

Gender, Age and Social Stigma: The Coping strategy Choice on Mental Health and Attitudes Towards Help-seeking

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ABSTRACT

The tendency of many men not to seek help and dilute their physical and mental health symptoms has become a common public image of men. Admitting a problem and asking for help may be seen as a sign of weakness for men, so they associate seeking psychological or emotional help with shame or weakness. This paper focuses on the significance of gender to help-seeking. The first objective of this study is to explore the differences in the choice with mental health problems between different genders. And another purpose of this study was to explore gender differences in attitudes towards seeking professional psychological help. This work analyzed the self-questionnaire about a hundred and twenty-seven participants of both sexes ranging from ages 15-50. Participants responded to 6 questions, including 3 basic pieces of information and 3 questions assessing their attitudes toward help-seeking. To investigate the self-questionnaire statistically, this work performed a Chi-Square Test of Independence in Excel to predict the association between gender and coping strategies when encountering psychological barriers, and between gender and people's attitudes towards help-seeking. Since the p-value in each part is not less than 0.05, the results cannot conclude that those associations are accurate. Although this work does not have enough solid data to support our two hypotheses, previous studies have confirmed the correlation between social stigma and gender, and we will further study the impact of social stigma on gender mental health, especially on help-seeking.

Keywords: gender; help-seeking; men; masculinity; social sigma; self-regulation

1. INTRODUCTION

1.1 Background

Gender differences have been a major focus and an essential element for researchers studying the behavior, choice, and mental health of people of both sexes. With the rise of the feminist movement in the past two years, more and more people are aware of the social and individual oppression caused by gender prejudice, and the "Equal rights" movement has been promoted worldwide. Gender stereotypes conventionalize people like a heavy shackle for both men and women. For men, this stigma undoubtedly limits their emotional reactions and has a profound impact on their mental health.

Jules Angst and Celile Ernst, who studied suicide prevention, concluded that "Women seek help, men die". And previous research has established that women

suffer from major depression at a higher rate than men [1], about twice as often. However, in all groups, suicide rates are higher for men than for women[2], about two to six times as likely. And previous research has established that the suicide rate of men in the UK was three times higher than that of women in 2019.

1.2 The Significance of the Research

An indispensable factor in this situation is social stigma. The effects of sexism mean that men may be less likely than women to discuss or seek support for suicidal thoughts or behavior. According to Mental Health statistics, 15 percent of women are willing to seek treatment for a health problem, compared with 9 percent of men.[3] Men who have experienced the negative effects of socialized gender roles show less positive attitudes and reluctance to seek counseling.[4]

Society imperceptibly formulates many labels for people, potentially regulating people's behavior and

mentality. Women are expected to be gentle, who ought to be protected, while men are expected to be strong, self-reliant, and confident. Like toxic masculinity has gone mainstream in the past few years. It, as defined by the Oxford Dictionary, refers to the harmful belief that men should behave according to standards set by society, as well as emotional limits on what men should or should not have. Because suppressing emotional expression affects the perception of depressive symptoms, traditional male social norms make it harder for men to seek help.[5] In traditional parenting, men are often encouraged to develop strong, independent traits, which may make it difficult for them to form close and deep relationships with others. While women can choose to express their vulnerability and seek help, gender stereotypes of men as toxic masculinity do not allow for failure, which can lead to men being reluctant to show their "wounds" and limit them to seek help from their relatives, friends, or professional doctors. Expressing emotional weakness makes them feel unmanly and this is a barrier for males to accurately identify and treat psychological disorders.[6]

1.3 The Purpose of The Research

A study in the British Medical Journal discovered that the rates of general primary care consultation in men were 32% lower than in women.[7] The central issue is what causes the differences in the way men and women deal with mental problems. In this study, the work tended to discover the connection between gender and people’s choice to deal with mental health problems and the different attitudes towards help-seeking of people in both sexes.

2. METHODOLOGY

2.1 Assumptions

In the work, 2 assumptions were formulated. The first assumption is that men are significantly less likely to seek help than women, and the second assumption is that men tend to hold more repellent attitudes towards help-seeking compared to women.

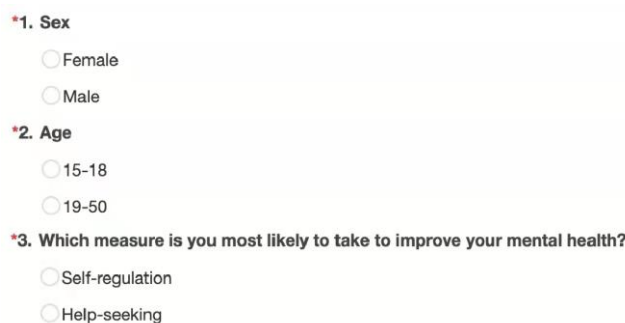
2.2 Participants

There were 127 participants in this sample. All the participants of both sexes range from ages 15-50 including 76 females, mainly from Chengdu and Shanghai. They were instructed to complete an online questionnaire consisting of 6 questions asking about their mental well-being and attitudes towards help-seeking. The questionnaire was conducted anonymously, which was also informed to the participants, to ensure honesty and the accuracy of results. The work was surveyed through the WeChat program-Questionnaire Star and then published the QR-Code for the questionnaire on some social media platforms including WeChat, QQ, Instagram, and Weibo. Participants were asked to scan the code and complete the related multiple-choice questions.

2.3 Measurement

In the questionnaire, participants report age, gender, and choice between help-seeking and self-regulation as a way of coping with stress and pressure (See Fig 1). As for their ages, fifteen to eighteen is one age group, eighteen to fifty is another since eighteen was the full legal age in China. The gender options are male and female only. And from this anonymous questionnaire, we branched them down. The participants, who chose help-seeking (“help-seeking” group), were asked about the emotion that they experienced the most during the process, including shame, indifference, afraid, pride, and others (See Fig 2). The participants, who selected self-regulation (“self-regulation” group), had to answer why they chose self-regulation instead of help-seeking. The answer is made of 6 choices, covering financial concerns, shame-making, self-reliance, distrust of others, nonconfidence in the concept o psychiatry, and others (See Fig.3). The final question asked all participants about their attitudes towards people who seek help. There are 4 choices in this question, including indifference, envy, invalid, and others (See Fig.4).

The questionnaire was provided in both English and Chinese. And all individual results are promised confidentiality to prevent any interference or social pressure and thus to ensure the accuracy and reliability of our results.



(Figure 1. gender, age, and coping choice)

- *4. Pick the emotion you experience the most during help-seeking**
- Shame, embarrassment
 - Indifference
 - Afraid of being discovered
 - Pride, feel special
 - Others
 - I chose self-regulation

(Figure 2. the emotion of “help-seeking” group)

- *5. Why did you choose self-regulation instead of help-seeking? 【多选题】**
- Psychiatry is too expensive, time consuming
 - (help-seeming) shame and embarrassment
 - You believe you are capable of coping
 - You don't trust your psychiatrist, counsellor
 - Don't believe in the concept of psychiatry
 - Others
 - I chose help-seeking

(Figure 3. the reason about not choosing help-seeking of “self-regulation” group)

- *6. What is your attitude towards people who actively seek help?**
- Indifference
 - Envy, jealousy
 - They are wasting time and money
 - Others

(Figure 4. attitudes of all participants)

In the first assumption, the work used 2 variables that are gender, whether they are male or female, and their coping strategy when they encountered psychological barriers, seeking help, or self-regulation.

In the second assumption, our purpose was to find out the association between gender and people’s attitudes towards help-seeking. This assumption not only did the work take gender, age, and coping strategy into account but also their attitudes towards help-seeking and emotions that they experienced the most during seeking help. The work then proceeds to encode their coping choice and emotion in 3 choices, as either positive, neutral, or negative. The final variable is about all participants’ attitudes towards help-seeking. Like the previous question, all of their subjective feelings were categorized as either positive, neutral, or negative.

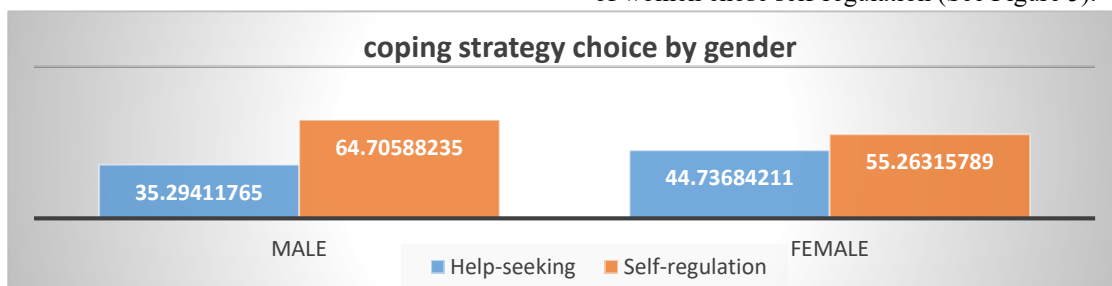
3. RESULT

3.1 Data analysis

In this study, data collected from the questionnaire were analyzed. For statistical analyses, the work utilized Excel. The Chi-Square Test of Independence was used to determine whether or not there is a significant association between two categorical variables that are gender and coping method and whether or not there is a significant association between gender and their feelings of self-seeking.

3.2 Assumption 1

From the questionnaire, the result concluded that 64.7% of men chose self-regulation, and 55.3% of women chose self-regulation (See Figure 5).



(Figure 5. coping strategy choice by gender)

Based on assumption 1, the null hypothesis and alternative hypothesis were developed. Our question is that does coping strategy choice depends on gender. This work identified a null hypothesis as our coping strategy choice and gender are independent, and the alternative one is that men are significantly less likely to seek help than women.

The data of coping strategy selection of different genders from the questionnaire were extracted as the observed value of the first part (See Tab.1). Then using the formula calculate the Expected Value for each cell in

(Table 1. the actual value of coping strategy of selection)

	Help-seeking	Self-regulation	total
male	18	33	51
female	34	42	76
total	52	75	127

(Table 2. the expected value of coping strategy of selection)

	HS	SR	total
male	20.88188976	30.11811024	51
female	31.11811024	44.88188976	76
total	52	75	127

(Table 3. the test statistic X^2 of coping strategy of selection)

	HS	SR	total
male	0.397726868	0.275757295	51
female	0.266895661	0.185047659	76
total	52	75	127

(Table 4. the process of assumption 1)

X^	1.125427483	SUM(N4:O5)
deg_freedom	1	(2-1)^2=1
p-value	0.288752770	CHISQ.DIST.RT(S3,S4)

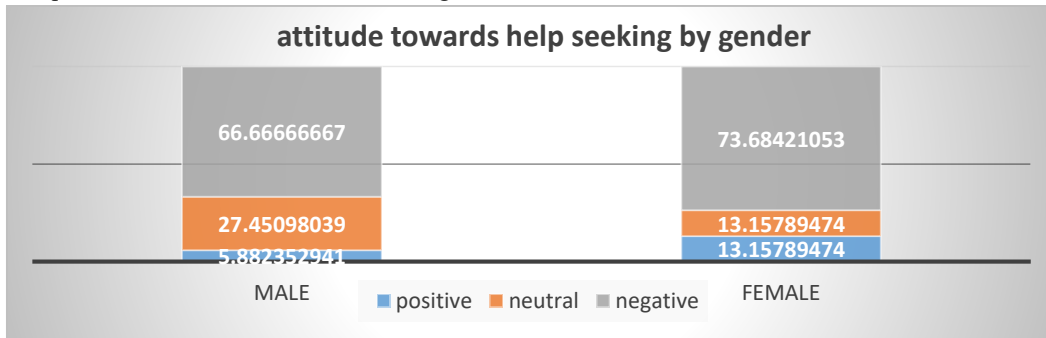
3.3 Assumption 2

From the questionnaire, 94.1% of men had negative

the contingency table (See Tab.2).

The test statistic X^2 was calculated to investigate statistically (See Tab.3). The test statistic X2 turns out to be 1.125427483 and the corresponding p-value is 0.28875277 (See Tab.4). Significance was set at a = 0.05. However, according to our data, since this p-value is not less than 0.05, the work fails to reject the null hypothesis. It means we can not accept the alternative hypothesis that men are significantly less likely to seek help than women.

or neutral attitudes towards help-seeking and 86.8% of women had negative or neutral attitudes towards help-seeking (See Figure 6).



(Figure 6. attitude towards hep seeking by gender)

The purpose of the second work was to see if men are more resistant to asking for help. We carry it out basically in the same way as the first work. The null

hypothesis is that Gender and help-seeking attitudes are independent. The alternative one is that men tend to hold more repellent attitudes towards help-seeking.

After fetching the specific data from the questionnaire (See Tab.5), calculating the observed value (See Tab.6) and the test statistic chi-square (See Tab.7), the result could figure out that the p-value is 0.78487206 (See Tab.8). Significance was set at $\alpha =$

0.05, since this p-value is also not less than 0.05, the work fails to reject the null hypothesis. It means that we do not have sufficient evidence to say that there is an association between gender and an individual's help-seeking attitudes.

(Table 5. the actual value of individual's help-seeking attitudes)

	positive	neutral	negative	total
male	3	14	34	51
female	10	10	56	76
total	13	24	90	127

(Table 6. the expected value of individual's help-seeking attitudes)

	positive	neutral	negative	total
male	5.220472441	9.637795276	36.14173228	51
female	7.779527559	14.36220472	53.85826772	76
total	13	24	90	127

(Table 7. the test statistic X^2 of individual's help-seeking attitudes)

	positive	neutral	negative	total
male	0.944454341	1.974396583	0.126917469	51
female	0.633778571	1.324924023	0.085168301	76
total	13	24	90	127

(Table 8. the process of assumption 2)

X^2	5.089639288	SUM(P11:R12)
deg_freedom	2	$(3-1)*(2-1)=2$
p-value	0.078487206	CHISQ.DIST.RT(v10,v11)

4. CONCLUSION

The purposes of this study were to explore the association between gender and coping strategies of psychological disorders, and between gender and peoples' attitudes towards help-seeking. Results demonstrate that these are not necessarily true. Because in each assumption, the p-value is not less than 0.05, we cannot conclude that these two associations are accurate.

There are several limits to this approach. Firstly, regarding the limitations of age and generational differences, it can be argued that it is difficult to interpret such results in the context of the absence of a large number of participants. And the sample size in this study was not considered large enough to represent the whole population. This study cannot deny the presence of some sample selection biases because of the unevenly distributed sample on age, and all of it about 77.2 (rounded to three significant figures) percent of our participants are from 15~18.

Also, current evidence relies on participants mainly from Chengdu and Shanghai. These cities tend to be

more open and accepting. Thus, people may have more encouraged to seek help with fewer barriers, such as access to professionals, to medications, and they are also more likely to be economically and time wisely available to seek help. Furthermore, in 2019, the Education Bureau of the People's Republic of China issued a plan to provide mental health services for students in all schools by the end of 2022. People tend to be more educated on the subject of mental health, and they tend to be more psychologically open. Therefore, we think this shows that our results are only applicable to certain backgrounds.

Thirdly, many factors influence the choices and attitudes of teenagers (the age range from 15 to 18.), including self-awareness and financial concerns, and some factors may particularly affect older persons, covering misunderstandings about psychological counseling. According to some researchers, middle-aged people seek help most often, followed by older people and younger people least.[8] Thus, these external factors may also influence people's current coping strategies when they encountered mental disorders and their attitudes towards seeking help.

Here the work compares the results of the proposed method with those of the traditional methods. They have demonstrated that men are far less likely than women to seek help for mental health.[6] Besides, social, self-stigma, and gender role conflict experience were significantly correlated with males' attitudes towards psychological help, and played a predictive role.[12]

Contrary to the findings above, the work did not find a significant association, partly because of the limitations. Nevertheless, those results from our research still provide a potential mechanism for studying gender and help-seeking. Our data suggest that we still have a long way to go. Future research should consider the potential effects of those limitations more carefully. The possibility of the association between gender and coping strategies, and between gender and attitudes towards help-seeking warrants further investigation.

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