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**Dedication**

I dedicate this research to my family, especially to my Parents. Their time, energy, and assistance were essential to the completion of my study. I wish to thank all of my class fellows who supported me in completing this paper. I learned about the enthusiasm, energy, and inspiration that one can acquire from achievement of someone else. I hope to perform this research with me long after current study has expanded our understanding of incidental education. Particular thanks to my educational professor, [Dr\_\_\_\_Name\_\_\_\_\_], for his/her support and dedication throughout the study.

**Declaration**

I [], make sure that this paper and its complete material has been personal, unsupported attempt and has not been submitted or published earlier. Moreover, it defines my perception and take on the issue and is does not give the perception of the University.

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

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## Abstract

Present styles from the fields of criminal justice, mental health, and sociology recommend that in spite of men's considerable mental health issues, they are much more disinclined to observe mental health support than female. Psychologists and sociologists have recommended that this difference in help seeking can be widely defined through a cultural mismatch between the situation of masculinity and the level of psychotherapy. Researchers have defined a paradigm shift in the approach medical facilities are rendered to men, and have recommended that methods defined through a constructive psychology perception can be attracting to male. This research was motivated through this perception, and was prepared to reveal men's response to three particular therapeutic methods (cognitive, emotion-focused, & positive). A k-groups ANOVA, Correlational assessment, and ANCOVA were applied to decide what impact masculine gender role conflict and counselling method had on help seeking approaches, social impact of counsellor, hopes regarding counselling, and expectations for counselling. Outcomes defined no important association between counselling method and help seeking attitudes, social influence of counsellor, hopes regarding counselling, or expectation for counselling. Though, it was observed that particular approaches of gender role difference were considerably harmfully connected to help seeking attitudes, and features of counsellor social impact and anticipations regarding counselling.



## **Attitude towards therapy base on a gender perspective**

### **Chapter 1 Introduction**

#### **1.1 Background**

The difference between male and female's rates of help-seeking attitude is a rising problem for psychologists and other health practitioners. Earlier studies have found that male is less likely than female to look professional support for different issues, like anxiety and depression (Groeschel, Wester, & Sedivy, 2010). Male are not just less likely to seek help for psychological issues, but they are also less possible to look healthcare concentration when sick and are less possibly to obtain standard checkups. In spite of their lower rates of help seeking, male are at great hazard for establishing important issues, committing suicide, and behaving in aggressive manner. Gender variations study focuses to define men's reluctance r to seek help for issues in regards of gender role definitions. The sex variations approach fails to define the reality that not all male are similarly averse to seek help.

In a move away from gender difference study, devotion to the male gender role and its ensuing outcomes have been an important area of concentration for researchers focused for assessing differences within male populations.

The "traditional" male gender responsibility focuses on different characteristics, comprising achievement and success, emotional stoicism, prevention of the feminine, self-reliance and independence. Individual male differ in the level to which they struggle to live up to social expectations for their gender responsibility (Berger, Levant, and McMillan, 2005).

Earlier literatures relating gender role difference and help seeking have concentrated mainly on attitudes toward seeking help from mental health

experts, and no literatures have observed this association cross culturally.

Relation between observance to restrictive masculine tasks and seeking help for issues in living can depend on cultural differences, as well as on features of considerable issues and considerable people from which support might be observed.

Researchers identified the demand for broader depth of research regarding the situations of help seeking and masculinity (Brooks, 2010). They recommended that the relation between help seeking and male socialization should involve communications between masculine values and essential social psychological procedures surrounding the help-seeking procedure. These contain views of formativeness, features of possible supporters, and features of the social groups to which individual male belong, and considered losses of command.

## **1.2 Aim**

The aim of this study is to explore the attitudes towards counselling from a gender perspective in order to identify why men are reluctant or less likely to access counselling services as opposed to their female counter-parts.

## **1.3 Research Objectives**

- To analyse the help-seeking theories for gender differences
- To analyse the gender differences in help-seeking behaviour
- To evaluate the outcome of male gender-role conflict
- To analyse the barriers of help-seeking in men and women

## 1.4 Research Questions

- What prevents males from seeking help when needed?
- What are the socio-culture factors that play a role in help seeking behaviour in men?

## 1.5 Research Structure

The structure of this research will be organized as follows:

### 1. Chapter 1 Introduction

This chapter defines a discussion of the research background. The research aim, questions and the research objectives are then defined. After this, the research structure is defined.

### 2. Chapter 2 Literature Review

This section will discuss earlier literatures on the topic.

### 3. Chapter 3 Research Methodology

This section will explain the methodology of this paper. Additionally, the functional definitions, data collection methods and sampling for this research will also be explained.

#### 4. Chapter 4 Results and Discussion

This section will describe the results followed by a discussion. After this is the discussion of the outcomes of the methodology.

#### 5. Chapter 5 Conclusion

This section will outline the conclusions and recommendations of this paper.

## Chapter 2 Literature Review

### 2.1 Introduction

The area of counselling approaches in male psychology and psychotherapy specifically designed for males is comparatively new (Shoenberg, 1993). For the better part of human history, men were defined by their distinct functions as hunters, warriors and primary providers for their family, tribe and community. These functions were never put to question or disputed and by no means psychoanalysed. The founder of psychoanalysis, Sigmund Freud ( ), together with other leading pioneers in the area of modern psychology and psychiatry did not have much say with regards to a distinct male psychology (Shoenberg, 1993).

Currently, there is an increasing list of experts such as (Saxbe, 2005, Weiten, et al., 2009) who are making key contributions to the understanding of men from a psychological and interpersonal perspective ([www.goodtherapy.org](http://www.goodtherapy.org), 2013). The experts in this field are building a new paradigm for helping men define themselves, and therefore the need to be restrained by the limitations imposed, the cultural tradition of the "masculine male", which was the acceptable model or standard for men in the 20<sup>th</sup> Century, but is less common in society today (Weiten, et al., 2009).

However, according to Carpenter and Addis (2002) it seems the undeniable fact that men and women are actually quite different psychologically is being re-discovered, and a clear and compassionate understanding of emotional behaviour and relationship dynamics in normal healthy males is starting to develop. Smith et al., (2008) identified a common belief that men adopt the 'if it isn't broke, don't fix it' approach to their health and do not feel the need for

regular health checks. However, according to results from the Florey Adelaide Male Ageing Study (FAMAS) a study carried out at the University of Adelaide in 2013, men appear to be actively engaged in their health and do seek help. The purpose of this literature review is to bring into focus and examine the reasons as to why men differ in attitudes towards counselling from that of women. There are many reasons as to why this topic needs to be explored (Burke, 2000). It is perceived that men and women differ in the frequency and readiness to seek professional psychological help. In general men are less likely to seek professional help than women, even when men and women are experiencing the same levels of psychological stress (Weiten, et al., 2009).

This is not to say that seeking help is not a challenge for women (Carpenter & Addis, 2000). It is not only women who need help or care about their well-being and men also have similar psychological needs. When it comes to psychological strain on the human psyche, there is a time when we all need to off-load, and the psychological services are available and ready to be taken advantage of (Blundo, 2010).

## **2.2 Gender differences in relation to help-seeking behaviours**

The definition of “gender” according to the Oxford Dictionary of Sociology (2009, 59) it is ‘the characteristics or trait that is related to certain biological sex, which is generally referred to as masculine or feminine (male/female).’ Substance abuse is often reported to be higher in men compared with women, and in effect men are more likely to experience psycho-social problems as a result of substance abuse, but are also less likely to seek professional psychological help (McKay et al., 1996). Consequently, men

continue to ignore health warnings and remain reluctant in seeking help (Galdas et al., 2005). Similarly, several studies have reported that young men are more likely than their female counter-parts to deny or repress problems and inter-personal conflict (Barker, 2007; Gould et al., 2004; Timlin-Scalera et al., 2003). On the other hand however, other studies have reported only small differences in help-seeking behaviours among men and women and suggest that variables such as occupational status, lifestyle choices or the more traditional stereotype of 'masculinity' are seemingly more significant than gender per se (Galdas et al., 2005).

### **2.3 Help-seeking theories for gender differences**

There are many theories which may explain why help-seeking behaviours of men may differ from that of women. Mansfield et al. (2005) reported that gender roles are the behaviours and attitudes that men and women develop culturally as a way of life. However, relating male gender-role conflict towards help-seeking comes about when the characteristics of male socialisation (i.e. roles and standards) get in the way of their willingness and/or their ability to seek help for problems (Beck, & Weishaar, 1995).

Extensive and supported research has shown that men as a group are less likely to seek professional psychological help than women for their issues, which may be related to intra-personal problems that are as diverse as substance abuse, depression, stressful life events and physical disabilities (McCarthy & Holliday, 2004), as well as problems with attachment and marital dysfunction (O'Neil, 2008). Therefore, counselling may be seen by men as not normal (Addis & Magovcevic, 2005) but ego-centric and stigmatising, hence,

men develop a negative attitude towards seeking help (Addis & Lane, 2005). The consistency of negative attitudes also expands across different age groups, nationalities, races and in particular circumstances pertaining to health (O'Neil, 2008). Fundamentally, it has been identified that men are mostly characterised as being unwilling to ask for or seek help when they are experiencing problems in their day-to-day life (Husaini et al., 1994). Predominant stereotypes have portrayed men as being reluctant in asking for directions when they are lost, they have difficulty in sharing with their family and friends vulnerable or weak feelings and avoid seeking or asking for help from health professionals on matters relating to their health and wellbeing (McKay et al., 1996). A number of researchers have speculated that men's disinclination to seek help puts them at risk of physical and emotional problems, and they have contended that interventions should be the aim to overcome men's reluctance to seek help (Courtney, 2001; Eisler, Skidmore & Ward, 1988; Good et al., 1989; Good & Mintz, 1990; Good & Wood, 1995). Contrary to that research, the US Department of Health and Human Services, National Centre for Health Statistics (Pamuk et al., 1998), found that amongst the rich and the poor, men are more likely than women to have regular or recent contact with a health professional.

#### **2.4 Gender differences in help-seeking behaviour**

The difference in behaviour between men and women in seeking professional psychological help appears to be consistent when they are comparably distressed (Brown, et al., 1981). Newman, et al (2006) explains that with the "exception of anger", (61) traditionally women are largely more expressive in



communicating their emotions than men; whereas by tradition when men experience distress they screen their emotions and withdraw themselves, having been socially conditioned to do so. Men of different ages, ethnicities and social backgrounds are on average less likely to seek professional help for physical and mental health issues than women (Kessler, et al., 1981). The relative reluctance, which men have in help-seeking stands in stark contrast to the range and severity of the problems that affect them. For example, it has been shown through research that men in the United States die on average close to 7 years younger than women and have a higher rate of the 15 leading causes of death due to their attitude towards help seeking (Barak, & LaCrosse, 1975).

Additionally, evidence not only suggests that men consult with psychological services or their general practitioner less often than women but that their behaviour towards seeking help also differs (Galdas, et al, 2005). It is found that although minor emotional symptoms may increase, the likelihood of men consulting a general practitioner is only determined by physical symptoms for them to seek help (Moller-Leimkuhler, 2002). In a previous study, Corney (1990) found that in contrast to women, men are less likely to report psychosocial issues or distresses as a further reason for seeking help. It was noted by Lewis & O'Brien (1987) however, that men in situations which involves childcare, marital or other relationship problems are unlikely to be the first to seek help. In view of these observations, the fact still remains that men and women differ in the frequency of a set of help-seeking behaviours, which does not reveal much about the biological, physical or cultural processes that are responsible for the observed differences (Mechanic, 1978).

Undoubtedly, studies which support gender differences often speculate about possible mediators of help-seeking behaviours, but the data do not address directly the theorised pathways (Shrout & Bolger, 2002). For example, according to research findings African American women will seek professional medical help more often than African American men (Watkin & Walker, 2010). It is speculated by Howard & Neighbours (1987) that women might recognise problems more easily than men. However, the recognition of the issue(s) or labelling was not measured, and thus their interpretation remains speculative. Therefore, the psychological, social or biological processes that are responsible for the observation of gender differences remain elusive, which leaves it unclear as to why men as a group should be less likely to recognise problems (Aneshensel & Clark, 1983).

The same statement can also be used to portray men as being inferior to women in a relational perspective (Dodson & Borders, 2006). For example, men are characterised as relationship challenged because of their excessive self-reliance and difficulty in establishing mutual and emotional intimacy in relationships (Rochlen & Mahalik, 2004) hence, there is no definitive explanation for the differences between men and women in help-seeking patterns that can be used to document the stereotyped portrayal of men and women that constrain both genders (Doherty & Kartalova-O'Doherty, 2010).

When research studies document gender differences, there is often speculation about possible mediators of help-seeking behaviour, but rarely can the data address an assumed pathway (Mahalik & Addis, 2003).

Furthermore, in order to understand the perception of help-seeking among

men it would be necessary to focus the study on men and not purely on the differences between genders (Galdas, et al., 2005).

### **2.5 The outcome of male gender-role conflict**

Over the past 30 years research has been carried out to examine the experiences of men, in particular how men's expected gender roles, social behaviour templates to which men are anticipated to follow, influence their thoughts, feelings and behaviours (Glomb, & Espelage, 2005). One of the gender-role variables that have been found to be responsible of men's under-utilisation of psychological services is gender-role conflict. Male gender-conflict arises from socialised views of masculinity or how men should behave, which generates a degree of expectation as well as pressure in a man's life when he does not adapt to the socialised gender-roles, such as where he might be badgered by his peers for not being tough enough (O'Neil, 1982).

Natural perception of gender-role conflict is the intra-personal and inter-personal pressures which give rise to the stress of men's gender-role. For example, numerous research studies have frequently reported that gender-role conflict is associated with increased depression and anxiety (Blazina, et al., 2005; Blazina & Watkins, 1996; Carter, et al., 2005), relationship dissatisfaction and intimacy problems (Schwartz, et al., 2004), discontentment in job and higher levels of substance abuse (Dodson & Borders, 2006).

Dubois et al (2001) noted that help-seeking can help a person respond to stress, which can then lead to a reduction in emotional and behavioural

problems. Gender-role conflicts experienced by men and related to higher levels of psychological distress. It has also been associated with having a decline in the respect of unwillingness to seek help (Good & Wood, 1995). Many researchers in recent decades have found that men who are highly involved in gender-role conflict showed a great amount of negative attitude towards using counselling services (Berger, et al., 2005). Robertson & Fitzgerald (1992) specifically identified that higher levels of male gender-role conflict were associated with a less satisfactory outlook of conventional counselling services, such as one-on-one therapy. Rochlen, et al. (2004) also agreed with the identification that men with a high gender-role conflict were less in favour of face-to-face counselling. Subsequently, men who are bearing the burden from their gender-role and those who are mostly in need of the psychological services available, are most likely to be at extreme risk of under-utilising counselling or psychotherapy (Good & Wood, 1995).

According to Saxbe (2005) convincing a man to go to therapy can be “tough” and would most probably consist of a loved one having to “twist an arm or two” (118). Further to more vigorous research, it has been found that even young males tend to have a greater negative attitude towards seeking professional help and are thus less likely to seek such help than their female peers (Chandra & Minkovitz, 2006; Gonzalez, et al., 2005). Mejia (2005) on the other hand, states that young boys are “made to feel ashamed of their feelings” (69), guilty particularly about feelings of weakness, vulnerability, fear and despair. Cunningham (2004) explains the historical progression of turning boys into men by teaching males to screen most of their emotions and if possible “not even feel them”, is a form of “systematic abuse”. That said, a

boy from an early age is usually taught culturally about masculinity and masculine behaviour (Smith & Carolina, 2008).

## **2.6 Cultural Differences**

From a cultural point of view, it has been identified that African American men in particular are enmeshed in a strong history of slavery and are flexible (Leary, 2005). This may correlate with a sense of mental health problems together with shame and denial of mental health issues that have been identified as barriers to African American men's behaviour when it comes to seeking professional psychological help (Franklin, 2004). Notably, it has also been recognised by Franklin (2004) that even when African American men are engaged in formal healthcare such as psychotherapy, they are less likely to adhere to a treatment plan compared to their Caucasian counterparts.

According to McCarthy and Holliday (2004), there has a strong and consistent reluctance on men's part to seek medical help for their mental problems and psychological ailments. Addis and Mahalik (2003) contend that the level of importance placed on the male gender-role (i.e. behaviours, beliefs and roles that are set by society as masculine. According to O'Neil (1981) being in control and self-sufficient may strengthen the supposed threat associated with seeking help, for example, emotional concerns as it involves the man admitting his inability to manage problems independently.

Professor David Brook based at the New York University states that men in most cultures have a "boys don't cry" attitude, and fear of revealing their feelings, which prevents them from seeking professional help (Saxbe, 2005).

However, Kottler (1997) argues that men have been taught from an early age to suppress their feelings. Young (2005) support this by suggest that as a consequence of male conditioning men may find it very difficult to openly exhibit strong feelings in the counselling relationship, and when they do, they feel weak and vulnerable. It was discovered by Vogel, et al. (2007) that unwillingness to seek psychological help was stronger for men who were not open about their feelings. Consequently, Newton-John (REF) perceives social conditioning as being the reason behind why men characteristically repress their feeling. Newton-John continued by explaining the “a large proportion of men simply do not have the words to describe their feelings or emotions” (145).

This statement also varies in terms of race. Theories of gender-role socialisation hold that men and women obtain their behaviour and attitudes from their cultural background (Blackmon, 2004). In this regard an extensive body of research was carried out to examine the issues that serve and discourage help-seeking among men in order to determine which aspects of these barriers may make help-seeking less desirable (Scott et al., 2011).

### **2.7 Barriers of Help-seeking in Men and Women**

It has been acknowledged by Mansfield et al., (2005) that there is a limited scientific research study on particular group factors that may have an impact on mental health and thus help-seeking behaviours for African American men. The fundamental issues such as the strain of finance and high unemployment among men may lead to low self-esteem, loss of autonomy and lack of confidence which in turn may lead to difficulties in coping with their situation

(Belgrave & Allison, 2010). In general, men who are in employment enjoy better physical and mental health as opposed to those who are unemployed (Belgrave & Allison, 2010). It may be that the perception of race, ethnicity and culture may be used sometimes as merely substitutions for social and environmental guidance on health-promoting behaviours for African American men (Townes, et al., 2009). A study by Wallace & Constantine (2005) examined the relationship among Afri-centric cultural values, encouraging psychological help-seeking attitudes, perceived counselling stigma and self-concealment. The authors found that for both African American men and women, a greater degree of Afri-centric cultural values were related with high perception of stigma about counselling and greater self-concealment (Benish, Quintana, & Wampold, 2011).

Men may experience barriers in seeking professional psychological help when they see other males from their social networks as disapproving of the process (Cruz, et al., 2008). This is often the case if they see other men are unanimous in their attitudes, if a large number have expressed similar attitudes or see themselves as being quite similar to those in their social circle (Crano & Gorenflo, 1989). The inhibitions in men may be due to worry of how others in their social networks may react if they know they are seeking or asking for psychological help (Steinfeldt et al., 2009)

The fear of stigma may also be identified as a potential barrier to men's help-seeking (Chandra & Minkovitz, 2006; Dean & Chamberlain, 1994; Mahalik, Good & Englar-Carlson, 2003). Notably, in relation to help-seeking, social stigma has frequently been examined (e.g., Dean & Todd, 1996; Komiya et al., 2000; Sibicky & Dovidio, 1986) and therefore research has instigated the

examination of the internalised sense of stigma or self-stigma. Self-stigma is the internalisation of the negative images communicated by society. This may label individuals or group as inferior, inadequate or weak (Corrigan, 2004; Holmes & River, 1998). Consistent with this, Vogel et al. (2006, 2007) discovered that the self-stigma connected with seeking counselling attitudes and unwillingness, such that participants who noticed a greater self-stigma had less positive attitudes about therapy and showed less willingness to seek therapy.

Moreover, since the relatively low rates of help-seeking and service utilisation by men have only recently come to be considered problematic, what is actually known about why men do or do not seek help is very limited (Addis & Mahalik, 2003). Current studies have described the development and evaluation of the Barriers to Help-Seeking Scale (BHSS), which is a measure designed to assess variables men identify as obstacles to seeking help for physical or mental health problems (Fischer & Turner, 1970). Self-stigma may be predominantly prominent for men because the treatment of the traditional male gender-role that men should be independent, controlled and self-sufficient may lead to increased apprehension about seeking help, as help-seeking may mean admitting an inability to handle things on one's own (Addis & Mahalik, 2003). Subsequently, a man who considers that he needs counselling may feel a strong sense of failure, which would in some sense make the act of asking for help particularly difficult (Vogel, et al., 2006). Supporting these Addis et al., (2005) found that self-reliance (i.e. not wanting to depend on others and feeling bad about oneself if one needs help) was associated with men's attitude towards seeking professional psychological



support. All in all, the evidence undoubtedly suggests that for men, self-stigma about therapy is associated with male gender-role conflict as well as to their attitudes toward, and willingness regarding, seeking professional psychological help (Vogel, et al., 2007). Komiya et al. (2000) have suggested that unwillingness to seek psychological help was emotionally stronger for individuals who were not open about their feeling.

## **2.8 Summary**

Indicated in this literature review is the growing trend that 'male socialisation' may be responsible for the growing trend for the adverse effect on men's health, particularly in their reluctance to seek professional help when they are experiencing problems. This literature place emphasis on help-seeking, in that, it is a complicated issue where there are likely to be various influential factors apart from gender, status, age, occupation and culture. Questions have been raised from studies mentioned in this literature that the reasons for the delay in help-seeking in men may lie in their own masculine attitudes, behaviour and values. To gain a greater understanding of this issue further research is required, particularly, in the nature of masculinity among men from differing backgrounds and culture and explores its role in men's help-seeking behaviour.

## **Chapter 3 Methodology**

### **3.1 Introduction**

All scientific research should pre-suppose a methodology that defines assistance to the theoretical issue covered in the study so that the aims can be accomplished with delimited success. There is a limited data about of local, national and international research carried out in the area of gender and psychological help-seeking. To address this issue this study is carried out.

### **3.2 Research Approach**

The aim of this study is to explore the attitudes towards counselling from a gender perspective in order to identify why men are reluctant or less likely to access counselling services as opposed to women (Addis, & Mahalik, 2003).

For the purpose of this research a qualitative research design is chosen in order to explore this topic on men and their help-seeking attitudes.

Interviewing will be used to achieve a depth of understanding on the topic from a subjective experience of the participants. This will enable participants to have control over expressing feelings and opinions in the interview. And allow the interviewer to observe any non-verbal communication. A questionnaire would result in limited information and hence the choice of an interview approaches.

It was challenging to get all the information on this chosen topic from previous research. However, in most of the studies analysed, interviews were the most paramount. In addition to the research question, thorough planning was based on the topic and content of the literature review was used to produce a set of open-ended interview questions which would take the interview to some

depth. Moreover, a qualitative research method may give the interviewer unexpected results as it is based on the participants' own experiences (Seidman, 2006).

### **3.4 Measures**

***Demographics Questionnaire:*** A demographics questionnaire was applied to gather information on respondent characteristics. The questionnaire reviewed respondent ethnic/racial age, background, educational standing, and earlier psychological help seeking practise. Though, no particular predictions were established in this research with regard to respondent demographic features, earlier studies have explained different considerable styles regarding help seeking and demographics.

### **3.5 Participants**

The topic is based on attitude towards therapy. Male participants between the ages of 18 – 65, who lives locally in Newham, London, where there is a predominantly large African Caribbean population. Participants were carefully selected to take part in this study. Because of the in depth nature of this study a small sample of participants were recruited with the anticipation that there will be exclusion and exclusion requirements. The criteria of the participants were males who had never accessed counselling services and were recruited through from members of the general public and college students. The participants were from various backgrounds i.e. some were born in the Caribbean and migrated to England, while some were born in the United Kingdom. Their socio-economic status or marital status was not taken into

considered for this study. 8 participants were considered and in to get a more detailed response which will give a large amount of information, a small population was chosen.

A letter of invitation together with a consent form was distributed to each participant by hand informing them of their anonymity, their rights and confidentiality (Aspinwall, & Staudinger, 2003). The description of the research procedures were disclosed to the participant in advance, so that they are informed of the expectation in the study, and that their involvement is purely voluntary with no remunerations offered or out of packet expenses covered. The participants were advised to read, signed and return both consent and invitation letter indicating their acceptance or rejection to the invitation. A one week window was given for the invitations to be collected, including a telephone number and/or email address to allow participants to make contact in case there are any doubts, explanation or questions needed by the participants for clarity.

### **3.6 Data Collection**

The interview will consist of 11 open-ended questions developed for the purpose of this study. The interview is estimated to last between 10 – 15 minutes however, the questions and the time depends on the participants responses which may lead the length and direction of the interview. The interview will be recorded by audio-tape with the permission of the participant.

### **3.7 Equipment/ Instruments**

The instruments used to carry out this study are a dicta phone, a letter of invitation and a consent form. A Dictaphone would be helpful to both interviewer and interviewee as it will be less challenging in remembering information, whereas, if the interview was carried out by note-taking, it would prove distracting and inaccurate to both participant and interviewer. The letter of invitation would give information to the participants' about the topic which may put them at ease and how much depth the interview may go. The consent form will inform the participants' of their rights and give them the opportunity to opt out at any time. In agreement to this the participant's will sign the terms and conditions to this form which would be collected at this point.

### **3.8 Description of Variables**

Attitude towards help-seeking: beliefs about psychological services

Barriers towards help-seeking: concerns regarding self-reliance and autonomy (Mansfield et al., 2005).

Culture difference: a history of self-reliance and resilient (Leary, 2005)

Gender role conflict: a degree of expectation as well as pressure in a man's life when he does not adapt to socialised gender roles

### **3.9 Data Analysis**

The purpose of this data analysis is to provide structure, organise and extract meaning from the collected data. Burns and Grove (1999) recognised that data analysis occurs in three phases: description, analysis and interpretation.

### **3.10 Pilot Study**

A pilot study will be used to identify any weakness in the interview plans in order to allow for any necessary amendments before continuing with the remainder of the study.

### **3.11 Ethical Issues**

The ethical issues considered that from the interview the men may consider the need for therapy. A referral route for support via their GP was advised.

### **3.12 Confidentiality**

Confidentiality in this research is generally identified as similar to the policies of privacy and is defined that data presented to another person will not be repeated without their approval. In this study, confidentiality is taken to describe that identifiable data regarding participants gathered during the study will not be disclosed and that the individuality of research respondents will be secured through different procedures, unless they particularly decide to be recognised.

### **3.13 Summary**

Research methodology is a combined term for the structured procedure of performing study. Various methodologies are implemented in different forms of study and the term is normally believed to contain study design, data collection and data assessment. This chapter defined an assessment of the research methodology for this research. In this chapter author defined the research approach, Interview Instrument, Sampling, data collection, Confidentiality, and data analysis. In this study, contribution is secret, at the participants' notions and participants can withdraw at any phase. After the information will be gathered, it will be established and cleaned, pursued through a data analysis. The next section will define the result and discussion.

## **Chapter 4 Results and Discussion**

### **4.1 Introduction**

This section is an explanation of the outcomes of the research and the approaches applied to assess the result. The first part explains the preliminary assessments that were performed to make the data for primary assessment. This is pursued through a summary of the psychometric features of the main research variables and correlations between the research variables. In the last, the primary assessment is defined in an approach that is managed through the major hypotheses.

### **4.2 Preliminary Analyses**

#### **4.2.1 Univariate Outlier Analysis and Distribution Analysis**

The process for univariate outlier assessment defined by Hoaglin, Mosteller, and Tukey (1983) was applied. Pursuing this method, three outlying scores were revealed in respondent' Gender Role Conflict Scale scores. These values were windzorized, establishing them part of the standard distribution of scores (i.e. measuring the 25th & 75th percentile Tukey's hinges and modifying the outlying scores (N = 3) to the nearest suitable value within this range). Skewness and kurtosis for each of the research variables were measured to be within suitable range, and tests of normality for every variable recommended that all actions produced a standard distribution of scores. After this "cleaning" of the information took position, demographic frequencies were collected, and are defined here.



#### 4.2.2 between Group Difference

Randomization was utilized to allocate members to each of the three distinctive medicine approaches in an endeavour to reduce confusing variables. With a specific end goal to guarantee the efficiency of the randomization, two examinations were utilized to make sure for among group contrasts on population analysis as well as calculated variables. No huge distinctions in the demographic structure of members between the medicine aggregations were found, incorporating sexual preference ( $\chi^2(1, 12) = 9.12, p = .69$ ), ethnic background ( $\chi^2(1, 10) = 4.47, p = .92$ ), geographical district ( $\chi^2(1, 2) = 0.73, p = .69$ ), know-how through past help-looking for ( $\chi^2(1,2) = 1.26, p = .53$ ), or age classification ( $\chi^2(1,2) = 3.21, p = .20$ ). Additionally, no major distinctions were watched among the groups regarding sexual orientation part clash utilizing ANOVA ( $F(1, 2) = 0.06, p = .95$ ). This recommends that the randomization strategies were viable in creating the treatment bunches equal at demographic as well as calculated variables.

#### 4.3 Primary Analyses

The accompanying segment summarizes the primary examinations carried out. It is composed into three primary parts consistent with the three sets of theories. This reviews the means, pattern divergence, along with interior constancy reliabilities for all appraise of the learning.

Help-Seeking Attitudes, Counsellor Social Influence, and Hope across the Approaches

Important relationships were anticipated to be present among sex part clash and a few of helpless variables. A relationship grid was produced to check these speculations. As guessed, a major negative correspondence was uncovered ( $r = -.18, p < .05$ ) among men's aggregate sexual orientation role clash plus facilitate looking for approach (H2a). A important negative relationship was likewise found among help looking for state of mind and the triumph, power, along with rule subscale of the sex role clash range ( $r = -.22, p < .01$ ). No other important associations were establish among help looking approach and sexual orientation part clash subscales.

An important pessimistic connection was normal between men's sum sexual orientation role clash and individual devotion to guiding (H2b). Between these two variable ( $r = -.01, p > .05$ ) no important association was found. Be that as it may, a major contrary connection was located among personal responsibility to therapy and the limited friendly conduct among men subscale of the GRCS ( $r = -.17, p < .05$ ). No other noteworthy connections were uncovered connecting personal responsibility and sexual orientation role clash subscales.

It was speculated that help looking approaches might co-fluctuate altogether with gender role clash in the optimistic psychology circumstance (H3a). An ANCOVA was figured keeping in mind the end goal to check this speculation. In spite of the fact that help looking approaches completed not co-fluctuate altogether by guiding approach, a lot of covariance was found among help looking approaches and gender role clash ( $F(1, 3) = 59.97, p < .05$ ).

The victory, force, and rivalry subscale of the GRCS additionally showed critical covariance with help looking approaches ( $F(1, 3) = 7.58, p < .01$ ). No other important covariance among help looking approaches and sexual orientation clash subscales was established. It was additionally speculated that the guide's social impact might shift essentially with sexual orientation clash in the optimistic psychology circumstance (H3b). No critical covariance was found among counsellor social impact (expertness, allure, or dependability) and sum sexual orientation clash. On the other hand, important covariance was exposed among therapist honesty as well as the limited impressibility subscale of the GRCS ( $F(1, 3) = 4.53, p < .05$ ).

#### **4.4 Discussion**

The purported "crisis of masculinity" is a developing concern in nation. Males keep on heading the detail in fierce wrongdoing, homicide, and passing by suicide (Eliason, 2009). Sixty-one of the sixty-two mass shootings completed in the most recent 30 years in the U.S. has been carry out by males, and mostly white males (Follman, Aronsen, & Pan, 2013). Notwithstanding male's encounters of despondency, restlessness, and other mental concerns, they are far less inclined to look for expert mental assistance for these concerns than females (Addis & Mahalik, 2003; Olfson & Marcus, 2010). Sociologists and psychologist functioning inside the field of male and manliness have recommended that this dissimilarity in help looking for might be generally illustrated by a social confuse between the connection of manliness and the setting of psychotherapy. Psychologists have called for an ideal model change in the way clinical administrations are rendered to males, and have

called for the improvement of helpful methodologies that are more harmonious to the connection of customary manliness (i.e. the present study was enlivened by this call, and exhibits one endeavour to investigate restorative methodologies with males. Past examination on this subject prescribes that more terrific sexual orientation clash (i.e. mental strain because of an uniqueness between recommended and real male-particular behaviours or sentiments) is connected with additional negative conclusions identified with guiding (i.e. The present study was an endeavour to test a positive brain research directing methodology with males, while regulating for GRC and portraying its relationship to help looking for state of mind, trust for guiding, perspectives of the instructor, and desires about advising. In spite of heading creators' advancement of the utility of an optimistic psychology advising methodology with males (Brooks, 2010; Kiselica, 2011; Kiselica & Englar-Carlson, 2010), usually few exact examinations of a non-manualized, optimistic psychology in shaped medicine methodology have been directed. The present study was one such exact examination of this methodology, and the stand out to date that likewise regulated for the impacts of GRC. In the wake of improving and approving motion picture vignettes of three differentiate helpful methodologies, school men saw the movies, received the part of a counselling customer, and reacted to polls about approach to looking for expert mental help, desires about advising, perspectives of the social impact of the advisor, and trust for directing.

## **4.5 Results of the Hypotheses**

This research was prepared with the hope that variations would be achieved on different dependent actions connected to counselling across three different counselling attitudes. Particularly, it was expected that the positive psychology attitude would capitulate the most supportive results from male related to approaches regarding looking professional psychological support, hopes regarding counselling, expectations for counselling, and the social impact of the counsellor. The following is discussion and interpretation of the outcomes, which is managed through hypotheses.

### **4.5.1 Help-Seeking Attitudes, Counsellor Social Impact, and Hope across the Approaches**

Hypotheses 1a-1c expected that on average male would have more constructive help seeking attitudes, a more constructive perception of the social impact of the counsellor, and have more expectation for counselling in the constructive psychology situation contrasted to the emotion concentrated or cognitive contexts. None of these hypotheses were encouraged. Additionally, no considerable differences were revealed between any of the attitudes (emotion focused, cognitive, or positive) on help-seeking approaches, the social impact of the counsellor, or expectation for counselling.

### **4.5.2 Correlations between Gender Role Conflicts, Help Seeking Attitudes, Commitment to Counselling, & Counsellor Social Influence.**

Hypotheses 2a-2c expected considerable correlations between gender role difference and some of the dependent variables. Particularly, a considerable harmful correlation was expected between men's total gender role difference

and help seeking approaches, individual dedication to counselling, and social influence of counsellor. Joint assistance was observed for these hypotheses.

#### **4.5.3 Covariance of Help Seeking Attitudes and Counsellor's Social Influence with Gender Role Conflict**

Hypotheses 3a & 3b expected considerable covariance in the positive psychology context between overall GRC and help seeking approaches, with overall GRC and social influence of counsellor. The considerable covariance association revealed in this research between GRC and help seeking attitudes completely encourages hypothesis 3a. This outcome supports to the research describing that higher GRC is related with further negative help seeking attitudes.

#### **4.5.4 Support for a Common Factors Perspective**

This research was supported through a call from leaders in the area of mental health and masculinity to establish and assess therapy methods that are more achievable to male. As per theory and earlier studies, a positive psychology method was hypothesized to get further supportive attitudes regarding help seeking, expectation for counselling, social impact of counsellor, and hopes regarding counselling. In contradiction, comparison of the three contexts yielded non-considerable outcomes for all four of these variables. As earlier defined, this can have been affected through the presence of standard aspects. Actually, the outcomes of this research can be explained as assistance for a general aspects view.

#### **4.6 Implications for Future Research**

This research is one of the first to apply a role induction, analogue style to assess a constructive psychology attitude focusing men. Though, assistance was not acquired for the hypotheses connected to the superiority of the constructive psychology attitude, this research demonstrates an essential offshoot from earlier counselling analogue literatures, and positions itself among the study in the psychology of masculinity and men. The association between gender role of male conflict and attitudes regarding help seeking hopes about counselling, and the social impact of the counsellor were further assessed and expanded upon. Outcomes normally explained assistance for the perception that more rigid and traditional masculinities (which lean to participate to psychological strain) are harmfully connected to features of the appeal of counselling. This research also established and applied one of the first counselling-particular adaptations of the area particular expectation scale (Simpson, 1999).

Further assessment of the connection between standard aspects and gender may prove useful. This research revealed no apparent variations in help seeking attitudes, social influence of counsellor, hopes for counselling, or expectation for counselling between three particular counselling methods with male. General aspects are hypothesized to have performed an essential task in men's views regarding the approaches. It is not clear which common aspects or the procedure through which they clear in counselling can be considerable for men. Additional study could concentrate on picking apart the counselling procedure to recognise further regarding how common aspects function for men in counselling.

The outcomes of this research define that the presence of GRC in its different

approaches are related with obstacles to men's constructive views regarding contribution in counselling. It is on counsellors to be adjusted to the approach GRC methods perform in counselling and to get approaches to decrease defensiveness, tailor therapeutic attitudes and involvements to the demands of these patients, and to perform everything they can to stop premature termination. The outcomes of this research define the association between the success, power, and competition (SPC) with restricted affectionate behaviour between men (RABBM) approaches of gender role difference on help seeking attitudes and features of hopes regarding counselling and the social impact of the counsellor.



## Chapter 5 Conclusion and Recommendations

This research was prepared in response to the call for therapeutic attitude that adapt to the requirements of male. Using a “new psychology of men” structure, it was considered that the role of masculine gender role socialization has an essential influence on men’s use (and non-use) of therapy. This research considered that male’s disproportionately low help-seeking, demand of individual dedication to counselling, and less genuine hopes for counselling were in part because of a mismatch between the situation of traditional therapy (i.e. concentration on deficits, emotional vulnerability) and the situation of traditional masculinity (i.e. focus on competence, strength, self-sufficiency). Men’s responses to three conceptually different therapeutic attitudes were collected. Whereas the outcomes did not define any variations in male’s views across the three attitudes, more harmful expectations and attitudes regarding counselling and the counsellor were related with wider gender role difference. This research participates to the body of literature recommending the value of tailoring the delivery of therapy to the situation of masculinity. The outcomes of this research recommend that this can be particularly essential in light of the GRC approaches of power, success, and competition, with limited affectionate approach between male.

A constant requirement is there to focus men’s uncertainty regarding help seeking, and this research can be supposed additional proof regarding method in which traditional masculinity and traditional therapy can be at odds. Therefore, it is up to individual clinicians to review the situation for lives of

their male clients, get consideration of gender identity of client, and to implement and tailor their attitude accordingly to best fulfil client demands.

This research encourages the demand for contextual sensitivity and greater complexity in the measurement and conceptualization of men's help seeking.

Research recommends that men's eagerness to seek help for issues depends, on features like culture and type of supporter being supposed. As culture did not impact the connection between gender role differences and help seeking, it did perform a duty in overall ratings of help-seeking eagerness from different supporters. Most considerably, this research defined that the style of supporters is an essential element of help seeking attitude. Literatures that generalize regarding men's help-seeking attitude through applying measurements from just one sort of possible supporter are unlikely to get the complete complexity of the help-seeking procedure.

This research has not been very decisive in regard of recognising particular involvements to encourage help-seeking attitude among male. Though, the major feature of both negative and positive service aspect demonstrated in the paper do not show any genuine surprises, and normally demonstrate the standards of core exercise among many of the experts functioning with vulnerable males in London, like relationship-building, respect, and motivational interviewing. When observing service aspect to this focused group in the city it will be practical to make sure that these keep a core concentration of all work performed through different institutions.

It can be worth observing at particular emotional skills, social abilities and mental health literacy plans in further detail to decide whether current

provision is fit for aim or whether extra involvements are needed. This is essential in connection to the subject defined the value of early years growth in these abilities demonstrated in this research.

Finally, it can be worth believing systematically including obstacles and motivators to help-seeking as feature of all screening and broader review for people, comprising vulnerable populations, who are getting facilities across the city. Further study into the obstacles to Help-Seeking Scale can be needed, with the recognition of any other accessible tools.

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