

# An Examination of the Relationship between Gender and Coping Mechanisms

Rachael Jintong Cui\*

Shanghai United International School (Gubei), Shanghai 201100, China

\*Corresponding author email: rachaelc24124@hotmail.com

## ABSTRACT

This study explores the relationship between gender and coping mechanisms for mental health and investigates the connection between gender and attitudes towards seeking help for mental issues. To achieve these phenomena, 127 volunteers were gathered to complete a questionnaire asking about their coping strategies when it came to mental health, the reasons for their choices, the emotions experienced during the process of help-seeking (if this was their chosen coping strategies), and attitudes towards help-seeking. This study hypothesized that the male cohort would be significantly less likely to seek help and that men tend to have more repellent attitudes towards help-seeking. Chi-squared was adopted to analyze the data, but the test results failed to support either hypothesis. Gender and preferred coping mechanisms were shown to be independent of each other, and men did not display less favorable attitudes towards help-seeking. Though these findings did not provide evidence to support either hypothesis, they alluded to age being a factor in the preferred coping mechanism.

**Keywords:** gender, coping mechanism, mental health, help-seeking, self-regulation

## 1. INTRODUCTION

With the arising recognition of mental health as a global priority, gender is a factor that is frequently overlooked. According to the World Health Organization 2001, one in four people worldwide are affected by mental disorders at some point in their lives, and almost two-thirds of them never seek help due to stigma and discrimination. Men are presumed to be more likely to have adverse help-seeking attitudes and to be especially sensitive towards stigma associated with mental illnesses.

WHO estimated a shocking number of 793,000 suicides per year, most of them being men. This matches with what Jules Angst and Celile Ernst concluded from their study on suicide prevention — ‘Women seek help, men die’ [1]. This statement is also the basis of this research. Previous studies have found that women are 2-3 times more likely to be diagnosed with depression [2]. Despite this, suicide rates are far more prevalent in men by about 350%. And the reason for that is women are around 1.2 times more likely to report an attempt as compared to men [2], as well as more likely to seek help from peers and professionals instead of suffering in silence.

This brings in the problem of gender discrimination in mental health and the amount of stigma placed upon it. Society labels women as nurturing and emotional whilst men are expected to be independent and tough. Some identified key barriers of help-seeking are: "acceptance from peers," "personal challenges," "cultural and environmental influences", "perspectives around seeking professional help," and "traditional masculine ideals" [3]. For example, the term "toxic masculinity", as defined by oxford dictionary, refers to a "harmful belief about the way men should behave", where limits are implemented on the emotions that men are "supposed to" or "not supposed to" feel. There's a set idea in many minds that men are not supposed to cry, that they can't show emotion; if they do, they become effeminate. A man seeking help is immediately labeled as gender deviant.

Experiences are unique to all individuals, and they all have their own way of dealing with problems. Some choose to run from it, others choose to deal with it. The collection of these attitudes has been the strongest, most consistent predictor for help-seeking behavior [4], so this research decided to include attitudes towards help-seeking in this investigation of gender classification in help-seeking. In this study, connection between coping mechanisms and gender was explored along with

attitudes the different genders hold towards help-seeking. Based on the statement: ‘Women seek help, men die’ and other previous findings, we formulated the following hypotheses.

H<sub>1</sub>: Men are significantly less likely to seek help than women.

H<sub>2</sub>: Men tend to hold more repellent attitudes towards help-seeking.

## 2.METHODOLOGY

A survey was conducted to collect the data to test the two hypotheses. Advertisements for volunteers were posted on Chinese social media platforms including Weibo, WeChat, and QQ. This research used the WeChat program Questionnaire Star to create this questionnaire and administer this survey. The questionnaire, in the form of a QR code, was then distributed to individuals who were interested in participating in this experiment. The questionnaire was conducted anonymously to ensure honesty and consequently the accuracy of the results.

Because no incentive was to be provided, the questionnaire was made to be as simple as possible. The questionnaire consisted of 6 multiple-choice questions. Firstly, the participants were asked to choose their age group (see figure 1 for options provided) and gender (see figure 1 for options provided). Then the participants were asked about their coping mechanisms in times of stress or difficulty, whether it was self-regulation or help-seeking. The group that chose help-seeking was asked about the emotions they experience during help-seeking (see figure 2 for options provided).; The group that chose self-regulation was asked why they chose self-regulation and the reasons for it (see figure 3 for options provided). Finally, the participants were asked to determine how they felt about others who sought help (see figure 4 for options provided).

127 participants were recruited online in Chinese international schools and companies to volunteer in this experiment. The ages of the participants ranged from 15-50 years (M=20.93, SD= 9.37). The participants consisted of 76 females (M=19.51, SD=7.346) and 51 males (M=19.51, SD=11.48).

This study then proceeded to categorize the responses received. The ages of the participants were sorted into 2 groups: teenagers 15-18, as 18 is the legal age in China, and adults 19- 50 of age. Then the responses were divided based on how they described feeling while seeking help, and the process of treatments, if necessary, into positive, neutral, or negative responses. The same was done for those who responded with choosing self-regulation, as this study categorized their reason for doing so into the above-mentioned three categories. The attitudes the participants have towards people who seek

help were also sorted into either positive, neutral, or negative.

### \* 1. Sex/性别

<input type="radio"/> Female / 女
<input type="radio"/> Male / 男

### \* 2. Age/年龄

<input type="radio"/> 15-18
<input type="radio"/> 19-50

Figure 1: the options provided for sex and age

### \* 4. Pick the emotion you experience the most during help-seeking /在寻求帮助的过程中，你的心情是？

<input type="radio"/> Shame, embarrassment / 羞耻，尴尬
<input type="radio"/> Indifference / 无差别，冷漠
<input type="radio"/> Afraid of being discovered / 害怕别人知道心事
<input type="radio"/> Pride, feel special / 自豪，认为自己很特别
<input type="radio"/> Others / 其他
<input type="radio"/> I chose self-regulation / 选择的自我调节

Figure 2: options provided for emotions experienced during help seeking

**\* 5. Why did you choose self-regulation instead of help-seeking? / 为什么选择自我调节而不是寻求他人的帮助? 【多选题】**

<input type="checkbox"/>	Psychiatry is too expensive, time consuming / 心理咨询费钱费时间
<input type="checkbox"/>	(help-seeming) shame and embarrassment / 【寻求帮助】羞耻, 尴尬
<input type="checkbox"/>	You believe you are capable of coping / 认为自己可以解决
<input type="checkbox"/>	You don't trust your psychiatrist, counsellor / 不信任自己的心理医生和咨询
<input type="checkbox"/>	Don't believe in the concept of psychiatry / 不相信心理咨询【行业】
<input type="checkbox"/>	Others / 其他
<input type="checkbox"/>	I chose help-seeking / 选择寻求他人帮助

**Figure 3:** options provided for reasons behind choosing self-regulation

**\* 6. What is your attitude towards people who actively seek help? / 对于那些寻求心理帮助的人, 你的看法是?**

<input type="radio"/>	Indifference / 无差别, 不在意
<input type="radio"/>	Envy, jealousy / 羡慕, 嫉妒
<input type="radio"/>	They are wasting time and money / 认为他们是在浪费时间和钱
<input type="radio"/>	Others / 其他

**Figure 4:** options provided for attitudes towards help seeking

**3.RESULTS**

For hypothesis one: “Men are significantly less likely to ask for help than women,” This study used the Chi-Square Test to determine whether there was a significant association between the two categorical variables — gender and coping mechanism. The null hypothesis was identified as the choice of coping strategy and gender were independent, and the alternative hypothesis was

that men are significantly less likely to seek help than women. The p-value generated was 0.289 (to 3 significant figures), therefore this researched failed to reject the null. Hypothesis one was not supported.

For the second hypothesis: “Men tend to hold more repellent attitudes towards seeking help,” the variables chosen were gender, the emotion experienced, reasoning behind choosing self-regulation, and attitude towards people who chose to seek help. Once again, this study used the Chi-square test to determine whether there was a significant association between gender and attitude. The null hypothesis was defined as gender and help-seeking attitudes are independent and the alternative hypothesis that men tend to hold more repellent attitudes towards help-seeking. The observed value was calculated and tested the statistics using Chi-squared. The p-value was 0.196 (3 significant figures). This study failed to reject the null hypothesis that gender and help-seeking attitudes were determined to be independent.

**4.CONCLUSIONS**

**4.1.Summary**

The data analysis of the results showed that gender does not make any difference in help-seeking behavior when people are in difficulty or depression. It is also supported that men do not hold more repellent attitudes towards help-seeking. It seems that gender does not play a role in “Women seek help, men die”.

Even though men are equally as likely to seek help as women, as the data shows, the help they get from professionals may not be as effective as expected. The male gender may have different psychological barriers when it comes to overcoming depression and suicide, which have been unknown to us up to now. Even though males might not hold more repellent attitudes to help-seeking, whether they seek help from professionals, accept their advice, and take actions to recover from the mental illness is another issue.

Additionally, there’s the possibility that males are less likely to admit that they have a mental illness and validate their emotions. Culturally, it is a shame and a symbol of weakness to admit that one has mental issues as a man needs to ‘man up’, which impacts their personal values. Problems with interpreting, managing, and communicating distress can result in men becoming caught in a cycle of avoidance [3]. Furthermore, even if a male holds positive attitudes toward help-seeking, he may not be aware of his illness or chose escapism using methods such as substance abuse (alcohol) as a way of coping with difficult emotions.

Solutions to further reduce the effects on age and gender on help seeking must be considered from an integrative approach to reduce barriers [3] in the sense of education. As described, some identified key barriers of

help-seeking are: "acceptance from peers," "personal challenges," "cultural and environmental influences", "perspectives around seeking professional help," and "traditional masculine ideals" [3]. In order to work around it, education and advertising should leverage traditional masculine traits rather than seeking to mitigate them [5]. Furthermore, schools increase exposure to mental health issues, raise awareness, and provide helpful support to reduce stigma and as a prevention method.

#### **4.2. Research limitations**

Over the course of this project, this research was realized to be limited by several factors. Both hypotheses share similar limitations.

Firstly, the experiment was limited by the homogeneity of the respondents. All of the participants were from major cities in China, mainly Shanghai and Chengdu. With a relatively higher rate of education, and a much more diverse culture/array of perspectives, urban areas (in this case Shanghai and Chengdu) tend to place less stigma on the idea of mental illness and are more open-minded to talking about the process. As a result, people in more urban areas are more psychologically open, therefore tend to feel more comfortable in asking for help. It is also easier and much more likely for them to attain the necessary support resources, such as the time, money, and access to professionally trained counselors and psychiatrists. Additionally, most respondents either study or work in internal schools and companies. They are more likely to be accepting. This study can thus conclude that the results obtained through this experiment represent a much more limited bracket of people, as opposed to being diverse. It is only applicable to certain backgrounds and serves the purpose of providing references to help-seeking situations in major eastern cities.

A second limitation would be the age gap and generational differences present in the people participating in this research. The sample age is not evenly distributed, with 77.2% of the participants reporting themselves to be 15-18 years old, and only 22.8% reporting to be 19-50 years old. This is a limiting factor of this research because the younger generation, as a result of technological and social advances in society, generally have more freedom to explore their identity and experiences that the more traditional generations are unaccustomed to. This is especially important for those who have been exposed to the diversified culture and experiences often found in international schools in major cities, as is the case for many of the participants. Another contribution to the increased open-mindedness among younger generations is government regulation. Starting from 2016, the Chinese government has been providing in-school counselors for students in public schools [6], which aids to decrease the stigma around struggles with

mental health and was something that the older generations mostly didn't receive. Considering these factors, this research determined that the ages and experience of the participants also mattered as a limitation of this research.

The third limitation is that this study did not validate the measures on emotion and attitudes toward help-seeking. These simplified measures may not have enough internal validity and reliability. They are key variables in this research and having enough discrimination power is critical to the research results. Further research should be built upon better-developed measures or validate measures before applying them.

Small sample size is another weakness of this research project. Small samples lead to less representative problems, but also superficially less significant results. A limited sample size can make an experiment largely dependent on sample luck, therefore further research needs larger samples.

#### **REFERENCES**

- [1] Hausmann, A., Rutz, W., & Benke, U. (2008). Women seek for help - men die! Is depression really a female disease, 22: 1, 43-48.
- [2] Schumacher, H. (2019). Why more men than women die by suicide. BBC Future. <https://www.bbc.com/future/article/20190313-why-more-men-kill-themselves-than-women>
- [3] Lynch, L., Long, M., & Moorhead, A. (2018). Young Men, Help-Seeking, and Mental Health Services: Exploring Barriers and Solutions. *American journal of men's health*, 12: 138-149.
- [4] Mackenzie C.S. PhD, Gekoski W. L. & Knox V. J. (2006) Age, gender, and the underutilization of mental health services: The influence of help-seeking attitudes, *Aging & Mental Health*, 10:6, 574-582
- [5] Johnson, J. L., Oliffe, J. L., Kelly, M. T., Galdas, P., & Ogradniczuk, J. S. (2012). Men's discourses of help-seeking in the context of depression. *Sociology of health & illness*, 34:3, 345-361.
- [6] Shi, Q. (2018). School-Based Counseling in Mainland China: Past, Present, and Future. *Journal of SchoolBased Counseling Policy and Evaluation*, 1(1): 17-25.