
Men, Masculinity, and the Contexts of Help Seeking

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Research on men's help seeking yields strategies for enhancing men's use of mental and physical health resources. Analysis of the assumptions underlying existing theory and research also provides a context for evaluating the psychology of men and masculinity as an evolving area of social scientific inquiry. The authors identify several theoretical and methodological obstacles that limit understanding of the variable ways that men do or do not seek help from mental and physical health care professionals. A contextual framework is developed by exploring how the socialization and social construction of masculinities transact with social psychological processes common to a variety of potential help-seeking contexts. This approach begins to integrate the psychology of men and masculinity with theory and methodology from other disciplines and suggests innovative ways to facilitate adaptive help seeking.

Men are often characterized as unwilling to ask for help when they experience problems in living. Popular stereotypes portray men reluctantly asking for directions when they are lost, having difficulty sharing vulnerable feelings with friends and family, and avoiding seeking needed help from professionals. A large body of empirical research supports the popular belief that men are reluctant to seek help from health professionals. Men are less likely than women to seek help for problems as diverse as depression, substance abuse, physical disabilities, and stressful life events (Husaini, Moore, & Cain, 1994; McKay, Rutherford, Cacciola, & Kabasakalian-McKay, 1996; Padesky & Hammen, 1981; Thom, 1986; Weissman & Klerman, 1977). The empirical research and the pervasiveness of popular beliefs about men's help seeking raise important questions for psychologists and other social scientists. Why do many men have difficulty asking for help? How are masculinity norms, stereotypes, and ideologies related to help-seeking behavior? How can psychologists and other health care professionals integrate an understanding of social norms and ideologies about masculinity into an analysis of men's use of health services?

We consider the utility of existing work on men's help seeking from three perspectives. First, to what extent is the study of men's help seeking grounded in theoretical frameworks that can account for the variable ways in which men do or do not seek help from health care professionals? Second, do existing theories lead to empirically testable predictions about the determinants of help-seeking behav-

ior? Third, how well do existing approaches provide a foundation for developing interventions that facilitate adaptive help seeking from mental and physical health care providers? Because the majority of previous work has focused on help sought from health professionals, we limit our analysis to this type of help seeking, although we recognize that people seek help in a variety of less formal ways. In addition, because help seeking is often an important step toward resolving numerous problems in living, it is a crucial link in the chain of effective health care service delivery. The study of men's help seeking thus has direct implications for bettering men's and women's lives, reducing national health care costs, and developing effective interventions informed by a psychology of gender.¹ It also exemplifies some of the critical theoretical and methodological issues facing the psychology of men and masculinity more generally.

To provide a context for addressing these issues, we begin by briefly reviewing the literature on sex differences in seeking help for a variety of problems in living. We then consider theory and research on the relationships between masculine gender-role socialization and help seeking. We evaluate the ability of both bodies of work (a) to contribute to the development of coherent theoretical frameworks that specify the psychosocial processes governing men's help seeking, and (b) to provide a useful theoretical and empirical foundation for developing interventions that facilitate adaptive help seeking. We draw particular attention to the ways help seeking and masculinity are conceptualized in

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¹ We recognize that by taking the position that men's professional help seeking should be increased, we are supporting the position that men are harmed by their inability or unwillingness to seek help. It is equally possible that men may benefit by refusing to seek help, and we consider this at various points in the article. When we describe ways to increase men's use of mental and physical health services, we are thinking of increasing adaptive forms of help seeking. Adaptive help seeking is behavior that is likely to enhance the lives of men and those who are close to them who may otherwise be negatively affected by the failure to seek professional help. Adaptive help seeking is, for example, recognizing that depression may precede anger and violence and deciding to seek help for the former so it does not progress to the latter.



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each approach. For example, conceptualizing and measuring masculinity as an individual-difference variable leads to a set of assumptions that limits the ways men's behavior can be understood and, in turn, restricts innovation in designing interventions that facilitate help seeking. Finally, we argue that theory and research on masculinity and help seeking can be aided by a more contextual framework that allows for and expects variability within men and between help-seeking situations.

Are Men Less Likely Than Women to Seek Professional Help?

Over the past three decades, many studies have examined differences in the frequency with which men and women seek help for medical, mental health, and substance abuse problems. The findings have been strikingly consistent and have shown that, as a group, men of different ages (e.g., Husaini et al., 1994), nationalities (e.g., D'Arcy & Schmitz, 1979), and ethnic and racial backgrounds (e.g., Neighbors & Howard, 1987) seek professional help less frequently than do women. Several studies have found that men less frequently visit primary care physicians and other medical health specialists (Griffiths, 1992; Gijsbers Van Wijk, Kolk, Van den Bosch, & Van den Hoogen, 1992; Jackson, 1991; Neighbors & Howard, 1987; Rafuse, 1993). When men do seek help, they ask fewer questions than do women (Courtenay, 2000). Moreover, although men report higher levels of substance abuse (Kessler et al., 1994; Robins & Regier, 1991) and are more likely than women to have experienced psychosocial problems resulting from alcohol or drug use (Robbins, 1989), they are also less likely to seek help for alcohol problems and cocaine abuse (McKay et al., 1996; Thom, 1986).

Several studies have confirmed that men also seek psychiatric services, psychotherapy, and counseling less often than women (Gove, 1984; Gove & Tudor, 1973; Greenley & Mechanic, 1976; Howard & Orlinsky, 1972; Vessey & Howard, 1993). Kessler, Brown, and Boman (1981) analyzed data from four large-scale surveys examining sex differences in psychiatric help seeking and concluded that women consistently sought psychiatric help at a higher rate than men with comparable emotional problems. Breaking the help-seeking process down into stages revealed that women were more likely than men to recognize and label nonspecific feelings of distress as emotional problems. Other studies have documented similar findings in medical students (Dickstein, Stephenson, & Hinz, 1990), college students (Gim, Atkinson, & Whiteley, 1990; Leong & Zachar, 1999; M. O'Neil, Lancee, & Freeman, 1985), university employees, the majority of whom were faculty (Carpenter & Addis, 2000), and members of a Canadian community (D'Arcy & Schmitz, 1979). With regard specifically to depression, men have reported that they would be more reluctant to seek help, even informally from friends, and more likely to report that they would never seek psychotherapy for depression (Padesky & Hammen, 1981; Weissman & Klerman, 1977).

Implications of Sex Differences in Help Seeking

The studies reviewed above consistently found that men of different ages, ethnicities, and social backgrounds are, on average, less likely than women to seek professional help for physical and mental health problems. Men's relative reluctance to seek help stands in stark contrast to the range and severity of the problems that affect them. For example, men in the United States die, on average, close to seven years younger than women and have higher rates of the 15 leading causes of death (see Courtenay, 2000). Improving health-maintenance behaviors such as professional help seeking is one obvious way to better men's lives. Clearly documented sex differences in the utilization of health services can be used in public health forums to raise awareness of the obstacles men face in receiving needed help. Physicians, community leaders, family members, and individual men themselves may benefit from the recognition that men, as a group, tend to underutilize help that is available to them.

Beyond Sex Differences

The fact that men and women differ in the frequency of a set of behaviors reveals little about the biological, psychological, or cultural processes responsible for the observed differences (Mechanic, 1978). When studies document sex differences, the authors often speculate about possible mediators of help-seeking behavior, but rarely can the data address directly the hypothesized pathways. For example, in accounting for the finding that African American women from a nationally representative sample sought professional medical help more often than African American men, Neighbors and Howard (1987) speculated that women might recognize problems more readily than men. How-



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ever, the authors did not measure problem recognition or labeling; thus, their interpretation remains speculative. Other studies have shown sex differences in problem recognition for symptoms of depression (Veroff, 1981; Yokopenic, Clark, & Aneshensel, 1983). However, the psychological, social, or biological processes responsible for the observed sex differences remain elusive, leaving it unclear why men as a group should be less likely to recognize problems.

By design, sex-difference studies are also ill equipped to account for within-group or within-person variability. Not all men are the same, nor does it make much sense to assume that individual men behave similarly in all help-seeking contexts. From a clinical standpoint, it is precisely this sort of inter- and intraindividual variability that needs to be understood. Why are some men, under some circumstances, able and willing to seek help for some problems but not for others?

A final limitation of the sex-differences approach is that research findings may implicitly support essentialist interpretations of gender. Essentialist interpretations treat particular attributes as fixed, essential elements of a group or category (Martin, 1994). The attributes may be biological or social in origin, but regardless of the source, they are treated as defining elements of the group or category. Framing research questions in terms of men versus women typically leads to conclusions of the form, men are more *X*, and women are more *Y*. The problem here is not with the findings per se. Our concern is with the way such interpretations can be used to stereotype and constrain women and men by the construction and reinforcement of power relations between the sexes. For example, differences in rates of help seeking can be interpreted as reflecting men's greater independence and self-reliance compared with

women. This interpretation has been used historically to support the construction of men as better suited to public economic spheres. The same premise can be used to construct men as inferior to women in relational contexts. For example, men are increasingly characterized as relationally challenged because of excessive self-reliance and difficulty establishing mutuality and emotional intimacy in relationships. Thus, the sex-differences approach is limited in that it fails to provide an explanation for differences between men and women in help-seeking patterns, does not address within-group or within-person variability, and can be used to support stereotypes of men and women that constrain both genders.

Masculine Gender-Role Socialization and Help Seeking

An alternative to the sex-differences approach is to understand men's help seeking as a product of masculine gender-role socialization. Role socialization paradigms begin with the assumption that men and women learn gendered attitudes and behaviors from cultural values, norms, and ideologies about what it means to be men and women. For example, many of the tasks associated with seeking help from a health professional, such as relying on others, admitting a need for help, or recognizing and labeling an emotional problem, conflict with the messages men receive about the importance of self-reliance, physical toughness, and emotional control (Brannon & David, 1976; Good, Dell, & Mintz, 1989; Levant & Pollack, 1995; Pleck, 1981; Pollack, 1998; Real, 1997).

Previous literature reviews have identified two major overlapping foci in theory and research on masculine role socialization: masculinity ideology and masculine gender-role conflict (Betz & Fitzgerald, 1993; Good, Borst, & Wallace, 1994). The first centers on ideologies and belief systems about what it means to be male and attempts to measure an individual's degree of endorsement and internalization of cultural norms and values regarding masculinity and the male gender role (Pleck, Sonenstein, & Ku, 1993; Thompson & Pleck, 1986). Masculinity ideologies can vary among persons and groups and may also change over time. At the same time, it is recognized that some ideologies are more powerful than others in determining what members of a culture take to be normative masculinity (e.g., White, middle-class, heterosexual definitions of masculinity in the United States).

The second major focus of the masculine gender-role approach identifies the negative consequences for men's well-being of adopting particular masculinity ideologies (i.e., gender-role conflict). For example, internalizing the ideological position that men should be tough, competitive, and emotionally inexpressive can have detrimental effects on a man's physical and mental health (Courtenay, 2000). Masculinity ideologies and male gender-role conflict have also been integrated into broader paradigms that emphasize the socially constructed nature of gender and posit mechanisms through which individual experience is affected by societal values, beliefs, and gendered stereotypes. For ex-

ample, Joseph Pleck's (1981, 1995) gender-role strain paradigm rejects an essential nature to masculinity and, instead, posits that masculine gender roles are socially constructed from stereotypes and norms, are multiple and contradictory, and create problems for individual men and others (e.g., women and families). The related constructs of gender-role conflict (J. O'Neil, Good, & Holmes, 1995) and gender-role stress (Eisler, 1995) describe the detrimental consequences of male gender-role socialization by describing specific cognitive, behavioral, and emotional effects of masculine gender socialization (e.g., restrictive emotionality, homophobia, preoccupation with power and competition).

Several studies have examined individual differences in masculinity ideology and gender-role conflict and have related them to attitudes toward help seeking (Good et al., 1995; Robertson & Fitzgerald, 1992; Wisch, Mahalik, Hayes, & Nutt, 1995). For example, Robertson and Fitzgerald (1992) found that the success, power, competition, and restrictive-emotionality components of gender-role conflict predicted more negative attitudes toward seeking professional psychological help in a sample of male undergraduate students. Similarly, Good et al. (1989) found that male undergraduates endorsing concerns about expressing emotions, concerns about expressing affection toward other men, and traditional attitudes about the male gender role also endorsed more negative attitudes toward seeking professional psychological help. In a follow-up study of the same data set, Good and Wood (1995) identified a pattern of relationships between gender-role conflict and help seeking that the authors labeled *double jeopardy*. Different components of gender-role conflict were associated with both an increased likelihood of depressive symptoms and more negative attitudes toward seeking psychological help. Finally, Zeldow and Greenberg (1979) found that liberal attitudes toward women were associated with more positive attitudes toward psychological help seeking for men.

Implications of the Masculine Role Socialization Paradigm

The literature on male gender-role socialization has direct clinical relevance for men's help seeking. In contrast to the sex-differences approach, variability among men is meaningfully addressed by allowing for individual differences in the degree to which men endorse different masculinity ideologies and struggle with varying degrees and types of gender-role conflict. Masculine gender roles create a natural focus for psychosocial treatments either tailored to more traditionally masculine ways of relating (Brooks, 1998) or aimed at helping individual men become less constrained by gender-role expectations (Good, Gilbert, & Scher, 1990; J. O'Neil, 1996). Theories of masculine role socialization have also been applied specifically to the etiology and treatment of depression (Cochran & Rabinowitz, 2000; Mahalik, 1999a, 1999b; Real, 1997) and body image disturbances (Pope, Phillips, & Olivardia, 2000). Psychoeducational workshops and courses have also been developed around fathering (Levant, 1996a) and the process of masculine gender socialization itself (J. O'Neil, 1996). Similar

efforts could be extended to primary prevention strategies that facilitate help seeking through community outreach, employee assistance workshops, and primary care.

Strengths and Limitations of the Masculine Role Socialization Paradigm

For the purpose of understanding men's help seeking, there are theoretical and methodological strengths to the masculine role socialization paradigm. First, it avoids some of the problems associated with the post hoc interpretation of sex differences because help-seeking behavior falls within the nomological net of constructs thought to be associated with masculine gender-role socialization (Cronbach & Meehl, 1955). Second, individual differences among men are not difficult to account for in the role socialization paradigm because men are assumed to vary in the degree to which they endorse particular masculinity ideologies. Different men may also experience varying degrees and forms of stress and conflict as a result of particular patterns of male gender socialization (Levant, 1996b). Thus, help-seeking behavior is predicted to be a function of different men's degree of endorsement of particular masculine gender-role norms that are incongruent with seeking professional help.

Despite its strengths, the masculine role socialization paradigm provides a limited understanding of the contexts in which men's help seeking occurs. Beyond several methodological limitations of the studies (e.g., heavy reliance on self-report measures, primary use of convenience samples of Caucasian male undergraduate students), the gender-role socialization paradigm is not well prepared to account for why some men, under some conditions, will seek help for some problems but not for others. The difficulty in accounting for within-person and across-situation variability arises because masculinity, though assumed to be social in origin, is still treated as a stable, internal, traitlike construct.

Research and theory in this framework progress by operationalizing and measuring the degree to which individual men adopt and internalize particular masculinity ideologies (Thompson & Pleck, 1995). Such a strategy locates the gender-role paradigm squarely within the psychology of personality and individual differences. Consequently, the masculine role socialization paradigm is less prepared to explore the possibility that, depending on the context, individual men can engage in various behaviors typically associated with different ideologies (Connell, 1987, 1995; Kimmel & Messner, 1998). Thus, men who endorse traditional masculine ideologies may cry, men who endorse nontraditional ideologies may make homophobic remarks, and men who subscribe to masculinity norms of self-reliance may ask for help under certain conditions. It is precisely this sort of within-person and across-situation variability that needs to be understood if psychologists are to adequately understand and facilitate adaptive help seeking.

Some progress in understanding within-person variability could be achieved by modifying the role socialization paradigm to incorporate both person and situation variables into the study of men's help seeking. One straightforward strategy would be to develop person-situ-

ation models with endorsement of particular beliefs about what it means to be a man on the person side and potential help-seeking contexts on the situation side (e.g., Deaux & Major, 1987; Magnusson & Endler, 1977). For example, men who have internalized masculinity norms about emotional stoicism and self-reliance may be resistant to seeking help for depression from a mental health professional but may be less resistant to seeking help for back pain from a primary care physician. Research examining person-environment interactions affecting men's help seeking has found support for this approach. For example, Wisch et al. (1995) found that men reporting higher levels of gender-role conflict expressed more negative attitudes toward seeking help after viewing a counseling session focused on feelings than after viewing a session focused on cognitions. The group of men scoring lower on gender-role conflict showed no such difference. Similarly, Robertson and Fitzgerald (1992) found that male undergraduate students endorsing more traditionally masculine attitudes preferred a counseling brochure emphasizing self-help, technical competence, and an achievement orientation over a traditional description of counseling (e.g., as the expression of personal feelings).

Although person-situation analysis is a first step toward understanding within-person variation in men's help seeking, this approach has two limitations. First, the analysis of context becomes limited to the immediate characteristics of potential help-seeking situations, such as the type of problem, the available sources of help, the individual man's appraisal of the seriousness of the problem, and so on. What is not considered are the ways cultural, economic, and political systems as broader levels of context infuse different help-seeking situations with meaning for individual men. Whether a situation is perceived as a threat to the need for emotional control, for example, depends in part on how masculinity is defined situationally (i.e., what is the appropriate "masculine" response in this situation?). Cultural definitions of situationally appropriate behavior for men are themselves nested within larger levels of context involving power relations between groups. For example, it has been suggested that the norm of emotional inexpressiveness serves to preserve power for men in potentially vulnerable interpersonal contexts (Sattel, 1976).

The second limitation of person-situation analysis is that it focuses only on the way person and situation variables influence the help-seeking behavior of individual men. It does not account for the way men actively construct the meanings of masculinity and help seeking by the actions they take in particular contexts. This last point is worth considering in somewhat greater detail because it is here that the psychology of men and masculinity has remained largely isolated from other social scientific approaches to gender.

The Socialization and the Social Construction of Masculinity

From a social constructionist perspective, potential help-seeking situations are contexts in which various meanings of masculinity are actively constructed. For example, male

athletes who do not express the experience of intense physical pain and continue to compete despite serious injury are typically applauded for their *intensity*, *commitment*, *heart*, or *toughness*. These labels reinforce the identification of emotional stoicism and physical toughness with positive aspects of masculinity while discouraging self-care in the context of injury. Feminist perspectives similarly focus on the ways in which gender is actively constructed in systems involving the negotiation of power relations. A feminist analysis of help seeking might, for example, highlight the way men benefit as a group by avoiding and discouraging help seeking (e.g., maintaining positions of dominance by hiding apparent weaknesses). Although there are numerous differences between social constructionist and feminist analyses of gender, common to both perspectives is the idea that gender is something that is actively done in specific contexts rather than a property of individuals. In other words, *gender* is a verb rather than a noun (Courtenay, 2000; West & Zimmerman, 1987). An analogy to conceptualizing masculinity in this way is provided by Bohan (1997), who considered the difference between characterizing a person versus a conversation as friendly. In the latter case, *friendly* "has a particular meaning that is agreed upon by the participants, that is compatible with its meaning to their social reference groups, and that is reaffirmed by the process of engaging in this interaction" (Bohan, 1997, p. 33). Similarly, masculinity can be understood as a process that is actively created and confirmed by men as they behave in potential help-seeking contexts.

Incorporating the insights gained from social constructionist and feminist perspectives on masculinity should allow for a more complete account of the influences on men's help seeking. A critical first step is to develop empirically testable models of the determinants of men's behavior that account for both the socialization and the social construction of masculinity in help-seeking contexts. Practically speaking, the models should explain why some men seek help for some problems under some conditions and not others. Theoretically, the models should allow for the possibility that masculinity and help seeking are not stable properties of individuals, but rather are patterns of contextually situated actions that may become more or less likely depending on particular person-environment transactions. Below we develop a model of men's help seeking that uses social psychological theory and research to integrate the masculine gender-role socialization paradigm with social constructionist and feminist analyses of masculinity. The model is not intended to be a definitive account. Nonetheless, we offer it as a starting point for understanding the way men both respond to and create meanings of masculinity as they choose whether to seek help for problems in living.

Masculinity and Help Seeking in Context

Social psychologists have treated help seeking as a complex and dynamic process involving help seekers, help

providers, types of help requested, and the situations in which help is sought (Wills & DePaulo, 1991). All potential help-seeking contexts create ongoing dialectics between the intra- and interpersonal benefits and costs to requesting help. For example, recent empirical work on invisible support suggests that the emotional costs to receiving help often result in recipients being unaware of or unwilling to report help received (Bolger, Zuckerman, & Kessler, 2000). We suggest that for men, both the effects of gender socialization and the process of constructing masculinity in particular help-seeking contexts are moderated by basic social psychological processes. These include (a) perceptions of the normativeness of problems, (b) the perceived ego centrality of problems, (c) characteristics of potential helpers, (d) characteristics of the social groups to which individual men belong, and (e) perceived loss of control. Below we consider how each of these social psychological processes enhances existing theory and research on masculinity by providing an empirical foundation for developing innovative ways to foster adaptive help seeking.

Is the Problem "Normal"?

Normativeness describes the degree to which others are perceived to share an experience or engage in a particular set of behaviors (Cialdini & Trost, 1999). Depending on the context in which a problem occurs, individual men may or may not perceive the problem as normative. A male physician, for example, may perceive erectile dysfunction as relatively normative, having seen and treated the problem in numerous men from a variety of backgrounds. A man who has never known someone struggling with the problem may be less likely to perceive it as normative. Several studies have shown that perceptions of normativeness influence help-seeking behavior, and risks to self-esteem are greatest when a problem is perceived to be non-normative (Nadler, 1990; Nadler & Mayseless, 1983). For example, Tessler and Schwartz (1972) found that if participants believed that many people failed at a task they were asked to complete (i.e., that failure was normative), help seeking became more likely. However, if participants believed that few people failed at the task (i.e., that failure was non-normative), they were less likely to seek help.

Mahalik (2000) posited that men are influenced by normative masculinity messages communicated through the use of descriptive, injunctive, and cohesive masculine norms. Descriptive masculine norms operate when a male observer sees what most men are doing in a situation. For example, because men often hide or mask feelings of depression (Cochran & Rabinowitz, 2000; Real, 1997), depression should be perceived as relatively non-normative because it is not frequently observed. Injunctive norms also influence the perceived normativeness of a problem by providing the cultural shoulds and should nots of masculinity. For example, norms such as the idea of men as *sturdy oaks* (i.e., men should be strong and independent; Brannon & David, 1976) suggest that men should not have problems and may foster perceptions of non-normativeness when problems do occur. Finally, cohesive masculine

norms influence perceptions of normativeness when men observe how popular men act, think, and feel. For example, when men perceive that popular male figures are wealthy, happy, healthy, and confident, it fosters the perception that being poor, feeling depressed or physically weak, and lacking self-confidence are non-normative. In contrast, television advertisements, such as Senator Bob Dole's disclosure of erectile dysfunction or Mike Wallace's public presentations about his experiences with depression, can begin to change perceptions of the normativeness of mental and physical health problems.

Although varieties of descriptive, injunctive, and cohesive norms link masculinity ideologies to help-seeking transactions, not all norms are salient for all men at all times. Below we consider several basic social psychological processes that may moderate the effect of masculinity norms in potential help-seeking contexts and may account for why help-seeking behavior can vary within men and across situations.

Is the Problem a Central Part of Me?

Several analogue and experimental studies (cited in Nadler, 1990; Wills & DePaulo, 1991) have indicated that people are least likely to seek help when a problem is perceived as ego central. Ego-central problems are those that are perceived to reflect an important quality about oneself (e.g., intelligence if one is an academic, physical strength if one is an athlete). What individual men perceive as central to the self is a function of both dominant masculinity norms (i.e., gender socialization) and the way masculinity is constructed in specific help-seeking contexts. Variability in men's help seeking is thus a function of both between-person variation in the norms to which individual men conform and within-person variation in the ways men may "do" masculinity when life problems arise. For example, a man who generally conforms to the norm of emotional stoicism is likely to feel that seeking help for depression is a threat to his self-esteem. However, if the same man is unable to solve the problem on his own, he may choose to see a counselor and characterize his choice as one of taking control or not letting the problem beat him. In doing so, he simultaneously supports the norm of emotional control while seeking help and constructing masculinity as a competition with one's emotional self.

The ego centrality of a problem may also vary from situation to situation. Experiencing panic attacks at work, for example, may be perceived as a serious threat to a man's self-esteem if the attacks interfere with his ability to provide for his family and if he sees the provider role as central to his identity. The perceived ego centrality of an anxiety disorder may also be a function of the way a man constructs masculinity in his social context. For example, a married man who relies solely on his wife for emotional and tangible support, rather than seeking professional help or sharing his problems with friends, can be seen as both constrained by gender socialization and actively supporting the construction of women as men's caregivers.

Will I Have the Opportunity to Reciprocate?

Men may be more likely to look for help when they perceive an opportunity to reciprocate (Greenberg & Westcott, 1983; Wills, 1992). In addition, problems perceived as non-normative may be viewed as providing less opportunity for reciprocity. For example, if a man assumed that just about everyone could use help repairing their homes after a flood, he would be likely to ask for help with his own repairs, both because he perceives the problem as normative and because he is assured of the opportunity to reciprocate with similar help (see Twohey, 1998, for a description of men's responses to the flooding of the Red River in North Dakota). However, if a man feels depressed, views depression as non-normative, and does not feel able to reciprocate with help to others who are depressed, he may be less likely to seek help. Accordingly, it makes sense that men's groups often place reciprocity in help giving as a centerpiece of therapeutic work (Andronico, 1996). From a constructionist perspective, requiring reciprocity in helping transactions also can be seen as a way of preserving status both by avoiding indebtedness and by marking oneself as a strong and competent man.

How Will Others React if I Seek Help?

Men may experience barriers to seeking help from health professionals when they perceive other men in their social networks as disparaging the process. This is especially so if (a) other men are perceived as unanimous in their attitudes, (b) a large number of men express similar attitudes, (c) men see themselves as quite similar to the members of their reference groups, and (d) the members of men's reference groups are important to them (e.g., Ajzen & Fishbein, 1980; Asch, 1955, 1956; Boyanowsky, Allen, Bragg, & Lepinski, 1981; Gerard, Wilhelmy, & Conolley, 1968; Gorenflo & Crano, 1989; Morris & Miller, 1975). The interactions among variations in each of these group characteristics make it clear how men's help seeking can be both influenced by common masculinity norms and highly variable in different contexts. Consider a man contemplating seeking help for his depression. The majority of men with whom he works have never mentioned the problem and regularly make statements about the importance of staying strong, being one's own man, not letting things get to one, and so on. If this were the man's only social network, it is likely that he would keep his depression to himself and not seek professional help. However, if he also belonged to a large church group in which men were encouraged to share problems with friends, family members, and the clergy, he might be more likely to seek help. In this context, help seeking is facilitated by normalizing both problems in living and the act of seeking help.

What Can I Lose if I Ask for Help?

Feminist and social constructionist theorists have emphasized how the masculinity norms of self-reliance and the avoidance of dependence help maintain men's access to power and control. Reactance theory suggests one proximal mechanism through which the motivation to avoid loss of

control may militate against seeking professional help (Brehm, 1966; see Fisher, Nadler, & Witcher-Alagna, 1982). The theory posits that a negative psychological state following an event perceived to threaten a person's freedom or autonomy leads that person to engage in behaviors that restore a sense of freedom. Visiting a physician, for example, involves sacrificing control in a number of ways, which may include having to wait when the doctor is running late, following directions for a physical exam, and allowing oneself to undergo medical procedures. Reactance may also account for why some men become less likely to seek help the more they are encouraged to by people who are close to them: By complying with a request to get professional help, a man may experience a loss of control over the decision-making process. Efforts to retain control by avoiding professional help also establish masculinity as the preservation of autonomy at considerable cost (e.g., the idea that a real man helps himself). As with other basic social psychological mechanisms, it is again clear how variations in the context of help seeking both moderate the influence of gender norms and potentiate the active construction of masculinity.

In summary, we have considered a range of basic social psychological processes that may influence how a man responds in potential help-seeking contexts. These processes both potentiate the social construction of masculinity and moderate the influence of gendered norms surrounding help seeking. If we return now to the question of who is likely to seek what sort of help for what sort of problem under what conditions, the available theory and research suggest the following: A man is least likely to seek help for problems that he sees as unusual, especially when he also perceives them as central to his identity. He is also unlikely to seek help if groups of men who are important to him endorse norms of self-reliance or other norms that suggest his problem is non-normative. Finally, help seeking is less likely to the degree that a man calculates that rejection from an important social group, as well as his view of himself as deviant, are costs too great to risk in relation to the help he might receive. This is especially true if he feels he will sacrifice his autonomy by seeking help.

Future Directions

Although analogue studies have documented relationships between help seeking and several of the social psychological processes described above, the generalizability of these findings needs to be tested. One obvious next step is to examine processes affecting adherence to dominant masculinity norms and their relation to help seeking for actual problems in living. For example, are perceptions of the normality and ego centrality of specific problems, such as anxiety or depression, related to actual help-seeking behavior? A contextual perspective also suggests the importance of studying how others react to men's help-seeking behavior. Because violating norms often leads to negative social consequences, it seems reasonable to expect that others in men's personal and professional environments play a role in shaping the way men respond to mental and physical

health problems (Tudiver & Talbot, 1999; Verbrugge, 1984; Wisch & Mahalik, 1999).

Although correlational research can account for individual differences in help seeking and gender-related social psychological processes, experimental work can test whether altering these same processes produces changes in resistance to help seeking. For example, does providing epidemiological or case study information about the normality of a problem affect willingness to seek professional help? Across all strategies for normalizing problems and decreasing stigma, informational rather than confrontational strategies should elicit less reactance and may be more likely to lead men to consider the advantages of seeking help from professionals.

Questions about the social construction of masculinity in potential help-seeking situations are probably best explored with interpretive methodologies. Of particular interest are the ways in which men create and support the meanings of masculinity when they experience problems in living. For example, a recent television commercial for a widely marketed medication for erectile dysfunction manages to both support and challenge traditional constructions of masculinity in ways that may reduce resistance to help seeking. As the commercial begins, a famous professional baseball player makes a series of spectacular plays. He then looks at the camera and says that he takes batting practice, fielding practice, and the medication. As the commercial ends, he encourages viewers to "step up to the plate" and call their doctors. The masculine taboo of acknowledging sexual difficulties is subverted by equating help seeking with the courage to tackle a problem; in effect, viewers are challenged to be "man enough" to seek help. Analyses of the accounts that individual men offer about their reasons for seeking or not seeking professional help also are likely to reveal multiple different constructions of masculinity.

From an applied perspective, a contextual approach suggests that processes capable of reducing the influence of restrictive masculinity norms may increase men's willingness to seek and receive help. For example, given the positive effect of opportunities for reciprocity on willingness to seek and receive help, it is not surprising that clinical observations of men's therapy groups emphasize the importance of individual men sharing their expertise in coping with problems (e.g., Andronico, 1996; Brooks, 1998). For example, Kiselica (2001) described a group for teenage fathers in which part of the work entails brainstorming ways to handle common problems that arise in the context of new fatherhood.

Any strategy that increases the perception of normativeness for particular problems should be effective in facilitating help seeking. Public service announcements, magazine advertisements, and psychoeducation in employee assistance, educational, and religious contexts may help challenge perceptions that problems in living are uncommon for men. Famous men associated with traditionally masculine qualities who have sought help for emotional difficulties can be used as examples of adaptive help seeking. At the same time, it is critical to raise awareness about specific masculinity norms that may be maladaptive

(Brooks, 1998; Courtenay, 2000; Helgeson, 1995). Professional helpers also need to be made aware of obstacles to men's help seeking and should be trained to effectively address these dynamics in their work with men. Finally, there is a strong need to create alternative, nontraditional forums that reduce blows to men's self-esteem by changing the context of help seeking. Internet discussion groups, life-coaching workshops, and other creative strategies need to be developed and tested (Chang, Yeh, & Krumboltz, 2001; Robertson, 2001).

Conclusion

There is little doubt that traditional helping services are underutilized by many men experiencing a wide range of problems in living. It is also likely that a variety of masculinity ideologies, norms, and gender roles play a part in discouraging men's help seeking. Yet psychologists' ability to understand and work with the considerable variation in men's behavior remains limited. Although social scientists from other disciplines have begun to explore the highly variable ways gender emerges in different contexts, for psychologists masculinity remains largely reified as an internal individual-difference variable, a variable shaped by cultural norms and ideologies certainly but exerting its influence largely through the personalities of individual men. Men's difficulty with accessing health services is thus attributed to a mismatch between available services and traditional masculine roles emphasizing self-reliance, emotional control, and power. This interpretation leaves only two options: Change individual men to fit the services, or change the services to fit the "average" man. Both approaches rely on generalizations about men and masculinity and have difficulty accounting for variability between and within men, as well as across situations. Alternatively, we argue that men's help seeking is best understood as a function of the way both the socialization and the social construction of masculinity transact with the social psychology of giving and receiving help. Such an approach focuses psychologists' attention on the rich variability between and within different men as they seek or do not seek help for a range of problems in living.

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