respondents noted that, in their experience, fulfilling traditional roles often results in being perceived as competent and in deferential treatment, even when a man has done nothing to objectively establish expertise/leadership skills. A number of respondents emphasized the pragmatic benefits. They maintained that social norms provide guidelines regarding how to navigate (often complex) social interactions, helping to maintain a comforting degree of predictability in the social environment.

Question five consisted of two parts: "What do you think are some of the benefits of engaging in therapy?" and "What do you think are some of the negative consequences?" One
commonly cited potential benefit was that engaging in therapy can assist with problem solving. Some men mentioned that therapists can provide an alternative, unbiased perspective on various issues. A sizeable proportion of the respondent population contended that being in therapy provides one with an opportunity to express and explore emotions in a safe environment. Another consistently mentioned benefit was that engaging in therapy is likely to enhance self-understanding/self-awareness.

A majority of the respondents maintained that the (purportedly high) cost of engaging in therapy, both in terms of time and money, is a significant drawback. Another notably common response was that therapy is not effective at all, and may even be harmful in some cases. Some participants cited becoming dependent on a therapist as a potential negative consequence. Others discussed the stigma that men might be exposed to, and the self-devaluation that might result, when engaging in therapy.

Generally speaking, responses to the open-ended, follow-up questions reflected greater endorsement of traditional masculinity ideologies than did total scale scores on the MRNI-R. The mean MRNI-R score for the total sample was just under three. This indicates that, on average, participants "slightly disagreed" with traditional masculinity ideologies. It may be that those men who endorsed higher levels of traditional ideologies on the MRNI-R responded to the open-ended questions at a higher rate, leading to an overrepresentation of traditional values in the open-response data. An alternative explanation is that the open-response format elicited a valid representation of the extent of endorsement of traditional ideologies, but that MRNI-R scores underrepresented the "true" extent of endorsement.

Berger et al. (2005) reported that, while conducting their study, they observed a number of participants having strong, negative reactions to some MRNI-R items. It could be argued that
certain items are polarizing. This could lead to rejection of some values because of the particular wording, and not the underlying concept. Another potential bias is that some participants may have responded in a socially-desirable manner, which would obscure their true beliefs. The open-ended, follow-up questions may have prompted less biased responses and may have encouraged the sort of elaboration that tends to reveal more implicit values.

Another interesting general finding is that two of the four commonly mentioned potential benefits of engaging in therapy reflect traditional masculine notions regarding what constitutes appropriate/effective helping. Two prominent traditional ideologies, as noted elsewhere in the present study, are that men should be active problem solvers and should be rational, logical thinkers. Keeping this in mind, it makes sense that many participants would appreciate the assistance with problem solving and the exposure to a professional, unbiased opinion that therapy was believed to provide. One of the other benefits mentioned, being afforded a safe space to express/explore emotions, is notable in that difficulties expressing and/or coping with emotions have been widely considered "male-typical" problems, and therapy was recognized, by at least some men, as a viable means of alleviating these problems.

Some of the potential negative consequences that participants discussed could also be characterized as directly related to traditional masculinity ideologies. Many men mentioned that significant time and money would have to be invested to remain engaged in therapy, which might represent an expression of latent fears that pursuing therapy might diminish a man's economic power. Another common response to the question of potential negative consequences was that an individual might become dependent on a therapist. Concerns about dependency would seem to stem, at least to some extent, from the strong emphasis that traditional masculinity ideologies place on maintaining independence. Traditional ideologies also promote
competitiveness and dominance of others, which might explain, in part, why men expressed concerns about the potential negative judgments of others and about the adverse effects of such judgments on one's social status.

An additional, compelling general finding was that there appeared to be relatively consistent evidence, across questions, of a "gender-blind" perspective. This terminology has been adopted from research literature on "color-blindness" (e.g., Neville, Awad, Brooks, Flores, & Bluemel, 2013). Those who endorse Color-blind racial ideology (CBRI) have been characterized as (problematically) insistent that all people are the same, regardless of race, and that people of all races are afforded the same opportunities (Neville et al., 2013). In the present study, a number of respondents rejected the idea that men are different from women, and/or that men and women are differently socialized. Some respondents denied that they experienced any negative consequences as a result of striving to meet societal expectations. A notable number of participants maintained that societal forces had not shaped their beliefs about masculinity at all, rather, they considered their values to be entirely the product of self-reflection. The vast majority of men discussed at least one benefit believed to be associated with adhering to traditional norms, but there was minimal acknowledgement of how relative advantages corresponded to relative disadvantages for women. Some men may have denied the presence or impact of gender differences in order to legitimize the (oppressive) status quo, which is one of the primary purposes that color-blind perspectives are believed to serve (Neville et al., 2013).

Even a cursory examination of the open-response data reveals that many men discussed their gender and beliefs about therapy candidly, thoughtfully, and, at times, powerfully. Regardless of whether respondents were promoting or opposing traditional ideologies, extolling the benefits of psychotherapy or decrying its practice, their interest in the subject matter seemed
sincere and substantial. It has been argued, throughout the present work, that most men have limited opportunities to openly express their thoughts, emotions, etc., but the qualitative data gathered in the current study suggest that many remain keenly attuned to these internal experiences and may feel comfortable expounding on them under certain conditions.

**Implications**

In regards to attitudes toward seeking professional psychological help, results of the current study indicated that among the total sample of participants, men tended to hold neutral opinions (i.e., the average extent of overall endorsement on the ATSPPH-SF was almost exactly midway in between "partly disagree" and "partly agree"). Average ATSPPH-SF total scores, across all levels of the demographic variables, were relatively close to one another and consistently reflected an overall neutral stance. This suggests that many men, regardless of their particular cultural background, are likely to view mental health services less than favorably. There is, therefore, a substantial need for "educational and preventative programming, which could help ameliorate misconceptions about psychotherapy" (Berger et al., 2005, p. 77).

Systemic interventions aimed at dismantling the pervasive negative stereotypes pertaining to mental health services should be developed and implemented, so that more men are likely to approve of their utilization.

One such negative stereotype is that therapy is a feminine activity. Traditional masculinity ideologies promote the denigration of all things feminine. While traditional ideologies may be doggedly resistant to change, owing to their long-standing entrenchment and extensive dissemination, perceptions of therapy as a female endeavor may be more amenable to alteration.
A study conducted by Wisch, Mahalik, Hayes, and Nutt (1995) demonstrated that among men scoring higher on a measure of gender role conflict, those who viewed a 10-minute video of a cognitive-focused therapy session expressed greater willingness to seek psychological help than those who viewed a 10-minute session of an emotion-focused session. As Berger et al. (2005) suggested:

Men might feel more amenable toward seeking help if the offered treatment focused on thinking rather than on feeling. Cognitive-behavioral, psychoeducational, and self-directed techniques that focus on problem-solving skills rather than analyzing vulnerable feelings may be preferable approaches. (p. 77)

If men can be made aware that therapeutic approaches consistent with masculine values do exist, they are more likely to view the therapeutic process as less feminine, and, accordingly, they would view psychotherapy more favorably. The vital importance of propagating information about “male-friendly” approaches to mental health treatment is highlighted by the finding, in the present study, that MRNI-R Avoidance of Femininity subscale scores were the strongest predictor of attitudes toward seeking professional help.

Another significant predictor of attitudes toward seeking professional psychological help was Restrictive Emotionality. Participants who endorsed, in essence, the belief that men should not express emotion, unsurprisingly, held more negative attitudes toward seeking help for mental health issues. Unfortunately, as has been pointed out by Levant (1996), among others, males are socialized from a very young age onward to disconnect from their emotions and to always maintain composure, thus, beliefs about the (supposed) need to continually inhibit emotions are likely rigidly maintained by many men, even when overtly dysfunctional. Therefore, while it is important that all men receive psychoeducation that normalizes, and promotes, male expressions
of emotions, it is especially important that male children and adolescents receive such information. This traditional ideology will likely only be repudiated if a majority of men and women of all ages make concerted efforts to encourage and positively reinforce male expressions of emotions.

An unexpected finding of the present study was that MRNI-R Aggression subscale scores explained a significant, unique proportion of the variance in ATSPPH-SF total scores, with higher Aggression subscale scores predicting higher total scores on the ATSPPH-SF (i.e., more positive attitudes toward seeking professional psychological help). If the explanation of this finding previously offered is, indeed, valid, then marketing psychotherapy as a courageous, active approach to solving problems would likely appreciably increase its appeal to a large proportion of men, especially those who hold traditional values regarding toughness/bravery. Convincingly portraying the ways in which a traditional ideology can be enacted through engagement in therapy would seem to be more easily accomplished than would fundamentally altering an entrenched value to promote more adaptive functioning.

Participants' responses to the open-ended question regarding the sources that have most strongly influenced their beliefs about masculinity provide some insight into the mediums through which psychoeducation and other such interventions might be effectively implemented. The mass media, educational institutions, and non-fiction writings were commonly cited as impactful sources. Disseminating psychoeducation via these particular outlets would increase the likelihood that messages promoting the use of professional psychological services among men will reach the target audience and have the desired impact.

While examining group differences, it was discovered that standard deviations in scores on both the MRNI-R and ATSPPH-SF tended to be notably large. A relatively straightforward
potential explanation of this finding is that a heterogeneous sample of participants was recruited, resulting in a wide range of beliefs about traditional masculinity and attitudes toward seeking professional psychological help being expressed. A more likely explanation (although the two are not mutually exclusive) is that the variability exhibited is reflective of the inherently complex, broad-spectrum nature of the two constructs. Assuming this to be the case, the relatively large standard deviations highlight the importance of proceeding with caution when applying knowledge about masculinity ideologies or help-seeking attitudes, derived from the "average" participant's or "most men's" results, to a particular man.

Limitations

While the present study did employ a relatively novel approach to examining the relationship between masculinity ideologies and attitudes toward seeking professional psychological help, which generated some unique and practically useful insights, there are several limitations that bear mentioning. As previously discussed, some levels of the demographic variables contained small sample sizes. Additionally, the variability of scores within groups, on both the MRNI-R and ATSPPH-SF, tended to be somewhat large. Small sample sizes and large amounts of error variability are known to diminish the power of analyses. These issues may have been directly responsible for the failure to detect significant differences in some of the ANOVAs (assuming that significant differences truly exist).

The present study included analyses of group differences and an examination of relationships between variables. It was not experimental. As such, it should be considered descriptive, and not explanatory. Causality can only be inferred when variables have been manipulated, which did not occur in the present study. In regards to the correlational findings, it
is a limitation that mediators were not explored, which would have provided more comprehensive information about the relationships investigated.

Examining the extent of difference (or lack thereof) in masculinity ideologies and in attitudes toward seeking mental health services between diverse groups of men was a primary aim of the current study. Unfortunately, recruiting men from diverse backgrounds proved to be very challenging. Despite best efforts to avoid this outcome, the sample utilized in analyses was somewhat lacking in diversity. This limits the extent to which the results obtained are generalizable to men from diverse groups.

Use of the internet to recruit participants was one of the factors that restricted access to diverse groups of men. Those living in rural areas and those with limited economic resources, among others, are less likely to be able to connect to the internet. Male internet users are a group of men who share certain characteristics and who systematically differ, in a variety of ways, from non-users. Therefore, the findings of the present study may only be generalizable to other male internet users.

With regards to the open-ended, follow-up questions, group differences (e.g., race/ethnicity, age, sexual orientation) in views on masculinity and seeking therapy were not examined. The primary objective of the qualitative analysis was to identify general trends in the aggregated data. As such, the findings provide some insight into what the respondent sample as a whole thought about these topics, but they do not provide specific information about the perspectives of men from diverse backgrounds.

When conducting survey research, a number of participant response sets can present problems. One such set is a socially desirable pattern of responding. Another is acquiescence, which would manifest, with regard to Likert-type items, as a tendency to "agree." It is unclear to
what extent response biases distorted results in the present study, but it is worth noting that, especially when multiple measures are involved, some degree of biased responding (e.g., hasty completion due to test fatigue) seems inevitable/unavoidable.

Masculinity is a complex concept. As are attitudes toward seeking help. The measures utilized in the current study are, like all others, imperfect and incomplete. The seven subscales of the MRNI-R provide a more nuanced representation of a man's beliefs about traditional masculinity than many other ideology inventories, but even a superficial examination reveals that not all relevant elements of the construct are included. The ATSPPH-SF is brief and face valid. These are two of its greatest strengths. They are also two of its weaknesses. The ATSPPH-SF was used, among other reasons, to minimize the cognitive burden on respondents. The disadvantage to doing so is that the scale does not provide a breadth of information about respondents' attitudes. The shortcomings of measures always limit, to some extent, the validity of the information that they generate.

**Future Directions**

In a preceding section, it was speculated that changes in marketing strategies and the provision of psychoeducation can dispel misconceptions about the nature of mental health services and can highlight the consistencies that do exist between the process/outcomes of psychotherapy and traditional masculinity ideologies, improving attitudes towards seeking mental health services among traditional men and increasing help-seeking behavior. The actual efficacy of such interventions should be examined through empirical research. A number of studies have investigated these sorts of strategies (e.g., Rochlen, Blazina, & Raghunathan, 2002) and the results, thus far, have been promising.
Findings from the primary analyses suggested that there are relatively strong relationships between masculinity ideologies and attitudes toward seeking professional psychological help. The precise nature of these relationships, though, remains somewhat unclear. Examining potential mediators can increase understanding of how, exactly, the variables relate to each other.

Experimental studies involving the manipulation of masculinity ideologies, while admittedly very challenging to properly design, hold potential to establish a causal relationship (or to suggest that there is not one) between these variables. A more accurate understanding of the causes of negative attitudes toward seeking professional psychological help can lead to the development of more efficacious, targeted interventions.

The extent to which the findings of the present study are applicable to men from diverse groups should be further examined. Larger, more diverse samples should be utilized in future studies. Doing so would increase the power of statistical analyses as well as the generalizability of results. Both masculinity ideologies and attitudes toward seeking professional psychological help have been found to systematically vary between groups of men (e.g., Vogel et al., 2011), but understanding of these variations is, at the present time, limited.

The relationships between masculinity ideologies and attitudes toward seeking mental health services should continue to be explored through qualitative research. Qualitative analyses tend to generate rich, informative accounts that can support, and in some cases extend, empirical findings. Qualitative results can be especially helpful in developing novel concepts and in refining preexisting theories pertaining to both masculinity and help-seeking attitudes.

Qualitative research focusing specifically on the perspectives of men from minority/marginalized groups regarding masculinity and help seeking is severely lacking.
Studies employing a qualitative approach can give voice to the thoughts, feelings, etc. of men from diverse backgrounds, sentiments that are too often ignored or disregarded. There is a considerable need for honest input from men of color and other minority group men, in their own words, so that, in turn, the cultural sensitivity of both theory and practice can be enhanced.

Masculinity, it has been here argued, is not a static entity. It tends to vary across time, place, etc. As such, it is inherently difficult to accurately measure. This should not, however, dissuade researchers from attempting to refine and innovate with regard to the assessment of masculinity. There is intrinsic value in improving measures as well as instrumental value (i.e., better measures generate higher quality research findings). Accordingly, researchers should also strive to develop increasingly more valid measures of attitudes toward seeking professional psychological help.

Conclusion

Addis (2011) posed a thought-provoking question: "How can men, as a group, be so audible, so visible, and in such positions of power in society, and yet, as individuals, feel so disempowered and experience vulnerability and inner pain that remain silent and invisible?" (p. 11). One of the primary aims of the present study was to examine the factors that maintain this, at times deadly, silence. Joiner (2011) shared, and elaborated on, some sobering statistics:

In 2005, 32,637 Americans died by suicide. Of those, 25,907 — approximately 80 percent — were men. This is a vast overrepresentation, on par with men's overrepresentation in high income brackets and professional positions of power and status. Much attention is focused, rightly, on men's disproportionate share of wealth and power; too little attention is spent on men's disproportionate share of misery, one index of which is high suicide rates. (p. 11)
For some men, the prospect of death is preferable to admitting "weakness" and seeking help. O'Brien (1990) provided a vivid depiction of this, describing the soldiers he fought alongside during the Vietnam War as follows:

They carried their reputations. They carried the soldier's greatest fear, which was the fear of blushing. Men killed, and died, because they were embarrassed not to. It was what brought them to the war in the first place, nothing positive, no dreams of glory or honor, just to avoid the blush of dishonor. They died so as not to die of embarrassment. (p. 20)

The myriad benefits of increasing rates of engagement in therapy among men are self-evident. The particular interventions that can help accomplish this are not. Results of the present study provide some insights into the barriers to seeking help that traditional men (and likely many others) are confronted with. It is these sorts of insights that can effectively guide the development of viable solutions for removing such impediments. As such, there is a critical need for continued scholarly pursuit of this relatively nascent, but vitally important, line of research.
References


Courtenay, W. H. (2011). *Dying to be men: Psychosocial, environmental, and biobehavioral*


(Eds.), *The meaning of difference: American constructions of race, sex and gender, social class, and sexual orientation* (pp. 120-129). New York, NY: McGraw-Hill.


Hoboken, NJ: John Wiley & Sons, Inc.


Appendix A

Demographic Characteristics of Participants (N = 171)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>143</td>
<td>83.6</td>
</tr>
<tr>
<td>Black/African American&lt;sup&gt;a&lt;/sup&gt;</td>
<td>10</td>
<td>5.8</td>
</tr>
<tr>
<td>American Indian/Alaskan Native&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td>Asian&lt;sup&gt;a&lt;/sup&gt;</td>
<td>3</td>
<td>1.8</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td>Hispanic&lt;sup&gt;a&lt;/sup&gt;</td>
<td>8</td>
<td>4.7</td>
</tr>
<tr>
<td>Other&lt;sup&gt;a&lt;/sup&gt;</td>
<td>5</td>
<td>2.9</td>
</tr>
<tr>
<td>Social class</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor/low-income&lt;sup&gt;a&lt;/sup&gt;</td>
<td>18</td>
<td>10.5</td>
</tr>
<tr>
<td>Working class</td>
<td>45</td>
<td>26.3</td>
</tr>
<tr>
<td>Middle class</td>
<td>96</td>
<td>56.1</td>
</tr>
<tr>
<td>Wealthy/upper class&lt;sup&gt;a&lt;/sup&gt;</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Age group (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 24</td>
<td>55</td>
<td>32.2</td>
</tr>
<tr>
<td>25 to 44</td>
<td>91</td>
<td>53.2</td>
</tr>
<tr>
<td>45 to 64&lt;sup&gt;a&lt;/sup&gt;</td>
<td>25</td>
<td>14.6</td>
</tr>
<tr>
<td>Ability status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled</td>
<td>36</td>
<td>21.1</td>
</tr>
<tr>
<td>Able-bodied</td>
<td>135</td>
<td>78.9</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>142</td>
<td>83</td>
</tr>
<tr>
<td>Homosexual&lt;sup&gt;a&lt;/sup&gt;</td>
<td>10</td>
<td>5.8</td>
</tr>
<tr>
<td>Bisexual&lt;sup&gt;a&lt;/sup&gt;</td>
<td>19</td>
<td>11.1</td>
</tr>
</tbody>
</table>

<sup>Note</sup>. Due to rounding, the total of the percentages for some of the characteristics is not exactly 100.

<sup>a</sup> Sample size less than 30, thus, normality of sampling distributions could not be assumed (as per the Central Limit Theorem).
Appendix B
Male Role Norms Inventory - Revised

Please complete the questionnaire by circling the number which indicates your level of agreement or disagreement with each statement. Give only one answer for each statement.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>No Opinion</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

1. Homosexuals should never marry.
   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

2. The President of the US should always be a man.
   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

3. Men should be the leader in any group.
   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

4. A man should be able to perform his job even if he is physically ill or hurt.
   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

5. Men should not talk with a lisp because this is a sign of being gay.
   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

6. Men should not wear make-up, cover-up or bronzer.
   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

7. Men should watch football games instead of soap operas.
   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

8. All homosexual bars should be closed down.
   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

9. Men should not be interested in talk shows such as Oprah.
   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

10. Men should excel at contact sports.
    | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

11. Boys should play with action figures not dolls.
    | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

12. Men should not borrow money from friends or family members.
    | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
13. Men should have home improvement skills.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>No Opinion</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

14. Men should be able to fix most things around the house.

| 1     | 2     | 3     | 4     | 5     | 6     | 7     |

15. A man should prefer watching action movies to reading romantic novels.

| 1     | 2     | 3     | 4     | 5     | 6     | 7     |

16. Men should always like to have sex.

| 1     | 2     | 3     | 4     | 5     | 6     | 7     |

17. Homosexuals should not be allowed to serve in the military.

| 1     | 2     | 3     | 4     | 5     | 6     | 7     |

18. Men should never compliment or flirt with another male.

| 1     | 2     | 3     | 4     | 5     | 6     | 7     |

19. Boys should prefer to play with trucks rather than dolls.

| 1     | 2     | 3     | 4     | 5     | 6     | 7     |

20. A man should not turn down sex.

| 1     | 2     | 3     | 4     | 5     | 6     | 7     |

21. A man should always be the boss.

| 1     | 2     | 3     | 4     | 5     | 6     | 7     |

22. A man should provide the discipline in the family.

| 1     | 2     | 3     | 4     | 5     | 6     | 7     |

23. Men should never hold hands or show affection toward another.

| 1     | 2     | 3     | 4     | 5     | 6     | 7     |

24. It is ok for a man to use any and all means to “convince” a woman to have sex.

| 1     | 2     | 3     | 4     | 5     | 6     | 7     |

25. Homosexuals should never kiss in public.

| 1     | 2     | 3     | 4     | 5     | 6     | 7     |

26. A man should avoid holding his wife’s purse at all times.

| 1     | 2     | 3     | 4     | 5     | 6     | 7     |
27. A man must be able to make his own way in the world.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>No Opinion</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</table>

28. Men should always take the initiative when it comes to sex.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

29. A man should never count on someone else to get the job done.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

30. Boys should not throw baseballs like girls.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

31. A man should not react when other people cry.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

32. A man should not continue a friendship with another man if he finds out that the other man is homosexual.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

33. Being a little down in the dumps is not a good reason for a man to act depressed.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

34. If another man flirts with the women accompanying a man, this is a serious provocation and the man should respond with aggression.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

35. Boys should be encouraged to find a means of demonstrating physical prowess.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

36. A man should know how to repair his car if it should break down.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

37. Homosexuals should be barred from the teaching profession.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

38. A man should never admit when others hurt his feelings.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

39. Men should get up to investigate if there is a strange noise in the house at night.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
40. A man shouldn't bother with sex unless he can achieve an orgasm.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>No Opinion</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tbody>
<tr>
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<td>3</td>
<td>4</td>
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</table>

41. Men should be detached in emotionally charged situations.

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</table>

42. It is important for a man to take risks, even if he might get hurt.

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</table>

43. A man should always be ready for sex.

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44. A man should always be the major provider in his family.

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45. When the going gets tough, men should get tough.

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</table>

46. I might find it a little silly or embarrassing if a male friend of mine cried over a sad love story.

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</table>

47. Fathers should teach their sons to mask fear.

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</table>

48. I think a young man should try to be physically tough, even if he’s not big.

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</table>

49. In a group, it is up to the men to get things organized and moving ahead.

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</table>

50. One should not be able to tell how a man is feeling by looking at his face.

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<tr>
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<th>3</th>
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<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

51. Men should make the final decision involving money.

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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

52. It is disappointing to learn that a famous athlete is gay.

<table>
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<tr>
<th></th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

53. Men should not be too quick to tell others that they care about them.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>
MRNI-R: Scoring

Scoring subscales and total score

A. To obtain subscale scores compute the means of the items for that scale. These are designated below by the number as they appear on the instrument.

Avoidance of Femininity = (6+7+9+11+15+19+26+30)/8
Disdain for Sexual Minorities= (1+5+8+17+18+23+25+32+37+52)/10
Extreme Self Reliance=(4+12+13+14+27+29+36)/7
Aggression=(10+34+35+39+42+45+48)/7
Dominance=(2+3+21+22+44+49+51)/7
Non-Relational Attitudes Toward Sexuality=(16+20+24+28+40+43)/6
Restrictive Emotionality=(31+33+38+41+46+47+50+53)/8

B. To obtain Total Scale, take the mean of all of the items.
Appendix C

Attitudes Toward Seeking Professional Psychological Help Scale - Short Form

Your sex: _____ Male _____ Female
Your race/ethnicity: _____ African American
_____ Asian/Asian American
_____ White/European American
_____ Latino/a
_____ Arab/Middle Eastern
_____ Other: Please specify _________________________________

Instructions
Read each statement carefully and indicate your degree of agreement using the scale below. In responding, please be completely candid.

0 = Disagree 1 = Partly disagree 2 = Partly agree 3 = Agree

_____ 1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.
_____ 2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.
_____ 3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.
_____ 4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.
_____ 5. I would want to get psychological help if I were worried or upset for a long period of time.
_____ 6. I might want to have psychological counseling in the future.
_____ 7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.
_____ 8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.
_____ 9. A person should work out his or her own problems; getting psychological counseling would be a last resort.
_____ 10. Personal and emotional troubles, like many things, tend to work out by themselves.

Scoring
Reverse score items 2, 4, 8, 9, and 10, then add up the ratings to get a sum. Higher scores indicate more positive attitudes towards seeking professional help.
Appendix D

Male Role Norms Inventory - Revised Total Score Means and Standard Deviations by Demographic Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race/ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>2.98</td>
<td>1.13</td>
</tr>
<tr>
<td>Black/African American&lt;sup&gt;a&lt;/sup&gt;</td>
<td>3.12</td>
<td>1.21</td>
</tr>
<tr>
<td>American Indian/Alaskan Native&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1.55</td>
<td>___&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Asian&lt;sup&gt;a&lt;/sup&gt;</td>
<td>3.61</td>
<td>1.12</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander&lt;sup&gt;a&lt;/sup&gt;</td>
<td>4.08</td>
<td>___&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Hispanic&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.87</td>
<td>0.70</td>
</tr>
<tr>
<td>Other&lt;sup&gt;a&lt;/sup&gt;</td>
<td>3.16</td>
<td>1.13</td>
</tr>
<tr>
<td><strong>Social class</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor/low-income&lt;sup&gt;a&lt;/sup&gt;</td>
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</tr>
<tr>
<td>Working class</td>
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<tr>
<td>Middle class</td>
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<tr>
<td>Wealthy/upper class&lt;sup&gt;a&lt;/sup&gt;</td>
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<tr>
<td><strong>Age group (years)</strong></td>
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</tr>
<tr>
<td>18 to 24</td>
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<td>25 to 44</td>
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<tr>
<td>45 to 64&lt;sup&gt;a&lt;/sup&gt;</td>
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<td>1.17</td>
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<tr>
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<td>Disabled</td>
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<tr>
<td>Able-bodied</td>
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<tr>
<td><strong>Sexual Orientation</strong></td>
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<td>2.46</td>
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<sup>a</sup>Sample size less than 30, thus, normality of sampling distributions could not be assumed (as per the Central Limit Theorem).  
<sup>b</sup>Standard deviation could not be calculated since this group was comprised of only one participant.
### Appendix E

Attitudes Toward Seeking Professional Psychological Help Scale - Short Form Total Score

Means and Standard Deviations by Demographic Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
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<td><strong>Race/ethnicity</strong></td>
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<td>Asian(^a)</td>
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<td>Native Hawaiian/Other Pacific Islander(^a)</td>
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<td>Hispanic(^a)</td>
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<td>Other(^a)</td>
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<tr>
<td><strong>Social class</strong></td>
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<td><strong>Age group (years)</strong></td>
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<td>17.65</td>
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</tr>
<tr>
<td>25 to 44</td>
<td>16.16</td>
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<td><strong>Sexual Orientation</strong></td>
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<td>Homosexual(^a)</td>
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</tr>
<tr>
<td>Bisexual(^a)</td>
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<td>7.70</td>
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</tbody>
</table>

\(^a\)Sample size less than 30, thus, normality of sampling distributions could not be assumed (as per the Central Limit Theorem). \(^b\)Standard deviation could not be calculated since this group was comprised of only one participant.
Appendix F

Intercorrelations for Components of Traditional Masculinity Ideology and Attitudes Toward Seeking Professional Psychological Help

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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</thead>
<tbody>
<tr>
<td>1. MRNI-R Avoidance of Femininity subscale</td>
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<td></td>
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<td></td>
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<tr>
<td>2. MRNI-R Disdain for Sexual Minorities subscale</td>
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</tr>
<tr>
<td>3. MRNI-R Extreme Self Reliance subscale</td>
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<td></td>
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<td>5. MRNI-R Dominance subscale</td>
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<td>6. MRNI-R Non-Relational Attitudes Toward Sexuality subscale</td>
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<td>.52</td>
<td>.66</td>
<td>.74</td>
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<tr>
<td>7. MRNI-R Restrictive Emotionality subscale</td>
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<td>.67</td>
<td>.74</td>
<td>.63</td>
<td>.64</td>
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<tr>
<td>8. ATSPPH-SF</td>
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</tr>
</tbody>
</table>

Note. All coefficients are significant at $p < .001$. MRNI-R = Male Role Norms Inventory - Revised; ATSPPH-SF = Attitudes Toward Seeking Professional Psychological Help Scale - Short Form.
Appendix G

Intercorrelations for Components of Traditional Masculinity Ideology and Attitudes Toward Seeking Professional Psychological Help (With Multivariate Outliers Retained)

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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<tbody>
<tr>
<td>1. MRNI-R Avoidance of Femininity subscale</td>
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<td></td>
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<tr>
<td>2. MRNI-R Disdain for Sexual Minorities subscale</td>
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<td>3. MRNI-R Extreme Self Reliance subscale</td>
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<td>4. MRNI-R Aggression subscale</td>
<td>.79</td>
<td>.56</td>
<td>.78</td>
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<td></td>
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</tr>
<tr>
<td>5. MRNI-R Dominance subscale</td>
<td>.80</td>
<td>.68</td>
<td>.53</td>
<td>.68</td>
<td>—</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6. MRNI-R Non-Relational Attitudes Toward Sexuality subscale</td>
<td>.74</td>
<td>.58</td>
<td>.52</td>
<td>.66</td>
<td>.72</td>
<td>—</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. MRNI-R Restrictive Emotionality subscale</td>
<td>.73</td>
<td>.52</td>
<td>.67</td>
<td>.72</td>
<td>.62</td>
<td>.61</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>8. ATSPPH-SF</td>
<td>-.56</td>
<td>-.41</td>
<td>-.41</td>
<td>-.43</td>
<td>-.48</td>
<td>-.45</td>
<td>-.55</td>
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</tr>
</tbody>
</table>

*Note. All coefficients are significant at p < .001. MRNI-R = Male Role Norms Inventory - Revised; ATSPPH-SF = Attitudes Toward Seeking Professional Psychological Help Scale - Short Form.*
## Appendix H

Responses to Open-Ended, Follow-Up Questions

<table>
<thead>
<tr>
<th>MeanToBeMan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ideally a man should be stalwart, resourceful, bold, a leader in the home, earn a decent living, and able to make his own way in life. That is an ideal, many times that does not work out for a variety of reasons and that person is not really less of a man. It’s just what I think we should aim for.</td>
</tr>
<tr>
<td>2. Every situation is different.</td>
</tr>
<tr>
<td>4. responsible, confident, capable, thoughtful, helping</td>
</tr>
<tr>
<td>5. Kipling's <em>If</em> is a pretty good base point for any person, not just a man. The most important thing to me is the five minute rule - you get to whine about something or feel self pity for 5 minutes, then you start, with or without help, to fix the problem.</td>
</tr>
<tr>
<td>6. To be a man is just to be a good person. Act in favour of supporting the people around you and care for those who care for you. It is not the ability to throw a ball well or drink lots of beer, it is the ability to be dependable and reliable.</td>
</tr>
<tr>
<td>7. Society tells me that I should be the strong backbone of everything. But society doesn't care how I feel. To me, to be a man is to be like a woman or folk of non binary genders. To be honest, to have courage and to honour your closest friends and family and those who paved the way before you in whatever profession or walk of life you may lead.</td>
</tr>
<tr>
<td>8. Being a man means building up a positive world view and life routines which open one up to adaptation as well as cement the individual on a track which allows them to achieve their greatest potential. To be a man means recognizing that it's not considered standard to express your emotions, or be nuanced in thought, or to put yourself forward and discard traditional stoicness. And to change those standards to grow themselves as unique individuals, with their own identity and masculinity.</td>
</tr>
<tr>
<td>9. self reliant, helpful, resource full, aware</td>
</tr>
<tr>
<td>10. There are probably make modes of feeling and thinking but uncertain as to genetic component, and in any case I give higher priority to being a full capacity human not living an image of manhood.</td>
</tr>
<tr>
<td>11. I should think efficiently and without emotional bias. I should act in such a way that is efficient and not be stopped by physical strain. I must not feel any physical pain when I act, and my emotions should not be known to others if they are negative.</td>
</tr>
<tr>
<td>12. Being a man, as opposed to being a boy, means having self-sufficiency and being able to offer support to others. Being a man, as opposed to being a woman, is primarily a physical difference that only influences thoughts/actions/feelings through social pressures.</td>
</tr>
<tr>
<td>13. A man should learn something new every day, love others, be willing to work but not afraid to ask for help, and strive to make the world a better place.</td>
</tr>
<tr>
<td>14. A man takes into consideration his actions for himself then others. Being a man means I have to step up and help others when need be and continually grow as a person.</td>
</tr>
</tbody>
</table>
| 15. Men should take charge of their own lives. Men should always be ready to tackle life's...
obstacles head on, instead of being beaten by them, or hoping they'll just go away. Men should always be willing to protect and defend those they care about. Men should present an unshakable front to inspire confidence in times of uncertainty. Men should seek to be the kind of person others can depend on.

16. What it means to be a man, in my opinion, is to have male genitalia. I personally feel that being a genuine person should come before trying to be what social norms would dictate as a "Man."

17. A man is a person. He should do the right thing, and avoid causing harm. A man should not work to diminish the sum total of human happiness.

18. Same as being a woman - just be yourself. Gender roles are constructed by society, and will hopefully become a thing of the past within the next century or so.

19. An adult should take the time to learn and control their own emotional state in most situations, so at the very least they're not every reaction is a knee-jerk.

20. Like a person.

21. Being a man is not what you do; being a man is what you are. If you believe you are male and act with sufficient maturity to demonstrate that you are an adult rather than an adolescent, you are a man.

22. to do what is right even if that makes one unpopular

23. The definition of a man is strictly biological, there are no "shoulds" in life, i know what it is to be me as a man but its funny when people think they can define such a thing.

24. The man is the prime mover (Aristotle) in the world, in his domain, in his life.

25. It means one should accept without conditions the responsibility of protecting his loved ones from harm and his country from its enemies. All adults, man or woman, should act with compassion toward others and cordiality toward strangers. Aggression toward others is totally unacceptable without regard to gender except in response to a threat.

26. Someone who is self-directed, confident, and responsible while also having a strong influence over his sphere of control.

27. I believe that being a man means being responsible, having integrity, and being able to make decisions and deal with the consequences of those decisions made.

28. Not being a pussy.

29. Being a man is about self-identifying as a man, and choosing to go through life as such. It can mean masculine dress/behavior, or more effeminate behavior, either one can be as manly as the person wishes. But part of that should include being a decent human being, which many people completely lose sight of. Not interrupting people (especially women), respecting other people's boundaries (especially women), respecting other people in general (again, especially women), being willing and able to express oneself... these are all things that ought to be basic to every single person regardless of gender, but somehow are all too often seen as "unmanly."

30. Be the corner stone of the family. Lead by example and pass what you have learned onto your children. Protect the family at all cost to yourself. taking care of your responsibilities

31. Means different things to different people- for me, if you identify as a man, you're a man. Nothing else to it!

32. Self reliance, independence, capability, stability, productivity, resilience and character.

33. Varies by individual. I believe in morals and acting honorably, but that's not exclusive
to men. I believe in treating others well, but that's not exclusive to men. On the previous page I responded that men should be able to do household repairs. I believe this, but that doesn’t exclude women from also having this ability. This is true of many of the questions. If a man should be able to have some physical prowess, as I believe, that doesn't mean women should not. If a man should have some emotional intelligence, it does not mean that women should not. I do not believe--and do not want to give the sense that I believe--that overall men and women are equals in the sense of 1=1, but I believe that they are equivalent in the sense that neither is "better" than the other. Each gender tends to have certain advantages over the other and certain weaknesses, any of which might be quite different in different individuals.

34. Sorry I try to act like a person. This gender drive is old hat and out of fashion. All acting like a Man is now is being able to wear a suit well. Everything else is true for men and women. I was raised with the men should be tough subtext by media but it is crap.

35. Be responsible. Protect others


37. I think being a man means taking personal responsibility for one's thoughts, feelings and actions; embracing one's duties, obligations and responsibilities; demonstrating courage, resolve, independence, and strength, but also wisdom, benevolence, and compassion for others.

38. Men should be stoic yet sensitive, strong yet yielding, self-assured but never self-righteous, and above all else, self-sacrificing.

39. Strong, brave, intelligent, capable, independant, dominant, stable, deliberate, determined, ambitious

40. Being a man means that you are part of a group who tends to be stronger and taller than women, tends to protect and provide for their families, tends to be risk takers, tends to do the dirty and dangerous work. That's a description of men tend to be and do, not a list of the things men *should* be and do. Nobody should feel obligated to do things or be a certain way because they are a man.

41. Strong, confident, skilled

42. To be an adult male person. All other criteria fall under the definition of "adult."

43. Keeping your Head up, showing strength and pride of ones self

44. Speak softly, and carry a large stick. Follow through with what you say you're going to do, and stand on your own two feet.

45. To be a human. It is good for men to have traditional male thinking (eg. being strong, not getting to emotional and controlling fear) but men need to find a compromise and have an emotional connect and no when to ask for help.

46. I don't know.

47. See Jesus Christ.

48. A man believes in honor  A man provides and protects his wife

49. Control over oneself, slow to anger, and considerate of others.

50. Understand differences in men and women. Lead my wife and children with love and care and in a responsible, caring manner.

51. To be a man is to face reality, challenge problems head on and, hopefully, overcome.
52. Confident, brave, caring, hard-working, open and friendly, prudent, sensible, responsible

53. It means being reliable to yourself and people who matter.

54. Strength - the ability to physically perform when needed, be it everyday life or an emergency, or to even look somewhat pleasing to the eye. Courage - being able to make a stand on or for values or decisions made, and confidence in sticking to what you believe in. It is also the courage to overcome fear of bodily harm or being socially outcast. Honor - what other men think of you, and how much your word means, or how well can you be relief upon. Mastery - devotion to a skill, art, or controlling yourself.

55. Independence and individualism. These two traits tend to be paramount for any man, making further answers difficult as they will vary as appropriate for the individual.

56. If I was on my deathbed right now using the last bits of my memory, I would reflect on 2 paradigms emanating from compassion that I've learned about being a man: (1) is the meaningful, long term, relationships God assigned in a man's life. It's the feeling to love and be loved. Sure, I made many relationships with my toys, my textbooks, and my training. But they would have meant nothing to me because they don't have a heart. If I had to die now, I would remember the moments that I showed compassion and felt it back in return. Just like the first time my birthday was celebrated, one of my new and loyal friends said that would celebrate my birthday 18 times to make up for the quality times I never had to celebrate with a true friend at some fun event. That meant a lot to me. Spending time with men that strongly care about another man on important events like a birthday, regardless of how it was spent, is living proof that by free choice a man can make more long-lasting, guy friends to an outstanding degree. It has a value of representing one's existence in the world. Maybe for some men, it proves that a man doesn't need to pretend to be gay for that to happen. Hanging out with men that trust each other and are always hoping the best for them after departure is the best way for men to be. Men need each other to help put each other in the right direction and spot them as they lift the weights of life through each day. As men face challenges through school and beyond, I think building strong relationships is important in the definition of what it means to be a man. (2) is the cause, the legacy, the imprint that says I was here. It's the epiphany of what a man can do to impact the world in the most effective way possible. Just as Theodore Roosevelt once said along the lines of being the man in the arena with the face marred by sweat, blood, and tears trying to reach a goal to accomplish something that is specific towards what a man can do to contribute to making the world a better place.

57. That you stand on your own two, and take care of all your responsibilities.

58. However you want, telling someone how they must act is a boy immoral.

59. Being a man means that you step up when you are needed. You do the job to the best of your abilities and you aren't afraid of hard work or risk.

60. Independent, self confident, capable.

61. To be a man is simply to be a man, I don't think there is any set thoughts, actions or feelings that makes someone a man or not a man.

62. In the common sense, being a man means you need to withdraw into yourself. You need to act as the strong support holding up those around you, and you must never be seen as anything but that.
| 63. | A man will take greater risks and takes personal responsibility to endure its consequences for good or ill. Maturity is born out of struggle. |
| 64. | Man is a self identifier, therefore anyone who decides they are a man is a man. I reject culturally enforced labeling. |
| 65. | Being a man means nothing. It's a completely arbitrary term. |
| 66. | Men, along with women, should be caring. It is up to all people to take care of each other. Everybody should think for the better of others, act for the better of others, and attempt to understand the viewpoints of all others - even when they are polar opposite to our own. |
| 67. | who the heck knows anymore. the definitions vary wildly from person to person, from media outlet to media outlet. and while that sounds bad, i think it is awesome. at least for me. i don't give a fuck what others think anymore. but i worry about younger guys and how they handle all the mixed signals. |
| 68. | They should be strong, independent, hard working, free, and determined to reach some end in life be it family, career, or glory. A man lives his life with integrity and with a respect for his own life and anyone who shares a similar belief. Mercy should be condemned when it is put against justice and humility leads to weak men who believe that failure is a blessing. A man should be self made even if it means going through hell to find your paradise. It is better to be king in hell than a slave in heaven should be every man's mantra. |
| 69. | To identify as male; to consider oneself a man. |
| 70. | I do not believe in strict gender roles, but I do think that men's privilege gives them certain responsibilities. Most of all, I believe that, to the extent that men benefit from being male, they should use their powers for good. Men should stand up for what they believe in, especially toward other men. Men in positions of privilege (especially straight men) should advocate for other people who may not be in a position to advocate for themselves. Men should break down toxic ideas about masculinity and encourage those who go against them. All people, including men, should try to cultivate their abilities and pursue meaningful work. People should display independence of thought and spirit and always look out for those less fortunate. |
| 71. | to be strong, provider, protector... |
| 72. | To be a man is to be strong and logical. A man should not be without emotion, but should understand how emotion affects his judgment. |
| 73. | Society's definition of "a man" is changing (thank goodness). The answer could easily take several thousand words and still not be explained. Different cultures have different meanings of manhood. Being from a western culture, my answer is Google 'how to be a man'. About 90% of the sites listed will give you what society expects of me and what my answer would be if I want to not stand out. |
| 74. | To be true to yourself, and not base your life off the opinions of others. |
| 75. | difficult to define and usually is defined in negatives. Basically a man has testicles and a penis. Behaviourally, a man does have confidence in his ability to survive in the world fairly independently. In today's world it is very difficult to maintain a positive view on masculinity. Men are left unsure of their role. Internal strength is important when defining men. |
| 76. | A man should be manly. This means he he should not be like a woman, for a woman is not a man. Neither should he be like a boy, for neither is a boy a man. Femininity and |
### HEGEMONIC MASCULINITY AND HELP SEEKING 143

77. Pay my own bills, be responsible for my own decisions, let my words accurately reflect my actions.

78. It means you act when others are scared stiff. You carry the burden when your family needs you to. It means when there is only one spot left on the lifeboat but you and another, you go down with the ship. It means "be prepared".

79. To be a man is to be respectful of others. To take care of oneself. To use rationality whenever possible. To allow themselves to experience their feelings but not be controlled by them. To be useful to others. To be generous and kind. Basically be the same as every other person should be regardless of sex/gender.

80. Deeply kindly happy.

81. A man should go after what he wants without hurting others and giving people the same help he was given.

82. A man should act like a person, not based on his gender.

83. Oh god. This is a tangled one. Really hard to pin down, especially nowadays. I think I can safely say that self-sufficient and level-headed are expected and largely laudable values, as are the expectations that men be solid providers and defenders for their loved ones.

84. One should be able to fight for what is right (not necessarily physically). Not be a coward.

85. "Being a man" does not mean anything special, other than "identifying as a man". Trying to force oneself to think, act or feel (as if feelings could be forced) "like a man" (whatever that means) just for the sake of fitting inside a square box is a mistake. Nobody fits perfectly inside the square box, and those who go out of their way to try to do so anyway are likely to end up hurting themselves.

86. Take pride in yourself. Be confident.

87. I don't think there is a doctrine of how a MAN should act. Rather, I think there are traits that should be taught to both men and women. That being said, there are instinctual habits that should be retained for the mental health of both girls and boys. For instance: elementary schools are increasingly using girls as a standard of behavior, which shames boys into thinking that their more rambunctious tendencies is wrong, and they are not given a chance to develop their personal masculinity.

88. No idea. Do what you like, regardless of its "manly".

89. There should be no definition or expectation about how a man "should" act.

90. What it means to be human.

91. I don't believe there is a *definitive* answer to this question. A man should think critically, act considerately/cautiously, and feel what he feels. In short, a man should be his own person, thinking for himself and making his own decisions without the societal influence of a "a man must _____".

92. Media propaganda would lead one to believe taking risks, taking charge (of everything), being able to provide for a family despite being legally disadvantaged due to "equality" seeking laws (resulting in supposed discrimination swinging the other way).

93. Extremely broad question, considering how "in flux" masculinity is now. Full disclosure: I study masculinity and gender as part of my sociology degree. To be a...
man is simple, identify as a man.


95. This question seems to be oriented toward how a man is perceived through a social lens; specifically, how a man would interpret their actions/feelings/responses/identity in light of social standards. This assumes the social standards are worth being compared to. This also assumes that those upholding the standards have merit to do so. How a person carries themselves is largely up to them, whether or not they adhere to these assumptions.

96. Masculinity is very much a product of the environment and culture that an individual is raised in. Therefore, the role that a man has is defined by interactions with parents and other role models. In my case, due to the death of my father at an early age combined with attending a single sex boarding school for the majority of my formative years, resulted in many of my role models and consequently my behavior to be based on school mates. As a result, my characterisation of the male persona is undoubtedly warped to some degree. Ultimately, the lack of relative intimacy results in a development of an aspiration to be aloof as well as independent.

97. Being a man is the same as being a woman, or any other human being; treat others as you would want others to treat you, endeavour to leave this world a little better than when you came into it, and try to be as positive an influence in peoples lives as you can.

98. To be a man is to be an adult male. Being an adult includes taking responsibility for one's actions, acting in a reasonable manner, and taking care to be a functioning member of their community.

99. Self-defined. Each man makes his own rules so long as he is happy in confident with how he thinks, acts and feels.

100. To be sure of yourself, confident in yourself and your own master. But I do not think these are particularly make characteristics, to me it's about being your own person.

101. Have penis and other male parts/chemicals

102. Y Chromosome

103. Presumably you mean male here? I'm unsure that masculinity has been adequately understood by anyone. But it does seem to me that it involves a kind of courage.

104. A real man ignores anyone who tries to tell him what a "real man" acts like. I think there are so many voices trying to tell men what they should be, it's nearly impossible to pin down what 'being a man' really is, outside of living up to someone else's expectations of being a man. Personally, I think a man should be honest, courageous, compassionate, eager to learn, open-minded, reliable, loyal and enjoyable company. I also think those are good qualities for literally everyone.

105. Masculinity is healthy and not a disease.

106. I find an emotional wall ends up having to be built between myself and everyone and everything else.

107. Be yourself, pursue what you want to get out of life. Consequently, this is what it means to be human.

108. Have a strong moral code and work on treating others the way they should be
treated.

109. A man is whatever he wants to be. The opinions of others are irrelevant.

110. Be tough, no emotions, be the best, physical prowess

111. No simple answer here. A few traits I’ve found common: competent in the areas of his life he is most involved in (improving or at least maintaining his appearance, health, living space, career area, and mode of transport (if applicable)), skilled at maintaining emotional detachment (not necessarily always emotionally detached though), confident and decisive (or at least, never showing extreme nervousness or indecisiveness).

112. Each man should be versed in his own way. He should know his own way, and in this be skilled.

113. Obnoxious Honor.

114. Have a dong, that’s about it

Sources

1. 60 years of watching people their decisions and problems, and how they fare in life with the hand dealt them.


3. My own opinions.

4. father, male friends, teachers, bosses, wife

5. Dad, friends (both male and female).

6. Online forums, peers

7. #blogs, Social Media

8. I grew up watching James Bond movies. As a child manhood meant staying cool, being skilled, and getting girls. Those beliefs have decayed over time but still hold themselves as the marker for my emotional performances.

9. tv, the media.. what movies present as masculinity

10. mentors and books

11. I believe that I have got these from my father and his telling me what I am expected to do. He has told me to be strong in all situation and not be swayed by something like emotion.

12. Boy Scouts (Eagle Rank!)


14. Father/Mother, Priest, Brother.

15. Strong male role models during my formative years, Teddy Roosevelt.

16. Male peers, some media, and some laws impact my belief about what society thinks a man is.

17. Education, and my major role models growing up.

18. I don't often think about masculinity as an abstract concept. My friends and I do not subscribe to most stereotypical male identities. I dislike sports, car culture, and manly man bullshit. I really despise the both sides of the internet culture about it. I hate reading the social justice oppression olympics tumblr nonsense, where everyone competes to have the saddest story and the most brain problems. I also hate everything
to do with "mens rights" and that gestalt blend of pick-up artist types or male-centric legal activism. I feel like everyone wants to push their problems outward and not take responsibility.

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<tbody>
<tr>
<td>19.</td>
<td>Hollywood</td>
</tr>
<tr>
<td>20.</td>
<td>Science, YouTube videos, both my parents, and all of my peers (not just the guys).</td>
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<tr>
<td>21.</td>
<td>Family, community, male friends, and celebrities whom I've looked up to; for better or worse.</td>
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<tr>
<td>22.</td>
<td>Reddit and a transgendered peer. Looking to other men has only resulted in mixed messages, as far as I'm concerned.</td>
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<td>23.</td>
<td>negative female influences. Meaning avoiding women's negative opinions.</td>
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<td>24.</td>
<td>I tend to disagree with pretty much everyone, see previous answer.</td>
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<tr>
<td>25.</td>
<td>I am of the mind that others ought not tell me my own business, therefore I set about to understand how to act in the world myself. If I had to identify a primary source, it would be Aurelius.</td>
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<tr>
<td>26.</td>
<td>My parents and my years in the military. As well as having grown up during the '50s and '60s.</td>
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<td>27.</td>
<td>My father and his associates growing up as they were old school 2 men who held traditionally masculine roles in both family and at work.</td>
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<td>28.</td>
<td>My male relatives - especially my father and grandfathers.</td>
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<td>29.</td>
<td>I guess my father, who was not a pussy.</td>
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<tr>
<td>30.</td>
<td>Audre Lorde's essay on raising a son as a feminist. Queer theory, such as Kate Bornstein's book Gender Outlaw. My peers.</td>
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<tr>
<td>31.</td>
<td>My Dad and grandfathers. Some men in the Navy I looked up to while I was still young. the media plays no role</td>
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<td>32.</td>
<td>Mass media and older men definitely shaped my idea of what traditional and expected masculinity is like, though they also made me hate it</td>
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<tr>
<td>34.</td>
<td>Probably everything I experience and read/watch. Personal experience probably the most.</td>
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<tr>
<td>35.</td>
<td>Movies, Art of Manliness,</td>
</tr>
<tr>
<td>36.</td>
<td>Male friends and relatives</td>
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<td>37.</td>
<td>Father.</td>
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<tr>
<td>38.</td>
<td>My father and grandfathers, male peers, certain authors, philosophy, etc. I find the mass media messaging on masculinity to be confused and corrupted by the influence of &quot;mass market masculinity,&quot; which is really only the advertising industry preying on male insecurities. Probably the single greatest impact on my beliefs on masculinity come from observing men who do not embrace a fairly traditional conception of masculinity, most of whom I perceive as lazy, whiny, dishonest, emotionally manipulative users and malcontents. I've noticed that a lot of &quot;new model masculinity&quot; men are passive-aggressive, bitter, fat, unsuccessful, and emotionally stunted.</td>
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<td>39.</td>
<td>Mostly female family members and peers, male peers are generally unlikely to discuss masculinity. Media plays a large role, particularly print and online journalism.</td>
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<tr>
<td>40.</td>
<td>Life experience through physical and social events. While the common modern rhetoric is that men should be able to be sensitive and docile, I have found this type of behavior to be generally unproductive.</td>
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</table>
41. When I realized that most of the discussion about men in the media is negative (eg 'toxic masculinity', domestic violence campaigns that make men out to be abusers) it made me think about the good qualities men have that are largely ignored. Even the qualities that are so-called toxic are actually good in some situations. Violence and aggression are really good if you have to defend your family against a home invasion.

42. Parents

43. Male peers.

44. Mostly Uncles and the country my family is from

45. Experience

46. Life in general. Media and the public. Women also play a large role in making a man who does not act stereo typically like a man feel like he is not a man when he doesn't do certain things like not act confident or control his thoughts and actions, mostly acting to scared or emotionally.

47. Friends

48. Men I have known have the largest impact.

49. The Bible, John Eldridge's book "Wild at Heart"

50. Family Church/the bible

51. Male peers, mens forums/groups.

52. Books.

53. Church, male friends, online materials including artofmanliness.com

54. Art of Manliness blog

55. Parents, peers, media.

56. Peers and teachers and philosophy.

57. Men older than myself who have accomplished positive things in life. Mostly non-relatives.

58. The bible; the internet #2015; artofmanliness; male peers; the bigger, taller, and older guys that most likely visit the gym everyday; the men that would hug me if I was about to commit suicide, aka the cool dudes from church; advertisements; youtube videos; popular children to young adult books; g0ys.org; not my father unfortunately, but my grandpa in a way.

59. My family.

60. TV, Internet, male patients.

61. books, what I have seen modeled for me from other men

62. Father. Male peers

63. My father provided my initial thoughts on masculinity, and they all related to the "Withdraw and Support" method I mentioned above. I followed this method for a long time before me and my very close friend realized that we each could confide in and rely on the other. I still want to be a strong support to those around me, but to be a good person, not to be a man.

64. My father, self-reflection, doubt and western philosophy

65. First and foremost myself, my parents second, a handful of authors third. Let's say Terry Pratchett as foremost among the third category.

66. Personal experiences.

67. The Bible (loving one another) and school (the importance of growing intellectually
and understanding viewpoints that aren't your own)

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<tr>
<td>68.</td>
<td>my grandfather was the most influential on me about my sense of masculinity.</td>
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<tr>
<td>69.</td>
<td>Authors like Jack London, Ayn Rand, and Heinlein played an important part. Some was influence from family and the rest was intuition.</td>
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<tr>
<td>70.</td>
<td>Knowing many men, some of whom do not fit the American stereotype of &quot;look at my huge penis I'm great at sports&quot;</td>
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<td>71.</td>
<td>The mass media contains both positive and negative examples of masculinity, so it makes sense to define one's own maleness in reaction to it. Some of my own fictional role models for masculinity include Atticus Finch, &quot;Coach&quot; from Friday Night Lights, Jean Luc Picard from Star Trek, Mr. Feeny from Boy Meets World, and Captain Malcolm from Firefly. These men showed me that toughness and kindness are not opposites -- one can show empathy and vulnerability toward one's friends, and fight for one's beliefs.</td>
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<tr>
<td>72.</td>
<td>my peers, my the men in my family</td>
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<td>73.</td>
<td>I learned how to be a man from my father and my paternal grandfather, and from Seneca and Epictetus.</td>
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<tr>
<td>74.</td>
<td>1. peers. 2. tv / film. 3. news / advertising. 4. wider society.</td>
</tr>
<tr>
<td>75.</td>
<td>Father, some books, other historical role models, and myself.</td>
</tr>
<tr>
<td>76.</td>
<td>male peers, media</td>
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<tr>
<td>77.</td>
<td>The Bible, mentors and older men, various writings such as the Art of Manliness.</td>
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<tr>
<td>78.</td>
<td>ManKind Project, books on dating and attraction, mythopoeic or Jungian books on male psychology</td>
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<td>79.</td>
<td>father, mother, siblings, life experiences</td>
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<tr>
<td>80.</td>
<td>My romantic relationships.</td>
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<td>81.</td>
<td>my father</td>
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<td>82.</td>
<td>Self reflection.</td>
</tr>
<tr>
<td>83.</td>
<td>General exposure to society. Later introspection and gender critical movements.</td>
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<tr>
<td>84.</td>
<td>Too many influences to decide.</td>
</tr>
<tr>
<td>85.</td>
<td>Media, male and female peers</td>
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<tr>
<td>86.</td>
<td>My personal experience, mostly the fact I became much more at peace with myself and gained plenty of self-confidence when I stopped caring about societal pressures (you have to dress <em>this</em> way, your hair have to be <em>this</em> short, you have to be <em>this</em> successful with women, and other limiting non-sense).</td>
</tr>
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<td>87.</td>
<td>Friends and people online.</td>
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<tr>
<td>88.</td>
<td>Parents through direct teaching. Parents through leading by example. Authority figure, particularly teachers and coaches. Mass media has the biggest effect, but I believe it is indirect, as it also influences social norms, rather than effecting me directly.</td>
</tr>
<tr>
<td>89.</td>
<td>Probably my father, and a great teacher I had when I was young.</td>
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<td>90.</td>
<td>Research literature, colleagues, friends, family.</td>
</tr>
<tr>
<td>91.</td>
<td>Environment. family.</td>
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<tr>
<td>92.</td>
<td>I don't think I could pinpoint any specific source for influencing my beliefs, other than the internet at large and --- perhaps critically --- lack of a father figure in my life (though I was blessed with many intelligent male teachers). I was also aloof as a teenager, so perhaps societal pressures didn't impact me as hard as others.</td>
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</table>
93. None impacted my beliefs, my beliefs are rooted in actual equality. Compared to the false "equality" modern laws are framing to prevent the more skilled person from getting a job if they do not fit into minority groups.

94. My parents, and reading on gender as a social construct.

95. Examples I have seen at work, at school, and at home.

96. Literature, my church, friends.

97. as I have indicated above I was raised in a single sex boarding school. as a result my main influence is clearly my peers/ However he degree to which other factors such as later background culture factors into my development is some what in question.

98. My parents gave me positive views of masculinity (mum was bread winner, dad was sensitive, both treat each other with respect most of the time). Older TV shows and movies gave negative views about masculinity (men shouldn't act "gay", be sensitive, deny/not want sex, etc), yet newer TV/movies give more positive views (men can be emotional, men can enjoy "frilly" things, men worry about things other than food/sex, etc). My friends/peers have always been predominantly "modern" men; we don't shirk from emotions or revealing how we feel, we don't judge each other for our personal choices, negative humour is kept to a minimum. Growing up in Wales gave me bad views on masculinity; strong culture of "boys will be boys" when I was younger.

99. My father, my male peers

100. Father. Peer male role models.

101. TV, the Internet and peers

102. Family and Sports. I come from a line of tall, big, tough and silent Celts. Masculinity was being able to fix things, have a high pain tolerance and burying any negative emotions under copious amounts of alcohol. Not a very heathlt role model at times.

103. Feminism

104. Successful adult men

105. Not sure. Plato, perhaps, maybe Faulkner. A movie which I thought gave an interesting picture of masculinity was Locke, with Tom Hardy.

106. All of 'em. I try to take in personal experience, books, movies, the news, online sources, everything. I derive a full picture from casting a wide net.

107. My father and mom.

108. Reactions from partners and peers

109. None, it is all noise telling me what I need to be. I make the choice for myself.

110. My father, my peers.

111. The men's rights movement.

112. Sports, military

113. Most likely in order of decreasing significance: close adult role models (father, uncles and close adult friends thereof), expectations of male and female peers in elementary, middle and high school, and fantasy/science fiction novels (the actions, traits and skills demonstrated by main male characters therein).

114. None. I distance myself from others. I avoid television.

115. Friends family, all forms of media really. Society In general.

116. Me dad
CostsOfMan

1. Health issues, family problems.
2. I don't notice any.
3. Mistakes,
4. Sometimes you have no interest in meeting the expectations of people you don't give a crap about.
5. Sometimes I am made to feel less than I am because I do not look like a standard man. (Big muscles, thick beard etc.)
6. The 'need' to take control when you can't or just don't want to.
7. Stunted emotional growth, an inability to connect to others, feeling disjointed and disconnected in times of crisis. Shutting down one's emotions consistently leads to an inability to adapt to situations of extreme stress and trial.
8. Can be expensive trying to keep up with the Mr. Jones's ... alienation of friends...
9. Looking outward for sense of self is risky, which is not to say one should never be outer directed, that's sometimes appropriate to the situation. Trying to meet another's expectations is likewise unwise.
10. I often feel as though I am a machine or a slave, though I tend not to care as long as I feel that I have made myself better.
11. Loss of time, disingenuous relationships, losing things of interest, feeling that one's natural self is not good enough. (Note that this does not apply to expectations that a person would fulfill out of their own interest. For example an honest love of sports costs nothing but a feigned interest would have the above costs).
12. Emotional stunting, insecurity, and a potentially narrow worldview
13. Reduced intimacy with one's partner, reduced ability to handle emotional issues effectively
14. When a man isn't allowed to open up and confront his issues it will boil over into unhealthy habits that could eventually hurt him. Society expects men to keep a tight lid on their emotions but truth is if more men just accepted their emotions and moved on you wouldn't see as much violence.
15. Fairly rigid social expectations means a lot of pent up emotional energy. That can get to a guy.
16. Dealing with feelings openly is a lot harder without feeling the additional burden of shame, whether it's warranted or not.
17. I think that children do best with two spouses working together to provide stable and healthy examples for what love and family can be. I don't think this excludes homosexuals at all. I think right now, the role of father or husband is greatly undermined. I don't blame a particular aspect of society singularly, but the inability to provide a financially secure life on a single income is really upsetting. In my office many of these men work multiple jobs, or over 1000 hours of overtime in a year, to try and provide that life. I'm a married man and father, and my wife and I both work. My daughter would absolutely be better served by having a spouse home with her and caring for her, but we can't afford that so she's in childcare for 12 hours a day. I don't care which of us does it, I just know that one of us could do a better job caring for my child than a daycare does. My daughter is starved for attention and we're exhausted.
from our jobs and commutes. The fact that wages have stagnated so much means that for us to enjoy any degree of financial stability we both need to work, and that means we're both out of the house all day long. The "cost" is that my daughter is raised by part-timers at a daycare who can never care as much as my wife and I do. I don't feel that I'm suffering, but my friends are not as lucky to be where I am in their lives and I sympathize with them. I know friends that are afraid to get married because they don't earn enough. They are afraid to have kids because of the cost and commitment. They can't get jobs in their majors, and are struggling underemployed with no ability to find work in their chosen fields. I feel for them but I don't know what to say to them.

18. Mental disorders and instability due to intentional suppression of emotions, or improper release of them (rage/aggression). Shame or self-loathing from liking something which doesn't "fit" their designated gender role.

19. As a man, I do not feel like I should be in a position where I'd be pitied. I feel as if I'm always supposed to be stable, keeping things from falling apart. We're not supposed to show weakness in the face of hardship.

20. Inability to show emotion, difficulty of relying on others, Creating your identity around a role rather than being yourself.

21. Fuck societal expectations. People expect you to be hyper-sexual, which makes other men look down on you if you fail to meet that criteria and makes women afraid of you unless you're already in a dedicated long-term relationship. I have incurred major social costs due to these two factors in my own life. Additionally, anyone who isn't athletic at all is seen as weak, which has also hurt me a bit (but I've got a medium build so it's not as bad as it could have been).

22. having to please others or fulfill their expectations rather than my own

23. depends on the situation, you might want to be more specific in future surveys.

24. The main "costs", not surprisingly, are financial. Traditional masculine behaviours tend to be wrought with peril, both legal and financial. For example, resorting to physicality would cause legal troubles, and spawning bastards financial burdens. Better to be clever than to be masculine.

25. In my social circles, there are no consequences. I'm a proud, aging, ex-military man, and I wear my veteran's status with pride. Society expects me to act in a military manner. When we get threatened, they love me, when we're not, some of them verbally criticize me for being tied to firm standards.

26. Men are easily manipulated by others (media, women, employers, etc.) leveraging these expectations.

27. Depending on those social expectations, you could lose your integrity and your self-value as man.

28. I don't think there are any costs. I guess paying for dinner on a date?

29. Many of the costs include damage to others and being encouraged to ignore the damage to others (particularly treatment of women, minorities, and LGBT folk.) Furthermore, social expectations frequently encourage men to make the world a less safe place not just for women, but for other men. Expectations encourage aggressive and even violent behavior. They also encourage bottling up emotions, doing personal psychological damage as well as increasing the likelihood of violent explosions.

30. Even stone gets worn down over time. Who does the person that is the help go when he needs help?
<table>
<thead>
<tr>
<th>31. Nobody really talks about the fact that we invalidate men's emotions from such an early age that by the time they're teenagers, they're not even sure they have emotions. The fallout of not letting men get help is damaging to everybody.</th>
</tr>
</thead>
<tbody>
<tr>
<td>32. The constantly evolving concept of what masculinity is.</td>
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<tr>
<td>33. First off, it seems like those expectations exist on a shifting scale over time. Men are urged to self-destructive behavior to show toughness. In current mass media, the trope of women being better at everything than men is so strong that the present model of masculinity has a powerful current of ineffectuality. In some strains of traditional masculinity closed-mindedness and conformity are seen as high virtues.</td>
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<td>34. Emotional trauma that and lack of clear communication.</td>
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<td>35. Men are disposable. Problems are not acknowledged.</td>
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<td>37. There is a very powerful anti-masculinity message in the mainstream at the moment, promoted by a toxic form of feminism that is little more than rationalized man-hating, which has resulted in widespread changes to the law and to women expectations and perceptions of their own responsibilities that can leave a man who embraces a traditional masculinity model open to emotional abuse and manipulation. I still believe the costs of not embracing a traditional model of masculinity far outweigh the benefits.</td>
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<tr>
<td>38. Exhaustion coupled with anxiety about losing the acceptance associated with meeting those expectations. Negative cultural narratives about masculinity (“are men evil or just dumb?”). A sense of loss of self - i'm naturally much more effeminate, and meeting expectations of masculine aggression requires an element of performance.</td>
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<tr>
<td>39. Men are expected to provide for and give to women before and above themselves. Men are not taught to value ourselves.</td>
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<tr>
<td>40. There are mixed messages about what a man should be. In some cases societal expectations are contradictory making it impossible to avoid some kind of criticism. Comedian Brian Scott McFadden has a routine about what women want which illustrates this point nicely. thing is women seem to want contradictory things in a man women want a man who's an ambitious achiever who successful both professionally and financially who's not materialistic women want a man who is solid steady consistent and reliable who is fun unpredictable and spontaneous women want a strong-willed decisive man who takes a stand in doesn't waver as long as he's flexible open-minded and can admit when he's wrong women want a lot women want a realist who is romantic A guy who's serious but playful was confident but humble and horny but faithful women wanna man who is career driven but family-oriented women also wanna man was smart but not nerdy caring but not needy affectionate but not clingy protective but not possessive emotional but not neurotic funny but not a clown dominant but not domineering and in control but not controlling no problem, good to know so take notes guys remember all we gonna be a strong but sensitive tough but tender masculine but gentle and manly but vulnerable because apparently what a woman wants is a Gay football coach.</td>
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<td>41. overwork, higher risk of mortality.</td>
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<td>42. There is a societal expectation that I will be violent, dumb, sexually-overcharged, and juvenile. because I am male. I am expected to prove my worth as a man, against an assumption that I am unworthy.</td>
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presenting yourself as rigorously male to the world. A single shred of evidence that you do not fully conform to the expectation can be the source of bullying, both physical and mental. Effectively, you have to second-guess everything you do to make sure it doesn't say the wrong thing about your masculinity.

63. The risk of failing and depression. The risk of success and apathy. The risk of misunderstanding and self-destructive behaviour. Existential crisis,

64. Personal discomfort in your role. Assumption of masculinity in all things by taking on the culturally defined role. Specifically you are often assumed to not need any help, or any emotional support. Request for that support may be construed as admission of inappropriate weakness.

65. You become a one-dimensional character of yourself, you become a threat to yourself and others, repressed emotions and stress cause a mental breakdown.

66. Emotional disconnection, being expected to act a certain way.

67. Self-esteem and self-image and self worth. We men can be harshly punished if we try to break out of our gender straitjackets.

68. There are no costs that I have experienced, people respect a man who lives his life in honesty and dignity. You can't feel guilt when you've committed no crime, and being a man is not a crime.

69. The existence of social expectations and the pressure to meet them are the problem. Being forced to meet them is a bad thing. Meeting them coincidentally, or because one wants to, has no cost.

70. I believe that men's roles are more constrained than women's. While women face more overt oppression, society generally lauds women entering male-dominated spaces (engineering, law, medicine, politics, etc.) while it tends to scoff at men entering woman-dominated spaces (childcare, nursing, education).

71. I find it frustrating that men should not give in to their emotions.

72. There aren't any I can think of.

73. Hiding emotions is damaging long term if you don't follow the expected path of manliness - social ostracism isn't fun there is huge pressure to conform, to play the role, to fit the stereotype always being questioned about your status. If you don't fit the expectation then there's a constant pressure of speculation.

74. I don't know, I don't bother much with societal expectations.

75. Higher death rates than females and particularly high risk behaviour in young males to prove their manhood. Stress in trying to cope with societal disapproval and negative statements about traditional male expectations.

76. It is discouraging when someone believes a man cannot be both smart and strong.

77. There don't seem to be many such expectations.

78. There are no costs to be a man or woman. There are when you meet others who feel their personal expectations should be the norm, be they a far right conservative or far left liberal.

79. Being subject to irrational and overly-sensitive judgment and chastisement from self-righteous people. Being told that my existence is hateful and sexist towards women. Being assumed incompetent by women. Being assumed a bigot/sexist (mostly by women).

80. Being very bored at the idea of team sports, drinking copious quantities of alcohol and
For many, it would mean living a facade.

Lack of intimacy, emotional isolation, having to put up with shit

A pervading sense of loneliness, isolation from support structures, and an incredible amount of pressure to succeed.

It can be very taxing to give off that aura all the time.

Based on my experience, I have no real clue.

Men are taught to not show much emotion. Men are taught to act like they cannot be victims.

Isolationism, double standards, and unreachable expectations.

Men seem to be more reluctant to seek help with mental and health problems, due to a desire to be stoic.

Stereotypes are negative and night cause misconceptions. Being a man does not have a specific definition.

behaving unnaturally.

The major cost of following such a course of action is that it ignores how *you* want to be - and if it went far enough it could repress your own desires to meet society's. While I have no background in psychology this strikes me as something that could cause dissonance and psychological troubles down the road.

Almost exclusively disadvantages. Societal expectations such as men should take charge, then claim too many men are in boardrooms, men should lead in relationships, but then they are creepy (on approach) or controlling (in a relationship). Most situations create these catch-22s.

Just about anything involving risk. The concept of the disposable male is strongly embedded in our society. Men are expected to risk life and limb to help others, especially women. To the point that men are shamed for saving themselves over others. You're expected to sacrifice your relationship with your family to provide for him. You're expected to ignore your own physical and mental health. etc. etc. etc.

Men are the coal that stoke the fires of civilization. "Selflessness" is the silver medal virtue, behind "accomplishment". As such, anything that makes a man less capable, in any way, is a handicap and a source of shame. The disadvantages of such a totalitarian gender role should be obvious. A man who is less capable than another will be less productive than another. A man who is less productive than another is less valuable than another.

The costs of the male stereotype social contract are largely personal, (emotional, and non-tangible) if one assumes them. The primary ones that I have encountered is a perceived inappropriateness to talk about emotional issues, largely because people are either unwilling to hear, do not know how to interpret, or are entirely disdainful of them as revealing weakness. (There are fewer modern American constructs that teach guys how to understand emotions or interpret the non-aggressive actions of others.)

The costs associated with conforming to gender specific norms is often depression. A desire to conform with what your peers as well as society may expect you to do conflicting against your base instincts may result in serious difficulties in terms of motivation and general wellbeing.

We don't get to be who we WANT to be (wearing makeup, feeling pretty, having
confidence to show emotions, etc). We get lumped into disposable positions in the general public's eye (men do most of the dangerous jobs, therefore more men die on the job, therefore people become desensitised to men dying, yet women/children in same accidents/tragedies get more attention). We all get typecasted as the same "general" male due to expectations that we all should be the same, therefore the bad apples reflect on the rest of us.

98. Everyone thinks you're a rapist/pedophile. Not having a say in any kind of discussion about gender issues, even when they are legitimate like high male suicide or high male homelessness rates, in preference to non-issues such as "manspreading". If someone points the finger of rape accusation at you, your name will be strewn across newspapers and blogs and websites across the country. If you are a profession that works with kids and this happens, you will be out of a job for a long time. There are no government or charity programs to help you out.

99. Societal expectation is only as bad as it is perceived. A man who is proud of who is will be exposed to the costs.

100. You are not allowed to ask for help succeeding, but you're not allowed to fail because you didn't get help either. A man is always expected to care for a women, be it a wife, ex-wife girlfriend or mother if his father has died, even if it negatively affects him or even ruins his life to do so or if they can take care of themselves easily. This expectation even persists in court. Men are requires to be the strong ones and fight in case of war, even if they aren't willing or qualified. They have to take the most dangerous jobs and most risks.

101. The social stigma of being "weak", ie admitting emotional problems and depression. The tough masculine ideal can be extremely toxic.

102. Physiological and emotional death

103. Lower life expectancy, higher risk of morbidities, loss of time and money

104. Ease, the possibility of becoming emotionally blunt by killing your feelings instead of responding rationally to them. Additionally, being masculine seems to have recently become somewhat offensive to a certain class of people.

105. A big part of the male gender role is being seen as invulnerable. You're the unkillable hero protagonist who mows down legions of other, lesser, men. Except, that's the smoke blown up men's asses. In reality, they're one of those legions of men getting mown down. We romanticize men's toughness, and really it's a way to get them to internalize the idea that suffering = weakness. We put them in harm's way, after conditioning them to view it as 'normal'. It's also normal for us to mock or ignore the man who is unlucky enough to end up a victim. Domestic violence? No shelter space for you. Raped by a woman? No court in the country will prosecute on your behalf. We don't want to deal with the male victim. We want to believe the bullshit that men are strong, because it keeps us from acknowledging how often we expect men to face risks to health and sanity, and to ENJOY it.

106. Today there are a lot of mixed reactions about what a male is supposed to be. It's very sad. It you go by our biological nature you are condemned for being toxic.

107. Often unable to express myself or to receive meaningful emotional support.

108. Whenever someone tells me I need to be something, it is most certainly in their best interests and not my own. I would say the biggest cost of being male in today's society is the level of emotional manipulation people will resort to.
| 109. | Being emotionally detached to myself. |
| 110. | Being portrayed as a potential abuser, feminists spreading hatred of men, possibility of being drafted |
| 111. | Continuous pressure to be the best, tough, unemotional |
| 112. | Loss of empathy: Restricting the expression of my own emotions lowers my patience for dealing with others' emotional expressions. Reluctance to be intimate or vulnerable in front of others. |
| 113. | If a man were just that, he wouldn't be concerned with societal expectations. |
| 114. | You might wear yourself out. You might not be open emotionally with others. |
| 115. | About Â£2.99 (what the fuck does this even mean?) |

**BenefitsOfMan**

1. Meeting the expectations CAN provide a sense of accomplishment. It can also facilitate success in business.
2. It is a known fact that men will average higher pay than women.
3. career, belongings, friends, wife
4. Don't put such a silly question. Society is set up to benefit the archetype masculine male.
5. You won't be hassled by other men that much for being you.
6. Provided an individual carries themselves through the trials of manhood without reflection or questioning the morality of those trials that individual gains an identity which is admired in society and which the individual may rely on to generate their self worth.
7. popularity
8. providing for ones family is a virtue, but not at the expense of being domineering.
9. I feel as though it runs things efficiently and properly keeps the things I am involved with going
10. Feeling accepted, potentially increased respect, potentially developing skills (for example learning car repair).
11. Social acceptance
12. Wider acceptance in the community, perceived confidence.
13. I'm a six foot tall slender white guy with a strong chin. Everyone automatically defers to me even in situations where there's no good reason for them to do so. My opinions are valued even when I'm not really a SME. Being a dude that looks like me has inherent advantages and while I don't believe that is the way "it should always be," it would be really naive for me to say that I don't benefit from the way things are.
14. Um...people...*not* shitting on you for your failure to fulfill an arbitrary set of behavioral standards? To be frank, though, I don't give a damn about bigots who would. I'm secure in my cishet male identity and feel free to like whatever the hell I want.
15. It can be easier to gain respect in certain subjects, especially from other men.
17. Other men accept you more. That's basically it.
18. n/a
19. see above.

20. As the questions implies, meeting social expectations begets social status among one's circles.

21. Pride and a secure country, along with confidence that others who know me would not threaten my family.

22. There can at times be a sense of admiration given to men by society.

23. The only benefit is that you avoid negative feedback from society members close to you.

24. You're not a pussy.

25. The benefits are that men who conform to society's expectations are more likely to be listened to, have their opinions respected, earn more money, and generally go through life in an easier way... usually by plowing over other people unfairly.

26. Respect and honor. A since of accomplishment when you see other succeed using what you taught them.

27. From what heterosexual men tell me, success with women. For me, not getting killed or assaulted for being gay by passing for straight.

28. Personal empowerment, professional and personal respect, social privilege, trust.

29. I have some very male qualities, but I've never been the typical guy. "Regular guys" appear to have an easier time finding friends. Most women, in my experience, tend to demand men who meet traditional norms, so the "regular guys" have an advantage in finding mates. Regular guys slot nicely into work we think of as men's work.

30. It gives you base points of how to behave when you are confused.

31. Self respect

32. Assumed agency in most situations. When you do something good, people assume it's because you're competent. I imagine women get the opposite. But to tell you the truth, there aren't many benefits anymore.

33. Respect from one's peers, admiration of one's fellows, and the sexual attraction of women.

34. Freedom from harassment for not meeting those expections.

35. Increased physical and mental-emotional fortitude. Men are taught to be independant and take care of our problems by ourselves. I think the major advantage of being a man is being forced to be capable of at least something. Because of this, we are able to excel.

36. Respect.

37. It makes me less likely to give up on something, because I know that failure simply isn't an option- there's no one to blame but myself, and no one who will step in and help. When there's more at stake, you're more effective.

38. It makes me a better candidate in the business world.

39. Considered a Leader

40. None.

41. Job situations can turn out successfully. Relationship and dating personas are meet and sometimes satisfied. More control over your emotions which everyone both men and women should work on.

42. More dates
43. A better functioning society.
44. status, popularity, power, money
45. who cares?
46. People assume competence.
47. A feeling of raised testosterone level. Being the family hero.

48. Having some social guidelines gives men 'rails to run on', which can help them on their journey to discovering and expressing their manliness. This is helpful up to a certain point, but a man should be able to choose his own track once he has the awareness to do so.

49. Approval, admiration
50. People look up to you, both males and females.
51. More sex, and most importantly, the respect and esteem of other men for yourself.

52. Enormous social advantages await any man who meets and especially exceeds expectations. Whether he arrives at this point in his life through hard work or genetic disposition (or anywhere in between) is of no concern. The two most obvious advantages are vastly increased opportunities in career fields due to increased networking, and access to a wide variety of high value (subjective meaning based on individual preference) women.

53. I get societal approval; I live a normal life; I'll probably won't have to worry about being unhealthy; I won't have to feel bad because of the libido from eating right and having a ripped body; there would be no challenge that I couldn't handle; I don't have to explain why I'm veering from the norm; I can just go on autopilot in life.

54. People won't frown there nose up at you.
55. People might complain less? That or find something else to complain about.
56. There are no benefits of meeting social expectations because I believe the social expectations are written above.
57. Respect from others

58. I suppose benefits might include the feeling of gratitude one would receive for being the unyielding rock that other people can rely on. Beyond that I can't really think of any benefits of note.

59. The benefits of conformity and community. Likely increase in average genetic success or fitness for ones lineage.

60. Assumption of capability can be a boon as well. In some situations it is easier to gain trust by taking the masculine role (if you are apparently male).

61. Some sense of self-reliance and a greater skill in problem solving. Not being a victim or victimized, but overcoming tough or oppressive situations.

62. Possibly popularity with others who hold up the values of a man that you portray.

63. it can "grease the wheels" so to speak in social situations, especially in the work place.

64. People respect and trust you, they will follow you and trade your effort for theirs. Your friends will be more loyal than other people even know can exist and your relationships will last longer and be more fruitful because their based on respect and admiration, not on emotional whims of the moment.

65. See above; replace negatives with positives.

66. Society tends to hold men to lower expectations than women in certain situations. If I
can dress myself adequately or cook a decent meal, I seem to stand out from (straight) men who haven't bothered to learn to do these basic things. So in that sense I benefit from the constraints that other men's ideas of masculinity put on themselves.

67. not sure

68. Harmony with society and the natural order removed distraction from the search for our true purpose.

69. fitting in. "He's one of us. Nothing threatening, nothing to see, let's pick on that guy instead, he doesn't like..." if you do fit the expectations then there are perks to being an alpha male in a patriarchal society. "Yay, perks. No glass ceiling for me thanks."

70. See above.

71. I think that this is very difficult today. There is a need for more positive definitions of masculinity.

72. The satisfaction received from it.

73. What expectations are they?

74. it improves your self-worth

75. People like you and want to associate with you.

76. I am not sure what the question is asking and man should be tough and emotionless with an unstoppable desire to kick balls around a field, ingest poisons and fornicate.

77. Others find it admirable and attractive. It makes getting what one wants easier.

78. I have experienced none that any of my peers don't have, regardless of gender.

79. Aside from outside approval the only one I can think of is that stereotypically masculine men are better equipped to deal with concrete obstacles and opposition.

80. Respect

81. Based on my experience, I have no real clue.

82. Being more in control of your emotions. More willing to take the lead of a dangerous situation.

83. Some of the values of the socially acceptable male are traits that are valuable for all people to have. I respect woman who act more "masculine", in the sense that they are self-supporting, strong willed, opinionated, and mentally and physically strong.

84. I think men are expected to be more self-sufficient. Being able to handle things on your own is definitely a positive trait.

85. One could argue meetinf societal expectations could provide a common and uniform understanding (although perhaps incorrect!)

86. it's okay for us to fart.

87. Overall, social interactions in general may be easier, you may be held in higher esteem than you would otherwise, and may be more attractive to the opposite sex. Societal ideals have good traits in and of themselves, as well.

88. People who believe the narrative won't think less of you. Not an actual benefit of course, just a minor motivator for the weak-minded.

89. Most of the benefits involve things that backfire too. An assumption of competence is nice, people generally believe men are competent. If you meet societal expectations you can avoid being harassed as a failure. Privilege is supposedly invisible, so I'm not sure what else to say here.

90. People clearly display own-group preference. Obviously if you conform with your social obligations and expectations, you will be rewarded. Conversely, NOT meeting
the societal expectations by, say, being a non-provider, or an unproductive member of society, will see their membership in society summarily revoked. A productive man may loiter in a park all day long without worry, but a homeless man will be accosted by the police despite their identical actions. The "deadbeat dad" will be thrown in jail for not providing child support; the unemployed man will be denied rental accommodation, access to financial services, and a hostile social services bureaucracy. If, however, he bootstraps himself back into a position of productivity, all is forgiven and he is permitted access society again, to the measure of his productivity. The benefit of meeting societal expectations is permission to continue participating in society.

91. Basically, you fit into an "in" crowd where people don't have to ask questions of you. It's a kind of social shorthand to make it easy for others to quickly understand your status and place.

92. this depends entirely on the personality of an individual. extroverted individuals who revel in the adulation and prase of others will find much greater rewards than others. In addition the strength of the individuals character is highly important in this as different people require different levels of societal feedback to feel good about themselves.

93. Our opinion is more highly regarded in some situations even when it shouldn't be (e.g., buying cars from dealerships, walking around hardware stores, car troubles, etc). People may tend to assume we can handle hard/emotional situations better. Some people will disregard our opinion on things they assume won't interest us, instead of asking first (this can be both a benefit and a negative consequence).

94. No comment.

95. You are your own master, comfortable in your own skin and confident. I aspire to that, but knowing the difference between being weak and having weakness, if that makes sense.

96. people holding the expectations will fuck off

97. Women don't treat you like you're worthless.

98. A role in society, probably. Is masculinity entirely a social thing though? Men appear to have certain tendencies, regardless of societal expectations.

99. A man is like a guard dog. So long as he does as told, he gets all the praise. He gets patted on the head and told he's a good booyyy. The family fawns over him. Every day is great. Of course, this continuing bliss for him is only because he doesn't realize he's property. At any time, his owners can get rid of him. They can trade him in for a younger dog, or kill him off if it's too expensive to take care of his health needs. The benefits of male conformity are as fragile as a soap bubble. They are great only while they last. I'm not even mentioning how men can be best buddies for life with each other, then drop a friend in an instant as soon as they admit being gay, diseased, or anything else that breaks the macho illusion. Men who throw their brothers under the bus to protect their own masculinity, I absolutely hate them.

100. Women actually prefer manly men.

101. Its a requirement for participation in many elements of life. The benefit is to be allowed to participate and all of the benefits that go along with having interactions.

102. Probably a "Thank you" here or there.

103. Maybe increased perception of value from peers?

104. At least those expectations are low, so they're easy to meet.
<table>
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<th>105.</th>
<th>When you achieve something</th>
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<tr>
<td>106.</td>
<td>No stigma from not meeting societal norms (or approval from others for conforming with those norms). Simple as it sounds, that advantage is significant: &quot;It's not what you know, it's who you know.&quot; Greater ease in hiding emotional responses (pure speculation on my part).</td>
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<tr>
<td>107.</td>
<td>I wouldn't know.</td>
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<td>108.</td>
<td>It helps us function in this society.</td>
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**CostsBenefitsTherapy**

1. A very likely negative in the current political environment is that seeking professional therapy could potentially result in legally owned firearms being confiscated for no good reason. My answers in this survey do not reflect this as I answered them based on what I feel should be the case, not what I would actually do due to the gun adverse political environment. Given the current environment I would most likely not seek therapy unless there were no other option.

2. I don't see many negative consequences providing the therapist is ethical and competent. Most of the negatives would involve time and money spent if the patient does not improve. If therapy works it can make a world of difference in a positive direction. I believe it's of great value to an individual to examine their life and actions.

3. Loss of constitutionally protected civil rights.

4. Some people like to talk to strangers, I do not. I am a private person and discuss personal issues with few people other than my wife. I think we are all "a little crazy" I do have experience with family members with mental health issues(bipolar ) and it is scary at times. I do not think that openly gay individuals should be in most teaching positions because of ALL the potential conflicts that can result. If a gay person can be professional and not discuss their sexual orientation with students then I would not have a problem with it.

5. No benefit. Just keeps another libtard employed.

6. benefits: resolve problem   negatives: problem not resolved

7. Another perspective on your problems, and a fresh set of eyes to catch the things you invariably miss because you are too close to the situation. The issue of trust comes into play. I prefer to keep therapy as a last resort simply for that reason. I have family and friends I can talk over anything with, and they are not unquestioningly supportive, but will call out any foolishness on my part while being there for me. Kind of hard to get that level of trust with a therapist.

8. It is a good way to just sit down and reflect on your problems, and hear someone tell you what you can do to help yourself. There is a negative stigma against therapy, so people may judge you.

9. To get a professional opinion on how you think.

10. Therapy can't help if you can't talk. One of the detriments of traditional masculinity is how looked down upon discussion of emotions in any setting is. If the individual is capable of expressing their emotions conversationally therapy is incredibly helpful. But if they lack that skill they will retreat inward and all the issues which prompted their visit to therapy will only exacerbate themselves.
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<tr>
<td>11.</td>
<td>getting a perspective from someone not so close to the situation.. not getting a good therapist</td>
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<td>12.</td>
<td>I do therapy twice a month simply to explore what's up for me. I find it immensely valuable but I also do a lot of self work and introspection. Give over ones authority to a therapist is dangerous, as is becoming dependent on the therapist, rather like woody allen's characters.</td>
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<tr>
<td>13.</td>
<td>I think it helps me vent what I am having trouble with, though I have to hide where I was at the time</td>
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<td>14.</td>
<td>Therapy can provide more options to overcoming problems, help improve one's mood and outlook, and help a person sort through their issues. Negative consequences include the cost of time/money, potential impact on how others see them, and potentially feeling weak/vulnerable.</td>
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<tr>
<td>15.</td>
<td>A safe environment to talk about emotionally intense topics, strategies to improve mental health</td>
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<tr>
<td>16.</td>
<td>Positives of therapy is confronting issues in a healthy manner. The negatives is that you still have to confront your issues and sometimes therapy can drag on and not feel like anything is improving, meanwhile your peers or friends act the same while you try to move on and there's a communication issue.</td>
</tr>
<tr>
<td>17.</td>
<td>No clue. Never even been in a position where something like that may be useful.</td>
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<td>18.</td>
<td>Engaging in therapy can help someone find out the root of their problems if they're unable to figure it out themselves. However, there is somewhat of a stigma when it comes to emotional problems, so I would feel judged for trying to get help with a professional.</td>
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<tr>
<td>19.</td>
<td>I think therapy is a waste of time and money [for me]. However I think there are people in this world for whatever reason who are damaged or incapable. Traumatic abuse survivors, mentally disabled people, addicts or people that struggle with self-destructive behavior, just for example. For those people having a person to act as a mediator of their own impulses and irrational decision-making is probably a good thing, and society has a vested interest in helping those people get on as successfully as possible.</td>
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<tr>
<td>20.</td>
<td>Benefits: new perspective or mindset, good advice on handling an issue, outlet to express frustrations without worrying about social mores. Negatives: Therapy is too expensive for most people and often not covered by insurance plans.</td>
</tr>
<tr>
<td>21.</td>
<td>As I have not sought therapy as of yet, I don't feel I can have an opinion either way here.</td>
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<tr>
<td>22.</td>
<td>I have no idea whether it would be beneficial. If I could afford it, I might be able to find out.</td>
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<td>23.</td>
<td>Benefits: it's the only thing that's proven to help, and they have a surprising amount of techniques they can use now. Therapy + medication helped me beat my depression and I need it for dealing with some other difficult problems in my personal life as well. Negative consequences: not all kinds of therapies fit all problems, and some people waste valuable resources on ineffective approaches.</td>
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<tr>
<td>24.</td>
<td>negative would be the monetary cost. Positive consequences would be working with a trained health professional to untangle problems and solve them.</td>
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| 25. | none, you are essentially paying to hear what you already know/your friends would have told you but we are conditioned to think that a degree in what is essentially }
sociology with a fancy hat somehow gives more gravity to the speaker.

26. Having engaged in therapy, I cannot vouch for its benefits. It struck me then as it does now as "much ado about nothing". The negative consequences...I'm not sure to be honest. I would guess if something were to let loose, the shrink would be obliged to snitch, and that can never work to one's advantage.

27. The assumption that we all need to "feel good" and to accept others that violate our beliefs is BS. I'm sure therapy has helped some, and it serves well when it helps deal with grief, however 98% of it is bull. It does, however, serve to bring others together who understand one another's struggles. There is absolutely no way someone with a PhD in psychology who has never been to war can understand PTSD, for example. All the textbook platitudes are useless. However, sitting with another combat veteran can be highly therapeutic in ways that no nonveteran can ever understand.

28. Benefits are that it is a systematic, methodological manner to attempt to solve a problem which means that seeking a solution via therapy is likely to be done in an organized fashion and with a specific direction. The negative consequences are that ultimately one may not necessarily be getting the results that truly benefit the person. There is also a chance that you are getting therapy from someone who is not a person whom you would inspire to be like therefore there is at least some invalidation from their advice. After all, one is usually best suited to seek advice or counsel from a person who possesses the attributes one would like to possess.

29. It has the benefit of having a second, kind of objective voice in the conversation. The only negative consequence for me is that you can become too reliant on that exterior voice.

30. I can't imagine any benefits of engaging in therapy. The negative consequences are the $350 per hour you have to pay.

31. Engaging in therapy can draw attention to one's self, and increased self awareness can make positive changes possible. It can help put past trauma in perspective and advance healing beyond what one can do alone. Negative consequences can include bad therapists, bad diagnosis, medical stigma, social stigma, and especially financial cost.

32. I went to therapy with my girlfriend then wife. The therapist are lazy and completely relied on her doing homework for them while she was raising 3 kids, full time school and a part time job. I helped her more than they did, so it's a waste of time and money, unless you're wealthy and can afford someone that's good at what they do.

33. Benefits are somebody to talk to and be open with, which most men don't have because they don't feel safe doing so. Negative consequences are that therapists are humans prone to their own biases, as we all are, and may push those on you.

34. All depends on the quality of the counselor.

35. I briefly talked with a therapist while in college. It was of no benefit though not explicitly harmful, which may have been because it was a grad student therapist. Beliefs of an individual therapist may be as narrow as any other individual in society, and that may be reflected in the guidance given. I had a friend who experienced this from a counselor at a different school. On the other hand, eventually the friend was prescribed antidepressants by someone else (not sure who because it happened after the friend transferred schools) which were helpful.

36. Keeps you from killing yourself.

37. Relief from suffering. Cost in time and money. Doubtful effectiveness of therapy.
38. Have never engaged in therapy. But I found some of Carl Rogers' writings extremely interesting. I imagine it can help some people with specific problems in specific situations. But due to the incredible variety of approaches I imagine a lot of it DOESN'T help. I also find it extremely unscientific and vague, especially since it has to do with health. It seems more like a religion than healthcare. The biggest negative I see is abrogating responsibility for oneself by being permanently in therapy. Also I get the impression that methods like psychoanalysis focus too much on "why" and not enough on "fix it." Humans are animals and analysis is of very little help, IMO because mental health is a problem at the animalistic level.

39. I think therapy can help one deal with early childhood traumas and habituated negative thinking. As a negative, therapy can lead men to the false belief that society at large is concerned for men's emotional well-being and that men's emotions are welcome, when in reality women are mostly disgusted by displays of emotion from men. Men who failed to learn to be stoic will find themselves constantly hurt by society vast indifference to the suffering of men, and therapy can lead to emotional upheavals that make stoicism difficult.

40. Therapy can help identify and address unhealthy behaviours, and assist in recovering from traumatic experiences. It's also of great assistance simply by letting patients know that their problems are "normal" and not a sign of a fundamental deficieny in their being. However, this process can be harrowing, and cause emotional turmoil for the patient. Therapy is hard work for both practitioner and patient.

41. I don't see therapy as a productive way to handle things. There aren't really any negative consequences and it can be helpful for people that are having severe mental issues. But depression and anxiety are generally best handled by making lifestyle changes and should be taken as a learning experience. I believe more is gained by learning to handle things on your own.

42. Benefit: Can provide a better understanding of yourself. Negative: Can be a waste of time., or use the wrong approach.

43. I honestly don't know. I once sought therapy for PTSD symptoms when a friend died in front of me. The university turned me away for being a straight white male. (There was no 'specialty counselor' for my demographic and they sacked the general counselor a few weeks before)

44. Benefits are mostly getting things off your chest without any consequence, negative may be no real tangible help

45. There aren't any. A complete waste of time.

46. Benefits: Getting to know about yourself. How to deal with underlying issues. Strength to seek help to resolve issues. Negatives: Starting to make small issues seem like larger ones. Feeling insecure that you cannot resolve an issue that you may feel you should be able to resolve. Cost.

47. #NAME?

48. From my own personal experience, there were no benefits. It was just listening to platitudes that didn't help anything. The negative consequences are obviously the financial cost.

49. Benefits: Talking out emotions never knew were there, shedding light on an area of darkness that once held power over you, helps you be able to deal with life differently. Consequences: risk to career/social/family life, risk of reality catching up to you.
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<tr>
<td>50.</td>
<td>benefits - it might help some.</td>
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<tr>
<td>51.</td>
<td>Gain an outside perspective on personal issues. Costs $$$</td>
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<tr>
<td>52.</td>
<td>Advantage - working through the help with professional assistance. Consequences - the financial cost of it!!</td>
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<tr>
<td>53.</td>
<td>Exploring concerns, fears and weaknesses has great benefits: 1. It removes shame. As long as you hide something, it remains your 'dirty little secret' and holds power over you. As soon as you let it out into the open (in a safe environment), an issue, which might feel like a monster in the closet, looses its mystique and becomes easier to deal with. 2. Having a separate, disinterested perspective helps with problem solving. 3. Being known and still being accepted is a basic human need. We all require intimacy. Negative consequences: One can pick apart at their life looking for and working on problems and can forget to enjoy life in the meantime. I expect a well trained therapist would pick up on this and challenge the client on that point... although that might be a conflict of interest... the more screwed up a client feels, the more money he makes for the therapist.</td>
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<td>54.</td>
<td>#NAME?</td>
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<td>55.</td>
<td>Pros: I have never engaged in therapy so I can't say. If I had a real imbalance and found a real doctor (most of you guys are quacks), then I guess he/she would help me feel better. Cons: I guess it would be hard to tell if your therapist is a quack and if you're wasting your money.</td>
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<td>56.</td>
<td>Therapy can save a life or increase life quality.</td>
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<td>57.</td>
<td>Psychotherapy's benefits to the average man are dubious at best in the vast majority of cases. Barring extreme outliers, most men who pursue therapy are doing so jointly with their spouses, often as marriage counseling. The classic combination of personal introspection and social interaction with like-minded men is usually a more effective form of treatment. Professional therapists also tend to be majority female which presents its own challenges to male patients. Simply due to the nature of being, men and women face vastly different stresses and sets of experiences in life and as well-meaning as a professional female therapist may be, she will often be less effective (and much more costly) at helping a man improve his mental health than the simple camaraderie of another male friend.</td>
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<td>58.</td>
<td>Assuming confidentiality which never happens, it can help, but I don't know for sure. I think a definition of what therapy is going to accomplish should be well known for it to start to be considered. But in the end, it shouldn't be used if men have strong relationships outside of therapy and the world understands more concepts in life and understands each other more. But that ain't going to happen overnight or in the next millennium because of how combative societies can be towards certain topics, unless everyone was educated, has food, has a nice living space, and there is no problems in the world right now, which will never happen. There will always be a need. But I think the beauty of this concept can take place when everyone can realize that we all go through pain and through this pain, we all have something that we experience and love each other through this similarity to do better the next day.</td>
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<td>59.</td>
<td>You get to release some frustration, and get out anything that troubles you without being judged. What would be a negative consequence? That it wouldn't be free.</td>
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<td>60.</td>
<td>Good chance it will help you if you have a problem, or if you think you might benefit from talking to someone. Negative - stigma and cost.</td>
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61. The possible benefits are that you have someone who can help you make decisions that get you moving in a positive direction again. Consequences are minimal, but if you are someone who is easily influenced therapy could provide bad decision making experiences.

62. I have done psychotherapy before and it was USELESS. Worse than useless. It actually made me worse. I would seek help for the purposes of getting medication only but I would not voluntarily use psychotherapy again.

63. Every pipe needs a release valve, even if it may never become blocked. Therapy supplies a meaningful release of stress in difficult times, and can help with overarching, long-term issues one may have. It is hard to say what negatives therapy may have. Specific lie-down-on-the-couch-and-tell-me-of-mother therapy only maintains the possibility of professional abuse, in that somebody you pay to solve your mental problems will eradicate their source of income if they do so. Not saying it happens, but the possibility is there. In the context of complying with masculinity ideals, one could certainly foresee mockery for letting anybody, even a therapist, know ones feelings.

64. Possible healing, mending, control or understanding and acceptance of mental limits, barriers and neurotic behaviours and delusions. There is both a personal cost and societal cost economically. It may have little effect positive or negative, and some problems may be untreatable. You may get diagnosed and go through periods of adjustment to wrong medication. It can further progress the problems negatively or indeed create entirely new ones if done improperly.

65. Becoming more aware of how your own mind works. Beginning aware of what things may be affecting you on a day to day basis. Negative consequences should ideally be limited to social stigma or the result of an incompetent therapist.

66. Positive: Seeing the bigger picture, learning to become vulnerable, learning to not fear emotions  Negative: Expensive

67. the benefits are obvious: better mental health (duh). negatives? it is expensive and difficult to get insurance to cover and the stigma associated with having to go to such appointments.

68. very few if any.

69. I've spent most of my life in therapy. There are none, other than being able to say "yes, I'm in therapy, this means I'm somehow permanently "recovering", so give me benefits".

70. The benefits to therapy can be huge, even for people without any particular mental issues or disabilities. I look at therapy like a mental "tune up". Everyone faces unproductive thoughts and behaviors, and therapists can help patients develop strategies to confront these. In addition, a therapist can provide an unbiased view of a patient and help put their problems in perspective. Negative consequences mostly result from having a therapist who's style doesn't match the patient's goals. For example, I once saw a Freudian therapist and was upset by the idea that my negative thoughts and feelings reflected some deep, latent part of my personality. I did not find this mindset helpful. Later, I found a therapist with a CBT bent, which matched my style much better and was more helpful.

71. therapy or counseling can help you see things you weren't able to address yourself but sometimes things come out that you weren't prepared to address, too.

72. Sometimes our experiences cause us to have misinformed judgements. An outside
perspective is then needed. A negative consequence is the possibility that the therapist will reinforce a man's poor judgement, leading him down a more destructive path.

73. Negative mental health has social stigma attached. A lot of stigma. It's changing, (thank you John Kirwan), but there is no way I would currently feel 100% comfortable admitting to having therapy in any social situation. Positive - the benefits are getting help with problems that you might not be able to deal with by yourself and not becoming a suicide statistic (which are pretty bleak if you happen to be a man).

74. It can be hard to see a problem clearly when in the middle of it. Therapy can help give new perspective, and new structure to the task of problem solving. I do not see any negatives beyond the time and expense.

75. Resolving personal issues. I see no negative consequences.

76. It can help solve your problems, if you don't mind the lack of privacy between you and the therapist.

77. It can help one express things hard to face, and is useful for issues requiring intervention, like plans of suicide. But the model is flawed. The therapist is in a comfortable place in his relationship to the analysand, and so has an emotional pull toward stasis, surely opposed by his conscious desire to help, but still present; the analysand has a strong drive to stasis, or would already have changed; and so therapy can stay stuck.

78. Benefits are many. Helps people to navigate their problems and see them from the outside and thereby either solve them or learn to accept them. Negative would be that some use therapy to escape their problems or find excuses for them instead of using it to deal with them.

79. There are no inherent negatives in subscribing to therapy. Therapy is a healthy tool for self-reflection and analysis. Benefits can include things like; improved relationship skills; improved empathy; improved coping skills; improved self-awareness; better resiliency; more self-confidence.

80. Talking about a problem with another person allows for you to reflect on your feelings and the other person's point of view can be very helpful in identifying problems.

81. The benefit would be a chance to resolve internal conflicts. The negative consequences would be the financial costs involved.

82. Positive is the alternative view, an outside view that's only there for your benefit. No negatives.

83. Getting an outside perspective and professional advice on dealing with issues is great. I was very much avoidant of therapy for a long time, but now that I'm in it I see a lot of value. So far not sure of any negative consequences, aside from the possibility of societal judgments of weakness.

84. I think it can be a good thing to talk with people, but not necessarily a therapist. I would rather talk to a trusted friend than a professional.

85. Having an outside perspective on your problems is good, even more so if it comes from a professional who you can trust is not going to judge you, and is actually working towards helping you solve your problems. However, therapy only works if the patient makes it work. Someone who forces themselves to engage in therapy when they either don't believe they have a problem or believe they can solve it on their own, is unlikely to get full satisfaction. As for consequences, either the therapy works and all is well, or it doesn't and you still have to face your problems while distrusting therapist on top.
86. It can help significantly. It may also be a waste of money.

87. Saying things out loud can illustrate the problem more clearly. While the root of the problem may not be able to solved by the therapist, the symptoms of depression and anger can at the very least be curved. I don't think there are any consequences, but it is understandably difficult to talk out problems with a stranger. Developing a relationship with a therapist takes time. This means a person may have to spend a lot of time and money getting to a point of comfort with their therapist, and the interim appointments may also be discouraging.

88. I expect therapists are generally good at helping identity a person's values and goals, making it easier to pursue fulfillment in an effective manner.

89. Benefits - self-explorations, place to vent, learn new skills, feel better, translate learned skills into other life areas. Consequences - stigma

90. Today's mental health system is broken.

91. The obvious benefit is better mental health and self-understanding and betterment. I would rate financial impact as the biggest immediate consequence, followed by social mockery if word got out - though this seems unlikely and would not deter me.

92. Due to how the system is set up if you claim any problem it will be branded onto you and you cannot escape. A schizophrenic from a bad drug trip could have that become a permanent diagnosis, then when they stop taking drugs it is merely in remission. Same with a depressive episode or any other thing. The medical issue stays on a permanent record regardless of the truth or circumstance, like ending on a sex offender registry for drunkenly peeing on a playground at night. The consequences far outweigh the minor chance for benefits.

93. Benefits? Similar to the benefits of seeking out other types of professionals I'd imagine. You obtain the knowledge, skills, and tools to solve your problems, so that in the future you will not have to resort to using the expensive professional to solve your problem again. Consequences? You are displaying a lack of capability. Please see answers 3 and 4 for the consequences of being less capable.

94. Benefits: complex issues can find complex resolutions. Consequences: therapists don't work for free, do they?

95. The lack of an emotional partner for many males results in no confident to express emotional difficulties to. often males find it difficult to express this to their friends and as a result a therapist may provide an excellent source for the need for emotional support.

96. BENEFITS: getting to talk it out with an impartial/unbiased participant, being able to have a professional opinion on your woes, privacy, anonymity. CONSEQUENCES (I assume you mean negative consequences?): People consider you "weak", people think you have deep troubling issues and therefore dangerous/unworthy of attention, may reflect badly on you at work. (Positive consequences?) Better understanding of how to deal with emotions, improved outlook, outlet for venting/getting it off your chest, way to cope with issues without hindering those around you.

97. The benefits are having a support mechanism, being able to identify the root cause of issues and thereby solve them more effectively, and gaining a degree of self awareness. The costs are largely financial.

98. Depression is scary and is not something someone should have to deal with alone. It's too dangerous for a person to be expected to deal will mental illness on their own.
Professionals have dedicated their lives to helping those troubled with mental illness and that resource should be utilized by anyone wanting to solve their mental illness.

<p>| 99. | I have had counselling in the past and to have someone to talk to, to vocalize your thoughts and emotions is so so so helpful and healthy. |
| 100. | Benefits: fix your mental problems Disadvantages: if it doesn't work your wasting time |
| 101. | Benefits are having someone to talk to, having someone to tell you what you don't want to hear. Consequences are a loss of time, money, and women view an emotionally turbulent male as unattractive and dangerous. |
| 102. | Therapy seems to be good in the way that throwing some dirt in a bleeding wound is good. If nothing else is available, try therapy; at least it might help with the immediate problem. But for me at least, I'm unsure of the soundness of a lot of psychology, and therapy is expensive. You might just be throwing your hard work away for a fantasy. But it's better than suicide. If you try to get help at the very least other people wont let you hurt yourself. |
| 103. | I don't know how objective I am, because I live in a state that has a very crappy mental health system. But I've had some great therapists and some useless ones. I have luckily never had any problems with anyone treating me badly when I said I was getting therapy/mentally ill/on disability. Largely because my whole family's riddled with mental illness anyway, and my friends are actually loyal. Some of the benefits of therapy have been, having a professional viewpoint to bounce my problems off of, and to call me out when I'm trying to bullshit myself. Some of the drawbacks have usually come in the form of doctors knowing me for all of fifteen minutes before insisting on some prescription. Overall, I am not against therapy, I just wish I could find better doctors. As it is, most of my healing has come from my own introspection, frequent long walks, and most importantly, supportive friendships. |
| 104. | If you can't fix a problem on your own a professional can help unless they try changing you into something you're not. |
| 105. | Therapy can absolutely help people. I distrust the actual caliber of the services actually available. |
| 106. | Therapy allows for some additional perspective to be given for personal problems. There can also be additional benefits such as identifying destructive behaviors, developing coping mechanisms, and enhancing emotional intelligence. The main drawback is the cost to engage in the process for extended periods of time. A person in any sort of emotional distress may not be in their best mind to govern their own finances. Over-dependence on the service may also occur if the individual regresses to the point of integrating therapy entirely into their lives, instead of realizing the end point of no longer needing it. |
| 107. | Benefits are to get in touch with the emotional side of you and work out issues. Cons might be your own perception of self worth in needing treatment. |
| 109. | Talk about things you may not have considered; professional who knows how to drill down into things |
| 110. | Talking it out with someone can be beneficial, but a good friend is often better than a professional who doesn't know you or your past. And therapists can be... |</p>
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<thead>
<tr>
<th>111.</th>
<th>I have no personal experience with therapy, so the following is speculation. Pros: guided introspection is more efficient, making it easier to identify and work around, dealt with or remove harmful patterns of though or habits; sounding board for new experiences/relationships helps avoid potential errors or missteps. Cons: time (minor), money (significant), possible social stigma if discovered by those other than close friends or family members - therapy is normally considered something sought by those who have extreme problems (mental disorders, severe trauma, court orders).</th>
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<tr>
<td>112.</td>
<td>Each man should be versed in his own way. He should know his own way, and in this be skilled.</td>
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<tr>
<td>113.</td>
<td>To be the master of my own life. To define for myself what it means to be a man, and not be dependent on others for that definition.</td>
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<tr>
<td>114.</td>
<td>I don't do conjecture.</td>
</tr>
<tr>
<td>115.</td>
<td>For ****'s sake, this **** is stupid.</td>
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