

# **The Effect of Gender Roles and Priming on Mental Health Self-Stigma and Attitudes**

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# Key Terms

**Public mental health stigma: “prejudice and discrimination” toward people with mental disorders (Corrigan & Rao, 2012, p.464)**

**Self-stigma of mental health: when people internalize these stereotypes and begin to believe that they are true (Corrigan & Rao, 2012)**



# Background

- About 51.5 million adults (aged 18 and above) experienced a mental health condition in the United States during 2019, yet only about 23 million (44.8%) of these individuals received professional psychological help (National Institute of Mental Health, 2020)
- Possible barriers to psychological treatment
  - Lack of transportation
  - Financial instability
  - Mental health stigma



# Prior Research

- There is an association between high levels of mental health stigma and negative attitudes toward help-seeking (Jennings et al., 2015)
- Gender roles and gender are both related to levels of mental health stigma and attitudes toward seeking psychological treatment (Vogel et al., 2011; Cole & Ingram, 2020; Topkaya et al., 2014)
- However, there is no prior research that experimentally manipulated mental health stigma



# Participants

- Participants were recruited through Amazon Mechanical Turk
- 176 participants were considered for data analysis
- 57 females and 119 males
- Mean age of participants was 37.19 years old




# Materials - Questionnaires

- **The Expressive subscale of the Personal Attributes Questionnaire (PAQ; Spence et al., 1974; Helmreich et al., 1981; Spence & Buckner, 2000) was used to assess participants' espousal of traditional female gender roles**
- **The Self-Stigma of Seeking Help (SSOSH) scale (Vogel et al., 2006) was used to measure participants' self-stigma of mental health**
- **The Short Form of the Attitudes Toward Seeking Professional Psychological Help (ATSPPH-SF) scale (Fischer & Turner, 1970; Fischer & Farina, 1995) was used to measure participants' attitudes toward seeking psychological help**
- **Participants were asked demographic questions (gender, age, whether or not they have seen a mental health practitioner, and whether or not they have been diagnosed with a mental health disorder)**

# Materials - Twitter Posts

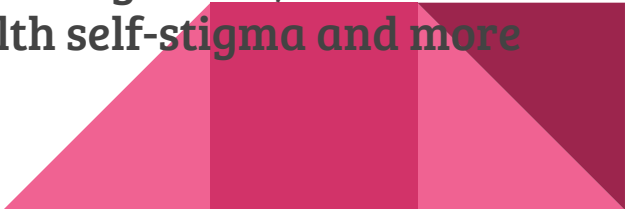
- Prime condition (high mental health stigma Tweets)
  - Ex = I was complaining to my mom about how I constantly feel worried. She thinks I might have anxiety. Anxiety is a myth though... I'm just #stressed \*weary face emoji"
- Non-prime condition (neutral Tweets)
  - Ex = Really don't want to do my homework #procrastinationnation \*yellow notebook emoji\*
- Participants, in both conditions, were asked questions about their opinion of the Tweets/author and whether or they thought the Tweets/author were interesting or boring

# Procedure

1. Informed consent
  2. Expressive subscale of the PAQ (Spence et al., 1974; Helmreich et al., 1981; Spence & Buckner, 2000)
  3. Random assignment to condition (high-stigma Tweets or neutral Tweets)
  4. Follow-up questions about Twitter posts
  5. SSOSH scale (Vogel et al., 2006)
  6. ATSPPH-SF scale (Fischer & Turner, 1970; Fischer & Farina, 1995)
  7. Demographic questions
  8. Debriefing statement
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# Hypotheses

1. **There will be a main effect of Tweet manipulation, such that people who read high mental health stigma Tweets will have more mental health self-stigma and more negative attitudes toward help-seeking overall, as compared to those in the control condition**
  2. **There will be a main effect of gender, such that males will have more mental health self-stigma and more negative attitudes toward help-seeking overall, as compared to females**
  3. **There will be a three-way interaction, such that among females, higher espousal of gender roles will predict less mental health self-stigma and more positive attitudes toward help-seeking. Conversely, among males, lower espousal of gender roles will predict less mental health self-stigma and more positive attitudes toward help-seeking**
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# Results - Key Findings

- Main effect of condition for mental health self-stigma, such that participants in the prime condition had higher mental health self-stigma scores than those in the non-prime condition
- No main effect of condition for attitudes toward help-seeking
- No main effect of gender for either mental health self-stigma or attitudes toward help-seeking
- Three-way interaction for mental health self-stigma, and a marginal three-way interaction for attitudes toward help-seeking
  - Among women, low-espousal participants had higher mental health self-stigma scores, and more negative attitudes toward help-seeking, than did high-espousal participants
  - Among men, low-espousal participants had higher mental health self-stigma scores, and more negative attitudes toward help-seeking, than did high-espousal participants

# Results - Mental Health Self-Stigma

Figure 1.1

Mental Health Self-Stigma Among Men

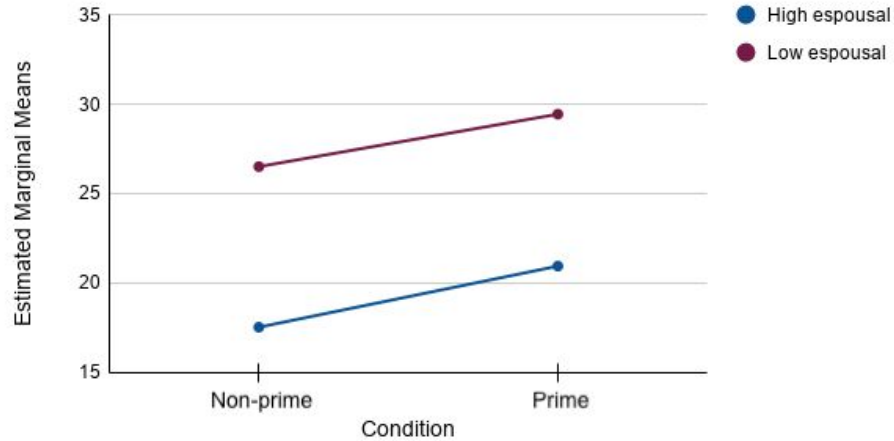
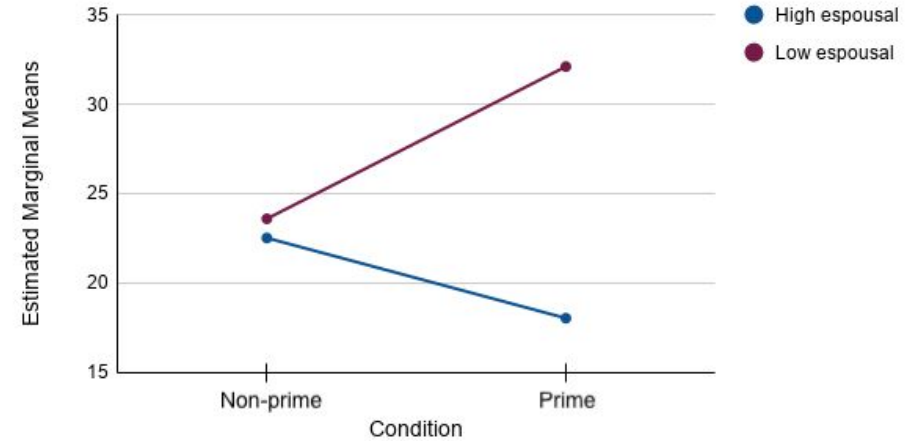


Figure 1.2

Mental Health Self-Stigma Among Women



# Results - Attitudes Toward Help-Seeking

Figure 2.1

Attitudes Toward Help-Seeking Among Men

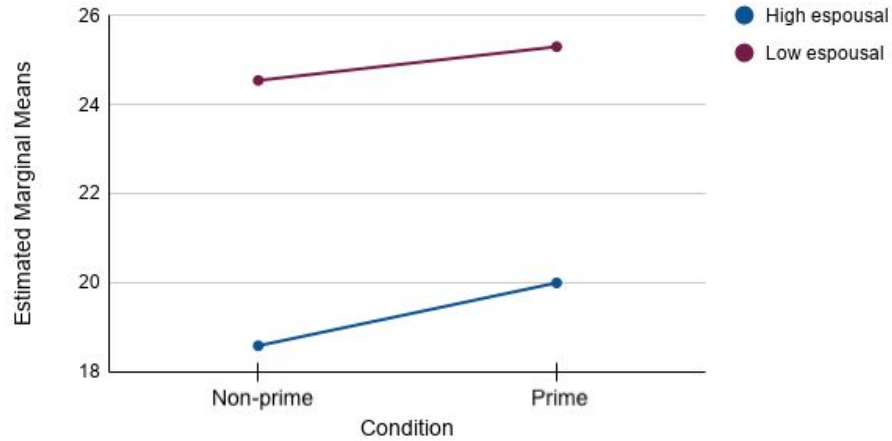
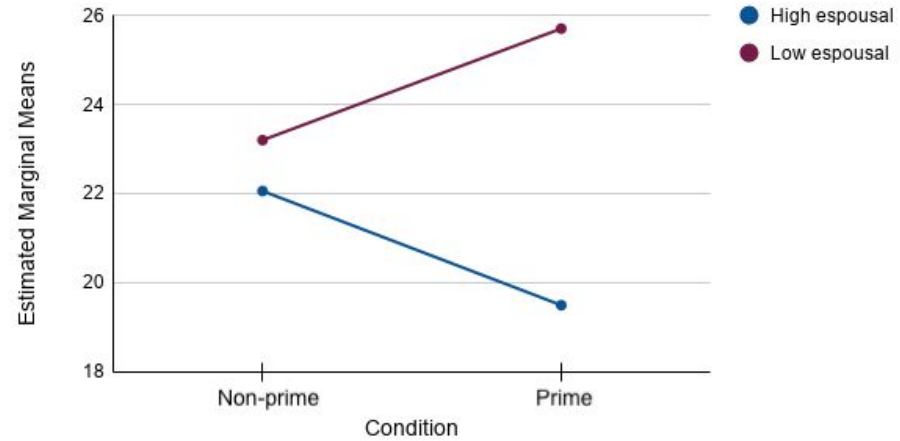


Figure 2.2

Attitudes Toward Help-Seeking Among Women



# Implications

**Theoretical implication:** My findings can be used to guide mental health stigma research because, even people who identify as having positive attitudes about mental health, might actually be influenced by a mental health stigma prime, such as the fake Twitter posts that I used in my study.

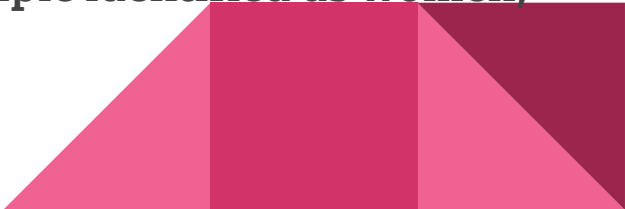
**Practical implication:** These results show how detrimental the influence of society is on people's level of mental health self-stigma, as well as their attitudes toward help-seeking.



# Limitations

One limitation is that the author of the fake Twitter posts' first name was Emily, which is typically a female name. Since this study explored the role of gender and gender roles in predicting mental health self-stigma and attitudes toward help-seeking, the author's name should have been a more gender neutral name, such as Alex or Sam.


Another limitation is that the majority of participants in this study were men, since Mechanical Turk skews men. In a study that explored gender and gender roles, it would have been useful if roughly half of the sample identified as women, and the other half identified as men.



# Directions for Future Research


One potential direction is to conduct the same study among college students. Mental health stigma is even more apparent among college students than it is in the older adult population. Thus, it would be interesting to see if the results of the present study would be different among college students.

Another possible direction would be to conduct the present study again, keeping the prime conditions, gender moderator, and mental health self-stigma and attitudes toward help-seeking dependent variables the same. But, the key difference would be to switch gender role espousal with another factor, such as whether or not the participants themselves have experienced a mental health disorder.



# Conclusion

Many studies have explored factors relating to mental health self-stigma and attitudes toward help-seeking, such as gender and gender roles. My research added to this pre-existing body of literature by introducing an experimental manipulation, such that half of the participants were exposed to fake high mental health stigma Twitter posts, that served as a prime of mental health stigma, while the other participants read neutral Tweets. Results indicated that, generally speaking, this manipulation to different conditions did, indeed, influence participants' mental health self-stigma and attitudes toward help-seeking. This research suggests that exposing someone to mental health stigma could cause them to have higher levels of mental health self-stigma and more negative attitudes toward seeking psychological help.





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