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TO WHAT EXTENT DO GENDER ROLE STEREOTYPES IMPACT MENTAL HEALTH PROFESSIONALS' PERCEPTIONS OF MEN

Raeshema Holland

TO WHAT EXTENT DO GENDER ROLE STEREOTYPES IMPACT MENTAL

HEALTH PROFESSIONALS' PERCEPTIONS OF MEN

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Raeshema Nicole Holland

May 2022

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ABSTRACT

Many people suffer from mental health disorders. Gender disparities in mental health treatment and research need to be continuously addressed to ensure that all individuals seeking emotional support receive adequate and competent care. This research focused on bringing awareness to men's neglected mental health needs. Results are discussed in the context of theories of social roles and ambivalence towards men. This study used social role theory and ambivalent sexism theory to explain best how western traditional gender norms can impact us all. Ambivalent sexism pertains to how our attitudes and beliefs can be shaped and are extremely complex. Ambivalent biases are important for professionals because they draw awareness of the impact of positive gender-based beliefs on gender inequality. It was found that there was a moderate positive relationship between hostile and benevolent beliefs of mental health professionals.

ACKNOWLEDGEMENTS

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Mental health disorders are a global social problem. Mental Health

disorders significantly impact millions of Americans. In 2018, the CDC reported

that nearly 45 million Americans have any mental illness. The National Alliance

of Mental Illness (NAMI) reported that 1 in 5 adults report experiences with

mental illness, and 1 in 20 adults report having experience with a serious mental

health disorder. (NAMI.org, 2019). Women are more likely to be diagnosed and

treated for a mental health-related illness (NAMI.org, 2019). Although women

are diagnosed with more disorders than men and receive more treatment, men

are more likely to die by suicide and be diagnosed with schizophrenia (NAMI.org,

2019; Ogrodniczuk et at., 2016) and that is concerning.

The Substance Abuse and Mental Health Services Administration

(SAMHSA) describes trauma as "an event, series of events, or set of

circumstances experienced by an individual as physically or emotionally harmful

or life-threatening with lasting adverse effects on the individuals functioning and

mental, physical, social, emotional, or spiritual well-being." The impact of trauma

on the brain and body is not gender specific. One common stereotype is men

lack emotional expression or are less impacted by trauma (Heesacker, 1999).

However, a growing body of research has been more focused on the known

negative impacts of traumatic events on individuals throughout their lifespan over the last two decades.

Aversive childhood experiences, or ACEs, as experiences that occur in childhood and are potentially traumatic. The CDC lists experiences such as neglect, abuse, violence, close family member loss, substance use in the home, parental mental illness, and instability within the household as potentially traumatic events (Centers for Disease Control and Prevention [CDC] 2021). Children who experience one or multiple adverse childhood events are at high risk of developing chronic physical and mental health ailments later in life. The Adverse Childhood Experiences (ACE's) study began in the early 2000s and has continuously found evidence of long-term physical (e.g., high blood pressure, mental health ailments (e.g., PTSD, anxiety disorders) related to traumatic experiences during childhood.

Many different professional fields such as counseling, psychology, social work, and psychiatry also converge with individuals who suffer from mild to severe mental health disorders. Research has acknowledged and supported that men's mental health needs are less understood in research and direct practice (Baum, 2015). This gap of understanding may leave many mental health professionals unable to provide men with adequate quality of care.

Our upbringing and social environment largely shape our values and beliefs, cultural background, and socioeconomic status. Societal norms also shape mental health professionals' perceptions, and they may cloud how we

perceive men. Implicit and explicit biases impact how we engage with people from other groups. Explicit biases are openly expressed, often negative (but can be positive) stereotypical beliefs about others in any group. On the other hand, implicit bias is beliefs of other groups that occur subconsciously, almost hardwired into the individual (Greenwald & Banaji, 1995). A lesser understood bias but equally contributing to gender inequality is ambivalent bias. Ambivalent bias occurs when an individual has conflicting beliefs about another group (e.g., men and women), which impacts how you perceive or attitude towards all outgroup members. Ambivalent sexism occurs when our beliefs and attitudes on another gender are based on positive (benevolent) and negative (hostile) stereotypes.

This study will utilize Eaglys social theory (1987) o guide our understanding of how western gender norms were established and can impact behavior expectations of females and males. The second theory of this study is the Ambivalent Sexism Theory introduced by Peter Glick and Susan Fiske (1996). Ambivalent sexism theory argues that due to the cross-cultural and historical power that men have had over women and at the same time dependence on women for traditional needs such as wife and companion create ambivalent attitudes on the part of men towards women (Glick & Fiske, 1996). Along with the theory, they created the Ambivalent Sexism Inventory (ASI) to understand and measure the positive (benevolent) and negative (Hostile) attitudes and beliefs held by men towards women. In 1999, they introduced the

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Ambivalence toward Men Inventory (AMI) scale to measure women's hostile and benevolent beliefs about men (Glick & Fiske, 1999). The AMI scale will be used in this study to measure the hostile and benevolent beliefs of mental health professionals towards men.

Social workers and other mental health professionals who work with people should be keenly aware of how their value and belief system impacts the clients they serve. There are many factors to consider in understanding the gender differences in the treatment and understanding men's emotional health needs, including how gender role stereotypes impact their emotional response.

Purpose of the Study

The primary purpose of this study is to bring more awareness to how gender role stereotypes impact how men are treated and understood in practice. Social workers often work with many individuals across gender who have experienced trauma and need help coping with the impacts. A common stereotype is that men are not as impacted by trauma and lack emotion compared to women. However, research does not support that, and often men's mental health needs are under support. However, mental health may also be impacted by historically established social roles and may affect how we perceive the emotional responses of individuals. Mental health professionals should be aware of how emotions are stereotyped and the biological differences that may change how biological males and females present specific symptoms. Men's

emotional health needs are not adequately met in the field. There is a gap of knowledge in research and practice of treatment of men who experience trauma. This imbalance impacts the quality of care that we provide to all people.

<center>Significance to Social Work Practice</center>

Professional social work behavior expectations are guided by a core set of ethical principles and values outlined in the National Association Social Workers (NASW) Code of Ethics. Due to the vulnerabilities to the populations social workers serve, it's critical to understand how bias impacts our perceptions of others. Social workers have an ethical responsibility to treat all people seeking support fairly (NASW, 2017). Effective social work practice includes self-awareness of how personal upbringing, values, and beliefs impact the individuals and populations served. Included in the ethical standards of the NASW, social workers are expected to practice cultural competence. Cultural competence consists of a social worker's awareness of how prejudice and bias impact the clients in populations we serve and eradicate social injustices (NASW, 2017, Ethical Standards).

Additionally, cultural competence includes a social worker's ability to demonstrate self-awareness and critical self-reflection on how their own explicit and implicit biases impact the populations they serve. Increasing cultural competence is a continuous process and doesn't end when working with

marginalized and oppressed people. The NASW was revised in 2021 to address the importance of self-awareness and self-care in effective social work practice (NASW, 2021). Self-awareness increases the understanding of personal needs, desires, and acknowledgment of vulnerabilities and triggers.

Natural empathy can be increased and developed as a professional skill (Gerdes & Segal, 2011). Competency requires empathy. Research has found that the practitioner's empathy has a significant impact on the success of the interventions. Elliot et al. (2011) conducted a meta-analysis of the relationship between empathy and psychotherapy outcomes. They found therapists should make a viable effort to understand where clients' perspectives are rooted (Elliot et al., 2011), and a therapist's ability to have genuine empathy is essential. Empathic therapists validate clients' experiences, actively listen and provide non-judgmental supportive services (Elliot et al., 2011, Gerdes & Segal, 2011).

This study will contribute to a better understanding of the intersection of men's emotional health needs and gender role stereotypes. While many factors to consider when understanding how men seek MH support, there should be a continuous discussion of reducing bias in professional healthcare settings.   The present study seeks to better mental health professionals' hostile and benevolent beliefs, many of whom have interacted with men.

Professional social work behavior expectations are guided by the National Association Social Workers (NASW) Code of Ethics. The NASW lists six core

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values of social work, including service, social justice, dignity & worth of the person, the importance of human relationships, integrity, and competence. Social workers should be committed to striving towards professional, ethical interactions. The NASW Code of Ethics outlines that:

> "Social workers should demonstrate awareness and cultural humility by engaging in critical self-reflection (understanding their own bias and engaging in self-correction), recognizing clients as experts of their own culture, committing to lifelong learning, and holding institutions accountable for advancing cultural humility." (NASW, 2017, 1.05).

Awareness of how you constantly feel is critical to understanding how your cultural upbringing, values, and beliefs impact interactions with clients. Additionally, the NASW was revised in 2021 to address the importance of self-awareness and self-care specifically. Self-awareness is the ability to understand yourself and your personal needs, desires, idiosyncrasies, and limitations (NASW, 2021). This study will contribute to a better understanding of the intersection of men's emotional health needs and gender role stereotypes. The Council of Social Work Education (CSWE) reports that 83% of social workers are female (2017). Due to the gender imbalance in professional social work practice, addressing men's unique needs that might increase their treatment response may be overlooked. While there are many factors to consider when understanding the differences in how men seek MH support, we should constantly seek to understand professional bias. Most social workers are

empathic. However, empathy can also be increased as a professional skill

(Gerdes & Segal, 2011). Competency requires empathy. Research has found

that the practitioner's empathy has a significant impact on the success of the

interventions. Elliot et al. (2011) conducted a meta-analysis of the relation of

empathy and psychotherapy outcomes. They found therapists should make a

viable effort to understand where clients' perspectives are rooted (Elliot et al.,

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therapists validate clients' experiences, actively listen and provide non-

judgmental supportive services (Elliot et al., 2011, Gerdes & Segal, 2011).

CHAPTER TWO

LITERATURE REVIEW

Introduction

This study aims to understand further how gender role socialization

impacts how mental health professions perceive men's emotional health needs.

This chapter identifies differences in the treatment of men's emotional health

needs, adverse childhood experiences, and bias in professional settings. This

chapter will finish with social role theory and ambivalent sexism theory to guide

our understanding of how long-established gender role stereotypes impact our

perceptions and attitudes currently.

Mental Health Disorders

Mental health disorders are a social problem. In 2019, the National

Institute of Mental Health (NIMH) reported data from SAMHSA that 52 million

adult Americans were estimated to be suffering from any mental illness (NIMH,

2019). Twenty-nine percent of young adults aged 18-25 reported having a

mental illness, 25% of adults aged 26-49, and 14% of adults over 50 reported

having a mental health disorder (NIMH, 2019). The prevalence of a mental health

disorder is higher among women than men (NIMH, 2019). Individuals who

identify with two or more ethnicities were diagnosed with a mental health disorder

(30 %) more than individuals who identify with only one race (NIMH, 2020). Major

Depression is the most common mental health disorder in the United States, 7.1% of adults reported at least one depressive episode in the year before the survey, and women reported a higher prevalence of depression (8.7%) compared to men (5.3%) (NIMH, 2017). Although not clearly defined, the Substance Abuse and Mental Health Services Administration (SAMHSA) describes trauma as "an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individuals functioning and mental, physical, social, emotional, or spiritual well-being." The impact of trauma on the brain and body effects isn't based on gender.

Gender Differences in Mental Health Disorders

There are different factors to consider when addressing differences in mental health treatment of men and women. The National Institute of Mental Health [NIMH] (2020) Although research has found that the prevalence of a mental health disorder is higher among women than men (NIMH, 2020). Major depression is the most common mental health disorder in the United States. Women reported a higher prevalence of depression (NIMH, 2017), dysthymia, panic disorder, and specific social phobias than men (Eaton et al., 2012). Men are diagnosed with antisocial personality disorder and substance use disorders at higher rates than women (Easton et al., 2012). The gender differences in diagnostic patterns can be partially attributed to gender differences in

socialization, measurement bias or the inadequate assessment of men's

treatment, and clinician bias or a practitioner's tendency to minimize male

distress (Smith et al., 2018). Women diagnosed with substance abuse or

violence disorders are neglected in mental health treatment (Smith et al., 2018).

Many emotions are considered ambiguous, such as frustration, are perceived

more negatively when expressed by men versus women (Plant et al., 2000).

Perceptions of emotional expression are often based on gender role stereotypes.

A commonly accepted myth is women are more emotional than men (Heesacker

et al.,1999). Research shows that men and women have similar emotional

reactions, and behavior expectations impact how the observer perceives (Kelly &

Hudson-Comeaux, 2002). Men and women with emotional responses out of

range with gender norm expectations were perceived as less genuine (Heesaker

et al.,1999).

Men's emotional health needs inadequately mental health is a known

understudied area of research and practice. Mental illness in men is a concern

for several reasons, including low diagnosis of depression and high rates of

suicides compared to women, engagement in mental health treatment

(Ogrodniczuk et al., 2016), and the known impact trauma has on the individuals.

Adverse Childhood Experiences

In generalist social work practice, people are understood as people in the environment (Kirst- Ashman, 2015). We know that biopsychosocial factors shape the outcomes of all of us. Children are highly vulnerable to their social environments; their early life experiences can considerably impact their entire lifespan. Aversive childhood experiences, or ACEs, are experiences that occur in childhood and are potentially traumatic. The CDC lists experiences such as neglect, abuse, violence, close family member loss, substance use in the home, parental mental illness, and instability within the household as potentially traumatic events (Centers for Disease Control and Prevention [CDC] 2021). Children who experience increased ACEs are at higher risk for chronic health ailments later in life, increased risky behaviors, and the use of unhealthy coping skills. The mistreatment of children is a public health crisis. According to the National Center of Child Abuse and Neglect (2019), approximately 1.9 million children, or 9 per 1,000, received prevention services from a CPS agency in forty-seven states. 1.3 million received post-response services. Girls were reported as victims of child abuse (9.4 girls per 1,000) compared to boys (8.4 per 1,000).

The impact of childhood stress has been found to impact adult mental health biological development throughout the lifespan. Heim and Nemeroff (2001) analyzed the findings from several preclinical and clinical studies on the

neurobiological impact of early childhood stress. They concluded that early life

stressors significantly impact the neurotransmitter systems and risk developing

depression or anxiety disorders later in life (Neim and Nemeroff, 2001). Instances

of ACEs increase the risk of depressive disorders decades after the actual

occurrence (Chapman et al., 2004). Due to the known lasting effects of ACEs on

individual well-being. Mental health professionals should not minimize the impact

of male clients' childhood traumas (Chapman et al., 2004). Many clients we

serve have had adverse childhood experiences.

Bias in Professional Settings

Social workers often engage with the most vulnerable members of society.

There is a high chance of encountering an individual or group that challenges our

personal beliefs and value system. The NASW Code of Ethics outlines the

expected behaviors of professional social workers. We have an ethical

responsibility to enhance the well-being of individuals in their social context. The

goal of generalist social workers is to increase the positive functioning of

individuals (micro), families/groups (mezzo), and societies (macro) systems

(Kirst-Ashman et al., 2015). Research has found gender differences in how men

disclose past traumatic experiences (Sivagurunathan et al., 2016), seek mental

health treatment, and cope (Liddon et al., 2017). As stated earlier, there is a lack

of knowledge in research and direct practice in understanding the emotional

needs of men. Gender role stereotypes impact how men seek mental health

support, express emotion, and cope with traumatic events (Liddon et al., 2017).

Gender stereotypes also affect mental health professionals' perceptions of men's

emotional expression.

Understanding human behavior is complex. Professionals are susceptible

to having prejudiced perceptions and beliefs about individuals unknown to us.

Implicit biases are the automatic perceptions or beliefs that happen outside of our

conscious awareness (Greenwald & Banaji, 1995). Bias occurs when generalized

assumptions are accepted as factual Biases towards others naturally occur in

many societies and are normal behavior (Fiske, 2012). A lesser-known type of

bias is ambivalent bias or prejudice attitude that consists of positive and negative

beliefs. Ambivalent bias is best understood as feelings of dissonance that one

may experience when they hold simultaneous conflicting beliefs about a different

group (Fiske, 2012). Ambivalent sexism addresses hostile (negative) and

benevolent (positive) stereotypes between men and women that equally

contribute to gender inequality (Glick & Fiske, 1996). Kelly and Hudson-Comeaux

(2002) found that men and women hold similar ideologies about the feelings of

the opposite gender.

Research has found bias in professional healthcare settings (Stone &

Moskowitz, 2011, Snowden, 2003, Merino, 2018). Baum (2015) examined the

gender differences in the treatment of men in social work. First, she found that in

social work practice, men were typically written in the context of the family's

presenting problem (i.e., the parent, violent partner). Second, she found that

single fathers received less support than single mothers. Lastly, social workers of her study reported feeling more at ease working with women (Baum, 2015).

Snowden (2003) examined racial and ethnic bias in medical health care settings. His research found implicit racial bias during the assessment, gaps in accessibility to treatment, and inadequate diagnostic practices (Snowden, 2003). Smith et al. (2018) Merino et al. (2018) conducted an open forum about the continuum of implicit bias in medical professional environments towards patients. They found that implicit biases can impact how patients seek support for services, respond to assessments and participate in case management (Merino, 2018). Similarly, Chapman et al. (2012) research on implicit biases and healthcare disparities found that bias significantly impacts patient care. Additionally, they found that physicians who acknowledged the possibility of bias have more focused on reducing personal beliefs from negatively impacting patient care (Chapmen et al., 2013).

Heesacker et al. (1999) explored the gender stereotypes projected by mental health professionals. Hypoemotionality is the stereotype that men lack emotional response (Heesacker et al., 1999). They analyzed six research studies that addressed stereotyping of emotion by counselors in training and practicing counselors. They found that counselors held the stereotypical belief that women we hyperemotional and men as hypoemotional. The differences found in emotion-based on gender are more consistent with social expectations of emotion (Heesacker et al., 1999). Plant et al. (2002) analyzed three studies that

examined the relationship between gender stereotypes and emotions. They found that ambiguous expressions of emotion are more likely to be interpreted in a gender stereotypically. We must understand that men express all ranges of emotion.

Social workers use the DSM-V to diagnose individuals with mental health disorders. Diagnoses are based on specific criteria. MH professionals need to understand the different patterns of behaviors. The ability to remain objective in our observations or experience with a client is critical in effective social work practice. Mental health professionals should be more aware of how gender socialization impacts their perception of a clients' emotional expression.

Theories of Conceptualization

The two theoretical frameworks that expand why men's mental health needs are neglected in professional environments are Social Role Theory (1987) and Ambivalent Sexism Theory (1996). Social Role theory was understanding of how gender role expectations for males and females are determined societally. Ambivalent sexism theory seeks to understand better how prejudice and bias impact our guides in understanding how gender role stereotypes impact our attitudes and perceptions of men and women.

<u>Social Role Theory</u>

Alice Eagly introduced social role theory in 1987 to understand what causes sex differences in human behavior. Social role theory argues that gender stereotypes in society are rooted in the division of labor between genders and physical sex differences (Eagly & Wood, 2012). Research has found gender role norms in western and non-western societies. Gender role norms help maintain societal homeostasis by outlining the behaviors of roles (Eagly & Wood, 2012). Research finds that long-established gender role expectations inform children's behavior in their social environment (Eagly & Wood, 2012). Some male gender stereotypes include aggressiveness, irritability, and lack of emotion. Some female gender role stereotypes include caring, nurturing, submissive, and over-emotional (Eagly & Wood, 2012).

<u>Ambivalent Sexism Theory</u>

The second theory used in this study is Glick and Fiske's (1996) Ambivalent Sexism Theory. Ambivalent sexism theory argues that due to power differences and intimate interdependence, men simultaneously hold positive beliefs about women that shape their perception of women overall.

Ambivalent sexism is a social psychological theory that attempts to understand better gender-based prejudice (Glick & Fiske, 1996). Ambivalent sexism draws attention to the *benevolent* (positive) and *hostile* (negative) beliefs that contribute to gender inequality: h*ostile* sexism, the expression of gender bias

based on ideas that maintain traditional gender role norms. Hostile sexist beliefs are drawn from traditional patriarchal gender norms that are negative and derive from the power and dominance that men have historically had over women. *Benevolent* sexism is the positive views of women that contribute to sexism (Glick & Fiske, 1996, 2001). For example, a benevolent sexist belief is that all women are warm, caring, and maternal, or men are willing to sacrifice themselves to protect others. Ambivalent sexism theory suggests that women who challenge traditional gender roles and male dominance receive more hostile attitudes. Ambivalent sexism theory was initially created to measure men's hostile and benevolent sexist beliefs towards women (Glick & Fiske, 1996). However, they found that women are also likely to hold hostile and benevolent beliefs towards men simultaneously during their research. This led to the creation of the Ambivalence Towards Men Inventory (AMI; 1999). Evidence of ambivalent sexism as be found in many different countries (Gaunt, 2013). Most importantly, regardless of gender, positive gender-based stereotypes are just as harmful as negative gender-based stereotypes, and both contribute to gender inequality.

Summary

This study used social role theory and ambivalent sexism theory to explain best how western traditional gender norms can impact us all. Most importantly, regardless of gender, positive gender-based stereotypes are just as harmful as negative gender-based stereotypes, and both contribute to gender inequality.

Ambivalent sexism helped explain how our attitudes can be shaped by many factors and are extremely complex. Ambivalent biases are important for professionals because they draw awareness of the impact of positive gender-based beliefs on gender inequality.

CHAPTER THREE

METHODS

Introduction

The following chapter will introduce the methods utilized to measure ambivalent bias towards men in mental health professionals. Participants of this study were measured using the AMI scale. Additionally, this chapter will explain the study design, sampling methods, data collection, instruments. Lastly, this chapter will outline the procedures used to analyze data. All necessary efforts were taken to ensure participants personal information remained confidential and anonymous.

Study Design

There are two primary goals of this research. First, to bring awareness to our gap in the understanding of men's mental health needs. Second, increase our self-awareness of how bias can impact our professional interactions with clients. As social workers, we often engage with individuals seeking support for traumatic events that have affected their lives. We must be competent in understanding how trauma impacts all individuals in society.

This study utilized a cross-sectional quantitative design to understand better how bias impacts professional roles. Social workers and mental health professionals alike need to be aware of their personal biases. Social workers are

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ethically bound to treat people fairly and carry out this task effectively; there must be a consistent awareness of implicit biases.

Sampling

This study utilized a non-probability volunteer sampling method. This was a convenient method that asked volunteers to participate via social media. The goal of this selection method is for participants to self-select to participate in the study. Participants to the study were recruited via social media via Reddit (e.g., psychology, sample size) and Facebook (Social Worker group pages, Mental Health professional group page, black Mental Health professionals group page), by a digital flyer seeking participation in the survey linked to Qualtrics. The snowball sampling method helped gain participants due to the specifics of the sample participants. The most relevant characteristic of this study is the occupation of the participants.

Data Collection & Instruments

The qualitative data collection was collected primarily during July and August 2021. Digital flyers were uploaded to Reddit and Facebook, seeking working professionals to participate in the study. Participants were provided a link to the survey via Qualtrics. Participants that agreed to the study completed it anonymously. The instrument utilized to collect data will be the Ambivalence

toward Men Inventory (AMI), created by Glick and Fiske (1999), used to assess men's hostile and benevolent beliefs.

Procedures

The primary researcher posted a request to participate via a digital flyer on Reddit and Facebook to mental health public group pages such as Marriage and Family Therapists, Black Mental Health, Social Work and the Social Worker, The Social Worker ToolBox, and Training Resource Group for Mental Health Professionals (see Appendix A). Participants selected the Qualtics link. Before the survey began, participants received informed consent (see Appendix B). If agreed to yes, the demographic questions started (see Appendix C). Once complete, the participant completed the AMI scale. The study took between 5-10 minutes to complete. Data collection was completed in mid-August 2021. Data was uploaded to SPSS for analysis. Data collected was destroyed once analysis was obtained.

Protection of Human Subjects and Procedures

As previously mentioned, participants agreed to consent before participating in the study. Confidentiality of the participants was kept by not collecting identifying demographics such as name, location, or phone number. The data collected was stored electronically and destroyed after the completion of data analysis. The participants from the social media link will not be

identifiable. There were no minimal or no anticipated risks associated with this study. Participants were provided with methods to access the results of the survey after the completion.

Data Analysis

The primary researcher used correlational analyses to examine the relationship between mental health professionals and their hostile and benevolent beliefs towards men. Once surveys were completed, social worker data was uploaded SPSS and analyzed for the strength of the relationship between benevolent and hostile beliefs about men and analyzed to understand the differences in the participants. An independent sample *t-test* was conducted to analyze group differences between professional social workers and other mental health professionals. Descriptive statistics were used to analyze group demographics.

Ambivalence Towards Men (AMI) Scale

The AMI scale is a 20 item five-point Likert scale rated from 1 (strongly disagree to 6 (strongly agree). This scale has no neutral point, which forces participants to respond at least slightly hostile or benevolent (Glick & Fiske, 1999). The AMI scale is measured through questions relating to paternalistic power, gender differentiation, and heterosexuality. Hostility towards men (HM) measured resentment of paternalism, compensatory gender differentiation (e.g.,

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"Men would be lost if women weren't there to guide them."), and heterosexual hostility (e.g., When men act to "help" women, they are often trying to prove they are than women."). Benevolent attitudes towards men asked questions that measured maternalism complementary (e.g., "Even if both members work, the woman ought to be more attentive to haking care of her man at home.") gender differentiation (e.g., Men are willing to put themselves in danger to protect others.) and heterosexual intimacy (e.g., Every woman ought to have a man that she adores.").

Summary

The proposed study was preplanned to prevent issues with sampling, procedures, data collection, and analysis. The AMI scale, a reliable and valid measurement scale, was used to decrease sampling bias. Due to the sample of professionals that this study sought to obtain, ensuring the protection of the subjects was an important concern to ensure participation in the study.

CHAPTER FOUR

RESULTS

Introduction

The following chapter will analyze the results of this self-reported survey and measure the relationship of benevolent hostile sexist attitudes towards men of mental health professionals. Additionally, participant demographics and data analysis will be discussed.

Participant Demographics

The participants surveyed for this study were 56 mental health professionals (46 females, eight males, two transgender). Their mean age was 37.38 (SD=11.21). 70% of the study participants were social work professionals, licensed and unlicensed (see Figure 1). Over 70% of the participants had at least a master-level education level. 40% identified as married. The sexual orientation of the sample was heterosexual (60%), homosexual (3%), bisexual (12%), and prefer not to say/unknown (9%). 34% of participants consider religion important or very important.

Results

This study revealed a few key factors regarding ambivalence towards men. Like previous findings of different cultures and populations that have

utilized the AMI scale, there was a moderate positive correlation between the mental health profession's benevolent and hostile attitude scores, $r=.503$, $n=50$ $p= <.001$. Such that as negative beliefs increase about men, so do benevolent beliefs. The mean score of hostile beliefs ($M = 27.98$, $SD= 10.43$), *disagree strongly* (1) to *agree strongly*(6) the mean score for benevolent beliefs ($M=19.34$, $SD=10.23$) As repeated in other studies, the two subscales (HM and BM) have consistently shown moderate to strong positive correlations in various populations(Gaunt, 2013). The consistent findings speak to the complexity of male-female gender relationships and how prejudiced attitudes manifest and spread. Group differences were compared between the data of social workers and non-social worker professionals.

CHAPTER FIVE

DISCUSSION

Introduction

The following chapter will continue to interpret the results of this research. First, this chapter will address the limitations of this research study. Next, this chapter will discuss patterns that emerged from this research during data analysis. Third, this chapter will discuss implications for social work practice. And lastly, recommendations for future research will be addressed.

Discussion

This research contributes to a greater understanding of how social workers and other mental health professionals can be more competent in professional practice when working with men. However, there were several limitations to be noted. First, the correlational design of this research prevents conclusions that can be ascertained, including causal connections of mental health professionals and perceptions of men's emotional health needs. Next, this study specifically recruited mental health professionals to participate, which may have impacted the number of participants. Additionally, while creating the design for this study, covid-19 restrictions were considered, limiting data collection to online-only. Finally, this study assesses the gender bias of mental health professionals; thus, it may be subject to social desirability bias. Social desirability

bias is measurement bias that occurs when respondents answer questions in a way they think is right versus a reflection of their true feeling. Our professional knowledge of ethical standards of behavior may shape how participants responded.

There was a moderate positive correlation between hostile and benevolent beliefs about men, suggesting that the MH professionals of this study held simultaneous hostile and benevolent beliefs about men. The results of this research support both theories used to guide conceptualization. The participants of this study simultaneously held positive and negative stereotypical gender beliefs about men. Ambivalent sexism theory argues that gender bias is more accurately measured on a scale that assesses both hostile and benevolent stereotypes (Glick & Fiske, 1999) due to the complexity of understanding gender inequality. Social role theory argues that gender roles are society-based behaviors expectations of men and women due to the division of labor and the need for societies to flow cohesively (Eagly & Wood, 2012). Traditional western society beliefs are based on patriarchal gender norms, including how men are expected to behave, physically and emotionally (Jakupak et al., 2003). Similarly, the questions measured on the AMI scale were measured on dimensions related to paternalistic power, gender differentiation, and heterosexuality (Glick & Fiske, 1999).

In analyzing data questions (see Table 1), gender-stereotypical beliefs about men were supported. More than 40% of respondents agreed, at least

slightly, that "men act like babies when they're sick.". 47% of respondents agreed

at least slightly that "men are more willing to take risks than women.". Social

workers and mental health professionals should expect weaker correlations,

primarily due to the non-judgmental professional behavior expectations of

 MH professionals.

Implications for Social Work Practice

Social workers should actively seek out greater awareness of how explicit,

implicit, and ambivalent bias in packs as professionally are expected to be

culturally competent in areas of understanding. Understanding men's emotional

health needs are extremely complex. Although this research contributes to a

greater understanding of how social workers and other mental health

professionals can be more culturally competent towards men's emotional health

needs, a lesser understood area of research and practice.

The results revealed a moderate, positive correlation (r= .503) between

mental health professionals' hostile and benevolent male beliefs. In a dominant

female profession, we have to ensure that we are competent in understanding

the emotional needs of all people seeking support. The more we understand

implicit and ambivalent biases, the better we can be professionally when working

to help people.

Research supports the occurrence of bias towards patients in professional

health care settings. Implicit, explicit, and ambivalent bias impacts how

professionals assess, diagnose and treat individuals seeking support. Bringing greater awareness to the negative impacts of gender bias men may experience when seeking help increases competency. Effective methods to reduce bias in professional practice should be a continuous goal for social work and other mental health professionals. Research suggests training in cultural competence and learning strategies reduce bias, including pursuing equal balance during interactions, actively identifying commonalities, counter-stereotyping, and taking perspective (Stone & Moskowitz, 2011), helping reduce occurrences of bias interactions with patients.

Recommendations for Future Research

There was a moderate positive correlation of hostile and benevolent beliefs towards men and mental health professionals. The results of this study are similar to results found when measuring different populations (Gaunt, 2013). It could be argued that social workers should have a weaker relationship than the lay population due to our professional knowledge. The profession of social work would benefit from research into the understanding of the existing belief systems of social workers and how they impact professional practice.

Experimental research would elicit a greater understanding of the causes of prejudice and bias attitudes in professional healthcare providers. Experimental research is needed to create evidence evidence-based practices to support male emotional needs. There are differences in the emotional needs of men and

women. Social workers should be aware of how gender impacts the expression of emotion due to gender role stereotypes. Social workers need to understand how prejudice and oppression impact all individuals' on the macro, mezzo, and micro levels. Additionally, social work practice would benefit from future research on how non-binary transgender and LGBTQ members are impacted when seeking emotional support.

Conclusion

Society norms have a great impact on how we all perceive other behaviors and emotional responses. Gender role stereotypes shape how we believe men and women are emotional, although research shows otherwise. Trauma has biological, psychological, and societal consequences on individuals, regardless of their gender category. There are differences in how men and women respond emotionally to trauma. Social workers are often the people who support recovery from traumatic experiences or MH disorders. The mental health profession has to continue to seek methods to be more inclusive to all individuals seeking mental health treatment. We should continue to address the impact of bias and challenge MH professionals to address their personal biases and reduce occurrences in professional practice. Most of us are in the field to help and reduce harm. However, suppose we fail to address men's emotional well-being adequately, we could inadvertently be contributing to gender inequality.

APPENDIX A

SURVEY FLYER

School of Social Work

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407

909.537.5501 | fax: 909.537.7029
http://socialwork.csusb.edu

This study has been approved by the California State University, San Bernardino Institutional Review Board

Are you a mental health professional (social worker, MFT, PsyD, Psychologist, nurse, psychiatrist, etc.)? Over 18? If so, please participate in an online survey on perceptions of mental health support seeking for men. The survey is anonymous, confidential, and takes approximately 5-7 minutes to complete.

To participate, please click the link below:

http://csusb.az1.qualtrics.com/jfe/form/SV_9RBxP8rUbyyxKfk

APPENDIX B:

INFORMED CONSENT

School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to understand perceptions of men seeking mental health support. The study is being conducted by Rae Holland, a graduate student, under the supervision of Dr. Armando Barragán, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to understand perceptions of men seeking mental health support.

DESCRIPTION: Participants will take a survey measuring perceptions of men and answer seven demographic questions.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: This survey is anonymous and your responses will remain confidential. Data will be stored on a locked computer and destroyed after data analysis is completed.

DURATION: It will take 5 to 10 minutes to complete the survey.

RISKS: There is minimal to none, anticipated risk with answering the questions on this survey . You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Barragán at (909) 537-3501.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2022.

If you feel you have not been treated according to the descriptions in this form, or that your rights as a participant in research have not been honored during the course of this project, or you have any questions, concerns, or complaints that you wish to address to someone other than the investigator, you may contact the
California State University, San Bernardino, Institutional Review Board, Research compliance officer Micheal
Gillespie, 5500 University Parkway, San Bernardino, CA 92407, or email mgillesp@csusb.edu
                .

APPENDIX C:

DEMOGRAPHIC QUESTIONS

Demographic questions

1. What gender do you identify as?

2. What is your current age, in years?

3. What is your Sexual Orientation?

4. Which of the following best describes your current relationship status?

5. What is the highest level of education you have completed?

6. What is your profession?

7. What is your current employment status?

8. What is your current yearly income?

9. What is your current religion, if any?

10. How important is religion in your life?

APPENDIX D:

AMBIVALENCE TOWARD MEN INVENTORY

AMI SURVEY

1. Even when both members of a couple work, the woman ought to be more attentive to taking care of her man at home
2. A man who is sexually attracted to a woman typically has no moral about doing whatever it takes to get her in bed.
3. Men are less likely to fall apart in emergencies than women are.
4. When men act to "help" women, their trying to prove they are better than women.
5. Every woman needs a male partner to cherish her.
6. Men would be lost in this world if women weren't there to guide them.
7. A woman will never be truly fulfilled in life if she doesn't have a committed, long term relationship with a man.
8. Men act like babies when they are sick.
9. Men will always fight to have greater control in society than women.
10. Men are mainly useful to provide financial security for women.
11. Even men who claim to be sensitive to women rights really want a traditional relationship at home, with a woman performing most of housekeeping and child care.
12. Every woman ought to have a man she adores.
13. Men are more willing to put themselves in danger to protect others
14. Men usually try to dominate conversations when talking to women.
15. Most men play lip service to equality for women, but cant handle, having a woman as equal.
16. Women are incomplete without men.
17. When it comes down to it most men are really like children.
18. Men are more willing to take risks then women.
19. Most men sexually harass women, even if only in subtle ways, once their in a position of power over them.

Women should take care of their men at home because men would fall apart if they

APPENDIX E :

PARTICIPANT DEMOGRAPHICS

Participant Demographics
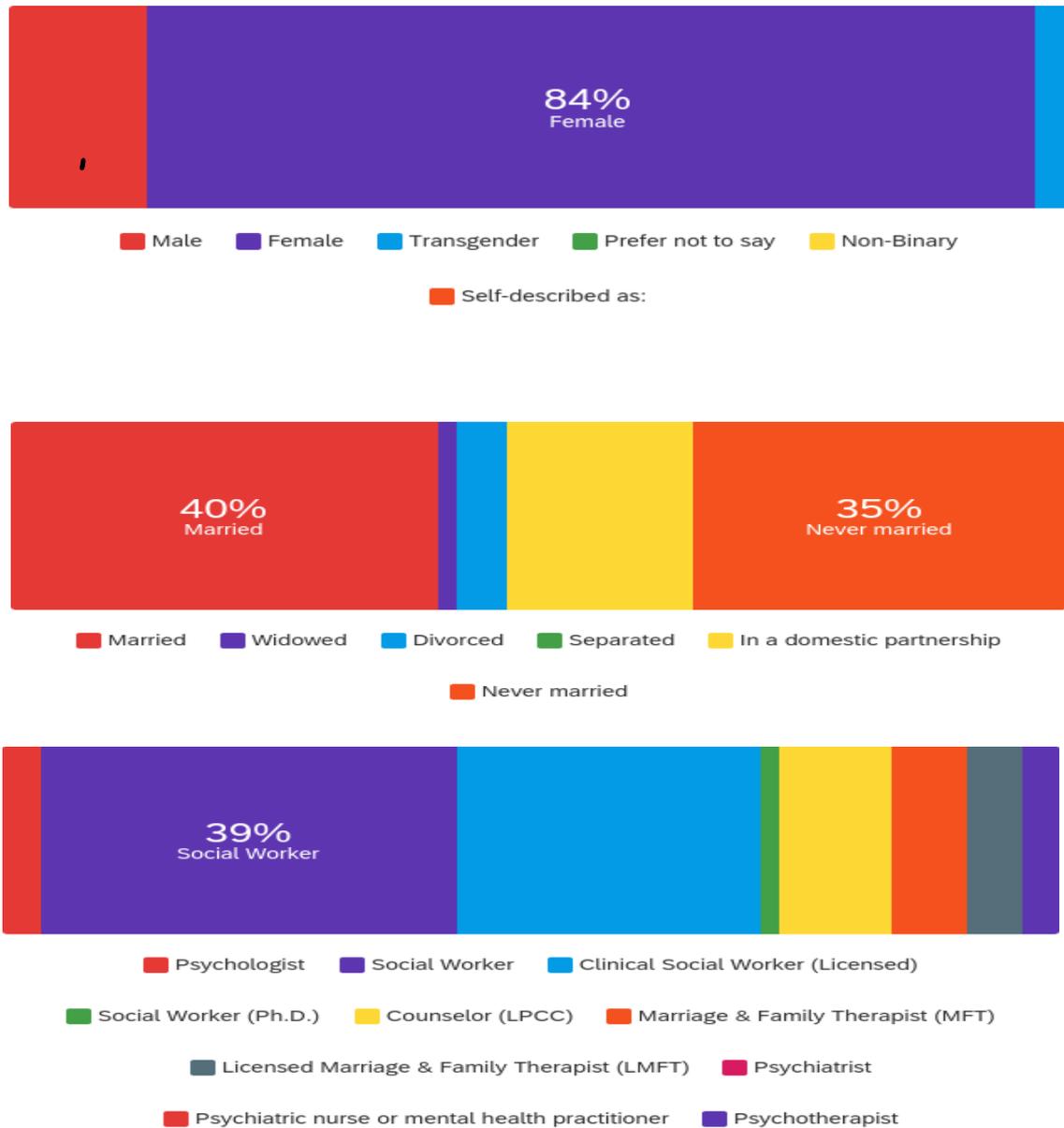
Figure 1.

APPENDIX F:

QUESTIONS FROM AMI SCALE

TABLE 1

Questions from AMI Scale

Men are more willing to take risks then women.

Men are more willing to put themselves in danger to protect others.

Men act like babies when they are sick.

.

Even men who claim to be sensitive to women's rights want a traditional relationship at home, with a woman performing most housekeeping and childcare.
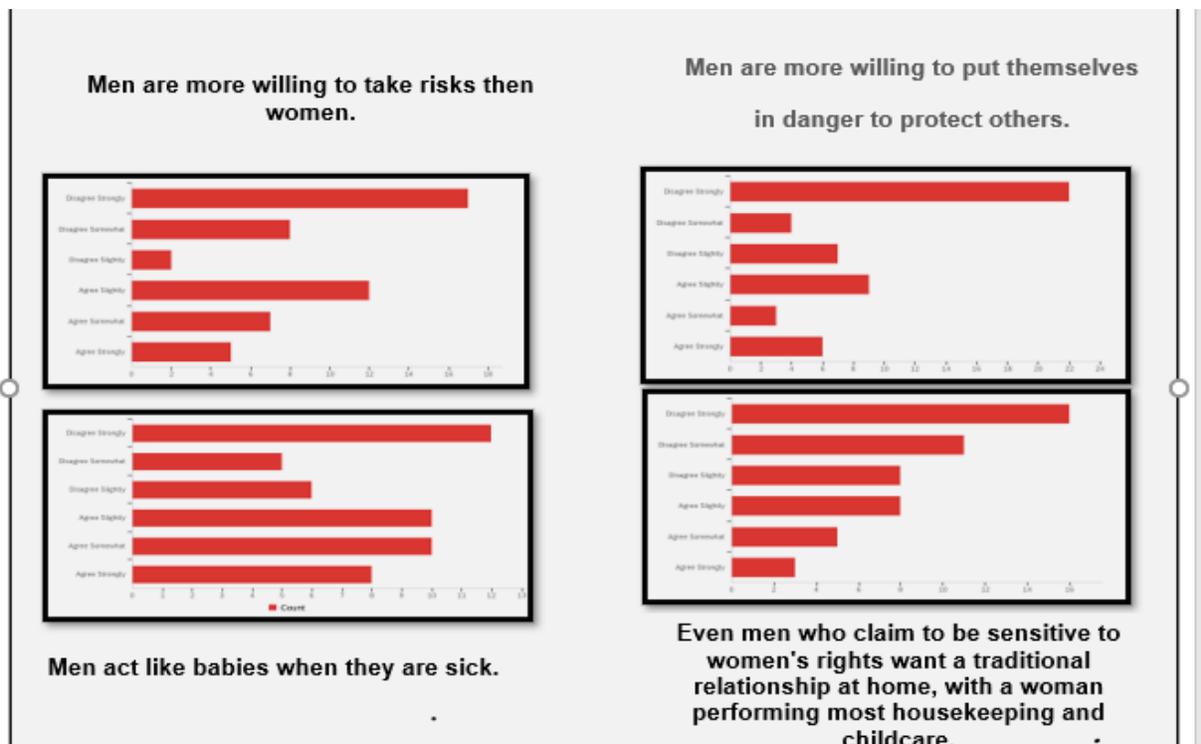
APPENDIX G:

IRB APPROVAL

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

IRB-FY2021-120 - Initial: IRB Admin./Exempt Review Determination Letter
1 message

do-not-reply@cayuse.com <do-not-reply@cayuse.com>   Tue, Jun 8, 2021 at 2:48 PM
To: 007073411@coyote.csusb.edu, Armando.Barragan@csusb.edu

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

June 8, 2021

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2021-120

Armando Barragan Jr. Raeshema Nicole Holland
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Armando Barragan Jr. Raeshema Nicole Holland:

Your application to use human subjects, titled " Are mental health professionals impacted by male gender role stereotypes? " has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at https://www.csusb.edu/academic-research.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

Important Notice: For all in-person research following IRB approval all research activities must be approved through the Office of Academic Research by filling out the Project Restart and Continuity Plan.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2021-120 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

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