

Spring 2017

# Belief in Feminine Stereotypes and Help-Seeking Behaviors Among La Salle Students

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## Recommended Citation

Everett, Christina, "Belief in Feminine Stereotypes and Help-Seeking Behaviors Among La Salle Students" (2017). *HON499 projects*. 21.

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Belief in Feminine Stereotypes and Help-Seeking Behaviors Among La Salle Students

Christina Everett

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### **Abstract**

About one in five adults in the United States experiences mental illness every year. However, only 41% of adults with mental illness received mental health services during the year 2014. When people do not seek help for mental illness, they can face consequences such as poor quality of life, social isolation, and suicide. Previous research suggests that belief in masculine gender stereotypes may be related to negative views of seeking help for emotional distress. The aim of the current study was to determine whether belief in feminine stereotypes may be related to help-seeking behaviors, and whether participant gender may be a moderator of this relationship. This study was correlational and participants included 64 La Salle students (15 males; 49 females). Participants responded to an online survey, containing the General Help-Seeking Questionnaire (GHSQ), the Femininity Ideology Scale (FIS), and questions regarding their demographic information. Men scored higher than women on the GHSQ, which measures help-seeking behaviors, and lower on the FIS, which measures belief in feminine stereotypes. There was a significant correlation between belief in feminine stereotypes and help-seeking behaviors, and men were more likely to seek help from medical sources such as doctors and helplines in particular.

### **Belief in Feminine Stereotypes and Help-Seeking Behaviors Among La Salle Students**

According to the National Alliance on Mental Illness (2017), about one in five adults in the United States experiences mental illness every year. However, only 41% of adults with mental illness received mental health services during the year 2014 (National Alliance on Mental Illness, 2017). When people do not seek help, they can face consequences such as poor quality of life, social isolation, and even suicide (O'Connor, Martin, Weeks, & Ong, 2014). There are several factors that can be related to negative attitudes towards help-seeking, including stigma, lack of resources, lack of knowledge about mental health, and belief in gender stereotypes (Henderson, Evans-Lacko, & Thornicroft, 2013; Wade et al., 2015; Ward & Besson, 2013; Yousaf, Popat, & Hunter, 2015). While most of these factors appear to generalize across genders and cultures, belief in traditional gender stereotypes correlates with negative attitudes towards help-seeking for men in particular (Farrimond, 2012; Greenland, Scourfield, Maxwell, Prior, & Scourfield, 2009; Lindsey & Marcell, 2012; Yousaf et al., 2015). For this reason, studying the relationship between gender stereotypes and help-seeking behaviors will contribute to an understanding of what steps should be taken in order to encourage individuals experiencing emotional distress to seek the help they need.

### **Attitudes towards Help-Seeking**

Attitudes towards help-seeking can refer to an individual's perceptions of other people who choose to ask for help (Anstiss & Lyons, 2014; Gough, 2016; MacGeorge, 2003). For example, an individual who seeks help may be seen as weak and inauthentic or as responsible and strong (Anstiss & Lyons, 2014; Farrimond, 2012, Gough, 2016; MacGeorge, 2003). Attitudes towards help-seeking can also refer to an individual's willingness to seek help for themselves (Farrimond, 2012; Talebi, Matheson, & Anisman, 2016; Topkaya, 2014; Yousaf et al., 2015). In this case, willingness to seek help may be related to factors, such as perceived

stigma or whether the individual sees the act of seeking help as a form of taking control or a form of giving up control to someone else (Farrimond, 2012; Greenland et al., 2009).

### **Perception of Others Who Seek Help**

In a study by Gough (2016), researchers examined ways that men understand their own depression and respond to other men with depression. These researchers found online discussion forums dealing with depression, and narrowed the results to posts made by men. They analyzed 676 threads, and found that men who had been professionally diagnosed with depression were more likely to receive supportive responses than men who were self-diagnosed. In this case, authenticity, or how believable it is that someone really has depression, may be the most important factor in determining how much support a person receives when they ask for help. If someone has been professionally diagnosed, other people are less likely to judge them for asking for help or advice (Gough, 2016).

### **Willingness to Seek Help**

In one study, 17 Aboriginal men in Australia cited risks involved in disclosing problems, difficulty recognizing mental health issues, and reluctance to contact services as the most prevalent barriers to seeking help (Isaacs, Maybery, & Gruis, 2013). Similarly, in a cross-sectional study, researchers aimed to identify predictors and moderators of mental health help-seeking (O'Connor et al., 2014). For this study, 180 participants from a university in Sydney, Australia responded to multiple surveys, pertaining to their personality, knowledge about mental health, social support systems, and intentions to seek help (O'Connor et al., 2014). Extraversion, perceived benefits of seeking help, perceived barriers to seeking help, and social support were found to correlate with help-seeking behaviors, and perceived benefits of seeking help were found to be more important than perceived barriers in predicting help-seeking behaviors. This indicates that if people believe they will receive ample benefits when they seek help, they will be more willing to do so (O'Connor et al.,

2014). As long as the benefits outweigh the costs, seeking help is still a reasonable option, meaning that the benefits involved in seeking help for emotional distress should be emphasized in medical practices and mental health campaigns.

A study by Ward & Besson (2013) explored African American men's beliefs about mental illness, stigma, and barriers to help-seeking through in-person, semi-structured interviews. Participants in this study believed that mental illness is a chronic condition, and that help-seeking for mental illness is important. These participants stated that the most prominent barriers to seeking help for them were lack of health insurance, lack of available resources, and fear of misdiagnosis. They did not perceive any stigma associated with mental illness or help-seeking and would encourage others to seek help if they were asked for advice about an emotional concern. Culture must be taken into account when considering potential barriers to help-seeking, because what is the most important barrier for one group of people may not even be considered a problem for another group of people. While in some cases, lack of resources contributes to an unwillingness to seek help, cultural and family values may also be contributing factors.

In one study, researchers attempted to determine whether Korean cultural values or generation may be related to help-seeking behaviors for a sample of 228 first and second-generation Korean American college students (Gloria, Castellanos, Park, & Kim, 2008). Participants in this study filled out surveys regarding their adherence to Asian cultural values, the level to which their cultural values correspond with university values, perceptions of the university environment, and attitudes towards seeking psychological help. Female participants were less likely to adhere to traditional Asian values than male participants and were also more likely to have positive attitudes towards help-seeking (Gloria et al., 2008). This shows that not only can cultural values be related to help-seeking attitudes, but that gender can also be related to differing help-seeking attitudes.

Researchers conducted another study to determine how gender identity and stigma relate to transgender individuals' beliefs about help-seeking (Wagner, Kunkel, Asbury, & Soto, 2016). Seventeen transgender individuals participated in qualitative interviews pertaining to individual, interpersonal, and institutional stigma and how that stigma relates to healthcare (Wagner et al., 2016). These participants discussed fear and oppression as main factors that prevented them from seeking help. Their negative attitudes towards help-seeking stemmed from viewing their situations in the context of all of the anti-trans discrimination in society. This suggests that not only can gender be associated with an unwillingness to seek help, but gender identities outside of the gender binary of man and woman, can be associated with this unwillingness as well. Unfortunately, the stigma surrounding mental illness can be worsened when combined with the stigma surrounding gender and gender identity (Talebi et al., 2016; Topkaya, 2014; Wagner et al., 2016).

A study by Topkaya (2014) explored how gender, self-stigma, and public stigma are associated with attitudes towards psychological help-seeking. This was a correlational survey study, with 218 female participants and 95 male participants. The participants filled out demographic data forms, along with the Self-Stigma of Seeking Help Scale, the Social Stigma for Receiving Psychological Help Scale, and the Attitudes toward Seeking Professional Psychological Help Scale. Results of this study suggest that self-stigma was a significant predictor of attitudes towards psychological help-seeking, but public stigma was not. Male participants tended to have higher levels of self-stigma and more negative attitudes towards help-seeking than female participants (Topkaya, 2014). Male participants also experienced slightly more public stigma than female participants. Increased levels of self-stigma and public stigma for male participants may be related to gender stereotypes, as is further demonstrated in a study by Talebi, Matheson, and Anisman (2016).

A study by Talebi et al. (2016) examined how severity of symptoms, social support, lack of support, and coping strategies may relate to self-stigma and other-stigma for psychological help-seeking. For this study, 229 female and 99 male college freshmen responded to an online survey, which included questions about depressive symptoms, stigma, social support, negative social interactions, and coping styles. While female participants perceived higher levels of social support from peers than male participants, male participants reported higher levels of self-stigma and other-stigma in regards to psychological help-seeking (Talebi et al., 2016). Like in the study by Topkaya (2014), this study suggests that men may suffer higher levels of stigma as a result of gender stereotypes.

### **Gender Stereotypes**

Gender stereotypes are publicly shared beliefs about what characteristics and actions are appropriate for men and women (Harris & Lucas, 1976). Generally, men are viewed as the norm, while women are viewed in terms of how they relate to the typical man (Harris & Lucas, 1976). While men are thought to be ideal in the cognitive domain, women are thought to be best in the affective, or emotional domain (Harris & Lucas, 1976). Men are expected to act in masculine ways, while women are expected to act in feminine ways. Some masculine stereotypes may include being aggressive, independent, dominant, logical, unemotional, and not being easily hurt (Harris & Lucas, 1976). Some feminine stereotypes may include being easily hurt, submissive, dependent, unable to hide emotions, unable to make decisions, and illogical (Harris & Lucas, 1976).

A study by Harris and Lucas (1976) explored perceptions of what makes a healthy man, a healthy woman, or a healthy person. Participants in this study were given a scale with two poles, one masculine and one feminine, and 82 traits. They were divided into three groups and either asked to mark where a healthy adult man would fall, where a healthy adult woman would fall, or where a healthy adult would fall. Female participants rated a healthy

woman as closer to the masculine pole than male participants did, but there was no significant difference between the male and female participants' ratings of a healthy man (Harris & Lucas, 1976). These results suggest that women may be less likely to believe in feminine gender stereotypes than men, or that feminine stereotypes may be seen as less desirable and healthy than masculine stereotypes.

A study by Haines, Deaux, and Lofaro (2016) aimed to see whether gender stereotypes have changed over time and to what extent they still exist today. These researchers compared data collected in the 1980's to data collected today, and the studies included required participants to rate the likelihood that a man or woman would have certain gendered characteristics, such as traits, behaviors, occupations, and physical characteristics (Haines, Deaux, & Lofaro, 2016). This comparison showed that people still perceive extensive differences between men and women. While most gender stereotypes have remained consistent over time, stereotypes regarding female gender roles have actually increased (Haines et al., 2016). This indicates that gender stereotypes are still a problem and may contribute to people's beliefs about what traits they should have and how they should act. If this is the case, then women are still expected to be emotional and dependent on others, meaning that it is more acceptable for them to ask for help than it is for men, who are still expected to be independent and unemotional (Harris & Lucas, 1976).

Another study explored how men and women would assign gender to anonymous users on the computer, based on the content of their messages (Spottswood, Walther, Holmstrom, & Ellison, 2013). Participants in this study, 170 women and 68 men, viewed online conversations where "users" had male, female, or ambiguous usernames. The messages were offered in response to the initial poster, who expressed a problem, and were either high person centered or low person centered, which refers to how much the responder acknowledged the poster's feelings (Spottswood et al., 2013). Researchers in this study asked

participants to attribute a gender to the anonymous usernames and rate how much they liked the responses provided by the various users. When the messages were high person centered, participants attributed a female gender, and when they were low person centered, participants attributed a male gender (Spottswood et al., 2013). In addition, women preferred high person centered responses, while men preferred high person centered responses from male and ambiguous users more than they did from female users. These results suggest that women are expected to be empathetic and in touch with emotions, while men are not. Men may also prefer social support from other men, because they believe that other men are more likely to understand them and provide relevant support.

### **Gender Stereotypes and Attitudes towards Help-Seeking**

In some cases, belief in traditional gender stereotypes can relate to people's attitudes towards help-seeking (Anstiss & Lyons, 2014; DeLenardo & Terrion, 2014; MacGeorge, 2003; Yousaf et al., 2015). The more that people believe in gender stereotypes, the more likely they are to expect others to behave in ways that adhere to those stereotypes (DeLenardo & Terrion, 2014; MacGeorge, 2003). When people do not adhere to the stereotypes for their gender, however, they can be judged harshly by family members, friends, and even medical professionals (Anstiss & Lyons, 2014; DeLenardo & Terrion, 2014; MacGeorge, 2003). For this reason, higher belief in gender stereotypes can be associated with an unwillingness to seek help, especially when asking for help is not considered acceptable for someone of the help-seeker's gender (Yousaf et al., 2015).

### **Perception of Others Who Seek Help**

A study by MacGeorge (2003) aimed to determine whether gender correlates with participants' attributions of responsibility and effort in support-seeking scenarios, or with the ways in which participants reacted to those scenarios emotionally. For this study, 488 male and 723 female undergraduate students answered questionnaires about hypothetical support-

seeking scenarios. When providing participants with scenarios, the researchers asked them to imagine that a male or female friend was approaching them for the same problem (MacGeorge, 2003). Participants then filled out questionnaires pertaining to their emotional response to the scenario, how responsible they felt their “friend” was for the hypothetical situation, and how much effort they felt their “friend” had put in to solving the problem. The results of this study found that male participants were more likely to attribute greater responsibility to male support-seekers whom they felt had not taken the necessary steps to resolve their problems. When the support-seekers appeared to be responsible for their own problems, male participants were more likely to feel anger in response to the male support-seekers than in response to the female support-seekers (MacGeorge, 2003). Although both male and female participants made the same judgments about the level of effort that the support-seekers made, male participants’ levels of anger and sympathy in response were more likely to be influenced by the hypothetical support-seekers’ effort levels (MacGeorge, 2003). These results indicate that men may face greater expectations than women when it comes to solving problems on their own. In addition, women may not only be more patient with friends of any gender who are seeking support, but they may also be met with more patience when they are seeking support for themselves.

Another study, by Anstiss and Lyons (2014), aimed to examine how men were responded to in the advice columns of men’s magazines, based on their adherence to gender stereotypes. These researchers examined advice column interactions in eight issues of *Men’s Health* and *For Him Magazine*. They used discourse analysis to examine how the writers of each letter viewed themselves and how they presented themselves to others. When the men asking for advice presented themselves in masculine ways, as independent or stoic, they received supportive responses from the advice columnists (Anstiss & Lyons, 2014). When they presented themselves in feminine ways, as emotional or dependent, however, they were

often met with sarcasm and ridicule (Anstiss & Lyons, 2014). This shows that men can be judged negatively if their behavior does not adhere to traditional masculine norms, even when they are seeking help from professionals who are supposed to be supportive.

A study by DeLenardo and Terrion (2014), sought to examine varsity football players' attitudes towards mental health and help-seeking. The researchers in this study interviewed eight male football players at an Ontario university, asking them about their experiences playing football, their interactions with teammates and coaches, and the role that football plays in their lives. The researchers then asked the participants to respond to an article about a football player's experience with mental illness, and to a video of a famous football player who was asking men to speak openly about their problems. The football players' responses each included themes of stigma and masculinity or toughness. Participants believed that there was a public stigma that mental illness was a reflection of weak character (DeLenardo & Terrion, 2014). Participants also stated that if they had a mental illness themselves, they would be afraid of their teammates finding out, because they felt that they would be labeled as "weak" or as a "sissy." The participants claimed that they would try to be supportive if a teammate came to them about having a mental illness, but admitted that their level of support would depend on their teammate's athletic ability, trustworthiness, and reliability. According to these results, men are expected to be tough, which makes going to others for support extremely difficult. Also, the level of support a man receives from a teammate would depend on his skill and usefulness to others (DeLenardo & Terrion, 2014). If a man needs to ask for help, he may be expected to have exceptional qualities and abilities in order to excuse what could be perceived by others as a "weakness." Since perceptions of men who ask for help can be so harsh, men may be more reluctant to ask for help when they need it.

### **Willingness to Seek Help**

A study by Lindsey and Marcell (2012) explored the perceptions of help-seeking for mental health among a sample of twenty-seven African-American men. Participants in this study, each recruited from community-based organizations, took part in four focus groups, in which moderators led discussions about masculinity and sources of help. Three main themes were found throughout the focus groups, including taking care of issues by oneself, problems engaging potential sources of help, and tipping points. Participants believed there were more mental health resources in the community for women than for men, and they often tried to solve problems on their own, rather than asking for help (Lindsey & Marcell, 2012). They did not think asking for help would be perceived as being “weak,” however, they did note that in order to be a man in their community, they must be strong, take care of themselves and their families, and be successful. While some participants waited for “tipping points,” such as negative life events, before they asked for help, others tried to forget their problems or waited until someone else noticed that they needed help instead of asking themselves (Lindsey & Marcell, 2012). These findings suggest that men may formulate their understandings of what it means to be masculine based on the views of other community members. If people in the community rely heavily on traditional norms to determine what makes a person masculine, then men are likely to believe that they need to think and act in ways that are consistent with those norms in order to be “real men.” For example, they may avoid seeking help, because based on the community’s standards, they should not need to seek help.

Another study aimed to examine the relationship between gender, belief in masculine norms, and help-seeking (Yousaf et al., 2015). For this study, 73 men and 51 women responded to two scales, which measured their level of belief in masculine norms and their attitudes toward seeking professional psychological help (Yousaf et al., 2015). According to the results of these scales, men were more likely to believe in male gender norms than

women were, and they also had less favorable views of seeking help than women did. This suggests that gender may be related to people's belief in stereotypes and to the ease with which they can ask for help. Men could have more negative attitudes towards help-seeking when they believe in gender stereotypes than women do, because needing support, especially for emotional concerns, is not consistent with masculine stereotypes. Even so, some studies have found enablers that help men to develop more positive attitudes towards seeking help.

### **Enablers to Help-Seeking**

One study aimed to examine precursors to distress disclosure in 129 male and 200 female participants (Greenland et al., 2009). The participants in this study completed questionnaires pertaining to their awareness of their own thoughts and feelings, the quality of their social support system, their level of belief that they have control over their lives, the presence of risks and utilities to disclosure, and their gender identity. Greater awareness of one's own thoughts and feelings, social support systems, and femininity were all associated with higher levels of distress disclosure (Greenland et al., 2009). Shame and stigma, however, were associated with lower levels of distress disclosure. In addition, higher levels of femininity were related to increased distress disclosure in young men, while higher levels of social support were related to increased distress disclosure in young women (Greenland et al., 2009). This suggests that femininity may be an enabler for help-seeking in men. In other words, if men are less masculine, they will have more positive attitudes towards help-seeking and will be more likely to seek help if they need it.

A study by Farrimond (2012) examined men's masculinity and help-seeking behaviors. In this study, fourteen men of higher socioeconomic status participated in episodic interviews, where they were asked to tell stories about times in their lives related to health, illness, and help-seeking. They also provided their opinions on gender and help-seeking, both in reference to other men and in reference to themselves. Participants believed that other men

were likely to avoid seeking help for their health in order to appear strong and masculine (Farrimond, 2012). In reference to themselves, however, the men stated that they often seek help for medical problems and referred to help-seeking as a method of being responsible and taking action. In a similar study, 38 men with depression participated in interviews about their experiences with help-seeking (Johnson, Oliffe, Kelly, Galdas, & Ogrodniczuk, 2012). This study also found that men were more likely to seek help when they framed it as a responsible action or a method of taking control of their lives (Johnson et al., 2012). The results of these studies indicate that less belief in masculine stereotypes, higher levels of femininity, and framing help-seeking in a masculine way could all be help-seeking enablers for men.

### **Conclusion**

According to prior research, people tend to avoid seeking help due to factors such as stigma, lack of knowledge about mental health, lack of resources, and cultural values (Gloria et al., 2008; Henderson et al., 2013; Topkaya, 2014; Ward & Besson, 2013). Regardless of these factors, though, men tend to be more reluctant to seeking help than women (Gloria et al., 2008; Talebi et al., 2016; Topkaya, 2014; Yousaf et al., 2015). Not only are men less likely to seek help for themselves than women are, but they are also more likely to judge other people harshly for seeking help (MacGeorge, 2003; Yousaf et al., 2015). Men's aversion to help-seeking may have to do with gender stereotypes, which state that men should be independent and unemotional (Harris & Lucas, 1976). In addition, men appear to be more likely to believe in gender stereotypes than women, and increased belief in stereotypes tends to be associated with more negative attitudes towards help-seeking (Yousaf et al., 2015). By extension, then, when men are more feminine or frame help-seeking in a masculine way, they are more likely to have positive views of others who seek help and are more likely to seek help for themselves (Farrimond, 2012; Greenland et al., 2009; Johnson et al., 2012).

## **Limitations**

While multiple studies have examined the relationship between gender and help-seeking, many only included male participants (Anstiss & Lyons, 2014; Farrimond, 2012; Gough, 2016; Johnson et al., 2012). While these studies can provide insight on the attitudes and behaviors of men, they do not address how those attitudes and behaviors may be similar to or different from those found in women. Only one prior study, by Yousaf et al. (2015), has specifically considered the relationship between belief in gender stereotypes and help-seeking for both male and female participants. Even in the case of this study, though, the questionnaires included only focused on belief in masculine stereotypes, while neglecting feminine stereotypes (Yousaf et al., 2015). In addition, this study examines the participants' attitudes towards professional psychological help-seeking in particular, rather than a broader form of help-seeking, which could include getting support from family or friends.

## **The Current Study**

The current study examined whether there is a relationship between belief in feminine stereotypes and help-seeking behaviors, and whether gender is a moderator of this relationship. Help-seeking behaviors in this study referred to participants' previous experiences with seeking help and their current intentions to seek help from various professional and personal sources. Help-seeking behaviors were measured with the General Help-Seeking Questionnaire (Wilson, C. J., Deane, F. P., Ciarrochi, J. V., & Rickwood, D., 2005). Belief in feminine stereotypes in this study referred to the level to which participants think a woman must be traditionally feminine in her personality and actions. Belief in feminine stereotypes was measured with the Femininity Ideology Scale (Lehman, 2000). This study hypothesized that: (1) there is no relationship between belief in feminine stereotypes and attitudes towards help-seeking for emotional distress until gender is taken into account, (2) gender is a moderator of the relationship between belief in feminine stereotypes and

attitudes towards help-seeking, (3) there will be a negative correlation between the variables for men and a positive correlation between the variables for women, and (4) the relationship between variables will be stronger for men than it is for women.

## **Method**

### **Participants**

There were 64 participants (15 male and 49 female) who took part in this study. Participants were students at La Salle University with the ability to read, write, and understand English. Participants were between the ages of 18 and 30 (62 were between the ages of 18 and 24 and only 2 were between the ages of 25 and 30). Regarding race and ethnicity, 45 participants identified themselves as White, 8 identified themselves as Latino/Latina, 5 were Asian or Asian-American, 4 were African-American, and 2 identified themselves as two races or more. This study used convenience sampling, and participants were recruited through their university email addresses and through posts to closed, university-related Facebook groups.

### **Measures**

**Demographic information.** Participants responded to demographic questions regarding their gender, age, and race.

**General Help-Seeking Questionnaire (GHSQ).** The GHSQ (Wilson et al., 2005) measures how likely it is that participants would seek help from various sources if they were experiencing an emotional problem. Participants rated the likelihood that they would seek help from each source, such as a parent, friend, professor, or counselor. Ratings were made on a seven-point Likert-type scale, with one being “extremely unlikely” and seven being “extremely likely.”

**The Femininity Ideology Scale (FIS).** The FIS (Lehman, 2000) asks participants to respond to 45 stereotypical statements about women. Participants rated how much they agree

with each statement, on a seven-point Likert scale for this study in particular, with one being “strongly disagree” and seven being “strongly agree.” The statements included in this questionnaire fell under five categories, including stereotypic images and activities, dependency/deference, purity, caretaking, and emotionality. Based on previous research, the Cronbach’s alpha for the FIS total score was .92 and ranged from .76 to .85 for each of the five subscales (Levant, R. F., Richmond, K., Cook, S, House, A., & Aupont, M., 2007).

### **Procedure**

After IRB approval was obtained, participants were recruited through their university email addresses and through posts to closed, university-related Facebook groups. In order to participate in the online survey, participants were required to read an informed consent form and indicate that they read and understood the consent form and agree to participate. The informed consent form indicated that participants would be asked to fill out a survey about their help-seeking habits and their views on femininity. Participants were informed that the survey was voluntary and anonymous, and would take between 10 and 15 minutes to complete. The informed consent form warned participants that some survey questions may cause slight emotional discomfort, and provided them with the contact information for resources such as the Student Counseling Center and Lifeline, a 24-hour phone hotline. Participants were informed that they would receive no compensation for their participation in this study, but that their participation may be of benefit to the field of psychology. Participants accessed the survey through an anonymous link, and their responses were kept on the researchers’ password-protected computers. Although 75 participants took part in this survey, only 64 participants’ responses were used for analysis. 11 participants did not complete the study, and their responses were omitted.

## Results

On the GHSQ, participants' scores ranged from 1.56 to 7.00, with a mean of 3.87 ( $SD = .99$ ). Overall, men scored higher ( $M = 3.92, SD = 1.11$ ) on the GHSQ than women ( $M = 3.85, SD = .96$ ),  $t(62) = .22, p = .48$ , indicating that they are more likely to seek help for emotional distress. On the FIS, participants' scores ranged from 1.00 to 4.04, with a mean of 2.01 ( $SD = .78$ ). Men scored lower on the FIS ( $M = 1.90, SD = .71$ ) than women ( $M = 2.05, SD = .81$ ),  $t(62) = -.63, p = .31$ , suggesting that men are less likely to believe in feminine stereotypes. These results may be complicated by the low number of male participants. According to a factor analysis, the five subscales of the FIS (stereotypic images and activities, dependency/deference, purity, caretaking, and emotionality) all loaded on the same factor, so the Total Traditional Score was used for a simple regression analysis.

There was a significant positive correlation between belief in feminine stereotypes and help-seeking behaviors (Pearson's  $r = .43, p < .01$ ), which does not support the original hypothesis that there is no relationship between the variables until researchers control for gender. The hypothesis that the relationship between belief in feminine stereotypes and help-seeking behaviors is stronger for men (Pearson's  $r = .58, p < .05$ ) than it is for women (Pearson's  $r = .39, p < .01$ ) was supported. According to a simple regression analysis, belief in feminine stereotypes accounted for about 18% of the variance in help-seeking behaviors ( $F = 13.54, R = .43, R^2 = .18$ ). For men, belief in feminine stereotypes accounted for about 34% of the variance ( $F = 6.59, R = .58, R^2 = .34$ ), and for women it accounted for about 15% of the variance in help-seeking behaviors ( $F = 8.05, R = .39, R^2 = .15$ ).

Adding the interaction between gender and belief in feminine stereotypes did not change the nature of the relationship between belief in feminine stereotypes and help-seeking behaviors overall, which does not support the first hypothesis that gender is a moderator of this relationship. A factor analysis of the GHSQ loaded sources of help onto three factors:

Family and Friends (friend, partner, parent, relative), Guidance (minister, mental health professional), and Medical (doctor, helpline). No correlation was found between belief in feminine stereotypes and the Family and Friends factor, or between belief in feminine stereotypes and the Guidance factor. However, there was a significant positive correlation between belief in feminine stereotypes and seeking help from the Medical factor. Gender acted as a moderator of the relationship between belief in feminine stereotypes and help-seeking from sources on the Medical factor, meaning the nature of the relationship was different for men ( $F = 7.53, p = .001, R^2 = .20$ ) than it was for women ( $F = 4.36, p = .041, R^2 = .25$ ). This partially supports the hypotheses, because gender was a moderator of the relationship between belief in feminine stereotypes and willingness to seek Medical help. However, gender was not a moderator of the relationship between belief in feminine stereotypes and willingness to seek help from the Family and Friends factor or Guidance factor. In addition, the results indicated that the correlation between feminine stereotypes and help-seeking is positive for both men and women, but it was hypothesized that the correlation would be positive for women and negative for men.

### **Discussion**

The results of this study suggest that the more people believe in feminine stereotypes, the more likely they are to seek help for emotional distress. While men are more likely to seek help for emotional distress than women, however, they are less likely to believe in feminine stereotypes. Since previous research (Yousaf et al., 2015) has found that men may be more likely to believe in masculine stereotypes, and this study finds that women may be more likely to believe in feminine stereotypes, it is possible that people have a stronger connection with what is expected of their gender. It may be more likely that people are socialized into believing stereotypes about themselves than into believing stereotypes about other people. That being said, men in this study were more likely to seek help than women,

which goes against gender stereotypes that men should be strong and independent and women should be dependent and emotional (Harris & Lucas, 1976; Spottswood et al., 2013). This trend may be a result of people attempting to break free of stereotypes and act in ways that are not expected for someone of their gender. For example, women may try harder to solve their problems on their own and appear strong, while men may try harder to communicate and be in touch with their emotions.

Since belief in feminine stereotypes is correlated with help-seeking behaviors for both men and women, this may suggest that there is something about the personalities of people who believe in feminine stereotypes that enables them to seek help more than those who do not believe in feminine stereotypes. It appears that men may be more likely than women to seek help from Medical sources, such as doctors and helplines in particular. This suggests that men may be more inclined to seek help than women when they have a severe problem, or that men may be more likely to go directly to a professional source of help while women may be more likely to go to a personal source first, before going to a professional.

Some limitations to consider in this study are the low number of male participants and the online nature of participation. Future research should include higher numbers of male participants, and the amount of male and female participants in each study should be closer, in order to properly test for moderation effects. It may be beneficial to conduct similar studies in person to avoid rushed responses, or to conduct qualitative interviews to gain a better understanding of why people seek help from certain sources in specific situations. Future research could also examine personality traits and other factors that may affect people's help-seeking behaviors, in addition to level of belief in gender stereotypes.

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