

## Measurement of Men's Help Seeking: Development and Evaluation of the Barriers to Help Seeking Scale

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This article describes the development and psychometric evaluation of the Barriers to Help Seeking Scale (BHSS). The measure was designed to assess reasons men identify for not seeking professional help for mental and physical health problems. Exploratory factor analyses in a sample of 537 undergraduate men revealed a 5-factor solution of internally consistent subscales, including Need for Control and Self-Reliance, Minimizing Problem and Resignation, Concrete Barriers and Distrust of Caregivers, Privacy, and Emotional Control. A separate study of 58 undergraduate men confirmed the reliability of the scale and provided evidence of convergent and criterion validity between the BHSS and measures of masculine gender-role conflict and attitudes toward seeking professional help.

Research has documented that men seek help less often than women for a variety of problems in living, including cocaine use, alcohol use, psychiatric illness, and physical problems (Kessler, Brown, & Boman, 1981; McKay, Rutherford, Cacciola, & Kabaskalian-McKay, 1996; Padesky & Hammen, 1981; Thom, 1986; Weissman & Klerman, 1977; Wills & DePaulo, 1991). With regard to physical health, men are more likely than women to have gone at least 2 years since their last contact with a physician but suffer higher rates of heart disease, lung cancer, chronic obstructive pulmonary disease, suicide, and alcoholism than do women (Anderson, Kochanek, & Murphy, 1997; Courtenay, 2000; Guspers Van Wuk, Kolk, Van Den Bosch, & Van Den Hoogen, 1992; Neighbors & Howard, 1987; Pamuk, Makuc, Heck, Reuben, & Lochner, 1998; Verbrugge & Wingard, 1987; Waldron, 1995). Thus, overwhelming evidence suggests that men underutilize health services.

In a similar vein, men endorse more negative attitudes toward help seeking than do women and are generally less inclined than are women to seek help when they need it (Courtenay, 2003; Fischer & Turner, 1970; Good, Dell, & Mintz, 1989; Tudiver & Talbot, 1999; Wills & DePaulo, 1991). Some researchers have posited that men's disinclination to seek help puts them at risk for physical and emotional problems, and they argue that interventions should be aimed at facilitating men's help seeking (Courtenay, 2001; Eisler, Skidmore, & Ward, 1988; Good et al., 1989; Good & Mintz, 1990; Good & Wood, 1995).

Although lack of health insurance and the cost of health care create barriers to health care, especially among marginalized groups, these factors do not by themselves explain gender differences in health care utilization (Courtenay, 2003). According to the U. S. Department of Health and Human Services, National Center for Health Statistics (Pamuk et al., 1998), among both the poor and the rich, men are more likely than women to have had no recent contact with a health care provider. In addition, African American men are less likely than African American women to visit physicians, even when income is held constant (Neighbors & Howard, 1987). Even when health services are provided pro bono, men use them less than women (Stockwell, Madhavan, Cohen, Gibson,

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& Alderman, 1994; Wells, Manning, Duan, Newhouse, & Ware, 1986).

### Organizing Frameworks of the Barriers to Help Seeking Scale

Because men's relatively low rates of help seeking and service utilization have only recently come to be considered problematic, what we currently know about why men do or do not seek help is limited (Addis & Mahalik, 2003). The present study describes the development and evaluation of the Barriers to Help Seeking Scale (BHSS), a measure designed to assess variables men identify as obstacles to seeking help for physical or mental health problems. Since 1970, most studies of help seeking have relied on Fischer and Turner's (1970) scale of attitudes toward help seeking, but there is currently no measure that targets specific barriers to help seeking for either mental health or physical problems. Indeed, Fischer and Turner's scale measures attitudes toward seeking professional psychological help; it does not measure specific barriers to help seeking, and it treats attitudes as stable rather than contextually bound. We believe that a measure of contextually specific barriers to help seeking would make an important contribution to the study of help seeking. By first identifying specific obstacles to men's use of mental and physical health services, it may be possible to develop interventions that facilitate help seeking. Below, we briefly describe two bodies of theory and research used as organizing frameworks for developing and evaluating the BHSS. They are derived from a theoretical integration of gender-role socialization and social psychological analyses of help seeking (Addis & Mahalik, 2003).

Gender-role socialization theories hold that men and women acquire gendered behaviors and attitudes from the cultures in which they live. Norms (prescriptions for how men and women should behave), and stereotypes (generalizations about what men and women are like), guide attitudes and behavior related to gender (Pleck, 1981, 1995). The constructs of gender-role conflict (O'Neil, Helms, Gable, David, & Wrightsman, 1986), gender-role strain (Pleck, 1981, 1995), and gender-role stress (Eisler, 1995; Eisler & Skidmore, 1987) refer to specific consequences of masculine role socialization that may affect men's willingness and ability to

seek help for problems in living. For example, O'Neil et al. (1986) have identified four categories of gender-role conflict, including an orientation toward success, power, and competition; restrictive emotionality; restrictive affectionate behavior between men; and conflicts between work and family. Specific components of gender-role conflict have been shown to be related to both negative attitudes toward help seeking (Good et al., 1989; Robertson & Fitzgerald, 1992) and increased symptoms of depression. Thus, gender-role theory and research suggests that there are individual differences in the degree to which men are affected by and endorse particular masculinity "messages" and that many of these messages militate against seeking help.

Existing measures of masculine gender roles and norms are geared toward the assessment of general and cross-situationally stable individual differences (Brannon & Juni, 1984; Eisler & Skidmore, 1987; O'Neil et al., 1986; Snell, 1986; Thompson & Pleck, 1985). These measures place limitations on the study of men's help seeking because they cannot account for within-person or cross-situational variability in men's behavior; some men may seek help for some problems but not others, under some conditions and not others (Addis & Mahalik, 2003). We took two steps toward addressing this possibility in designing the BHSS. First, in constructing items, we incorporated specific masculinity norms and roles not as general personality characteristics (e.g., "I don't like to show other people my feelings") but as context-specific barriers to seeking help for a particular problem (e.g., "I would not seek help for this problem because I wouldn't want to get too emotional"). Second, to identify processes that may distinguish barriers from situation to situation, we included items derived from basic social psychological research on help-seeking behavior.

The social psychology of help seeking draws attention to processes that mediate whether a person will seek help in a particular situation. Four such principles were instrumental to the development of the BHSS: the ego-centrality of a problem, or the degree to which a problem is perceived to reflect an important quality about oneself (Nadler, 1990); the normativeness of a problem, or the degree to which a problem is considered normal or common (Nadler & May-

ness, 1983); reactance, which refers to the tendency to take steps to restore autonomy when one perceives that autonomy has been threatened (Brehm, 1966); and reciprocity, which refers to the extent to which a person receiving help will have the opportunity to return the help at some point in the future. Each of these variables has been shown to affect help-seeking behavior in experimental or correlational research on help seeking (Wills & DePaulo, 1991). For example, people are less likely to seek help for problems that are presented as highly ego-central and nonnormative (Nadler, 1990; Nadler & Maysless, 1983). This principle is reflected in items such as, "I would think less of myself for needing help" and "I would feel stupid for not knowing how to figure this problem out." Similarly, people are less likely to seek help when their autonomy is perceived to be threatened (Brehm, 1966) and when they believe they will not have the opportunity to return the help they receive in the future (Wills & DePaulo, 1991). Reactance was incorporated into the BHSS with items such as, "I don't like other people telling me what to do" and "I like to be in charge of everything in my life." With regard to ego-centrality, theory suggests that people should report being less willing to seek help if they think that doing so would threaten a valued quality about themselves, such as stoicism. Similarly, the principle of normativeness suggests that people should report being less likely to seek help for a problem if the problem is thought to be uncommon, whereas the principle of reactance suggests that people should be less likely to seek help if they think that doing so would limit their autonomy or independence. Finally, the principle of reciprocity suggests that people should be less likely to seek help if there is no opportunity to return the help in the future.

In summary, we had two goals in developing the BHSS. First, we hoped to identify the extent to which gender-role conflict and the social psychological processes identified above contribute to barriers to men's help seeking for specific problems in living. Second, we wanted to create a measure that allowed for the study of variations in the context of help seeking, such as the particular problem, the type of help that might be sought, as well as individual differences in the particular masculinity norms to which different men adhere.

## Hypotheses

We hypothesized that the BHSS would reveal a multifactor structure of barriers to help seeking corresponding to different masculinity norms and social psychological processes. Specifically, we predicted that four factors would emerge. We expected that a factor related to the desire to appear in emotional control would emerge along with a factor related to the desire to appear autonomous and self-reliant. We also predicted that a factor related to concerns about privacy and physical touch would emerge because the BHSS asks participants to consider seeking help from a medical professional. Finally, we predicted that a factor related to concrete, non-masculinity-related barriers to help seeking would emerge. With regard to validity, we predicted that barriers to help seeking would correlate with a measure of masculine gender-role conflict and with attitudes toward help seeking.

## Study 1

The goal of this study was to develop an item pool and format for the BHSS and to evaluate its factor structure, internal consistency, and convergent validity in an all-male sample of undergraduates.

## Method

### *Measure Development*

We began the process of developing items for the BHSS by reviewing the literature on gender-role strain, gender-role conflict (e.g., O'Neil, Good & Holmes, 1995; O'Neil et al., 1986; Pleck, 1981, 1995), and help seeking (e.g., Fischer & Turner, 1970; Leong & Zachar, 1999; Nadler, 1990; Nadler & Maysless, 1983; Robertson & Fitzgerald, 1992; Wills & DePaulo, 1991). On the basis of the literature review, we generated a list of potential barriers to help seeking and phrased each as a reason a person might choose not to seek help for a problem. We created between one and four items for each barrier. Some items were intended to tap male gender-role norms, such as the idea that men should be self-reliant, emotionally controlled, and strong. Other items targeted social psycho-

logical processes related to help seeking, such as the need to maintain autonomy, whereas other items referred to more concrete barriers to seeking help, such as lack of time, money, or transportation. Finally, some items reflected the tendency to minimize problems and therefore avoid seeking help for them. The original item pool consisted of 54 statements, each worded as a potential reason why a person might choose not to seek help for a persistent, but not disabling, pain in his body.

The directions for the BHSS read as follows:

Imagine that you begin to experience some pain in your body. The pain is not so overwhelming that you can't function. However, it continues for more than a few days and you notice it regularly. You consider seeking help from a medical doctor or other clinician at the student health center. Below are several reasons why you might choose NOT to seek help. Please read each reason and decide how important it would be in keeping you from seeking help.

The BHSS uses a 5-point Likert-type scale to rate each item, with lower numbers indicating that the item is less of a barrier to seeking help.

### Participants

Participants were 537 undergraduate men at a private, all-male college in the Midwest; 30.2% were freshmen, 27.2% were sophomores, 19.0% were juniors, and 21.0% were seniors. Of the sample, 91.6% identified themselves as European American, 0.7% as Hispanic/Latino, 0.4% as Black, 1.1% as Native American, and 1.1% as Asian. In addition, 1.1% of participants identified their race or ethnic identity as "other," and 2.2% chose not to provide any information for this item. The mean age of participants was 19.9 years ( $SD = 1.16$ ).

### Measures

*The BHSS.* The original version of the BHSS consisted of 54 items, each of which identified a reason someone might choose not to seek help for a persistent pain in his-her body. Forty-four of the items were aimed at general help seeking, and 8 additional items targeted barriers specific to medical intervention (e.g., "I don't want some stranger touching me in ways that I'm not comfortable with" or "It's difficult for me to talk with doctors and health profes-

sionals"). The scale asks participants to use a Likert-type scale ranging from 0 to 4 (0 = *not at all*, 4 = *very much*) to rate how much of a reason each item would be to not seek help for the problem described above.

*The Gender Role Conflict Scale (GRCS).* The GRCS (O'Neil et al., 1986) assesses *male gender-role conflict*, which is defined as a "psychological state in which socialized gender roles have negative consequences on the person and others" (O'Neil et al., 1995, p. 167). More specifically, O'Neil et al. (1995) explained that gender-role conflict occurs when adherence to rigid or restrictive gender norms results in damage to the self or others. The GRCS consists of 37 statements that target the extent to which respondents endorse statements that attest to the importance of advancing in one's professional life, keeping one's emotions in check, wielding power over people and situations, and showing discomfort with homosexual behavior between men. Participants are asked to rate the degree to which they agree with each statement on a scale of 1 (*disagree*) to 6 (*agree*). The GRCS comprises four subscales, including Success, Power and Competition; Restrictive Emotionality; Restrictive Affectionate Behavior Between Men; and Conflict Between Work and Family. Responses are summed, with higher scores reflecting an expression of greater gender-role conflict. The subscales are summed to yield a total score. The internal consistency of the measure is good (Cronbach's alpha ranges from .75 to .85), as is test-retest reliability (.72 to .86; O'Neil et al., 1986). The GRCS has demonstrated discriminant validity with the Personal Attributes Questionnaire (Sharpe & Heppner, 1991; Sharpe, Heppner, & Dixon, 1995) and convergent validity with the Brannon Masculinity Scale (Good et al., 1995).

### Procedure

The BHSS and GRCS were administered as part of a larger survey of an array of health-related behaviors among the student body. Students received an e-mail providing a link to an online questionnaire. Participation was anonymous, and data collection lasted for 2 weeks. Students who participated had their names entered into a lottery for a chance to win prizes.

## Results

### *Exploratory Factor Analysis*

Our intent was to develop a multidimensional measure of barriers to help seeking. We began by conducting a series of principal-components factor analyses to determine the underlying structure of the BHSS. In the initial analysis, all 54 items were included. The analysis yielded nine factors with eigenvalues greater than 1.00 and accounted for 66% of the variance. Because the last four of the nine factors accounted for only 9.3% of the variance and were difficult to interpret, we considered a five-factor solution to be a good estimate of the factor structure. We conducted a second principal-components analysis with a specified five-factor solution and rotated the matrix to an oblique solution. An oblique rotation was chosen because we did not expect the factors to be uncorrelated with each other; men who endorsed some barriers to help seeking were also likely to endorse others. These five factors accounted for 57% of the variance and made sense conceptually. We also ran a principal-components analysis with a specified three-factor solution, but the factors were less interpretable than those in the five-factor solution. We therefore chose to use the five-factor solution for interpretation. Items were retained if they loaded at least .40 on a factor, did not load higher than .30 on more than one factor, and were related conceptually. There was a spread of at least .18 on all cross-loaded items. Thirty-one items met the criteria for inclusion. Factor 1 accounted for 40% of the variance and reflected a theme of a need for control and self-reliance (e.g., "Asking for help is like surrendering authority over my life"). Factor 2 accounted for 6% of the variance and related to tendencies to minimize the problem or to be resigned to it (e.g., "I wouldn't want to overreact to a problem that wasn't serious" or "Problems like this are part of life; they're just something you have to deal with"). Factor 3 accounted for 4% of the variance and concerned concrete barriers to help seeking, including distrust of doctors and financial obstacles. Factor 4 accounted for 4% of the variance and reflected concerns about privacy (e.g., "I don't like taking off my clothes in front of other people"), and Factor 5 accounted for 3% of the variance and related to concerns with emotional control

(e.g., "I'd rather not show people what I'm feeling").

Items and factor loadings are presented in Table 1. Subscales were computed by summing the scores on the items within each factor. Subscale scores were then summed to compute a total score, with higher scores indicating more barriers to help seeking. The number of items per subscale ranged from 4 to 10, with a mean of 6.2. Table 2 lists the number of items, means, and standard deviations for each subscale.

### *Reliability*

Table 1 lists the internal consistency coefficients for the BHSS. The subscales demonstrated good to excellent internal consistency: Coefficient alphas ranged from .79 to .93, and the internal consistency coefficient for the entire scale was .95. Table 3 presents correlations between the BHSS subscales. As mentioned earlier, we predicted that BHSS subscales would correlate with each other, and the data were consistent with this hypothesis. The moderate correlations suggest that the subscales tap related but distinct clusters of reasons for choosing not to seek help for a physical problem.

### *Validity*

Table 4 lists correlations between the BHSS and GRCS subscales. As expected, the BHSS total score was correlated with the GRCS total score ( $r = .58, p < .01$ ). Table 4 shows that each of the BHSS subscales showed small to moderate correlations with each of the GRCS subscales. The one exception was the Minimizing Problem and Resignation subscale of the BHSS, which revealed consistently large correlations with each of the GRCS subscales.

We predicted that the Restrictive Emotionality subscale of the GRCS would correlate with the Emotional Control subscale of the BHSS. The Restrictive Emotionality scale of the GRCS targets the degree to which men believe it is important to restrict their emotions in general, whereas the Emotional Control subscale of the BHSS appears to tap the degree to which men believe it is important to keep their emotions under control in the context of dealing with a physical problem. As predicted, this correlation was significant ( $r = .47, p < .01$ ). In addition, we predicted that the Success, Power, and Com-

Table 1  
*Barriers to Help Seeking Scale Factors, Items, Internal Consistency Coefficients, and Percentages of Variance*

Factor and item	Factor loading	$\alpha$	% variance
Factor 1: Need for Control and Self-Reliance		.93	40.0
I would think less of myself for needing help.	.67		
I don't like other people telling me what to do.	.85		
Nobody knows more about my problems than I do.	.63		
I'd feel better about myself knowing I didn't need help from others.	.75		
I don't like feeling controlled by other people.	.88		
It would seem weak to ask for help.	.61		
I like to make my own decisions and not be too influenced by others.	.67		
I like to be in charge of everything in my life.	.45		
Asking for help is like surrendering authority over my life.	.52		
I do not want to appear weaker than my peers.	.48		
Factor 2: Minimizing Problem and Resignation		.89	6.4
The problem wouldn't seem worth getting help for.	.77		
The problem wouldn't be a big deal; it would go away in time.	.87		
I wouldn't want to overreact to a problem that wasn't serious.	.81		
Problems like this are part of life; they're just something you have to deal with.	.55		
I'd prefer just to suck it up rather than dwell on my problems.	.60		
I would prefer to wait until I'm sure the health problem is a serious one.	.65		
Factor 3: Concrete Barriers and Distrust of Caregivers		.79	4.3
People typically expect something in return when they provide help.	.50		
I would have real difficulty finding transportation to a place where I can get help.	.69		
I wouldn't know what sort of help was available.	.44		
Financial difficulties would be an obstacle to getting help.	.80		
I don't trust doctors and other health professionals.	.45		
A lack of health insurance would prevent me from asking for help.	.76		
Factor 4: Privacy		.83	3.5
Privacy is important to me, and I don't want other people to know about my problems.	.53		
This problem is embarrassing.	.73		
I don't want some stranger touching me in ways I'm not comfortable with.	.69		
I don't like taking off my clothes in front of other people.	.64		
I wouldn't want someone of the same sex touching my body.	.44		
Factor 5: Emotional Control		.89	3.0
I don't like to get emotional about things.	.64		
I don't like to talk about feelings.	.69		
I'd rather not show people what I'm feeling.	.41		
I wouldn't want to look stupid for not knowing how to figure this problem out.	.66		

petition subscale of the GRCS would correlate with the Need for Control and Self-Reliance subscale of the BHSS because the items in the BHSS subscale assess the extent to which men feel the need to safeguard their personal power and status in the context of seeking help for a physical problem. For men to retain social power and status, they often deny their own needs, including their needs for medical care (Courtenay, 2000; Kaufman, 1994). Consistent with this prediction, the correlation between the Success, Power, and Competition subscale of the GRCS and the Need for Control and Self-

Reliance subscale of the BHSS was significant ( $r = .31, p < .01$ ).

## Study 2

The goal of Study 2 was to evaluate whether findings regarding the reliability and validity of the BHSS would replicate in a separate sample of undergraduate men. In addition, we further evaluated the construct validity of the BHSS by correlating it with scores on a measure of attitudes toward seeking professional psychological help, the Attitudes Toward Seeking Profes-

Table 2  
*Descriptive Statistics for Barriers to Help Seeking Scale (BHSS) and Gender Role Conflict Scale (GRCS) Subscales in a Midwestern, All-Male Undergraduate Sample*

Scale and subscale	No. of items	<i>M</i>	<i>SD</i>
<b>BHSS</b>			
Need for Control and Self-Reliance	10	16.50	7.82
Minimizing Problem and Resignation	6	17.49	5.00
Concrete Barriers and Distrust of Caregivers	6	9.75	4.23
Privacy	5	9.15	4.17
Emotional Control	4	7.03	3.74
Total	31	59.37	19.76
<b>GRCS</b>			
Success, Power, and Competition	13	46.64	11.77
Restrictive Emotionality	10	29.38	10.16
Restrictive Affectionate Behavior Between Men	8	23.84	8.55
Conflict Between Work and Family	6	20.84	6.51
Total	37	120.39	28.02

sional Psychological Help Scale (ASPPH). We included the ASPPH to test the construct validity of the BHSS because the ASPPH is the most widely used measure of attitudes toward professional help seeking. Although the ASPPH assesses attitudes toward psychological rather than medical help, it seemed reasonable to assume that attitudes toward seeking help from mental and physical health professionals would be related. We hypothesized that the BHSS would correlate positively with the GRCS and negatively with the ASPPH.

### Method

#### Participants

Participants were 58 undergraduate men at a small liberal arts university in New England. Of the sample, 53% were freshmen, 29% were sophomores, 9% were juniors, and 9% were

seniors. The mean age of participants was 19.3 years ( $SD = 1.17$ ). Ninety percent of the sample identified themselves as European American, 3% as Latino, 2% as Asian, and 5% as other ethnicities.

#### Measures

*The BHSS and GRCS.* The BHSS and GRCS are described above in Study 1.

*The ASPPH.* The ASPPH (Fischer & Turner, 1970) was developed to explore attitudes toward seeking professional psychological help. The scale consists of 29 items, and each item is scored on a scale of 0 to 4. Items that express negative attitudes toward help seeking are reverse scored. After reverse scoring, items are summed to yield a total score, with higher scores indicating more positive attitudes toward help seeking. Although the ASPPH has four factors, the total score is usually used be-

Table 3  
*Correlations Between Barriers to Help Seeking Scale (BHSS) Subscales in a Midwestern, All-Male Undergraduate Sample*

Subscale	1	2	3	4	5	6
1. Need for Control and Self-Reliance	—					
2. Minimizing Problem and Resignation	.45**	—				
3. Concrete Barriers and Distrust of Caregivers	.58**	.37**	—			
4. Privacy	.63**	.44**	.54**	—		
5. Emotional Control	.72**	.48**	.53**	.67**	—	
6. BHSS total	.89**	.68**	.73**	.80**	.84**	—

\*\*  $p < .01$ .

Table 4

*Correlations Between Barriers to Help Seeking Scale (BHSS) Subscales and Gender Role Conflict Scale (GRCS) Subscales in a Midwestern, All-Male Undergraduate Sample*

GRCS subscale	Need for Control and Self-Reliance	Minimizing Problem and Resignation	Concrete Barriers and Distrust of Caregivers	Privacy	Emotional Control	BHSS total
Success, Power, and Competition	.31**	.57**	.14**	.25**	.25**	.39**
Restrictive Emotionality	.31**	.75**	.26**	.33**	.47**	.51**
Restrictive Affectionate Behavior						
Between Men	.29**	.76**	.27**	.37**	.40**	.50**
Conflict Between Work and Family	.08	.52**	.21**	.14**	.08	.25**
GRCS total	.36**	.87**	.28**	.38**	.43**	.58**

\*\*  $p < .01$ .

cause the factor structure has not been shown to be robust (Good et al., 1989; Good & Mintz, 1990; Good & Wood, 1995). According to Fischer and Turner (1970), the ASPPH has good internal consistency ( $\alpha = .86$ ), and its test-retest reliability is acceptable as well ( $r = .73-.89$ ). The ASPPH has been used in several studies exploring the relationship between masculinity and help seeking (Good et al., 1989; Good & Mintz, 1990; Good & Wood, 1995; Robertson & Fitzgerald, 1992). According to Good and Wood (1995), it has demonstrated construct validity, as evidenced by its ability to discriminate between college students who had sought professional psychological assistance and those who had not.

### Procedure

Participation in this study was voluntary. The principal investigator and two undergraduate research assistants visited classes and dorm rooms at the university. They explained that the principal investigator was conducting a study about why people sometimes choose not to seek help for a physical problem. Students who chose to participate then completed the ASPPH, the GRCS, and the BHSS.

### Results

#### Reliability

The reliability coefficients and descriptive statistics for all five factors of the BHSS are listed in Table 5. Internal consistency coefficients (Cronbach's alpha) for the BHSS sub-

scales in this sample ranged from .75 to .89, whereas coefficient alpha for the entire measure was .93. Correlations between BHSS subscales are listed in Table 6. All correlations between BHSS subscales were significant, and the majority were in the moderate range.

Test-retest reliability was assessed using a separate sample of nine undergraduates who completed the BHSS twice, with 2 weeks between each administration. BHSS total scores were found to have acceptable test-retest reliability ( $r = .73, p < .05$ ), whereas BHSS subscales demonstrated test-retest reliabilities ranging from .35 to .94, with a mean of .67. Specifically, the Need for Control and Self-Reliance subscale demonstrated a marginally acceptable test-retest reliability of .68 ( $p < .05$ ), the Minimizing Problem and Resignation subscale demonstrated poor test-retest reliability ( $r = .35, p > .05$ ), the Concrete Barriers and Distrust of Caregivers subscale evidenced excellent test-retest reliability ( $r = .95, p < .01$ ), the Privacy subscale evidenced acceptable test-retest reliability ( $r = .79, p < .05$ ), and the Emotional Control subscale demonstrated excellent test-retest reliability ( $r = .93, p < .05$ ).

#### Validity

Table 7 presents correlations between the BHSS, the GRCS, and the ASPPH. As expected, the BHSS total score was negatively correlated with the ASPPH ( $r = -.55, p < .01$ ). All BHSS subscales were also negatively correlated with the ASPPH. In addition, as expected, the BHSS total score was correlated with the GRCS total score ( $r = .37, p < .01$ ).



Table 5

*Internal Consistency Coefficients for BHSS Subscales and Descriptive Statistics for BHSS Subscales, GRCS Subscales, and ASPPH Total in a New England, All-Male Undergraduate Sample*

Scale and subscale	$\alpha$	No. of items	<i>M</i>	<i>SD</i>
<b>BHSS</b>				
Need for Control and Self-Reliance	.89	10	10.47	8.44
Minimizing Problem and Resignation	.75	6	11.12	5.89
Concrete Barriers and Distrust of Caregivers	.77	6	3.65	3.96
Privacy	.76	5	4.78	4.76
Emotional Control	.85	4	4.22	3.95
Total	.93	31	34.16	21.85
<b>GRCS</b>				
Success, Power, and Competition		13	45.43	10.84
Restrictive Emotionality		10	26.50	10.11
Restrictive Affectionate Behavior Between Men		8	22.30	7.40
Conflict Between Work and Family		6	20.05	7.30
Total		37	115.92	19.68
ASPPH total		29	79.98	12.38

*Note.* BHSS = Barriers to Help Seeking Scale; GRCS = Gender Role Conflict Scale; ASPPH = Attitudes Toward Seeking Professional Psychological Help Scale.

As in Study 1, the correlation between the Emotional Control and Restrictive Emotionality subscales was significant ( $r = .31, p < .05$ ), as was the correlation between the Success, Power, and Competition and the Need for Control and Self-Reliance subscales ( $r = .33, p < .05$ ).

## General Discussion

### *General Comments*

The aim of these two studies was to develop and psychometrically evaluate a measure of barriers to men's help seeking. The results indicate that the BHSS holds promise as a measurement tool. The factor structure of the BHSS supported the creation of subscales, which may have clinical utility because they could yield information about which kinds of barriers are

salient for particular individuals. Exploratory factor analyses from Study 1 suggested that the BHSS possesses a five-factor structure. Four of the factors that we predicted would emerge did emerge, as did one other, unexpected factor. We expected a factor related to concerns about autonomy and self-reliance to emerge, and these concerns are evident in Factor 1. This factor reflects aspects of masculine gender-role norms that demand men be strong, stoic, and in control. In addition, items such as "I don't like other people telling me what to do," "I don't like feeling controlled by other people," "I like to make my own decisions and not be too influenced by others," and "Asking for help is like surrendering authority over my life" can be interpreted as indicating reactance, a social psychological process in which people seek to pre-

Table 6

*Correlations Between Barriers to Help Seeking Scale (BHSS) Subscales in a New England, All-Male Undergraduate Sample*

Subscale	1	2	3	4	5	6
1. Need for Control and Self-Reliance	—					
2. Minimizing Problem and Resignation	.56**	—				
3. Concrete Barriers and Distrust of Caregivers	.52**	.53**	—			
4. Privacy	.54**	.40**	.54**	—		
5. Emotional Control	.63**	.67**	.59**	.54**	—	
6. BHSS total	.87**	.79**	.75**	.74**	.84**	—

\*\*  $p < .01$ .

Table 7

*Correlations Between BHSS Subscales, GRCS Subscales, and ASPPH Total in a New England, All-Male Undergraduate Sample*

Scale	Need for Control and Self-Reliance	Minimizing Problem and Resignation	Concrete Barriers and Distrust of Caregivers	Privacy	Emotional Control	BHSS total
GRCS						
Success, Power, and Competition	.33*	.41**	.32*	.29*	.28*	.40**
Restrictive Emotionality	.09	.14	.06	-.07	.32*	.11
Restrictive Affectionate Behavior Between Men	.07	.12	.10	.18	.27*	.16
Conflict Between Work and Family	.17	.22	.31*	.21	.10	.23
Total	.31*	.45**	.38**	.25	.46**	.43**
ASPPH total	-.42**	-.51**	-.54**	-.36**	-.44**	-.56**

*Note.* BHSS = Barriers to Help Seeking Scale; GRCS = Gender Role Conflict Scale; ASPPH = Attitudes Toward Seeking Professional Psychological Help Scale.

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

serve and reestablish autonomy when they sense autonomy is threatened (Brehm, 1966). Some of these items also reflect the ego-centrality of help seeking itself: a concern with being perceived as strong and not in need of help. The very condition of needing help is thus ego-central. As discussed earlier, ego-centrality is a key social psychological process that mediates help seeking, and exploratory factor analysis of the BHSS suggests that it is related to perceived barriers to help seeking. Thus, the Need for Control and Self-Reliance factor on the BHSS appears to include two gender-relevant social psychological processes related to help seeking. This factor by far accounted for the largest percentage of variance compared with the other factors and may, therefore, best be able to capture important individual differences in men's perceived barriers to help seeking.

We expected a factor to emerge that reflected concerns with privacy, vulnerability, and, in a related vein, homophobia (apparent, e.g., in the item "I wouldn't want someone of the same sex touching my body"), and these concerns are evident in Factor 4. Concerns about being or appearing vulnerable are consistent with masculine gender socialization messages that demand fortitude and abhor weakness (Brannon & Juni, 1984; Pollack, 1998). We expected a factor to emerge related to the need to restrict expression of one's emotions, and Factor 5 reflects these concerns. Finally, we expected that

a factor related to concrete barriers to help seeking would emerge. We were surprised to see that a general distrust of caregivers also figured into this factor, but on reflection, it seems that such distrust contributes to general avoidance of professional help. Thus, this factor seems to reflect general reasons why a person would not choose to seek help for a problem, such as lack of money, transportation, insurance, or distrust of medical personnel.

It is interesting to note that one factor emerged that we did not predict: Minimizing Problem and Resignation. This factor reflects a desire not to overreact to a physical problem. Although we did not expect this factor to emerge, its presence seems to be related to masculine gender socialization. Maintaining social power and status as a man often comes at the cost of self-care (Courtenay, 2000; Kaufman, 1994). By extension, because asking for help might be perceived as threatening to one's power and status, men might be especially invested in not overreacting to physical problems. Alternatively, masculine gender norms, such as emotional stoicism, may make it more difficult for some men to recognize the severity of problems.

#### *Interpretation of BHSS Subscales*

To interpret scores on BHSS subscales, it is important to identify what each subscale means

with regard to seeking help for the problem identified by the stem question of the BHSS. The Need for Control and Self-Reliance subscale reflects concerns with self-reliance and autonomy. High scores on this subscale suggest that a man believes that seeking help for the problem in question would threaten his autonomy or ability to function independently. The Minimizing Problem and Resignation subscale concerns a cluster of barriers that keep people from seeking help because they do not believe that the problem they are experiencing is serious enough. For example, a man might choose not to seek help for chronic headaches because he does not believe they are indicative of a serious problem and worries that the health care provider might think less of him for asking about such a minor problem. Thus, he might simply resign himself to living with the problem. The Concrete Barriers and Distrust of Caregivers subscale reflects the fact that concrete barriers, such as finances, lack of insurance, lack of transportation, lack of knowledge about the sorts of help available, and lack of trust in care providers, can prevent people from seeking help. High scores on this subscale indicate that the person is unlikely to seek help because he perceives numerous concrete barriers to doing so or he does not trust particular health care providers. The Privacy subscale has to do with concerns about emotional and physical vulnerability. High scores on this subscale suggest that the person is unlikely to seek help because he perceives that doing so could leave him physically or emotionally vulnerable. Finally, the Emotional Control subscale is defined by barriers that revolve around concerns with keeping one's emotions under control and out of public view. High scores on this subscale indicate that the person is unlikely to seek help because he thinks that his or her ability to control his emotions might be threatened by doing so.

The BHSS consists of five clusters of barriers to help seeking that are intended to provide an assessment of the obstacles that men themselves identify. It is important to note, however, that the BHSS measures perceptions of barriers. Whether the barriers respondents identify actually prevent help seeking is an empirical question. Practically, it would be difficult to know independent of self-report exactly what the barriers are for particular men. However, it should be possible in future research to determine

whether directly addressing the barriers identified by men is associated with an increased probability of help seeking.

### *Reliability and Validity*

With regard to reliability, the BHSS demonstrated very good internal consistency, with overall alphas of .95 and .94 for the two studies and average subscale alphas ranging from .75 to .93, with an average of .84. BHSS total scores also demonstrated acceptable test-retest reliability, although future studies should replicate this finding. In addition, the BHSS demonstrated convergent validity with the GRCS, lending support to the idea that the specific barriers contained in the BHSS are related to gender-role conflict. We predicted that the Emotional Control scale of the BHSS would correlate with the Restrictive Emotionality scale of the GRCS. It is interesting to note that the Emotional Control scale of the BHSS also correlated with the Success, Power, and Competition scale of the GRCS, as well as with the Restrictive Affectionate Behavior Between Men scale of the GRCS. Perhaps all three subscales of the GRCS require controlled expression of one's emotions. We were surprised to find that unlike other BHSS scales, which demonstrated small to moderate correlations with the GRCS, the Minimizing Problem and Resignation scale of the BHSS demonstrated large correlations with all GRCS scales. It may be that the tendency to minimize problems is particularly influenced by gender-role conflict.

The Midwestern sample evidenced both more and stronger correlations between the BHSS and the GRCS than did the New England sample. The Midwestern sample was drawn from a conservative religious men's college, whereas the New England sample was drawn from a secular and politically liberal college. Perhaps the situation invoked in the BHSS, considering seeking help for pain in one's body, presents more of a threat to masculinity for conservative populations than for liberal ones. More study is needed to determine whether correlations between the BHSS and the GRCS vary by variables, such as race, class, religious affiliation, or political conservatism.

Support of the criterion validity of the BHSS is indicated by the significant correlation between it and the ASPPH. This suggests that

there is probably some overlap between attitudes toward seeking psychological help and barriers to seeking medical help.

Given the promising reliability and validity findings from these two studies, we believe that the BHSS holds promise as a context-specific measure of barriers to help seeking. Future research might explore different sorts of contexts for help seeking. In fact, we designed the measure for use with a variety of different mental and physical health problems so that barriers might be compared between problems. Although in the current study we assessed barriers to help seeking for a physical health problem, the structure of the measure could be restructured to allow the user to ask about other problems, such as depression, anxiety, or vocational uncertainty. Future research might target different sorts of help-seeking contexts and examine whether the factor structure of the BHSS is consistent across different types of problems targeted. If such modifications are carried out, the psychometric properties of the BHSS will need to be reconsidered in light of them. Specifically, future studies would need to assess whether there are different factor structures for different types of problems targeted by the BHSS.

### *Limitations*

Although the findings of these two studies show promise for the BHSS as a reliable and valid measure of barriers to help seeking, there are some limitations to them. First, both samples were drawn from a pool of largely European American undergraduate students, which is not representative of the population of the United States. This limits the external validity of these findings and demands further study in the future. Subsequent work with the BHSS should explore its psychometric properties when administered to more diverse samples. Factor analyses, means, and standard deviations should be calculated for more diverse samples. In addition, because the samples were drawn from college-age men, future studies must consider the possibility that the factor structure may differ when a sample of older men is used. Similarly, the barriers most salient for young men may be different from those most salient for middle-age or older men. The test-retest reliability of the BHSS must be investigated in

future studies because of the very small sample size used to derive it here. Finally, it is important to note that the BHSS measures self-reported barriers to a hypothetical health problem; it does not measure actual retrospective help seeking, and our data did not explore whether it can make predictions about potential future help seeking.

### *Conclusion*

Although there is much more work to be done, these two studies represent a step toward examining the psychometric properties of the BHSS. We hope that this research helps to direct the field toward developing clinical interventions aimed at reducing barriers to men's help seeking. Future studies using the BHSS should explore whether the factor structure and psychometric properties of the measure are robust when more diverse samples are used and when the measure is changed to ask about barriers to help seeking for various mental health problems, such as anxiety, depression, or anger management difficulties. Separate factor analyses should be run for these various alternate problem stems for the BHSS because clusters of barriers may be specific to distinct types of problems. In addition, subsequent work should explore whether the psychometric properties of the BHSS differ for men and women. Replicating this study with a sample of women or a mixed-sex sample would be an important step toward clarifying barriers unique to men and those influenced by masculinity norms that affect both men and women.

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