

Conformity to Masculine Norms and Preferences for Therapy or Executive Coaching

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The current study examined the relationship between men's conformity to male norms and attitudes, preferences, and stigma toward seeking help from an executive coach or psychologist. Two-hundred-nine working adult men were assigned to a condition (*therapy or executive coaching*) and listened to a brief session between a client and practitioner. Overall, men had similar and relatively positive help-seeking attitudes for therapy and executive coaching. However, men with higher conformity to masculine norms had higher stigma toward seeking help and viewed traditional therapy as less favorable. Implications of the study, as well as limitations and directions for future research, are discussed.

Keywords: men, masculinity, help-seeking, executive coaching, barriers

Men's low rates of help-seeking, compared with women, for physical and mental health concerns has been well documented (Addis & Mahalik, 2003; Ang, Lim, & Tan, 2004; Blazina & Watkins, 1996; Fischer & Turner, 1970; Good, Dell, & Mintz, 1989; Kim & Omizo, 2003). One of the major foci in explaining this consistent pattern is masculine ideology, which posits that men are socialized about what they should and should not do (Smiler, 2004, 2006). A few of the social proscriptions against seeking psychological help include concerns about expressing emotions or affection toward other men (Good et al., 1989), fear of losing autonomy (Addis & Mahalik, 2003), and shame about being seen as weak if one cannot handle a problem on one's own (Vogel, Wade, & Haake, 2006). Authors further suggest that a central challenge in working therapeutically with men is a lack of fit between the culture of therapy and the rules of masculinity (Levant, 1990; Robertson & Fitzgerald, 1992; Rochlen, 2005). However, others have shown that men

vary in their conformity or adherence to these social norms, and some men seek help for some problems under certain conditions (Addis & Mahalik, 2003).

Despite some of these social pressures seemingly applying toward all types of help-seeking options, gender differences in help-seeking patterns do not seem to hold in the practice of coaching. First used in the late 1970s (Brilliantissimo, 2003), the practice of executive and personal coaching has seen significant growth in recent years. The International Coach Federation, the world's largest association of coaches, has more than 15,000 members in 90 countries (International Coach Federation, 2009) reflecting a 50% increase since 2007. In addition, research addressing utilization rates suggests that anywhere from 52% to 85% of coaching clients are men (Gale, Liljenstrand, Pardieu, & Nebeker, 2002; Wasylyshyn, Gronsky, & Haas, 2006; Wasylyshyn, 2003). This pattern of men engaging in coaching contrasts sharply with the well-documented findings that men underutilize counseling services.

Yet at this point, we lack a precise understanding of the differences between these two help-seeking options, including why executive coaching seems to attract a high proportion of men (McKelley & Rochlen, 2007). In previous research, some evidence has emerged suggesting that different professional titles affect the tendency to seek help from service providers (Brown & Chambers, 1986) and may serve as barriers to seeking help (Mansfield, Addis, &

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Courtenay, 2005; Rochlen, McKelley, & Pituch, 2006). However, to date, no studies have specifically compared these treatment options (e.g., therapy vs. executive coaching). In furthering these areas of research, a realistic starting point would be to investigate how men perceive coaching to help understand the apparent discrepancy between utilization of professional helping services (McKelley & Rochlen, 2007). In support of this goal, the current study was designed to examine the relationship between men's conformity to masculine norms and attitudes and preferences for seeking help. Several hypotheses were addressed.

First, we expected that overall men would show more positive attitudes toward seeking help for a work/life issue from an executive coach than a psychologist. In contrast to studies showing men seek help less frequently than women for mental health concerns (Angst et al., 2002; Kessler, Demier, & Frank, 2005; Wang, Berglund, & Olfson, 2005), Boespflug (2005) suggested that "men may be more willing to choose a "masculinized" help-seeking label such as executive coaching rather than the more "feminized" perceived label of psychotherapy" (p. 73). In a study of men's attitudes toward career counseling, Rochlen and O'Brien (2002) found that men preferred a more directive approach to career counseling over an emotionally oriented approach. Executive coaching has generally been considered more directive than therapy and based on a more collegial relationship between coach and client than therapist and client (Levinson, 1996), therefore, framing a help-seeking relationship as coaching may elicit less negative attitudes than traditional interventions.

Second, we expected that men who conform to restrictive gender role norms would report more negative help-seeking attitudes than men with less restrictive notions of gender (Good et al., 1989; Good & Wood, 1995; Rochlen et al., 2006). We anticipated that men's conformity to masculine norms and the type of help-seeking model (therapy vs. executive coaching) would predict differences in attitudes toward seeking professional help. We expected that men who conform less to masculine norms would demonstrate similar attitudes toward seeking help from either practitioner. Furthermore, men who endorse greater adherence to masculine norms were expected to show significantly more positive attitudes toward an executive coach than a psychologist.

Third, we expected that men would rate the two different service options differently based on the commonly researched counselor characteristics of attractiveness (i.e., friendly or likable), expertness, and trustworthiness (LaCrosse, 1980; Lakey, Cohen, & Neely, 2008), and evaluations of the counseling approach (Lyddon, 1989). Specifically, we anticipated that the general public would be more familiar with the training and credentialing process for a psychologist and subsequently rate him/her higher in expertness and trustworthiness than an executive coach. Further, because the practice of coaching may carry less stigma-based stereotypes than therapy, we anticipated that an executive coach would be rated higher in attractiveness (i.e., likability). Research on therapist portrayals in the media suggest that men hold more negative stereotypes for psychologists than women, including perceptions that they are "crazier" than clients and stifling of creativity (Schultz, 2005). In addition to practitioner characteristics, we expected that participants would report a higher likelihood of benefiting from and using executive coaching than therapy based on arguments by Levant (1990) and May (1990) that nontraditional therapeutic environments may be more congruent with men's needs.

Finally, we predicted that men would rate a man seeing an executive coach more positively (i.e., lower score on stigma) than one seeing a psychologist. However, men who conform more to masculine norms were expected to report significantly higher stigma scores in both situations than men who conform less to masculine norms. This expectation was informed by recent research showing that people are less likely to seek help for a problem that they believe to be stigmatizing, uncommon, or a reflection of their self-worth (Magovcevic & Addis, 2005). Further, these self-threatening aspects of help-seeking behaviors may be more pronounced for men because of cultural norms about seeking help for mental health problems. Negative attitudes toward seeking psychological help have been associated with higher levels of social stigma (Deane & Todd, 1996), self-stigma (Pederson & Vogel, 2007), and are more pronounced for men facing other gender-linked pressures to be successful and "fit in" (Timlin-Scalera, Ponterotto, Blumberg, & Jackson, 2003). In contrast, Wasylyshyn (2003) found

that 75% of executives reported a positive reaction to the idea of working with a coach prior to engaging in services.

In summary, the present study examined the relationship between men's conformity to traditional masculine norms and treatment preferences for therapy or executive coaching. Our primary goals were to: (1) explore men's attitudes and preferences about seeking professional help based on how the service was framed (*psychologist/therapy or executive coach/executive coaching*), and (2) examine the stigma of seeking professional help based on condition (*therapy or executive coaching*).

Method

Recruitment

A snowball sampling method was used for recruitment. This approach has been used in studies of sensitive subjects by employing individuals' social networks in order to access "hard to reach" populations (Browne, 2005). Fifty zero-stage nominees designated by the authors (e.g., former colleagues, professional contacts, and friends) were recruited by email to participate in an online study and were encouraged to recruit others for the study. More specifically, one-third of the zero-stage nominees comprised of friends or family members were asked to "forward the invitation email to two or three coworkers" who met the criteria (age 21 or older and employed). The remaining two thirds were former professional contacts of the primary investigator representing the following industries: management consulting, law, software/IT, and MBA graduates of two universities. Anyone involved in delivering mental health services was asked during informed consent to refrain from participating. Of the original 282 participants who consented to participate, information from the 209 usable surveys was analyzed to determine the characteristics of the sample. The remaining 73 response sets were discarded because they did not complete the posttest measures, resulting in the final sample of 209 participants.

Participants

Participants were a national sample of 209 working adult men who ranged in age from 21 to 70, with a mean age of 40 ($SD = 12.05$).

Regarding race/ethnicity, 85% were Caucasian/European American, 6% Asian/Asian American, 4% Latino/Hispanic, 2% multiracial, 1% African/African American, <1% Indian/Indian American, and <1% indicated "Other." In terms of highest level of education, 3% completed high school/GED only, 11% some college, 1% associates degree, 42% bachelor's degree, and 43% graduate degree. Sixty-one percent were currently married, while others were single/never married (25%), living with partner (9%), single/divorced (4%), or married/separated (1%).

Average years of work experience was 17.33 ($SD = 12.51$), and 11 occupational fields accounted for 51% of the sample. The top six fields were Education, Training, & Library (8%), Computer Software (6%), Automotive/Motor Vehicle/Parts (6%), and Consulting Services, Information Technology, and Legal each contributing 5%. Fifty-two percent reported a gross annual household income of \$100,000 or more per year, 30% between \$50,000 and \$99,999, and 18% percent less than \$50,000.

Ninety-five participants (45%) reported previous experience in a professional help-seeking relationship. Of those 95, most had experience with a mental health professional such as a psychologist (32%), licensed professional counselor (22%), therapist (15%), psychiatrist (8%), or social worker (1%). Seventeen reported working with multiple providers (18%), and three were in an executive coaching relationship (3%).

Procedure

Development of vignettes. Three common work-related concerns representing typical client concerns were chosen such that the content of the vignette was equally plausible for either a therapy or coaching session. Scripts were developed by reviewing sample therapy sessions from several counseling textbooks. Specific questions for the practitioner in the vignette came from "Coaching Conversation Language Tips" provided at an executive coaching workshop conducted by the Society of Consulting Psychology of the American Psychological Association.

Development of the vignettes occurred in a three-stage process. First, audio clips of the three scenarios were recorded with the primary investigator as the practitioner and a graduate student/licensed professional counselor with corporate experience as the client. Feedback on

the initial interviews was provided by a licensed psychologist and two professionals from the target population for the study. New vignettes were then recorded based on reviewer feedback. Additionally, a new client was obtained who had no previous experience in therapy or coaching, and was blind to the purpose of the study. All three reviewers agreed that the new vignettes were a significant improvement and a more realistic portrayal of a professional helping session.

To assess the validity of the audio vignettes with practitioners, the third stage involved a manipulation check with four licensed therapists and four executive coaches. The average years of experience for each were 10.50 ($SD = 3.87$) and 9.75 ($SD = 4.11$), respectively. All eight reviewers rated their agreement to the following question for each vignette on a scale of 1 (*strongly disagree*) to 5 (*strongly agree*): "The clip I just reviewed is an appropriate example of a therapy (or executive coaching) session." In response to the question on the appropriateness of the vignette, the therapists yielded the following mean scores: Work/Life Balance = 4.50 ($SD = 0.58$), Micromanaging Boss = 4.25 ($SD = 0.96$), and Career Change = 4.85 ($SD = 0.50$). Executive coaches yielded the following mean scores: Work/Life Balance = 3.75 ($SD = 1.26$), Micromanaging Boss = 4.00 ($SD = 1.41$), and Career Change = 4.00 ($SD = 1.41$). As anticipated, no mean differences emerged for the three manipulation check scores, suggesting that the three vignettes were perceived by experienced practitioners as being roughly equal and appropriate examples of either a therapy or coaching session. Using the Spearman-Brown correction, the interrater reliability coefficient across the eight raters was .96 (MacLennan, 1993).

Data collection. All questionnaires and presentation of the audio vignette occurred online using Internet-based data collection. After navigating to the Web address, participants provided informed consent to participate and were given an outline of the procedure. Participants were randomly assigned to one of two conditions (Psychologist or Executive Coach). After completing pretest measures on demographics, help-seeking attitudes, and conformity to masculine norms, they were given the choice of one of three scenarios they might face in their job. These included: difficulty with work/life bal-

ance (i.e., "choosing between a big promotion that you have been working toward and a desire to spend more time at home with your family"), a micromanaging boss (i.e., "struggling to work with a new manager that scrutinizes your work despite your long history of success in the organization"), or making a career change (i.e., "faced with the choice between staying in a steady job that you enjoy but are experiencing boredom, and changing careers to one that provides more challenge, reward, and risk"). Participants in both conditions read a description of the selected problem that the vignette character was experiencing. Below is an example of the introduction to the Work/Life Balance scenario:

James was recently offered a promotion that comes with a major salary increase in a fast-growing division of his company, but with the expectation of longer hours and travel for out-of-town client work leaving Monday mornings and returning Thursday evenings. He has already been struggling with the limited time he gets to spend with his family, and recently discussed the desire to cut back on work to allow more time with his spouse and children. He already turned to colleagues and friends for help, but cannot come to a decision. A friend suggests that he consider seeing a psychologist [for Condition A; executive coach for Condition B] to help him work through the situation.

Assuming that not all participants would be familiar with the profession of psychology or practice of executive coaching, participants read a brief description of the role as defined by the professional organizations that support their services (American Psychological Association, 2006; International Coach Federation, 2006).

After reading an introduction to the scenario, participants listened to a 5-min vignette of a session between a male client and male practitioner. Participants without audio capabilities or who experienced technical difficulties were given the choice to read a transcript of the vignette. Participants then completed posttest questionnaires based on identification with the vignette, evaluations of the session and practitioner, stigma, and help-seeking attitudes. After completing the experiment, participants were debriefed and asked to choose one of three charities in which they would like the primary investigator to make a donation.

Measures

Demographic questionnaire. A demographic questionnaire developed for this study

collected information on participants' age, race/ethnicity, education level, annual household income (SES), relationship status, work experience, and previous help-seeking experience.

Attitudes Toward Seeking Professional Psychological Help Scale–Short Form (ATSPPHS). The ATSPPHS (Fischer & Farina, 1995) contains 10 items from the original 29-item instrument, which assesses general attitudes toward seeking professional help for psychological concerns (Fischer & Turner, 1970). This instrument asks participants to rate their level of agreement with items on a Likert scale ranging from 0 (*strongly disagree*) to 3 (*strongly agree*), with higher scores indicating more positive attitudes toward seeking psychological help. Scores from the original scale have been found to discriminate between participants who have and have not sought psychological assistance (Fischer & Turner, 1970). The test–retest correlation with a 1-month interval between tests has been reported as .80 (Fischer & Farina, 1995).

To address attitudes toward executive coaching, a modified version of the ATSPPHS was used by making minor changes to reflect the practice of executive coaching instead of traditional mental health services. For example, an item in the ATSPPHS item that reads, “The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts,” the term “executive coach” was substituted for “psychologist.” Modified versions of the instrument have been used with a range of populations including male MBA students (Boespflug, 2005) and undergraduate samples (Good et al., 1989; Tata & Leong, 1994).

Conformity to Masculine Norms Inventory (CMNI). The CMNI (Mahalik et al., 2003) assesses the extent to which an individual conforms, or does not conform, to 11 masculinity norms found in the dominant culture in the United States. These norms are identified as Winning, Emotional Control, Risk-Taking, Violence, Dominance, Playboy, Self-Reliance, Primacy of Work, Power Over Women, Disdain for Homosexuality, and Pursuit of Status. The inventory consists of 94 items answered on a 4-point Likert scale (0 = *strongly disagree* to 3 = *strongly agree*). CMNI scores have been found to relate significantly and negatively to attitudes toward psychological help seeking. Mahalik et al. (2003) reported internal consistency

estimates ranging from .75 to .91 for the 11 Masculinity Norms with a coefficient alpha of .94 for the CMNI Total score. Test–retest reliability over 2–3 weeks ranged from .76 to .95 for the 11 Masculinity Norms with a test–retest coefficient of .96 for the CMNI Total Score.

The present study employed a 22-item abbreviated version of the CMNI, which used the two highest loading items for each of the 11 factors from the original CMNI validation study (Mahalik et al., 2003), yielding a Total Masculinity score. Similar abbreviated forms have been used in other studies, from using only specific subscales (Burns & Mahalik, 2006, 2008) to an 11-item version using only the highest loading items from each subscale (Mahalik, Burns, & Syzdek, 2007). The CMNI-22 correlates at .92 with the CMNI Total for the 94-item scale. In a previous study that used a shorten version of the CMNI (Mahalik et al., 2007), the theta coefficient was computed instead of Cronbach's alpha to address problems of heterogeneity found in scales with multiple factors (Ferketich, 1990). Theta for this study was .64.

Counselor Rating Form–Short Form (CRF-S). The CRF-S (Corrigan & Schmidt, 1983; Barak & LaCrosse, 1975) is a 12-item questionnaire that assesses characteristics of a therapist on three domains: attractiveness, expertness, and trustworthiness using a 7-point Likert scale; four questions for each domain. Items are alternated, and within each scale the items appear alphabetically. An antonym is selected for each adjective, and a bipolar scale is constructed for each item pair (e.g., *alert–unalert*), producing a subscale score range of 4 to 28 for each of the three dimensions. The original validation study (Corrigan & Schmidt, 1983) found the following mean split-half reliabilities across student and client populations: .90 for expertness, .91 for attractiveness, and .87 for trustworthiness. Zamostny, Corrigan, and Eggert (1981) found stability coefficients of .79 to .86 across the three CRF subscales.

Counseling Approach Evaluation Form (CAEF). The CAEF (Lyddon, 1989) is a 6-item questionnaire that assesses preference for styles of counseling and is composed of two scales, each with three items. Responses are made on a 7-point Likert scale (1 = *not at all* to 7 = *very*), and consists of items such as, “How

optimistic are you that this approach would be beneficial for most people?" The first scale measures evaluations of the counseling approaches with regard to the likelihood of benefiting from and using the particular approach. The second scale assesses preferences for the counseling approach in relation to others' opinions. Scores for each are based on the mean scores of the three items. High scores on the first scale indicate greater interest in the counseling approach, whereas high scores on the second scale reflect perceptions that others would be attracted to the approach. Lyddon and Adamson (1992) reported internal consistency estimates of .96 and .93 for their sample for the first and second scales, respectively, and a correlation of .92 between the two scales. Test-retest reliabilities over a 1-week time period ranged from .87 to .91. The CAEF was used to show preferences for different counseling styles based on personal epistemology (Lyddon, 1989) and worldview (Lyddon & Adamson, 1992).

Stigma Scale for Receiving Psychological Help (SSRPH). The 5-item SSRPH (Komiya, Good, & Sherrod, 2000) is a unidimensional scale designed to assess individuals' perceptions of how stigmatizing it is to receive psychological treatment. Each question is rated from 0 (*strongly disagree*) to 3 (*strongly agree*), with higher scores indicating greater stigma perceptions associated with treatment. The total scale score ranges from 0 to 15. A sample item is "Seeing a psychologist for emotional or interpersonal problems carries social stigma." Coefficient alphas for the SSRPH range from .71 to .72, indicating an acceptable level of internal

consistency (Komiya et al., 2000; Pyne et al., 2004). Support for construct validity was provided by the findings that it correlated negatively with the ATSPPHS ($r = -.40, p < .0001$), indicating that the less social stigma individuals perceived, the more positively they felt about seeking psychological help. To address attitudes toward seeking executive coaching, a modified version of the SSRPH was used with similar text changes as noted above in the ATSPPHS.

Identification with Vignette Character (IWVC; developed for current study). Blanchard-Fields and Beatty (2005) stress the importance of measuring participants' identification with actors in vignettes used in analogue studies. To assess the level of identification with the character seeking help, a 3-item measure was created for this study. Items were answered using a 5-point Likert scale (0 = *not at all*, 4 = *very much*), with higher scores indicating identification with the work/life scenario. Items created for this scale were: (1) The scenario faced by James in the vignette is a realistic concern in my life or work environment. (2) I can currently relate to the challenge faced by James, or have faced a similar challenge in the past. (3) I can see myself facing this kind of challenge at some point in my career.

Results

Preliminary Analyses

Table 1 shows the means, standard deviations, range, and internal consistency estimates

Table 1
Scale Total Means, SDs, Ranges, and Alpha Coefficients ($N = 209$)

Scale	<i>M</i>	<i>SD</i>	Range	α
ATSPPHS (pretest)	16.35	4.22	3–27	.80
ATSPPHS (posttest)	16.16	4.17	4–28	.83
Conformity to Masculine Norms Inventory-22	29.34	5.10	13–44	.64 ^a
Counselor Rating Form–Short Form				
Attractiveness	19.47	4.10	4–28	.83
Expertness	19.63	5.11	4–28	.93
Trustworthiness	20.81	4.70	4–28	.92
Counseling Approach Evaluation Form	24.42	7.29	7–41	.91
Stigma Scale for Receiving Psychological Help	6.14	2.42	0–14	.80
Identification With Vignette Character	7.81	3.11	0–12	.79

Note. ATSPPHS = Attitudes Toward Seeking Professional Psychological Help–Short Form.

^a Both α and $\theta = .64$ for the CMNI-22.

for all scales used in this study. In terms of this sample of men's conformity to masculine norms, the mean score on the CMNI-22 was in range of previous studies when adjusted for total possible scale score. For example, it was slightly higher than a community-based sample of men of similar age ($M = 42.9$ years; $SD = 13.7$) using an 11-item version of the CMNI (Mahalik et al., 2007), and lower than samples of older men using an abbreviated version (Burns & Mahalik, 2008) and traditionally aged college men using the full CMNI (Mahalik et al., 2003). This suggests that men in our study reported average levels of conformity to masculine norms.

Table 2 shows the correlations and significance levels between the outcome variables. To examine potential differences between pre- and posttest scores on several variables, four different analyses of variance were conducted. To control for Type I error, a Bonferroni correction for the omnibus F test of significance was set to .0125 (.05/4). For the first two tests, there were no significant differences on demographic or outcome variables based on condition (therapy vs. executive coaching) or the vignette chosen.

Given previous research suggesting that men who have been in therapy report more favorable help-seeking attitudes (Deane & Todd, 1996), we evaluated the effects of previous help seeking on all outcome variables. The overall test of equal group means was not significant and indicated that participants had similar average scores on the outcome variables regardless of previous help-seeking experience. The fourth

preliminary analysis on vignette format found differences based on how participants reviewed the 5-min vignette. Participants who listened to the audio recording versus those who read a transcript rated the practitioner higher on all counselor characteristics (e.g., attractiveness, expertness, and trustworthiness).

A one-way multivariate analysis of covariance (MANCOVA) was conducted with format as the independent variable (listened to audio vs. read transcript), pretest attitudes toward seeking help as a covariate, and posttest attitudes, stigma, attractiveness of approach, and practitioner attractiveness, trustworthiness, and expertness as the dependent variables. The overall test of equal group means was significant (Hotelling's Trace = .11, $F = 3.78$, $p = .001$, partial $\eta^2 = .10$), suggesting there were differences in scores on one or more outcome variables depending on the format of the vignette. Tests of between-subjects effects indicated significant differences for practitioner attractiveness, $F(1, 206) = 12.46$, $p = .001$, partial $\eta^2 = .057$, expertness, $F(1, 206) = 8.982$, $p = .003$, partial $\eta^2 = .042$, and trustworthiness, $F(1, 206) = 14.23$, $p < .001$, partial $\eta^2 = .065$, in favor of the audio condition. Vignette format accounted for approximately 6% of the variance in scores for attractiveness, 4% for expertness, and 7% for trustworthiness. Pairwise comparisons of mean scores revealed that participants who listened to audio clips of the vignettes ranked the therapist/coach higher in attractiveness (2.37 points), expertness (2.47 points), and

Table 2
Correlations Between Scales (N = 209)

Scale	1	2	3	4	5	6	7	8	9
1. ATSPPHS (pre)	—								
2. ATSPPHS (post)	.88**	—							
3. CMNI-22	-.25**	-.30**	—						
4. CRF-Attract	.10	.13	-.20**	—					
5. CRF-Expert	.22*	.25**	-.22**	.69**	—				
6. CRF-Trust	.20**	.20**	-.20**	.73**	.85**	—			
7. CAEF	.50**	.56**	-.26**	.40**	.54**	.48**	—		
8. SSRPH	-.13	-.16*	.31**	.07	.06	.03	-.01	—	
9. IVWC	.07	.05	-.02	.04	.05	.04	.10	.03	—

Note. ATSPPHS = Attitudes Toward Seeking Professional Psychological Help -Short Form; CMNI-22 = Conformity to Masculine Norms Inventory-Short Form; CRF-Attract = Counselor Rating Form-Attractiveness subscale; CRF-Expert = CRF Expertness subscale; CRF-Trust = CRF Trustworthiness subscale; CAEF = Counseling Approach Evaluation Form; SSRPH = Stigma Scale for Receiving Psychological Help; IVWC = Identification With Vignette Character.

* $p < .05$. ** $p < .01$.

trustworthiness (2.84 points) than those who read transcripts of the vignette regardless of condition (therapy or coaching).

Primary Analyses

Between-groups differences in help-seeking attitudes. To test the first hypothesis, a one-way analysis of covariance (ANCOVA) was conducted with the treatment condition (therapy vs. coaching) as the independent variable. Men's posttest attitudes toward seeking help, measured by the ATSPPHS, was the dependent variable, and pretest scores on the ATSPPHS served as the covariate. There was no statistically significant difference between experimental groups, suggesting that participants had similar attitudes toward seeking help from a psychologist and executive coach.

Conformity to masculine norms and help-seeking attitudes. To test the second hypothesis, a hierarchical multiple regression was performed using the variables that significantly correlated with the posttest ATSPPHS. After controlling for pretest help-seeking attitudes and condition, CMNI-22 scores, Condition, and interaction (CMNI-22 \times Condition) were not statistically significant. Thus, neither conformity to masculine norms nor condition explained significant variance in scores on help-seeking attitudes.

Effect of practitioner title on evaluation of professional service. Given the unanticipated finding in the preliminary analysis that the format of the vignette (audio vs. transcript) was related to the CRF-S ratings, the third hypothesis was tested using a MANCOVA with condition as the independent variable, vignette format as a covariate, and attractiveness of approach, practitioner attractiveness, trustworthiness, and expertness as the dependent variables. After controlling for the effects of the vignette format, the overall test of equal group means was significant (Hotelling's Trace = .05, $F = 2.63$, $p = .04$, partial $\eta^2 = .05$), suggesting there were differences in scores on one or more outcome variables. Follow-up tests of between-subjects effects showed that, contrary to the hypothesis, participants rated a psychologist as more attractive (i.e., likable) than an executive coach, $F(1,206) = 7.52$, $p = .01$, partial $\eta^2 = .04$. There were no statistically significant differ-

ences for overall approach, trustworthiness, or expertness.

Relationship between gender conformity and stigma. To test the fourth hypothesis, a multiple regression analysis was conducted with stigma as the criterion variable and masculinity scores, help-seeking model, and interaction term (CMNI-22 \times Condition) as the explanatory variables. The variables were entered into a single regression model which was statistically significant, $F(3, 205) = 14.39$, $p < .001$, $R^2 = .17$, indicating that these variables accounted for 17% of the variance in the stigma scores. Table 3 provides the results of the analysis. The interaction between masculinity and experimental condition was not statistically significant; however, masculinity and help-seeking condition were both statistically significant explanatory variables at $p < .05$. Thus, results of the analysis demonstrate partial support for the hypothesis. When men's CMNI-22 scores were high, scores on stigma scale were also high. Stated otherwise, men who conformed more to traditional masculine norms were more likely to attribute stigma to a man in a help-seeking relationship than men who conformed less to those norms. Similarly, scores on the stigma scale were higher for the therapy condition than the executive coaching condition, suggesting that men, regardless of conformity to masculine norms, viewed therapy as more stigmatizing than executive coaching.

Discussion

The present study explored the relationship between men's conformity to traditional gender role norms and their attitudes, stigma, and preferences for seeking professional help from two different service models: therapy and executive coaching. Recent epidemiological studies based

Table 3
Summary of Multiple Regression Analysis for
Variables Related to Stigma ($N = 209$)

Variable	<i>B</i>	<i>SE B</i>	β
CMNI-22 \times Condition	0.11	0.06	.67
CMNI-22	0.10	0.04	.21*
Condition	-4.34	1.80	-.91*

Note. CMNI-22 = Conformity to Masculine Norms Inventory-Short Form. $R^2 = .17$.

* $p < .05$.

on the National Comorbidity Survey Replication support men's significantly lower rates of treatment contact and use of mental health services than women (Kessler et al., 2005; Wang, Berglund, et al., 2005). Of interest, data from the current study do not reflect these low rates. Almost half of the sample ($n = 95$; 45%) indicated they had sought some type of professional help, and 75 (78%) participants in that group listed a mental health professional as the provider.

One explanation for the difference is the sociodemographic makeup of the sample. Research on demographic characteristics of people who seek therapy suggests people who enter treatment tend to be White, educated, and from the middle and upper-middle class (Vessey & Howard, 1993), with all three characteristics shared by the majority of this sample. Participants in this study may have had access to more resources than the average U.S. male, or other unexamined demographic or personality variables may have also contributed to their help-seeking behaviors. Additionally, it is possible that there was an age effect, with a mean age of approximately 40 years that is older than similar research on help-seeking conducted on college-aged men, and therefore men in the sample had more opportunities to seek help in their lifetime.

Men's similar attitudes toward seeking help from a psychologist versus an executive coach challenges previous research indicating that the perception of the titles of professional helpers (e.g., counselor, psychologist) affects peoples' tendency to seek help from providers (Gelso & Karl, 1974). More recently, Brownson (2005) presented statistics on students' follow-through rates of physician referrals to a college mental health center. They reported a significant increase from the original follow-through rate for referrals after changing the name from Counseling and Mental Health Center to Behavioral Health Center, presumably because of the center title. Finally, the study on the effect of counseling center title on utilization by Brown and Chambers (1986) suggested that faculty and students were more likely to refer others and use a center with the words *personal and career counseling* than titles using the word *psychological*.

In addition, preconceptions or ignorance of the practice of coaching may have influenced ratings on the outcome measures. Respondents

in the Wasylyshyn (2003) study who reported less positive reactions to the idea of working with a coach cited unfamiliarity with the practice as the main reason. Furthermore, of the 95 participants who had sought professional help prior to the study, only three had indicated it was from an executive coach. One other way to interpret the finding is that the practice of coaching may be one of several possible interventions for *some* men since it was not rated significantly *lower* than therapy. For example, coaching may encourage utilization of professional help by decreasing stigma of seeking help or providing another alternative to therapy (McKelley & Rochlen, 2007).

Regarding the failure to detect a significant difference between participants' level of gender conformity and help-seeking attitudes, there are several plausible explanations. First, it is possible that changing the words used in the attitudes measure (e.g., substituting *executive coaching* for *therapy*) may not be an accurate measure of help-seeking attitudes for executive coaching given that the rest of the language in the measure may be incongruent with the practice of coaching. Additionally, there was questionable internal consistency ($\theta = .64$) obtained for scores on the conformity to masculine norms measure. This tends to reduce statistical power (Onwuegbuzie & Daniel, 2002) and does not meet a "generally accepted .80 cutoff value" for research purposes (Loo, 2001, p. 223). Another explanation for the lack of differences on the outcome measure could be because of participants' reactions to the interaction between client and practitioner in the vignette. Some research supports that help-seeking attitudes vary based on how an intervention is perceived to be congruent with male role socialization (Blazina & Marks, 2001; Robertson & Fitzgerald, 1992). It is possible that the vignettes were perceived to be incongruent with participants' personal experiences with gender socialization. For example, men who would never consider seeking professional help to discuss a micromanaging boss may have reacted negatively to the client. Hence, some participants may have responded to the perceived incongruence in the vignette to such a degree that negated any effects of how the session was framed (i.e., therapy vs. coaching).

Another notable point in our findings was the effect of vignette format on ratings of practitio-

ner attractiveness, trustworthiness, and expertness. Consistent with a meta-analysis of 45 studies using those variables, Heppner and Clai-born (1989) suggested that nonverbal cues produce more favorable perceptions of practitioner characteristics and account for more variance than other characteristics such as jargon or negative reputational cues (e.g., unfriendliness). One potential implication of this finding for clinically oriented professions is the importance of paying closer attention to how therapy (or coaching) is portrayed in mainstream media and what effect it has on men's help-seeking attitudes and behaviors. Groups like the Media Education Foundation already encourage critical thinking and debate about the relationship between media and representations of ideas and people (Media Education Foundation, 2009). Results from this study signify a need for professional organizations such as the American Psychological Association to consider paying closer attention to how therapy is portrayed in TV, films, and commercials, and encourage researchers and clinicians to take more active roles as consultants to the media to challenge long-standing stereotypes and images about therapy.

Finally, there was partial support for the fourth hypothesis that men who conform more to traditional masculine norms were more likely to view a help-seeking relationship as stigmatizing than men who conform less to those norms. This is consistent with earlier research indicating that a person described as seeking counseling is rated more negatively than is a "typical" person (Goodyear & Parish, 1978; Parish & Kappes, 1979) and more recent literature suggesting that individuals adhering to masculine gender roles may be more likely to perceive problems as being stigmatizing (Addis & Mahalik, 2003). Subsequently, it was hypothesized that executive coaching would be seen as a less stigmatizing help-seeking option as it is a new field that presumably does not carry the history of stigma present in more traditional mental health settings. The subfield of consulting psychology already recognizes the reduced stigma of coaching with clients and many clinicians use the word "coaching" with men in therapy as a result (Kiselica, Vasquez, Robertson, & Stevens, 2004). Results for this hypothesis support the assertion that using this approach may fit better for men with high needs of

success, power, and competition where the culture of therapy may be in opposition to the culture associated with traditional masculine roles and values (McKelley & Rochlen, 2007; Rochlen & Hoyer, 2005).

Limitations

Although this study has some implications about the role that the practice of coaching may play in reaching more men, several limitations are present. First, the sample vignettes may have been unable to activate some of the help-seeking attitudes and beliefs that men might experience in a real-life scenario, and may not represent the attitudes toward or stigma of seeking help for more pressing problems (e.g., alcohol abuse, depression, etc.). Although there was support for the validity of the vignettes from experienced therapists and coaches, participants' inexperience with or expectations of either modality could have affected their evaluations. Results are therefore limited to this sample and issues presented in the vignettes.

Another limitation of the study involves possible selection bias from the snowball sampling method and Web-based data collection. Results may reflect characteristics of the zero-stage nominees and their referrals (White, highly educated, and middle to upper class), and not represent a random sample of working men aged 21 and above. Although it can be argued that the demographics of the sample are consistent with other research on executive coaching (Wasylshyn et al., 2006; Wasylshyn, 2003), it is not clear how results would generalize to younger or older, non-White, working class men. A frequent criticism in the literature is that many non-Whites have less access to quality mental health services (Muñoz & Mendelson, 2005; Wang, Lane, & Olfson, 2005) and seek help at lower rates (Gallo, Marino, Ford, & Anthony, 1995; Sussman, Robins, & Earls, 1987) than Whites. It is also possible that restricting data collection to the Internet may have left out important groups of men (Hewson, 2003) and restricted variability in the race/ethnicity and income levels of participants (Green et al., 2006).

Finally, there may be limitations because of the constructs and measures used to assess masculinity. Low reliability obtained on the CMNI-22 ($\theta = .64$) may partly explain some of

the nonsignificant findings based on conformity to masculine norms. It is also possible that the construct of masculinity in which the measure is based on is not as salient for this sample of adult men. For example, a study by Levant and Fischer (1998) found that older men are less likely to endorse traditional masculinity ideology. Additionally, it is possible that the total conformity score obtained by the shortened version of the CMNI did not adequately capture important subdimensions of masculinity that might be more predictive of the outcome variables used in the current study (e.g., subscales of Primacy of Work, Winning, and Self-Reliance.).

Future Research

Several possibilities for future research in this area can be outlined. First, much of the research on masculinity and its links to men's help-seeking attitudes and behaviors have focused on the avoidance factors of seeking professional help (e.g., perceived stigma of being in therapy keeps men away). Many men value the support they get from their network of friends, family members, colleagues, mentors, and clergy. Future studies should seek to better understand if the lower rates of help-seeking found in the literature hold true across the board or if they are specific to more traditional mental health providers. As coaching becomes more widely known as a practice or regulated profession, additional research needs to explore whether men might seek coaching to address existing personal or professional deficits or develop new strengths. It would also be helpful to conduct outcome research to investigate the similarities and differences between men who have been in therapy and those who have been in a coaching relationship.

Second, research should extend beyond collecting data on easily captured demographic variables to include psychographic variables such as attributes related to personality, values, lifestyles, and so forth already in use in market segmentation and advertising. Because this area of research on men and masculinity is still fairly new, it has been argued that it consists of many disparate ideas and lacks an overarching conceptual framework for understanding men (McKelley, 2007). Subsequently, collecting new kinds of data and variables might help

build a more grounded theory into men's help-seeking attitudes and behaviors and results from studies could inform the helping professions about how best to reach and provide treatment for men.

Finally, while efforts have begun to help understand how men of color experience masculinity and help-seeking (Hammond & Mattis, 2005; Lane & Addis, 2005; Sue, 2005), a significant gap still exists in our understanding of men's help-seeking attitudes and behaviors on other important dimensions such as age, sexual identity, lower socioeconomic status, disability status, and a multitude of other factors. While more challenging to access samples with these characteristics, information gained from studying them could provide valuable insights into meeting the needs and preferences for professional help of a broader range of men.

Conclusion

The present study was the first to investigate the relationship between masculine socialization and the framing of services on men's attitudes, stigma, and preferences for seeking help. Results suggest that the practice of coaching may be seen as a less stigmatizing service option by men adhering to more traditional gender roles and ideologies. However, findings from the study also highlight some limitations of the practice of coaching as viable a service for men as overall attitudes were similar to therapy. At the very least, results from this study and future research may help determine whether coaching can be one important component in a larger conceptual model aimed at addressing men's help-seeking attitudes and behaviors.

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