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Strengths Versus Deficits: The Impact of Gender Role Conflict and Counseling Approach on the Appeal of Therapy for Men

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STRENGTHS VERSUS DEFICITS: THE IMPACT OF GENDER ROLE CONFLICT

AND COUNSELING APPROACH ON THE APPEAL OF THERAPY FOR MEN

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Current trends from the fields of mental health, criminal justice, and sociology

suggest that despite men's significant mental health problems (i.e. Moscick, 1995; Sue,

Sue, & Sue, 2003; Greenfield & Snell, 1999; Follman, Aronsen, & Pan, 2013), they are

much more reluctant to seek mental health help than women (Addis & Mahalik, 2003;

Olfson & Marcus, 2010). Sociologists and psychologists have suggested that this

disparity in help seeking can be largely explained by a cultural mismatch between the

context of masculinity and the context of psychotherapy. Psychologists have called for a

paradigm shift in the way clinical services are rendered to men, and have suggested that

approaches informed by a positive psychology perspective may be appealing to men (i.e.

Brooks, 2010; Kiselica, 2011; Kiselica & Englar-Carlson, 2010). The current study was

inspired by this call, and was designed to explore men's reactions to three different

therapeutic approaches (cognitive, emotion-focused, & positive). Brief video vignettes

exemplifying the approaches were developed, validated, and shown to male participants

from large and small universities in the Midwest and Southeast U.S. in this randomized

control design. A k-groups ANOVA, correlational analysis, and ANCOVA were used to

determine what effect masculine gender role conflict and counseling approach had on

help seeking attitudes, counselor social influence, expectations about counseling, and

hope for counseling. Results indicated no significant relationships between counseling

approach and help seeking attitudes, counselor social influence, expectations about counseling, or hope for counseling. However, it was found that certain patterns of gender role conflict were significantly negatively related to help seeking attitudes, and aspects of counselor social influence and expectations about counseling. Implications, future directions, and limitations of the study are discussed.

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INTRODUCTION

A growing number of researchers and scholars are calling for the development of "male-friendly psychotherapy" models (Brooks, 2011; Pollack & Levant, 1998). They have pointed out that a mismatch appears to exist between the culture of masculinity and the culture of traditional psychotherapy (Good, Thomson, & Brathwaite, 2005). Traditional psychotherapy, which takes a problem-focus and emphasizes emotional expression, vulnerability, and psychological-mindedness, appears at odds with masculine ideology, which emphasizes emotional stoicism, toughness, and self-reliance (Betz & Fitzgerald, 1993; Mahalik, Good, & Englar-Carlson, 2003; Pollack & Levant, 1998). Men's lower rates of psychological help seeking (Olfson & Marcus, 2010) and lack of personal commitment in psychotherapy (Brooks, 2011; Schaub & Williams, 2007; Shay, 1996) have been hypothesized to be one result of this apparent mismatch (Brooks, 2011; Kiselica & Englar-Carlson, 2010). In contrast to traditional psychotherapy, a counseling approach informed by positive psychology may be more congruent with masculine ideology (Blundo, 2010; Kiselica, 2011). The current analogue study will test whether a positive psychology approach is more appealing to men than an emotion-focused or cognitive approach.

There is growing consensus among psychologists and men's studies experts that we are currently in a "crisis of masculinity" (e.g. Brooks, 2011; Pollack & Levant, 1998; Silverberg, 1986). Alarming trends have been reported suggesting men's high rates of intrapersonal and interpersonal problems. For example, men commit suicide at four times the rate of women (Moscicki, 1995), abuse alcohol and other drugs at least twice as much

as women (Sue, Sue, & Sue, 2003), and commit 86% of all violent crimes (Greenfield & Snell, 1999). It is also clear that many men experience depression. Although women have been diagnosed with depression at twice the rate of men, this may be the result of healthcare providers missing a "male-specific" manifestation of depression (Cochran, 2005; Real, 1997). Men have been found to have greater difficulty recognizing their emotional problems (Dickstein, Stephenson, & Hinz, 1990; Gim, Atkinson, & Whitely, 1990; Carpenter & Addis, 2000), and have fewer relationships characterized by deep emotional connection compared to women (Wood, 1994). Men are also more likely than women to become anxious or dysfunctional when situations call for emotional intimacy without sexuality (Brooks, 1995).

A great deal of research has linked masculine gender role conflict (GRC) to problems in men's lives. Masculine GRC has been defined as "a psychological state in which socialized gender roles have negative consequences for the person or others" (O'Neil, 2008, p. 362). It is comprised of four patterns: restricted emotionality (RE); success, power, and competition (SPC); restricted affectionate behavior between men (RABBM); and conflicts between work and family relations (CBWFR). On an intrapersonal level, masculine GRC is experienced as "the negative consequences of conforming to, deviating from, or violating the gender role norms of masculine ideology" (O'Neil, 2008, p. 363). This definition captures the difficult double-bind situation all too common for men in which negative consequences to behavior become inevitable – engaging in them is unhealthy but resisting them is considered taboo. For example, a man may experience GRC when he resists prescribed masculine behavior (being demoralized for backing away from a fight) or when he engages in it (being injured or arrested due to

fighting). In his review of 232 studies assessing masculine GRC research over 25 years,

O'Neil (2008) reported a positive correlation between masculine GRC and depression (24

of 27 studies) and with anxiety (12 of 15 studies). Masculine GRC was also found to

negatively correlate with self-esteem (11 of 13 studies). These findings constitute

substantial evidence that traditional masculinity is associated with psychological distress

for men.

Masculine GRC appears to influence men's attitudes toward seeking help. It is

well established that men seek psychological help at rates well below women (Addis &

Mahalik, 2003; Olfson & Marcus, 2010) and several researchers have demonstrated that

GRC is negatively related to help-seeking attitudes (Good & Wood, 1995; Blazina &

Watkins, 1996; Mansfield, Addis, & Courtney, 2005; Mendoza & Cummings, 2001). For

example, Blazina & Watkins (1996) found that GRC accounted for 15.6% of the variance

on the Attitudes Toward Seeking Professional Psychological Help Scale (ASPPH, Fisher

& Turner, 1970), and that higher GRC predicted more negative attitudes toward seeking

help. Moreover, negative attitudes toward seeking help are among the more robust

predictors of treatment avoidance and premature termination (Clarkin & Levy, 2004).

Additionally, masculine GRC has been linked to treatment fearfulness (Stevens &

Englar-Carlson, 2006), lower willingness to participate in career counseling (Rochlen &

O'Brien, 2002), and lower perception of treatment helpfulness (Cusack, Deane, Wilson,

& Ciarrochi, 2006).

Even those men who actually seek psychological help may find it more difficult

to engage in treatment due to their negative attitudes toward help seeking behavior in the

first place. For example, evidence suggests that men are more likely to enter counseling

with a skeptical attitude and to participate half-heartedly (Brooks, 2010; Shay, 1996). Men who experience high levels of GRC demonstrate lower expectations for positive outcomes, hold lower levels of responsibility and personal commitment in therapy, and expect higher levels of expertness and directiveness from clinicians (Schaub & Williams, 2007; Tinsely, Workman, & Kass, 1980). If and when men come to therapy it is important for counselors to consider these expectations and attitudes, and to take an approach that is acceptable for both the counselor and the client (Brooks, 2011).

      Despite men's reluctance, various modes of psychotherapy can be effective in helping men including cognitive-behavioral (Beck, Rush, Shaw, & Emery, 1979; Wisch, et al., 1995), interpersonal (Klerman, Weissman, Rounsaville, & Chevron, 1984), behavioral (Lewinsohn & Gotlib, 1995), integrative behavioral-couples (Christensen, Jacobson, & Babcock, 1995), and group (Kelly, Murphy, Bahr, Kalichman, Morgan, Stevenson, Koob, Brasfield, & Bernstein, 1993). Psychotherapy outcome studies of the treatment of depression have indicated positive results for men. In a large NIMH study on the treatment of depression, cognitive-behavioral and interpersonal therapies were found to be as effective as a proven drug treatment for depression. The gender of the subject was not a significant predictor of outcome (Elkin, Shea, Watkins, Imber, Sotsky, Collins, Glass, Pilkonis, Leber, Docherty, Fiester, & Perloff, 1989). The scientific evidence for the psychological treatment of men is taken together to suggests that psychotherapy can be an effective treatment for men's mental health problems. However, psychotherapy cannot be helpful if men avoid it.

Psychotherapy As Unappealing: The Context of Masculine Socialization

In order to better understand the context of masculine ideology, the following section discusses masculine gender socialization in greater detail. As mentioned earlier, there is growing consensus that traditional masculinity and traditional psychotherapy don't mix well (Brooks, 2011; Good, Thomson, & Brathwaite, 2005; Kiselica & Englar-Carlson, 2010; Pollack & Levant, 1998). From this perspective men's help seeking can be experienced as shameful and culturally incongruent (Kiselica, Englar-Carlson, Horne, & Fisher, 2008). Mainstream Western masculine ideology, or "cultural masculinity" is defined as "a script that prescribes for men certain ways to think, feel, and behave as a male" (Meth, 1990, p. 4) and "the pressure [for men] to behave and experience the self in ways that the culture defines as sex-appropriate" (Kilmartin, 2005, p. 95).

While sex and gender are clearly related, they refer to two distinct concepts. Sex is based on biology (i.e. male and female) whereas gender is psychological, social, and cultural in nature. One is born with a sex, whereas gender is learned through experience. Gender is often mistaken as inextricable from sex, and is viewed as biologically driven. However, in contrast to this essentialist view of gender (the view that there exists a true, core, "essential" masculinity and femininity), the current study defines cultural masculinity as learned – indeed, that it is socially constructed. Social-Cognitive Theory (Bandura, 1986; Bussey & Bandura, 1999) explains that this learning takes place through a process of reinforcement and punishment, cognitive representation, and interaction with one's environment. Parents, teachers, peers, social institutions, and popular media all provide models of masculinity. According to Social-Cognitive Theory boys and men (as well as girls and women) learn first-hand and vicariously, through differential

reinforcement and punishment, what is expected of boys and men in order to conform to cultural masculinity.

Social scientists have examined and described cultural masculinity in the Western world for several decades. Brannon (1976) provided a conceptualization, the "blueprint for manhood," that laid out four main tenets of the culturally idealized, dominant masculinity, or what Kimmel (2009) called the "guycode." "No Sissy Stuff" has been considered the principal tenet, the one of which the others are elaborations (Kimmel, 2009). It is meant to describe the proscription of any behavior or experience of oneself resembling the feminine. "No sissy stuff" places a moratorium on any behavior or internal experience resembling anything feminine (i.e. emotional expression, interdependence). "Be the big wheel" refers to the expectation for competitive posturing, interpersonal and occupational dominance, and the quest for status and respect. "Be the sturdy oak" refers to the expectation for invulnerability, to remain calm and unshaken in the face of threat, and to demonstrate confidence and fearlessness. "Give 'em hell" captures the expectation that men seek out risk, adventure, and violence.

Looking at the history of psychotherapy further amplifies the mismatch between cultural masculinity and traditional psychotherapy. As Pollack and Levant (1998) note, "traditional psychological therapies were historically designed by *male* doctors in order to treat *female* patients" (p. 3). The preferred interpersonal styles and processes of many culturally masculine men are not favored by traditional psychotherapy, such as male ways of relating, men's use of humor, and male ways of caring (Kiselica & Englar-Carlson, 2010). Current trends also support the view that psychotherapy is "a woman's thing," as women are the dominant consumers of self-help books and media (Blackmon,

2004). Further evidence of this view can be seen in women outnumbering men as clients of psychotherapy and the increasing numbers of women therapists (Brooks, 2011).

It is assumed that a treatment approach tailored to an individual's unique context and culture is more effective than one that is not (i.e. Griner & Smith, 2006; Benish, Quintana, & Wampold, 2011). If therapists do not tailor their approaches to account for men's GRC, it is assumed that men will be less engaged and more likely to prematurely terminate from treatment. Rather than attending therapy sessions that are a poor fit for them, men experiencing high levels of GRC are more likely to deny that they have a problem and attempt to deal with it alone (Brooks, 2011). It is therefore critical to use therapeutic approaches that appeal to men, especially higher gender role conflicted men, in order to maximize the appeal of psychotherapy. Traditional psychotherapy has been criticized for relying too heavily on modes of therapy that do not take cultural masculinity into account, and many authors have called for the development of "male friendly" therapies to be tested and put into practice (Brooks, 2011; Good & Brooks, 2005; Kiselica & Englar-Carlson, 2010; Pollack & Levant, 1998; Rabinowitz & Cochran, 2002).

Male-Friendly Psychotherapy: A Strength-Based, Positive Psychology Approach

The following is a brief theoretical overview of a strength-based perspective to counseling, as well as a brief introduction to the emerging field of positive psychology and its theoretical application to counseling. For the purposes of the current study, the terms "strength-based approach" and "positive psychology approach" are used interchangeably. It is important to note that the "positive psychology" video vignette developed for the current study (described in greater detail in chapter 3 & in Appendix A)

represents a general theoretical stance that is *informed by* general tenets of a positive psychology perspective. For the purposes of the current study and the review of literature below, no distinction is made between strength-based and positive psychology approaches. Although several manualized treatment models that fall under the umbrella of positive psychological models of therapy have been developed and tested (i.e. Frisch, 2006; Rashid, 2008; Smith, 2006; Wong, 2006), the current study is focused on a broader, more general use of the term "positive psychology approach" and is not limited to any particular treatment approach.

Researchers and scholars within the area of masculinity and men's studies have made many valuable and timely contributions that have helped to name, identify, and describe toxic aspects of masculinity. However, from the perspective of positive psychology, exploring problems and shortcomings is only one aspect of the therapeutic venture. Specifically, positive psychology is concerned with what is good, positive, and right with people (Snyder, Lopez, Pedrotti, 2010; Seligman, Rashid, & Parks, 2006). Those who apply tenets of positive psychology to their clinical work ascribe to a strengths orientation and are committed to the goals of flourishing, achieving happiness, meaning, and purpose, and identifying and building upon one's strengths while managing weaknesses (Magyar-Moe, 2009). Instead of only focusing on fixing problems, positive psychology takes a balanced look at negatives and positives, identifying and cultivating character strengths and virtues, and broadening and building upon positive emotions (Fredrickson, 2001; Magyar-Moe, 2009). Whenever a solely deficit-focus is taken, opportunities for improvement and engagement are missed. For example, it has been demonstrated that identifying client strengths and tailoring treatment to these strengths

improves acceptance of therapy (Conoley, Padula, Payton, & Daniels, 1994; Scheel, Seaman, Roach, Mullin, & Blackwell Mahoney, 1999).

Fortunately, the field of counseling psychology has long recognized the importance of a strength perspective (Gelso & Fretz, 2001). The use of a strength-based perspective is thought to prevent problems, promote human growth, and maximize human potential (Gelso & Woodhouse, 2003; Gelso & Fretz, 2001). The act of experiencing positive emotions appears to have the effect of freeing up cognitive capacity in order to generate more options. For example, Isen, Daubman, & Nowicki (1987) found that experiencing mild positive emotions helps individuals come up with solutions to their problems. Clearly, there are benefits to building upon what is good, rather than only focusing on fixing what is bad.

While a positive approach appears efficacious with many types of clients (Linley & Joseph, 2004; Snyder & Lopez, 2002, 2007), some authors are beginning to point out the particular ways this approach may be applied for use with men and boys. Viewing work with men as a form of multicultural practice, Blundo (2010) has advocated for the use of client strengths from the perspective of cultural masculinity. He argues that by recognizing the potential strengths inherent in cultural masculinity – such as men's capacity to address challenges – therapists are better able to build a solid working alliance and to facilitate change and growth. Blundo (2010) adds that this approach would also have the effect of avoiding shaming men, by not dwelling on negative emotions, shortcomings, problems, or failures. In order to join with men and build a strong therapeutic alliance, Kiselica and Englar-Carlson (2010) also advocated for a strength-based approach with men. They state that this is an ideal way to build upon existing male

strengths and to "replace the counterproductive male beliefs and behaviors that are characteristic of constricted forms of masculinity" (p. 284).

Working within the system of cultural masculinity means seeing a client within their unique context and adapting treatment to maximize personal relevancy for the client. This strategy has demonstrated increased engagement in psychotherapy and is associated with more positive outcomes (Griner & Smith, 2006; Benish, Quintana, & Wampold, 2011). A strength-based approach emphasizes existing areas of competence, what clients are doing well, character strengths clients possess, resources available within and around the client, and positive and adaptive behavior producing positive outcomes. With its high premium on similar domains, cultural masculinity appears to run somewhat parallel to a strengths-based, positive psychology perspective in ways that may be helpful for treatment.

However an approach that emphasizes an emotion focus from the outset of psychotherapy, in which emotional experiences are identified and explored, is likely to violate cultural values for many men. Wisch, Mahalik, Hayes, & Nutt (1995) provided empirical support suggesting that higher gender-role-conflicted men preferred cognitive therapy to emotion-focused therapy. In an analogue study, male participants viewed 10-minute clips of mock-therapy sessions depicting male clients and counselors working within either a cognitive or an emotion-focused framework. They found that participants who experienced less gender role conflict were equally positive about emotion-focused and cognition-focused treatment, whereas men who reported high levels of gender role conflict preferred cognitive treatment. The researchers concluded that the violation of cultural masculinity was behind men's reported unwillingness to engage in this type of

psychotherapy. It is assumed that an emotion-focused approach would fulfill the negative stereotypes culturally masculine men hold about psychotherapy. By contrast, a strength-based/positive psychology approach is assumed to be an approach that culturally masculine men would find more acceptable.

Taking a strength-based, positive psychology approach also demonstrates to clients a therapist's ability and willingness to see the grey, to avoid taking sides, blaming, and demoralizing. This can be accomplished through activities such as exception finding, encouragement, using client context, positive reframes, and balancing strengths and problems. For a culturally masculine man who may be expecting the worst from therapy, such therapeutic interventions may represent a pleasant surprise. They communicate that the therapist can see and focus on some of their strengths and is capable of taking a balanced approach in their work. Therefore, beginning psychotherapy with a strength-based approach is hypothesized to be more comfortable, culturally congruent, and appealing to men and will lead to continued engagement. A therapist may begin therapy by emphasizing a man's strengths, and then use the "bridging" technique (Lazarus, 1989) to move into a different stage of therapy with an emotion focus.

Purpose of the Current Study and Research Hypotheses

The current study will test whether a strength-based/positive psychology approach to psychotherapy is more appealing to men than either a cognitive or emotion-focused counseling approach. The current study builds from Wisch, et al. (1995) in that it is an analogue study examining men's attitudes toward help seeking, yet it is distinct from Wisch et al. (1995) in two ways. First, the current study incorporates a positive psychology approach. Wisch et al. (1995) tested men's help seeking attitudes for two

deficit-based approaches. While the men in their study showed more positive help seeking attitudes associated with the cognitive approach, this approach is still deficit oriented because it focuses on negative cognitions and thinking errors. Rather than focusing on what is wrong with clients, the positive psychology approach focuses on what is right in clients' lives. Second, the current study will measure not only help seeking attitudes, but also the social influence of the counselor, expectations about counseling, and hope for counseling. Wisch, et al. (1995) used only an overall scale score from a single instrument to measure one variable related to men and counseling.

Data collection took place totally online. Participants were recruited from introductory undergraduate psychology and educational psychology courses and asked to complete the masculine gender role conflict scale (GRCS; O'Neil, et al., 1986). This includes four subscales measuring its concomitant components: Restrictive emotionality (RE), success, power, and competition (SPC), restricted affectionate behavior between men (RABBM), and conflicts between work and family relations (CBWFR). Participants will then be randomly assigned to one of the three treatment conditions: emotion-focused/experiential, cognitive, or strength-based/positive psychology (these will be discussed in greater detail in Ch. 2).

Participants will be instructed to watch a video clip of psychotherapy, and to adopt the role of client and respond to questionnaires. The 5-minute video will begin with a male therapist describing his therapeutic approach (either emotion-focused/experiential, cognitive, or strength-based/positive psychology). Next, the male client will describe his reason for coming to counseling, which will be the same in all videos. The therapist will then engage in therapeutic interventions consistent with their professed approach. Finally,

participants will complete a demographic questionnaire and additional measures related to the appeal of psychotherapy. In order to provide a robust indication of the appeal of therapy for men, "appeal" in the current study will consist of four dimensions: 1) attitudes toward therapy, 2) hope for counseling, 3), personal commitment to therapy, and 4) the perceived social influence of the therapist.

It is assumed that a strength-based/positive psychology approach is more congruent with the context of cultural masculinity than an emotion-focused/experiential approach. The current study makes several hypotheses to this regard.

H1a: It is expected that men will have significantly more positive help-seeking attitudes (as measured by the Attitudes Toward Seeking Professional Psychological Help Scale; ATSPPHS) in the positive psychology condition than in either the cognitive or emotion-focused conditions.

H1b: It is expected that men will give more positive ratings of the social influence of the counselor (as measured by the Counselor Rating Form – Short Form; CRF-S) in the positive psychology condition than in either the cognitive or emotion-focused conditions.

H1c: It is expected that men will have greater hope for counseling (as measured by the Hope for Counseling Questionnaire; HCQ) in the positive psychology condition than in either the cognitive or emotion-focused conditions.

H2a: It is expected that gender role conflict (as measured by the Gender Role Conflict Scale; GRCS) and help-seeking attitudes (as measured by the Attitudes Toward Seeking Professional Psychological Help Scale; ATSPPHS) will demonstrate a significant negative correlation.

H2b: It is expected that gender role conflict (as measured by the Gender Role Conflict Scale; GRCS) and personal commitment to counseling (as measured by the Personal Commitment factor of the Expectations About Counseling Brief Form; EAC-B) will demonstrate a significant negative correlation.

H2c: It is expected that gender role conflict and counselor social influence (as measured by the Counselor Rating Form – Short Form; CRF-S) will demonstrate a significant negative correlation.

H3a: It is expected that help-seeking attitudes (as measured by the Attitudes Toward Seeking Professional Psychological Help Scales; ATSPPHS) will co-vary significantly with gender role conflict (as measured by the Gender Role Conflict Scale; GRCS) in the positive psychology condition.

H3b: It is expected that counselor social influence (as measured by the Attitudes Toward Seeking Professional Psychological Help; ATSPPHS) will co-vary significantly with gender role conflict (as measured by the Gender Role Conflict Scale; GRCS) in the positive psychology condition.

CHAPTER II

REVIEW OF RELEVANT LITERATURE

As the field of psychology increasingly embraces a focus on multicultural perspectives, clinicians and researchers have come to understand gender to be a vitally important factor that shapes one's worldview (Addis & Mahalik, 2003; Brooks, 2010; Schaub & Williams, 2007). The ways in which gender shapes men's experiences have been increasingly expounded in the literature (Brooks, 2010; Stevens & Englar-Carlson, 2006). As previously discussed, a major line of programmatic research in the area of men and masculinity has focused on the psychological construct of masculine gender role conflict (GRC; O'Neil, 1982). It is undoubtedly one of the most widely used constructs for conceptualizing and measuring the manifestation of masculine ideology in men's lives (see O'Neil, 2008). It has been defined as a "psychological state in which socialized gender roles have negative consequences on the person or others" (O'Neil, Good, & Holmes, 1995, p. 166). It is believed that this conflict can be a hindrance to men's fulfillment of their full human potentials as they attempt to live up to a prescribed version of masculinity that may not always be adaptive (Schaub and Williams, 2007). Theory and research relevant to GRC will be discussed in greater detail below.

Numerous researchers and clinicians have alluded to the difficulty of delivering counseling in ways that match with masculine gender role norms (Addis & Mahalik, 2003; Blundo, 2010; Brooks, 2010; Good & Brooks, 2005; Kiselica, 2011; Pollack & Levant, 1998; Shay, 1996). Research on GRC and the counseling process generally indicates that higher levels of GRC are associated with greater barriers to counseling, such as poorer attitudes toward psychological help seeking (Blazina & Watkins, 1996;

Good & Wood, 1995), less realistic expectations about counseling (Segalla, 1995; Shaub & Williams, 2007), and lower ratings of the social influence of the counselor (McKelley & Rochlen, 2010). Analogue studies comparing different therapeutic approaches have shown that more traditional men may prefer a more directive style (Rochlen & O'Brien, 2002), a focus on cognition as opposed to emotion (Rochlen, Land, & Wong, 2004; Wisch, et al., 1995), and may prefer to use "executive coaching" as opposed to "psychotherapy" (McKelley & Rochlen, 2010). Some clinicians and researchers have also recently suggested that positive psychology approaches may be particularly poised to be helpful with men (Blundo, 2010; Hammer & Good, 2010; Kiselica, 2010). They have argued that such a focus runs somewhat parallel to current masculine gender roles in that emphasis is placed on competencies, strengths, talents, and the positive aspects of one's functioning. A detailed discussion of the research surrounding GRC and counseling, as well as positive psychology approaches with men, is provided below as a backdrop to the current study.

Gender Role Conflict Theory

O'Neil, Good, and Holmes (1995) and O'Neil (2008) have described the theoretical underpinnings and functioning of GRC in great detail. They describe that GRC is a complex phenomenon involving four psychological domains, numerous situational contexts, and three personal experiences. The totality of these domains, situations, and experiences are said to manifest in the four "patterns" of GRC described briefly in chapter one (i.e. RE, RABBM, SPC, & CBFWR). In terms of GRC, the current study is focused on the measurement and analysis of these four patterns. Indeed, the utility of the GRC construct is that it involves four behaviorally observable (measurable)

domains, which are included in the GRCS (O'Neil, et al., 1982). The current study hypothesizes that GRCS scores will covary significantly with several dependent measures related to men's preferences for therapy. Therefore, a brief discussion of GRC theory is warranted.

O'Neil (2008) states that the stimulus for GRC theory was Joseph Pleck's (1981) gender role strain paradigm. Pleck (1981) stated that gender roles are defined by gender role stereotypes, are contradictory and inconsistent, and are violated by many people. He hypothesized that violating the prescriptions of gender roles, specifically those set by masculine ideology, can lead to social condemnation and negative evaluations by others. According to O'Neil (2008), the negative outcome of adhering to or deviating from culturally defined masculine ideology is by definition the experience of GRC. Pleck (1995) later expanded upon gender role strain by described three subtypes: discrepancy strain, trauma strain, and dysfunction strain. Discrepancy strain suggests that gender role stereotypes exist and that individuals attempt to conform to them (O'Neil, 2008). Pleck (1995) hypothesized that "not conforming to these standards has negative consequences for self-esteem and other negative outcomes reflecting psychological well-being because of negative social feedback as well as internalized negative self judgments" (p. 13). Trauma strain results from traumatic experiences related to gender role socialization (Pleck, 1995), such as boys' separation from their mothers (Levant, 1995). Dysfunction strain suggests that the fulfillment of gender role norms can also have negative consequences when such norms are not adaptive (Pleck, 1995).

Though the concepts of GRC and gender role strain are intertwined, GRC is operationalized distinctly and ultimately culminates in a model involving the four

measureable patterns of GRC, which will be discussed in detail below. The four patterns have been hypothesized to be the culmination of four psychological domains, numerous situational contexts, and three personal experiences (O'Neil et al., 1986, 1995). The four domains within which GRC occurs include: a) cognitively – how one thinks about gender roles; b) affectively – how one feels about gender roles; c) unconsciously – how gender roles dynamics unconsciously affect behavior and produce conflicts; and d) behaviorally – how gender roles influence our interactions with others and oneself (O'Neil, et al., 1986, 1995). The situational contexts within which GRC may occur have been summarized into the categories of: a) role transitions – GRC caused by entering school, puberty, fatherhood, etc.; b) intrapersonal – the private experience of negative thoughts or feelings about the self; c) interpersonally (expressed toward others) – the devaluing, restricting, or violating of someone else; and d) from others – the negative result of devaluing, restricting, or violation by another due to one's deviation from gender norms (O'Neil, 2008). Finally, the three personal experiences of GRC include: a) devaluation – experienced as negative critiques of self or others and lessening of personal status, stature, or positive regard; b) restrictions – experienced as the confining, controlling, limiting, and decreasing human freedom and potential; and c) violations – being victimized, abused, or caused pain (O'Neil, 2008).

When taken together, the above description of the ways in which GRC manifests and is experienced has been captured, through empirical study, by the four patterns of GRC proposed by O'Neil, et al. (1986). Further support for the four patterns can be found in O'Neil's (2008) meta-analysis of 232 empirical studies conducted over the course of 25 years, which each used the GRCS. The first pattern in the model, RE (restricted

emotionality), is defined as the restriction of awareness and/or expression of one's

emotions. RABBM (restricted affectionate behavior between men) represents the

restriction in expression of one's feelings with other men and difficulty touching other

men. SPC (success, power, and competition) implies a heightened drive for, and valuing

of, success and power through competition. CBWFR (conflict between work and family

relations) represents the conflict arising in the pursuit of a work/life balance, or one's

duties related to career and as well as family life obligations (O'Neil, 2008).

Importance of Masculine Gender Role Conflict in the Current Study

There are two major reasons why masculine GRC is important to the current

study. The first reason is that masculine GRC has been consistently associated with

unhealthy attributes and with a lack of professional psychological help seeking behavior

(Addis & Mahalik, 2003; O'Neil, 2008). Higher GRC (i.e. rigid adherence to masculine

ideology emphasizing emotional stoicism, interpersonal dominance, and power and

control) has been associated with greater violent and aggressive behavior (Locke &

Mahalik, 2005), greater tolerance of sexual harassment (Glomb & Espelage, 2005), and

greater likelihood of avoiding health-promoting behaviors (Mahalik, Lagan, & Morrison,

2006). Evidence also suggests that higher GRC is associated with greater avoidance of

professional psychological help seeking behavior (Addis & Mahalik, 2003), despite a

need for such help. For example, men with higher GRC tend to hold more negative

attitudes toward psychological help seeking (O'Neil, 2008), have more unrealistic

expectations about counseling (Shaub & Williams, 2007), and have more negative views

of treatment helpfulness (Cusack, Deane, Wilson, & Ciarrochi, 2006). These topics will

be discussed in greater detail below. Though the question of whether high GRC causes

men to avoid therapy has not been fully empirically established, the assumption is that the greater a man's GRC, the more hesitant he is to seek professional psychological help.

Men's formal psychological help seeking exists at rates lower than ideal among men with higher GRC (Addis & Mahalik, 2003), and is well below that of women (Addis & Mahalik, 2003; Olfson & Marcus, 2010). While it is acknowledged that men seek help in both formal (i.e. going to the doctor) and informal (i.e. talking to a friend) ways, it is assumed that seeking professional help for one's physical and mental health related concerns is a necessary part of achieving and maintaining one's full human potential. Therefore, GRC is important in the current study because it is a psychological state that appears to hinder men from seeking necessary help. This point is discussed further below.

The second reason GRC is important in the current study has to do with the apparent "mismatch" between traditional psychotherapy, which often takes a deficit focus, and the state of GRC, which emphasizes competence, self-sufficiency, and strength (Blundo, 2010). Most psychotherapy approaches have historically taken a deficit-based approach in that focus is placed on the dysfunction, problem, shortcomings, or negative aspects of a client's life. Theoretically speaking, a man experiencing higher levels of GRC would want to avoid acknowledging, talking about, and focusing on problems. Acknowledging and taking personal ownership of problems may be seen as threatening to a man's identity in such a case (Addis & Mahalik, 2003), considering his striving for high levels of individual competence, strength, self-sufficiency, problem solving, and action. As will be discussed in greater detail below, deficit-based therapy approaches have been hypothesized to be less effective with men adhering to greater masculine ideology (Blundo, 2010; Kiselica & Englar-Carlson, 2010). The current study

assumes that a deficit-focused approach, such as emphasizing a man's "thinking errors" or focusing on his experience of negative emotions, would run counter to such a man's preferred way of being. Focusing on an individual's problems, shortcomings, suffering, or negative emotions would theoretically constitute an incongruent and inappropriate intervention. Hammer and Good (2010) allude to the dangers of this mismatch, and make a compelling argument for the importance of a shift toward the positive by drawing an apt comparison to the psychology of women. They write:

> The deficit model in the psychological study of women historically pathologized women according to an androcentric framework, leading to the unintentional reinforcement of low self-esteem in girls and women (Young-Eisendrath & Wiedemann, 1990). It was only with the acknowledgement of women's strengths, such as emotional expressiveness, that a more holistic and empathetic understanding of women came to the fore. Likewise, focusing only on what is wrong with men may obscure a balanced, data-based understanding of the effects of men's endorsement and/or deviation from traditional masculine norms. This lack of empirical knowledge may limit mental health professionals' ability to knowledgably consult with men about their stances toward societal norms regarding masculinity and the possible implications for their lives. In turn, *this risks perpetuating men's well-known reluctance to seek professional psychological help* (Addis & Mahalik, 2003). (p. 303, italics added)

These authors suggest that only focusing on men's deficits in psychotherapy may influence them to avoid psychological help seeking. Consistent with this reasoning, the current study hypothesizes an interaction between counseling approach and GRC such

that men scoring higher on GRC will show a preference for the strength-based/positive

psychology approach. Further discussion of positive psychology approaches can be found

below.

Gender Role Conflict and Mental Health

As mentioned in chapter one, masculine GRC has been linked to a host of mental

health problems. The above description of the state of GRC illustrates that it can involve

adherence to masculine ideology that is maladaptive, or that does not help an individual

achieve their maximum potential. At its extreme, rigid adherence to masculine ideology

has been referred to as "toxic masculinity" (Kupers, 2005), indicating the high degree at

which it has been hypothesized to interfere in positive functioning. Although positive

aspects of masculinity have been increasingly identified (i.e. Blundo, 2010; Hammer &

Good, 2010; Kiselica & Englar-Carlson, 2010), a consistent link between higher GRC

and negative mental health appears to have been established.

Masculine GRC has been linked to higher overall psychological symptomatology

(Good, Robertson, Fitzgerald, Stevens, & Bartels, 1996; Liu, Rochlen, & Mohr, 2005),

hostility and state and trait anger (Blazina & Watkins, 1996), alexithymia (Berger,

Levant, McMillan, Kelleher, & Sellers, 2005), shame (Thompkins & Rando, 2005), and

increased alcohol use (Blazina & Watkins, 1996; Monk & Ricciardelli, 2003). GRC has

also been extensively associated with men's depression and anxiety. In his review of 25

years of research using the GRCS, O'Neil (2008) reported a positive correlation between

masculine GRC and depression in 24 of the 27 studies investigating these variables.

Similarly, O'Neil (2008) reported a positive correlation between men's anxiety and GRC

in 12 of the 15 studies measuring these variables. GRC is clearly related in some way to these mental health problems.

GRC has been referred to as the opposite of psychological wellbeing because of the significant devaluations, restrictions, and violations hypothesized to occur as a result of restrictive gender roles (O'Neil, et al., 1995). Some evidence exists to support this claim. In one study of college men, greater GRC was found to correlate to poorer psychological wellbeing (Sharpe & Heppner, 1991). A somewhat related variable, self-esteem, has been negatively correlated with GRC. O'Neil (2008) reported that higher GRC correlated with lower self-esteem in 11 of the 13 studies measuring these variables. He explained that men are careful to conceal not feeling good about themselves because this can threaten their image and their power in relationships and at work (O'Neil, 2008). It was also reported that six studies have correlated GRC to men's problematic methods of coping (O'Neil, 2008).

GRC appears to have significant implications for men's mental health. For this reason, it is assumed that GRC is a worthy subject of study in its own right considering its important relationship to men's mental health. It is also assumed that a man experiencing high levels of GRC (and quite possibly mental health problems) may benefit from the activities of psychotherapy. However, as previously discussed, such a man is likely to avoid psychotherapy due to its incongruence with masculine ideology. The relationship between GRC and men's preferences for therapy and the therapeutic process has been the topic of numerous studies, which will be reviewed below.

Gender Role Conflict and Attitudes Toward Seeking Professional Psychological

Help

The work of Wisch, et al. (1995) provided empirical support to suggest that men's help seeking attitudes could vary based on GRC as well as counseling approach. The current study seeks to replicate and expand upon the investigation of Wisch, et al. (1995). These researchers reasoned that different counseling approaches would be more or less congruent within the context of masculine ideology, and that men's attitudes toward seeking professional psychological help would be more favorable when the counseling approach was more congruent with that context. Gender role socialization was assumed to be a major aspect of men's context. To this regard they predicted a significant interaction between GRC and counseling approach. That is, men high in GRC would prefer a cognitive therapy approach, whereas men low in GRC would prefer an emotion-focused therapy approach.

This prediction was based on the reasoning that men high in GRC are socialized away from feeling and expressing emotions (i.e. the RE and RABBM subscales of the GRCS; O'Neil, et al., 1986) and would therefore prefer focusing on cognitions instead. Conversely, they reasoned that men low in GRC might be more adept and comfortable within the realm of emotions and would prefer the emotion-focused approach. Moreover, they reasoned that a mismatch between counseling approach and the context of men's gender would result in that approach being unappealing. Consistent with a gender role socialization paradigm, they also predicted a main effect of GRC – that men low in GRC would show more favorable attitudes toward psychological help seeking regardless of counseling approach.

The researchers conducted a 2 (counseling approach) x 2 (GRC) between-groups experimental study using an analogue methodology. Participants were recruited from psychology and business undergraduate courses at three universities. The 164 volunteer participants were randomly assigned to either the emotion-focused or cognitive-based counseling condition. They completed the GRCS and were subsequently categorized into the "high" or "low" GRC group via a median split technique. Participants then read a brief introductory statement about the counselor's approach. They then watched a 10-minute video clip of a mock-therapy session depicting a male client and male counselor working within either a cognitive or an emotion-focused framework. Immediately following the video they completed a dependent measure, the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS; Fischer & Turner, 1970). Master's level graduate students verified the validity of the two videotapes, rating each on a Likert scale regarding its degree of emotional or cognitive content.

The hypotheses were partially supported. In partial support of the interaction hypothesis, they found that participants who experienced high GRC indeed preferred the cognitive-based approach. Contrary to the interaction hypothesis, it was found that men low in GRC were equally positive about emotion-focused and cognition-focused treatment rather than preferring only the emotion-focused treatment. In support of the main effect hypothesis, they found that low GRC men were more positive about help seeking than high GRC men, regardless of counseling approach. The researchers concluded that the violation of cultural masculinity was likely a major contributor to high GRC men's unwillingness to seek emotion-focused help. Regarding the finding that low GRC men showed no preference for the emotion-focused or cognitive-based approach,

the researchers concluded that lower GRC men might have simply had a more positive attitude toward counseling in general.

In an effort to explore the relationship between GRC and help seeking attitudes and behaviors, Good, Dell, and Mintz (1989) surveyed 401 college men (age $M = 19.3$) regarding their attitudes toward seeking help, attitudes toward the traditional male role, and GRC. The researchers reasoned that men's adherence to traditional masculine ideology would theoretically have the affect of negatively influencing their attitudes toward seeking psychological help. They specifically pointed out the theoretical incongruence between traditional masculine ideology and the GRC patterns of RE, RABBM, and SPC. In order to establish this relationship in their sample of college men, they administered the Attitudes Toward Seeking Professional Psychological Help (ATSPPH; Fisher & Turner, 1970) scale, the Attitudes Toward Men Scale (AMS; measuring attitudes toward men's roles; Iazzo, 1983) and the GRCS (O'Neil, et al., 1986).

Preliminary analyses indicated good reliability for the ATSPPH ($r = .84$) instrument with the researcher's sample of college men. Overall, the results of the study suggested a significant relationship between elements of the male role (GRC) and attitudes toward seeking professional psychological help (Good, Dell, & Mintz, 1989). A multiple regression analysis using the male role variables (GRC & AMS) to predict ATSPPH scores was significant and accounted for 17.6% of the variance in ATSPPH scores. The RE and RABBM subscales of the GRCS were both significant predictors in the model. This indicated that men's restricted emotionality and restricted emotional expression with other men were significant aspects of men's negative attitudes toward

seeking professional psychological help (Good, Dell, & Mintz, 1989). Contrary to theory, the SPC factor was not significantly related to ATSPPH. On the basis of these findings, the researchers suggested the possibility that more traditional men entering therapy may be less comfortable with the therapeutic process, may be more likely to prematurely terminate, and may benefit from specific interventions tailored to traditional males.

In a similar study, Blazina and Watkins (1996) examined the relationship between college men's GRC and psychological wellbeing, substance use, and ATSPPH. Pairwise multiple regression analyses were conducted to examine this relationship. The GRC variables and were found to be significant predictors of ATSPPH. The SPC and RE GRC patterns were found to be significant predictors of ATSPPH, with greater GRC associated with more negative ATSPPH. RE and SPC patterns accounted for 15.6% of the variance in ATSPPH scores. These results indicated that men who scored higher on GRC viewed seeking psychological help more negatively (Blazina & Watkins, 1996). This partially corroborates the findings of Good, et al. (1989). While SPC was not found to be significant by Good et al. (1989), Blazina and Watkins (1996) found this to be the case. From a theoretical perspective these authors discussed that men who experience SPC may struggle with traditional therapy in so far as divulging personal information to the therapist is experienced as a loss of power and a demonstration of weakness.

Good and Wood (1995) also tested the relation between GRC and ATSPPH by using the statistical technique of latent variable modeling. These researchers asked the question of whether male college students with higher GRC were more likely to be depressed and more likely to avoid seeking psychological help (Good & Wood, 1995). Participants completed the GRCS (O'Neil, et al., 1986) and the ATSPPH (Fischer &

Turner, 1970), as well as the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977). Results of the analysis indicated that 25% of the variance in ATSPPH scores was accounted for by GRC (specifically, the so-called "restriction-related" masculine GRC including RE, RABBM, and SPC). Moreover, their model also found that depression had little effect on ATSPPH, but that "achievement related" masculine GRC (SPC & CBWFR) explained 21% of the variance in depression scores. The researchers described this pattern as a state of "double jeopardy" for college men, as the state of GRC was significantly relate to both depressive symptoms and more negative ATSPPH (Good & Wood, 1995).

The current study takes the perspective that one's attitude toward seeking psychological help is an important factor influencing actual help seeking behavior (Addis & Mahalik, 2003). It is assumed that more positive attitudes toward seeking psychological help are associated with increased likelihood of actually doing so, and vice versa. Several studies have demonstrated an indirect relationship between GRC and ATSPPH – higher GRC is associated with more negative ATSPPH, and vice versa. The current study will extend this line of research. Assuming that a positive psychology counseling approach would be more congruent for traditional men, it is predicted that, overall, this approach will be associated with more positive ATSPPH (H1). Consistent with the findings reported above, the current study also predicts that men lower in GRC will report fewer negative ATSPPH, and men higher in GRC will report more negative ATSPPH (H2). Although it is predicted that men higher in GRC will report overall more negative ATSPPH, the current study predicts that these higher GRC men will have more positive ATSPPH in the positive psychology condition (H3).

Gender Role Conflict and Expectations About Counseling

Many researchers have recognized the role of clients' expectations about counseling (EAC) as an important aspect of the counseling process (Bordin, 1955; Heilbrun, 1974; Tinsley & Harris, 1976). They point out that preconceptions that potential clients bring to therapy have a significant impact on the counseling process (Tinsley & Harris, 1976). Empirical and theoretical links exist between client's expectations about counseling and several counseling-related variables (Shaub & Williams, 2007). For example, it was shown that clients in the precontemplative stage of change (who believed change was not necessary) had low expectations for personal commitment (PC) to therapy and had high expectations that the counselor would facilitate an environment conducive to change (Robitschek & Hershberger, 2005). Researchers in the area of men and masculinity have begun to explore the relationship between GRC and men's EAC (Segalla, 1995; Shaub & Williams, 2007). They have reasoned that, because both variables have been shown to have significant ramifications for counseling, it is worthwhile to explore the relation between them (Shaub & Williams, 2007). Segalla (1995) provided preliminary support for the relation between GRC and EAC. It was reported that GRC accounted for a significant percentage of the variance associated with EAB (as well as ATSPPH) among college men.

Schaub and Williams (2007) explored the nature of the relationship between masculine GRC and men's EAC, and how both of these variables affect counseling process and outcomes. The researchers pointed out the importance of delivering counseling that is congruent with current gender role norms. They emphasized the importance of clients' EAC to therapy process and outcome, and hypothesized that men

high in GRC would have less reasonable EAC, as measured by the EAC-B (Tinsely, 1980; 1991). Specifically, their first hypothesis was that men who have trouble expressing emotion and who hesitate to express affection with other men (higher RE and RABBM on the GRCS) would have lower expectations for personal commitment (PC) to therapy and higher expectations for counselor expertise (CE) and facilitative conditions (FC). In other words, they expected more traditional men to be less personally invested in therapy. The researchers' second hypothesis was that men with higher needs for success, power, and competition (SPC) and who also have trouble balancing work and family obligations (CBWFR) would tend to have higher personal commitment (PC) to therapy. Their reasoning for the second hypothesis was that men with higher self-imposed demands for achievement would likely take on a higher level of responsibility and dedication in counseling.

The results generally supported their hypotheses, although unexpected significant relationships were found. The researchers conducted a canonical correlation analysis, which established a relationship between the four GRCS subscales and the three EAC-B subscales. They then conducted a cluster analysis in order to classify men into similar groups based on their EAC-B profiles, and three clusters emerged that were significantly different (based on a one-way MANOVA). As a follow-up, a direct discriminant analysis of the clusters indicated one significant discriminant function accounting for 14% of the variance that included the RABBM and SPC factors. This illustrated a situation in which some men were uncomfortable sharing their emotions with other men, and others were conflicted due to their drive for success and power (Shaub & Williams, 2007).

Consistent with their first hypothesis, RE and RABBM were associated with expectations for lower PC and higher CE in the first canonical root (though FC was nonsignificant). However, contrary to the second hypothesis, SPC was also a significant part of this pattern. Thus, the data in the first canonical root was partially contradictory to the idea that men higher in SPC would have greater PC expectations due to their high drive for success. Support was gained for the second hypothesis that higher SPC and CBWFR would be associated with higher PC by data in the second canonical root. However, somewhat contrary to the first hypothesis, higher CE and FC were also part of the pattern. Thus, the data in the second canonical root was partially contradictory to the first hypothesis in that highly driven men (higher SPC, CBFWR) also expected high CE & FC (not just men high in RE and RABBM).

Overall, these results portrayed a grouping of men who were uncomfortable expressing their emotions or affection with other men, who placed a premium on success and competition, and had high expectations that the counselor would be an expert and low expectations of being personally committed in therapy. It also portrayed a second grouping of men who experienced distress because of work/family balance and the struggle for achievement who expected to be highly personally committed to therapy and who expected the counselor to facilitate a nurturing therapeutic environment and to be an expert. The researchers speculated that in either case less realistic expectations about counseling could result in greater difficulties in the counseling process and poorer overall outcomes (Schaub & Williams, 2007).

The burgeoning area of research investigating GRC and EAC indicates a clear connection between these two variables. Namely, higher GRC appears to be associated

with less realistic EAC (Segalla, 1995; Shaub & Williams, 2007). However, the relation between the specific GRC patterns and the EAC factors seems less clear (Shaub & Williams, 2007) Therefore, the current study makes predictions at the level of overall GRC scores. Although GRC theory is compelling for making hypotheses involving individual GRC patterns and EAC, the current study will be exploratory rather that confirmatory to this regard. It is hypothesized that men lower in GRC will show higher personal commitment to counseling (as measured by PC subscale of EAC-B). It is also hypothesized that men higher in GRC will expect greater counselor expertise and facilitative conditions (CE & FC subscales of EAC-B).

Gender Role Conflict and the Social Influence of the Counselor

For decades researchers and clinicians have considered the role of social influence in the counseling process (Strong, Welsh, Corcoran, & Hoyt, 1992). Strong's (1968) highly influential article entitled "Counseling: An Interpersonal Influence Process" elaborated on the social influence process in counseling. Based on Festinger's (1957) cognitive dissonance theory, Strong (1968) proposed that counselors facilitate client change by motivating them to relieve their cognitive dissonance (Strong, et al., 1992). The quality of the dissonance created in the counseling dyad was said to hinge on the counselor's social influence over the client, which was purported to be evaluated in three main ways: the counselor characteristics of expertness, trustworthiness, and attractiveness (Strong, 1968). An instrument developed in order to measure counselor characteristics related to the theory was the Counselor Rating Form (Barak & LaCrosse, 1975). Although current paradigms within psychology rely less on cognitive dissonance theory (Festinger, 1957) and more on postmodern theories of multiculturalism and social

constructivism (i.e. Kelley, 1955; Neimeyer, 1995; Sue, Bingham, Porche-Burke, & Vasquez, 1999), counselor social influence is still an important aspect of the counseling process. Asking questions, making reflections, test interpretations, self-disclosures, personal feedback, confrontations, and interpretations are all counselor behaviors related to social influence in counseling (Strong, et al., 1992). Indeed, counseling has been conceptualized as an inherently interpersonal encounter, relying on social influence in order to arrive at a state of intersubjectivity between counselor and client (Mitchell, 2000).

The social influence of the counselor has been measured in counseling analogue studies along with measures of masculine ideology (McKelley & Rochlen, 2010; Rochlen, Land, & Wong, 2004; Rochlen & O'Brien, 2002). These studies have measured masculine ideology either with the GRCS (O'Neil, et al, 1986) or the Conformity to Masculine Norms Inventory (Mahalik, Locke, Ludlow, Diemer, Scott, & Gottried, 2003), and assessed participants' views of counselor expertness, attractiveness, and trustworthiness. When considered together, the findings of these studies appear somewhat inconclusive. Rochlen, et al. (2004), whose study is reviewed in greater detail below, included the Counselor Rating Form – Short Form (CRF-S; Corrigan & Schmidt, 1983) in their analogue investigation of different counseling approaches. It was included in a battery of tests meant to evaluate the appeal of different counseling approaches for different types of men (men with varying degrees of conformity to masculine norms). Men classified as having "low" RE did not differ significantly from "high" RE men (as measured with the GRCS; O'Neil, et al., 1986) on the CRF-S (Corrigan & Schmidt, 1983). However, only a total CRF-S score was included in the analysis, and only the RE

pattern of the GRCS was measured, so the results seem somewhat limited. The current study will employ an analysis of all GRCS and CRF-S subscales.

In a similar more recent study, McKelley and Rochlen (2010) acquired different findings. They found that higher CMNI-22 (a 22-item version of the CMNI; Mahalik, Burns, & Syzdek, 2007) scores were significantly negatively correlated with ratings of counselor attractiveness, expertness, and trustworthiness (McKelley & Rochlen, 2010). More traditional men had more negative views of the counselor's social influence. The current study hypothesizes that men with higher GRC will view the counselor's social influence more negatively, which is consistent with findings of Rochlen and McKelley (2010). Moreover, from the perspective of GRC theory, it seems that more traditional men (men with higher GRC) would have more negative views of the counselor as well, as more traditional men appear to dislike therapy globally (O'Neil, 2008). For the same reasons, the current study also hypothesizes that the positive psychology approach will be more congruent with traditional masculine ideology and will therefore be associated with higher CRF-S scores. An interaction between counseling approach and GRC is also expected on the CRF-S such that CRF-S scores will be significantly higher among higher GRC men in the positive psychology condition.

Gender Role Conflict and Men's Counseling Preferences

Numerous researchers and clinicians have raised the question of how best to approach therapy with men in light of masculine ideology and current masculine gender roles (Blundo, 2010; Brooks, 2010; Hammer & Good, 2010; McKelley & Rochlen, 2010; Rochlen, Land, & Wong, 2004; Schaub & Williams, 2007; Shay, 1996; Wisch, et al., 1995). Despite a good deal of theoretical discussion, and hypotheses and suggestions for

treating men, surprisingly few empirical studies have been conducted that directly test men's preferences for therapy (Hammer & Good, 2010). However, a handful of key analogue studies have observed men's reactions to various counseling modalities and approaches (McKelley & Rochlen, 2010; Rochlen, et al., 2004; Rochlen & O'Brien, 2002). The current study is heavily influenced by these studies, and will build upon this line of investigation. It is unique, however, in that it will employ a positive psychology approach as opposed to only testing various deficit-based approaches. The following section will review the research that has examined men's preferences for different (deficit-based) therapeutic approaches and modalities

McKelley & Rochlen (2010) examined the relationship between men's conformity to masculine norms and their preference for psychological helping modality. Specifically, they examined working professional men's attitudes and preferences for psychotherapy or executive coaching. The researchers pointed to the high number of men who report utilizing executive coaching (estimated that 52%-85% of executive coaching clients are men) compared to the number who use psychotherapy. The researchers distinguished executive coaching from psychotherapy stating the perception that coaching is generally based on a more collegial relationship, is generally more directive, and carries a "masculinized" label relative to psychotherapy. The researchers hypothesized that the executive coaching approach would be viewed with less social stigma and with more positive attitudes. They also hypothesized that ratings of the counseling approach and the counselor's social influence would be more positive for executive coaching than for the psychotherapy condition.

The researchers posited that coaching might be more attractive to men for two main reasons. First, they argued that masculine ideology, the result of gender role socialization, discourages psychological help seeking. They explained that some of the proscriptions against men seeking psychological help include concerns about expressing emotions with other men, losing autonomy and control, and experiencing shame about not being able to solve one's problems independently. Second, they suggested that a mismatch exists between the rules of masculinity and the culture of psychotherapy. They pointed out, however, that men vary on their adherence to masculine norms and that some men do seek help for some problems under certain circumstances. Moreover, they illustrated that rates of utilization of executive coaching are greater among men than women.

These researchers made several hypotheses regarding men's reactions to audio vignettes of counseling and executive coaching. First, the researchers hypothesized that men would show more positive attitudes (using the ATSPPHS) toward coaching than toward psychotherapy. This hypothesis was based on the reasoning that some men perceive executive coaching as a "masculinized" form of helping (i.e. directive advising to "improve performance" and be "more successful"). Next, the researchers hypothesized an interaction between conformity to masculine norms (using the Conformity to Masculine Norms Inventory; CMNI-22; Mahalik, Locke, Ludlow, Diemer, Scott, Gottfried, et al., 2003) and helping approach on men's ATSPPHS scores. Specifically, they predicted that more traditional men would show a preference for executive coaching while less traditional men would show no such preference. They reasoned that this pattern was consistent with masculine gender role socialization.

Additionally, the researchers hypothesized that the same pattern would be observed for another measure, the Stigma Scale for Receiving Psychological Help (SSRPH; Komiya, Good, & Sherrod, 2000), and that men both high and low in conformity to masculine norms would rate executive coaching with less stigma.

The audio vignettes included three work related scenarios that were judged by expert raters to be equally plausible for therapy or executive coaching. Participants were given their choice of one of the three scenarios, and by random assignment, heard either a psychotherapy session or executive coaching session related to that scenario. The researchers developed the audio vignettes using a three-step process. First, after developing scripts based on training materials for executive coaching and psychotherapy, the researchers recorded the vignettes. A licensed psychologist and two members of the target audience provided feedback on the recordings. Second, the vignettes were re-recorded to incorporate the feedback making them more realistic. Third, a manipulation check was done to assess the validity of the vignettes. Four experienced psychotherapy practitioners and four experienced executive coaches rated the appropriateness of the vignettes. Analyses indicated no significant differences between the scenarios within each respective approach, and that each was an appropriate depiction of the respective technique.

Results indicated that there were no between-group differences in help seeking attitudes between the experimental groups. Overall, men had similar attitudes toward seeking psychotherapy and executive coaching. The interaction hypothesis that more traditional men would prefer coaching was also not supported. However, partial support

was found for the gender conformity and stigma hypothesis – more traditional men assigned greater stigma to a man seeking help than less traditional men.

Some of the limitations of this study may help to explain the lack of significant hypothesized results. The researchers used a snowball sampling method, the recruiting for which began by emailing the researchers' professional friends and colleagues. The resulting sample of 209 working men reflected a mostly Caucasian (85%), middle-aged ($M = 40$), highly educated (highest educational level: 42% bachelor's degree, 43% post-bachelor's degree), currently married (61%), and relatively wealthy (52% earning a gross annual household income >$100,000 or more; 30% between $50,000 and $99,999) sample. Forty-five percent also reported previous experience with a professional help-seeking relationship. This sample would not generalize well to all working men over age 21. Additionally, the reliability of the CMNI-22 was questionable in this study ($r = .64$). The instrument may not have been a good measure of conformity to masculine norms for these relatively middle-aged men. Previous research has indicated lower levels of conformity to masculine norms with age.

Rochlen and O'Brien (2002) tested men's perceptions of different theoretical approaches to career counseling. Three hundred ten college psychology students (age $M = 19.7$) completed the GRCS (O'Neil, et al., 1986), watched video vignettes of counseling sessions, and provided evaluations of the sessions. One video depicted a person-environment fit approach. This session focused on the importance of matching the client's personal characteristics and values to the climate of the workplace environment. An effort was made for the counselor to explain the meaning of the client's Holland code, identify potential careers for consideration, and explain the meaning of each scale on the

Strong Interest Inventory. The second vignette took a psychodynamic-integrated

approach. It did not use testing materials and was focused on facilitating insights related

to the client's career struggles and larger themes (i.e. commitment issues, decision-

making difficulties, parental pressure).

The researchers conducted a manipulation check in order to establish the valididty

of the videos. This consisted of 20 advanced doctoral students in counseling psychology

viewing the videos and responding to questionnaires about the videos. The questionnaires

were developed by the researchers and included questions about the content of the

sessions (i.e. person-environment fit and psychodynamic-integrative) and the perceived

competence of the therapist. A MANOVA established that the vignettes were

significantly different in content, were adequate depictions of their purported approach,

and that no differences existed in the perceived competence of the counselor (Rochlen &

O'Brien, 2002)

The researchers had hypothesized that higher GRC would be associated with

greater stigma toward career counseling. Partial support for this hypothesis was found,

with RE and RABBM subscales of the GRCS (O'Neil, et al., 1986) positively correlated

to stigma of career counseling (Attitudes Toward Career Counseling Scale; Rochlen,

Mohr, & Hargrove, 1999), though the hypothesized relation between stigma and SPC was

not supported. Contrary to hypotheses, no GRC x Approach interaction emerged, nor was

a main effect for GRC observed. However, there was a main effect of Approach, with the

person-environment fit approach preferred by the men in the study (Rochlen & O'Brien,

2002). Rochlen & O'Brien (2002) pointed out that this approach was more directive, and

involved the counselor as an expert, in contrast to the psychodynamic approach that

involved discussion of emotions. They discussed that men of varying degrees of GRC may prefer an approach to career counseling that is more structured and avoids in-depth discussion of emotions (Rochlen & O'Brien, 2002).

Rochlen, et al. (2004) investigated men's preferences for online versus face-to-face counseling modalities, using an emotion-focused or cognitive approach. The researchers created counseling vignettes, which were validated by 15 counseling psychology doctoral students. The doctoral students were randomly assigned to evaluate one of the four vignettes in the study using the Affective-Cognitive Content in Counseling Scale (Wisch, et al., 1995) and the Counselor Skills Scale (developed by Rochlen, et al., 2004). These measures provided evidence of the significant difference of the two approaches (emotions vs. cognitive) and the general equivalency in competency of the counselors in the vignettes (Rochlen, et al., 2004). One audio vignette involved traditional face-to-face counseling, and took either an emotion or cognition focus. The other vignette was presented to participants as a real-time text dialogue via an online chat (i.e. online chatting). Participants completed a measure of attitudes toward online counseling, demographics questionnaire, and the GRCS (O'Neil, et al., 1986), were exposed to one of the four conditions, and responded to additional questionnaires about the counseling session.

The results indicated no main effects for counseling approach or GRC. This suggested that overall, participants with high and low levels of GRC rated the emotion and cognitive focused approaches roughly equivalently on measures of the counseling approach and counselor characteristics (Rochlen, et al., 2004). However, a significant Modality x GRC interaction emerged, suggesting that men with low RE reported more

favorable reviews of the face-to-face modality than men with high RE (Rochlen, et al., 2004). This may be indicative that men with lower RE feel more comfortable with face-to-face counseling while men higher in RE may feel more comfortable with the online modality (Rochlen & O'Brien, 2004). Rochlen and O'Brien (2004) pointed out that their hypotheses were generally not supported. For example, they found no significant differences between evaluations of the cognitive versus emotion-focused vignettes, regardless of the level of GRC. These findings did not support the results of Wisch, et al. (1995), namely that men may prefer a cognitive focus to an emotion focus. However, the researchers pointed out that their data were somewhat mixed and that further investigation of men's preference for counseling are needed.

The current study builds upon the research in the area of men's preferences for therapy by replicating previous findings, and adding the dimension of the positive psychology approach. The research in the area of men's preferences for counseling generally supports the notion that more traditional men approach therapy more negatively. Consistent with this pattern, the current study hypothesizes a GRC x Approach interaction, such that men with higher GRC will have more positive attitudes toward seeking professional psychological help and rate the social influence of the counselor higher in the positive psychology condition. Wisch, et al. (1995) showed that while low GRC men showed no preference for emotion or cognition focused therapy, more traditional men preferred the cognition-focused approach. They reasoned that the cognition focus was more congruent with men's gender roles. The current study essentially makes the same hypothesis, but with the positive psychology approach rather than the cognitive approach. Consistent with the findings of Rochlen and O'Brien (2002)

and Wisch, et al. (1995), it is assumed that when given the choice between two deficit-based approaches and a strength-based approach, men will endorse the strength-based approach more highly. Also consistent with these findings, a main effect for counseling approach is expected in that men will prefer (i.e. that overall men will have more positive ATSPPH and higher CRF scores) the positive psychology approach. Also, a main effect for GRC is expected such that, regardless of approach, lower GRC men will prefer (i.e. have more positive ATSPPH, more realistic EAC-B, and more higher CRF scores) all counseling approaches compared to high GRC men.

Positive Psychology Approaches with Men

The critical study of the psychology of men in the past decades has provided timely benefits to clinicians about the influence of masculine ideology (Stevens & Englar-Carlson, 2006). The "new psychology of men" consists of collections of theoretical writings and empirical studies about the negative effects of masculine ideology, sexism, homophobia, and the devaluations, restrictions, and violations of self or others characterized by such psychological states as GRC (Kiselica, 2011). This consistent attention has given clinicians the opportunity to think more critically about the role of masculinity in the lives of their male clients, and in the way this masculinity affects the psychotherapeutic treatment process. However, this movement appears to have been largely focused on what is wrong with men and masculinity and the ways in which masculine ideology constricts men. While this is undoubtedly true in some cases, a growing number of researchers have raised the call to examine and promote men's strengths – or what is right with men – and to use them in psychotherapy (Blundo, 2010; Brooks, 2010; Cochran, 2005; Hammer & Good, 2010; Kiselica & Englar-Carlson, 2010;

O'Neil, 2008; Wong & Rochlen, 2008). This section discusses the use of strengths in therapy, the promotion of hope in therapy and the domain-specific hope scale, and theoretical and empirical work related to the use of men's strengths in therapy.

Using clients' strengths in therapy is a notion that has historically been a part of the identity of the field of counseling psychology (Gelso & Fretz, 2001). The prominent psychologist Carl Rogers (1951) held that clients have a natural tendency toward positive growth and flourishing when obstacles are removed, and when the facilitative conditions in the therapeutic setting are met. He believed that when shown unconditional positive regard and genuineness by the therapist, clients' inherent resourcefulness (i.e. strengths) would come to the foreground (Rogers, 1957). More recently, a renewed focus has been placed on the study of positive psychology and human strengths and virtues. Among the central principles of positive psychology are an emphasis on the study of strengths and virtue over disease, weakness, and damage; and a focus on building in people what is right rather than fixing what is wrong (Aspinwall & Staudinger, 2003; Seligman & Csikszentmihalyi, 2000; Snyder & Lopez, 2007).

While the study of human virtue appears worthwhile in its own right (Duckworth, Steen, & Seligman, 2005; Seligman, 2008; Seligman, Rashid, & Parks, 2006), it is believed that the incorporation of strengths into treatment has many benefits as well (Gelso & Woodhouse, 2003; Gelso & Fretz, 2001). The use of client strengths in treatment is viewed as an alternative process to the symptom-driven medical model process involving identification and diagnosis of symptoms in order to form a treatment plan (Lopez, Edwards, Pedrotti, Prosser, LaRue, Spalitto, & Ulven, 2006). Bolstering strengths appears to have the effect of countering disorders, inoculating against future

disorders, and increasing subjective wellbeing (Hammer & Good, 2010). Research has shown that resilient people experience more positive emotions (Tugade & Fredrickson), which then can lead to quicker dissipation of negative emotions (Fredrickson, 1998) and more creative solution-finding (Fredrickson, 2001). Moreover, common factors research (i.e. Rosenzweig, 1936; Wampold, 2010) emphasizes the importance of universal factors underlying all helping relationships, which in part include building hope and client strengths such as courage, fortitude, and responsibility (Seligman, 2002).

Frank & Frank (1991) described what has been called a contextual model of psychotherapy, which is inherently strength-oriented. In contrast to a symptom-driven, medical model (in which symptoms are the focus of treatment), the contextual model emphasizes understanding and treating the whole person given their unique context, culture, and worldview (Frank & Frank, 1991). This contextual model involves four key aspects: a) an emotionally charged and confiding relationship between counselor and client; b) a healing setting; c) a rationale for change that makes sense to the client; d) positive expectations for change from the therapist and client (Frank & Frank, 1991). In an outline of basic principles behind strength-based counseling, Smith (2006) pointed out the assumptions that: a) humans are self-righting organisms who are constantly working to adapt to their environments; b) people are motivated to change during counseling when practitioners focus on their strengths rather than deficits; and c) the strength-based counselor assumes that race, class, and gender are organizing elements in every counseling interaction. It is from a similar mindset that the current study approaches the investigation of a positive psychology approach with men. As previously discussed, it is assumed that an approach that takes men's context (masculine gender roles) into account

will be more appealing to men than a deficit-based approach focused on negative symptoms.

Another advantage of the positive psychology approach is that it is designed to promote client hope. Client hope is classified as a "client factor" in psychotherapy process and outcome research that has attempted to describe the factors responsible for client change. Lambert, (1992) reported that client factors account for approximately 40% of client change in therapy. "Expectancy factors" (such as client optimism for treatment) were reported to account for an additional 15% of therapy outcome. This results in client factors accounting for up to 55% of therapy outcome variance (Scheel & Conoley, in press). Therefore, it is assumed that hope would significantly influence the activities of therapy. Indeed, the promotion of client hope for treatment is indicated as an important potential activity of therapy (Snyder, Ilardi, Cheavens, et al., 2000).

Hope theory (Snyder, Michael, & Cheavins, 1999; Snyder, 2000; Snyder, Parenteau, Shorey, Kahle, & Berg, 2002; Snyder, 2002) can be categorized as part of a positive psychology approach. Snyder, Lopez, and Pedrotti (2011) define hope as "goal-directed thinking in which the person utilizes pathways thinking (the perceived capacity to find routes to desired goals) and agency thinking (the requisite motivations to use those routes)" (p. 185). Hope theory posits that hope is built on developmental lessons. Individuals develop and learn about causal relationship ("pathways" or cause and effect) and understand that agents have the power to enact (agency) such relationships (Snyder, et al, 2011). Hope theory proposes that successful pursuit of goals results in positive emotions and continued goal pursuit, whereas the opposite will be true when goals are not successfully met (Snyder, et al., 2011). Moreover, the broaden and build theory of

positive emotions (Fredrickson, 1998, 2001) posits that the experience of positive emotions broadens one's repertoire of functioning (increases momentary thought-action repertoires) which in turns sets one up for further positive functioning. Therefore, the promotion of positive emotions appears related to the promotion of hope (through agency and pathways thinking). Such a process is ideally facilitated though a strength-based, contextual model of psychotherapy that takes into account a client's unique context. To the extent that the male gender role is part of a man's context, this is an important variable to consider when delivering a positive psychology counseling approach.

The Domain Specific Hope Scale (Sympson, 1999) is an instrument that was designed to measure an individual's hope in specific domains such as academics, work, or family life (Magyar-Moe, 2009). Therefore, several domain-specific versions of the scale exist. The sale is based on hope theory (Snyder, Michael, & Cheavins, 1999; Snyder, 2000; Snyder, Parenteau, Shorey, Kahle, & Berg, 2002; Snyder, 2002). In accordance with hope theory, individual items pertain to goals, pathways thinking, or agency thinking (Snyder, Lopez, & Teramoto Pedrotti, 2011) within specific domains. The current study will use an adapted version of the Domain Specific Hope Scale in order to measure hope for counseling. The measure (Domain Specific Hope Scale – Counseling Hope; DSH-C; discussed in greater detail in methods section of this manuscript) will be developed for the current study. The Domain Specific Hope Scale has been administered to college students and has demonstrated adequate psychometric properties (Sympson, 1999; for greater detail see methods section). The current study hypothesizes that DSH-C scores will be a part of a main effect of counseling approach – namely that DSH-C scores will be highest in the positive psychology condition. This prediction is consistent with the

assumptions of strength-based counseling, hope theory, and a contextual model – that focusing on and building from client strengths will be a more congruent, engaging, and hope-promoting process (Frank & Frank, 1992; Smith, 2006; Seligman, Rashid, and Parks, 2006).

Some researchers and clinicians have recently made explicit suggestions for the use of client strengths in therapy with men (Blundo, 2010; Kiselica & Englar-Carlson, 2010; Hammer & Good, 2010). Blundo (2010) posited that a strengths-based perspective is ideal for use with men as it focuses on men's capacities and abilities, which is also emphasized in "men's codes of masculinity or conduct" (p. 308). He goes on to state that "recognizing the code for the potential strengths it might represent – men's capacity to address challenges and issues facing them – is a different path than seeing the code only in terms of a path of resistance and distancing that must be confronted and altered" (p. 308).

The recent work of Kiselica and his colleagues (Kiselica, 2011; Kiselica & Englar-Carlson, 2010; Kiselica, Englar-Carlson, Horne, & Fischer, 2008) represents a shift toward promoting the positive with men and boys. Kiselica (2011) has advocated for clinicians to take a balanced perspective in thinking about the shortcomings and the potential positives of masculine ideology. The Positive Psychology/Positive Masculinity (PPPM; Kiselica & Englar-Carlson, 2010) model of psychotherapy with boys and men outlined 10 specific strengths that are associated with masculine ideology. These authors acknowledged that such strengths are not present in men alone (women may possess them) and may be present in varying degrees or not at all for different types of men. However, they pointed out that masculine ideology being as it is, certain values related to

masculine ideology are promoted. In order to help clinicians think positively about aspects of masculinity and to "accentuate noble aspects of masculinity" (p. 277), Kiselica and Englar-Carlson (2010) generated the following list and descriptions of masculine strengths:

1. *Male relational styles*. Boys and men tend to have fun and develop friendships and intimacy with each other through shared activities (Buhrmester, 1996; McNelles, & Connolly, 1999), which are often instrumental (Clinchy & Zimmerman, 1985; Surrey, 1985) and have a high action orientation (Kiselica, 2001, 2003a, 2003b, 2006) such as playing a sport or an alectronic game, or working together on a project.

2. *Male ways of caring*. In psychologically healthy families and communities, boys and men are raised with the expectations that they must care for and protect their loved ones and friends (Kiselica, Englar-Carlson, Horne, & Fisher, 2008). They also demonstrate high levels of action empathy, which is the ability to take action based on how a person sees things from another's point of view (Levant, 1995).

3. *Generative fatherhood.* Men who are good parents engage in positive father work, or generative fathering, which refers to the way a father responds readily and consistently to his child's developmental needs over time with an eye toward helping the next generation lead a better life (Dollahite & Hawkins, 1998). Through generative fathering, men foster the positive emotional, educational, intellectual, and social growth of their children (see Kiselica, 2008).

4. *Male self-reliance*. Boys and men are socialized to use their own resources to confront life's challenges (Levant, 1995). A boy or man with a healthy dose of self-reliance considers the input of others with regard to problems, yet he remains "his own man" and does not allow others to force their decisions on him (Hernandez, 2002). At the same time, he expresses his self-reliance in relation to others, considering their needs and how he can serve them (Kiselica, Englar-Carlson, Horne, & Fisher, 2008).

5. *The worker/provider tradition of men*. There is a cultural expectation that a man will work, so engaging in work helps a man to feel that he has achieved one of society's criteria for manhood (Skovhot, 1990). Earning an income through employment allows a man to fulfill his culturally prescribed role as a provider for his loved ones (Bernard, 1981; Christiansen & Palkovitz, 2001; Loscocco, 2007). In addition, work provides men with a sense of purpose and meaning. For all of these reasons, being a worker and a provider is a central component of male identity and self-esteem (Axelrod, 2001; Heppner & Heppner, 2001).

6. *Male courage, daring, and risk-taking*. Boys and men display many forms of daring, and the courage they muster while taking worthwhile risks – such as facing peril to protect others, completing dangerous but necessary jobs, or pushing themselves to their limits during athletic competitions – is admirable. Boys and men with good judgment are able to distinguish between sensible risks and foolhardy and reckless behaviors, the latter of which they learn to avoid (Kiselica, Englar-Carlson, Horne, & Fisher, 2008).

7. *The group orientation of boys and men.* Boys and men are oriented toward banding together to achieve a common purpose, and they have participated in groups (e.g. athletic teams, Boy Scouts, work crews, and social clubs) for centuries (Andronico, 1996). Research has shown that males spend more time in coordinated group activity, and females engage in longer episodes of dyadic interaction (Benenson, Apostoleris, & Parnass, 1997). Baumeister (2007) also observed that if you look at lists of activities conducted in groups you are likely to find things men tend to enjoy more than women. Thus, it appears that boys and men tend to feel comfortable in and value groups, which can provided them with important sources of identity and community (Kiselica, Englar-Carlson, Horne, & Fisher, 2008).

8. *The humanitarian service of fraternal organizations.* Throughout history, men have formed humanitarian organizations, such as the Shriners and 100 Black Men of America, whose primary missions are to provide service to others through benevolent activities. Involvement in male service organizations such as these provides opportunities and experiences for boys and men to develop social interests, which can be defined as a sense of belonging and participating with others for the common good, and includes the notion of striving to make the world a better place (Carlson & Englar-Carlson, 2008).

9. *Men's use of humor.* Many boys and men use humor as a vehicle to *attain* intimacy (Kiselica, 2003b), as a means of having fun and creating happy experiences with other boys, as a foundation for building and supporting a friendship, as a way to demonstrate that they care about others, and as a strategy

to reduce tension and manage conflicts (Kiselica, 2001). Also, research indicates that boys and men use humor as a healing and coping tool in times of stress and illness (Brooks & Goldstein, 2001; Chapple & Ziebland, 2004; Wolin & Wolin, 1993). Male humor is often characterized by exchanges of good-natured ribbing whereby boys and men "bust each other's butt," and in the process, express a cloaked form of affection with each other (Kiselica, 2010).

10. *Male heroism*. Throughout the ages, countless boys and men have exemplified the positive qualities of traditional masculinity through their heroic lives. Heroic boys and men use many or all of the previously mentioned qualities to demonstrate exceptional nobility in the way they lead their lives, overcoming great obstacles and making great contributions to others through extraordinary efforts (Kiselica, Englar-Carlson, Horne, & Fisher, 2008). Heroic men include the monumental male figures in history, such as Abraham Lincoln, Martin Luther King, Ceasar Chavez, and Harvey Milk, or every day heroes, such as hard-working, devoted fathers. (pp. 277 – 278)

This description of positive aspects of masculinity represents a melding of masculine ideology and positive psychology. Kiselica and Englar-Carlson's (2010) account of positive masculinity will inform the development of the positive psychology video counseling vignette (described in detail in methods section) used in the current study. It is assumed that this approach will be associated with more positive ATSPPH, CRF-B, and DSH-C scores.

CHAPTER III

METHODS

Research Hypotheses

The main research hypotheses outlined earlier are reviewed in the section below. Table 3 summarizes the roles of the main study variables. The hypotheses are meant to reflect the expected reactions men would have to the various counseling approaches, given their pre-existing levels of GRC.

H1a: It is expected that men will have significantly more positive help-seeking attitudes (as measured by the Attitudes Toward Seeking Professional Psychological Help Scale; ATSPPHS) in the positive psychology condition than in either the cognitive or emotion-focused conditions.

H1b: It is expected that men will give more positive ratings of the social influence of the counselor (as measured by the Counselor Rating Form – Short Form; CRF-S) in the positive psychology condition than in either the cognitive or emotion-focused conditions.

H1c: It is expected that men will have greater hope for counseling (as measured by the Hope for Counseling Questionnaire; HCQ) in the positive psychology condition than in either the cognitive or emotion-focused conditions.

H2a: It is expected that gender role conflict (as measured by the Gender Role Conflict Scale; GRCS) and help-seeking attitudes (as measured by the Attitudes Toward Seeking Professional Psychological Help Scale; ATSPPHS) will demonstrate a significant negative correlation.

H2b: It is expected that gender role conflict (as measured by the Gender Role Conflict Scale; GRCS) and personal commitment to counseling (as measured by the Personal Commitment factor of the Expectations About Counseling Brief Form; EAC-B) will demonstrate a significant negative correlation.

H2c: It is expected that gender role conflict and counselor social influence (as measured by the Counselor Rating Form – Short Form; CRF-S) will demonstrate a significant negative correlation.

H3a: It is expected that help-seeking attitudes (as measured by the Attitudes Toward Seeking Professional Psychological Help Scales; ATSPPHS) will co-vary significantly with gender role conflict (as measured by the Gender Role Conflict Scale; GRCS) in the positive psychology condition.

H3b: It is expected that counselor social influence (as measured by the Attitudes Toward Seeking Professional Psychological Help; ATSPPHS) will co-vary significantly with gender role conflict (as measured by the Gender Role Conflict Scale; GRCS) in the positive psychology condition.

Participants

Participants were 225 undergraduate men recruited from four public universities. Two of the universities were located in the Midwest (one large, one small), and two in the Southeast (one large, one small). Due to a number of omissions in survey responses, 63 survey protocols were unusable and were omitted from the analysis, resulting in 162 participants included in the data analysis. The high number of incomplete survey protocols was mainly due to technical difficulties with the survey software. The vast majority of those who did not complete the protocol appear to have answered all

questions prior to the video, but were unable to play the video and therefore did not

answer any questions after the video. Because the demographic questionnaire came at the

end of the protocol, no analysis of demographic characteristics of non-completers was

possible. The participants' ages ranged from 18 to 53 ($M = 21.1$, $SD = 5.5$), though the

vast majority (89.3%) fell within the 18-23 year old range. Due to previous findings

demonstrating greater GRC among older men as compared to college-aged men (i.e.

Brewer, 1998; Burke, 2000; Gough, 1999; Health, 2005; Leka, 1998; Pytluk & Casas,

1998), the age variable in the current study was categorized into college-aged or non-

college-aged. The majority of participants self-identified as Caucasian (72.7%), with the

remaining self-identifying as Hispanic or Latino (10.6%), African-American/African

Decent (7.5%), Asian-American/Asian Decent (3.7%), Biracial (2.5%), and Other

(3.1%).

Table 3.1	
Individual Demographic Characteristics as a Percentage of the Sample	
Characteristic	Percentage of Sample (n)
Self-Identify as…	
African-American/African Decent	7.5 (12)
Asian-American/Asian Decent	3.7 (6)
Biracial	2.5 (4)
Caucasian	72.7 (117)
Hispanic or Latino	10.6 (17)
Other	3.1 (5)
Age…	
Traditionally-aged undergraduate (18-23)	89.3 (142)
Nontraditionally-aged undergraduate (25+)	10.7 (17)
Sexual Orientation…	
Gay, Queer, or Questioning	7.5 (12)
Heterosexual	92.5 (148)
Region…	
Midwest	67.3 (109)
Southeast	32.7 (53)
Previous Counseling Experience	

| Yes | 29.2 (47) |
| No | 70.8 (114) |

Measures

Demographics Questionnaire. A demographics questionnaire was used to collect data on participant characteristics. The questionnaire assessed participant ethnic/racial background, age, academic standing (based on completed credits), and previous psychological help seeking experience. Although no specific predictions were made in the current study with regard to participant demographic characteristics, previous research has demonstrated several important trends related to help seeking and demographics (O'Neil, 2008). Specifically, men with previous psychological help seeking experience have reported more favorable help seeking attitudes (Deane & Todd, 1996); older men and more advanced college students have reported lower endorsement of traditional masculine ideology and greater flexibility in their views of gender (Levant & Fischer, 1998); and rates of psychological help seeking have been shown to be higher among Caucasian men as compared to men of color (U.S. DHHS, 1999; Gallo, Marino, Ford, & Anthony, 1995; McKelley & Rochlen, 2010; Sussman, Robins, & Earls, 1987).

Gender Role Conflict. Gender role conflict was a measured independent variable in the current study. It was assessed using the 37-item Gender Role Conflict Scale (GRCS; O'Neil, Helms, Gable, David, Wrightman, 1986), which measures the cognitive, affective, and behavioral consequences of masculine socialization. All responses are given on a Likert scale ranging from *strongly disagree* (1) to *strongly agree* (6). The measure yields an overall summed score as well as scores for each of the four dimensions, with higher scores indicating greater GRC. The four dimensions include:

Success, Power, and Competition (SPC; 13 items; e.g. "I worry about failing and how it affects my doing well as a man"); Restricted Emotionality (RE; 10 items; e.g. "I have difficulty expressing my tender feelings"); Restricted Affectionate Behavior Between Men (RABBM; 8 items; e.g. "Affection with other men makes me tense"); and Conflicts Between Work and Family Relations (CBWFR; 6 items; e.g. "My work or school often disrupts other parts of my life: home, health, or leisure").

Numerous studies have demonstrated the factorial validity of the GRCS (see O'Neil, 2008 for a review). Overall, factor analyses of the measure with college students have demonstrated good construct validity (Good, Robertson, O'Neil, Fitzgerald, Stevens, DeBord, et al., 1995; Moradi, Tokar, Schaub, Jome, & Serna, 2000; O'Neil, et al, 1986). The factor intercorrelations are moderate with intercorrelations ranging from .35 to .68 (Moradi, et al., 2000) implying that the factors are related but separate entities (O'Neil, 2008). In his review of numerous studies using the GRCS, O'Neil (2008) reported internal consistency reliabilities ranging from .70 to .89. The work of Kang (2001; as cited in O'Neil, 2008) as well as others (Fischer & Good, 1997; Good, et al., 1995) demonstrated that the social desirability tendencies of the GRCS appear to have been negligible. Test-retest reliabilities were assessed over a one-month period and were found to range from .72 to .86, suggesting that the GRCS can be stable over time (Faria, 2000; O'Neil, et al., 1995).

The GRCS appears to have good convergent and divergent validity (O'Neil, 2008). It has been studied in comparison to the Masculine Gender Role Stress Scale (MGRS; Eisler & Skidmore, 1987), Masculine Role Norms Scale (MRNS; Thompson & Pleck, 1986), Male Role Norm Inventory (MRNI; Levant, Hirsch, Celentano, Cozza, Hill,

MacRachorn, et al., 1992), Conformity to Masculine Norm Inventory (CMNI; Mahalik, Locke, Ludlow, Diemer, Scott, Gottfried, el al., 2003), and the Reference Group Identity Dependence Scale (RGIDS; Wade & Gelso, 1998). It correlated significantly with each measure, with correlation coefficients ranging between .32 and .49. This suggests that the GRCS measures a related, yet distinct, phenomenon. The divergent validity of the GRCS was demonstrated via its negative correlation to measures of sex role egalitarianism (O'Neil, 2008). The following internal consistency reliabilities (Cronbach's alpha) were obtained for the GRCS among the current sample: total GRCS a = .92, restricted emotionality (RE) a = .89, success, power, and competition (SPC) a = .89, restricted affectionate behavior between men (RABBM) a = .83, and conflict between work and family relations (CBWF) a = .86 (see Table 4.1). These values are consistent with those observed in samples of college men (O'Neil, 2008), suggesting that adequate reliability was obtained in the current sample (Helms, 2006).

Social Influence of the Counselor. The social influence of the counselor was a dependent variable in the current study. It was assessed using the Counselor Rating Form – Short Form (CRF-S; Corrigan & Schmitt, 1983; Barak & LaCrosse, 1975), which measures participants' perceptions of counselor attractiveness, expertness, and trustworthiness. It is a 12-item measure containing four questions per dimension. Respondents are asked to rate the counselor on a 7-point Likert-type scale containing an adjective on one end and its antonym at the other end (i.e. *Friendly – Unfriendly*). Higher scores indicate more positive ratings. Tracey, Glidden, and Kokotovic (1988) tested the factor structure of the CRF-S and found a three-factor solution to be most appropriate. The scale's creators reported mean split-half reliabilities of .91 (attractiveness), .90

(expertness), and .87 (trustworthiness) in a population of students and clients. In a study of men's preferences for different therapy approaches, McKelley and Rochlen (2010) reported coefficient alpha internal consistencies of .83 (attractiveness), .93 (expertness), and .92 (trustworthiness). The current study's sample obtained adequate internal consistency reliability (Helms, 2006) for attractiveness (a = .92), expertness (a = .93), and trustworthiness (a = .94; see Table 4.1).

Attitudes Toward Seeking Professional Psychological Help. Attitude toward seeking professional psychological help was a dependent variable in the current study. It was assessed using the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS; Fischer & Farina, 1995), which is a measure designed to assess one's attitudes about seeking professional psychological help. It asks for responses to Likert-type items ranging from *strongly disagree* (0) to *strongly agree* (3), with higher scores indicating more positive attitudes toward seeking professional psychological help. Half of the items are reverse scored. It is a 10-item instrument (shortened from the original 29-item ATSPPH; Fischer & Turner, 1970) yielding a single factor with all 10 items loading above .50 in factor analysis (Fischer & Farina, 1995).

The scale's creators reported an internal consistency of .84 (compared with .83 and .86 for the 29-item version reported by Fischer & Turner, 1970). They also reported a correlation with the original instrument of .87, and test-retest reliability of .80 after 4 weeks (Fischer & Farina, 1995; compared to a 4-week test-retest alpha of .82 reported by Fischer & Turner, 1970). Several researchers have used the scale to assess college men's attitudes toward seeking professional psychological help (Groeschel, Wester, & Sedivy, 2010; McKelley & Rochlen, 2010; Wisch, et al., 1995). Responses provided by the

current study's sample indicated adequate internal consistency (a = .83) for the ATSPPH (Helms, 2006).

    Expectations About Counseling. Participants' expectations about counseling made up another one of the study's dependent variables. This variable was measured using the Expectations About Counseling – Brief Form (EAC-B; Tinsely, 1982), which is a 66-item measure designed to assess raters' expectations about future counseling work. Responses are given on a 7-point Likert scale ranging from 1 (*not true*) to 7 (*definitely true*), with higher scores reflecting more positive expectations. Several investigations of the EAC-B suggest that its 17 subscales fit into three factors: expectations for personal commitment to counseling (PC), counselor expertise (CE) and facilitative conditions (FC); (Hayes & Tinsely, 1989; Kunkel, Hector, Gongora Coronado, & Castillo Vales, 1989; Tinsely, Holt, Hinson, & Tinsely, 1991). The PC factor is purported to measure one's expectations to assume responsibility and to work hard during counseling; the FC subscale measures the expectation of the presence of conditions facilitative of change; and the CE factor measures the expectation that the counselor will possess expertness (Hayes & Tinsely, 1989; Schaub & Williams, 2007).

    Tinsely (1982) reported internal consistency reliabilities ranging from .62 to .82 for the 17 subscales of the EAC-B. Shaub & Williams (2007) reported internal consistencies ranging from .63 to .79 on the subscales, and internal consistency of .90, .91, and .84 for the PC, FC, and CE factors, respectively for their sample of college students. In a factor analysis of the EAC-B, Hayes & Tinsely (1989) reported the correlation between each PC subscale and the PC factor to be: Motivation .73, Openness .93, Responsibility .84, Attractiveness .82, Immediacy .93, and Outcome .91. Tinsely

(1982) reported a 2-month test-retest reliability ranging from .47 to .87. Construct validity for the EAC-B was demonstrated via a study of the cognitions that were elicited by EAC-B questions among college students (Tinsely & Westcot, 1990). Based on the responses of the current sample, adequate internal consistency was obtained (PC: a = .96; FC: a = .96; CE: a = .91; Helms, 2006. See Table 4.1).

  Hope for Counseling. Hope for counseling was a dependent variable in the current study. It was measured using the Domain Specific Hope Scale – Counseling Hope (DSH-C; developed for current study), which was designed to assess hope related to counseling work. The DSH-C is an adaptation of the Domain Specific Hope Scale (DSH; Sympson, 1999), which is a ten-item questionnaire designed to assess an individual's hope in specific domains such as academics, work, or family life. The scale's author reports that the scale can be adapted to numerous specific settings in order to obtain a "domain-specific" hope score. The DSH scale is based on hope theory (Snyder, 1994; Snyder, 2002). In accordance with hope theory, individual items pertain to 1) goals, 2) pathways thinking, or 3) agency thinking (Snyder, Lopez, & Teramoto Pedrotti, 2011). Participants respond to an 8-point Likert scale ranging from 1 (*definitely false*) to 8 (*definitely true*) yielding a scale score ranging from 10 to 80, with higher scores indicating more hope related to counseling.

  The questions used in DSH-C are: 1) This counselor and I will find lots of different strategies for me to be successful. 2) I will energetically pursue counseling with this therapist. 3) This counselor and I could find lots of ways around problems that I am facing now. 4) Even if counseling becomes difficult, I know this counselor and I will work through it. 5) I've been successful at getting help with my problems before. 6) This

counselor could help me set personally meaningful goals. 7) Even if what I am facing is difficult, I know this counselor and I could find ways for me to succeed. 8) This counselor could help me clarify my current goals. 9) I get the help I need when I consult with counselors, coaches, or teachers. 10) I feel motivated to work with this counselor.

The psychometric properties of the Domain Specific Hope Scale have begun to be established. Sympson (1999) reported a coefficient alpha of .93 for the overall internal consistency of the measure, and a range from .86 to .93 for the various iterations of domain specific scales (i.e. academic hope, workplace hope, etc.). Concurrent validity was established between the Family version of the Domain Specific Hope Scale and measures of perceived social support from family ($r = .64$) and friends ($r = .46$). Discriminant validity was established between Domain Specific Total Hope and the Beck Depression Inventory (BDI; Beck & Steer, 1987) as the two measures were negatively correlated ($r = -.45$) (Sympson, 1999). The internal consistency reliability of the DSH-C obtained in the current study was a = .93, indicating adequate reliability (Helms, 2006).

Procedure

Recruitment. Participants were recruited from introductory undergraduate courses in psychology and educational psychology. Recruitment took place using two main methods. The first method was carried out at three of the four universities, and involved a two-phase process. The first phase consisted of the investigator soliciting the assistance of course instructors at the three universities. The investigator emailed a brief description of the study and its requirements to course instructors with whom the investigator had a preexisting relationship, and asked the instructors to recruit their male students to participate. The second phase of recruitment consisted of the instructors inviting their

students to participate by emailing the study description and requirements, along with a link to the online study protocol.

The second recruitment method took place only at the large Southeastern University. At this institution students were recruited from undergraduate psychology courses via the university's online research participant pool. These participants chose the current study from a list of several possible studies. The same brief description of the study used at the other institutions was used in order to advertise the study's purpose and requirements. Participants from all four universities earned a nominal amount of course credit for their participation.

Development of Vignettes. The procedure for the development of the counseling vignettes for use in the current study was informed by the procedures found in McKelley and Rochlen (2010), Wische, et al. (1995), and Kantamneni, Christianson, Kraemer Smothers, and Wester (2011). In order to set up a role induction associated with the counseling process, videos depicting a male counselor describing his approach to counseling were developed. Consistent with previous research on the use of role induction as a research technique (i.e. Connors, Walitzer, & Bermen, 2002; Kantamneni, et al., 2011), the videos depicted a counselor (the primary investigator) addressing the camera as if speaking to a client.

A general script was developed which served as the basic framework for the unique scripts used in each video. Each script began in an identical fashion with the counselor speaking for approximately 90 seconds about general elements that are important to his approach, including the use of active listening, the fostering of a healing environment, and adherence to client confidentiality. After this general explanation of his

approach, the counselor introduced three approach-specific aspects of his practice, and described the significance and importance of each. The specific aspects of each approach were determined based on a review of literature related to major counseling theories and techniques (i.e. Eliot, Watson, Goldman, & Greenberg, 2004; Beck & Weishaar, 1995; Magyar-Moe, 2009; Kiselica, 2010; Scheel, Klentz-Davis, & Henderson, 2010). After generating exhaustive lists of unique aspects to each approach, the investigator identified three essential aspects of each approach and consulted with the Director of Clinical Training in an APA accredited Counseling Psychology program for feedback on the appropriateness of each. The scripts for the specific aspects of each approach were elaborations of the three essential aspects to each approach (see Appendix A for the scripts).

Vignette Validity

The validity of the videos was assessed in two ways – reviewer feedback, and a manipulation check. After the first video was recorded, the primary investigator and one male graduate student each reviewed it and discussed its plausibility and believability (face validity). Changes were made based on the discussion, and all three videos were recorded. Six undergraduate students, two graduate students, and two licensed clinicians then reviewed the videos and assessed them for plausibility and believability. These reviewers stated their belief that the videos seemed plausible, believable, and needed no changes.

The second stage of the video validation was a manipulation check involving eight doctoral-level licensed psychologists (three men and five women). The average number of years of experience of the psychologists was 19.5 ($SD = 12.17$). All eight

reviewers rated their agreement to three questions for each video on a scale of 1 (*strongly disagree*) to 5 (*strongly agree*). The first question was "The clip I just reviewed was an appropriate depiction of a counselor describing his approach to counseling." The following means were observed: Cognitive $M = 4.88$, $SD = .35$; Emotion-focused $M = 5.00$, $SD = 0.00$; Positive psychology $M = 4.88$, $SD = .35$. The second question was "I am familiar with general principles associated with a _____ (cognitive, emotion-focused, positive psychology) therapy approach." The following means were observed: Cognitive $M = 4.88$, $SD = .35$; Emotion-focused $M = 4.50$, $SD = .54$; Positive psychology $M = 4.50$, $SD = .54$. The third question was "The clip I just reviewed is an accurate description of a _____ (cognitive, emotion-focused, positive psychology) therapy approach." The following means were observed: Cognitive $M = 4.50$, $SD = .54$; Emotion-focused $M = 4.38$, $SD = .52$; Positive psychology $M = 4.50$, $SD = .54$. As expected, no mean differences were observed in these scores, suggesting that experienced professionals with expert knowledge assessed the clips to be appropriate, accurate descriptions of each of the three different approaches.

Data Collection

After receiving a recruitment email, participants navigated to the web address for the study materials by clicking on the link in the email. Participants were presented with the informed consent form and were required to sign before proceeding to subsequent pages of the study. The informed consent included an overview of the procedures, estimate of the time necessary to complete the materials, and a reminder about the technological requirements for audio and video. After completing the GRCS (O'Neil, Helms, Gable, David, & Wrightman, 1986), participants were instructed that they would

be watching a video "of a counselor describing his approach to counseling," and that after

the video they would be asked about their "impressions of the counselor and his

approach." Participants were then randomly assigned to one of the three independent

variable groups – the emotion-focused condition, the cognitive condition, or the positive

psychology condition – and were presented with the video. After watching the video,

participants were inducted into the role of a counseling client and were asked to complete

the dependent measures while in that role using the following instructions, which

appeared in bullet form on a separate page:

- In the series of questions that follow, please imagine that you are facing a

  problem or challenge in your own life, and have decided to seek professional help

  in order to work through or overcome it.

- Imagine that you have been paired with the counselor from the video.

- Based on your impressions of the counselor and his approach described in the

  video, respond to the following questions.

Design and Analysis

The current study tests associative research hypotheses related to men's

preferences for therapy using a between-groups design. Hypotheses 1a – 1c required

comparisons of mean scores of the three conditions for men's help seeking attitudes,

social influence of the counselor, and hope for counseling. These mean comparisons were

made using a k-groups ANOVA. Hypotheses 2a – 2c were explored through a correlation

matrix with correlations generated for (H2a) gender role conflict and help seeking; (H2b)

gender role conflict and personal commitment to counseling; and (H2c) gender role

conflict and counselor social influence. For hypothesis 3a an analysis of covariance

(ANCOVA) was employed to test help seeking attitudes in the positive psychology condition using gender role conflict as the covariate. For hypothesis 3b, ANCOVA was employed to test counselor social influence in the positive psychology condition using gender role conflict as the covariate.

CHAPTER IV

RESULTS

The following chapter is an explanation of the results of the study and the

methods used to analyze the data. The first section describes the preliminary analyses that

were carried out in order to prepare the data for primary analyses. This is followed by a

summary of the psychometric properties of the major study variables and correlations

between the study variables (presented in table form). Finally, the primary analyses are

presented in a way that is organized by the main hypotheses.

Preliminary Analyses

Univariate Outlier Analysis and Distribution Analysis

The procedure for univariate outlier analysis outlined by Hoaglin, Mosteller, and

Tukey (1983) was used. Following this approach, three outlying scores were found in

participants' Gender Role Conflict Scale scores. These values were windzorized, making

them part of the normal distribution of scores (i.e. calculating the 25th & 75th percentile

Tukey's hinges and changing the outlying scores ($N = 3$) to the nearest acceptable value

within this range). Skewness and kurtosis for each of the study variables were calculated

and observed to be within acceptable range (i.e. less than 1.0; Hoaglin, Mosteller, &

Tukey, 1983), and tests of normality for each variable suggested that all measures

produced a normal distribution of scores. After this "cleaning" of the data took place,

demographic frequencies were gathered, and are reported below.

Between Group Difference

Randomization was used to assign participants to each of the three different

treatment approaches in an attempt to minimize confounding variables. In order to ensure

the effectiveness of the randomization, two analyses were used to check for between-group differences on demographic and measured variables. No significant differences in the demographic makeup of participants between the treatment groups were found, including sexual orientation ($\chi^2(1, 12) = 9.12$, $p = .69$), ethnicity ($\chi^2(1, 10) = 4.47$, $p = .92$), geographic region ($\chi^2(1, 2) = 0.73$, $p = .69$), experience with previous help-seeking ($\chi^2(1,2) = 1.26$, $p = .53$), or age category ($\chi^2(1,2) = 3.21$, $p = .20$). Similarly, no significant differences were observed between the groups with respect to gender role conflict using ANOVA ($F (1, 2) = 0.06$, $p = .95$). This suggests that the randomization procedures were effective in making the treatment groups equivalent on demographic and measured variables.

Because participants came from two distinct, separate geographic regions, between-group differences were also tested by geographic region. No significant differences were found between geographic regions with respect to gender role conflict ($F (1, 1) = 0.11$, $p = .74$). Similarly, no significant differences were found between the geographic regions with respect to previous help-seeking experience ($\chi^2(1,1) = 0.04$, $p = .85$). This suggests that men in this sample living in the Midwest were equivalent to men living in the Southeast on gender role conflict and previous counseling experience.

Primary Analyses

The following section outlines the primary analyses performed. It is organized into three main parts according to the three sets of hypotheses. Table 4.1 summarizes the means, standard deviations, and internal consistency reliabilities (coefficient alpha) for each measure of the study. Table 4.2 displays the correlations between each pair of

variables. Table 4.3 displays the means and standard deviations of the four dependent

variables across the three counseling approaches.

Table 4.1

Scale Total Means, SDs, Ranges, Alpha Coefficients, and Skewness

Scale	*N**	*M*	*SD*	Range	α	Skew
GRCS total	156	134.24	25.22	83-211	0.92	0.34
SPC	162	52.23	11.17	27-78	0.89	-0.03
RE	157	33.08	9.44	10-58	0.89	0.14
RABBM	161	26.07	7.31	8-46	0.83	.08
CBWF	160	22.86	6.22	7-36	0.86	-0.1
CRF-S						
Attractiveness	158	18.95	4.94	5-28	0.92	-0.39
Expertness	155	20.49	5.42	4-28	0.93	-0.68
Trustworthiness	155	21.29	5.03	4-28	0.94	-0.92
ATSPPH	156	14.32	5.95	0-30	0.83	0.10
EAC-B						
Personal Commitment	144	4.71	1.18	1-7	0.96	-0.46
Facilitative Conditions	156	5.09	1.23	1-7	0.96	-0.73
Counselor Expertise	156	4.44	1.14	1-7	0.91	-0.11
DSH-C	156	36.28	13.68	10-80	0.93	0.71

Note: GRCS = Gender Role Conflict Scale; SPC = Success, Power, & Control; RE = Restricted Emotionality; RABBM = Restricted Affectionate Behavior Between Men; CBWF = Conflict Between Work & Family Relations; CRF-S = Counselor Rating Form – Short Form; ATSPPH = Attitudes Toward Seeking Professional Psychological Help; EAC-B = Expectations About Counseling – Brief Form; HCQ = Hope for Counseling Questionnaire.

α = Coefficient alpha

*Variability of *N* is due to omitted data

Table 4.2

Correlation Matrix of Measures

	1	2	3	4	5	6	7	8	9	10	11	12	13
1. GRCS Total	--												
2. RE (GRCS)	.78**	--											
3. RABBM (GRCS)	.69***	.46**	--										
4. SPC (GRCS)	.81***	.39***	.40**	--									
5. CBWFR (GRCS)	.63***	.39***	.20*	.38**	--								
6. ATSPPH	-.18*	-.15	-.14	-.22**	.04	--							
7. EAC-Personal Commitment	-.01	-.12	-.17*	-.02	.01	.44**	--						
8. EAC-Facilitative Conditions	.04	-.05	-.01	.12	.05	.24***	.74***	--					
9. EAC-Counselor Expertise	.07	-.01	.07	.10	.03	.21***	.60***	.80**	--				
10. CRF-Expertness	.06	-.04	.01	.09	.13	.22**	.53***	.51***	.45***	--			
11. CRF-Attractiveness	-.01	-.12	-.03	.01	.14	.29***	.63***	.59***	.53***	.65***	--		
12. CRF-Trustworthiness	-.09	-.17*	-.07	-.04	.06	.26***	.62***	.59***	.43***	.76***	.73**	--	
13. Hope	.07	.05	.21**	-.01	-.08	-.27**	-.48**	-.32**	-.23**	-.39**	-.37**	-.39**	--

Note: * *p* < .05, ** *p* < .01. GRCS = Gender Role Conflict Scale; RE = Restricted Emotionality; RABBM = Restricted Affectionate Behavior Between Men; SPC = Success, Power, and Competition; CBWFR = Conflict Between Work and Family Relations; ATSPPH = Attitudes Toward Seeking Professional Psychological Help; EAC = Expectations About Counseling; CRF = Counselor Rating Form.

Table 4.3

Means and Standard Deviations of the Three Counseling Approaches on the EAC-B Factors, CRF-S Factors, ATSPPH, & Hope

Variable	Positive (n = 57)		Emotion-Focused (n = 55)		Cognitive (n = 50)		k-groups ANOVA	
	M	SD	M	SD	M	SD	F ratio	p value
EAC-B Personal Commitment	4.91	1.08	4.77	1.03	4.44	1.38	2.05	.13
EAC-B Facilitative Conditions	5.16	1.18	5.27	1.05	4.82	1.41	1.85	.16
EAC-B Counselor Expertise	4.45	1.10	4.64	1.09	4.22	1.23	1.69	.19
CRF-S Expertness	20.75	5.27	21.29	5.04	19.33	5.81	1.78	.17
CRF-S Attractiveness	19.07	5.00	19.15	4.31	18.95	4.94	.19	.83
CRF-S Trustworthiness	21.21	5.06	21.85	4.35	21.18	5.05	1.02	.37
Hope	34.96	13.92	36.34	13.11	36.28	13.68	.52	.60
ATSPPH	13.63	5.77	14.10	5.4	14.32	5.96	1.20	.30

Note: EAC-B = Expectations About Counseling-Brief; CRF-S = Counselor Rating Form-Short; ATSPPH = Attitudes Toward Seeking Professional Psychological Help; ANOVA = Analysis of Covariance.

Help-Seeking Attitudes, Counselor Social Influence, and Hope across the

Approaches

A k-groups ANOVA was conducted in order to test for between-group differences

on EAC-B factors (personal commitment, facilitative factors, counselor expertise), CRF-

S factors (expertness, attractiveness, trustworthiness), ATSPPH, and hope. This analysis

addressed H1a-H1c. A summary of the results is displayed in table 4.3.

It was hypothesized that on average men would have more positive help-seeking

attitudes in the positive psychology condition than in the emotion-focused or cognitive

conditions (H1a). No mean differences were found in help-seeking attitudes between

groups (F (2, 153) = 1.20, p = .303). It was hypothesized that on average counselor social

influence would be highest in the positive psychology condition (H1b). An ANOVA

revealed no mean differences across conditions for counselor social influence

(expertness: F (2, 153) = 1.78, p = .172; attractiveness: F (2, 155) = 1.87, p = .829;

trustworthiness: F (2, 155) = 1.02, p = .365). It was hypothesized that on average hope

for counseling would be highest in the positive psychology condition (H1c). No mean

differences were found on hope for counseling across the conditions (F (2, 153) = 0.52, p

= .595).

Correlations between Gender Role Conflict, Help Seeking Attitudes, Commitment

to Counseling, & Counselor Social Influence.

Significant correlations were predicted to exist between gender role conflict and

several of the dependent variables. A correlation matrix (presented in table 4.2) was

generated in order to test these hypotheses. As hypothesized, a significant negative

correlation was revealed (r = -.18, p < .05) between men's total gender role conflict and

help seeking attitudes (H2a). A significant negative correlation was also found between help seeking attitudes and the success, power, and control subscale of the gender role conflict scale ($r = -.22$, $p < .01$). No other significant correlations were found between help seeking attitudes and gender role conflict subscales.

A significant negative correlation was expected between men's total gender role conflict and personal commitment to counseling (H2b). No significant correlation was found between these two variables ($r = -.01$, $p > .05$). However, a significant negative correlation was found between personal commitment to counseling and the restricted affectionate behavior between men subscale of the GRCS ($r = -.17$, $p < .05$). No other significant correlations were revealed between personal commitment and gender role conflict subscales.

A significant negative correlation was expected between men's total gender role conflict and the counselor's social influence (H2c). No significant correlation was found between any subscale of the counselor's social influence and men's total gender role conflict scores (Expertness: $r = .06$, $p > .05$; Attractiveness: $r = -.01$, $p > .05$; Trustworthiness: $r = -.09$, $p > .05$), or with any of the gender role conflict subscales.

Covariance of Help Seeking Attitudes and Counselor's Social Influence with Gender Role Conflict

It was hypothesized that help seeking attitudes would co-vary significantly with gender role conflict in the positive psychology condition (H3a). An ANCOVA was calculated in order to test this hypothesis. Although help seeking attitudes did not co-vary significantly by counseling approach, a significant amount of covariance was found between help seeking attitudes and total gender role conflict ($F (1, 3) = 59.97$, $p < .05$).

The success, power, and competition subscale of the GRCS also demonstrated significant covariance with help seeking attitudes (F (1, 3) = 7.58, p < .01). No other significant covariance between help seeking attitudes and gender role conflict subscales was found.

It was also hypothesized that the counselor's social influence would vary significantly with gender role conflict in the positive psychology condition (H3b). No significant covariance was found between counselor social influence (expertness, attractiveness, or trustworthiness) and total gender role conflict. However, significant covariance was revealed between counselor trustworthiness and the restricted emotionality subscale of the GRCS (F (1, 3) = 4.53, p < .05).

CHAPTER V

DISCUSSION

The so-called "crisis of masculinity" is a growing concern in this country. Men continue to lead the statistics in violent crime, murder, and death by suicide (Eliason, 2009). Sixty-one of the sixty-two mass shootings carried out in the last 30 years in the U.S. have been perpetrated by men, most of whom were White men (Follman, Aronsen, & Pan, 2013). Despite men's experiences of depression, anxiety, and other psychological concerns, they are far less likely to seek professional psychological help for these concerns than women (Addis & Mahalik, 2003; Olfson & Marcus, 2010). Sociologists and psychologists working within the field of men and masculinity have suggested that this disparity in help seeking can be largely explained by a cultural mismatch between the context of masculinity and the context of psychotherapy. Psychologists have called for a paradigm shift in the way clinical services are rendered to men, and have called for the development of therapeutic approaches that are more congruent to the context of traditional masculinity (i.e. Brooks, 2010; Kiselica, 2011; Kiselica & Englar-Carlson, 2010). The current study was inspired by this call, and demonstrates one attempt to explore therapeutic approaches with men. Previous research on this topic suggests that greater gender role conflict (i.e. psychological strain due to a disparity between prescribed and actual male-specific behaviors or feelings) is associated with more negative outcomes related to counseling (i.e. Shaub & Williams, 2007; Rochlen, Land, & Wong, 2004; Wisch, et al., 1995).

The current study was an attempt to test a positive psychology counseling approach with men, while controlling for GRC and describing its relationship to help-

seeking attitudes, hope for counseling, views of the counselor, and expectations about counseling. Despite leading authors' promotion of the utility of a positive psychology counseling approach with men (Brooks, 2010; Kiselica, 2011; Kiselica & Englar-Carlson, 2010), relatively few empirical investigations of a non-manualized, positive psychology-informed treatment approach have been conducted. The current study was one such empirical investigation of this approach, and the only one to date that also controlled for the effects of GRC. After developing and validating video vignettes of three separate therapeutic approaches, college men viewed the videos, adopted the role of a counseling client, and responded to questionnaires about attitudes toward seeking professional psychological help, expectations about counseling, views of the social influence of the counselor, and hope for counseling.

Results of the Hypotheses

The current study was developed with the expectation that differences would be obtained on several dependent measures related to counseling across three different counseling approaches. Specifically, it was predicted that the positive psychology approach would yield the most favorable outcomes from men related to attitudes toward seeking professional psychological help, expectations about counseling, hope for counseling, and the social influence of the counselor. The following is an interpretation and discussion of the results, which is organized by hypotheses.

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

Hypotheses 1a-1c predicted that on average men would have more positive help-seeking attitudes, a more positive view of the social influence of the counselor, and have

more hope for counseling in the positive psychology condition compared to the emotion-focused or cognitive conditions. None of these hypotheses were supported. Moreover, no significant differences were found between any of the approaches (cognitive, emotion-focused, or positive) on help-seeking attitudes, the social influence of the counselor, or hope for counseling.

The non-significance of these results is surprising considering results from previous studies. As previously stated, Wisch, et al. (1995) found men's attitudes toward help seeking to be more positive when associated with a cognitive counseling approach as compared to an emotion-focused approach. These researchers proposed that help seeking attitudes were more positive in the cognitive-based counseling approach due to a higher level of congruence between the context of masculinity and the context of the counseling sessions (i.e. a focus on thoughts rather than emotions). Building from this reasoning, the current study sought to replicate this finding and to extend it to a positive psychology approach. It was expected that the positive psychology approach would heighten the level of congruence between masculinity and the counseling approach even further by espousing a less deficit-based approach that acknowledges, emphasizes, and builds upon clients' existing competencies. The fact that no differences were found between any of the approaches on any of the dependent measures is puzzling, but several possible explanations exist as to why.

A statistical power analysis revealed that there might have been too few participants for significance to be found. *A-priori* power analyses based on the results of Wisch, et al. (1996 suggested that a sample size of $N = 245$ was necessary to reveal significance. Despite strong recruitment efforts on the part of the researcher, only 225

men participated. This number was further reduced due to a significant portion of omitted data and/or participant attrition. *Post-hoc* power analysis revealed small effect sizes resulting in insufficient power to find any differences between groups for any of the variables. At $N = 343$ a significant effect would have been likely between the expertness subscale of the CRF – S and counseling approach. Given the observed pattern of differences across approaches for this variable, it appears likely that the positive psychology approach would have yielded the highest CRF – S expertness scores. Although no specific hypotheses were made regarding participants' expectations about counseling across approaches, it appears that significant differences across the groups may have emerged in a larger sample of $N = 343$. With this number of participants, significant differences would likely have emerged for all three EAC-B factors (personal commitment, facilitative conditions, and counselor expertise). At $N = 781$, a significant difference across groups would have been likely for ATSPPH and the trustworthiness subscale of the CRF – S. It is worth noting, however, that the effect size would still be small even with a larger sample. Thus, while a larger sample size may have yielded statistically significant results, the practical significance of the results would be questionable.

Another possible methodological explanation regarding the lack of significant differences between approaches is related to the video vignettes. As described under the heading "Development of the Vignettes" in the methods section, an attempt was made to maximize the plausibility and believability of the vignettes. In keeping with previous role induction analogue studies (i.e. Kantemneni, et al., 2011; Rochlen & O'Brian, 2010; Wisch, et al. 1996), this included recording the videos in an actual office setting, using an

actual counselor with real-world counseling experience, and providing a brief

introduction or context to counseling before introducing the approach-specific elements

of each approach. In the present study, each video began with an identical, brief

(approximately 60-second) description of counseling. In each video the counselor

described "a few general elements that I strive to incorporate into all my work with

clients" before sharing the approach-specific elements. Although these "general

elements" were introduced in order to improve the authenticity and completeness of the

explanations, it is possible that they came at the cost of reducing the emphasis of each set

of approach-specific elements. The "general elements" that were described included 1)

active listening, 2) maintenance of confidentiality, and 3) the creation of a

"nonjudgmental and safe space in which clients feel comfortable sharing their concerns."

These elements are all closely related to the widely discussed "common factors"

recognized to be facilitative of the change process in therapy. Further discussion of the

results and their relation to common factors can be found in the Support for a Common

Factors Perspective in the Implications section below. Thus the distinctiveness of each

approach in comparison to the other approaches may have not been adequate to detect

differences in the appeal of each approach.

It is also worth noting that nearly 30% of participants endorsed having previous

experience with counseling. This represents a higher than average number of men as

compared to the general population (Olfson & Marcus, 2010). Previous research suggests

that prior experience with professional psychological help seeking is associated with

more positive help seeking attitudes (Addis & Mahalik, 2003). Moreover, university-

based education and outreach by campus mental health services have likely reduced the

stigma that has historically been attributed to mental health counseling. It is possible that shifting cultural norms around men and help seeking, particularly on a university campus (from which participants in the current study came), may have influenced the lack of significant differences between approaches.

Correlations between Gender Role Conflict, Help Seeking Attitudes, Commitment to Counseling, & Counselor Social Influence.

Hypotheses 2a-2c predicted significant correlations between gender role conflict and several of the dependent variables. Specifically, a significant negative correlation was predicted between men's total gender role conflict and help seeking attitudes, personal commitment to counseling, and counselor's social influence. Mixed support was found for these hypotheses.

Support was found for hypothesis 2a regarding a negative correlation between overall GRC and help seeking attitudes. Men experiencing higher levels of GRC were more negative about seeking professional psychological help. This finding adds to the body of literature in support of the negative relationship between more traditional masculinities and help seeking attitudes (Addis & Mahalik, 2003). Additionally, a significant negative correlation was found between the success, power, and competition (SPC) subscale of the GRCS and help seeking attitudes. This suggests that men experiencing higher levels of gender role conflict related to the desire for control and power through competition reported being less likely to seek help from a mental health professional. It may be that men who experience this element of GRC see the counseling situation as threatening to their power and control. This finding would lend theoretical support to Brooks' (2011) conjecture that counseling may be seen by more traditional

men as an endeavor in which control and power need to be relinquished. In such a scenario, the client may view the counselor as "a member of the competition" who threatens to undermine the client.

Hypothesis 2b predicted a significant negative correlation between men's total gender role conflict and personal commitment to counseling. Partial support for this hypothesis was found. While no direct support was found for this relationship, a more nuanced finding was revealed that a significant negative correlation existed between the restricted affectionate behavior between men (RABBM) subscale of the GRCS and personal commitment to counseling. In review, RABBM represents the restriction of men's expression of feelings with other men and difficulty touching other men (O'Neil, 2008), while personal commitment to counseling represents expectations to assume responsibility and to work hard during counseling (Tinsely, 1982). It is possible that in the current study men high in RABBM were averse to committing to counseling due to fear of intimacy with the male counselor. Imagining themselves in a counselor's office in close proximity to a male counselor may have triggered incongruence for participants high in RABBM. Moreover, imagining themselves in this situation "expressing themselves" would likely have the effect of adding to the incongruence in values between their male identity and the perceived tasks of counseling.

Taking the results of H2a-b together, it is possible that a specific pattern exists in the relationship between GRC and variables related to counseling. There was reluctance among the men in the study higher in SPC and RABBM to seek professional psychological help and to commit to counseling. It seems this may be due to a perception

that doing so would require a degree of intimacy with the male counselor and a loss of power and control.

Hypothesis 2c predicted a significant negative correlation between men's total gender role conflict and the counselor's social influence. No support for this hypothesis was found. The fact that no significant relationship was found between these two variables or any subscales of these variables suggests that GRC did not significantly influence the way in which the participants viewed the counselor. These results add to the mixed findings on GRC and counselor social influence (McKelley & Rochlen, 2010; Rochlen, Land, & Wong, 2004; Rochlen & O'Brien, 2002). Consistent with Rochlen, et al. (2004), the current study found that men's RE did not affect their views of the social influence of the counselor. Recall that RE is defined as the restriction of awareness and/or expression of one's emotions, and is distinct from RABBM in that RE is more global and RABBM is more specific. However, the lack of any significant relationships between GRC and counselor social influence contrasts somewhat with the findings of McKelly & Rochlen (2010). These researchers found a significant negative relationship between conformity to masculine norms (which is related to GRC) and counselor expertness, trustworthiness, and attractiveness. These researchers reasoned that the greater the conformity to traditional versions of masculinity, the greater men would devalue the counselor.

One possible explanation as to why this pattern was not found in the current study is related to the common factors perspective eluded to earlier and discussed in greater detail below. Due to the introduction of common factors into the video vignettes, it may be that counselor social influence was not affected by GRC or the approach-specific

elements presented in the videos as much as it was by common factors. Moreover, counselor social influence may have been enhanced by common factors, which may have stood out as more influential in determining social influence than GRC or the elements of each approach. Because of the presence of common factors in the videos, it may be that the counselor was rated as relatively expert, trustworthy, and attractive in each, and that this may have been more influential on ATSPPH, Hope, and EAC than anything else. For further discussion of common factors, see the Implications sections below.

Covariance of Help Seeking Attitudes and Counselor's Social Influence with Gender Role Conflict

Hypotheses 3a & 3b predicted significant covariance in the positive psychology condition between overall GRC and help seeking attitudes, as well as with overall GRC and counselor social influence. The significant covariance relationship found in the current study between GRC and help seeking attitudes fully supports hypothesis 3a. This result adds to the body of literature demonstrating that higher GRC is associated with more negative help seeking attitudes (i.e. Blazina & Watkins, 1996; Good, Dell, and Mintz, 1989). The additional finding of covariance between the success, power, and competition (SPC) subscale of the GRCS corroborates with Blazina & Watkins' (1996) finding, and contrasts with the findings of Good, et al. (1989). Consistent with Blazina & Watkins' reasoning, it may be that men with higher SPC view the context of therapy as a setting in which they will have to relinquish control and power, and demonstrate weakness.

Although the positive psychology condition was hypothesized to mitigate such a concern by highlighting and building upon client competencies and successes, it may be

that the participants high in SPC missed this focus in the counselor's description of his approach in the positive psychology vignette. From a theoretical perspective, those higher in SPC would be likely to view stimuli through a competitive lens and would generally be motivated to establish and maintain control and power through competition. Applying a social information processing perspective (Bandura, 1986; Bussey & Bandura, 1999), it is likely that men's interpretations of social information would be influenced by their values and previous experiences related to SPC. In such a case, it seems that the counselor's apparent benign explanation of his helping approach could have been interpreted negatively, or even suspiciously in extreme cases of SPC. The attitudes, values, and previous experiences related to masculine gender role socialization likely colored the lens through which participants viewed the counselor in the videos.

Heightened levels of SPC would be likely to influence men to interpret neutral stimuli with a negative attitude toward psychological help seeking. In the current study, this may have precluded participants high in SPC from actually considering the counselor's description of a positive psychology approach. In other words, these participants may not have fully considered the tenets of the positive psychology approach due to their preconceived negative attitudes about counseling. Moreover, the elements specific to each approach in the videos came after the counselor's general introduction to counseling. As previously discussed, the introduction to the counseling context may have cued the negative attitudes of men high in SPC and overshadowed any effect that the positive psychology approach or even common factors would have otherwise had.

Hypothesis 3b predicted that perceptions of the counselor's social influence would vary significantly as a function of GRC, with the counselor being viewed as less

influential for participants with higher GRC (an inverse relationship). Partial support for this hypothesis was found. The lack of significance for the relationship between overall GRC and counselor social influence suggests that overall GRC did not play a significant role in participants' ratings of the counselor. However, significant covariance was revealed between counselor trustworthiness (one of the subscales of the CRF-S) and the restricted emotionality (RE) subscale of the GRCS. This finding suggests that a more nuanced relationship existed between these two variables in the current study.

Counselor trustworthiness is one of three aspects of counselor social influence originally posited by Strong (1968). It includes perceived aspects of the counselor's characteristics along the following continua: confidential-revealing, dependable-undependable, honest-dishonest, open-closed, reliable-unreliable, respectful-disrespectful, responsible-irresponsible, selfless-selfish, sincere-insincere, straightforward-deceitful, trustworthy-untrustworthy, and unbiased-biased (Barak & LaCrosse, 1975; Strong, 1970). The RE subscale of the GRCS is designed to measure the restriction of awareness and/or expression of one's emotions and includes statements such as the following: "I have difficulty telling others I care about them; strong emotions are difficult for me to understand; expressing emotions makes me feel open to attack by other people." The evidence suggests that the more restricted a man's emotional awareness and expression, the lower his views of the counselor as trustworthy. This relationship appears consistent with theory related to traditional masculinity and masculine gender role conflict. Men higher in RE may have perceived the counselor as more insincere, deceitful, dishonest, disrespectful, and biased, and taken the view that

opening up emotionally to such a person would have negative consequences for them (i.e. opening them up to attack from the counselor).

The results of the current study add to the existing literature on masculine ideologies and the social influence of the counselor. Rochlen, et al. (2004), who used the CRF-S in their analogue investigation of different counseling approaches, did not find differences in counselor rating among men classified as experiencing "low" and "high" RE. These researchers only reported overall CRF-S scores while the current study included all three subscales of the CRF-S as well as all four subscales of the GRCS. The findings of the current study also partially corroborate the findings of McKelley and Rochlen (2010) who examined a similar phenomenon using the CRF-S and the conformity to masculine norms inventory (CMNI-22), a measure related to the GRCS that measures masculine ideology. They found that higher CMNI-22 scores were significantly negatively correlated with ratings of counselor attractiveness, expertness, and trustworthiness (McKelley & Rochlen, 2010). More traditional men had more negative views of the counselor's social influence. The current study's finding that aspects of more traditional masculinity (i.e. RE) are associated with more negative views of the counselor is consistent with the researcher's findings. However, the lack of significance between other GRCS subscales and other factors of the CRF-S is unclear.

Implications

Support for a Common Factors Perspective

The current study was inspired by a call from leaders in the field of masculinity and mental health to develop and test therapy approaches that are more accessible to men. According to theory and previous research, a positive psychology approach was

hypothesized to yield more favorable attitudes toward help seeking, hope for counseling, counselor social influence, and expectations about counseling. Paradoxically, comparison of the three conditions yielded non-significant results for all four of these variables. As previously mentioned, this may have been influenced by the presence of common factors. In fact, the results of the current study may be interpreted as support for a common factors perspective.

Common Factors

As discussed by Imel and Wampold (2008), authors and researchers have posited the existence of a core of elements that are common to a greater or lesser degree in all counseling relationships. Aside from the use of interventions specific to certain approaches, a number of core elements have been proposed to influence change in psychotherapy. In other words, common factors refer to the common aspects engendered in all forms of psychotherapy.

There have been varying degrees of specificity regarding what constitutes common factors. For example, Garfield (1995) identified 15 common factors, Grencavage and Norcross (1990) 89 factors which were sub-categorized into four main areas, and Lambert and Ogles (2004) three factors, each of which were predicated on the occurrence of the previous one.

Common factors identified in the literature seem to address the "bigger picture" or the implicit processes occurring in psychotherapy. For example, the common factors identified by Garfield (1995) point to several key potential mechanisms of change other than specific technical interventions. These common factors include: a) the therapeutic alliance; b) interpretation, insight, and understanding; c) cognitive modifications; d)

catharsis, emotional expression, and release; e) reinforcement; f) desensitization; g) relaxation; h) information; i) reassurance and support; j) expectancies; k) exposure to and confronting of a problem situation; l) time; and m) the placebo response. Even if some specific techniques have been demonstrated to be useful in the remediation of certain symptoms, many of the common factors listed above are likely to also be present in such treatment. It seems plausible that the presence of common factors would have a curative impact.

Common factors are important mechanisms of psychotherapeutic change (Ingram, Hayes, & Scott, 2000). Lambert and Barley's (2002) analysis of the mechanisms of change in psychotherapy demonstrated that common factors accounted for 30% of clients' change. Moreover, depending on the parameters of common factors considered and how they are measured, they may be responsible for up to 70% of the variance in psychotherapy change (Wampold, 2001). Despite variability in exactly what constitutes common factors, a consensus appears to exist that common factors are a robust predictor of psychotherapeutic outcomes (Imel & Wampold, 2008; Teyber & McClure, 2000; Ingram, Hayes, & Scott, 2000; Norcross, 2002). In fact, Lambert and Barley (2002) argue that too much emphasis can be placed on the specific ingredients of treatments at the expense of the therapeutic relationship, which is perhaps the most prominent common factor (Imel & Wampold, 2008). Whatever the case, actively engaging a client in a way that is meant to be helpful appears to be an important part of the change process.

An illustration of the importance of common factors to the change process is apparent in analyses of the vast body of psychotherapy outcome studies. Lambert and Ogles (2004) compiled a comprehensive analysis of such work. It included meta-analyses

of treatment outcome studies and comparative and dismantling studies conducted over

the past several decades. In comparing the efficacy and effectiveness of a variety of

different specific therapies, including studies examining common factors, these authors

reported a "general equivalence of treatments based on different theories and

techniques….Decades of research have not produced support for one superior treatment

or set of techniques for specific disorders" (p. 167). The authors went on to solidify this

general conclusion, but to offer a caveat regarding a limited number of specific

techniques for circumscribed client problems:

> Although research continues to support the efficacy of those therapies that have been
> rigorously tested, differences in outcome between various forms of therapy are not as
> pronounced as might have been expected….The current interest in generating lists of
> 'empirically supported' therapies for specific disorders is *controversial and misguided*.
> To advocate empirically supported therapies as preferable or superior to other treatments
> would be *premature*….Although there is little evidence of one form of psychotherapy
> having clinically significant superiority to another form with respect to moderate
> outpatient disorders, behavioral and cognitive methods appear to add a significant
> increment of efficacy with respect to a number of problems (e.g. panic, phobias, and
> compulsions (p. 180; italics added).

Their message seems to be that while specific techniques appear to be more effective for

circumscribed client problems, there is little evidence to suggest that one form of therapy

is superior to another for mild or moderate outpatient disorders or presenting issues.

Lambert and Ogles (2004) also summarized their findings about the role of common

factors in the therapeutic relationship:

> Interpersonal, social, and affective factors common across therapies still loom large as
> stimulators of patient improvement. It should come as no surprise that helping others deal
> with depression, inadequacy, anxiety, and inner conflicts, as well as helping them form
> viable relationships and meaningful directions for their lives, can be greatly facilitated in
> a therapeutic relationship that is characterized by trust, warmth, understanding,
> acceptance, kindness, and human wisdom. These relationship factors are probably crucial
> even in the more technical therapies that generally ignore relationship factors and
> emphasize the importance of technique in their theory of change (p. 181).

The message from these authors seems to be that based on their analysis common factors play a key role in the change process and are likely to be just as important if not more important to change than any specific techniques.

Considering the importance of common factors, it is possible that the specific ingredients of the approaches from each video in the current study were outshined by the counselor's initial description of common therapeutic elements that he purported to use. Results of the current study may be seen as support for the idea that the specific theoretical camp from which a counselor comes may be less important to a client than the presence of common factors. Indeed, while no differences were found in the dependent variables as a result of counseling approach, differences emerged as a result of participant identity characteristics (i.e. GRC which is tied to masculine gender identity). This suggests that while one counseling approach may not be superior to another, a counselor's ability to connect with their clients in light of diverse client identities is of great importance. Ideally, this would mean that common factors are part of the delivery of a coherent treatment plan tailored to the needs of each individual client with whom a clinician works.

Implications for Future Research

The current study is one of the first to use a role induction, analogue format to empirically test a positive psychology approach targeting men. Although support was not garnered for the hypotheses related to the superiority of the positive psychology approach, the current study represents an important offshoot from previous counseling analogue studies, and positions itself among the research in the psychology of men and masculinity. The relationship between men's gender role conflict and attitudes toward

help seeking, expectations about counseling, and the social influence of the counselor were further tested and expanded upon. Results generally demonstrated support for the notion that more traditional and rigid masculinities (which tend to contribute to psychological strain) are negatively related to aspects of the appeal of counseling. The current study also developed and used one of the first counseling-specific adaptations of the domain specific hope scale (Sympson, 1999).

Future examination of the relationship between common factors and gender may prove fruitful. The current study found no clear differences in help seeking attitudes, counselor social influence, expectations for counseling, or hope for counseling between three different counseling approaches with men. Common factors are hypothesized to have played an important role in men's judgments related to the approaches. However, it is unclear which common factors or the process by which they manifest in counseling may be important to men. Future research could focus on picking apart the counseling process to understand more about how common factors function for men in counseling.

Several of the relationships uncovered in the current study are worth continuing to explore. While the results add to the research in the counseling field and the psychology of men and masculinity, further study is necessary in order to understand the ways that counseling can be most well tailored for diverse masculinities. Further replication of the relationship between the SPC pattern of GRC and help seeking attitudes is warranted considering that this was a consistent finding in the current study. Qualitative investigation of the experience of men high in SPC and their reactions to the video vignettes may provide deeper understanding into this relationship. Such an investigation could focus on aspects of the social influence of the counselor as well as attitudes toward

psychological help seeking. Further replication of the relationship between the RABBM pattern of GRC and personal commitment to counseling is also warranted. For example, switching the gender of the counselor in the video may produce different results in this relationship. A greater understanding of how men higher in RABBM experienced the counselor in the video in light of their RABBM pattern of GRC would be helpful in understanding how to best address this apparent barrier to treatment.

Practice Implications and Future Use

The results of this study demonstrate that the presence of GRC in its various patterns is associated with barriers to men's positive perspectives toward participation in counseling. It is incumbent on counselors to be attuned to the way GRC patterns play out in counseling and to find ways to reduce defensiveness, tailor therapeutic approaches and interventions to the needs of these clients, and to do everything they can to prevent premature termination. The results of this study highlight the relationships between the success, power, and competition (SPC) as well as restricted affectionate behavior between men (RABBM) patterns of gender role conflict on help seeking attitudes and aspects of expectations about counseling and the social influence of the counselor.

Applying the result of the study to practice, several suggestions may be made. In order to minimize the negative impact of the SPC GRC pattern on the therapy process, therapists would do well to remain particularly sensitive to the client-therapist power differential and how it plays out. This is likely to be even more important in situations where the client and therapist both identify as male as it is within this context that SPC between men are highlighted (Brooks, 1998; O'Neil, 2008). It is possible for language and communication styles steeped in psychological jargon not only to confuse clients, but

to heighten a power differential and trigger defensiveness and competition. Brooks (2011) offers suggestions around the use of language and communication style with men who identify as more traditionally masculine. He urges therapists working with this population to minimize their use of abstract, theoretical discourses or therapeutic jargon in favor of more typical vernacular. He also suggests that in initial sessions, therapist passivity and extended silences may confuse clients and invoke negative therapist stereotypes. These aspects of communication are likely to affect the SPC GRC pattern and may make some male clients uncomfortable.

Use of client vernacular by therapists who are familiar with such language is encouraged in order to minimize the effects of the success, power, and competition pattern of GRC. Brooks (2011) suggests that when appropriate and genuine, therapists may accommodate to a male client's style of communication in order to enhance rapport (i.e. "Looks like you think you really f---ed up" vs. "you seem to be having grave misgivings about your handling of that situation" p. 165). This author agrees with Brooks and would add that communicating in this way may reduce SPC by avoiding the introduction of confusing and complex language that may be perceived as a challenge, threat, or which otherwise heightens a power differential between therapist and client. Brooks suggests that the use of metaphors and story-telling may be useful in so far as they may be communication styles more congruent with men's existing masculine identities. He goes on to describe the potential benefits of making appropriate self-disclosures and using one's own personal gender experiences in service of working with men. This author endorses these suggestions and urges therapists to carefully consider how they can integrate such approaches into their existing practice. Working in a way

that is more congruent with the context of masculinity and which is more congruent with men's existing identities is assumed to reduce the negative influence of SPC in counseling.

The existence of the restricted affectionate behavior between men (RABBM) GRC pattern may also become a barrier to successful counseling. Brooks (2011) recommendation for counselor's nuanced use of male humor, teasing, and indirect expressions of affection and acceptance seem an apt method for addressing this issue:

> If a therapist views male clients from a deficit perspective, it is easy to see how many men have enormous problems with direct, straightforward, and assertive interpersonal behavior as well as a general difficulty with metacommunication. From a strength perspective, however, the therapist can easily admire the multiple and nuanced ways that many men can communicate effectively through silence or humor and good-natured teasing. Many men learn to respect the silence of another man and become skillful at allowing exposure of a painful issue to unfold over time. Sometimes, it may be far more helpful for a therapist to avoid an aggressive push for "getting in touch with feelings," and instead offer a telling nod, a shoulder-grasp, or extended eye contact to convey both recognition of a man's distress and respect for his need to guard his rate of disclosure (p. 165).

This approach is yet another suggestion for how to work within the existing context of masculinity, with the goal of reducing the influence of RABBM GRC in the therapeutic encounter. Building upon a previous description of male ways of relating (Farr, 1986), Brooks (2011) illustrates how such an approach might sound. He illustrates how therapists may indirectly communicate acceptance and closeness with male clients in a

way that traditional men sometimes already do so – through humor and teasing. He says that:

> Therapists can convey a therapeutic point in an empathic manner acceptable to even the most guarded male client. For example, a statement such as, "Your interaction with you wife seems consistent with your past pattern" could be replaced (in a well-established relationship) by a more male-friendly teasing comment such as, "I see we haven't lost our expert touch to 'step in it' at the worst possible time," or "Way to go, big guy. Good job in keeping up our image as insensitive jerks."

While this communication style may be challenging for some to master, it is suggested that therapists seriously consider their male client's context and values related to communication, and attempt to make accommodations to their style. The current study's findings related to RABBM and the therapy process allude to the importance of therapists finding alternative ways of fostering closeness in the therapeutic relationship.

Limitations

The current study has several limitations. In regard to the video vignettes, a couple of limitations exist. First, the inclusion of an introduction to the video vignettes that included common factors may have biased participants' responses. Although the introduction to each video increased the external validity of each vignette, it may have also decreased internal validity. As previously described, common factors research suggests that few, if any "specific ingredients" are more important than the elements

common to all approaches in determining how helpful an approach is. Though it is

unclear what affect the inclusion of the video introductions had on participants' reactions,

it is possible that the introductions reduced the potency of the "specific ingredients" of

each. Second, the validation of the videos did not include a method for assessing the

degree to which the videos differed from one another. Expert raters (licensed

psychologists) responded to the degree to which they believed each video appropriately

depicted each respective approach (i.e. a rough rating of approach fidelity), but did not

respond to any questions about differences between approaches. Future studies of this

nature should include such a rating in the validation procedures.

The sampling procedures were limited in that participants mostly came from

psychology courses (introductory psychology, adolescent/child development). Although

good variability in GRC was found in the sample, the results may have differed if

participants from other, more stereotypically masculine fields of study had been included

(i.e. engineering, agricultural science, etc.). Gender role conflict is tied to masculine

gender identity. Traditionally aged undergraduate men often have identities that are

malleable, and are likely influenced by what they learn in a psychology course. In terms

of their identities as men, the participants in the current study may have represented a

special type of man (i.e. one who is less traditionally masculine or one with a more open

personality style). More participants are also needed in order to achieve greater power to

test the hypotheses. Additionally, a more diverse sample is needed, as the vast majority of

the participants were White, straight, and between the ages of 18 and 23. Finally, because

most participants chose to participate in this study based on a list of possible studies in

exchange for course credit at a university, those who participated may have self-selected

based on variables that may also have biased the sample (i.e. a special interest and/or willingness to discuss masculinity). While adequate variability was found in the distribution of GRCS scores, replication of the study with a more diverse sample is warranted.

Since full experimental control was not achieved, it is not clear what additional confounds may have been introduced, such as how closely participants attended to the videos, or how carefully they responded to the questions. An estimated timeframe for completing the entire research protocol was around 30-40 minutes. According to the web-based survey software used, many of the protocols were completed in around 20 minutes. Since participants were allowed the freedom to complete the study at their own convenience from any location, the fidelity with which they completed the study is unknown. Moreover, the study utilized only self-report measures, which are inherently less objective and susceptible to bias. It may also be that the current study validly depicted the attitudes of men toward counseling – at least men age 18 – 23. It may be that men in this age range do not view positive psychology orientated counseling as more appealing than other approaches in any way (i.e. hope, counselor social influence, expectations for counseling, or attitudes toward help seeking).

Conclusion

The current study was developed in response to the call for therapeutic approaches that adapt to the needs of men (Brooks, 2010; Kiselica, 2011; Kiselica & Englar-Carlson, 2010). Adopting a "new psychology of men" framework (Brooks, 2005), it was assumed that the role of masculine gender role socialization has an important impact on men's use (and nonuse) of therapy. The current study assumed that men's

disproportionately low help-seeking, lack of personal commitment to counseling, and less realistic expectations for counseling were in part due to a mismatch between the context of traditional therapy (i.e. emphasis on deficits, emotional vulnerability) and the context of traditional masculinity (i.e. emphasis on strength, competence, self-sufficiency).

Men's reactions to three conceptually distinct therapeutic approaches were gathered. While the results did not indicate any differences in men's perceptions across the three approaches, more negative attitudes and expectations about counseling and the counselor were associated with greater gender role conflict. This study contributes to the body of literature suggesting the importance of tailoring the delivery of therapy to the context of masculinity. The results of this study suggest that this may be especially important in light of the GRC patterns of success, power, and competition, as well as restricted affectionate behavior between men. There is a continued need to address men's hesitations related to help seeking, and the current study may be considered further evidence of the way in which traditional therapy and traditional masculinity may be at odds. It is therefore up to individual clinicians to assess the context of their male clients' lives, gain an understanding of client gender identity, and to adapt and tailor their approaches accordingly in order to best meet client needs.

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APPENDIX

Counselor Scripts for Video Vignettes

Emotion-Focused Approach

Theoretical Framework:
- Avoidance of emotions & unfinished business are major influences on client problems
- Identification and exploration of emotions is a key part of change
- Experiencing and expressing feelings is a catalyst for improvement
- Experiencing aspects of self that have been denied or distorted helps make one more of a whole person again

Therapeutic activities to describe:
- Exploration of emotions – one of the important things that we will do is take a closer look at feelings. Sometimes people talk about not trusting their emotions, or not letting their emotions "get the best of them." While there's nothing wrong with emotional balance, emotions are very important signals that deserve attention. They are a unique and important part of being human and pushing them away or ignoring them can actually create bigger problems in the long run. Sometimes we really just need to pay attention to how we're feeling in the moment, and to explore our reactions to difficult and important events in life. Even though it may be challenging, I would be curious to explore the emotional side of the things you mentioned struggling with, such as feeling stupid around other people. By exploring the emotional side of yourself, I think you might find that things become more manageable and less troubling.
- Help clients gain awareness of moment-to-moment experiencing – being in touch with your emotions is actually something that can be learned and practiced. One of my hopes for you would be that you could increase your awareness of your moment-to-moment experience. We sometimes react to difficult or intense emotions by blocking them out. Even though this helps us manage our emotions in the moment, it can actually have the effect of cutting off important parts of ourselves. Doing this repeatedly over time can exaggerate that effect to the point that we miss the important message emotions are telling us. In our work together we can help get you in touch with your true experience, and that will help you move in the direction of increased openness and greater trust in yourself.
- Wide range of "experiments" designed to get in touch with feelings – there are a lot of different things we can try right here in our counseling sessions to help you get in touch with and sort out your feelings. I view counseling as a safe place to try out different ways of being. For example, we could have you vocalize different "parts" of yourself to try to get in touch with them. To take an example from our first meeting last week, you said you have determination and really want to succeed yet you worry that you're not smart enough to finish your degree. Further exploration of those contradictory parts of yourself will help you move beyond being stuck between them. We could also role-play scenarios between you

and your dad, your professors, or your friends. Our counseling work can almost be like a laboratory where we get to the bottom of how you are really experiencing the world.

Cognitive Approach

Theoretical Framework:
- One's belief system is a major influence on clients' problems
- Identification and minimization of rigid client beliefs key part of change
- Faulty beliefs can be confronted and challenged with contradictory evidence
- People have "automatic thoughts" that negatively affect their lives

Therapeutic activities to describe:
- Minimize your self-defeating attitudes – like your belief that there is something fundamentally defective about you. I bet if we explored your life a bit we, could find some exceptions to that belief that would basically disprove it. A lot of people actually have automatic thoughts like that that sort of "play" in their heads. Though it may be challenging, I'm confident we can work together to change that thought. And you may have others like that one that you carry around or that get repeated in your head. We'll keep track of those and explore how we can replace them with more productive thoughts. We can help you acquire a more realistic outlook on life.
- Forming alternative interpretations – another important thing we can do is help you to become more flexible in your interpretations of others' behaviors and statements. You mentioned that you worry about looking stupid around others. Your interpretation of others' reacts to you may be really narrow and happen automatically. Sometimes we can get tunnel vision and only see things in a certain light, when really that light is a little off or is even inaccurate. Even though we all strive for the best in our lives, people often become the victim of rigid thinking and an inability to think outside the box and see different alternatives. This is something we can work on together.
- Changing your language and thinking patterns – Language and thinking are obviously very closely related. Thoughts lead to language, and language produces thoughts. It's a cycle really. The way we refer to ourselves, the way we phrase how our day is going, the way we vent about our frustrations – it all affects how we think and that in turn affects how we speak, and on and on. To take an example from our first session last week, you said you have determination and really want to succeed but you worry you're not smart enough to complete your degree. Using certain language can actually tend to reinforce related thoughts. Sheer repetition of thinking some thoughts can make them more ingrained – for better or for worse. By keeping a record of your activities and thoughts, we can chart what patterns are typical for you. Once patters have been identified, we'll actually generate different language alternatives and begin changing your thinking and language patterns. As we work together you'll begin to understand how much of what goes on inside our heads is often engrained and is reinforced by how we

speak. By tracking and charting some of those things, you'll be able to modify them.

Positive Psychology Approach

Theoretical Framework:
- Client positive experiences and positive emotions are just as important and valid as negative ones
- What is going well in clients' lives is just as important an area of focus as what's not going well
- Building upon client competencies, strengths, and assets is just as helpful as remediating weaknesses and problems

Therapeutic activities to describe:
- Focus on both what's going well and not going well – even though people usually come to counseling because of problems they're having, I understand that coming to counseling doesn't mean you're helpless or a failure. In other words, I never want to overlook the things that are going well for you in favor of only looking at what's not going well. In our work together we will take a balanced look at you, your life, and the situations you're in. To take an example from our first session last week, you said you have determination and a strong desire to succeed and not give up. At the same time you also said you worry about not being smart enough to complete your degree. It's very important to my approach that we look at both of these – both positive and negative. Even though most people have both positive and negative emotions, positive and negative thoughts, and have strengths as well as weakness, all too often counseling only focuses on the negative. My approach focuses on both. I think it's just as important to understand as much about the good times as the bad times. Unpacking the how, why, when, and where of when we are at our best or when things are going well allows us to build from the positive.
- Building from the positive – another one of the things I think that will be useful in our counseling work is to identify and build off of your existing strengths. Often people get so bogged down in their problems and in negativity that they have a hard time recognizing their strengths. If we keep your strengths in mind and talk about them a little more, we can actually build from them. For example, we can look for ways for you to use your strengths to deal with your difficulties, ways to enhance and expand your strengths, or ways to use your strengths in new ways and situations to help you deal with your problem. Another way I like to build from the positive with clients is building off of positive emotions. Feeling positive feelings, even if it's just from watching 15 minutes of a funny tv show, create a base to build from. I think it's just as important to understand as much about
- Finding exceptions to the problem and building off of these – We can take a "reverse look" at your problems by examining exceptions to the problem. By this I mean looking for times the problem doesn't happen, or is less, or times when you're you feel more confident to deal with it. We can work together to really understand more about how to maximize the things that would counter the problem – weather it's something about you and how you use your strengths, or something in your immediate environment you may have control over. Often people come to counseling feeling stuck – no matter how much they examine the

problem they can't fix it. I think that can be because they're only focused on half of what's important. In our work, I want to look at both halves.