

Male gender socialization and self-stigma and predictors of treatment seeking

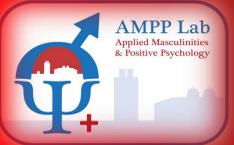


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POSTER



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Introduction

Every year, approximately six million men experience a depressive disorder. Despite increased risk for co-morbid substance use disorders and suicide, men are far less likely than women to seek help for their symptoms. Numerous studies suggest that men with depression experience increased gender role conflict (GRC) and often view mental illness as a sign of weakness. Historically, men have been reluctant to seek help for depression, even from informal sources such as friends and family. The decision to seek help appears to be influenced by endorsement of masculine norms. Furthermore, internalization of societal messages regarding masculinity, depression, and help-seeking may lead some men to feel inadequate or weak if they decide to seek help. To date, the published literature on GRC, self-stigma, and depression has examined general attitudes toward psychological help-seeking.

Little is known about men's willingness to engage in specific types of treatment seeking when depressed. Perlick and Manning (2007) theorized that masculine ideology, stigma, and problem severity influence men's help-seeking behaviors. The current study evaluated Perlick and Manning's Model of Male Help-Seeking by examining the unique contributions of depressive symptoms, GRC, and self-stigma on willingness to engage in four distinct types of help-seeking behaviors (professional help-seeking, self-help, utilization of social supports, and avoidance).

Methods

Participants

n = 313 Male College Students
Age = 18 (17.3%), 19 (34.5%), 20 (20.1%), 21 (10.5%), 22 (8.5%), 23 (2.9%), 24 (0.6%), 25 (1.3%), 26+ (3.8%)
Ethnicity = Caucasian (82.4%), Asian American of Pacific Islander (5.4%), Hispanic/Latino (5.1%), Black/African American (3.2%), Multi-racial (2.6%), Other (1.3%)
Sexuality = Heterosexual (94.6%), Gay/Lesbian (2.6%), Bi-sexual (1.0%), Questioning (0.3%), Other (1.0%)

Measures

Gender Role Conflict (GRCS; O'Neil et al., 1986).
Center for Epidemiological Studies – Depression (CES-D; Radloff, 1977).
Self-Stigma of Help-Seeking (SSOSH; Vogel et al., 2006).

Procedures and Analysis

Upon completion of the instruments listed above, participants were randomly assigned to one of four vignettes about a man with depression and a brief role induction exercise asking the likelihood that they would engage in a series of help-seeking behaviors if they were experiencing similar symptoms of depression. These help-seeking behaviors were based upon a previous study by Mahalik and Rochlen (2006). Exploratory Structural Equation Modeling (see Table 1) suggested four factors including: (a) Avoidance, (b) Social/Informal Help-Seeking, (c) Self-Help, and (d) Professional Help.

SEM tested the relationship between self-stigma, depression, gender role conflict, and attitudes towards types of help-seeking behaviors using two models: the correlated co-prediction of self-stigma and gender role conflict on helping seeking behaviors (Model 1) and depressive symptoms influence on self-stigma and gender role conflict's prediction of help seeking behaviors (Model 2).

Model interpretation used the following interpretation guidelines (Little, 2013):

Poor fit = CFI \geq .90 and RMSEA/SRMR \leq .10
Acceptable fit = CFI \geq .90 and RMSEA/SRMR \leq .08
Very good fit = CFI \geq .95 and RMSEA/SRMR \leq .05

Discussion

Results

Results of the current study provide support for Perlick and Manning's (2007) Male Model of Help-Seeking with self-stigma and GRC contributing to lower engagement in help-seeking and increased avoidance of help-seeking. More specifically, as men experienced more GRC, they reported increased likelihood of avoidance and decreased utilization of social supports when depressed. Inconsistent with previous literature, experience of GRC did not appear to effect willingness to engage in professional help-seeking behaviors when depressed. Furthermore, SSOSH significantly predicted decreased utilization of social supports and professional help-seeking. As men's experience of SSOSH increased, they were also more likely to report engagement in avoidant behaviors when depressed. These findings were supported when adding participant experiences of depressive symptoms as a predictor in Model 2.

Although there is a great deal of literature examining the role of GRC in professional help-seeking, self-stigma appeared to be a important predictor of help-seeking behaviors among the current sample of men. Furthermore, the influence of GRC and SSOSH varied across types of help-seeking behaviors.

Implications

Researchers are encouraged to examine the role of self-stigma and to expand beyond the domain of professional psychological help-seeking behaviors when developing interventions to reduce barriers to help-seeking for men with depression.

Limitations and Future Directions

Future studies would benefit from increased racial and sexual diversity. This would improve external validity and allow for exploration of cultural variations in the role of masculine beliefs and identification of depressive symptoms.

Due to the analogue nature of this study, future studies would benefit from exploring these relationships in men that are depressed.

Exploratory Structural Equation Model (ESEM) Results for Symptom-response

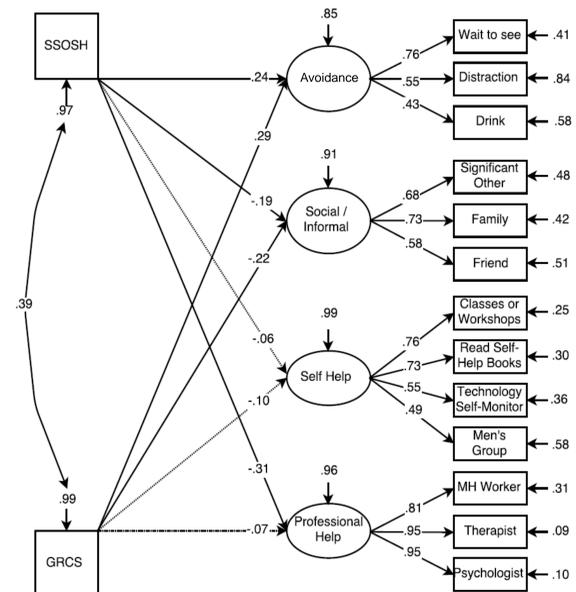
Table 1. Results of Exploratory Structural Equation Modeling (ESEM)

| Model | RMSEA | CFI | TLI | SRMR | AIC | BIC |
|----------|-----------------|------|------|------|----------|----------|
| 1-Factor | .12 (.11 - .13) | 0.62 | 0.59 | 0.11 | 20177.85 | 20492.53 |
| 2-Factor | .11 (.11 - .12) | 0.70 | 0.65 | 0.09 | 19867.39 | 20283.22 |
| 3-Factor | .10 (.09 - .10) | 0.79 | 0.74 | 0.07 | 19512.31 | 20025.54 |
| 4-Factor | .08 (.07 - .09) | 0.86 | 0.8 | 0.05 | 19276.84 | 19883.73 |

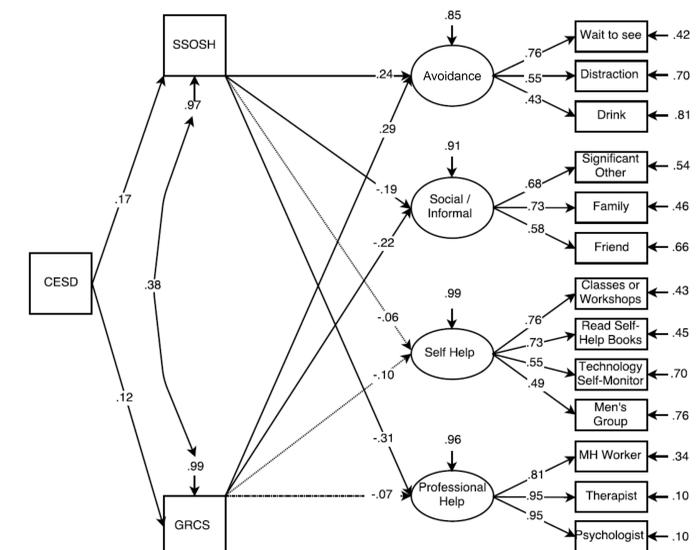
Note. Fit statistics for the extracted four-factor ESEM Model: $\chi^2(71)=137.28$, CFI=.96, RMSEA=.04 (.05-.07), SRMR=.06

Structural Equation Models

Model 1: $\chi^2(95)= 189.65$, CFI = .94, TLI=.93, RMSEA = .06 (.05 - .07)



Model 2: $\chi^2(95)= 153.64$, CFI = .96, TLI=.95, RMSEA = .05 (.03 - .06)



Note. Insignificant relationships are denoted using a dashed line