

**A quantitative study looking at the relationship between ideas and practices of masculinity and help-seeking behaviour amongst young South African men.**

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**Submitted in partial fulfilment of the requirements for the degree of Master of Arts (Counselling Psychology) in the School of Psychology, University of KwaZulu-Natal, Pietermaritzburg, November 2008**

## **Declaration**

Submitted in partial fulfilment of the requirements for the degree of Master of Arts, in  
the Graduate Programme in Psychology, University of KwaZulu-Natal,  
Pietermaritzburg, South Africa.

I declare that this dissertation is my own unaided work. All citations, references and  
borrowed ideas have been duly acknowledged. It is being submitted for the degree of  
Master of Arts (Psychology) in the Faculty of Humanities, Development and Social  
Science, University of KwaZulu-Natal, Durban, South Africa. None of the present  
work has been submitted previously for any degree or examination in any other  
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## **Acknowledgements**

I would like to start by thanking my supervisor, Professor Graham Lindegger, for his contribution towards this project. His kind support and knowledge has always been encouraging and reassuring. I would also like to extend my thanks to Richard Mukuka for his contribution in finalising this project.

Finally, I would like to thank my family for their support throughout my Masters, and especially my grandfather, Peter Croft, for his unfailing interest and monitoring of my work and its progress.

## **Abstract**

This study aimed to explore the relationship between ideas and practices of masculinity and help-seeking behaviour amongst young South African men. The need for this research has been motivated by both the limited amount of previous research in this area, and the importance of this kind of research. It was hypothesized that there would be a relationship between the intended and actual help-seeking behaviour, and the common ideas and practices of masculinity amongst the young men taking part in this research. It was hypothesized that where young men agreed with traditional conceptualizations of masculinity their intention and rate of actual help-seeking would be less. The sample included a diverse group of 100 young men attending the University of KwaZulu-Natal, Pietermaritzburg. Participants included young men from various religious, language, sexual orientation and faculty groups. The data for this research was collected using a questionnaire assessing intended and actual help-seeking behaviour, and participants' acceptance of traditional conceptualizations of masculinity. The findings of this study have shown that young men in this context have a low intention and rate of help-seeking behaviour from various help sources, but especially from formal sources such as mental health professionals and general practitioners. It has also found that there are differences in the common ideas and practices of masculinity between young men from different religious, faculty and sexual orientation groups. However, despite the initial hypothesis, this study has been unable to show a clear relationship between ideas and practices of masculinity and help-seeking behaviour.

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## **Chapter 1: Introduction & Rationale**

### **1.1. Introduction**

Building on from a 2006 Honours project conducted at The University of KwaZulu-Natal, this research has attempted to further explore the relationship between ideas and practices of masculinity and help-seeking behaviour amongst young men in a South African context (Bushell, 2006). More specifically, this research has been concerned with the extent to which ideas and practices of masculinity within this context affect young men's decision or failure to seek both formal and informal help.

To achieve this end, this research has grounded itself in a social constructionist approach to gender and masculinity, drawing heavily on the work of Connell (2000; 2003). This research has also drawn substantially on the work of Addis and Mahalik (2003), which has looked at the relationship between ideas and practices of masculinity and help-seeking behaviour amongst men.

In gathering the data for this research, a series of closed ended questionnaires measuring masculinity and help-seeking behaviour were completed by a diverse sample of 100 young men at the University of KwaZulu-Natal. These questionnaires comprised of two previously designed questionnaires, *The General Help-Seeking Questionnaire* (Wilson, Deane & Ciarrochi, 2005) and *The Male Attitudes Norms Inventory II* (Luyt, 2005). This data was then captured and measured statistically, reflective of a correlational research design and a quantitative methodology. These findings were then interpreted and discussed within the above-mentioned frameworks of masculinity and help-seeking behaviour.

### **1.2 Research problem**

Research has suggested that young men, despite being faced with various problems during adolescence, infrequently engage in help-seeking behaviour (Boldero & Fallon, 1995). These findings are concerning as help-seeking behaviour can be a valuable and often only means of effectively overcoming some of the typical problems and stressors faced by adolescents (Fallon, 2001). The importance of help-

seeking is especially evident within the South African context, where some of the typical problems faced by adolescents, such as the effects of HIV/AIDS, are of a particularly serious nature (Van der Riet & Knoetze, 2004).

Research has shown that help-seeking behaviour is often moderated or affected by various factors, which can either promote or act as a barrier to help-seeking behaviour (Rickwood, Deane, Wilson & Ciarrochi, 2005). It has therefore become important that researchers isolate these factors and the pathways through which they act as barriers to help-seeking. It is anticipated that this has the potential to unlock valuable information on how best to promote and provide positive help-seeking experiences.

Previous findings have shown that gender, including some ideas and practices of masculinity, has a negative impact on the perceptions and frequency of help-seeking behaviour amongst young men, including young men within the South African context (Addis & Mahalik, 2003; Bushell, 2006; Rickwood et al., 2005). It has been argued that ideas and messages around what is acceptably masculine, involving characteristics such as toughness, fearlessness, emotional stoicism and rationality, have traditionally limited help-seeking and other health-related beliefs and behaviours amongst men and boys in many contexts (Addis & Mahalik, 2003; Courtenay, 2000).

### **1.3 Rationale for this study**

As discussed above, help-seeking behaviour is both a potentially valuable and beneficial behaviour to young men, as well as a practice under-used by this group (Boldero & Fallon, 1995; Fallon, 2001). This trend has posed a major difficulty to both formal and informal help sources concerned with the well being of young men, as well as to young men themselves. Research aimed at understanding the help-seeking behaviour of young men is therefore continually in demand (Addis & Mahalik, 2003).

Although some research has been conducted in the area of masculinity and help-seeking behaviour, this research has been limited and has largely been conducted internationally. Therefore, this research is important in extending what is already known about the relationship between masculinity and help-seeking behaviour. It is

also important in extending what is known about this relationship within a South African context.

Commentators in this field have also increasingly stressed the importance of research which moves beyond essentialist assumptions in the area of gender (Addis & Mahalik, 2003). There is therefore a call for research which is reflective of current theorizing in the area of gender and help-seeking behaviour. In response to these calls, this research has aimed to address the call for this kind of research. It is anticipated that this will be reflected in the theories and models used to explore and discuss the research question at hand.

#### **1.4 Aims of this research**

The primary aim of this study has been to consider the extent of the relationship between ideas and practices of masculinity and help-seeking behaviour amongst young men in a South African context. In exploring this relationship this research has been concerned with three main areas. These include: help-seeking behaviour; masculinity; and the relationship between masculinity and help-seeking behaviour. Therefore, before considering the relationship between masculinity and help-seeking behaviour, this research has also had to explore the patterns of help-seeking and masculinity of young men within this context. This has resulted in a series of specific research questions and hypotheses within each of these three focus areas. As an introduction, these questions will be presented here to frame the aims of this research. However, the anticipated findings or hypotheses for each of these questions will be presented in the literature review chapters to follow.

##### *1.4.1 Help-seeking*

In order to understand the relationship between masculinity and help-seeking behaviour it has been important to consider the patterns of help-seeking behaviour amongst young men. This has involved an exploration of both the intentional and actual help-seeking behaviour of this group. This has the potential to give important information about the frequency at which intentional help-seeking behaviour becomes actual behaviour. It has also been important to explore the levels of intention and rate of actual help-seeking from various help sources. This has included both informal

and formal help sources, including: partners, friends, parents, other relatives, mental health professionals, phone help lines, general practitioners, teachers, and nobody.

#### *1.4.2 Masculinity*

To understand how masculinity might affect help-seeking behaviour, it has also been important to measure common ideas and practices of masculinity within this context and amongst this sample. In doing so, this research has also had to explore differences in the ideas and practices of masculinity between participants from different demographic groups. To this effect, demographic factors such as home language, faculty, religious affiliation and sexual orientation have been used as independent variables in assessing this.

#### *1.4.3 Help-seeking and masculinity*

This research has also attempted to uncover the extent to which common ideas and practices of masculinity are related to patterns of help-seeking behaviour. This has included the extent to which masculinity affects both likely and actual help-seeking behaviour from all of the help sources included in this study.

In so far as the aims for this dissertation are concerned, it has been envisioned that the findings of this study might contribute to a greater understanding of men's help-seeking behaviour, and the effect of masculinity on its likelihood and frequency in this context. Furthermore, it is hoped that this knowledge might have the potential to motivate and assist initiatives aimed at improving the likelihood and frequency of men's help-seeking behaviour.

### **The structure of this dissertation**

This dissertation has been structured around the three major areas of enquiry in this research, and the research questions in each of these areas. As mentioned above, these include: help-seeking behaviour; masculinity; and the relationship between masculinity and help-seeking behaviour.

Following this introduction, readers should expect a review of relevant literature in each of these three areas of enquiry. This review will provide an introduction into the

most relevant research findings and theoretical explanations in these fields. By following this review readers should also expect to have a clearer understanding of the rationale for this research. This review is also intended to provide the opportunity to present and motivate the hypotheses for each of the research questions at hand.

Following this, chapter five will introduce readers to the kinds of methods applied in this research. This will include an outline of the research design, and methods of data collection and analysis applied here. An important part of this section will also be to consider some of the ethical challenges associated with conducting this research.

Finally, chapters six and seven will provide an outline of the results of this research, and a discussion of these findings. This will include a reconsideration of the research questions at hand, and a comparison between the initial hypotheses and results found here. In doing so, these findings will be explained within contemporary research and theory.

## **Literature Review**

This literature review will be presented in three parts, which are reflective of three major areas of concern in this research. In chapter two, an introduction to adolescent or young male help-seeking behaviour will be provided. Chapter three provides a review of relevant masculinity theory, highlighting how ideas of masculinity are constructed, perpetuated and maintained. In chapter four, an introduction to the relationship between masculinity and help-seeking behaviour will be provided.

### **Chapter 2: Help-Seeking**

This section will outline a definition of help-seeking behaviour, and address issues relating to: the importance and effectiveness of help-seeking behaviour; patterns of help-seeking behaviour amongst young men; and some of those factors which have shown to impact on the level of intention and rate of actual help-seeking.

#### **2.1 Defining help-seeking**

Previous attempts at defining help-seeking have shown that this is a broad and complex process influenced by a wide variety of factors, including demographic and psychosocial factors (Kuhl, Jarkon-Horlick & Morissey, 1997). Help-seeking is generally considered a behaviour that involves an individual actively seeking out help. Adopting a broad understanding of this process, help could be provided by both professional (formal) and non-professional (informal) help sources (McLennan, 1991), which might also include help from sources where there is no direct engagement, such as the internet (Nicholas, Oliver, Lee & O'Brien, 2004). The types of problems addressed by general help-seeking are not exclusive to medical or psychological problems, but can also include academic and social problems (Kuhl et al, 1997). For the purposes of this research, a broad and inclusive understanding of help-seeking has been adopted.

## **2.2 The importance of help-seeking for young men**

Research has shown that help-seeking can play an important role for adolescents, including young men, when dealing with and overcoming many of the typical stressors that they encounter (Schonert-Reich & Muller, 1995). To better understand the importance of this behaviour it is useful to highlight the nature and intensity of some of the typical stressors that adolescents must overcome during this developmental phase.

Adolescence is described by Steinberg (1993) as a transition from childhood to adulthood during which individuals between the age of 12 and 21 are forced to deal with a variety of changes. This is often a stressful transition and can pose many difficulties to adolescents (Sigelman & Schaffer, 1995). Research conducted in South Africa amongst rural and urban, female and male participants, found that adolescents were most frequently troubled by problems relating to: interpersonal relationships, peer pressure, family problems, misconduct, substance abuse, teenage pregnancy, and academic anxiety (Kgole, 2004). Furthermore, other South African research has also shown how HIV/AIDS has increasingly become a serious concern and threat for adolescents living in South Africa (Van der Riet & Knoetze, 2004).

Another significant feature of this developmental phase is the pressure and need for experimentation, and the engagement in high-risk behaviours (Rolison, 2002). These behaviours have been shown to include substance abuse, weapon carrying and aggressiveness, poor nutritional habits and high-risk sexual behaviours, all of which can have serious negative consequences (Roberts & Ryan, 2002).

This would suggest that adolescents could be considered a high risk group, who are challenged by a wide variety of stressors, and who could benefit from both formal and informal help-seeking (Schonert-Reich & Muller, 1995). With an increasing focus on issues around masculinity and men in the last decade, research has shown how young men, including young men living in South Africa, are at risk from a number of specific stressors and behaviours, which make them an especially vulnerable group.

Research has shown that men and young men are more likely to engage in high-risk behaviours such as substance abuse and live less healthy lives, which endangers their health and wellness (Courtenay, 2000). These have been shown to impact and play themselves out in various domains of men's lives, including academic achievement, mental health, substance abuse, violence (including sexual violence) and HIV (Butler, 1998; Courtenay, 2000; Head, 1999; Lindegger & Durrheim, 2001; Rolison, 2002).

Furthermore, because men and young men have traditionally been less likely to engage in positive health behaviours, including help-seeking behaviour, their health and wellness has further been threatened (Courtenay, 2000). This has resulted in higher rates of illness, injury and mortality amongst men and young men (Mahalik et al., 2007). Therefore a contributing factor in many of these areas of difficulty has been what Blackbeard (2005, p.15) describes as a hold-up in help-seeking. This seems to be supported by a UNAIDS (2000) report which highlights that, "many of the health problems that face men could be prevented or even cured with early medical attention..." Supporting these arguments have been those findings which have stressed the importance and adaptiveness of help-seeking behaviour throughout the lifespan of individuals (Rickwood et al., 2005).

### **2.3 Patterns of help-seeking behaviour amongst young men**

When considering the patterns of young men's help-seeking behaviour, it is important to consider both the intention and rate of actual help-seeking. This has the potential to yield valuable information into the rate at which intended help-seeking behaviour becomes actual behaviour, if at all (Boldero & Fallon, 1995; Bushell, 2006). It is also important to gather an understanding of the help sources which are most frequently employed during help-seeking (Boldero & Fallon, 1995; Bushell, 2006; Rickwood et al., 2005). Furthermore, is also important to consider factors which appear to affect help-seeking behaviour, such as age or sociocultural differences. It is understood that these factors can either promote or inhibit help-seeking behaviour amongst various demographic groups.

In so far as the level of intentional and actual help-seeking is concerned, it is well documented that both men and boys have a lower level of intention and rate of actual



help-seeking than females and girls (Smith, Braunack-Mayey & Wittert, 2006). Men and boys have been found to engage in help-seeking behaviour at an alarmingly low frequency (Eiser, Havermans & Eiser, 1995). These findings appear to be consistent across demographic factors such as race and class, as well as presenting problem (Boldero & Fallon, 1995; Schonert-Reichl & Muller, 1995).

Research conducted both abroad and within an urban South African context found that both male and female adolescents are more likely to seek help from informal help sources such as friends and parents, as opposed to formal help sources (Van der Riet & Knoetze, 2004). According to Rickwood et al. (2005), adolescents, including young men, are more likely to seek help from their friends before their families. Research conducted by Smith et al. (2006) has suggested that men's help-seeking for health related issues tends to be indirect, with men seeking out help more often from their partners and friends, as opposed to formal help sources.

Unlike women, when men seek help they are more likely to focus on physical symptoms than emotional or mental concerns (Rickwood et al., 2005). This is reflected in the work of Boldero and Fallon (1995) which suggests that young men are more likely to seek out help for educational problems than for other problems.

## **2.4 Factors affecting the help-seeking behaviour of young men**

As outlined above, a significant amount of research has considered the patterns of help-seeking behaviour amongst various sample groups. This research has highlighted the complex nature of help-seeking behaviour, showing in many instances similarities and variations in the patterns of help-seeking behaviour in and amongst various demographic groups. This has since promoted further research, which has attempted to understand specific patterns of help-seeking (Rickwood, et al., 2005).

Some of the variations in the patterns of help-seeking behaviour have been accounted for by what has been termed 'moderators' of help-seeking behaviour. These moderators can include age, gender, culture, context, and individual psychological factors (Boldero & Fallon, 1995; Kgole, 2004; Van der Riet & Knoetze, 2004). It is recognized that some of these moderators facilitate help-seeking behaviour, while

some act as barriers to help-seeking behaviour (Kuhl et al., 1997; Rickwood et al., 2005). As Rickwood et al. (2005, p.13) emphasize:

Help-seeking is not simply a process of identifying a need, deciding to seek help and carrying out that decision. At each of these decision points, factors intervene to prevent the progression of the help-seeking process: need may not be identified; if identified, need may not be translated into intention; and intention does not always lead to behaviour.

It is with these decision points that this research is concerned, trying to understand the extent to which ideas and practices of masculinity might affect help-seeking behaviour amongst young men. Understanding how these factors impact on positive and negative help-seeking behaviour remains an important area of research, given the benefits of help-seeking behaviour, and the importance of this information in developing strategies for promoting help-seeking behaviour.

Before outlining some of these moderators of help-seeking behaviour, it is important to note that the influence of these factors on help-seeking behaviour is complex. Firstly, many of these moderators work in a way that is overlapping. This means that these moderators can influence help-seeking behaviour in unique combinations or in similar ways with other factors amongst certain demographic groups or individuals. Secondly, although many of these factors will be presented at a superficial level here, most of these moderators (for example, age) can be explained by a host of finer, underlying operations that contribute to its influence in moderating help-seeking behaviour.

#### *2.4.1 Age*

Previous research in the area of help-seeking has repeatedly emphasized the importance of age in influencing the intention and frequency of help-seeking behaviour (Boldero & Fallon, 1995). In spite of the many stressors and risks that threaten adolescents, and the importance and benefits of help-seeking in response to these, research has shown that adolescents seek help (both formal and informal help) at an alarmingly infrequent rate (Boldero & Fallon, 1995; Dubow, Lovko & Kausch, 1990). Research conducted in South Africa has come to similar conclusions, where

help-seeking behaviour has been found to be mostly infrequent amongst adolescent samples (Kgole, 2004; Van der Riet & Knoetze, 2004).

Age would also appear to impact on the type of help that is most frequently sought, with young people consistently seeking out help from informal help sources before formal help sources (Boldero & Fallon, 1995; Rickwood, 1995). This is consistent with the findings of Rickwood et al. (2005), which shows that with age, adolescents (both male and female) are less likely to seek help from formal help sources for mental health problems. Rickwood et al. (2007) attempt to explain this trend by suggesting that many of the young people that took part in their study held negative attitudes towards professional help sources. These appeared to be fuelled by negative previous experiences, and a stigma associated with seeking help from these help sources. It was also suggested by participants in this study that their family members would be adequate in attending to their help-seeking needs.

#### *2.4.2 Socio-cultural differences*

Kuhl et al. (1997) suggest that members of higher socio-economic status and education level groups are more likely to engage in help-seeking behaviour. However, this might be underpinned by the moderating role that access, availability and affordability of help-seeking resources has on help-seeking behaviour.

Furthermore, ethnicity and culture have also been found to have an impact on the frequency at which help-seeking behaviour is engaged in by individuals (Kuhl et al., 1997). Kuhl et al. (1997) use the example of Asians, who in particular have been found to engage less frequently in help-seeking behaviour.

#### *2.4.3 Individual psychological factors*

Schonert-Reichl and Muller (1995) have shown that individual psychological variables, such as self-worth, self-consciousness and locus of control, have an impact on the intention and rate of actual help-seeking behaviour amongst adolescents. Rickwood et al. (2005) suggest that individuals, including adolescents, who lack emotional competence, are less likely to seek help from both formal and informal help sources for personal-emotional problems and more serious difficulties.

#### *2.4.4 The nature and intensity of a presenting problem*

Research has shown that the nature and/or intensity of a presenting problem may in some instances either act as barrier to, or promoter of help-seeking behaviour (Boldero & Fallon, 1995; Kgoe, 2004). In so far as the nature of a problem is concerned, it would seem that in instances where a problem is of an intimate nature, or has some kind of stigma attached to it, help-seeking is less likely and frequent (Boldero & Fallon, 1995). This is also true in instances where a presenting problem is seen by individuals to represent some kind of personal inadequacy (Boldero & Fallon, 1995). That said, some research has suggested that if the intensity of problem is considered to be serious or stressful by an individual, help-seeking becomes more likely (Boldero & Fallon, 1995). However, as noted by Kuhl et al. (1997), even in instances where such problems have been described by adolescents as being serious, help-seeking behaviour has not necessarily ensued. In response to this finding Kuhl et al. (1997) suggest that negative help-seeking attitudes may outweigh the distress caused by a serious problem.

A study conducted amongst Australian adolescents showed that these young people preferred to seek help from their parents for personal problems, while they preferred seeking help from their peers and friends for interpersonal and impersonal problems – highlighting the importance in the nature of a problem in deciding the type of help that is most frequently sought (Nicholas et al, 2004).

#### *2.4.5 Gender*

Another frequently highlighted factor affecting help-seeking behaviour has been gender. Research in this area has repeatedly highlighted the disparity in rates at which males and females seek help. It has consistently been found that women and girls seek out help on a variety of problems more easily and frequently than males (Eiser, Havermans & Eiser, 1995; Schonert-Reichl & Muller, 1995). These differences would also appear to be consistent across ethnicity, culture and age (Kuhl et al., 1997). Gender would also appear to play a significant role in affecting the type of help sources that are most frequently approached for help (Schonert-Reichl & Muller, 1995). Therefore, it is not surprising that Courtenay (2000) has suggested that gender may be one of the single most important factors when trying to understand and account for men's health beliefs and behaviours, including help-seeking behaviour.

In attempting to understand the affect of gender on help-seeking behaviour, researchers have moved away from essentialist sex difference assumptions, arguing that these previous explanations “fail to explain the fact that not all men are equally unwilling to seek help” (Lane & Addis, 2005, p.155). Rather, researchers have increasingly begun to focus on ideas around gender socialization and construction in accounting for the effects of gender on help-seeking behaviour.

In their research, Rickwood et al. (2005) attempted to account for the disparities in the rates at which male and female adolescents seek help for mental health problems, by raising the idea of gender socialization. They argue that that the effects of socialization encourage adolescent girls to approach friends and formal help-sources for help more often than family, as a way of encouraging independence. Adolescent males, on the other hand, are increasingly encouraged through gender socialization to put their health at risk, and not seek help (Mahalik et al., 2007; Rickwood et al., 2005).

It is from this observation that this research takes its departure, attempting to understand the extent to which gendered ideas and practices influence help-seeking behaviour amongst young men. For the purposes of this project, it is intended to specifically research how ideas and practices around masculinities might affect certain kinds of help-seeking behaviour. Therefore, in order to understand this relationship more clearly, it is important to understand how ideas and practices of masculinity are constructed within specific contexts, and how these ideas and practices are maintained to the extent that they might affect help-seeking behaviour.

## **2.5 Summary**

This chapter has presented an overview of previous research and theory in the area of young men’s help-seeking behaviour. Through this presentation the rationale for this research has been emphasized. It has been shown how, despite the importance and benefits of help-seeking behaviour to young men, there is often a low intention and rate of actual help-seeking behaviour amongst this group. This is a concerning trend, which demands further investigation and intervention, especially within a South African context.

In response to this call, some researchers have attempted to isolate factors which appear to affect the intention and actual rate of this behaviour amongst various samples, including young men. Factors such as age, the type of problem, individual psychological factors and social-cultural affiliation have been highlighted in this chapter. However, some researchers and theorists have suggested that ideas and practices of gender, particularly masculinity, might play a role in affecting this behaviour amongst young men. Nonetheless, there appears to be the need for further research in this area, especially within a South African context. This chapter has also been useful in developing some of the hypotheses for this research.

Guided by this research and theory, it was hypothesized at the start of this research that the young men in this study would be unlikely to seek help from various help sources, as seen in both their intended and actual rates of help-seeking behaviour. Furthermore, it was hypothesized that insofar as these young men do seek help from others, they are more likely to seek help from informal help sources such as friends and family, as opposed to formal help sources such as health professionals.

### **Chapter 3: Masculinity Theory**

After reviewing young men's help-seeking behaviours, this chapter is intended to provide an introduction to gender theory, and theories around masculinity. It is hoped that this introduction will provide an understanding as to how constructions and practices of masculinity are developed, perpetuated and maintained within communities. A special focus of this chapter will be masculinities within the South African context, and how history and diversity have impacted on the gender and masculinity order that exists within this country. This introduction should act as a frame for understanding how constructions and practices of masculinity can affect help-seeking behaviour amongst young men in this context.

#### **3.1 Introduction to gender theory**

Trying to understand gender is an important starting point in trying to uncover what is meant by masculinity (Connell, 2000). Gender and gender studies remain areas of continued interest and debate, which has resulted in a variety of epistemologies aimed at explaining gender (Peterson, 1998). In keeping with recent trends in the area of masculinity research, this research has aligned itself with a social constructionist understanding of gender and masculinity (Connell, 2000).

Within a social constructionist understanding, gender is understood as a "human invention" that exists and operates at two levels (Barret, 2001, p.78). Firstly at a broader level, gender has been likened to a social institution, where it "structures social relationships and upholds and reproduces rules and patterns of expectations" (Barret, 2001, p.78). Therefore gender as an institution has the effect of controlling the way in which human beings interact with one another, through the rules and expectations it continually generates. Nonetheless, an important second feature of this type of institution's success lies in the human practices and actions, which more often than not support the expectations and rules of this institution. Therefore, an important part of gender is the way in which it is continuously acted out or practiced by individuals. Gender is therefore fuelled by the cyclical relationship that exists between the norms it establishes as an institution, and the daily practices of human beings

which either support or reject the normative rules established by it as an institution (Barret, 2001).

Social constructionists draw a strong distinction between sex and the construction of gender (Barret, 2001). Where sex should be understood in the context of biological differences between men and women, gender is a human construction, like language, that has the effect of social organization (Barret, 2001). As Connell (2000, p.71) points out, “gender is a social practice that constantly refers to bodies and what bodies do, it is not a social practice reduced to bodies.”

This differentiation between sex and gender reflects what Peterson (1998) refers to as a nature/culture dualism. Within this understanding, sex refers to the bodies of men and women, and implies that these are “pre-given”, unchanging and “unmediated by culture”, and part of an “objective and immutable biological realm” (Peterson, 1998, p.116). Gender, on the other hand, is seen to be constructed and driven by culture, context and language. Although this understanding is largely accepted and will largely be adopted here, it is also important to consider that within some schools of thought, including queer theory and feminist thought, parts of these understandings have been challenged (Peterson, 1998).

### **3.2 Introduction to masculinity theory**

Like attempts at understanding and explaining gender, attempts at theorizing masculinity have been contested by a number of schools of thought (Kriel, 2003). This has made defining and theorizing around men and masculinity a contentious and at times controversial area of research and discussion (Connell, 2000). Although it is beyond the scope of this discussion to path all the developments in masculinity theory, an overview of the understanding of masculinity that will be applied in this research will be presented here.

Following a general trend within gender theory and research, masculinity theory has recently been dominated by an anti-essentialist movement. Reactions to essentialism in the social sciences have shown a commitment to the understanding that “people are



not creatures of determinism, whether natural or cultural, but are socially constructed and constructing” (Sayer, 1997, in Peterson, 1998).

As Peterson (1998) highlights, the biological explanation of gender, which relies heavily on biological differences between men and women to account for differences in gender, has been seen as essentialist, in that it overlooks the role of social and cultural influences and structures in accounting for gender. As part of this reaction, increasing emphasis has been placed on the role of social and cultural contexts in explaining and understanding masculinity (Cornwall, 1997). This has resulted in the argument that masculinity, like an ideology, is culturally and/or socially learnt and constructed (Pleck, Sonenstein & Ku, 1993, in Kriel, 2003). Following this model, which Addis and Mahalik (2003) refer to as a gender role socialization model, it is assumed that gender is learned from the “attitudes and behaviours” that stem from the “cultural values, norms, and ideologies about what it means to be men and women” that exist in an individual’s context (Addis & Mahalik, 2003, p.7).

More recently, however, theorists such as Connell (2003) have begun refining these arguments - suggesting that while an essential dependency on biological explanations cannot suffice, neither can arguments that see masculinity as being socially learned, but unchanging. As Connell (2000, p.12) points out, “this understanding of gender is also partly essentialist in that it fails to recognize the possibility of more than one kind of masculinity embedded within a social context”.

Connell (2003, p.5) suggests that masculinity should be understood as self-constructed by individuals (but also socially constructed in society) “in response to the place they have been given”. This creates the idea that masculinity is a fluid construct, which is actively produced through social interactions (and especially language) in a social setting. This understanding allows for the existence of more than one kind of masculinity (accounting for the use of the term masculinities) in a social context at any given time, and the idea that masculinities can and do change over time and space. This understanding also allows for the recognition that interactions, players and overall context pending, men acting within a context have the opportunity to – and invariably do – display multiple masculinities (Connell, 2003).

According to Morrell (2001b), masculinity is continuously and actively constructed and reconstructed in a way that is complex and which is influenced by contextual and demographic factors such as race, social class and other factors.

However, according to Connell (2003, p.76), within every context a version of hegemonic masculinity exists, and although this is not a “fixed character type”, it represents the most dominant brand of masculinity within a context. A brand of masculinity which according to Levy (2005) involves a formulation of an ultimate man, which is associated with certain characteristics, ways of acting, and power over women, and other brands of masculinity, which are considered inferior to this ideal. This is achieved and maintained through a unique and complex set of social processes, which involves complicity, subordination and ‘othering’ or oppositional behaviour.

Connell (2003) suggests that within every context masculinities are arranged hierarchically, with hegemonic masculinity assuming a dominant position. Within this hierarchy some brands of masculinity are seen as dominant, whereas other brands, which feature lower on this hierarchy, are seen as subordinate (Connell, 2003). The most obvious dominant-subordinate masculine relationship within this hierarchy is the hetero-homosexual relationship. Those masculinities which feature lowest in these hierarchies, such as homosexuality, are seen to be in direct contrast to the ideal - hegemonic masculinity. These less dominant brands of masculinity are typically equated with femininity, and must endure the same type of marginalization that women must endure under most hegemonic masculinities (Connell, 2003; Frosh et al., 2002). This often involves censure or exclusion, and certainly results in subordinated men and women having less access to certain power and privilege.

It is because of this subordination and marginalization that many men are encouraged to comply with, or at least attempt to conform to, these gender ideals. Simply, men continue to endorse hegemonic masculinities for the benefits afforded to them by this order – “patriarchal dividend, the advantage men gain from overall subordination over women” (Connell, 2003, p.79). Furthermore, by endorsing hegemonic masculinities men also stand to benefit over other men who do not support and practice hegemonic masculinity or its ideals in a context. This therefore highlights the processes of complicity and subordination in establishing and maintaining hegemonic

masculinities in a context. Nonetheless, another important process in achieving this has been what some theorists have called ‘othering’ or oppositional behaviour (Barret, 2001; Kriel, 2003).

According to research conducted by Frosh et al. (2002), hegemonic ideals become benchmarks or standards against which men measure their own and others’ masculinity. This practice therefore refers to a type of positioning and ‘othering’, in which men position themselves and others in relation to the hegemonic ideas of masculinity available in their context (Kriel, 2003). This process involves some kind of ‘othering’, which Barret (2001, p.82) further explains, “masculinity achieves meaning within patterns of differences. If success for men is associated with not quitting in the face of hardships, femininity is associated with quitting, complaining, and weakness.”

In effect, this practice forms part of an ‘othering’ or oppositional process, whereby definitions of hegemonic masculinity or ‘good’ masculinity, are constructed through constant comparisons with, and oppositions to, femininity and lower forms of masculinity, such as homosexuality. This is well evidenced in the work of Frosh et al. (2002) which highlights the use of ‘othering’ as a way of defining and securing ones masculinity against femininity and homosexuality. As Frosh et al. (2002, p.62) note, “femininity comes to be associated with particular boys in opposition to whom ‘real’ masculinities are asserted.” Linked to this practice, is the labeling of the ‘other’ with terms such as ‘gay’ or ‘sissy’ - associated with femininity or homosexuality (Barret, 2001; Frosh et al., 2002).

This is most often regulated by peer groups and social institutions, who play an important role in generating and maintaining hegemonic standards by either accepting or rejecting peers on the basis of their gender performance in relation to hegemony as a benchmark (Blackbeard, 2005). These kinds of practices are well documented in institutions such as schools and areas such as sport, and are often characterized by a kind of ‘policing’ (Connell, 2000; Frosh et al., 2002). For many young men at school, the consequences of not meeting these ideals can involve social exclusion and sanction, as well as teasing and name calling – which often involves references to femininity and homosexuality (Frosh et al., 2002). The dominance of hegemonic

masculinities is therefore largely maintained by “cultural ideals and institutional power”, and the social processes which have been described above (Connell, 2003, p.77).

According to Barret (2001), within so-called western cultures at present, hegemonic masculinity is often characterized by independence, aggression, risk-taking, rationality and compulsory heterosexuality. This is supported by the work of Frosh et al. (2002 in Chadwick, 2007, p.85) which suggests that “attributes such as ‘hardness’, antagonism to school-based learning, sporting prowess and fashionable looks” are important benchmarks for assessing oneself and others as ‘masculine’”. Research has also shown how ideas around the physical or body become important symbols of living up to these ideals of masculinity. Frosh et al. (2002) highlight the importance of embodying force, competency and looking big as ways of meeting this ideal of masculinity. These ideas around the physical are also linked to ideas around sexual attractiveness, and invariably heterosexual attractiveness and power (Canaan, 1991, in Frosh et al., 2002).

However, despite their dominance, hegemonic masculinities are not necessarily the most common or comfortable forms of masculinity. Rather, living up to the extreme ideas of this masculinity can in some instances be stressful and injurious to men (Connell, 2000). Frosh et al. (2002, p.83) highlight this by showing how for many of the young men in their study, a tension existed between being tough and being seen by others to be tough, a hegemonic ideal, but not being “senselessly violent”. This is well evidenced in the area of academic performance, where a tension exists between performing well at school, a personal value, and not being seen to be too closely associated with activities concerned with the ‘other’. This often demands what Frosh et al. (2002) describe as “negotiating a middle way”, where young men attempt to balance their own personal values, and the pressure on them to ‘do’ masculinity in a certain way.

Nonetheless, it is important to note that, like any brand of masculinity, hegemonic masculinity is not unchanging, and can inevitably vary across space and time (Connell, 2003). Research has shown how ideas of masculinity vary across social and racial lines (Frosh et al., 2002). It is therefore important for the purposes of this

research to consider the unique patterns of gender and masculinity within the South African context.

### **3.3 Masculinity in the South African context**

Since the first democratic elections in South Africa in 1994, gender relations in this country have begun to shift (Morrell, 2001a). This has sparked some interest and research in the area of masculinity in South Africa, some of which has suggested a ‘crisis of masculinity’ in this country (Blackbeard, 2005). Although some of the challenges faced by masculinities in South Africa can be understood within the current international difficulties in the area of masculinity, it is important, if not essential, to make allowance for the pressures placed on masculinity in this country by its own domestic conditions and history. After all, the state of gender relations and masculinities in South Africa are “powerfully bound up with the history of this country” (Morrell, 2001b, p.140). For the purposes of this section and in this research, South African masculinities will be considered collectively, including masculinities across racial and other demographic groupings. However, by considering South African masculinity collectively, this is not to suggest that masculinity in this space is not complex, and that there are not variations in the constructions and practices of masculinity between and within demographic groupings.

#### *3.3.1 Post-Apartheid masculinities in South Africa*

It is well evidenced that many of the ideas and practices of masculinity in South Africa have been challenged by the political changes in dispensation in this country since 1994 (Walker, 2005). This has opened up a period of what Vincent (2006, p.350) refers to as a “transition”, which “continues to take place in multiple locations and micro cultures...”. This also includes the way in which gender and masculinity are constructed and practiced in this context. According to Vincent (2006, p.350), this has unfolded and continues to unfold in a “process of contestation, accommodation, transgression, and resistance”, in which men in this country have had to negotiate the construction of masculinity in this space. This process is evident at many levels of South African life, extending from the laws that govern this country, to the values and practices held by its learning institutions.

Inevitably, this has had an effect on the constructs and practices of masculinity in this country (Morrell, 2001a). According to Atwell (2002), the sociopolitical and ideological changes that have occurred in South Africa since 1994, have significantly affected the perceptions of what it means to be a man amongst men and boys in this country. Research has highlighted the perception that many boys living in South Africa, both Black and White, feel “displaced and uncertain as to their role and status within a changing society”, also including concerns around what this might mean for their futures (Atwell, 2002, p.85).

In the face of the demands placed on masculinity in this country, research conducted by Morrell (2002) has suggested that there have been three typical responses to the current challenges to masculinity amongst men in South Africa. These include, firstly, those men who continue to protect the privilege afforded to them by masculinity. Secondly, those men in South Africa who have actively attempted to respond to the crisis of masculinity in their country. And finally, those striving for gender equality.

### *3.3.2 Ideas and practices of masculinity in the South African context*

Research conducted by Kriel (2003, p.86) amongst a diverse group of young men attending the University of KwaZulu-Natal, has highlighted that “hegemonic masculinity is a dominant and pervasive form of masculinity” in this context. In this study, hegemony was associated with ideas of the “ideal man”, and was seen to be used by participants as a benchmark for molding and measuring the masculinity of themselves and others (Kriel, 2003). According to further research conducted by Chadwick (2007) amongst a diverse sample of young men, hegemonic masculinity in this context was commonly centered around ideas and practices involving strength and fearlessness. According to this research, this type of ideal reflects the kind of hegemony to which Frosh et al. (2002) refer when they speak about hegemony being associated with “heterosexuality, toughness, power and authority, competitiveness and the subordination of other men” (Chadwick, 2007, p.85).

As discussed above, a part of this emphasis lends itself to what Kriel (2003) and Atwell (2002) show as a process of ‘othering’, in which this ideal is juxtaposed against femininity and other forms of masculinity which are construed as feminine.

The result of this is that hegemonic masculinity becomes typified by a range of behaviours and ideas which are decisively distanced and opposed to femininity (Kriel, 2003). According to Kriel (2003), the effect of this is pervasive and extends even to the tone of voice, clothing and hairstyles that men in this context adopt. This also includes an overemphasis on heterosexuality (Blackbeard, 2005). By emphasizing heterosexuality, which is often achieved through an exercise of homophobia, young men emphasize their subscription and inclusion in a 'normal' masculinity (Atwell, 2002).

According to similar research conducted in this context, an important regulator of this process remains peer groups (Blackbeard, 2005). Blackbeard (2005) suggests that peer groups achieve this through the kinds of talk and action that takes place in these groups, and especially through a process of group inclusion or exclusion where ideals of masculinity are used as a benchmark. An important way of achieving inclusion into these groups, according to Blackbeard (2005), remains partaking in approved activities and/or possessing certain things or qualities. Most often, approved activities involve practices which embody constructions around hegemony in these contexts, and according to Blackbeard (2005, p.112) most often involve acts "that involved daring, risk, autonomous action or embodi(ments) of physicality." In this regard, sport and alcohol use were often seen as important activities in demonstrating the possession of these qualities. In Atwell's (2002) study, violence and aggression were emphasized as an important of this masculine ideal, especially in the area of sport.

Nonetheless, despite this emphasis on hegemony as an ideal, most of the participants in Kriel's (2003) study were found to construct and describe themselves in ways which were different to these hegemonic standards. This, according to Kriel (2003), highlights the difficulty many of these young men experience in positioning themselves both in relation to this ideal, and living up to this ideal. This finding was expanded upon by Atwell (2002, p.84), who in her study of a similar sample, found that young men are often conflicted by "multiple voices, reflecting conflicts and contradictions arising, in part, from the multiple and conflicting masculinities available to them." This reflects the idea of "multiple-voices", in which men speak in terms of theirs and others masculinity.

However, although some constructions and practices of masculinity would appear to exist across race and culture, research conducted in South Africa has highlighted some dissimilarity between masculinities in this country (Atwell, 2002; Blackbeard, 2005). These findings have emphasized the importance of considering the role of other demographic factors, including race, ethnicity, social class and sexuality in the constructions and practices of gender (Frosh et al., 2002).

### **3.4 Summary**

This chapter has attempted to present some of the most recent and relevant theoretical positions and understandings of masculinity. Keeping in line with current trends within this area, this explanation has relied heavily on the work of Connell (2000; 2003). This has been useful in both emphasizing the rationale for this research, and providing the material necessary to develop hypotheses around the ways in which masculinity might be constructed in the context of this research.

According to Connell (2000; 2003), gender and masculinity should be understood as social constructs. Within this argument, ideas and practices of masculinity are seen to be constructed and reconstructed over and over again by individuals and societies, depending on the context and time in which they find themselves. This creates the understanding that there are varying types or brands of masculinity within any context at any given time – something which Connell (2000) refers to as multiple masculinities. However, at the same time, Connell (2000) also argues for the notion of hegemonic masculinity. This he describes as a dominant brand of masculinity which exists in all contexts and all times, and which is afforded privilege and power over other brands of masculinity and femininity. As a result of this, it is therefore also an often desirable brand of masculinity to which many men aspire and compare other men against. As was described above, this results in a hierarchical organization of the varying brands of masculinity, in which hegemony becomes the most dominant and powerful. Lower brands of masculinity, including homosexuality, are often seen in contrast to the hegemonic ideal. This achieves meaning through social processes such as complicity, subordination and oppositional behaviour.



In the South African context, like many other contexts, hegemonic norms of masculinity are often characterized by toughness, power and control, compulsory heterosexuality and invulnerability. It is also characterized by the marginalization of women, and the subordination of attitudes and behaviours which are constructed as feminine. However, even though hegemonic masculinity is often the most desirable and dominant brand of masculinity, it is not always the most comfortable and beneficial brand of masculinity to men and women. Research has shown how adherence to these norms of masculinity can and often does have an adverse effect on the health and wellness of men. It is here that this research becomes primarily interested, and, as will be highlighted in the next chapter, it is important to understand the extent to which these ideas and practices of masculinity may help or hinder young men's decisions to seek help.

This understanding of masculinity, and the potential adverse effect it may have on the health and wellness of young men emphasizes the importance of further research in understanding these phenomena. However, this understanding of masculinity also lends itself to the hypothesis that there will be some differences in the common ideas and practices of masculinity between young men of different demographic groups, such as language, sexual orientation, religion and faculty groups.

## **Chapter 4: Help-Seeking and Masculinity**

This chapter will outline previously completed research and theory which has considered the relationship between masculinities and help-seeking. In this section it is intended to show how the ideas and practices of masculinity have been found to affect help-seeking behaviour amongst young men.

### **4.1 Introduction to help-seeking and masculinity**

Research has shown that men and boys seek help at a very low rate (Eiser et al., 1995; Schonert-Reichl & Muller, 1995). This is a trend that has also been reflected within the South African context (Bushell, 2006). It is therefore not surprising that, given the benefits of help-seeking and the foreseen risks associated with not seeking help for some problems, this has become an area of significant interest and “growing concern for psychologists and other health providers” (Addis & Mahalik, 2005, p.155). The urgent need to improve these kinds of positive health beliefs and behaviours amongst men have also stemmed from the poor state of men’s health and wellness in many parts of the world, often associated with the high-risk behaviours that this group engages in (Courtenay, 2000).

Smith et al. (2006) have identified several pragmatic barriers that appear to limit the likelihood that men and boys will seek help for health-related difficulties. These include a “lack of time, poor access to opportunities, having to state the reason for a visit, and the lack of a male care provider” (Smith et al., 2006, p. 82). However, these authors also stress the importance of looking more closely at the impact of the constructions of masculinity in trying to account for the low levels of intention and actual rate of help-seeking behaviour amongst young men. In response, researchers have begun to consider the role that gender, and more specifically the ideas and practices of masculinities, might play in affecting help-seeking behaviour amongst men and boys. The calls for research in this area are further motivated by the limited amount of research in this specific area (Mansfield, Addis & Courtney, 2005).

It has been argued that common masculine roles have limited the frequency with which men and boys seek help in a number of areas, including areas which pose serious threats to these men (Lane & Addis, 2005). In a more recent study conducted in the United States of America, Mahalik, Burns and Syzdek (2007) found that masculinity negatively impacted on the health behaviours of men, including their use of relevant help sources. The findings of this study suggested that these men were influenced by “traditional masculine ideals”, and as a result placed themselves at significant health risks (Mahalik et al., 2007, p. 2208). Lane and Addis (1995, p.155) suggest that these roles or ideals might include characteristics such as, “success and achievement, emotional stoicism, avoidance of the feminine, independence and reliance”. It is claimed by these researchers that these characteristics, and an attempt to maintain and not falter on these characteristics for fear of being seen as ‘unmasculine’, limits the decision to seek help by these men and boys.

#### **4.2 The association between ideas and practices of masculinity and men’s help-seeking behaviours**

Previous research has found that dominant forms of masculinities (such as hegemonic brands of masculinity) in western cultures have negatively affected the majority of men’s “willingness and ability to seek help for problems in living” (Mansfield et al., 2005, p.96). This would appear to be true for help-seeking behaviour across various problems and help-seeking domains, including help-seeking for general health issues, including physiological and psychological concerns (Smith et al., 2006). Additionally, this has included seeking help in academic settings (Butler, 1998). Similar findings have been made in research conducted within the South African context as well (Bushell, 2006).

The work of Addis and Mahalik (2003), which has looked specifically at men’s help-seeking behaviour, has resulted in a theoretical framework for understanding this behaviour amongst men (Mansfield et al., 2005). This framework has attempted to understand and account for the role of gender, and more specifically the ideas and practices of masculinity, in help-seeking behaviour amongst young men. This framework has been developed through an integration of “masculine gender socialization, social constructionist, and social psychological perspectives”

(Mansfield et al., 2005, p.94). For the purposes of clarity here, a brief overview of each of these contributing perspectives will be introduced, before outlining Addis and Mahalik's (2003) model.

#### *4.2.1 Masculine gender socialization*

According to Mansfield et al. (2005, p.95), "gender role socialization theories hold that environments from the level of culture down to individual and family and peer relationships, teach men and women to display distinct sex-types behaviours and attitudes." Gender role socialization therefore emphasizes the way in which gender (masculinity) is said to be taught and learned through social processes. This includes a strong emphasis on the role of stereotypes and norms in regulating this process and its content (Mansfield et al., 2005). According to Mansfield et al. (2005, p.95), when considering the application of this perspective to an understanding of male help-seeking, it is important to consider the concepts of "masculinity ideologies" and "gender role conflict".

Firstly, 'masculinity ideologies' refer to the "ideas and concepts that individual men hold about what it means to be a man" (Mansfield et al., 2005, p.95). These standards or ideals are made up of and guided by the kinds of stereotypes and norms that are available (taught and learned) to men and boys in their contexts. The effects of these standards are that they can be seen to guide the kinds of ideas and practices men and boys hold and engage in, in their contexts. This extends to help-seeking behaviour, where these standards are seen to moderate the kinds of help-seeking behaviour men and boys engage in (Mansfield et al., 2005).

Mansfield et al. (2005) argue that depending on the kind of masculinity ideology available within a context, help-seeking can either be encouraged or limited. Within many traditional masculine ideologies, including so-called traditional western masculine ideologies, help-seeking has been limited by the ideas and practices prescribed by these ideals (Mansfield et al., 2005). Although this will be discussed in more detail below, research has shown that where traditional masculine ideals involve characteristics such as success and toughness, help-seeking behaviour has been limited by this (Lane & Addis, 1995). Another important feature of this perspective, gender-role conflict, also plays a significant role in moderating help-seeking

behaviour (Mansfield et al., 2005). Gender-role conflict refers to the “experience of masculine gender socialization” (Mansfield, 2005, p.97). Within this perspective, this conflict encompasses the negative consequences of adhering to the above described masculine ideologies. It is argued that, in some instances, by enacting masculine ideologies men place themselves at risk. This is relevant here in so far as despite the reported benefits of help-seeking, many men (guided by masculine ideologies) do not seek help, at risk and disservice to themselves (Mansfield et al., 2005).

#### *4.2.2 Social constructionist theory*

In so far as help-seeking and masculinity are concerned, social constructionist theory shows how men and boys in certain instances will deny needing or accessing help with the goal of embodying masculine beliefs and practices, so as to maintain a certain status or position of power in society (Mansfield et al., 2005). These ideas are captured by the work of Courtenay (2000), which outlines a social constructionist approach to men’s health related beliefs and practices.

Courtenay (2000) proposes that, like language, health related ideas and practices, including help-seeking behaviour, become a way of ‘doing’ or demonstrating masculinity, and positioning or constructing oneself as masculine. By holding and enacting specific health-related ideas and practices, this also becomes a powerful way of differentiating and asserting dominance over what is considered lower forms of masculinity and femininity (Courtenay, 2000).

Within this approach, it has then been claimed that because traditional hegemonic constructions of masculinity have embodied “the denial of weakness or vulnerability, emotional and physical control, the appearance of being strong and robust, dismissal of any need for help, a ceaseless interest in sex, (and) the display of aggressive behaviour and physical dominance”, and because men have held and enacted these constructions, men’s health has been compromised (Courtenay, 2000, p.1387). The work of Smith et al. (2006 p. 83) suggests that “adherence to patriarchal masculine characteristics, such as superiority, independence, self-reliance and dominance” may also in some instances impede the likelihood and frequency at which men seek help.

It is important to note that because many of the above listed ideals of masculinity assert a sense of strength, power and invulnerability, they hold the necessary power for men to assert dominance over so called lower forms of masculinity and women (Courtenay, 2000). By not embodying or being seen to embody these ideals of masculinity, even where health and wellness is concerned, men and boys run the risk of being associated with lower forms of masculinity and femininity, and the risk of being seen as socially outcast (Courtenay, 2000). However, to achieve many of these ideals of masculinity, men and boys have had to reject health beliefs and behaviours (Courtenay, 2000). This also includes help-seeking behaviour, which, according to Courtenay (2000), is strongly associated with the feminine. The consequence of this is the poor status and record of men's health across the globe.

#### *4.2.3 Social psychological perspectives*

Within the social psychological perspective, factors such as 'conformity', 'reactance' and 'reciprocity' have been found to be relevant.

Firstly, conformity refers to the norms held within communities or in groups of people which are seen to influence and predict behaviour (Mansfield et al., 2005). In so far as masculinity and help-seeking behaviour are concerned, it is anticipated that if a group norm is not to seek help, help-seeking behaviour will be limited as a result (Mansfield et al., 2005). In practice, however, this is often further moderated by other important considerations and circumstances, including: the size of the social group involved; identification with this social group; and the importance of a social group to an individual (Mansfield et al., 2005). It has been suggested that if a person feels closely associated with a social group, and values the importance of this group in their life, conformity to this norm is expected. This is also appears to be true in cases where groups or communities are larger (Mansfield et al., 2005).

Secondly, reactance theory suggests that "when people perceive their autonomy or self-control has been threatened, they will take steps to restore it" (Mansfield et al., 2005, p.102). It has been suggested that help-seeking (especially for health reasons) can be perceived as a threat to autonomy or self-control, which has the effect of limiting this kind of behaviour amongst certain groups (Mansfield et al., 2005).

Thirdly, reciprocity refers to the idea that in the absence of an opportunity to

reciprocate help, help-seeking behaviour becomes less likely (Mansfield, et al., 2005). This may be the case for the same reasons as suggested by reactance theory, where by not reciprocating; this is seen as a threat to one's sense of self-control.

#### *4.2.4 Psychosocial model of help-seeking and masculinity*

The work of Addis and Mahalik (2003) suggests that the relationship between masculinities and help-seeking is made up of a series of psychosocial processes. These include: (a) how normal a problem is perceived as being; (b) the perceived ego centrality of a problem; (c) the opportunity to reciprocate; (d) the reactions of others in this context and; (e) the costs involved for seeking help (Addis & Mahalik, 2003). These will be discussed in more detail below.

Men are less likely to seek help if help-seeking for a specific problem is perceived as abnormal within a specific context. An important part in establishing these perceptions of normative masculinity is “normative masculinity messages” (Addis & Mahalik, 2003, p.10). According to Addis and Mahalik (2003), normative masculinity messages can be communicated descriptively, injunctively, or cohesively.

Descriptive messages are communicated through observing the behaviour of other men in specific situations. Accordingly, if it is observed that other men do not seek help within specific situations, men are less likely to get help. Injunctive messages relate to the perceived "normativeness" of a specific problem, which has an impact on the likelihood and frequency of help-seeking (Addis & Mahalik, 2003, p.10). For example, if a problem is seen to be normal, the likelihood and frequency of help-seeking improves. By contrast, if a problem is seen as abnormal in any way, help-seeking becomes less likely and frequent.

Similarly, cohesive norms refer to the perceptions men form upon observing how “popular men act, think, and feel” (Addis & Mahalik, 2003, p.10). Therefore, working similarly to normative messages, if help-seeking is observed or learnt to be viewed as unpopular or ‘uncool’ in certain situations, it is less likely to be sought. This is continued in the work of Mahalik et al. (2007, p.2), who suggest that social norms and salient groups “provide normative information for individuals”. These then play a role in determining health-related beliefs and practices.

To illustrate this point, Mahalik et al. (2007, p.101) point out that “men may observe an action-hero who does not get medical attention after a bloody fight...and conclude that these are normative health behaviours for men in his country”, and become less likely to seek out help themselves in similar situations. Interestingly, Mahalik et al. (2007) also suggest that women, and the behaviour of women, may also contribute toward men adopting negative health-related behaviour. These researchers argue that, given men’s fear of being perceived as feminine they often position themselves in opposition to women. Therefore if women are associated with positive health-related beliefs, men may become less likely to endorse or engage in these activities for fear of being associated with the feminine (Mahalik et al., 2007).

Secondly, men are less likely to seek help if a presenting problem is seen as ego-central, or otherwise reflecting “an important quality about oneself” (Addis & Mahalik, 2003, p.10). According to Addis and Mahalik (2003), what individual men construct as ego-central qualities depends largely on the dominant masculinity norms and ways in which masculinity is constructed in a specific help-seeking context. Thus, what are considered ego-central qualities can vary between contexts and within individuals. However, research in many contexts, including South Africa, have isolated certain trends in the way in which dominant or hegemonic brands of masculinity are constructed – and it is understood that these inform the help-seeking process in the way discussed here. It is therefore perhaps useful to briefly present a description of this brand of masculinity here (Addis & Mahalik, 2003).

In a recent study conducted amongst young South African men, it was found that hegemonic masculinity was most often constructed in ways which reflected Frosh et al.’s (2002) description of this brand of masculinity (Chadwick, 2007). That is to say, hegemonic masculinity in this context was most often “associated with heterosexuality, toughness, power and authority, competitiveness and subordination of other men” (Chadwick, 2007, p.85). In this study, it was found that this brand of masculinity acted as a dominant form of masculinity, and served as a standard for masculine acceptability (Chadwick, 2007). These findings are supported by previous research in this country which has highlighted a range of ideas and practices reflective of the kind of hegemonic masculinity described here.



Blackbeard (2005, p.107) has shown how, for many young men living in South Africa, there is a pressure to act in a way that suggests “invulnerability” and/or “toughness”. This is also strongly reflected in the work of Chadwick (2007, p.49), where masculinity was most frequently defined in terms of “strength” and “fearlessness”. In both of these studies, this has been understood as being part of an emphasis on heterosexuality within male peer groups in this context. Chadwick (2007), like in several other South African studies discussed above, has also highlighted the importance of risk-taking behaviour in achieving or being perceived to achieve inclusion within this hegemony.

Peterson (1998) has raised the importance of rationality in standards and practices of masculinity which are most often seen to be acceptable. This understanding and expectation of the emotional world of men is set in contrast to ideas of feminism, which is seen to encompass “emotionality” and “being more in touch with their feelings” (Peterson, 1998, p.89). This is reflected in the work of Chadwick (2007, p.55), which has revealed how the men in that study emphasized “emotional ‘hardness’, or being emotionally self-contained” as an important part of acceptable masculinity. It was further found that “men should not express emotional upset with peers and likewise, should not discuss anxiety provoking issues or concerns with male peers” (Chadwick, 2007, p.55). According to Peterson (1998), this poses many difficulties for men, including a difficulty in articulating “their feelings without feeling immediately exposed and vulnerable” (Peterson, 1998, p.90). This would appear to represent a certain ideal or hegemonic norm of masculinity, a norm which might be seen to guide ideas and practices within these contexts, including help-seeking behaviour.

An important third factor highlighted by Addis and Mahalik (2003), involves the notion of reciprocity. In this case, it is suggested that men are more likely to seek help in those instances when they are able to reciprocate (or offer help themselves in similar, future instances) their own act of help seeking. Inevitably, for a problem to be reciprocated it must more than likely be perceived as falling within the constructs of what is considered normative masculinity.

Fourth and fifthly, Addis and Mahalik (2003) comment on how the perceived reactions of other people within a specific context, and how the perceived costs attached to seeking help, might act as barriers to help-seeking within certain contexts. Related to the first of these points, it would seem that help-seeking is frequently avoided when it is perceived that other men within a context are unanimous in their disapproval towards help-seeking, or help-seeking for a specific problem. Furthermore, when and if men see themselves as being “quite similar” to the other men within this context, and when the opinions of these men are important to a man – help-seeking becomes less likely (Addis & Mahalik, 2003). These ideas relate back to the idea of how normative masculinity is defined within a specific context.

Following from this, Addis and Mahalik (2003) comment on how help-seeking is often avoided by men in specific contexts for fear of enduring some kind sanction as a consequence. The nature and extent of these costs is debatable amongst various paradigms and theories. These costs might involve censure or bullying, which might result in a loss of self-esteem. This is highlighted in findings from a study conducted within the South African context (Bushell, 2006).

Research conducted in the Pietermaritzburg area amongst a sample of White, male adolescents, suggested that the gender regime at work in this context had a moderating effect on help-seeking behaviour in this context and amongst this sample (Bushell, 2006). This research attempted to understand this effect by highlighting how ideas and behaviours were labeled either ‘in’ or ‘out’ by members of this sample. Ideas and behaviours which were considered ‘in’ were generally seen to reflect the dominant or hegemonic norms of masculinity within this context. On the other hand, ideas and behaviours which were considered ‘out’ were typically associated with lower brands of masculinity and femininity, and were frequently marked by censure or exclusion for young men who engaged in these (Bushell, 2006). Bushell (2006) found that help-seeking was considered an ‘out’ behaviour amongst this sample in this context, and was therefore avoided or limited by these young men for fear of feeling or being seen as ‘unmasculine’ in any way.

However, Addis and Mahalik (2003) argue that these costs relate more specifically to the ideas of normative masculinity within a context. At a more theoretical level, social

constructionists and feminists have argued that by abandoning the ideas of normative masculinity within a specific context, men run the risk of jeopardizing their “access to power and control” within that social context (Addis & Mahalik, 2003, p.11).

Historically, access to control and power have been important elements of male dominated contexts characterized by patriarchy.

#### **4.3 Direction for future initiatives aimed at improving men’s help-seeking**

As outlined in the rationale for this study, this research is partially aimed at providing a platform for better understanding men’s help-seeking in a way that might stimulate future initiatives directed at improving the likelihood and frequency that men and boys seek help.

The work of Smith et al. (2006) highlights the importance of developing and implementing initiatives or programmes which encourage and improve help-seeking behaviour amongst men and boys. It is foreseen that an improved rate of help-seeking amongst young men will improve the health and wellness of men and boys (Smith et al, 2006). However, as reflected in the work of Rochlen and Hoyer (2005) and White, Fawkner and Holmes (2006), marketing health services to men, including mental health services, remains challenging, to which there is no simple solution.

Rochlen and Hoyer (2005) emphasize the importance of marketing help sources and help-seeking as a way of improving the likelihood and frequency of help-seeking amongst young men. Although these authors note a lack of literature in this area, they go on to suggest that marketing health care is a multilayered process “that is based on a careful analysis of the demands and characteristics of the consumer, the environment, and the service provider” (Rochlen & Hoyer, 2005, p. 676). This therefore demands that researchers expressly begin attempting to “measure and communicate the unique perspectives of men in need of help” as a way of improving these trends (Rochlen & Hoyer, 2005, p. 682).

To address the poor likelihood and frequency at which men and boys seek help, White et al. (2006) raise three areas of concern. Firstly, it is their argument that many health services are not marketed to or suited to men in the same way that they are to women,

which results in men from puberty onwards being largely unaware of the specific health concerns that they face, and the health services available to them in this regard. Secondly, arguing from a pragmatic point of view, White et al. (2006) suggest that health services are often more available to women, with most health services being offered during the working day when men are likely to be engaged by employment, and where taking time off from work is more likely to be seen as a sign of vulnerability. Finally, speaking from an appreciation of the role ideas and practices of masculinity might have on this trend, White et al. (2006) argue that constructions of masculinity have a negative influence on men's health.

White et al. (2006) suggest that the above described concerns should be taken into consideration by both policy makers and health services providers, and that specific initiatives should be developed. In response to this call, researchers have provided various considerations.

An important consideration here is the recognition that the "health needs, health beliefs and health-related behaviour" of men and women is different (White et al., 2006, p.455). There is therefore a need for men's clinics and campaigns, which address men's health concerns specifically. This should be achieved within a framework which does not "adopt a stance that inherently blames" men and boys for their poor rate of help-seeking behaviour (Smith et al., 2006, p.84). Rather, there appears to be a necessity to develop initiatives and help services in a way that is attractive and appropriate to encouraging and providing adequate services for men and boys. Jarret, Bellamy and Adeyemi (2007), suggest that health service sites should be male-friendly, and should therefore create an atmosphere which encourages and makes male help-seeking more streamlined. For example, health service sites should provide men's interest magazines in the waiting room.

By the same token, it is equally important that these services are "taken to" those populations that need help, in a way that both addresses difficulties before they occur and once they have occurred (Rickwood et al., 2005, p.22). Within these recommendations, it is also advised that previous help-seeking trends be observed, looking at ways of mobilizing traditional help sources (which frequently are not formal help sources) to become more efficient help sources themselves. To achieve

this end, Smith et al. (2006) suggest that inter-disciplinary research and initiatives are required.

#### **4.4 Summary**

This chapter has attempted to explore the relationship between ideas and practices of masculinity, and its effect on help-seeking behaviour amongst young men.

It is clear that men and boys seek help at a very low rate, which has been seen to contribute to the poor state of men's health and wellness across the world. Having recognized these difficulties, researchers have set out to understand the causes of and contributors to the low intentions and rates that men actually seek out help. This has led to a consideration of the role that gender, and the ideas and practices of masculinity, might have in affecting this behaviour amongst young men. Through a limited amount of research, a relationship between the ideas and practices of masculinity and men's help-seeking has been established. This relationship has been described here in terms of Addis and Mahalik's (2003) psychosocial model of help-seeking and masculinity.

It is therefore evident that there is a lack of research in this research in this area, and especially within a South African context. By the same token, the need for ongoing research in this area is important for developing and implementing initiatives aimed at improving help-seeking behaviour amongst young men. However, beyond emphasizing the rationale for this research, this chapter has also been useful in guiding the hypotheses for this research. Based on what has been presented here, it is hypothesized that there will be a significant relationship between common ideas and practices of masculinity and intentional and actual help-seeking. It is further hypothesized that higher scores on the masculinity scales, or "an agreement with traditional conceptualizations of masculinity" (Luyt, 2005, p.212, will be associated with a decrease in the likelihood of intentional and actual help-seeking behaviour amongst the young men participating in this research. These hypotheses will be addressed in further detail in the methodology section below.

## **Chapter 5: Methodology**

This chapter is intended to provide an overview of the aims and rationale for this study, as well as an outline of the research design, and methods of data collection and analysis applied here. An important part of this section will also be to consider some of the ethical challenges faced in conducting this research, and the strategies adopted to address these.

### **5.1 Rationale for this study**

Building on from the above review of literature, it is clear that there remains a need for ongoing research in the areas of help-seeking, and the relationship between masculinity and help-seeking behaviour.

It is well documented that help-seeking can be a valuable and beneficial way of overcoming some of the problems experienced by adolescents during adolescence (Fallon, 2001). The need for this kind of support would also appear to have increased as young people in many parts of the world are increasingly challenged by difficult stressors and situations. In South Africa, this has included issues as serious as the impact of HIV/AIDS and for young men, difficulties around masculinity (Jeftha, 2006; Van der Riet & Knoetze, 2004). However, research has shown how help-seeking behaviour amongst young people, and especially young men, remains infrequent and in some cases unlikely (Boldero & Fallon, 1995). In response to this, some theorists have proposed that common ideas and practices of masculinity might have a role in affecting this trend (Addis & Mahalik, 2003). However, there remains a shortage of research which addresses men's help-seeking, and even less which addresses the possibility of a relationship between the ideas and practices of masculinity and men's help-seeking behaviour (Mahalik et al., 2007).

Therefore, research aimed at trying to understand the patterns and perceptions of help-seeking amongst young men continues to be of relevance and in demand. What is more, research which attempts to understand the role of ideas and practices of masculinity in affecting this trend, remains of especial importance. It is through this

kind of research that these perceptions and patterns might better be understood, and thereafter addressed.

## **5.2 Research aims**

At the start of this research a series of hypotheses were established. These hypotheses were in response to the research questions at hand, and have therefore been used to guide this research so as to answer these questions. These hypotheses have been organized by the three major areas of consideration in this research, including: help-seeking behaviour; masculinity; and the relationship between masculinity and help-seeking behaviour. At this juncture it is appropriate to revisit these hypotheses.

### *5.2.1 Likelihood and type of help-seeking*

It is hypothesized that young men are unlikely to seek help from help sources, as seen in both intended help-seeking and actual help-seeking behaviour. It is further hypothesized that, insofar as young men do seek help from others, they are more likely to seek help from informal help sources, such as friends and family, than from formal help sources, such as health professionals.

### *5.2.2 Masculinity*

As far as masculinity was concerned, it was hypothesized that there would be some differences in the common or dominant ideas and practices of masculinity between young men of different faculty, language, sexual orientation and religion.

### *5.2.3 The association between help-seeking and masculinity*

The primary hypothesis of this research is that there will be a negative relationship between common ideas and practices of masculinity, and both intentional and actual help-seeking behaviour of young men. Higher scores on the masculinity scales are expected to be associated with a decrease in the likelihood of intentional and actual help-seeking behaviour amongst the young men participating in this research.

### 5.3 Research design

Durrheim (2004, p.29) describes a research design as “a strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research.” Essentially, this step becomes an important starting point in designing data collection and analysis that will best answer the research questions at hand. The strength and quality of a design will also impact on the reliability and validity of a project’s findings, and the extent to which these findings can be generalized, and/or compared with other situations or findings (Oppenheim, 1992).

As discussed above, this research was set up to explore the relationship between common ideas and practices of masculinity and the intentional and actual help-seeking behaviour of young men. It was anticipated that through this research a clearer understanding of this relationship might be explored, and these findings discussed. Therefore this study might be classified as “descriptive”, where the findings are intended to “advance our fundamental knowledge of the social world”, and “applied” where there is the potential for a “practical application” (Durrheim, 2004, pp.40-41). At the same time, because this research has primarily been concerned with the relationship between common ideas and practices of masculinity and help-seeking behaviour, it can therefore be classified as a correlational research design.

### 5.4 Measurement

Two questionnaires which had already been developed and applied in other research were used for the purposes of measurement here. These included: *The General Help-Seeking Questionnaire* (Wilson, Deane & Ciarrochi, 2005) and *The Male Attitudes Norms Inventory II* (Luyt, 2005). These questionnaires were then combined and provided to participants to complete for the purposes of this research. (Appendix A: Questionnaire).

#### 5.4.1 General Help-Seeking Questionnaire (GHSQ)

The *GHSQ* has been designed to measure the “intentions to seek help from different help sources and for different problems” (Wilson et al., 2005, p.15). An important



feature of this questionnaire is its ability to measure both intentional and actual help-seeking behaviour.

The *GHSQ* makes use of Likert scale-type format, in which participants must rate their likelihood of seeking help from a number of help sources, and for a number of problems. The range of this scale is along a 7-point continuum, with 1 representing “extremely unlikely” and 7 “extremely likely”. Higher scores therefore indicate a greater intention of help-seeking either generally (the sum of all items), or from specific help sources (individual scales) (Wilson et al., 2005). Furthermore, participants are required to indicate help sources that they have actually sought help from in the two weeks preceding the administration of the questionnaire.

This measure employs a format which allows it to be readjusted by researchers to accommodate the unique specifications of their research. That is, the types of problems and help sources listed in this measure can be replaced and formulated to reflect problems and help sources unique to that context or specific to the research at hand (Wilson et al., 2005). This ensures that this is an adaptable and sensitive format for measuring both intentional and actual help-seeking behaviour (Wilson et al., 2005).

For the purposes of this study, the format of this questionnaire was kept largely unchanged. Nonetheless, after the administration of the questionnaire in this format, some limitations were noted. Firstly, it was noted that to ask participants to record help sources that they had sought help from in the two weeks preceding the administration of the questionnaire, was too short a time frame to gauge an accurate reflection. Two weeks is a relatively short period of time, in which the need for help may not have arisen for many participants. This is especially relevant in the case of formal help sources, whose function in many cases is quite specific, and where the need for this kind of help might not have arisen in a two week period for many of the participants. However, this is somewhat limited by asking participants to rate the likelihood of both their intentional and actual help-seeking behaviour.

#### 5.4.2 *The Male Attitudes Norms Inventory II (MANI-II)*

The *MANI-II* has been developed as a refinement of the earlier *MANI*, both of which have been designed to measure masculine ideology in South Africa. The adjustments made from the *MANI* to *MANI-II* are said to reflect both theoretical and empirical improvements to this measure (Luyt, 2005). These improvements have come as a result of both qualitative and quantitative investigations into gender ideology and research in South Africa, and the quantitative construction of this measure (Luyt, 2005).

The *MANI-II* has been designed as “a measure of South African masculine ideology” (Luyt, 2005, p.212). To achieve this, the measurement comprises of 40 statements to which participants are asked to respond to using a 5-point Likert scale. The range of this scale includes: Strongly agree; Agree; Have no opinion; Disagree and; Strongly disagree. The forty statements listed in this measure are what Luyt (2005, p.212) describes as “belief statements”, which are said to reflect to “dominant notions of masculinity”. In this measure, three dimensions of masculinity are highlighted as typical of traditional conceptualisations of masculinity, including ideas and practices around toughness, control and sexuality (Luyt, 2005). These are embodied in an overall score of masculinity. The questionnaire also allows for scores on the three subscales of Toughness, Control and Sexuality.

The Toughness subscale measures respondents’ adherence to masculine ideas and practices around the belief that “men should remain emotionally contained, in which active expression preferably finds display in assertive physicality...” (Luyt, 2005, p.221). Factor 2, or the Control subscale, measures adherence to masculine ideas and practices around the importance of control in men’s lives. According to Luyt (2005, p.221), this involves an emphasis on men’s “mastery over their lived reality” in all areas of living, including financial, social and self. Finally, the Sexuality scale measures “the importance of (hetero) sexuality and its performance in dominant masculine expression” (Luyt, 2005, p.221). According to Luyt (2005) this includes both an emphasis on male sexual performance and a distancing from other brands of sexuality.

Scores on all of these four scales, including the overall total scale and the three subscales, are calculated by adding responses on the appropriate items together. According to Luyt (2005, p.212), “a high item score is argued to signal an individual’s agreement with traditional conceptualisations of masculinity.” Research conducted by Luyt (2005, p.223) supports the “construct validity and internal reliability of the MANI-II”. This is shown in a Cronbach’s alpha score of 0.90, with the subscales scoring 0.81 (Toughness), 0.82 (Control) and 0.85 on the same measure.

## **5.5 Procedure**

The completion of both of these questionnaires involved a self-report method, in which participants were asked to complete these questionnaires using a paper and pencil format. Both of these questionnaires comprised of closed-ended questions and Likert scales. A cover letter introduced participants to the nature and aims of this research, as well the important ethical considerations and the value of their participation in this research (Appendix B: Informed consent form).

These questionnaires were distributed amongst participants by the researcher. The format of these questionnaires and what was expected of each participant was then explained. Prospective participants became part of this sample after being invited and choosing to participate on a voluntary and informed basis. This was generally achieved by approaching young men from the sample population after first year lecturers in each of the specified faculties, and inviting their participation in this research.

## **5.6 Sampling**

According to Durrheim (2004, p.44) sampling “involves decisions about which people, settings, events, behaviours and/or social processes to observe.” The primary unit of analysis in this research has been young men at the University of KwaZulu-Natal, looking at how their constructions and practices of masculinity influence their help-seeking behaviour.

The decision to consider the patterns of help-seeking behaviour, and the effect of masculinity on this behaviour amongst young men, has been motivated in the rationale for this research. It was anticipated that a sample comprising solely of young men would be most appropriate and effective in meeting the ends of this research. This therefore demanded a brand of purposive sampling, in which research participants were invited to take part in this research on the basis of their gender and attendance at the University of KwaZulu-Natal.

Although this brand of sampling inevitably limits the generalizability of this study's findings to a specific population (young men), it has been argued that this is an important group to continue researching. Nonetheless, this has included a diverse group of 100 young men, including men from various religious, language, faculty and sexual orientation groups. The representation of each of these demographic factors in the sample of 100 young men is described below. The decision to include these demographic factors was motivated by previous research, which has stressed that demographic differences can impact on both help-seeking behaviour and ideas and practices of masculinity.

#### *5.6.1 Religious affiliation*

43 percent of participants indicated an unspecified denomination of Christianity as their religious affiliation. 26 percent of participants indicated Hinduism as their religious affiliation, while 8 and 7 percent of the sample indicated Catholicism and Islam as their religious affiliation. Finally, 16 percent of participants fell within other or no religious affiliation.

#### *5.6.2 Language*

70 percent of participants indicated English as their home language, while the remaining 28 and 2 percent of the sample indicated an African or Indian language as their home language respectively.

#### *5.6.3 Faculty*

46 percent of participants indicated being part of the Humanities faculty at UKZN. 30 percent of participants indicated being registered with the Commerce faculty, while

the remaining 24 percent of the sample came evenly from the Law and Science faculties respectively.

#### *5.6.4 Sexual Orientation*

As far as sexual orientation is concerned, 76 percent of the sample identified themselves heterosexual. 7 and 2 percent of the sample identified themselves as homosexual or bisexual respectively, while 15 percent of the sample did not specify their sexual orientation.

### **5.7 Data analysis**

To analyze and interpret the data collected here, a series of statistical procedures were run using SPSS. These will be listed below according to the specific research questions and hypotheses they attempted to explore.

#### *5.7.1 Likelihood and type of help-seeking*

To measure participants' responses on the *GHSQ* (on both the intentional and actual help-seeking scales) their responses were tallied and listed as frequencies. This gave an indication of which help sources the young men intended to use and actually used.

However, as highlighted above, it is also important to measure the relationship between intended and actual help-seeking behaviour. This is important in determining the extent to which likely behaviour is converted into actual help-seeking. Therefore, in order to assess the extent of this relationship a Crosstab analysis was run, with Chi-square tests being run to test the significance of there relationships. These processes were run for each help source represented on the *GHSQ* measure.

#### *5.7.2 Masculinity*

Using a series of one-way ANOVA's the common ideas and practices of masculinity held by the young men participating in this research were measured. At the same time, differences in these common ideas and practices of masculinity between young men of different demographic groups was also measured using a series of one-way ANOVA's.

### 5.7.3 *The association between help-seeking and masculinity*

To explore the relationship between the common ideas and practices of masculinity and the intentional and actual help-seeking behaviour of the young men, scores on the *MANI-II* masculinity scales and scores on the *GHSQ* were compared. However, in doing so it was important that this relationship be measured in terms of both intentional and actual help-seeking behaviour.

To explore the relationship between the common ideas and practices of masculinity and the actual help-seeking behaviour of the young men, a series of one-way ANOVA's were run. In order to explore the relationship between these common ideas and practices of masculinity and intentional help-seeking behaviour, a series of correlations were run. In both of these cases, this data was organised to provide information on the relationship between these common ideas and practices of masculinity and intentional and actual help-seeking behaviour from all of the help sources used in this study.

## 5.8 Ethical considerations

Emanuel, Wendler and Grady (2000) provide a list of seven requirements that they advise should be considered and met in conducting clinical research. Although this research does not constitute clinical research, the relevance of many of these requirements is transferable here. These include: "social or scientific value, scientific validity, fair subject selection, favourable risk-benefit ratio, independent review, informed consent, and respect for potential and enrolled subjects" (Emanuel et al., 2000, p.2703).

Throughout this research process, precautions have been taken to ensure a high standard of ethical practice. This has had to involve careful planning and rigorous ethical review.

As argued above, this research has been undertaken with a clear and well-argued rationale, and in the face of a growing need for research in this area. It has therefore been anticipated that the findings made here would contribute to an understanding of the way in which ideas and practices of masculinity impact on help-seeking behaviour

amongst this demographic. It has also been envisioned that the information gathered here might stimulate and benefit future initiatives in this regard. In light of these envisioned benefits, it will be argued that any risks and costs to individuals involved in conducting this research have been outweighed by its foreseen benefits to the community.

An important consideration throughout this process has been to ensure the safety, and respectful treatment of participants. According to Durrheim and Wassenaar (2004), to achieve this, researchers should take into consideration the principles of autonomy and nonmaleficence. To safeguard this it was important that all participants gave their informed consent before voluntarily taking part in this study. It was important to the researcher that this involved more than getting participants to agree to participating, but that these participants had a clear understanding of the conditions and implications under which they would be volunteering. The researcher therefore provided participants with both a written and verbal explanation of these conditions and implications before participants were given the opportunity to volunteer. Importantly, this informed consent process provided information around the purpose of this research, the format for publishing this research, confidentiality, storage and dissemination of data. Although it was not anticipated that participation in this research would place participants in any physical, social or emotional risk, care was taken throughout this process to ensure that participants were not harmed in any way.

To ensure the validity of this research, as well the dependability of its findings, this research has attempted to implement a sound research design, with an application of valid and reliable methods of data collection and analysis. As described above, this has involved the use of two previously tested and applied questionnaires, as well as objective statistical techniques of organising the collected data.

When conducting research in the social sciences it is also important that the procedures carried out in this research are done so competently (Durrheim & Wassenaar, 2004). In carrying out this research, permission from the authors of the questionnaires used in this research was obtained, with supporting information around the previous application of these instruments.

## **Chapter 6: Results**

This chapter will present the results of this study, presenting the findings made in relation to each of the research aims and hypotheses formulated at the start of this research. This chapter will therefore be organized by the three major areas of consideration in this research, including: help-seeking behaviour; masculinity; and the relationship between masculinity and help-seeking behaviour.

### **6.1 Help-seeking behaviour**

This section will present findings related to the reported help-seeking behaviour amongst the sample of young men. These will be presented according to various help sources, highlighting variations in the likelihood and frequency at which these sources are reportedly employed. To meet the demands of the research questions at hand, a report on the variations between the likelihood and frequency of help-seeking from various help sources will also be presented. These findings will be summarized in the tables below, with a narrative description for each help source.

*Table 6.1 Frequency (percentage) of intended help-seeking per help source*

	<b>1 (Very Unlikely)</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7 (Very Likely)</b>
<b>Partner</b>	1	0	0	15	18	15	44
<b>Friend</b>	3	0	6	10	24	21	35
<b>Parent</b>	9	6	10	15	17	12	31
<b>Relative</b>	1	17	12	11	18	22	7.1
<b>MHP</b>	31	15	11	17	8	8	10
<b>Phone</b>	66	13	7	5	0	0	7
<b>GP</b>	27	20	11	11	12	11	8
<b>Teacher</b>	33	15	14	22	8	2	6
<b>Nobody</b>	49	6.2	5.2	13.5	6.2	5.2	12.5



*Table 6.2 Frequency (percentage) of actual help-seeking per help source*

<b>Source</b>	<b>No</b>	<b>Yes</b>
<b>Partner</b>	71	29
<b>Friend</b>	58	42
<b>Parent</b>	75	25
<b>Relative</b>	89	11
<b>MHP</b>	97	3
<b>Phone</b>	98	2
<b>GP</b>	91	8
<b>Teacher</b>	95	5
<b>Nobody</b>	73	27

*Table 6.3 Chi-square results of association of intended and actual help-seeking per help source*

<b>Source</b>	<b>Value</b>	<b>Df</b>	<b>Sig.</b>
<b>Partner</b>	12.22	6	0.06
<b>Friend</b>	5.128	6	0.53
<b>Parent</b>	9.412	6	0.152
<b>Relative</b>	10.009	7	0.188
<b>MHP</b>	12.944	6	0.05*
<b>Phone</b>	52.904	6	0.001*
<b>GP</b>	4.910	6	0.56
<b>Teacher</b>	11.871	6	0.065
<b>Nobody</b>	6.217	7	0.0515*

\*  $p < .05$

#### *6.1.1 Partner*

44 percent of participants reported that they were very likely to seek help from their partners in the future. Only 1 percent of participants felt that they were very unlikely to seek help from their partners in the future. Nonetheless, only 29 percent of the sample reported having actually sought help from their partners in the two weeks before the administration of this questionnaire. The Chi-square did not reveal a

difference between anticipated and actual help-seeking behaviour from partners by the young men that took part in this study.

#### *6.1.2 Friend*

As far as friends or a friend as a help source was concerned, 35 percent of participants reported that they were very likely to seek help from a friend in the future, while 21 and 24 percent rated their likelihood just below this on the Likert scale. Only 3 percent of participants felt that they were very unlikely to seek help from friends or a friend in the future. Nevertheless, only 42 percent of participants reported having actually sought help from friends or a friend in the past two weeks. A Chi-square test of association between intended and actual use of friends as a help source reveals an insignificant association.

#### *6.1.3 Parent*

There was no significant difference between the reported actual and intentional rate of help-seeking from parents amongst the sample. 31 percent of participants claimed that they were very likely to seek help from a parent in the future, while 9 percent felt that they were unlikely to do so, but 75 percent of participants reported not having sought help from a parent in the past two weeks. There was therefore no significant difference between the reported rates of likely and actual help-seeking.

#### *6.1.4 Other relative*

Only 7.1 percent of the sample believed that they were very likely to seek help from an unspecified relative in the future, and 89 percent of participants reporting that they had not sought help from a relative in the past two weeks. Again, there was therefore no significant difference between the reported rates of likely and actual help-seeking.

#### *6.1.5 Mental health professional*

31 percent of the sample agreed that they were very unlikely to seek help from a mental health professional, with only 10 percent of the sample believing that they were very likely to seek help from this kind of help source. This was mirrored by the finding that 97 percent of the sample reported not seeking help from a mental health professional in the last two weeks. A Chi-square test of association between intended and actual use of mental health professionals as a help source reveals a significant

difference. This is accounted for by the more even spread across the range of intended help-seeking, as compared to 99 percent of the participants who had not actually sought help from mental health professionals.

#### *6.1.6 Phone help line*

66 percent of participants said that they very unlikely to seek help by using a phone help line, while only 7 percent believed that they very likely to seek help from a phone help line in the future. Reflecting this, 98 percent of the sample reported that they had not sought help from a phone helpline in the past two weeks. As with mental health professionals, there appears to be a significant association between the reported likelihood and frequency of help-seeking by participants from phone help lines. This is accounted for by the more even spread across the range of intended help-seeking, as compared to 98 percent of the participants who had not actually sought help from phone help lines.

#### *6.1.7 General practitioners*

Only 8 percent of participants believed that they were very likely seek help from a general practitioner in the future, with 27 percent believing that they very unlikely to seek help from this help source. As far as actual rates of help-seeking are concerned, 91 percent of participants reported that they had not sought help from a general practitioner in the past two weeks. Nonetheless, there was therefore no significant difference between the reported rates of likely and actual help-seeking from this help source.

#### *6.1.8 Teacher*

As with mental health professionals and phone help lines, there appears to be a significant association between the poor frequency and likelihood that teachers are reportedly used as help sources by participants. Only 6 percent of participants believed that they were likely to seek help from a teacher in the near future, while 33 percent believed that they would not. Supporting this, 95 percent of the sample reported that they had not sought help from a teacher in the past two weeks.

#### *6.1.9 Nobody*

Only 12.5 percent of participants believed that they were very likely to seek help from nobody in the future. Instead, 49 percent of participants believed that they were very unlikely to seek help from nobody. 73 percent of the sample reported that they had sought help from someone in the past two weeks. There appears to be a significant association between the reported likelihood and frequency of help-seeking by participants from nobody. As with mental health professionals, this is accounted for by the more even spread across the range of intended help-seeking, as compared to 73 percent of the participants who had not actually sought help from phone help lines.

#### *6.1.10 Summary*

At the outset of this research, it was hypothesized that young men are unlikely to seek help from various help sources, as seen in both intended and actual help-seeking. The results presented here have therefore confirmed this hypothesis, where intentional and actual help-seeking from all help sources has been largely low.

However, a further hypothesis of this research has been that insofar as young men do seek help, they are more likely to seek help from informal help sources. Again, this has been confirmed by the results presented here, where help sources such as partners, friends and parents have been rated as the most likely and frequently used help sources by participants. On the other hand, formal help sources such as phone help lines and mental health professionals have been rated as the least likely and frequently used help sources.

Using a Chi-square test, the relationship between actual and intentional help-seeking behaviour was measured on the sample, per help source. Parents, phone help lines, mental health professionals and teachers were those help sources which showed a significant relationship between intentional and actual help-seeking behaviour. In all four of these cases, it was suggested that these were very unlikely and infrequently used help sources amongst the sample.

## 6.2 Masculinity

Using the *Male Attitudes Norm Inventory* (Luyt, 2005), the common ideas and practices of masculinity of the young men participating in this research were measured. This was measured using an overall score on the *Male Attitudes Norm Inventory-II* (Luyt, 2005), and the three factors built into this inventory. These included Toughness; Control and; Sexuality. Comparisons between the scores on these scales were then made between young men from different demographic groups, which gave an indication of any differences in the common ideas and practices of masculinity between demographic groups. These findings will be described according to the various demographic factors or independent variables isolated in this study, including: home language, faculty of study; religious affiliation, and sexual orientation.

### 6.2.1 Home language

There was no significant difference in the common ideas and practices of masculinity between the language groups represented in this study. This was true for scores on all of the four masculinity scales, including: Toughness ( $F = 0.543$ ;  $df = 2$ ;  $p < 0.583$ ); Control ( $F = 2.54$ ;  $df = 2$ ;  $p < 0.134$ ); Sexuality ( $F = 0.817$ ;  $df = 2$ ;  $p < 0.445$ ); and Luyt Total ( $F = 0.414$ ;  $df = 2$ ;  $p < 0.662$ ).

### 6.2.2 Faculty

On the scale of Toughness, there was a significant difference between participants from various faculties ( $F = 2.270$ ;  $df = 3$ ;  $p < 0.049$ ). Furthermore, there was a difference between participants by faculty on the Sexuality scale ( $F = 2.688$ ;  $df = 3$ ;  $p < 0.051$ ). According to the report, the biggest difference here was between participants from the Humanities and Commerce faculties, on both scales. Commerce participants appeared to score higher on the Toughness (24.2667) and Sexuality (25.600) scales, while Humanities participants scored lower (20.3913; 21.4130). On the remaining scale of Control ( $F = 2.306$ ;  $df = 3$ ;  $p < 0.082$ ) there was no significant differences between participants by faculty. On the Luyt Total score ( $F = 3.459$ ;  $df = 3$ ;  $p < 0.019$ ) there was a significant differences between participants by faculty.

### *6.2.3 Religious affiliation*

Religious affiliation appeared to be the demographic factor which showed the greatest variation in adherence to traditional masculine norms between participants. This was true on all four on the scales used to measure this, including: Toughness ( $F = 2.368$ ;  $df = 4$ ;  $p < 0.058$ ); Control ( $F = 3.182$ ;  $df = 4$ ;  $p < 0.017$ ); Sexuality ( $F = 3.001$ ;  $df = 4$ ;  $p < 0.022$ ) and; Luyt Total ( $F = 3.913$ ;  $df = 4$ ;  $p < 0.006$ ).

Catholic sample members placed the most value on the ideas and practices embodied by the Toughness (26.7500), Control (52.6250), Sexuality (29.1250) and the Luyt Total (151.2500) scales. By contrast, Hindu participants placed the least emphasis on the ideas and practices embodied by the Control (44.3462) scale. Unspecified Christians appeared to place the least emphasis on the ideas and practices embodied by the Sexuality (21.4651) and Toughness (20.7442) scales.

### *6.2.4 Sexual orientation*

There was little difference in the common ideas and practices of masculinity amongst heterosexual and other sexual orientation groups amongst the sample at hand. This was reflected on the Toughness ( $F = 1.131$ ;  $df = 3$ ;  $p < 0.340$ ), Control ( $F = 1.404$ ;  $df = 3$ ;  $p < 0.246$ ) and the Luyt Total ( $F = 1.704$ ;  $df = 3$ ;  $p < 0.171$ ) scales. However, on the Sexuality scale ( $F = 4.067$ ;  $df = 3$ ;  $p < 0.009$ ), there appeared to be some difference in the ideas and practices of masculinity shared by homosexual participants, and those from the other sexual orientation groups.

### *6.2.5 Summary*

Therefore, the results found in this study with regards to masculinity have confirmed the some of the hypotheses made at the outset of this research. It was hypothesized that there would be both some commonalities and difference in the ways in which participants scored on the masculinity scales according to demographic factors. In this study, differences were noted between participants according to faculty, religious affiliation and sexual orientation groups. These differences were noted on several of the masculinity scales used in this study. Interestingly, there was no significant difference between members from different language groups. This may be in part due

to the fact that there was uneven representation of language groups in this study, with 70 percent of the sample speaking English at home.

### **6.3 Actual help-seeking and masculinity**

In this section, using a series of one-way ANOVAs, scores on various subscales of masculinity were compared between participant's reports of intentional and actual help-seeking. That is, scores on the *General Help-Seeking Questionnaire* and the *Male Attitudes Norms Inventory II* were compared. At the outset of this research, it was hypothesized that there would be a relationship between the common ideas and practices of masculinity and help-seeking behaviour. It was further hypothesized, that this would be a negative relationship where higher scores on the masculinity scales would decrease the likelihood of intentional and actual help-seeking behaviour of young men.

#### *6.3.1 Actual help-seeking from partners*

The results of the one-way ANOVA showed no significant difference on the masculinity scales between men who did and did not report actually seeking help from partners. This was true for all four of the masculinity scales, including: Toughness ( $F = 2.053$ ;  $df = 1$ ;  $p < 0.155$ ); Control ( $F = 0.619$ ;  $df = 1$ ;  $p < 0.433$ ); Sexuality ( $F = 2.116$ ;  $df = 1$ ;  $p < 0.149$ ) and; Luyt Total ( $F = 2.301$ ;  $df = 1$ ;  $p < 0.132$ ). This would therefore suggest that amongst this sample, ideas and practices of masculinity do not impact on the decision or failure to seek help from partners.

#### *6.3.2 Actual help-seeking from friends*

As above, there was no significant difference between participants who did and did not seek help from friends in the past two weeks, and their scores on the four masculinity scales, including: Toughness ( $F = 1.094$ ;  $df = 1$ ;  $p < 0.298$ ); Control ( $F = 0.824$ ;  $df = 1$ ;  $p < 0.366$ ); Sexuality ( $F = 0.089$ ;  $df = 1$ ;  $p < 0.767$ ) and; Luyt Total ( $F = 0.036$ ;  $df = 1$ ;  $p < 0.849$ ). This therefore suggests no impact of ideas and practices of masculinity on actual help-seeking behaviour from friends.

#### *6.3.3 Actual help-seeking from parents*

There was a significant difference on the Luyt Total scale ( $F = 4.573$ ;  $df = 1$ ;

$p < 0.035$ ) and two of the other three masculinity scales, between those who did and did not seek help from parents. These included the Toughness ( $F = 7.985$ ;  $df = 1$ ;  $p < 0.006$ ) and Sexuality ( $F = 5.859$ ;  $df = 1$ ;  $p < 0.017$ ) scales. Participants who scored higher on the masculinity scale of Toughness and Sexuality, actually sought help from parents significantly more than those who scored lower on this scale. By the same token, participants who scored higher on the Luyt Total scale also actually sought help from parents significantly more than those who scored lower on this scale. However, there was no significant difference between participants who did and did not seek help from parents and their scores on the Control scale ( $F = 1.284$ ;  $df = 1$ ;  $p < 0.260$ ). This would therefore suggest a relationship between some of the common ideas and practices of masculinity and actual help-seeking behaviour of the young men. However, contrary to what was hypothesized, it would seem that higher scores on the masculinity scales increases the reported rate of young men's actual help-seeking from parents.

#### *6.3.4 Actual help-seeking from other relatives*

There was no significant difference on any of the masculinity scales between participants who did and did not seek help from other relatives in the past two weeks, including the Toughness ( $F = 0.140$ ;  $df = 1$ ;  $p < 0.709$ ); Control ( $F = 0.079$ ;  $df = 1$ ;  $p < 0.780$ ); Sexuality ( $F = 0.699$ ;  $df = 1$ ;  $p < 0.405$ ) and; Luyt Total ( $F = 0.113$ ;  $df = 1$ ;  $p < 0.737$ ) scales. This therefore suggests no impact of ideas and practices of masculinity on actual help-seeking behaviour from other relatives amongst the sample at hand.

#### *6.3.5 Actual help-seeking from mental health professionals*

Again, there was no significant difference between participants who did and did not seek help from mental health professionals on their scores on the four masculinity scales, including: Toughness ( $F = 0.206$ ;  $df = 1$ ;  $p < 0.651$ ); Control ( $F = 0.017$ ;  $df = 1$ ;  $p < 0.895$ ); Sexuality ( $F = 0.330$ ;  $df = 1$ ;  $p < 0.567$ ) and; Luyt Total ( $F = 0.409$ ;  $df = 1$ ;  $p < 0.524$ ). Again, this suggests no impact of ideas and practices of masculinity on help-seeking behaviour from mental health professionals.



#### *6.3.6 Actual help-seeking from phone help lines*

As far as phone help lines were concerned, there was no significant relationship between ideas and practices of masculinity and actual help-seeking amongst the group. There was no significant difference between participants who did and did not seek help from phone help lines, and their scores on the four masculinity scales, including: Toughness ( $F = 2.100$ ;  $df = 1$ ;  $p < 0.150$ ); Control ( $F = 1.831$ ;  $df = 1$ ;  $p < 0.179$ ); Sexuality ( $F = 0.001$ ;  $df = 1$ ;  $p < 0.976$ ) and; Luyt Total ( $F = 2.228$ ;  $df = 1$ ;  $p < 0.139$ ).

#### *6.3.7 Actual help-seeking from general practitioners*

The results show a significant difference in levels of Toughness between participants who did and did not seek help from general practitioners. Participants who scored higher on the scale of Toughness sought help more frequently from general practitioners ( $F = 4.719$ ;  $df = 1$ ;  $p < 0.032$ ). This would therefore suggest a relationship between some of the common ideas and practices of masculinity and actual help-seeking behaviour of the young men. However, contrary to what was hypothesized, it would seem that higher scores on the Toughness masculinity scale increases the reported rate of actual help-seeking behaviour of the young men. However, there was no significance difference between participants who did and did not seek help from general practitioners on the masculinity scales of Control ( $F = 0.595$ ;  $df = 1$ ;  $p < 0.442$ ); Sexuality ( $F = 0.285$ ;  $df = 1$ ;  $p < 0.595$ ) and; Luyt Total ( $F = 1.078$ ;  $df = 1$ ;  $p < 0.302$ ).

#### *6.3.8 Actual help-seeking from teachers*

There was no significant difference between participants who did and did not seek help from teachers on their scores on the four masculinity scales, including: Toughness ( $F = 0.070$ ;  $df = 1$ ;  $p < 0.792$ ); Control ( $F = 0.016$ ;  $df = 1$ ;  $p < 0.900$ ); Sexuality ( $F = 0.960$ ;  $df = 1$ ;  $p < 0.330$ ) and; Luyt Total ( $F = 0.062$ ;  $df = 1$ ;  $p < 0.804$ ). Again, this suggests no impact of ideas and practices of masculinity on help-seeking behaviour from teachers.

### *6.3.9 Actual help-seeking from nobody*

Finally, there was no significant difference in scores on the masculinity scales and reported use of nobody in the past two weeks. This included scores on all four masculinity scales, including: Toughness ( $F = 0.002$ ;  $df = 1$ ;  $p < 0.962$ ); Control ( $F = 0.038$ ;  $df = 1$ ;  $p < 0.846$ ); Sexuality ( $F = 0.333$ ;  $df = 1$ ;  $p < 0.565$ ) and; Luyt Total ( $F = 0.008$ ;  $df = 1$ ;  $p < 0.929$ ). Again, this suggests no impact of ideas and practices of masculinity on seeking help from anybody. This would therefore suggest a relationship between some of the common ideas and practices of masculinity and actual help-seeking behaviour of the young men. However, contrary to what was hypothesized, it would seem that higher scores on the masculinity scales increases the reported rate of actual help-seeking behaviour of the young men.

### *6.3.10 Summary*

Therefore most of the findings made here have not confirmed the hypotheses made at the start of this research. It was hypothesized that there would be strong, negative correlation between the common ideas and practices of masculinity and actual help-seeking behaviour of the young men. However, for the most part, a relationship between these ideas and practices of masculinity and actual help-seeking behaviour has not been found.

In instances where a relationship has been found, this relationship has been contrary to what was hypothesized at the outset of this research. It was hypothesized that higher scores on the masculinity scales, or where there was an “agreement of traditional conceptualisations of masculinity” (Luyt, 2005, p.212), would be associated with a decrease in the likelihood of intentional and actual help-seeking behaviour amongst the young men participating in this research.. The results here have shown that, in the case of significant relationships, higher scores on the masculinity scales are associated with an increase in actual help-seeking behaviour of the participants. From these results we can see how men who scored higher on the scales of Toughness, Control and overall masculinity actually sought help more frequently from these help sources.

#### 6.4 Intentional help-seeking and masculinity

Finally, this section will present findings on the relationship between scores on the masculinity scales and the reported intention of help-seeking behaviour, from various sources by the sample at hand. To explore the extent of this relationship a series of correlations were run between each of the scales of masculinity represented on the *Male Attitudes Norms Inventory II* and the reported likelihood of help-seeking from each of the help sources listed on the *General Help-Seeking Questionnaire*. The findings of these correlations will be listed in tables with a narrative summary below, and will be organized according to each of the four Luyt scales used in this study, including: Toughness; Control; Sexuality and; the Luyt Total scale.

*Table 6.4 Correlation between Toughness scale and intentioned help-seeking*

Source	Correlation (R-score)	Significance
<b>Partner</b>	-0.209	0.037*
<b>Friend</b>	-0.039	0.704
<b>Parent</b>	0.046	0.649
<b>Relative</b>	0.138	0.174
<b>MHP</b>	-0.097	0.337
<b>Phone</b>	-0.069	0.497
<b>GP</b>	0.016	0.873
<b>Teacher</b>	0.021	0.833
<b>Nobody</b>	-0.110	0.287

\*  $p < .05$

*Table 6.5 Correlation between Control scale and intentioned help-seeking*

<b>Source</b>	<b>Correlation</b>	<b>Significance</b>
<b>Partner</b>	-0.63	0.533
<b>Friend</b>	-0.22	0.828
<b>Parent</b>	0.017	0.867
<b>Relative</b>	-0.011	0.916
<b>MHP</b>	0.399	0.001*
<b>Phone</b>	0.336	0.001*
<b>GP</b>	0.146	0.155
<b>Teacher</b>	0.334	0.001*
<b>Nobody</b>	-0.065	0.532

\*  $p < .05$

*Table 6.6 Correlation between Sexuality scale and intentioned help-seeking*

<b>Source</b>	<b>Correlation</b>	<b>Significance</b>
<b>Partner</b>	-0.277	0.005*
<b>Friend</b>	-0.67	0.509
<b>Parent</b>	-0.081	0.423
<b>Relative</b>	0.006	0.515
<b>MHP</b>	-0.708	0.439
<b>Phone</b>	-0.130	0.198
<b>GP</b>	0.054	0.493
<b>Teacher</b>	-0.077	0.446
<b>Nobody</b>	-0.125	0.224

\*  $p < .05$

*Table 6.7 Correlation between Total Luyt scale and intentioned help-seeking*

<b>Source</b>	<b>Correlation</b>	<b>Significance</b>
<b>Partner</b>	-0.169	0.092
<b>Friend</b>	0.013	0.899
<b>Parent</b>	0.027	0.792
<b>Relative</b>	0.141	0.162
<b>MHP</b>	-0.095	0.346
<b>Phone</b>	-0.087	0.384
<b>GP</b>	0.082	0.415
<b>Teacher</b>	0.048	0.636
<b>Nobody</b>	-0.149	0.147

\*  $p < .05$

#### *6.4.1 Summary*

The results of the correlations run here have revealed only a few significant correlations between scores on each of the masculinity scales and reported intentional help-seeking from the various help sources. This therefore suggests a weak relationship between the common ideas and practices of masculinity and the intended help-seeking behaviour of the sample at hand. Therefore, this does not support the hypothesis made at the start of this research, which anticipated a strong relationship between common ideas of masculinity and a poor intention of help-seeking amongst young men. Instead, based on the results found here, it would appear that higher scores on the masculinity scales increase the likelihood of help-seeking from various help sources. This included a relationship between scores on the Toughness scale and a higher likelihood of help-seeking from partners. It also included a positive relationship between scores on the Control scale and a likelihood of help-seeking from mental health professionals, phone help lines and teachers. Interestingly, there was no significant relationship between scores on the Luyt Total scale and the likelihood of help-seeking behaviour from any of the help sources listed here.

## **Chapter 7: Discussion**

The findings of this research will now be discussed within the context of previous research within this field. This chapter will also revisit the aims and rationale of this research. To this effect, the findings of this research will be discussed in a way that both explains and attempts to understand the phenomena under study, but that also provides a platform for future research and development initiatives in this critical field.

For the purposes of clarity, this chapter will be organised in a way that mirrors the literature review made earlier in this dissertation. This chapter will therefore consider the research findings made in relation to the patterns of help-seeking behaviour amongst its sample, before discussing its findings around issues of masculinity. Finally, consideration will be made for the relationship between help-seeking behaviour and masculinity amongst the sample under research here.

### **7.1 Aims and rationale revisited**

As highlighted throughout this dissertation, the research design of this project has been intentionally both descriptive and applied. It has always been envisioned that this research might act to give a fuller description and explanation for the help-seeking behaviour of young men, with a special focus on the impact of ideas and practices of masculinity on help seeking behaviour. However, flowing from a deeper explanation of this behaviour amongst young men, it has also been envisioned that this knowledge might be applied to improve the likelihood and frequency of men's help-seeking behaviour. This might take the form of further research in this area, or otherwise used amongst help service providers and policy makers to improve men's help-seeking.

The rationale for this research has been motivated by calls for on-going research in the areas of both help-seeking and masculinity. By the same token, there have also been calls for on-going research in these areas collectively, looking at the relationship between masculinity and help-seeking behaviour (Addis & Mahalik, 2003). This has primarily been motivated by the alarmingly low rate at which men and boys make use of help services, which places their health and wellness at significant risk. Therefore

research which tries to understand and change this behaviour is important to the health and wellness of men, including young men.

## **7.2 Help-seeking behaviour**

### *7.2.1 Patterns of help-seeking behaviour*

Previous research has highlighted the relatively low rate at which men and boys actually seek out help, especially when compared with girls and women (Eiser et al., 1995). Research in this area has also highlighted the poor intention that men and boys have to engage in help-seeking behaviour, even when faced with challenging difficulties (Smith et al., 2006). This appears to be a trend that is consistent across many demographic factors, including race and age (Schonert-Reichl & Muller, 1995). In the face of these findings, it is not surprising that this has become an area for significant concern amongst researchers and providers of help-seeking services.

Against this background, at the outset of this research it was hypothesized that young men taking part in this study would be unlikely to seek help from various help sources, as seen in both intended and actual help-seeking behaviour. The findings of this research have largely confirmed this hypothesis, suggesting that young men in this context show low levels of intended and actual help-seeking. However, participants did report a higher intention to seek help from informal help sources such as partners, friends and parents in the future, rather than from more formal sources such as mental health professionals and general practitioners.

However, as part of looking to address the low intention and actual rate of help-seeking amongst young men, it is important that we understand the patterns and processes involved in the help-seeking behaviour of young men. It is therefore important that we consider which help sources are most frequently and likely to be used. It is also important that we consider the psychosocial and other processes that inform these decisions and behaviours.

These findings are consistent with several studies that have found that young people seek out the help of informal help sources before seeking help from formal or professional help sources (Boldero & Fallon, 1995; Rickwood et al., 2005). It was

therefore hypothesized at the start of this research, that insofar as men intend or actually do seek help, they are more likely to access this help from informal help sources. This trend is confirmed by the findings of this study, where young men reported a low intended and actual rate of help-seeking from formal help sources such as general practitioners and mental health professionals. On the other hand, help sources such as friends and parents were reported as more likely and frequently adopted help sources.

However, in interpreting these findings it is important to note that on the *GHSQ*, participants were asked to record help sources that they had used in the past two weeks. It is thought that this may have been too short a time period in which to assess actual help seeking, as the likelihood of personal problems in a two week period would have been low. However, the results of this study have shown a significant positive relationship between the rate at which formal help sources, such as general practitioners and mental health professionals, were intended to be used and were actually used by the sample. This would suggest that in many ways, young men show a low intention and actual rate of help-seeking from these help sources.

In response to this trend, some commentators have suggested that amongst adolescents “professional helpers are best viewed as a ‘back up’ to social networks as sources of help, being consulted when non-professionals have failed to help” (Boldero & Fallon, 1995, p.205). However, if we consider some of the other factors that appear to influence help-seeking behaviour it would seem that the decision to use informal help sources over formal help sources might be more complex than this. This is suggested by the work of Rickwood et al. (2005), which emphasizes the complex factors that affect and impact on the unfolding of help-seeking behaviour. It is therefore important, in an attempt to understand the help-seeking behaviour of young men in this context, that we set the results of this research against previously identified factors affecting help-seeking behaviour. At the same time, it is important to recognize the limitations of this research, which have not allowed for the full examination of each of these factors.

Nonetheless, the findings made here should be of relevance to policy developers and help sources, as a form of information which can be useful in improving the quality



and attractiveness of help-seeking and particular help sources. This finding emphasizes White et al.'s (2006) caution that help sources and policy developers should bear in mind that men's health needs, beliefs and health related behaviour are unique.

### *7.2.2 Factors affecting help-seeking behaviour*

Researchers have stressed the complex nature of help-seeking behaviour, in which many factors appear to impact on the decision and failure to seek help by individuals (Rickwood et al., 2005). These include factors such as age, sociocultural factors, individual psychological factors, and the nature and intensity of a presenting problem. Another commonly highlighted factor, and the primary interest of this research, is the impact of gender on help-seeking behaviour. Therefore, although this research has focused primarily on the relationship between common ideas and practices of masculinity and help-seeking behaviour, before discussing these results, it is useful to consider how the findings from this study relate to some of these other factors which impact on help-seeking behaviour.

#### *(a) Age*

Firstly, research has suggested that age might play a role in affecting not only the likelihood and frequency of help-seeking behaviour, but also the types of help-seeking behaviour that people engage in (Boldero & Fallon, 1995). It has been suggested that young people, including young men, engage in help-seeking behaviour infrequently (Boldero & Fallon, 1995). By the same token, age appears also to influence the type of help which is sought, whereby young people have been found to make use of informal help sources more frequently than formal help sources.

As highlighted above, these findings were confirmed in this study, where there was reported low rate of intended and actual help-seeking amongst the sample of young men at hand. However, to further explore this finding it may be useful to include an older group of men, with whom a comparison might have been made.

Rickwood et al. (2005) attempt to explain the poor intention and actual rate that formal help sources are used by young people, by considering the attitudes and beliefs held by members of this group towards professional help sources. They suggest that

many of the young participants in their study held negative attitudes towards and beliefs about seeking professional help, which acted as a “major barrier to seeking professional help” (Rickwood et al., 2005, p. 16). Participants in their study suggested that negative previous experiences and a fear of stigma, deterred them from seeking professional help (Rickwood et al., 2005). Furthermore, many participants suggested that either they or their family members would be better able to attend to their help-seeking needs. Therefore, although these explanations were not directly explored or proved in this study, they could account for the findings made here.

*(b) Sociocultural factors*

Secondly, previous studies have suggested that sociocultural factors such as socioeconomic status and education can influence help-seeking behaviour between different groups. Individuals from higher socioeconomic backgrounds and levels of education have been suggested to be more likely to engage in help-seeking behaviour (Kuhl et al., 1997).

Breaking down the varying rates of help-seeking behaviour in and amongst all of the potential sociocultural affiliations represented in this study, was beyond the scope of this research. Rather, the intended and actual help-seeking behaviour of the young men in this study was considered collectively. This made considering differences in this help-seeking behaviour between young men from different sociocultural groups largely impossible, which in turn limits the generalizability of these findings.

Nonetheless, as a group these young men share some commonalities, such as the fact that they all attend university in a South African urban context. The results of this study can therefore be presumed to be representative of and generalizable to young men from this distinct population. These results suggest that these young men show a low intended and actual rate of seeking help from various help sources, and especially formal help sources. This finding differs from previous research in this area, where help-seeking was found to become more likely with higher socioeconomic and education levels. However, because this was not directly measured here, it is difficult to conclusively outline the relationship between any sociocultural factors such as socioeconomic status and intentional and actual help-seeking behaviour reported here. Furthermore, it should also be noted that within the context of this research, although

all of the sample members were young men attending university, it can be anticipated that there were significant differences in the socioeconomic make-up of this group. Therefore, these factors should be seen as limitations to making a clear association between socioeconomic factors and help-seeking behaviour in this study.

*(c) Individual psychological factors*

Although some previous research has suggested that individual psychological factors such as emotional competence, self-worth, self-consciousness and locus of control may have an impact on patterns of help-seeking, this was difficult to conclude in this research (Rickwood et al., 2005; Schonert-Reichl & Muller, 1995). Rather, this research focused more closely on collective patterns of help-seeking behaviour amongst its sample.

*(d) The nature and intensity of a presenting problem*

Fourthly, previous research has noted the role that the nature and intensity of a problem has on the likelihood and frequency of help-seeking behaviour amongst men and boys (Boldero & Fallon, 1995; Kgoale, 2004). In 1995, Boldero and Fallon suggested that help-seeking behaviour amongst men was less likely for problems which were seen as intimate, and where dishonour or an association of insufficiency was attached to having a problem. It would seem that this includes problems relating to personal or emotional, and mental health difficulties (Rickwood et al., 2005; Smith et al., 2006). This is reflected in the work of Warren (1983, in Lane & Addis 2005, p.157), who suggests that help-seeking for men becomes less likely and frequent in cases where a problem is seen as “incompatible with the male gender role”. In these cases, help-seeking becomes less likely where a problem is considered feminine, and having and/or getting help for this problem might precipitate a loss of honour. According to Warren (1983, in Lane & Addis, 2005) this is evident in help-seeking for problems such as depression and anxiety, which in some contexts are associated with the feminine.

Furthermore, there would appear to be some instances where the intensity or severity of a problem may in fact moderate help-seeking behaviour as well. Boldero and Fallon (1995) suggest that, in cases where a problem is experienced as serious or stressful, help-seeking behaviour becomes more likely and increases in frequency.

Although this research has not specifically considered the problems for which young men seek help, these suggestions appear to be reflected in the research at hand by the varying likelihood and rate at which help sources are employed.

In this study, there appeared to be a low intended and actual rate of help-seeking from help sources related to issues which might be considered personal or related to mental health, including mental health professionals and/or phone help lines. This could therefore confirm that for problems which are associated with emotional or mental health, young men in this context are unlikely to and rarely seek help. However, because this was not directly measured in this study it is difficult to ascertain the impact of the severity of a problem in prompting more likely and/or frequent help-seeking behaviour.

*(e) Gender*

Time and again, research has highlighted the disparity in the intention and rate of actual help-seeking behaviour between men and women (Boldero & Fallon, 1995; Eiser et al., 1995; Schonert-Reichl & Muller, 1995). The overwhelming finding of much of this research has been to suggest that men engage in help-seeking behaviour at an infrequent rate, and especially when compared with women. This is a finding which appears to be consistent across other demographic factors such as nationality, ethnicity, culture and age (Kuhl et al., 1997; Mansfield et al., 2003).

Although the current research has not sought to compare men and women's help-seeking behaviour, it was found that the young men in this study show signs of being largely unlikely to, and infrequently engage in, help-seeking behaviour. In an attempt to understand and account for this trend, researchers have presented various explanations.

Smith et al. (2006) have noted several pragmatic barriers that they suggest limit the likelihood and frequency of men's help-seeking behaviour. These have included factors such as a lack of time and poor access to opportunities, especially in occupational contexts. These authors also suggest that having to state a reason for help-seeking at many help service providers, and a lack of male help service providers, also limits men's help-seeking intention and behaviour. However, it is

understandable how these factors might inhibit help-seeking from formal help sources, but does not fully explain the poor rate of help-seeking behaviour across the board for many men. It is for this reason that researchers and theorists have attempted to further explore the area of gender, and the role of constructions of masculinity in affecting help-seeking behaviour.

Addis and Mahalik (2003) have devised a framework which attempted to consider the role of gendered constructions in shaping help-seeking behaviour. Thus, increasing emphasis has been placed on constructions of masculinity in accounting for this trend, which has since been supported by a number of commentators in this field (Addis & Mahalik, 2003; Lane & Addis, 2005; Mahalik et al., 2007). It is at this juncture that this research has become primarily interested, exploring the relationship between common ideas and practices of masculinity and intentional and actual help-seeking behaviour. Nonetheless, before discussing these findings, a brief discussion of the trends of masculinity found will follow first.

### **7.3 Masculinity**

This research has relied heavily on the work of Connell (2000; 2003) as a framework for understanding gender, and the way in which masculinity is constructed and translated into beliefs and behaviours amongst men. The details of this framework have largely been provided in the literature review chapters of this dissertation. Therefore, for the purposes of this chapter only those aspects of this framework which are relevant will be revisited and applied for the purpose of understanding the research at hand.

A central feature of Connell's (2000) framework has been around the concepts of multiple masculinities and hegemonic masculinity. It is Connell's (2000) assertion that masculinity is something which is constructed and reconstructed, time and again, by men and within contexts. This, he argues, allows for multiple or more than one type or brand of masculinity to exist and be constructed in a given context at any time. This allows men to construct their gender over and over again depending on the context and time that they find themselves in. However, it is Connell's (2000) contention that within all contexts there exists a brand of masculinity, which he refers

to as hegemonic masculinity, and which is afforded power and privilege over all other brands of masculinity. As a result, hegemonic masculinity is often constructed as a benchmark for acceptable or desirable masculinity, and something which many men attempt to construct for themselves.

Research conducted within the South African context has confirmed many of the concepts presented by Connell (2000), including those which have been discussed here (Blackbeard, 2005; Chadwick, 2007; Kriel, 2003). According to this research, hegemonic masculinity was found to be “dominant and pervasive form of masculinity” in the South African context (Kriel, 2003, p.86). It was found that in many South African contexts, this ideal was characterized by practices involving “strength” and fearlessness”, as well as “heterosexuality, toughness, power and authority, competitiveness and the subordination of other men” (Chadwick, 2007, p.49 & 85). Furthermore, it has been argued that although some dissimilarity exists in the construction of hegemonic masculinity across race and ethnicity, many of these ideals are stable across the South African context (Chadwick, 2007; Kriel, 2003).

At the start of this research, it was therefore hypothesized that there would be some differences in the dominant ideas and practices of masculinity between young men of different demographic groups such as, faculty of study, language, sexual orientation and religion.

To measure this, *The Male Attitudes Norms Inventory* (Luyt, 2005) was incorporated in this study and distributed among its participants. In this measure, four scales of masculinity are highlighted as characteristics typical of traditional conceptualisations of masculinity (Luyt, 2005). According to Luyt (2005, p.212), “a high item score is argued to signal an individual’s agreement with traditional conceptualisations of masculinity.” The findings of the current research showed some differences in traditional conceptualizations of masculinity between members of different demographic groups, thus confirming the hypothesis.

However, these findings are not surprising if one considers the above described framework of Connell (2000; 2003), which suggests that in any context there is bound to be a dominant brand of masculinity, but which at the same time is surrounded by

other brands of masculinity. This is also supported by previous research conducted in South Africa, which has highlighted both similarities and differences in the ways that young men construct masculinities according to demographic factors (Atwell, 2002; Blackbeard, 2005).

Firstly, many of the commonalities that exist in the construction of masculinity across these demographic groups are representative of what has been found to constitute common ideas and practices of masculinity in South Africa (Blackbeard, 2005; Chadwick, 2007; Kriel, 2003). This has included no significant differences amongst any of the language groups on all four of the masculinity scales, including Toughness, Control, Sexuality and an overall scale of masculinity. Therefore, although this research has set out to measure common ideas of masculinity, and not necessarily hegemonic ideas of masculinity, the similarities in the ideas and practices of masculinity across demographic factors found in this research, might be seen as indicative of an overarching or common idea and way of being a man in this context.

Firstly, in accounting for these differences, many theorists have pointed towards the unique history of South Africa, in which political, social and economic policies have created divisions amongst people in many areas of life according to races, religion, language, social class and sexual orientation (Vincent, 2006). By the same token, by isolating significantly different masculinities (or ideas and practices of masculinity in and between social groups) this research has given life to Connell's (2000) idea of the existence of varying types of masculinity in a context at any given time. However, because this was not directly measured in this study, it is hard to say to what extent these varying brands of masculinity are organized hierarchically, and to what extent some of these brands of masculinity might be organized in opposition or subordinately to a hegemonic ideal.

In some ways these findings have affirmed the need for ongoing research which considers the role of other demographic factors, including race, ethnicity, social class and sexuality in the constructions and practices of gender (Frosh et al., 2002). It is important that this research further attempts to understand and explain the way in which these demographic factors impact on these beliefs and practices of masculinity. This is especially important and warranted in a context like South Africa, where there

is a broad range of demographic factors that need to be considered, and where the gender economy of this context is in a state of transition (Vincent, 2006). In doing so, it is important that the kinds of samples used in this research reflect the demographics of specific contexts proportionality. It is well recognised that the under-representation of certain demographics, such as homosexual men in this study, may have been a limiting factor here.

#### **7.4 Help-seeking and masculinity**

The central focus of this research has been to consider the relationship between common ideas and practices of masculinity and help-seeking behaviour amongst young South African men.

This study hypothesized that there would be a relationship between the common ideas and practices of masculinity and intended and actual help-seeking behaviour of young men. It was anticipated that higher scores on the masculinity scales, or an “agreement with traditional conceptualisations of masculinity” (Luyt, 2005, p.212), would be associated with a decrease in the likelihood of intended and actual help-seeking behaviour amongst the young men participating in this research. This was founded upon previous research findings and theoretical presentations, which have suggested a close relationship between the ideas and practices of masculinity and poor health related beliefs and practices amongst men, including help-seeking behaviour (Addis & Mahalik, 2003; Mansfield et al., 2005).

Although the findings of this research have shown a low intended and actual rate of help-seeking, these results have been largely unable to show a clear relationship between ideas and practices of masculinity and help-seeking behaviour. What is more, with the exception of two relationships between scores on the masculinity scales and reported intended and actual, all of the other relationships between masculinity and help-seeking were in a direction which was contrary to what was initially expected. That is, the results showed that higher scores on the masculinity scales were associated with increased intended and actual rate of help-seeking from a number of help sources amongst the young men. This is in stark contrast to what had been hypothesized at the start of this research, and what might have been expected from



previous research. This would therefore appear to bring Addis and Mahalik's (2003) model of understanding the relationship between masculinity and help-seeking behaviour into question. However, before drawing this conclusion, it is important to consider both the ways in which these findings might be accounted for by other factors, both related and not related to Addis and Mahalik's (2003) model, and the limitations to this study.

As noted above, help-seeking behaviour is a complex process, which consists of a number of decision points (Rickwood et al., 2005). It is well documented that factors such as age, sociocultural differences and individual psychological differences can have an impact on the decision or failure to seek help amongst young men (Kuhl et al., 1997). It is also clear that the effect and influence of these factors on help-seeking behaviour is complex, and can occur differently and in an overlapping way between individuals and groups. This research has been primarily interested in exploring the extent to which gender might affect help-seeking behaviour in a similar way.

However, in doing so, this research has not expressly controlled for the impact that all of these other factors might have had in affecting participants' reports of help-seeking behaviour. For example, research shows that individuals with a greater sense of self-worth and confidence are more likely to seek help from a variety of help sources, than those who do not possess these individual psychological factors (Schonert-Reichl & Muller, 1995). Therefore, because this was not a large, random sample and individual psychological factors were not controlled for, it is hard to ascertain the extent of the influence these factors may have had on the findings made here.

Although this discussion has considered why a significant relationship between masculinity and the poor help-seeking behaviour of young men might not have been found in the expected direction in this research, it is now intended to consider why a positive relationship between masculinity and help-seeking from some help sources was found in this research.

As noted in the results, where participants scored higher on several of the masculinity scales they also showed a greater rate of actual help-seeking from their parents and general practitioners. By the same token, higher scores on some of the masculinity

scales was also associated with showed a greater intention to seek help from various help sources, including mental health professionals, phone help lines and teachers. Although it may be impossible to completely account for these findings, it seems plausible to suggest that individual psychosocial influences, such as individual psychological factors and the context in which this research was conducted may have influenced this.

Firstly, as already noted above, individuals with a greater sense of self-confidence, locus of control, and self-esteem have been found to engage in help-seeking behaviour more frequently than those who do not (Schonert-Reichl & Muller, 1995). However, these also appear to be characteristics important in common definitions of successful masculinity, including hegemonic ideas of masculinity in this context (Blackbeard, 2005; Chadwick, 2007). This appears to create a contradiction between Addis and Mahalik's (2003) model, and research into the effect of individual psychological factors, which are said to promote this kind of behaviour amongst young men. This emphasizes the need for research which considers each of these factors and how they might overlap in a way that affects help-seeking amongst young men. One way in which this might unfold, is that perceived 'success' at being masculine has the potential to improve an individual's sense of locus of control and self-confidence in the world, which might in turn increase their likelihood and frequency of help-seeking behaviour.

Secondly, it should be emphasized that participants in this study were all students at a university, and therefore represented a small and largely well educated group of young people. As already noted, this raises concerns for the generalizability of these findings beyond this context. However, this could also be useful in understanding how participants were able to show high scores of many of the masculinity scales used here, and at the same time report a higher intention and rate of actual of help-seeking. It may be the case that attendance at university has little impact on ideas and practices of masculinity, but influences attitudes to help-seeking from both formal and informal help sources. Within this context, access, availability and affordability of many help sources, including mental health professionals, teachers and phone help lines might contribute to a greater intention and rate of actual help-seeking from these help sources (Kuhl et al., 1997).

However, it is very important to note that a significant relationship between higher scores on the masculinity scales used here and a lower overall likelihood of help-seeking was also found, confirming the hypothesis of this research, and endorsing the findings of previous research. However, this relationship was limited to higher scores on the Toughness and Sexuality scales, and a lower likelihood of help-seeking from partners. These findings not only confirm the hypothesis of this research, but can also be understood in terms of Addis and Mahalik's (2003) model.

### **7.5 Limitations to this study**

Through the course of this discussion, various limitations to the findings of this research have been noted. These have included limitations in the construction of the measure used in this study, and the way in which this measure was administered to sample members. These limitations continue to be of relevance in this part of this discussion, where their impact should not be ignored.

As already noted, because participants were asked to report actual help-seeking within a two week period, this may have been too short a time frame, in which participants might not have required the assistance of certain or any help source(s). This might have skewed the results of actual help-seeking in this research, which may have impacted on the results pertaining to the relationship between masculinity and actual help-seeking. By the same token, when reporting intentional help-seeking, it has been noted that participants may have become confused or overwhelmed by the seven options in which to rate help sources on the liker scale. By having so many options, it is almost difficult to ensure that participants used this rating system consistently amongst themselves. Again, this may have skewed the reports used to measure the relationship between the ideas and practices of masculinity and intentional help seeking behaviour. Similarly, it was noted that because the questionnaire used in this research was made up of two previously separate questionnaires, it was often long and tiring for participants to complete. It is anticipated that this may have had an impact on their ability to fully comply with the task, and respond accurately and honestly. Furthermore, because participants' completed this questionnaire in an uncontrolled environment, this may have both impacted on their ability to fully comply with the

task, and the way in which they responded to the provided questionnaires. It was noted that some participants completed the questionnaires with male friends, while others completed it in the presence of their girlfriends. These environmental factors may have influenced the way in which they responded on the questionnaires.

Due to the limitations of time, this research was also limited to a sample size of 100 participants. The relatively small size of this sample not only raises questions about the generalizability of this project, but also the impact this might have had on showing a clear relationship between masculinity and help-seeking. This is also true if one considers that all of the participants in this study were university students. This might have been reduced by researching a greater group, and employing a random sampling technique.

## **Chapter 8: Conclusion & Recommendations**

This research set out to explore the relationship between the common ideas and practices of masculinity and help-seeking behaviour amongst young men in a South African context. Continued research in these areas has been motivated by both the need for ongoing knowledge, and the lack of significant research in this area, especially within the South African context. It was envisioned that this research might address the need for on-going research in these areas within a South African context.

Based on previous research in this area, a series of research questions and hypothesis were developed. These research questions and hypothesis were reflective of all of the three main areas of concern in this research, including help-seeking behaviour, masculinity and the relationship between ideas and practices of masculinity and help-seeking behaviour.

### *8.1 Help-seeking*

At the start of this study, it was hypothesized that young men are unlikely to seek help from various help sources, as seen in both intended and actual help-seeking behaviour. It was further hypothesized that, insofar as these young men do seek help, they are more likely to seek help from informal help sources, such as friends and family, as opposed to formal help sources.

The results of this study have largely confirmed these hypotheses, with the young men reporting both a low intended and actual rate of help-seeking from various help sources. Furthermore, in cases where help-seeking was more likely, this appeared to involve help from informal help sources.

However, although these findings endorse those of previous research in this area, it is important to conclude by emphasizing the importance of ongoing research in this area. In response to these calls, future research should continue to explore those factors which appear to limit the intended and actual rate of help-seeking amongst groups such as young South African men. By the same token, policy developers and help sources should be guided by the findings made here when looking for ways to

improve their attractiveness as help sources to young men, as well as the quality of service they offer these help seekers.

### *8.2 Masculinity*

Based on previous literature in this area, it was hypothesized at the start of this research that there would be some common ideas and practices of masculinity amongst the young men participating in this research. By the same token, it was also hypothesized that there would be some differences in the common ideas and practices of masculinity between young men from different demographic groups in this study. As with help-seeking, these hypotheses were confirmed by the results found in this research.

### *8.3 Help-seeking and masculinity*

Finally, in response to the primary research question, it was hypothesized that there would be a significant relationship between common ideas and practices of masculinity and the intentional and actual help-seeking behaviour of the young men participating in this research. It was hypothesized that higher scores on the masculinity scales would be associated with decreased levels of intentional and actual help-seeking, as higher scores on these scales would indicate “an agreement with traditional conceptualisations of masculinity” (Luyt, 2005, p.212).

The results of this study have been largely unable to prove this hypothesis. In most cases, the results here have shown no relationship between participants’ scores on the masculinity scales and their reports of intentional and actual help-seeking behaviour. Instead, contrary to this hypothesis, most of the significant relationships isolated here have tended to show that higher scores on the masculinity scales can be related with an improved intention and rate of actual help-seeking amongst the sample at hand.

In an attempt to understand these findings, it has been important to take into consideration both the limitations of this study, and other factors which might have influenced this outcome. In doing so, it is important to note that this research cannot conclude that there is no relationship between the ideas and practices of masculinity and help-seeking behaviour. Rather, it should conclude that, where possible, the information gathered here should be used to both further social knowledge in this

area, and also be used in the development of future research in these areas. However, the need for on-going research in this area is evident and therefore recommended.

#### *8 4 Recommendations for future research*

In closing, it is therefore clear that research in the in area, especially within the South African context, is limited and of importance. It is therefore recommended that on-going research be conducted in this area. At the same time, because this research has been limited by a number of factors, it may be useful for future researchers to carefully consider these limitations and cater for them in future research. It is envisioned that this research may be useful in generating a greater understanding of the help-seeking behaviour of young men in this context, and its relationship with ideas and practices of masculinity. This remains of importance in generating ways of improving the help-seeking behaviour of young men, and therefore their health and wellness. To achieve this, it is also recommended that policy developers and relevant help sources consider this kind of research when attempting to improve the help-seeking behaviour of young men.

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## Appendices

### Appendix A: Questionnaire

Thank you for agreeing to take part in this study. Please include the following information:

Age: .....

Home language: .....

Faculty: .....

If you feel comfortable doing so, please complete the following information:

Religious affiliation: .....

Sexual orientation: .....

#### ***The Male Attitudes Norms Inventory II***

(Luyt, 2005).

There are no right, or wrong answers, only opinions. You are asked to express your feelings about each statement by indicating whether you – **Strongly Disagree (SD), Disagree (D), have No Opinion (N.O), Agree (A), or Strongly Agree (SA)** – by placing a cross in the appropriate box.

	SD	D	N.O	A	SA
1) A man should prefer sports like rugby and soccer to activities like art and drama.					
2) If a man hurts himself he should try not to let others see he is in pain.					
3) Men who cry in public are weak.					
4) Men should share their worries with other people.					
5) To be a man you need to be tough.					
6) Being called a 'faggot' is one of the worst insults to a man.					
7) Men should think logically about problems.					
8) Men should appear confident even if they are not.					
9) A man should make all the final decisions in the family.					
10) Men participate in games to win.					
11) Men should be able to sleep close together in the same bed.					
12) Men should have a job that earns them respect.					
13) A successful man should be able to live a comfortable life.					
14) A man deserves the respect of his family.					
15) Men have a sex drive that needs to be satisfied.					

	SD	D	N.O	A	SA
16) Men should feel embarrassed if they are unable to get an erection during sex.					
17) Men who teach children, or cook in restaurants, should be proud of what they do.					
18) It is not important for men to achieve orgasm during sex.					
19) It is okay for men to rely on others.					
20) If a man is frightened he should try and not let others see it.					
21) It is wrong for a man to be seen in a gay bar.					
22) Men should be prepared to physically fight their way out of a bad situation.					
23) It is admirable for a man to take the lead when something needs to be done.					
24) A heterosexual man should not feel embarrassed that he has gay friends.					
25) A man should not worry about the future.					
26) Gay men should be beaten-up.					
27) A man's decision should not be questioned.					
28) Men should be determined to do well.					
29) It is important for a man to be successful in his job.					
30) Gay men are not suited to many jobs					
31) Men should remain focused in difficult situations.					
32) Men should have the respect and admiration of everyone who knows them.					
33) Men should be able to kiss each other without feeling ashamed.					
34) Men should feel embarrassed to talk about sex with their friends.					
35) Men are prepared to take risks.					
36) It is not always a man's task to ask someone on a date.					
37) A father should be embarrassed if he finds out that his son is gay.					
38) A man should make sure that he knows about sex.					
39) A man is successful if he makes a lot of money.					
40) Men should be calm in difficult situations.					



### **General Help-Seeking Questionnaire**

(Rickwood, Deane, Wilson & Ciarrochi, 2005).

Below is a list of people who you might seek help or advice from if you were experiencing a personal or emotional problem. Please circle the number that shows how likely it is that you would seek help from each of these people for a personal or emotional problem during the next 4 weeks? **1 indicates that you are very unlikely to seek help from these help sources, while 7 indicates that you are very likely to seek help form these help sources.**

	1	2	3	4	5	6	7
<b>1a) Partner (e.g., significant boyfriend or girlfriend)</b>							
<b>1b) Friend (not related to you)</b>							
<b>1c) Parent</b>							
<b>1d) other relative / family member</b>							
<b>1e) Mental health professional (e.g., school counselor, psychologist, psychiatrist)</b>							
<b>1f) Phone help line (e.g., Lifeline, Kids Help Line)</b>							
<b>1g) Family doctor / GP</b>							
<b>1h) Teacher (year advisor, classroom teacher)</b>							
<b>1i) Someone else not listed above (please describe who this was:</b>							
<b>1j) I would not seek help from anyone</b>							
<b>2a) Have you ever seen a mental health professional (e.g., school counsellor, counsellor, psychologist, psychiatrist) to get help for personal problems?</b>	<b>YES</b>	<b>NO</b>					
<b>2b) How many visits did you have with the mental health professional? _____ visits</b>							
<b>2d) How helpful was the visit to the mental health professional?</b>							

Below is a list of people who you might seek help or advice from if you were experiencing a personal or emotional problem. **Tick** any of these who you have gone to for advice or help in the **past 2 weeks** for a personal or emotional problem and briefly describe the type of problem you went to them about. If, **Yes, briefly describe the type of problem.**

<b>3a) Partner (e.g., significant boyfriend or girlfriend)</b>		
<b>3b) Friend (not related to you)</b>		
<b>3c) Parent</b>		
<b>3d) Other relative / family member</b>		

3e) Mental health professional (e.g., school counsellor, psychologist, psychiatrist)		
3f) Phone help line (e.g., Lifeline, Kids Help Line)		
3g) Family doctor / GP		
3h) Teacher (year advisor, classroom teacher)		
3i) Someone else not listed above (please describe who this was)		
3j) I have not sought help from anyone for my problem		

## **Appendix B: Informed consent form**

### *Background*

Many people in times of distress or personal difficulty turn to other people for assistance. These others may be friends, family, ministers, doctors or other professionals. But not all people find it easy to seek this help. Previous research suggests that adolescent boys and young men, even though they may strongly desire help, may feel strongly inhibited from seeking this help. This study seeks to explore young men's perceptions and perspectives on help-seeking, and the extent to which ideas and practices of masculinity might influence their decision or failure to seek both formal and informal help.

### *Research Process*

Participating learners are invited to complete two brief questionnaires. These questionnaires will require that participants answer questions around their own experiences and practices of masculinity and help seeking. Participation is strictly voluntary, and participants have the right to withdraw at any time, and do not have to disclose information they see as unfit.

### *Ethical Issues*

This research forms part of a larger research project focused on masculinity amongst young men conducted at The University of KwaZulu-Natal, under Professor G Lindegger. The results of this research will be described in a report, and submitted for evaluation and publication at this University. However, the names and identity of participants will remain strictly anonymous. Following the completion of this report, all research material (questionnaires) will be destroyed.

Your contribution in this study would be greatly appreciated.

I understand the purpose and process of this research, and consent to participating in this research, under these conditions:

.....  
Name

.....  
Contact number

.....  
Date

.....  
Signature

### *Contact Details:*

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