Walden University
ScholarWorks

Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies Collection

2020

Masculine Ideals, Acculturation, and Attitudes Toward Seeking Psychological Help Among Mexican American Adult Males

Innocent Affam Obuah
Walden University

Follow this and additional works at: https://scholarworks.waldenu.edu/dissertations

Part of the Clinical Psychology Commons

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Innocent Affam Obuah

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Charlton Coles, Committee Chairperson, Psychology Faculty
Dr. Delinda Mercer, Committee Member, Psychology Faculty
Dr. Jimmy Middlebrook, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2020

Abstract

Masculine Ideals, Acculturation, and Attitudes Toward Seeking Psychological Help

Among Mexican American Adult Males

by

Innocent Affam Obuah

MA, Centenary University, 2008

BA, Graduate School of Management, 1987

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

May 2020

Abstract

There is a paucity of published research identifying the relationships between masculine ideals, acculturation, and attitudes toward seeking professional psychological help among adult Mexican American men. The purpose of the current study was to examine how masculine ideals and acculturation can negatively affect attitude toward seeking psychological help among Mexican American adult males, a fast-growing population in the U.S. that is vulnerable to poor mental health outcomes. Among those factors reported to account for mainly negative perceptions in this population are masculine ideals, machismo, and acculturation; however, the effects of these factors on Mexican American males have not been quantitatively examined. This present study explored this gap by using quantitative methods to examine the extent to which masculine ideals and acculturation affected the attitude of 89 Mexican American adult volunteers to seek psychological help. The results indicated that the participants only seek help when they are more acculturated. Results also indicated that as masculinity scores increased, willingness to seek psychological help decreased. Findings from the present study may be used by mental health practitioners to better understand their Mexican American clients.

Masculine Ideals, Acculturation, and Attitudes Toward Seeking Psychological Help

Among Mexican American Adult Males

by

Innocent Affam Obuah

MA, Centenary University, 2008

BA, Graduate School of Management, 1987

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

May 2020

Dedication

I dedicated this work to my late parents, Chief Damanze Alfred Oshiekwe-Ezeyiche and Mrs. Christiana Ajanupu Obuah, who would have been proud of their son for this accomplishment.

I wish to also acknowledge the contributions of Dr. Charlton Coles, my rock in this journey, and Dr. Ray London, who just passed and has motivated me to stay focused and work hard. They are the most awesome committee members I have ever encountered in my Walden University experience/journey.

Acknowledgments

I wish to thank my children: Terrence Chidera and Terrene, Amani Ajanupu and Amala Efuru (my wonderful two sets of twins), who have motivated me through my Walden experience. I also wish to thank my siblings and friends who have supported me in all ways through these years of struggle. Hope is alive and well.

I am forever grateful to all and everyone I neglected to mention, who have contributed to my journey in completing this dissertation.

Table of Contents

List of Tables v

List of Figures vi

Chapter 1: Introduction to the Study..1

Background of the Study 3

Statement of the Problem..8

Purpose of the Study 9

Nature of the Study 10

Research Questions and Hypotheses 10

Theoretical Base..11

Definition of Terms..14

Assumptions, Limitations, Scope, and Delimitations......................................17

Significance of the Study 18

Summary 20

Chapter 2: Literature Review..21

Introduction..21

Mexican American Adult Males..21

Theoretical Foundation 22

Literature Review..25

Masculine Ideals 26

Masculinity Ideologies Measurement Scales..27

Positive Traits of Machismo 33

Negative Traits of Machismo.. 33
Acculturation...35
Acculturation Measurement Scale 37
Under use of Mental Health Services 41
Attitude Toward Seeking Psychological Help 45
Mental Help Seeking Psychological Help Measurement Scales 47
Summary 49
Chapter 3: Research Methods 50
Introduction..50
Research Instruments 50
Research Design and Rationale 53
Methodology 54
Procedures for Recruitment, Participation, and Data Collection 54
Data Analysis Plan 55
Ethical Concerns and Procedures... 56
Summary 59
Chapter 4: Results..60
Description of Data Collection 60
Preparing Data for Analysis..61
Research Questions and Hypotheses 61
Findings...62
Demographics of Participants Surveyed 62

Regression Analysis Results 66
Reliability Analysis 69
Attitude Toward Seeking Professional Psychological Help Scale 70
Conclusion 71
Chapter 5: Discussion, Conclusions, and Recommendations 74
Interpretation of the Findings 74
Delimitations 76
Limitations 77
Recommendations for Practice 78
Recommendation and Implications for Future Research 78
Social Change Implications 79
Reflections 80
Conclusion 80
Appendix A: IRB Approval 98
Appendix B: Consent Form 100
Appendix C: Survey Questionnaire 102
Appendix D: Intention of Seeking Psychological Help 108
Appendix F: Responses to the Four Items in the ATSPP-SH 110
Appendix G: Responses to the 15 Questions in the Acceleration Scale 111
Appendix H: Responses to the Statements in the Masculinity Scale 112
Appendix I: Intension of Seeking Psychological Help 113
Appendix J- 1: Results of Regression Analysis 119

List of Tables

Table 1. Demographic Characteristics of Participants (*N* = 89) 65

Table 2. Cronbach's Alpha for Four Items in the ATTSPPH..71

Table 3. Computed Cronbach's for the 15 Items in the Acculturation Scale 71

Table 4. Computed Cronbach's Alpha for the 12 Items in the Masculinity Scale 72

List of Figures

Figure 1. Plot of mean score on ATTSPPH scale and the mean score on acculturation scale…………………………………………………………………………………..…..68

Figure 2. Plot of mean score on ATTSPPH scale and the mean score on masculinity…69

Chapter 1: Introduction to the Study

The United States has significant ethnic diversity and culture (U.S. Department of Health and Human Services [USDHHS], 2016). Hispanics, which include individuals from Mexico, Puerto Rico, Cuba, the Dominican Republic, Central and South America, and other Spanish-speaking regions, are the largest ethnic group in the United States (USDHHS, 2016). It is expected that the Hispanics overall will increase to approximately 18% of the United States population by 2020 (Rojoas-Vilches, Negy, & Reig-Ferrer, 2011). Within Hispanics population, Mexican Americans comprise the largest subgroup (Rojoas-Vilches et al., 2011). The U.S. Census Bureau (2014) predicted that the Mexican American population in the United States will eventually account for approximately 31% of all Americans by 2060. According to the U.S. Census (2010), most Mexican Americans reside primarily in the southern and western parts of the United States, especially the border states close to Mexico (i.e. Arizona, New Mexico, California, and Texas). Most of these individuals have resided in the United States for decades, whereas others are immigrants directly from Mexico.

Analyses performed by the USDHHS (2001, 2016) revealed that Hispanics in the United States, especially Mexican Americans, were at risk for poor mental health outcomes. Mexican American adult males report high rates of depressive symptoms and a pattern of underuse of mental health services (USDHHS, 2010). There have been recommendations by the USDHHS for individuals of various racial and ethnic backgrounds to encourage this population to use psychological services as needed. Among Hispanic population, at least 25% of Mexican Americans have been diagnosed

with mental disorders or substance abuse problems, and prevalence rates increase up to 48% among Mexican Americans who were born in the United States (USDHHS, 2010). Researchers have also indicated that Mexican Americans' vulnerability to mental health problems may be worsened by a reluctance to seek treatment from appropriate health care providers (Blumberg, Clarke, & Blackwell, 2015; Ishikawa, Cardemil, & Falmagne, 2010; Kohn, Saxena, Levav, & Saraceno, 2004; USDHHS, 2016). According to data from the 2010 Census, it was reported that fewer than 9% of U.S.-born Hispanic-Americans with mental disorders contacted mental health care specialists. Due to poverty, acculturation, as well as immigration, most Mexican American males experience a high level of psychological-related distress (Ramos-Sanchez & Atkinson, 2009). These individuals experience mental health challenges, such as substance use, anxiety, depression, post Traumatic disorder (PTSD) and adjustment disorder (Cabassa, 2009). Among most of those Mexican Americans adult males who do receive help, many terminated treatment programs prematurely (Berdahl & Torres Stone, 2009; Kouyoumdjian, Zamboanga, & Hansen, 2003; USDHHS 2016).

Traditional conceptualizations of manhood reinforce the notion that extreme masculine ideals are linked to aggressive, authoritarian, and antisocial behaviors, as well as increased likelihood of substance abuse disorders and domestic violence (Davis & Liang, 2015; Gray, 2015; Liang, Salcedo, & Miller, 2011; Meyer, 2008). Extreme masculine ideals are also often associated with risky behaviors and negative attitudes toward seeking professional psychological help (Berger, Levant, McMillan, Kelleher, & Sellers, 2005; Davis & Liang, 2015; Meyer, 2008).

Researchers argued that understanding masculine ideals and cultural gender roles and their relationship to mental disorders and help-seeking behaviors among Mexican American adult males is crucial to improving mental health services, yet these variables remain understudied (Davis & Liang, 2015; Griffith et al., 2016; Ojeda, Piña-Watson, & Gonzalez, 2016). Previous researchers have indicated that Mexican American adult males tend to underuse mental health services in comparison with other ethnic/gender groups (Barrio et al., 2008). In addition, researchers have not studied how masculine ideals and cultural influence affect Mexican American adult males' attitude toward seeking psychotherapy. Therefore, my purpose in this study was to examine the relationships between masculine ideals, acculturation, and their attitudes toward seeking psychological help among Mexican American males.

Background of the Study

Researchers have indicated that underuse of psychological services by Mexican American adult males tends to be a pattern that has been ongoing (Berdalhl & Torres Stone, 2009). Mexican American adult males are considered to be at risk for poor mental health service outcomes based on a number of barriers, such as environmental stressors, lack of financial resources, lack of health insurance or money to drive or transport to mental health facilities, lack of social support, fear, lack of knowledge of everyday health habits, lack of interpreters, cultural and religious beliefs and practices, and leaving the clinic (if they do visit) due to length of time that exceeded their expectations (Forrester, 2002).

According to Purnell (2003), Mexican Americans prefer mental health services that are congruent with their cultural expectations of *personalismo*–which comprises intimate, interpersonal, and warm relationships. Personal bond with health care providers is important in this culture for better atmosphere of trust; thus, lack of *personalismo* is considered a major source of dissatisfaction and hindrance to mental health care system (Caudle, 1993). The current mental health system in the United States is still struggling to fulfill their needs (Cervantes & Castro, 1985; Ishikawa et al., 2014; Paniagua & Yamada, 2013; USDHHS, 2001; Woodward, Dwinell, & Aarons, 1992). According to Barrio et al. (2008), one of the key issues facing Mexican American men in theory is that the mental health network outreach in the United States has insufficient interpreters. Other significant barriers, such as the mental health systems structure, foundation of admission and logistics, were also identified. According to Ramos Sanchez and Atkinson, (2009), those barriers include issues with acculturation, and poverty which may result in psychological difficulties, adjustment disorders, post-traumatic stress disorder, and substance abuse (Cabassa, 2009)

Researchers have explored a number of potential risk factors and established links between poor mental health outcomes among Mexican American adult males and racial discrimination, level of education, English language proficiency, stigma, negative attitudes toward treatment, and preference for traditional health remedies (Alegría et al., 2008; Delgado, 2007; Ishikawa, et al., 2014; USDHHS, 2001, 2016; Woodward et al., 1992; Vega, Kolody, Aguilar-Gaxiola, & Catalano, 1999). Poverty and the psychological stress and limitations of healthcare systems to properly service this population is linked to

poor mental health outcomes (Alegría, M., Canino, G., & Rios, 2004; Ishikawa, et al., 2014; USDHHS, 2016). However, most attention has been given to culturally related variables and the effects of culturally related stress on Mexican American adult males' mental health and help-seeking behaviors (Berry, 2003).

Acculturation is the process of psychological, social, and cultural change that occurs when individuals come into with contact between different cultures (Berry, 1997, 2003; Kouyoumdjian et al., 2003; Telzer, 2010). Acculturation can influence many sociocultural variables, including customs, beliefs, ideals and norms, social institutions, and even dietary trends of both the native and the dominant host culture of immigrant groups (Berry, 1997, 2003; Kouyoumdjian et al., 2003; Telzer, 2010).

Berry (1997, 2003) has defined four acculturation strategies:
(a) assimilation occurs when immigrants adopt the norms of their host country and abandon their own; (b) separation occurs when immigrants reject the dominant culture and maintain their own lifeway; (c) integration involves the adoption of the cultural norms of the host country while still preserving traditional ideals and practices; and (d) marginalization describes a process by which immigrants reject both their native and host cultures. Thus, the acculturation process is both dynamic and fluid. An individual may adopt different acculturation strategies at different times in his or her life and relative to private or public environments (Berry, 1997, 2003; Telzer, 2010).

The acculturation process is a learning period for immigrants as they acclimatize themselves to their new culture and separate from their old culture (Berry, 1997; 2003). There is significant variation in newcomers' experiences based on why they left their

home countries, levels of discrimination in the community receiving them, and available resources (e.g., social support, money, education, English language skills) (Kouyoumdjian et al., 2003; Telzer, 2010). However, immigrants often struggle to learn a new language and new social customs and expectations. This acculturation stress can be particularly challenging for Mexican Americans adult males who face physically demanding working conditions and sporadic employment while isolated and disenfranchised in economically depressed barrios (Hovey & Seligman, 2006; Perez, 2011; Telzer, 2010; Schwartz, Unger, Zamboanga, & Szapocznik, 2010).

Mexican American males are further distinguished by experiencing a lack of acceptable social integration into U.S. society (Perez, 2011). Culturally related variables and resulting intergenerational conflicts for Mexican American males have been linked to both mental health problems and an unwillingness to seek psychological health care (Telzer, 2010). According to Lantican (1998), among the reasons Mexican American adult males demonstrate an unwillingness to seek psychotherapy is their culturally related identity. These individuals often identify themselves within the host culture.

Further, the level of cultural assimilation depends on the time the individuals have resided in the United States. Lantican (1998) stated that the underuse of psychotherapy among Mexican American males might be related to the perceptions of shame and the stigma associated with psychological disorders. Mexican American adult males may present their unwillingness to attend psychotherapy sessions due to cultural differences and cultural denial, and they may prefer to seek help from informal groups, such as religious leaders and family members (Lantican, 1998). Most researchers have focused

on cultural competency (Linskey, O'Boyle, Paniagua, Ramirez, & Wassef, 1994). However, these studies did not examine individuals' attitudes toward developing a positive working alliance with mental health workers, a factor that might encourage them to seek psychotherapy. Extreme masculine ideals and negative attitudes toward seeking psychological help among Mexican American adult males was linked to substance abuse, less emotional connectivity, depressive symptoms, less social support, and lower rates of medical help seeking (Davis & Liang, 2015; Griffith et al., 2016). According to Sanchez and Atkinson (2009), culturally stereotypical Mexican American adult males tend to seek less professional help than women, even in the face of most difficult psychological distress. Cabassa et al. (2006) also noted that when this happens, symptoms could worsen, which may lead to slower recovery. Ortega, Feldman, Canino, Steinman, & Alegria (2006) concluded that the resulting effect might be comorbid resulting in mental health problems for those individuals.

According to Sanchez and Atkinson (2009), Mexican American adult males' underuse of mental health services may have been caused by cultural barriers. These barriers have been linked by researchers to extreme masculine ideals (Tsan, Schwartz, Day & Kimberly, 2011; McCusker & Galupo, 2011). My focus in this study was to examine the relationships between masculine ideals, acculturation and attitudes toward seeking psychological help among Mexican American adult males.

Researchers discovered that the drive for competition and power among Mexican American adult males could be related to their underuse of psychological services (Lane & Addis, 2005). Those individuals seeking psychotherapy are viewed as weak and not

strong enough in the culture (Blazine & Watkins, 1996). There have also been suggestions that, culturally, men who consult with psychotherapists lacked power and are considered to be "losers" within the Hispanic social norms (Blazine & Marks, 2001). Dominance, or machismo, among Mexican American adult males is often associated with power, violence, and aggression. Machismo is a negative cultural belief system consisting of attitudes and behaviors that relate to feelings of inferiority and low self-esteem (Blazine & Marks, 2001). Other related behaviors and beliefs linked to machismo are "authoritarianism, aggressiveness, self-centeredness, dominance, vulgarity, and hyper-sexuality" (Ojeda, Rosale & Good, 2008, p. 135).

Conversely, *caballerismo*, which is culturally common within Mexican American culture, is a "positive connotations of behaviors and attitudes related with bravery, courage, honor, integrity, cooperation, and responsibility" (Ojeda et al., 2008, p. 133). *Caballarismo* is often associated with the opposite of hypermasculinity and can result in fewer high-risk behaviors (Ojeda et al., 2008, p.133). According to Berger et al. (2005), Mexican American adult males' commitment and devotion to masculine ideals results in resistance and reluctance to seek psychotherapy. I discuss the relationship between masculine ideals and attitudes toward underuse and seeking psychological help further in Chapter 2.

Statement of the Problem

Mexican American adult males remained at a greater risk for poor mental health services than other ethnic populations in the United States (Ishikawa, et al., 2014; Paniagua & Yamada, 2013; USDHHS, 2001, 2016). Researchers have attempted to

identify variables that increase Mexican American males' vulnerability to mental health problems and their reluctance to seek professional mental health care, but results have been inconsistent (Delgado, 2007; Ishikawa, et al., 2014; Kouyoumdjian et al., 2003; Telzer, 2010; USDHHS, 2001, 2016). Research studies implicated conceptualizations of masculine ideals as significant factors that may be linked to psychological distress among this population (McCusker & Galupo, 2011; Ramos-Sanchez, 2006) as well as negative attitudes toward seeking psychological help (Tsan et al., 2011; O'Neil, 2008; Lane & Addis, 2005). However, there was a need for studies to define the nature and range of masculine ideals and their relationships to attitudes toward mental health treatment to effectively provide mental health treatment in this population (Davis & Liang, 2015; Griffith et al., 2016; Kouyoumdjian et al., 2003). Therefore, the purpose of this study was to examine the relationship between Mexican American males' masculine ideals, acculturation and their attitudes toward seeking psychological help.

Purpose of the Study

My purpose in this study was to examine the relationships between Mexican American males' masculine ideals, acculturation, and their negative attitudes toward seeking psychological help. The dependent variable for this study was the attitude toward mental health treatment. The independent variables were masculine ideals and acculturation. I used regression analyses to explore the relationships between masculine ideals, acculturation, and attitude toward seeking professional psychological help.

General demographic data, such as age, generational status, and the number of years an individual had been in Phoenix. Arizona, was also collected. Showing

relationships between a range of masculine ideals and attitude toward seeking psychotherapy showed insight into the social and psychological set of processes hindering Mexican American adult males from properly using psychological services

Nature of the Study

This study was a quantitative survey-based, cross-sectional investigation between masculine ideals, acculturation, and attitude toward seeking mental health treatment. The sample consisted of adult Mexican American males in the Phoenix area of Arizona. The target sample was 77 participants. Sampling was limited to a convenient sample of Mexican American adult males who were currently residing in the Phoenix, Arizona, area of United States. Participants were administered instruments upon agreeing to participate in the study.

In this study, a survey of masculine ideals, acculturation, and attitudes was conducted using the Self-Regulatory Questionnaire (SRQ) for measuring mental health-seeking behaviors (Davis & Liang, 2015), the Machismo Measure Scale (MMS) was used to measure the degree of masculinity, and I used the Bidimensional Acculturation Scale for Hispanics (BAS) to measure the degree of acculturation. Mexican American adult males completed all self-report survey questions. The items in these surveys were used to measure masculine ideals, acculturation, and attitude toward seeking psychological help. The adult male Mexican American participants completed the surveys. I collected data using a convenience sampling approach. I recruited a total of 18 Mexican adult males aged 50 years in public areas, such as parks, community parks, and organizations.

Research Questions and Hypotheses

1. What is the relationship between masculine ideals as measured by the MMS and attitude toward seeking professional psychological help as measured by SRQ?

H_0: Masculine ideals have no significant relationship with attitudes toward seeking psychological help among Mexican American adult males.

H_A: Masculine ideals will have a significant relationship with attitudes toward seeking psychological help among Mexican American adult males.

2. What is the relationship between acculturation as measured by BAS and attitudes toward seeking professional help among Mexican American males as measured by SRQ?

H_0: Acculturation does not affect attitude toward seeking professional help among Mexican American males.

H_A: Acculturation affects attitudes toward seeking professional help among Mexican American males.

Theoretical Base

In this study, I integrated three frameworks/models. The first framework was the health services utilization model. Anderson and Snowden (2005) noted that societal social norms are among the variables that influence social behaviors. The health services utilization model was first developed to measure physical health services. However, Guerrero and Snowden (2007) discovered that this theory could also be applied to mental health services. In this study, cultural factors, such as masculine ideals, were considered a relevant part of individual determinants of the use of mental health services. Anderson

and Snowden (2005) recognized that seeking mental health services might be determined by the individuals' behaviors.

The second framework is the masculine mystique model, which postulates that individuals have several sets of beliefs and values toward masculine norms and roles (O'Neil, 2008). This model explains that men typically adopt social gender standards that are nonfeminine in nature, as well as embrace self-reliance, aggression, and controlled emotion. O'Neil (2008) noted that socialization among Mexican American adult males of various ages is in accordance with masculine ideals. According to Messerschmidt (2012b), masculinity is an embodied accomplishment that does not exist in a vacuum. Masculinity is a gendered set of norms that can orchestrate personality identity and social interactions (Connell, 2005). The idea of being a man within Mexican American male is culture is a part of their male development. In the Mexican American culture, men interacted with structural constraints through an internal "reflexive" process where they consider gender practices as well as consider consequences for alternative actions, and respond given the situations (Kimmel, 2012). According to Broughton (2008), the rules of masculinity are often "socially defined in contradistinction from some model (whether real or imaginary) of feminist" (p.435).

Researchers showed that Mexican American men maintain ideals of masculine ideals as standards that guide their social norms, aggressiveness, and individual behavioral choices (Arciniega, Anderson, Tovar-Blank, & Tracey, 2008; Cervantes, 2006; Griffith et al., 2016; Torres, 1998; Torres, Solberg, & Carlstrom, 2002). Moreover, the perceived inability to meet those standards can result in psychological, familial, and

social conflict, placing Mexican American males at risk for mental health problems (Davis & Liang, 2014; Gray, 2015; Griffith et al., 2016). Researchers have also showed a link between traditional masculine ideals and help-seeking behavior (Davis & Liang, 2014; Griffith et al., 2016), indicating these ideals may mediate both well-being and treatment strategies to affect overall mental health treatments and outcomes. In the literature review, I underscore the absence of studies that are applicable to the general population of Mexican American males, as well as the necessity to understand better the masculine ideals, acculturation, and their psychological effects among Mexican American males.

Berry (2003) developed the third framework for this study, which is a model of acculturation. There are various theories of models of acculturation, and they all aim to explain a complex system of cultural change (Berry, 2003). According to Berry, acculturation involves immigrants' change of culturally cognitive behavioral patterns. Researchers noted that immigrants' behavioral patterns would grow weaker as they live longer in the mainstream cultural patterns. When Mexican Americans adult males adapted and assimilated the new culture in the United States, immediately, to fit in, this process is called *unidimensional model of acculturation* (Trimble, 2003). On the other hand, acculturation allows for a possibility of diverse acculturation modes depending on the length of time of residence in the new culture. This process is called bidimensional (Ryder, Alden, & Paulhus, 2000). This model of acculturation has been chosen because Latinos are currently the largest ethnic minority group in the United States, numbering 35.3 million persons and constituting 12.5% of the country's population. Latinos,

especially those of Mexican American origin, are the fastest growing population in the United States. Despite this growing evidence of the association between acculturation and health behaviors among Mexican American men in the United States, few theories have been proposed to explain the effects of acculturation on mental health (Myers & Rodriguez, 2003).

Definition of Terms

Acculturation: This is the process of cultural change that takes place when several cultural groups come into contact (Garcia-Hernendez et al., 2002). Several researchers also noted that acculturation might include learning that takes place when immigrants are exposed to a new culture.

Anxiety: Anxiety-related syndromes are prevalent among Mexican American and are related to symptoms of irritability, lack of concentration, stressful life events, headaches, and anxiety (Gonzalez et al., 2000).

Cabellerismo: This term refers to “positive connotations of behaviors and attitudes related to bravery, courage, honor, integrity, cooperation, and responsibility” (Ojeda et al., 2008, p. 133). Although, most Mexican American adult males engage in machismo, some of the older adult males in the community exhibit responsibility, hence, *cabellerismo.*

Client-therapist relationship: This relationship exists between therapist and their clients. However, they must share some cultural background (Fuino et al., 1991).

Coercive pressure: In this study, this term refers to the pressure applied to Hispanic-American males who violate the acceptable societal norms, or who defy the society in general.

Culture: This has been defined as a social circle where individuals share the same way of life, social standards, institutions, and language (Cauce et al., 2002).

Cultural congruence: Constantino et al. (2009) defined *cultural congruence* as the difference between the cultural needs of the individuals seeking treatment and the mental health cultural competence.

Cultural pressure: The pressure experienced by individuals who hold on to their beliefs, connecting those actions with their social values and persona.

Cultural values and concepts: According to Ulrey and Amason (2001), in some cultures, including Hispanic cultures, it is considered inappropriate to criticize or contradict anyone of superior status.

Dropouts: This term refers to individuals that disengage or terminate mental health service prematurely (Gomez et al., 2001).

Emotional self-disclosure: Communication with another person, wherein an emotional experience is articulated into words (Kahn & Garrison, 2009).

Fatalism: This term refers to the belief that all events are predetermined and inevitable. It signifies the extents to which people feel their destinies are beyond their control (Cuellar et al., 1995, p. 341).

Gender role conflict: A state in which socialized gender roles and masculine ideology values norms result in negative consequences for the person/others (Fragoso & Kashubeck, 2000).

Help-seeking: Reaching out for help from professional counselors or family and friends (Vogel & Wester, 2003).

Hispanics: Group of individuals sharing Spanish language and whose cultural heritage originates in Central, South and insular America (Kanel, 2002).

Intercultural therapeutic relationship: The view that racial and cultural differences affect therapeutic relationships, both indirectly and directly (Helms, 1994).

Language: This term refers to the method and systems of human communication used by a particular community or country. For example, people in Mexico communicate in Spanish, while Mexican Americans communicate in Spanish and English (Guerrero & Snowden, 2007).

Language barrier: This term refers to situations where difficulties in communication might occur between therapist and their clients due to language proficiency (Freindenbert et al. 1991).

Limited English proficiency: Individuals who show poor achievement in speaking, reading, understanding as well as writing English (Gurrero & Snowden, 2007).

Machismo: Negative attitudes and behaviors that relate to feelings of inferiority and low self-esteem. It also includes “authoritarianism, aggressiveness, self-centeredness, dominance, vulgarity, and hyper-sexuality” (Ojeda et al., 2008 p. 133).

Masculine ideology: The degree of endorsement and internalization of cultural belief systems about masculine gender roles (Good et al., 1994, p. 3).

Problem-solving: This is an orderly process of finding solutions to complex or individual issues (Lee & Cho, (2007).

Processing anxiety: This is the experience of apprehension by second language learners when they perform cognitive operations in the process of new information (Bailey et al., 2000).

Psychotherapy: The techniques applied by behavioral health providers in treating individuals who are experiencing mental health-related issues. This process involves using individualized skills designed to treat or attend to clients' mental health issues (Moodley & Palmer, 2006).

Racial identity: A person's commitment to beliefs and attitudes within their own racial group (Sue & Sue, 2003).

Treatment fearfulness: The fear of psychological treatment, rooted in apprehension arising from an attitude regarding mental health services (Kushner & Sher, 1998).

Working alliance: Defined as the mutual relationship between mental health counselors and their clients (Ajmere, Burkard, and Juarez-Huffaker, 2003).

Assumptions, Limitations, Scope, and Delimitations

Assumptions are beliefs in research studies that are necessary to conduct the research but cannot be proven. Because participants would answer survey questions, it would take considerable time and effort to validate answers. To assume that participants

will give honest responses, it is necessary to explain to the participants that their identities were concealed and their confidentiality preserved.

The scope of this study referred to the operational parameters of the study connected to the problem statement, what it is in the domain of the study and what is not. Limitations may present constraints that may be beyond of the study but could affect the conclusions of the study in the end. *Delimitations* can be defined as those characteristics that may arise as result of the scope of the study. Mexican American adult males residing in the Phoenix area of Arizona were invited to participate in this study. The assumption is that these individuals were able to accurately complete and comprehend the scales. A further assumption was that they were willing to be participants in this study.

On the other hand, a limitation of the study was that those participants may not give the accurate assessment of their attitude toward using professional psychological help and may answer those questions according to what they feel will be the correct response. The data collected from this study reflected the opinions of the selected number of participants in one geographical area of Phoenix, Arizona. Excluded individuals to the sampling population may also have a different living standard, may be more proficient in English, and may have adapted to U.S. culture. Moreover, if participants have especially strong feelings about specific questions or ideas presented in the survey, those items may be a source of bias.

Significance of the Study

Mexican American adult males are vulnerable to poor mental health outcomes, due to reluctance in seeking mental health care services. The significance of this

particular study was important because results added to the existing literature about how masculinity was linked to mental health challenges for Mexican American adult males (Delgado, 2007; Ishikawa, et al., 2014; Kouyoumdjian et al., 2003; Paniagua & Yamada, 2013; Telzer, 2010; USDHHS, 2001, 2016). A greater insight can be obtained by researchers as to potential barriers to the successful treatment of Mexican American adult males. Among Mexican American adult males, a range of masculine ideals may have a bias effect on these populations' view of seeking professional psychological help. They are reluctant to seek mental health services and even when they do, Mexican American adult males terminate early which could lead to more mental health challenges (Davis & Liang, 2015; Griffith et al., 2016; Kouyoumdjian et al., 2003). This study helped provide health care practitioners with a general understanding of unique treatment barriers for Mexican American males (Olafsdottir & Pescosolido, 2009; USDHHS, 2001, 2016). Addressing those cultural factors and masculine ideals can help clinicians better understand this population.

Studies implicate traditional ranges of masculinity ideals as a significant variable in these populations' mental health outcomes (Griffith et al., 2016). Findings from this study have the potential to increase understanding of the reasons why Mexican Americans adult males hesitate to seek psychotherapy treatments and early termination from mental health services. A better understanding of unique barriers to psychological services for adult Mexican American males can lead to positive social change. A significant result from this study was aided at the development of culturally informed and relevant approaches to the mental health needs of Mexican American adult males.

Solutions to this problem have the potential to include the development of outreach programs that can address this populations' negative attitude toward seeking mental health treatment.

Summary

Census projections suggest that the Mexican Americans population in the United States will be increased and may account for 31% of all Americans by 2060 (U.S. Census Bureau, 2014). Given Mexican American adult males' risk for poor mental health services (USDHHS, 2001, 2016), health care providers must better understand barriers to delivering mental health services for this population.

A significant body of work has addressed the acculturation dynamics of Latino Americans, with some attention to Mexican American males' masculine ideals, acculturation, and poor psychological health. Researchers have pointed to the need to explore traditional conceptualizations of masculine ideals, acculturation as potential factors contributing to poor psychological well-being and barrier to treatment among Mexican American males.

I used data collected from a cross-sectional survey of 77 participants to explore the relationships between masculine ideals, machismo, and attitudes toward mental health treatment. The study results showed broad implications for immediate mental health care outreach and treatment strategies for this vulnerable population.

In Chapter 2, I define masculine ideals and machismo as the theoretical foundation of the research program prior to a detailed discussion of the study methods in Chapter 3.

Chapter 2: Literature Review

Introduction

According to Ramos-Sanchez and Atkinson (2009), Mexican American adult males' underuse of therapeutic treatment and services had been an area of significant interest. Identifying this underuse was important given that Mexican Americans comprise an increasing portion of the United States population (U.S. Census Bureau, 2014). Studies have also demonstrated that Mexican American adult males are vulnerable to mental health problems and can be reluctant to seek help from appropriate health care providers (U.S. Census Bureau, 2014). My purpose in this study was to examine the relationships between masculine ideals, acculturation, and attitude toward seeking mental health services in Mexican American males.

Mexican American Adult Males

According to Ojeda et al. (2008), Mexican American adult males assume more traditionally male roles than other racial groups in the United States. Mexican American adult males tend to be "macho," which means powerful and rigid (Fragoso & Kashubeck, (2000). Machismo was often culturally considered to be relevant to Mexican American men and has been viewed as being condescending, involving other negative masculine behaviors such as sexism, hypermasculinity, and chauvinism (Arciniega et al., 2008). In addition, machismo has been associated with aggression, and masculinity ideals and some of those attributes associated with Mexican American men, in general, are courage, power, and independence (Arciniega et al., 2008).

Machismo has been the center of various studies among Mexican American men and has been associated with low level of education, low SES, and low level of acculturation (Ojeda et al., 2008). There is an extensive body of literature on Hispanic Americans' mental health issues, particularly Mexican American adult males and mental health treatment strategies (O'Neil, 2008). Masculine ideals and acculturation among Mexican American men may result in psychological challenges, which may affect attitude toward seeking professional psychological mental health treatment (Fragoso & Kashubeck, 2000). My purpose in this study was to examine the relationships between masculine ideals, acculturation, and attitude toward seeking mental health services in Mexican American males.

Fragaso and Kashubeck, (2000) recommended further examination of the relationship between Mexican American males' perception of masculine ideals, acculturation, and attitude toward seeking professional psychological help. Therefore, the relatively limited number and scope of publications relevant to Mexican American males' attitude toward seeking psychological helped indicate the need for the current examination.

Theoretical Foundation

This study was based on three separate foundations: theoretical models of help-seeking attitude, masculine mystique, and acculturation. The masculine mystique model posited that individuals have a set of norms and values toward masculine ideals, acculturation, norms, and roles (O'Neil, 2008). O'Neil founded the masculine mystique model in 1981. According to this model, men who adapted to this social system are

typically socialized to follow established gender social norms that avoid femininity and aggression, reject homosexuality, seek achievement and strong attitude toward sex, restrict emotionality, and be self-reliant (O' Neil, 2008). O'Neil (2008) was the first researcher to describe the masculine mystique model: a process under which mostly boys learned a confusing set of positive characteristics, such as independence, strength, and achievement, as well as negative characteristics, such as avoidance of feminine characteristics, aggression, and suppression of emotions regardless of any intrapersonal and interpersonal consequences. Brooks and Good (2001) added that when boys are shaped in this fashion, those behaviors become less appropriate. This state of confusion has been called male *gender role conflict* (GRC) (O'Neil et al., 1995). Therefore, male GRC is a construct, or a method whereby gender roles learned through lifespan tend to be individualized (O'Neil et al., 1995). Horne and Kiselica (1999) further noted that such individualization becomes even more obvious when class, race, and ethnicity are taken into consideration. Male GRC is a "psychological state in which socialized gender roles have negative consequences on a person or others" (O'Neil et al., 1995, p. 205).

The acculturation model involved immigrants' change of culturally cognitive behavioral patterns (Berry, 2003). Immigrants' behavioral patterns will grow weaker as they live longer in the mainstream (U.S.) cultural patterns. When Mexican Americans adult males adapt and assimilated a new culture in the United States immediately to fit in, their behavior becomes culturally weak; this process is called unidimensional model of acculturation (Trimble, 2003). On the other hand, acculturation has allowed for a possibility of diverse models of acculturation depending on the length of time of

residence of the individuals in the new culture. This process is called *bidimensional* (Ryder et al., 2000). Researchers using the help-seeking model have posited that there some relevant barriers that may have hindered help-seeking attitude, such as sociodemographic characteristics including age, gender, socioeconomic status, social acceptance, fears regarding treatment (such as fear regarding that the problem may get worse), stigma, cost, distance to clinic, longer waiting time at the clinic, and fear of "being accepted by others" (Barret et al., 2009; Kruse & Rohland, 2002; Gallucci, Swartz, & Hackerman, 2005; Good & Robertson, 2010). There was evidence of the association between health behaviors and acculturation among Mexican Americans living in the United States.

There is lack of theoretical models on health outcomes and acculturation (Myers & Rodriguez, 2003). According to researchers, acculturation may be a figure for other variables; for example, exposure to adverse circumstances associated with disadvantaged social status, immigration, and socioeconomic status (Lara et al. 2005). Prior to this study, there was a lack of research on theoretical models concerning the mechanisms by which acculturation affects health-seeking behaviors. However, acculturation may affect health behaviors because of coping with a loss of social networks, discrimination, poverty, beliefs, values, norms, changes in identity, exposure to different models of health behaviors, and behavioral prescriptions (Lara et al., 2005). The assumption was that acculturation brings immigrants' values and behaviors in line with a set of values associated with "White American culture" (Zane & Mak, 2003).

Literature Review

In this literature review, many databases were researched. I focused on the topics that address the relationships between masculine ideals and attitudes toward seeking mental health services among Mexican American adult males. I also focused on the research studies that specifically address Mexican American adult males' demographic variables on their inability to seek mental health services.

The strategy that I used for the literature review included the Walden University Library and access to several multidisciplinary databases. In all cases, the following databases were Psych ARTICLES, Research complete, Education, Education Psych BOOKS, Academic Search Premier, and Education: A SAGE Full-text Collection, Health Source: Academic Edition, included MEDLINE. Academic Search Complete: A multidisciplinary data source that contains peer-reviewed journals, conference papers, newspaper and magazine articles, and other information. The following search phrases and terms that I used were *acculturation, psychotherapy, acculturation gap, Mexican American males, mental health problems among Mexican Americans, help-seeking among Mexican American adult males, mental health outcomes, machismo, caballerismo, attitudes, help-seeking, masculine ideology, gender role conflict, and measures of attitude, depression,* and *other related words.*

This search engine indexed millions of web pages using relatively distinct terms to yield high search returns that can be more inclusive than commercial databases. Expanded Academic ASAP is a premier resource for academic disciplines ranging from psychology to the humanities. The data source included information on peer-reviewed

journal articles, periodicals, combining indexes, and multimedia products. ProQuest Central is a unique database that includes thousands of newspapers, journal articles, thesis, and dissertation, as well as working papers. It contained an extensive selection of peer-reviewed publications that are appropriate for all Walden programs of study. Science-Direct is a premier resource that combined full text scientific and authoritative publications with smart functionality to keep the user informed. This source contained peer-reviewed journals dedicated to management, information technology, anthropology, sociology, psychology, and the health sciences that are typically unavailable through other Walden databases. Google Scholar is a Google resource that includes citations for millions of peer-reviewed journal articles, books, and book chapters, including pre-prints, online previews, and working papers. Other resources included just-published materials not yet indexed in other research databases. Open-source PDFs of many articles were downloaded via highlighted links on Google Scholar. In this chapter, an overview of Mexican American literature, masculinity, acculturation, and attitudes toward seeking mental health services was discussed.

Masculine Ideals

Masculinity ideals can be defined as "the individual degree of endorsement and internalization of cultural belief system about masculinity and masculine gender role" (Good et al., 1994, p.30). In the Mexican culture, masculine ideals develop through one's lifespan. According to Fragoso & Kasubeck, (2000), these ideas develop from childhood through adulthood, thus, internalizing cultural expectations, norms, and roles about masculinity and the expected behaviors associated with it (Fragoso & Kasubeck, 2000).

There are various measurement scales for masculinity ideologies. Below is a summary of a critical review of some of the key masculine ideologies measurement scales.

Masculinity Ideologies Measurement Scales

The Masculinity ideologies measurement scale (M2PIN) is a reliable instrument that can assist in mapping the geography of masculinities across regions as well as show the prominence of masculinity ideologies. Evidence gathered from surveys revealed modest correlation and demonstrates that masculinity ideologies are deeply rooted among adult Mexican Americans. The M2PIN is based on social psychology theories that cites the importance of social norms on behavior (O'Neil, 2012; Levant, 2011). Wong et al., (2013) developed M2PIN scale and it involves a number of scales, which includes men's perceived inexpressiveness norms measure. The premise was the conviction that existing measures of masculinity ideologies were not designed to chart the norms scripting men's emotional control. One of the strengths is that the way the M2PIN was designed to assess specific group norms rather than broad societal norms distinguishes it from most other measures of ideology. M2PIN weakness is that it might prompt new instrumentation tapping other masculinity norms.

The Machismo Measure (MM) was developed by Arciniega et al. (2008). The MM among Mexican American men was developed to challenge the history of studies on men that focus on the negative characteristics. The strength is that the MM has become frequently used to assess Latinos, especially Mexican American men. The weakness is that the measure's predictiveness of men's positive and problematic behaviors may not be encouraging.

The Macho Scale (MS) was developed by Anderson (2012). The MS is a measure of heteronormative attitude toward men's sexual entitlement. One of the strengths is that there is evidence of the scale's validity. The weakness is that more use of the measure is needed, especially among men from other cultures.

The Traditional Attitude About Men (TAAM) developed by McCreary et al. (2005). The TAAM was developed to assess five "universal" expectations of men. One of the significant strengths is that it is a succinct measure of the extent to which men embody traditional masculinities as personal norms. One of the weaknesses of the TAAM is that there is no validity information available.

The Male Role Attitude Scale (MRAS) was developed by Pleck, Sonenstein, and Ku (1994) to map boy's attitude toward societal norms. One of the strengths is that MRAS shows good predictive ability among European Americans, African Americans and Latino samples of adolescents. The weakness is that the evidence also reveals that, on average, boys differently disagree with the mainstream norms.

The Male Role Norms Scale (MRNS) was developed by Thompson & Pleck, (1986). The MRNS identifies three cultural standards: status norms, toughness norms, and antifeminists' norms. Thompson and Pleck (1995) commented MRNS's brevity, construct validity and discriminate validity. Its limitations are no different than those of its parent (the BMS).

The Brannon Masculinity Scale (BMS) was developed by Brannon & Juni, (1984). It was primarily developed to measure how "people actually feel about traditional American masculinity" (p.110). A major strength of the BMS is that its items address

masculinities without comparison to women or men's sexualities. The weakness is that the BMS provides no appraisal of the importance of sexuality or men's privilege.

The Multicultural Masculinity Ideology Scale (MMIS) was developed by Doss & Hopkins, (1998). The MMIS was developed to critique existing measures of masculinity ideology. This is one of the new, second generations of measures of masculinity ideologies generation of measures of masculinity ideologies. One of the weaknesses was discovered by researchers that MMIS was associated with black but not white men.

After a critical review of masculinity ideologies amongst Mexican American men and how they are measured (Thompson & Bennet, 2015), the Machismo Measure scale was adopted in this study to measure the masculine ideals of Mexican American men. Arciniega, et al. (2008) developed this scale and it is comprised of two independent sub-scales supported by factor analysis, as well as detailed convergent and discriminate validity data. In a review of 16 scales for measuring masculinity ideologies, Thompson & Bennet (2015), concluded that the MM "has become frequently used to access Latinos, especially Mexican American men's' distinctive masculinities. The measures predictiveness of men's positive as well as problematic behavior is encouraging." In other words, the MM is about the best scale so far developed to measure Mexican American men's ideologies, hence, it has been chosen to use in this study. Mexican American adult males of Latino ancestry are continually facing racial discrimination as well as educational and economic hardships (Pew Research Center, 2011; Page, 2013). The challenges associated with extreme masculinity tend to have negative effects (Blazine & Marks, 2001) as well as increase psychological distress, which in turn affect

their mental health well-being (Guzman & Carrasco, 2011). This study examined the social forms of masculine ideals, acculturation, and attitude toward seeking psychotherapy among Mexican American adult males. Masculine ideals include behaviors, attitudes, and values acquired through role modeling and socialization (Kimmel & Messner, 2001; Sabo & Gordon, 1995). Proper guidance and education among these individuals will help mental health professionals navigate and encourage the use of resources that may help Mexican Americans in dealing with the stressors and their challenges (Hefferon & Boniwell, 2011).

According to Davis & Liang (2014), sexual orientation, sexual identity, and traditional standards of masculine ideals and acculturation can also affect the health-seeking behaviors and well-being of Mexican American adult males. For instance, sexual orientation affected the degree to which Mexican American men seek psychotherapy and other health services. Sexual orientation referred to an individual's romantic and physical emotional attraction toward another person. Sexual identity refers to how one thinks of oneself in terms of to whom one is romantically attracted. An individual's sexual identity tended to be consistent with the assigned sex at birth.

Griffith et al. (2016) defined masculine ideals as a gender-specific cultural framework with potential impacts on the psychological well-being and health-seeking behaviors of men. This study focused on how masculine ideals and acculturation affect the psychotherapy seeking an attitude of Mexican men. Levant and Richmond (2007, p. 131) defined *masculinity ideals* as "an individual's internalization of cultural belief systems and attitudes toward masculinity and men's roles, which informs expectations for

boys and men to conform to certain socially sanctioned masculine behaviors and to avoid certain proscribed behaviors." Masculinity was defined in culturally specific ways that vary by race or ethnicity, socioeconomic status, and other factors. Many societies maintained a hierarchy of masculine ideals that are measured against a dominant or hegemonic ideal that is often characterized as 'hyper-masculine,' authoritarian, controlling, and emotionally restrictive (Griffith et al., 2016). A failure, or perceived failure, to meet masculine ideals resulted in psychological discord, social conflict, and emotional distress (Davis & Liang, 2014; Gray, 2015; Griffith et al., 2016). Moreover, traditional hyper-masculine ideals are often contrary to help-seeking behaviors and thus serve as a barrier to the development of positive attitudes toward mental health care and to specialized treatment strategies. Masculine ideals have been linked to poor mental health attitudes and outcomes (Davis & Liang, 2014; Griffith et al., 2016; Meyer, 2008; Ojeda et al., 2016)

Arciniega et al. (2008) and others (Cervantes, 2006; Griffith et al., 2016; Torres, 1998; Torres et al., 2002) mentioned that masculine ideals and acculturation affect Mexican American adult males. On the other hand, caballerismo is a cultural belief associated with emotional connectedness, chivalry, family and social caretaking. Studies suggested caballerismo can encourage help-seeking and protect men from poor mental health outcomes (Arciniega et al. 2008; Meyer, 2008; Ojeda et al., 2016). Caballerismo is culturally common within Mexican American culture and can be associated with "positive connotations of behaviors and attitudes related with bravery, courage, honor, integrity, cooperation, and responsibility" (Ojeda et al., 2008, p.133). Caballarismo is

often associated with the opposite of hyper-masculine, which results in less high-risk behaviors (Ojeda, Rosale & Good, 2008)

The relationship between masculine ideals, acculturation, and attitudes toward mental health service remained understudied. Indeed, a number of researchers have expressed the importance of further investigation into how masculine ideals and acculturation may affect attitudes toward psychological treatment options, and actual help-seeking behaviors in order to develop culturally informed mental health interventions (Davis & Liang, 2014; Griffith et al., 2016; Ojeda et al., 2016).

According to Connell (2005), masculine ideals among Mexican Americans represented a gender set of social norms that create personal identity during social interactions. The whole idea of this concept is a Latino male's development of dominance. Griffin, Gunter, and Watkins (2012) stated that masculinity is a construct of well-being among adult males. Within this population, there seemed to be a high degree of attachment to ideas of justice, fairness and loyalty. These ideals cultivated social disposition and compassion (Abalos, 2005; Torres et al., 2002).

A major aspect of masculine ideology among Mexican Americans is machismo which can be defined be defined and associated with negative attitudes and behaviors that relate to feelings of inferiority and low self-esteem (Ojeda et al., 2008). It also includes "authoritarianism, aggressiveness, self-centeredness, dominance, vulgarity, and hyper-sexuality" (Ojeda et al., 2008 p. 133). Machismo elicited both positive and negative strength and behaviors. On the positive side, it can be referred to a set of virtues, which include protecting one's family, strength and bravery. Conversely, the term machismo

referred to the excessive drive toward domination and power (Alvarez & Ruiz, 2001). Loue (2001) mentioned that negative aspects of machismo were reflected in male emotional, sexual freedom, callousness, drug, alcohol use and physical dominance over women. In the Latino culture, there is an expectation for men to exhibit certain behaviors that should be considerable "macho" or masculine.

Positive Traits of Machismo

There is a positive side of machismo, which included being brave, courageous, responsible, respectful, altruistic, humble, soft-spoken, self-effacing, protective, intransigent and individualistic. Machismo is a multidimensional construct (Torres et al., 2002). Caballerismo is part of machismo defined by affiliation, beliefs, empathy and positive family relationship (Arciniega et al., 2008). Fathers in the Mexican culture have the cultural expectations to ensure that emotional connection their children is maintained. For example, the concept of respect (respeto) is characterized by "harmonious interpersonal relationships through respect for self and others" (Halgunseth et al., 2006, p 1286). An important aspect of respeto is the belief that every family member has a role and that each member is to be respected for taking responsibility as well as fulfilling that function, which adds to the positive aspect of caballerismo. Researchers found that interparental support can increase the quality of parenting that fathers have with their children (Formoso, Gonzales, Barera, and Dumka, 2007).

Negative Traits of Machismo

The negative aspect of machismo may include personal dogmatism, dominance, hostility bravado, cowardly, violent, irresponsible, disrespectful, selfish, pretentious,

loud, boastful, abusive, headstrong/bullish, conformist, chauvinistic, dishonorable and external conflict between contrasting races and culture (Mirande (1997, p.78). According to Mirande (1997), the conquest of the Aztecs by the Spaniards accentuated masculinity in this population. Mirande (1997), stated:

"The cult of machismo developed as Mexican men found themselves unable to protect their women from the conquest's ensuring plunder, pillage, and rape. Native men developed an overly masculine and aggressive response in order to compensate for deeply felt feelings of powerlessness and weakness. Machismo, then, is nothing more than a futile attempt to mask a profound sense of impotence, powerlessness, and ineptitude, an expression of weakness and a sense of inferiority (p.36)".

Machismo is likely to be negatively associated with lack of father's involvement with their children. For example, a macho attitude might affect a father's ability to provide education that requires many father-child relationships which involves, teaching children important values, good morals, and taking responsibility for conduct and actions (Halgunseth et al., 2006). However, these traditional ideals maintain that Mexican American adult males are supposed to be wise, strong, reliable intelligent and virile. Further, they are required by tradition to show dignity, self-individuality outside the family, courage, brave, authoritative and leader of the family (Zoucha & Purnell, 2003).

Arciniega et al. (2008) analyzed machismo on the ideological basis and discovered two factors that are independent (a) traditional machismo, which represents various hyper-masculine ideals; and (b) caballersimo (cabarello-gentleman) which relates to family attributes, emotional connectedness, and social responsibility. Hondagnue-

Sotelo (1994) suggested that machismo by Mexican American standard is a way to adapt to changes, as well as cope with everyday survival instincts. Machismo has been a focus of many studies among researchers on Mexican American males' population and has always been linked with traditional concepts of masculine ideal, low SES, low level of education and acculturation (Ojeda et. al, 2008).

Acculturation

There are various theories of acculturation, but they all aim to explain a complex system of cultural change. Acculturation involved immigrants' change of culturally cognitive behavioral patterns (Berry, 2003). Early scientists noted that immigrants' behavioral patterns would grow weaker as they live longer in the mainstream cultural patterns. When Mexican Americans adult males adapted and assimilated the new culture immediately in order to fit in, it is considered normal. This process is called unidimensional model of acculturation (Trimble, 2003). On the other hand, acculturation allows for a possibility of diverse acculturation modes depending on the length of time of residence in the new culture. This process is called bidimensional (Ryder et al., 2000). Immigrants' behavioral patterns tend to grow weaker as they live longer in the mainstream (United States) cultural patterns, while their mainstream cultural patterns will become more salient. For example, acculturation process assumes that a Mexican immigrant assimilates the new culture rapidly (Berry, 2003; Ryder et al., 2000). Recent findings by researchers indicate that Mexican American citizens are less trusting of government than are noncitizens of Mexican descent (Michelson, 2001a, 2001b). These findings supported both the assimilation and ethnic theories of acculturation. Mexican

American men are less assimilated and have less exposure to the cynicism felt by majority-group members.

Mexican American men have less contact with the larger society due to the racism and discrimination (Michelson, 2001a). Berry (1997, 2003) further defined four different acculturation strategies. Assimilation occurs when immigrants adopt the norms of their host country and abandon their own; separation occurs when immigrants reject the dominant culture and maintain their own life-ways, and Integration involves the adoption of the cultural norms of the host country while still preserving traditional ideals and practices. Immigrants who successfully integrate cultures are often described as "bicultural." Marginalization describes acculturation in which immigrants reject both their native and host cultures. The acculturation process is dynamic and fluid. An individual may adopt different acculturation strategies at different times in his or her life and relative to private or public environments (Berry, 1997 2003; Telzer, 2010 ;). Berry (2003) described acculturation as learning and assimilation of a particular type of cultural strategy. Acculturation is defined as the cultural learning period of Mexican immigrants as they acclimatize themselves to their new culture in America (Berry, 2003). Acculturation includes the social problems of separation and introduction to the new society (assimilation). Members of minority subcultures, such as Mexican Americans adult males, become a part of a new subculture as they work to overcome cultural challenges. Such pressures prevent them from seeking help in the form of psychotherapy. Immigrants such as Mexican Americans often struggle to become familiar with social rituals a new language, and the mannerisms of their new country.

Acculturation Measurement Scale

The Short Acculturation Scale for Hispanics (SASH; Marín et al. 1987), allow researchers to quickly identify the acculturation level of Hispanic respondents because of its reliability. Originally, the scale included 12 items with three subscales: language use, media, and ethnic social relations. In order to score the SASH, a researcher must calculate the average rating across overall answered items. An average recommended cut off point is 2.99. Marin et al., (1987) developed Short Acculturation Scale for Hispanics (SASH) for the assessment of acculturation among Hispanics. One of the strengths is that SASH is useful for validation for assessing acculturation among Hispanics. One of the weaknesses of SASH scale is that there is no universally accepted definition of acculturation in the literature.

The Acculturation Rating Scale for Mexican Americans-11 was developed by Cuellar et al. (1995). This scale was used in a diverse array of populations and contexts, including Mexican Americans. One of the strengths is that it is a widely used instruments for measurement of acculturation especially those of Mexican origin. One of the weaknesses of this scale is a lack of studies to provide validity measurements.

The Bidimensional Acculturation Scale for Mexican Americans (BAS) was developed by Marin and Gamba, (1996). The BAS provides two scores: one for the Hispanic domain and one for the non-Hispanic domain. It consists of 24 items (12 per domain) across three sub-scales- a Language Use Subscale, a linguistic Proficiency Subscale (BAS/LP and, an electronic Media Subscale. Among the strengths are that the Linguistic Proficiency Subscale can be used by itself (rather than the full BAS) to get a

quick and efficient measure of acculturation. The 12 items on the BAS/LP subscale (six for each cultural domain) have high internal consistency and high validity coefficients. The weakness is The BAS is based on a Likert scale ranging from 1-4.

The Abbreviated Multidimensional Acculturation Scale for Mexican Americans was AMAS-ZABB developed by Zea, et al. (2003). The AMAS-ZABB is widely used for rating scales. One of its strengths is that it is relatively short at 42 items and has been validated with community. The AMAS–ZABB appears to have great potential for helping researchers begin to document nuances of acculturation across generations. The AMAS–ZABB acculturation scores are reliable for community samples. This scale discriminates between participants born in the United States and those born in Latin America. The AMAS-ZABB scale development was based on the model of acculturation. One of the limitations or weaknesses of AMAS-ZABB are that the samples were small, and not randomly selected. The sample size does not represent all adult Mexican Americans in the United States.

There are several definitions of acculturation, but it generally refers to the process of one cultural group, typically a minority group, adapting their culture of origin to the culture of another group (Berry, 2003). This takes the form of changes in language preference and the adoption of attitudes, values, customs, beliefs, and behaviors of another host culture (Abraido-Lanza, 2006). There are two groups of measure of acculturation used in research: Unidimensional and bidimensional measures of acculturation. Unidimensional measures typically include nativity or generational status, citizenship, length of stay in the United States, and the language use (Abraido-Lanza,

2006). Implicit in these unidimensional measures of acculturation is the view that moving to one cultural identity is simultaneously a movement away from another cultural identity (Kang, 2006). On the other hand, bidimensional measures are based on the assumption that individuals can adopt the beliefs and behaviors of the mainstream culture while still maintaining their ethnic identity, that individuals can maintain bicultural identities (Kang, 2006).

There are several specific measurement scales of acculturation for different populations (Kang, 2006; Wallace et al., 2010). However, since this study was focused on acculturation among Mexican American men, we focused on a critical review of the Acculturation Measurement Scales for Mexican Americans (MA). Below are summaries of the key acculturation measurement scales that had been used for that population, including the Bidimensional Acculturation Scale for Hispanic (BAS) (Marin & Gamba, 1996) which was used in this study because it has high validity and high internal consistency reliability and is one of the most widely used scales by researchers of Mexican American populations.

Most attention was given to culturally related variables and the impacts of culturally related stress on Mexican American adult males' mental health and help-seeking behaviors (Berry, 2003). Acculturation is the process of psychological, social, and cultural change that occurred with contact between different cultures (Berry, 1997, 2003; Kouyoumdjian et al., 2003; Telzer, 2010). Acculturation can affect many sociocultural variables, including customs, beliefs, ideals and norms, social institutions,

and even dietary trends of both the native and the dominant host culture of immigrant groups (Berry, 1997, 2003; Kouyoumdjian et al., 2003; Telzer, 2010).

The acculturation process is a learning period for immigrants as they acclimatize themselves to their new culture and separate from their old culture (Berry, 1997; 2003). There is significant variation in newcomers' experiences based on why they left their home countries, levels of discrimination in the community receiving them, and available resources (social support, money, education, English language skills) (Kouyoumdjian et al., 2003; Telzer, 2010), but immigrants often struggle to learn a new language and new social customs and expectations. This acculturation stress can be particularly challenging for Mexican Americans adult males who face physically demanding working conditions and sporadic employment while isolated and disenfranchised in economically depressed barrios (Hovey & Seligman, 2006; Perez, 2011; Telzer, 2010; Schwartz et al., 2010).

Mexican American males typically experienced poor social integration into United States society (Perez, 2011). Culturally related variables and resulting intergenerational conflicts for Mexican American males have been linked to both mental health problems and an unwillingness to seek psychological health care (Telzer, 2010). According to Lantican (1998), among the reasons for the unwillingness to seek psychotherapy within Mexican Americans adult males who lived in the United States was due to culturally related identity and how those individuals self -identify themselves within the host culture, as well as the level of cultural assimilation depending on the time the individuals have resided in the United States. Lantican (1998) stated that the underuse of psychotherapy among Mexican American males might be related to the perceptions of

shame and stigma toward psychological disorders. Mexican Americans adult males may present unwillingness to attend psychotherapy due to cultural difference and cultural denial, and they prefer to seek help from informal groups, such as religious leaders and family members (Lantican, 1998). The relationship between Mexican American masculine ideals, acculturation and poor mental health services outcomes have been evaluated Berry, (2003). Most studies have focused on cultural competency (Linskey et al., 1994); however, these studies have also neglected to examine individuals' attitude toward developing a positive working alliance with mental health workers, thereby, encouraging them to seek psychotherapy. Cultural masculine ideals and acculturation among Mexican American adult males had been linked to substance abuse, less emotional connectivity, depressive symptoms, less social support, and lower rates of medical help-seeking (Davis & Liang, 2015; Griffith et al., 2016).

Underuse of Mental Health Services

DHHS (2010) indicated that Mexican American adult males do not seek psychological services to the same degree as non-Hispanic individuals and other European Americans. Mexican American are at a higher risk of developing mental health challenges due to poverty, adjustment issues, exposure to violence, lack of social support and acculturation than other ethnic groups (Cabassa, 2009; National Council of La Raza[NCLR], 2009).

It is estimated that almost 6 million men in the United States have mood disorders, including major depression, dysthymia (chronic, but less severe depression), and bipolar disorder (The National Institutes of Mental Health (NIMH, 2010, p.2). In a

study conducted by Cabassa (2009), there were several determinants for Mexican American males' attitudes toward seeking mental health services. In the study, Cabassa discovered that Mexican American males: (1) strongly believed in their faith in God in order to cope with any experience of depression and (2) their first choice of seeking help was family. In conclusion, Cabassa noted that Mexican American men seek help within their family circle and system as a first resort, followed by the available social network, before resorting to other formal mental health services within the system.

Torres (1998) and Torres et al. (2002) also found that masculinity ideals could have a negative impact on Mexican American adult males. As a result, the negative impacts result in risky behaviors associated with masculinity ideals. This behavior also explained why Mexican Americans males are often stereotyped. Recent research on masculinity proposed a multidimensional view of machismo and masculinity, which accepts both positive and negative qualities that may be associated with the construct (Arciniega et al., 2008; Torres et al., 2002). In addition, Arciniega and his colleagues developed a bi-dimensional measure of machismo, which supported a two-dimensional characterization of machismo. Masculinity ideology among Mexican American male can be described as aggressive, sexist, chauvinistic, and hyper-masculine attitudes and behaviors. Torres et al. (2002) provided for a multidimensional perspective of machismo and also identified five different areas of masculinity: contemporary masculinity, machismo, traditional machismo, conflicted/compassionate machismo, and contemporary machismo. Many authors have suggested that most aspects of masculinity ideals-especially the kind that prescribes more rigid and stereotyped gender role norms, may be

harmful to the psychological or physical functioning of Mexican American males (Good, Borst, & Wallace, 1994). Examples of the poor level of functioning included physically abusive behaviors, sexual and competitive excesses, various other dysfunctions (e.g., homophobia, restriction of one's own emotions), and socially irresponsible behavior (e.g., excessive drinking and drug abuse) (Fragoso & Kashubeck, 2000; Good et al., 1994).

Researchers found that Mexican American males accepted masculinity ideology and are more likely to acts in ways that include physical or psychological abuse (Good et al., (1994); Wade & Brittan-Powell, 2001). Mosher and Anderson, (1986) noted that machismo, as a Mexican American phenomenon is namely: (a) callous sexuality toward women, (b) a perception of violence, and (c) the view that danger is exciting. Other studies have found that machismo is associated with aggression, delinquent or criminal behavior, and alcohol- and drug-related behavior (Mosher & Sirkin, 1984) and that in Mexican American men masculine ideals predicted higher rates of depression and neuroticism (Lara, 1991). In the Arciniega et al. (2008) study, Latino males who accepted traditional machismo ended up with maladaptive coping styles and behaviors, alexithymia, and in most cases a history of aggressions well as fights and arrests. (Jakupcak, Lisak, & Roemer, 2002; Parrot, Zeichner, & Stephens, 2003). (Caetano & Medina-Mora, 1998; Gilbert & Cervantes, 1986; Neff, Prihoda, & Hoppe, 1991). In particular, this study explored the influence of ethnic identity, gender role socialization, and male identity. Much research attests to the influence of ethnic identity for the self-concept and psychological functioning of Mexican American males (Martinez & Dukes,

1997; Phinney, 1990). Race and gender have been shown to serve as primary influences for a person's social identity (Reid & Comaz-Diaz, 1990). In one recent study, ethnic belonging was found to be the main predictor of traditional masculinity ideology among Mexican American men (Abreu et al., 2000). Studies have shown that males endorse masculine ideologies resembling those of their fathers (Luddy & Thompson, 1997) and that men's machismo adherence is rooted in family dynamics (Deyoung & Ziegler, 1994). More specifically, Deyoung and Ziegler's study revealed that machismo was related to childrearing practices, further suggesting that early childhood socialization plays an important role for the development of masculine identity. Lastly, male identity was determined as a contributing factor using Wade's (1998) model.

The gender role self-concept is one's self-concept with regard to gender roles and includes one's gender-related attributes, attitudes, and behaviors (McCreary, 1990; Wade, 2001; Wade & Brittan-Powell, 2001; Wade & Gelso, 1998). Cervantes (2006) explored masculine ideals, and the risky behaviors fear, and negative stigma associated with seeking the mental health services among Mexican American adult males. In addition, Arciniega et al. (2008) credited those ideologies with a more comprehensive review of masculinity. Research on the relationship between traditional Mexican American ideals and mental health service seeking remains limited among these populations. Meyer (2008) has noted that masculine ideals can negatively affect the well-being of Mexican American men. Meyer (2008) also noted that conceptualizations among Mexican American adult males that are more aligned with caballerismo tend to reduce the risk to poor mental health seeking attitude among this population.

Additional research on the influence of masculine ideals and acculturation on attitudes toward seeking mental health services among Mexican American adult males was explored further (Berger et al., 2005; Hammer, Vogel, & Heimerdinger-Edwards, 2013; Levant, Wimer, & Williams, 2011; Mahalik, Good, & Englar-Carlson, 2003). The heterogeneity of masculinity ideologies within and across Latino populations ultimately demands further attention, and the general population of Mexican American males, specifically.

Attitude Toward Seeking Psychological Help

The help-seeking model posited that there some relevant barriers that hindered help-seeking attitude, such as: sociodemographic characteristics including age, gender, socioeconomic status, social acceptance, fears regarding treatment (such as fear regarding that the problem may get worse), stigma, cost, distance to clinic, longer waiting time at the clinic and fear of "being accepted by others" (Barret et al., 2009; Kruse & Rohland, 2002; Gallucci, Swartz, & Hackerman, 2005; Good & Robertson, 2010). The research literature indicates that Mexican American adult males often do not seek as many psychological services compared to other European Americans and non-Hispanic populations in America (DHHS, 2010; National Council of La Raza [NCLR 2009). Seeking professional psychological help seemed to be the most important behavior in applied psychology as it has been related to various variables (Cabassa, 2009). Mexican American adult males seemed to be at a greater risk of developing mental health problems due to factors such as higher rates of poverty, adjustment issues, and exposures

to community violence and lack of social support (Cabassa, 2009). NCLR (2009, p, 1) cited:

"Among adult's ages 18 and older in 2005, non-Hispanic Whites were about twice as likely (15, 1%) as Hispanics (7.8%) to receive mental health treatment or counseling. That year, among adults with a major depressive episode, only half of Latinos (50%) received treatment, compared to about two –thirds of Whites (67.2%). Among children under age 18 with mental health or behavioral problems in 2003, nearly three-fifths of all Latino children (57.8%) did not receive needed care, compared to about one-third of their White peers(35.3%)".

The National Institute of Mental Health (NIMH; 2010, p.2) estimated that over 6 million men in the United States have a deep disorder, such as major depression, dysthymia (chronic, less severe), or bipolar disorder. Cabassa (2009) noted that while women are less than 4 times more likely to be diagnosed with depression, men tended to report higher levels of substance use than women do. Many men do not acknowledge or recognize the need to seek help for their depression or other types of mental illness (Addis & Mahalik, 2003; Cabassa, 2009). Cabassa found that the first choice for help immigrant Mexicans was family and that they have strong belief that their faith in God helped them cope with depression. Cabassa also noted that Mexican men first seek help from their family, followed by social work and then ultimately to formal services. Underuse of psychological services by Mexican American males can be attributed to socio-economic barriers, such as lack of insurance, lack of transportation, inability to pay

for services, not knowing where to seek for help, longer waiting times at the clinics (Cabassa 2009).

Mental Help Seeking Psychological Help Measurement Scales

The greatest challenges to effective treatment were the reluctance of people to seek professional mental health care. According to Zachrisson et al (2006), among countries with good access to professional health care, there is a reluctance to seek professional mental health care, especially within Mexican Americans living in the United States. A focus on encouraging Mexican Americans to seek help has become a priority among healthcare professionals. A critical review of some of the scales used in measuring Attitude Toward Seeking Professional Help is as follows:

Fisher and Turner developed the Attitude Toward Seeking Professional Psychological Help Scale (ATSPPHS). The ATSPPHS scale is one of the most commonly used standardized measures of mental help-seeking in mental health and it is made up of 29 items designed to assess attitude toward seeking professional help. About 17% of studies on help-seeking use this scale, as well as comprised 55% of published standardized measure.

The Attitude Toward Seeking Professional Psychological Help (ATTSPPH) scale assessed a general attitude orientation toward seeking help, not behavioral part of the process. Attitude Toward Seeking Professional Psychological Help Scale (ATTSPPH) Fisher and Turner, (1970) the most commonly used standardized measure. It is made up of 29 items designed to assess attitude toward seeking professional help. Used by 17% of studies, as well as comprising 55% of published standardized measure. Attitude Toward

Seeking Professional Psychological Help (ATTSPPH) assessed a general attitude orientation toward seeking help, not behavioral part of the process

The General Help-Seeking Questionnaire: Developed in Australia by Rickwood et al. (2005). This instrument assesses future help-seeking intentions and recent and past experiences. Help-seeking is an active and adaptive process of coping with problems by using external resources. There was lack of consensus on the use of this instrument and it does not specify professional sources of help.

Mental Help Seeking Attitude Scale (MHSAS): Developed by Hammer et al. (2018) MHSAS was designed to measure respondent’s help-seeking behavior from mental health professionals. MHSAS has high internal consistency, unidimensional, strong measurement equivalence across gender and constructs- irrelevance variance. However, the sample size used for the validation was not quite representative.

Fischer and Turner further noted that seeking help involves four factors: (1) Accepting the need for seeking help, (2) tolerance for the stigma attached by society about psychotherapy, (3) openness in discussing and sharing issues, and (4) confidence that the therapist can deliver help. Other factors related to poor attitude toward seeking mental health services include lack of social support, adjustment issues in America, acculturation, and exposure to community violence. (Cabassa, 2009). According to Elhai, Schweinle, & Anderson (2008), sociocultural barriers, peer influence, and unawareness of psychological services also play a vital role in help-seeking and use of services. In addition, other negative perceptions associated with anxiety, psychological distress, and stigma may negatively affect Mexican American males’ attitude toward seeking mental

health services (Abe-Kim, Gong, & Takeuchi, 2004; Masfety et al., 2010; Lecrubier, 2001; Mayers, Leavey, Valliannatou, & Baker, 2007; Shea & Yea, 2008).

Summary

The purpose of this study was to examine the relationship between masculine ideals, acculturation, and attitudes toward seeking psychological help among Mexican American adult males. Mexican Americans, the fastest-growing population within the United States, are predicted to grow even more extensively in the future. This fast growth makes it imperative for health care workers to understand why this population does not seek psychotherapy or may prematurely drop out of treatment. Mexican American males' underuse of psychological treatment and services presents an interesting area of study (Ramos-Sanchez & Atkinson, 2009).

The research methods described in Chapter 3 will include a discussion of the purpose of this research and the methods. This dissertation's intent is to explore the relationships between masculine ideals, and attitudes toward mental health services among Mexican Americans adult males. Understanding the impacts of traditional standards of masculinity on mental health outcomes is crucial to developing culturally sensitive and effective outreach and treatment strategies for improving mental health among this high-risk population.

Chapter 3: Research Methods

Introduction

My purpose in this study was to examine the relationship between masculine ideals, acculturation, and attitudes toward seeking psychological help among Mexican American adult males. Mexican American men are particularly vulnerable to poor mental health outcomes. Despite this vulnerability, research had revealed negative perceptions held in general by Mexican American adult males regarding psychotherapy and mental health services.

In this study, general demographic data, such as age, socioeconomic status (SES), income and the number of years an individual had been in the United States were collected. Showing relationships between a range of masculine ideals and attitude toward seeking psychotherapy was a helpful insight into a social and psychological set of processes hindering Mexican American adult males from properly using psychological services. This study identified gaps, such as attitudes that influence Mexican American males to seek psychotherapy with the hope of enhancing service use, which will reduce undertreated mental health illness among this population. The design of this research focused on a quantitative survey-based, cross-sectional approach to explore whether relationships existed between masculine ideals and attitude toward seeking psychological help.

Research Instruments

Three instruments were used for this study. The first instrument was the Self-Regulatory Questionnaire (SRQ), developed by Brown, Miller & Lawendowski, (1999).

The SRQ is a 63-item self-report survey instrument that measures self-regulatory processes involving several different behavioral processes that relate to attitudes toward mental health services. The process also included receiving information from the new culture, evaluating information, triggering change, searching for opinions, formulating a plan, implementing the plan, and assessing the plan's effectiveness. The self-regulatory processes are hypothesized to be general principles associated with personal self-control and attitudes in general. Past studies evidence both test-retest reliability (R =.94, $p <$ .001) and internal consistency reliability (Cronbach's a = .91) (Aubrey, Brown, & Miller, 1994). The SRQ's convergent validity has been demonstrated when correlated with alcohol consumption (R =.23, p = .04), negativity consequences associated with drinking (R =.-46, p < .001), risk-taking (R = -.24, p < .001), and impulsivity (R =-.47, p < .001) (Aubrey et al., 1994; Brown, Baumann, Smith, & Etheridge, 1997). All items on the SRQ use 5-point Likert scale response sets that rate the level of agreement with a given statement (1 = strongly disagree, 2 = disagree, 3 = uncertain or unsure, 4 =agree, and 5 = strongly agree).

The second instrument in this study is the Machismo Measure (MM) developed by Arciniega et al. (2008). The MM was used to measure masculine ideals of Mexican American men. Arciniega et al. (2008) worked in conjunction with other researchers (e.g., Mirandé, 1997; Saez, Casado, & Wade, 2009) and challenged the history of psychological studies that concentrates on the negative characteristics of machismo among Mexican American men, for example, authoritarianism, chauvinism and ignores the desirable ideals of a protector, provider, and paternal figure in the family. The

researchers developed a bidirectional MM to reveal both traditional machismo, negative hyper-masculine and chauvinistic behaviors and attitudes, as well as caballerismo, family-centered, positive, attitudes and nurturing behaviors. The MM comprised of two independent subscales that are: (a) Traditional Machismo, which described negative hyper-masculinity and chauvinistic behaviors and (b) Caballerismo, which describe family-centered and nurturing behaviors and attitudes. The 20 item MM scale has an internal consistency estimate of $\alpha= 0.84$ for traditional machismo and $\alpha=0.7$ for Caballerismo. The MM is one of the most frequently measure to access masculinity amongst Mexican American men and it has a good predictive ability (Thompson & Bennet, 2015).

The third instrument is the Bi-dimensional Acculturation Scale (BAS) for Hispanics developed by Marin & Gamba, (1996). The (BAS) was used to measure acculturation. The scale consists of 24 items, 12 for each of two cultural domains, and across three sub-scales: language use, linguistic proficiency and electronic media sub-scales. The two cultural domains are Hispanic and non-Hispanic domains. The non-Hispanic reflects English/American domain. The typical items in the non-Hispanic category were: How well respondents speak English, read in English, write in English, understand television programs in English and understand music in English. The items in the Hispanic category are: How well respondents speak Spanish, read in Spanish, write in Spanish, understand television programs in Spanish and understand music in Spanish. There are four possible responses to each item/question: very well (4), well (3) poorly (2) and very poorly (1). Responses across the items are averaged to create a score for each

domain. An average score of 2.5 (out a maximum of 4 and the minimum of 1) is used as the cut off for low or high adherence to that domain (Marin and Gamba, 1996). For example, if a respondent scores 3.5 in the non-Hispanic domain and 2.3 in the Hispanic domain the respondent is assumed to adhere to the non-Hispanic domain. The BAS scale performed well and was tested with Hispanics from Mexico and Central America and demonstrated high internal consistencies for both the Hispanic domain (Cronbach's alpha =.89) and the non-Hispanic domain (Cronbach's alpha =.98). Acculturation was calculated by averaging the scores on questions that measure the Hispanic and non-Hispanic domains. The two scores were used to define the categorical level of acculturation of study participants. A score of 2.5 or above indicated biculturalism. A score of 2.5 or above in the Hispanic domain and below 2.5 in the non-Hispanic domain was considered low acculturation.

Research Design and Rationale

This study was a survey-based, cross-sectional, quantitative analysis. The independent variable was a range of masculine ideals and acculturation. The dependent variable was attitudes toward seeking professional psychological help. Both the independent and dependent variables was measured through participants' scaled responses to survey questions, using a Likert-scale. The relationship between masculine ideals, acculturation, and attitude toward seeking mental health services was explored.

It was noted that while some variables such as attitude toward seeking professional mental health services was measured on the standard SRQ=through Questions 34, 38, and Question 5, respectively; the questionnaire was modified for

current research purposes. Multiple linear regression models were used to measure the effects of masculine ideals on the dependent variables.

Methodology

Cross-sectional studies allowed for the comparison of individuals who differ on one or several characteristics but do not involve manipulating variables. Researchers can look at age, gender, etc. and glean information about the sample without directly affecting the study environment (Trochim, 2006). Self-reports through questionnaires revealed information that was previously unknown and/or points to future avenues of research. Most importantly, cross-sectional studies generated random but representational samples of the study population (Trochim, 2006).

Procedures for Recruitment, Participation, and Data Collection

Data was collected using convenience-sampling. Eighteen-to fifty-year-old Mexican American men were recruited in public areas. This age range fitted very well with puberty and middle age, as well as a period when adult males tend to exhibit masculine ideals. This age range was chosen because it is a period when men were perceived as feminine if they seek and use psychological services, which was often associated with disclosing feelings and emotions as part of treatment (Tsan et al., 2011). This method is a non-probability sampling type, in which the sample does not have a known probability of being selected and typically results in a representational sample (Trochim, 2006).

As previously noted, the study was limited to heterosexual males residing in the United States, but that may have been born elsewhere. This study excluded Mexican

American individuals who self-identify as transgender or homosexual and women. Incarcerated males were excluded due to their status as a protected class. The target sample size of 77 was based on a power analysis: For the initial power analysis, the researcher ran an analysis for an F test. Specifically, an analysis of multilinear regression equations. The type of analysis was run is a priori, which allowed for proper calculation of sample size. To calculate that size, an effect size of 0.15 (medium) was used, an alpha level of .05, a power of .80 and 3 projectors. Therefore, the projected sample size included 77 Mexican American adult males. Participants' confidentiality was protected during and after their completion of the questionnaires. All items on the SRQ consisted of 5-point Likert scale response sets that rate the level of agreement with a given statement (1 = Strongly disagree, 2 = Disagree, 3 = Uncertain or Unsure, 4 =Agree, and 5 = Strongly Agree).

This process was done in accordance to Goodman et al. (2014). The ten rules of data management planning were explained further in the data management plan section below. All survey data was digitized following the completion of data collection. Individual response values were entered into Excel spreadsheets for calculating aggregate Likert values and importing into statistical programs and analyzed.

Data Analysis Plan

Initially, participants' demographic data were evaluated to sample participants if they met the study criteria discussed above. Data analysis proceeded using the Statistical Package for the Social Sciences (SPSS) version 20. A statistical analysis and description was completed using demographic variables to describe the characteristics of the sample

size. Preliminary data screening was performed on the primary measures (i.e., histograms, scatterplots, etc.) to assess the scores for outliers and possible violations of the assumptions for the primary statistics. In addition, statistics considering the impact of various demographic variables was completed using independent-samples F t-tests. Cronbach's alpha was used as a measure of internal consistency reliability to test the items used in the multilinear regression.

Ethical Concerns and Procedures

Ethics is defined as the rules that stipulate societal agreement, without bias, but with equal opportunities, treatment, and equitable results for all members of that society (Tomlinson, 2001). The values of a society will necessarily be different from another. Integrity involved the moral behavior of individuals in the exercising of his/her activities and in the use of public or private resources (Nillsen, 2005). Integrity, as defined in the dictionary, relates to the quality of being honest and having strong moral principles and moral uprightness. It also involved doing the right thing when no one is looking (Charlton, personal communication).

Ethical research requires the independent review of all participant recruitment and data collection procedures, as well as an evaluation of survey questions and of efforts to keep responses confidential. Recruitment and collection proceeded until approval was received from the Institutional Review Board (IRB) and the Office of Institutional Research and Assessment (OIRA) at Walden University.

All participants' demographic information was kept confidential and protected. They were securely stored in compliance with the ethical obligations of the study in order

to maintain the credibility of this researcher (Guillemin & Gillam, 2004). The principle tenet of this author was the maintenance of ethical practice, data confidentiality, and confidentiality of the identity of participants. Since the participants were immigrants, they were suspicious that their identity may be revealed to immigration officers. To allay this fear, the names and addresses of the participants were not required. These values stemmed from a need to conduct this research in accordance with ethical research principles. Data analysis, responses, and questionnaires results were anonymous.

I collected data using Goodman et al. (2014) guidelines, which were outlined below. The ten rules listed below ensured that all resources and requirements were met, e.g. collection of data, storing of data and proper dissemination of data was ensured for safety and privacy of participants.

This author aligned with the study as required by Walden University research requirements. The requirements for this study included the purpose of the study, research questions and hypothesis, the gaps to be filled, the possible application of research findings, required data, the target population, proposed sample and statistical procedures results, recommendations and suggestion for future studies.

The data collection instruments for this study were identified by the researcher. For help-seeking, data was categorically derived from the SRQ. Similarly, the data for acculturation was categorical and was obtained from the MM scale, which measures masculine ideals of Mexican Americans men comprising of two independent subscales-traditional machismo and caballerismo. The data on acculturation was interval derived type derived from the Bi-dimensional Acculturation Scale (BAS) for Hispanics which

consists of 24 items, 12 for each cultural domain (Spanish and English, and across three subscales: language use, linguistic proficiency, and electronic media sub-scales. Participants were provided their answers on a 4-point scale: - very well (4), well (3), poorly (2) and very poorly (1) - which was averaged to create a score for each domain. An average score of 2.5 (out of a maximum of four and the minimum of 1) was used as the cut off point for low or high adherence to that domain.

Collected data by this author was organized and analyzed using appropriate statistical procedures. All data collected and the results of the analysis were securely saved in my password-protected computer to avoid unauthorized access. This step in the process was very important to ensure confidentiality. All data collected and analyzed by this author was properly interpreted and explained. Data collected by this author was properly verified to ensure quality and integrity. Suspicious data was not be used for the analysis.

For the purpose of this study, this author ensured that copies of information were stored in my password-protected computer. This author followed the legal and ethical requirements for research data. All data collected was securely saved in my password-protected computer to prevent unauthorized access. In this study, this author ensured that results of this study were disseminated in accordance with Walden's policy regarding dissertations. This researcher was responsible for all data collected and the results of the analysis. Any error or omissions were his responsibility.

Summary

The focus of this study was to examine the relationship between masculine ideals, acculturation, and attitude toward mental health services among Mexican American adult males. This study was a survey-based, cross-sectional, quantitative analysis. The independent variables were masculine ideals and acculturation. The dependent variable was the attitude toward seeking professional psychological mental health services. Masculine ideals was measured using the Machismo Measure Scale (MMS) developed by Arciniega et al. (2008), while acculturation was measured using the Bi-dimensional Acculturation Scale (BAS) for Hispanics developed by Marin and Gamba, (1996). Mental health seeking attitude was measured using the SRQ developed by Brown, Miller & Lawendowski, (1999). The sample for this study was 77 Mexican American adult males in Phoenix Arizona metropolitan area. The participants were recruited in public parks and local supermarkets. Chapter 4 in this study contained the findings, while chapter 5 contained an interpretation of the key findings of the research study.

Chapter 4:

Results

My objective in this quantitative research study was to explore the relationships between acculturation, machismo, and attitude toward seeking professional psychological help among Mexican American adult males. The data collected and analyzed in the process yielded the results in this chapter. This chapter contains a full description of how the participant's data was collected; the analysis of the data collected guided by the research questions of the study as well as the research findings.

Description of Data Collection

A total of 180 survey questionnaires were distributed to Mexican American adult males in various public places in Phoenix, including outside churches, grocery stores and library. The survey questionnaires comprised of four parts:

1. In Part A, participants were required to provide the following information: age, marital status, employment status, highest education attended religious preference, estimated family income, and whether they have used mental health services.

2. Part B contained the Attitude Toward Seeking Professional Psychological Help (ATTSPPH) which has ten questions and respondents were required to indicate the degree to which they agree or disagree on each of the ten statements on a 4-point scale. In addition, participants were also required to indicate the reasons why people seek psychological counseling as well as the barriers to seeking professional help.

3. Part C was the acculturation rating scale. This scale contained 30 questions that measure the degree to which respondents have been acculturated to American culture.

4. Part D was the 20-question masculinity (machismo) scale. Participants were required to indicate they agreed or disagreed with each of the 20 questions on a 5-point scale. See appendix 1 for the questionnaire.

Among the 180 survey questionnaires distributed, 110 (61%) surveys were mailed back to the researcher in the self-addressed envelope provided. The returned surveys were scrutinized for incompletions and inconsistencies of those returned surveys, 21(23.1%) surveys were eliminated due to incompletions and inconsistencies. The remaining 89 surveys were coded, and the data entered into a SPSS package for analysis.

Preparing Data for Analysis

The recruitment strategy was convenience sampling survey and included handing out questionnaires to the participants of which they took home willfully to complete at their own private time. This strategy helped me to have easy access to participants, as well as successfully hand out the questionnaires in various locations, such as supermarkets, churches, and a public library. Consent forms were provided to each participant along with an invitation to participate in the study. There were no direct interviews in this study to exclude intimidation and coercion.

Research Questions and Hypotheses

1. What is the relationship between masculine ideals as measured by the MMS and attitude toward seeking professional psychological help as measured by self-report questionnaire (SRQ)?

H_0: Masculine ideals have no significant relationship with attitudes toward seeking psychological help among Mexican American adult males.

H_A: Masculine ideals will have a significant relationship with attitudes toward seeking psychological help among Mexican American adult males.

2. What is the relationship between acculturation as measured by Bi-dimensional Acculturation Scale (BAS) and attitudes toward seeking professional help among Mexican American males as measured by self-report questionnaire (SRQ).

H_0: Acculturation does not affect attitude toward seeking professional help among Mexican American males.

H_A: Acculturation affects attitudes toward seeking professional help among Mexican American males.

Findings

Demographics of Participants Surveyed

Table 1 presents the summary of the demographic characteristics of the participants. The sample survey consisted of 89 Mexican American adult males' ages 18 years and above. Among the 89 participants, 26 participants (29%) were between 26 and 36 years of age, while 24 participants (27%) were between 36 and 45 years; 63 (71 %) of the respondents were born in the USA, while 20 (22%) were born in Mexico; 39 (44%) of the respondents said that they migrated to the US voluntarily, while 27 (30%) claimed that they migrated to the US because of war,17 (19%) claimed they migrated due to political oppression; 49 (55%) of the participants claimed that their parents were born in the US while 34(38.2%) claimed their parents were born in Mexico, 30(34%) of the respondents claimed to belong to the first generation, while 37 (42%) claimed they come from the second generation In addition, 20 participants (22.5%) claimed they come from

the third generation. Among the participants 34 (38%) claimed to be single, while 32 (36%) claimed to be married. Six participants (7%) claimed to be cohabiting, 10 (11%) reported being separated or divorced, while 5(5.6%) were widowed. Regarding employment status, 13 (14.6) % of the respondents claimed to be employed full time, while 49 (55.1) % claimed to be employed part time. Finally, 11 (12.4) % of the participants were reported being unemployed, 7 (7.9) % were students, while 9 (10.1) % were retired.

Twenty participants (22.5%) did not complete elementary school, 51(57.3) % completed high school, 17(19.1%) completed a 2-year program, while 1(1.1%) completed a four-year university degree program. Among the participants, 29 (32.6) % claimed to be Catholic, while 37(41.6%) claimed to be Baptist/ Protestants and 23 (25.8) % practiced other religions. Thirteen participants (14.6%) claimed to attend church more than once a week; 37 (41.6%) attended church once weekly 28 (31.5%) claimed to attend church once, and 10 (11.2%) attended church a few times yearly. In addition, one (1.1%) reportedly attended church once a year. One participant (1.1%) claimed to earn less than $10,000, while 13 (14.6%) earned between $10,000-20,000; 29 (32.6%) of the participants claimed to earn less than $30,000, while 32 (35.5%) claimed to earn less than $40,000. Twelve participants (13.4%) claimed to earn less than $50,000, while only one participant (1.1%) earned more than $51,000. Finally, seventy-four participants (83.1%) stated they used mental health services in the past, while 15 participants (16.9%) reported not using mental health services in the past.

Table 1

Demographic Characteristics of Participants (N = 89)

Characteristic	Group	Frequency	Percentage
Age	18 – 25	11	12.4
	26 – 35	26	29.2
	36 – 45	24	27.0
	46 – 50	19	21.3
	Above 50	9	10.1
Country born	US	63	70.8
	Mexico	20	22.5
	Other	6	6.7
Years lived in the US	Less than 5 years	10	11.2
	5 – 10 year	4	4.6
	11 – 15 years	20	22.5
	16 – 20 year	29	32.6
	21 – 25 year	16	18.0
	26 – 30 years	6	6.7
	31 – 35 years	7	7.9
	Above 35 year	7	7.9
Birthplace of parents	US	49	55.1
	Mexico	34	38.2
	Others	6	6.7
Reason for migration	Voluntary	39	43.8
	War	27	30.3
	Political oppression	17	19.1
	Others	6	6.7
Generational status	First generation	30	33.7
	Second generation	37	41.6
	Third generation	20	22.5
	Others	2	2.2
Marital status	Single	34	38.2
	Married	32	36.2
	Cohabitation	6	11.2
	Separated/Divorced	10	11.2
	Widows	5	5.6
	Others	2	2.2
Employment status	Full time	13	14.6
	Part time	49	51.1
	Unemployed	11	12.4

	Students	7	7.9
	Retired	9	10.1
Highest Education	Elementary Sch. Not completed	20	22.5
	Elementary or High School	51	57.3
	Post-Secondary 2yr.	17	19.1
	University	1	1.1
Religious Preference	Catholic	29	32.6
	Baptist/Protestant	37	41.6
	Others	23	25.8
Church Attendance	More than once weekly	13	14.6
	Once Weekly	37	41.6
	Once monthly	28	31.5
	Few Times yearly	10	11.2
	Once a year	1	1.1
	Never	0	0
Family Annual Income	Less than $10,000	1	1.1
	$10,000- $20,000	13	14.6
	$21, 000-$30,000	29	32.5
	$31,000-$40,000	32	35.9
	$41,000-$50,000	12	13.4
	$51, 000- Above	2	2.2
Mental Health Services	Used	74	81.3
	Never Used	15	16.9

Regression Analysis Results

In order to assess the impact of acculturation and masculinity on the participants' Attitude Toward Seeking Professional Psychological Help (ATTSPPH), a stepwise regression analysis was performed using the mean score of the selected four-item Attitude toward seeking Psychological help as the dependent variable and the mean score of the selected 15-item Acculturation scale and the mean score of the selected 12-item Masculinity scale as the independent variables (predictors).

The results of research question one indicated a statistically significant positive relationship between the mean score on the attitude scale and the mean score on the acculturation scale ($R=0.91$, $p < 0.001$, 95% CI is [0.866, 0.941]). The regression equation was statistically significant ($F = 432.8$; $p < 0.001$) and with a very good fit ($R^2 = 0.83$). The estimated coefficient for the acculturation variable is 1.022313 and it is statistically significant at 1% level of significance, while the 95% confidence interval is [0.924725, 1.119902]. This result indicated that variation in average acculturation scores explains 83% of variation in Attitude Toward Seeking Psychological Professional Help (ATTSPPH) scores. The mean score on the acculturation scale variable was also statistically significant ($p < 0.001$). Figure 1 is the scatter plot and the fitted regression line. The conclusion here is that the higher the score on the acculturation scale, the higher the score on the Attitude Toward Seeking Psychological Professional Help (ATTSPPH) scale implying that the more acculturated Mexican American males are, the more likely they would seek psychological help.

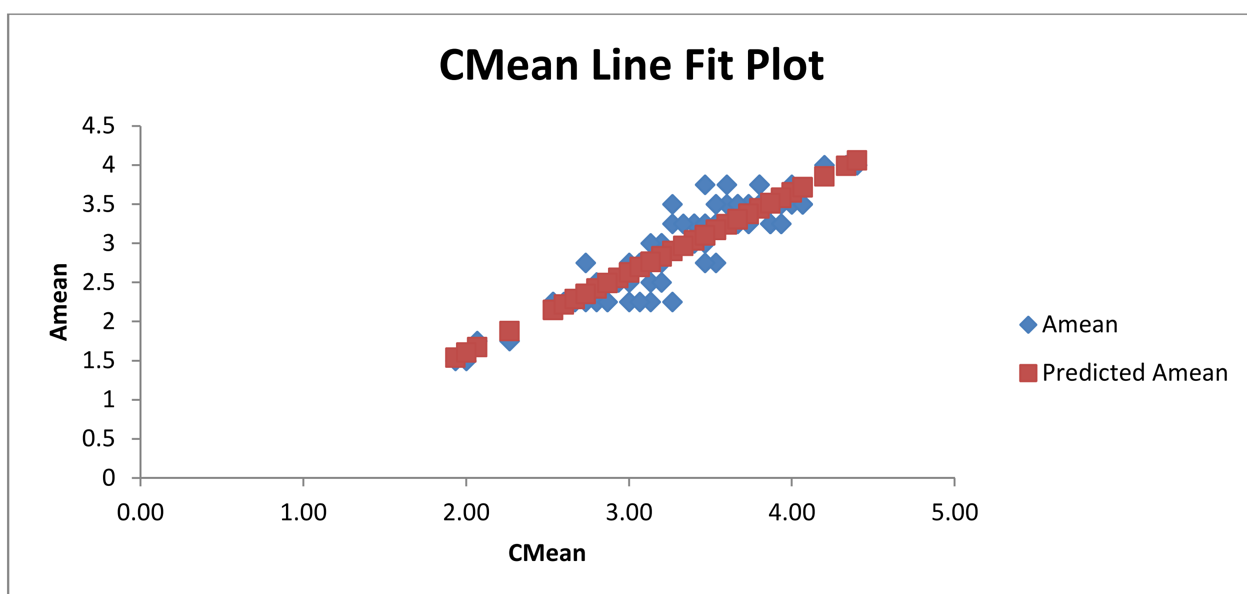

Figure 1. Plot of the mean score on Attitude Toward Seeking Professional Psychological help scale and the mean score on the acculturation scale.

The results of research question two indicated a statistically significant negative relationship between Attitude Toward Seeking Psychological Help and Masculinity (R= -0.827, $p < 0.001$, 95% CI [0.752, 0.885]). The regression equation was statistically significant ($F = 188.236$; $p < 0.001$) and with a very good fit ($R^2 = 0.684$) indicating that variation in average masculinity scores (mean score on the Masculinity scale) explains 68.4% of variation in average Attitude Toward Seeking Professional Psychological Help (ATTSPPH) scores. The estimated coefficient for the masculinity is variable is -0.78336 and it is statistically significant at 1% level of significance, while the 95% confidence interval is -0.89682 to -0.66991. The masculinity mean variable was also statistically significant ($p<0.001$). Figure 2 is the scatter plot and the fitted regression line. The conclusion here is that the higher the score on the masculinity scale, the lower the score on the Attitude Toward Seeking Psychological Professional Help (ATTSPPH) scale

implying that the more masculine ideals espoused by a Mexican American males, the less likely they would seek psychological help.

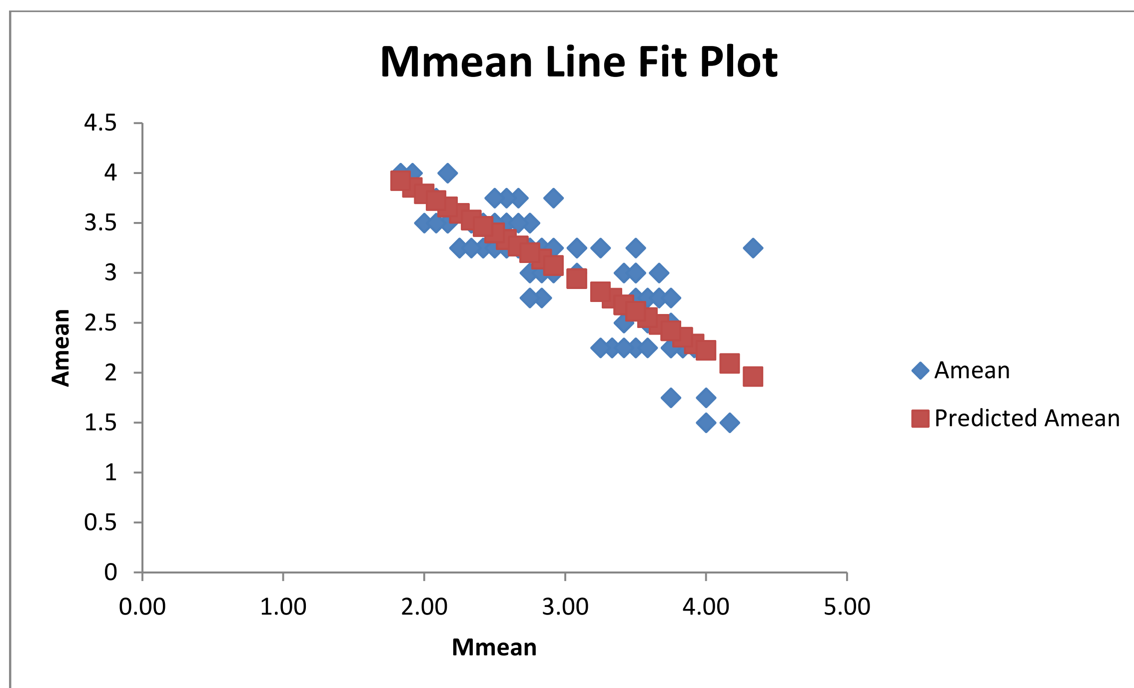

Figure 2. Plot of the mean score on the Attitude Toward Seeking Psychological Help scale and the mean score on the masculinity scale.

The mean score on the Attitude Toward Psychological Help (ATTSPPH) scale was regressed on both the mean score on the acculturation scale and the mean score on the masculinity scale. The result indicated a statistically significant positive relationship between the mean score on the attitude toward seeks psychological help scale and the mean score on the acculturation scale and a negative relationship with the mean score on the masculinity scale. The regression equation was statistically significant ($F = 220.98$; $p < 0.001$) with a high level of fit ($R^2 = 0.84$; $p<0.001$, 95% CI[0.755, 0.892]) implying that variation in both average acculturation and masculinity scores explain 84% of variation in

average Attitude Toward Seeking Professional Psychological Help (ATTSPPH) scale. While the coefficient of the acculturation variable was statistically significant ($p<0.001$), the coefficient of masculinity variable was not statistically significant at the 5% level ($p>0.13$). The estimated coefficient for the acculturation variable is 0.88879 and it is statistically significant at 1% level of significance, with the 95% confidence interval of 0.69275 to 1.085006, while the estimated coefficient of the masculinity variable is 0.12973 but only significant at 12%level with 95% confidence interval of 0.29557 to 0.03603. In fact, the increase is R^2 (fit) due to the addition of masculinity as an explanatory variable was not significant (minimal increase 0.04% point). This result could be due to the (negative) collinearity between acculturation and masculinity variables ($R = -0.869$). This explanation is affirmed by the Collinearity Statistics shown in the last column of the table. The Variance Inflation Factor (VIF) is 4.12 which are indicative of a moderate but not severe collinearity between the two predictor variables (Acculturation and Masculinity scale). However, since VIF is less than 5, the collinearity problem is not severe enough to warrant correction (Frost, 2018). Thus, the multiple regression result was retained.

Reliability Analysis

To ensure that responses to mental health seeking attitude questions, the acculturation questions and masculinity questions were consistent and reliable, Cronbach's alpha was computed for each scale. The results for each scale are presented below.

Attitude Toward Seeking Professional Psychological Help (ATTSPPH) scale

The computed Cronbach's alpha for the four items of the Attitude Toward Seeking Professional Psychological Help (ATSPPH) scale was 0.798 as shown in table 2. This alpha value indicated a high degree of reliability and internal consistency because it is greater than 0.7 (Tavakoi & Dennick, 2011).

Table 2

Cronbach's Alpha for Four Items in the Attitude Toward Seeking Professional Psychological Help Scale

Cronbach's alpha	Cronbach's alpha based on standardized items	Number of items
.796*	.798*	4

Note. * A reliability coefficient of 0.70 or higher is considered acceptable evidence of reliability (internal consistency) of the items in a scale in most social research (www.stats.idre.ucla.edu/spss/faq/what-does-cronbachs-alpha-mean).

Acculturation Scale: For acculturation, the computed Cronbach alpha for the 15 questions selected was 0.909 as shown in Table 6. This alpha value indicated a high level of reliability and internal consistency.

Table 3

Computed Cronbach's for the 15 Items in the Acculturation Scale

Cronbach's alpha	Cronbach's alpha based on standardized items	Number of items
.909*	.909*	15

Note. * A reliability coefficient of 0.70 or higher is considered acceptable evidence of reliability (internal consistency) of the items in a scale in most social research (*www.stats.idre.ucla.edu/spss/faq/what-does-cronbachs-alpha-mean).*

Masculinity Scale: Table 7 showed the computed Cronbach Alpha for the 12 items selected for the masculinity scale as 0.941.which indicates a high level of internal consistency and reliability.

Table 4

Computed Cronbach's Alpha for the 12 selected items in the Masculinity Scale

Cronbach's Alpha	Cronbach's Alpha based on Standardized items	Number of Items
.941*	.941*	12

* A reliability coefficient of 0.70 or higher is considered acceptable evidence of reliability (internal consistency) of the items in a scale in most social research.

Conclusion

The purpose of this study was to examine the relationships between masculine ideals, acculturation, and attitudes toward seeking psychological help among Mexican American adult males. Mexican American men are particularly vulnerable to poor mental health outcomes due to their acculturation orientation (Berry, 2003). In this chapter, the results of analyzing a survey of 89 Mexican American adults were presented. With respect to the demographic characteristics, most of the respondents were under 45 years old and were born in the US. Many of the participants reported that their parents were born in the US. Most of the participants claim to come from first generation or second-generation immigrants, completed only high school, earn less than $40,000 and have used mental health services in the past.

The participants indicated that most people are likely to seek psychological help when they experience depression, conflict with family, speech anxiety, difficulties with dating, drug problems, and difficulty with friends, loneliness, personal growth, anxiety, and concern with sexuality. They also stated that cost of treatment is a great barrier to seeking help from mental health professionals as well as transportation and language difficulties.

With respect to the attitude toward seeking psychological help, most participants indicated that they would seek help if they were having mental breakdown, or experiencing a serious emotional crisis in their life or, if they are worried or upset for a long time or if they confident that the mental health professional would deliver the appropriate services. On acculturation, most participants indicated that they very often or moderately speak English at home; that they very often or moderately associate with European Americans, they enjoy listening to English music and English language TV. On masculine ideals, only a small number of the participants felt that men were superior to women.

With respect to the first research question, the results indicated that acculturation has a statistically significant positive effect on attitude toward seeking psychological help. Therefore, an increase in participant score on the acculturation scale increased the corresponding score on the Attitude Toward Seeking Professional Psychological Help (ATTSPPH) scale. Therefore, the null hypothesis was rejected. This result suggested that the more an individual is acculturated, the more the individual would seek psychological help.

With respect to the second research question, the results indicated that there is a statistically significant negative relationship between seeking psychological help and masculinity. The higher the score on the masculinity scale, the less the score on the Attitude Toward Seeking Professional Psychological Help (ATTSPPH) scale. Thus, the null hypothesis was rejected.

The results suggested that the more acculturated a Mexican American male, the more likely that male will seek help, even though he may share more masculine ideals. The results also indicated an interaction between acculturation and masculinity, in the sense that there is a statistically significant relationship between acculturation and masculinity. However, the strength of that relationship did not create a collinearity problem.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this quantitative study was to examine the relationships between masculine ideals, acculturation, and attitude toward seeking mental health services in Mexican American males. In this study, I presented a new understanding of the ways in which cultural variables influence help-seeking for psychological distress among Mexican Americans adult males.

In Chapter 1, the objectives of this study and the problem statement was discussed. In Chapter 2, the relevant literature on the subject matter and aligned the conceptual framework and research questions of the study were, reviewed. The methodological approach was discussed and described in Chapter 3, the detailed analysis of data collected was presented in Chapter 4, and in Chapter 5, the research findings, conclusions, limitations, implications for policy and future study as well as recommendations are discussed.

Interpretation of the Findings

My purpose in this study was to examine how machismo and acculturation affected the attitude of Mexican American adult males in seeking psychological help. Data was gathered by this researcher using self-report questionnaires. The findings in this study provided new insight on how cultural variables contribute to mental health seeking attitude among Mexican American adult males.

Regarding acculturation level, this study supported previous findings on attitude to seek professional psychological help for mental health problems in individuals who are more acculturated to mainstream culture. The findings indicated the research gap, which

included the combined impacts of masculine ideals and acculturation on the help seeking behavior of adult male Mexican Americans. The participants expressed their willingness to participate in the study as evidenced by completing the necessary questionnaires. In addition, the research data indicated several aspects of Mexican American adult male's attitude in general. For example, the researcher discovered how the culture of Mexican Americans was heavily influenced by closeness and cultural loyalty.

The results of this study indicated that acculturation had a statistically significant positive correlation on attitude toward seeking psychological help. This means that the more an individual is acculturated, the more likely the individual would seek psychological help.

The results of this study also indicated that there was a statistically significant negative relationship between seeking psychological help and masculinity. The higher the score on the masculinity scale, the less the score on the Attitude Toward Seeking Professional Psychological Help (ATTSPPH) scale. In other words, the more a Mexican American identified to masculinity ideals, the less he is likely to seek psychological self-help.

The multiple regression results indicated that the positive impacts of acculturation on seeking psychological help outweighed the negative impacts of masculinity. The implication is that when a Mexican American adult male is highly acculturated, he is more likely to seek help, even though he may share some masculine ideals. Because masculinity is more problematic, efforts to increase access of Mexican males to psychological help should focus more on increasing their level of acculturation. The

results also found a significant relationship between acculturation and masculinity. However, the strength of that relationship did not create a collinearity problem. The purpose of this study was to examine the relationships between Mexican American males' masculine ideals, acculturation and their attitudes toward seeking psychological help.

It was hypothesized that masculine ideals will have a statistically significant effect on attitudes toward seeking psychological help among Mexican American adult males. It was also hypothesized that acculturation may affect attitude toward seeking professional help among this population. The result of this study supported the experimental hypothesis that acculturation and masculinity have effect on attitude toward seeking psychological help amongst Mexican American adult males. The findings in this study are consistent with the belief that cultural values remain very strong for those individuals who are less acculturated in the US among this population.

Delimitations

Like any research work there were several delimitation and limitations. The delimitations result from the specific choices or decision made by the researcher with regards to the choice of variables, methods, theoretical framework, hypothesis, etc. The limitations are implicit in the characteristics of the methods and design of the study.

The first delimitation of this study was the choice of a quantitative methodology to examine the impacts of acculturation and masculine ideals on the attitude toward seeking psychological self-help. By choosing a quantitative approach, the study has not placed adequate emphasis on some qualitative factors that affect attitude such as

immigrations status. Future studies should use mixed method approach in order to address this problem. The second delimitation was the choice of a relatively small sample size due to low response rate of Mexican Americans adult males to psychosocial-related surveys. Future studies should use a larger sample size in order to address this problem. A third delimitation is restricting the explanatory or independent variable to two only (acculturation and masculinity). Clearly, there were other variables that affect attitude toward seeking psychological self-help which are not the focus of this study. Future studies can address this problem by including more explanatory variables in the study.

Limitations

There were several limitations that exist in all research studies; however, this research study contained certain limitations that should be taken into consideration when reviewing the data collection process and responses of the participants. The findings in this study may not be generally applicable to all Mexican American adult males because the sample used was not quite representative of the entire population. The participants in this study may not have been representative of the entire population. A second limitation of this study is that some of the individuals approached to complete the questionnaire were unwilling to participate and their lack of participation invariably reduced the sample size of the study. Gaining trust of a person they perceive as an intruder into their culture and commitment from the participants to be able to complete the questionnaire was also a limitation as well as the issue of identifying participants who would accept the questionnaires.

Recommendations for Practice

Mexican American adult males tend to adhere to their culture of origin for the most part, regardless of where they are (Berry, 2003). Within the culture, the process of attending psychotherapy was often associated with weakness, thus revealing lack of trust with health care givers (Miville & Constantine, 2006). It is highly recommended that Mexican American adult males be educated on the need to trust therapist as well as attend psychotherapy if needed. It is also recommended that therapists hire more interpreters in order to address the communication problems that may arise as a result attending psychotherapy. Therapist and care providers who work predominantly with Mexican American community should learn how to speak Spanish language. This shared language ability will enable the clients to build a more comfortable trust with health care providers, hence, facilitating treatment process and a lasting client/therapists relationship.

Recommendation and Implications for Future Research

The purpose of the study was to examine the relationships between masculine ideals, acculturation, and attitude toward seeking mental health services in Mexican American males.

Understanding how these cultural factors affect attitude toward seeking psychological help is important not only to health care practitioners but it also supports the current research. Research exploring cultural barriers to seeking professional psychological help was complex and extensive. According to U.S. Census Bureau, roughly 25.3% of Latinos live below the federal poverty line, which is twice that of all other races (14.3%). It is recommended that greater efforts need to be made to educate

this population about the need to seek mental health services. Lower education and low income not only place Mexican Americans adult males at a risk for future job loss, as well as other financial challenges. Low levels of education and income also contributed to general ignorance about the need to seek psychological help. One limitation of this research study was exploratory and investigative. In the future, a follow up study would be recommended in order to reach out to the participants over a six-month time period to see if their perspective regarding attending psychotherapy has changed. This research study could also set the foundation of investigating attitude toward seeking psychotherapy services. Further quantitative research should be done with a larger population in various cities in the US to examine the relationships between masculine ideals, acculturation, and attitude toward seeking mental health services in Mexican American adult males.

Social Change Implications

Adherence among Mexican American adult males to masculine ideals on the willingness to seek psychological help calls for the need for further insight on why these population often refuse to seek psychological help. These findings can go a long way to emphasize the importance of educational programing about the importance of seeking help. These findings will stimulate and guide mental health professionals as well as doctors to be more sensitive to cultural influence among Mexican American adult males to better understand their interests, needs and behaviors. Government officials can be motivated into developing programs aimed at targeting and educating this population. Often, stigma was associated and cited as the main reason why individuals do not seek

psychological help even though they reported suffering from mental health problems (Vogel et al, 2007). The social change implications are that mental health practitioners may be able to better understand their Mexican American adult male clients, provide interpreting service and hopefully provide better services.

Findings from this study indicated that seeking psychological help in the Mexican American culture may be considered as a sign of weakness in those individuals who seek psychological help (Corrigan & O'Shaughnessy, 2007). This research study will help educate health care providers and help others to encourage Mexican American adult males to seek psychotherapy. In addition, this study can lead to more studies to address the diverse needs of Mexican American adult males when seeking psychotherapy.

Reflections

This study was one of the few investigations to examine the combined effect of acculturation and masculinity on attitude toward seeking mental health services among Mexican American adult males. Conducting this study provided significant learning opportunity for the researcher in terms of understanding the attitude of Mexican American adult males toward seeking psychological help. This research study also allowed the researcher to have a greater understanding of the data collection process.

Conclusion

The purpose of the study was to examine the relationships between masculine ideals, acculturation, and attitude toward seeking mental health services in Mexican American males. In this research study, the relationships between masculine ideals, acculturation, and attitude toward seeking mental health services in Mexican American

males were explored. The present study provided a new understanding of the ways in which cultural variables influence help seeking for psychological distress among Mexican Americans adult males. Regarding acculturation level, this study supported previous findings on attitude to seek professional psychological help for mental health problems in individuals who are more acculturated to mainstream culture (Zhang & Dixon, 2003). The findings of this study indicated that the research gap for this study is a detailed examination of how masculine ideals and acculturation influence the help seeking behavior of adult male Mexican Americans. The findings of this research also indicated several different aspects of Mexican American adult male’s attitude in general. For example, the researcher discovered how close-fisted Mexican Americans could be due to their closeness and loyalty to their culture. This discovery can be useful to educate mental health professionals about various aspects of Mexican American adult males’ culture that need to be paid attention to when providing services. Secondly, it can empower health care professionals to understand the necessary cultural psychological tools for a better working relationship with this population.

References

Abalos, D. T. (2005). Transforming the personal, political, historical, and sacred faces of the Latino male. *The Journal of Men's Studies, 13*, 155-167. doi:10.3149/jms.1302.155

Alvarez, L. & Ruiz, P. (2001). Substance abuse in the Mexican American population. In S. Shulamith (Ed.), *Ethno cultural factors in substance abuse treatment* (pp. 111-136). New York, NY: Guilford.

Alegría, M., Canino, G., & Rios, R. (2004). Inequalities in use of specialty mental health services among Latinos, African Americans, and Non-Latino Whites. *Year Book of Psychiatry & Applied Mental Health, 2004 (1),* 184-185.

Alegría, M., Chatterji, P., Wells, K., Cao, Z., Chen, C.-N., Takeuchi, D., Jackson, J., & Meng, X.-L. (2008a). Disparity in depression treatment among racial and ethnic minority populations in the United States. *Psychiatric Services, 59, (11*), 1264-1272. doi: 10.1051/0004-6361/201322619

Arciniega, G. M., Anderson, T. C., Tovar-Blank, Z. G., & Tracey, T. J. (2008). Toward a fuller conception of Machismo: Development of a traditional Machismo and Caballerismo Scale. *Journal of Counseling Psychology*, *55 (1),* 19-33. doi: 10.1037/0022-0167.55.1.19

Aubrey, L. L., Brown, J. M., & Miller, W. R. (1994). Psychometric properties of a self-regulation questionnaire (SRQ). *Alcoholism: Clinical & Experimental Research*, *18*(2), 420-525. Doi: 10.1111/cch.12574

Bailey, P., Daley, C. E., & Onwuegbuzie, A. J. (2000). Correlates of anxiety at three stages of the foreign language learning process. *Journal of Language and Social Psychology, 19,* 474-490. Doi: 10.1177/0261927X00019004005

Barrio, C., Criado, V., Fuentes, D., García, P., Jeste, D., et al. (2008). Unmet needs for mental health Services for Latino older adults: Perspective from consumer, family members, advocates, and service providers. *Community Mental Health Journal*, 44, 57-74. Doi: 10.1007/s10597-007-9112-9

Bartoli, E. (2007). Religious and spiritual issues in psychotherapy practice: Training the trainer. *Psychotherapy: Theory, Research, Practice, Training, 44*, 54-65. Doi: 10.1080/10503307.2016.1233365

Basu, A., H. Tang, X. Zhu et al. (2008). Genome-wide distribution of ancestry in Mexican Americans. *Human Genetics, 124*, 207-214. Doi: 10.1007/s00439-008-0541-5.

Beezley, W. H. (2011). Conquest and colony. In *Mexico in world history*. New York, NY: Oxford University Press, 19-37. Doi: 10.1111/1468-229X.12049_35.

Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology*, *46*(1), 5-34. Doi: 10.1002/ijop.12219.

Berry, J. W. (2003). Conceptual advances to acculturation. In K. Chun, P. Balls Organista, & G. Marin (Eds.). *Acculturation advances in theory, measurement, and applied research* (pp. 17-38). Washington, DC: American Psychological Association.

Berger, J. M., Levant, R. F., McMillan, K. K., Kelleher, W., & Sellers, A. (2005). Impact of gender role conflict, traditional masculinity ideology, alexithymia, and age on men's attitudes toward psychological help seeking. *Psychology of Men & Masculinity, 6*, 73-78. Doi: 10.1542/peds.2015-4240.

Bleakley, H., & Chin, A. (2010). Age of arrival, English proficiency, and social assimilation among U.S. immigrants. *American Economic Journal Of Applied Economics, 2*(1), 165. Doi: 10.1109/TIM.2017.2708478.

Blumberg, S. J., Clarke, T. C., & Blackwell, D. L. (2015). *Racial and ethnic disparities in men's use of mental health treatments*. Washington, DC: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

Broughton, C. (2008). Migration as engendered practice: Mexican men, masculinity, and northward migration. *Gender and Society, 22,* 568 - 589. Doi: 10.1086/665558

Brown, J. M., Miller, W. R., Lawendowski, L. A., Vandecreek, L., & Jackson, T. L. (1999). Innovations in clinical practice: A source book. Sarasota, FL: Professional Resource Press/Professional Resource Exchange.

Brown, J. M., Baumann, B. D., Smith, C. D., & Etheridge, S. L. (1997). Self-regulation, extroversion, and substance abuse among college students. Research Society on Alcoholism.

Cabassa, L. J. (2009). Latino immigrant men's perception of depression and attitudes toward help seeking. *Hispanic Journal of Behavioral Science, 29*(4), 492-509. Doi: 10.1177/0739986307307157

Cervantes, J. M. (2006). A new understanding of the macho male image: Exploration of the Mexican American man. *In the room with men: A casebook of therapeutic change*, 197-224. Washington, DC: The American Psychological Association.

Cervantes, J. M. (2010). Mestizo spirituality: Toward an integrated approach to psychotherapy for Latina/os. Psychotherapy: *Theory, Research, Practice, Training. 47,* 527-539.

Cervantes, J. M. (2008). What is Indigenous about being Indigenous: The Mestiza/o experience? In B. W. McNeill & J. M. Cervantes (Eds.), Latina/o healing perspectives: Mestizo and Indigenous perspectives (pp. 3–27). New York: Routledge.

Cervantes, R. C., & Castro, F. G. (1985). Stress, coping, and Mexican American mental health: A systematic review. *Hispanic Journal of Behavioral Sciences*, *7* (1), 1-73.

Constantino, G., Malgady, R.G., & Primavera, L.H. (2009), Congruence between cultural competent treatment and cultural needs of older Latinos, *Journal of consulting and clinical psychology, 77*(5), 941.

Connell, R.W. (2005). Statistical power analysis for the behavior sciences. Hillside, NJ: Erlbaum.

Connell, R.W. (2005a). “Globalization, Imperialism and Masculinities.” Pp71-89 in the handbook of Studies on Men and Masculinities, edited by M.S. Kimmel, J. Hearn, and R.W. Connell. Malden, MA: Polity Press.

Connell, R., 2002a. Gender. Cambridge: Polity Press

Connell, R. and Messerschmidt, J.W. (2005). Hegemonic masculinity: rethinking the concept. Gender and society, 19, 829–859.

Cuellar, I., Arnold, B., & Gonzalez, G. (1995). Cognitive referents of acculturation: Assessment of cultural constructs in Mexican American. *Journal of Community Psychology, 23* (4), 339-356. Doi: 10.1002/1520-6629(199510)

Cuellar, I., Arnold, B., & Maldonado, R (1995) Acculturation rating scale for Mexican Americans-11: A revision of the original ARSMA scale. *Hispanic Journal of behavioral Sciences,* Vol. 17, No 3, 275-304.

Davis, J. M., & Liang, C. T. (2015). A test of the mediating role of gender role conflict: Latino masculinities and help-seeking attitudes. *Psychology of Men & Masculinity*, *16* (1), 23-32.

Delgado, M. (2007). Social *work with Latinos*: *A cultural assets paradigm.* Oxford: Oxford University Press.

Elhai, J. D., Schweinle, W., & Anderson, M. S. (2008). Reliability and validity of the attitudes toward seeking professional psychological help scale-short form. *Psychiatry Research, 159* (3), 320-329. doi:10.1016/j.psychres.2007.04.020

Fischer, E.H., & Farina, A., (1995).Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development, 36,* 368-373.

Fragoso, J. M., & Kashubeck, S. (2000). Machismo, gender role conflict, and mental health in Mexican American men. *Psychology of Men and Masculinity, 1* (2), 87-97. doi:10.1037//1524-9220.1.2.87

Frost, J. (2019). Regression Analysis: An Intuitive Guide. E-book

Gonzalez, J.M., Alegria,M., & Prihoda, T (2005). How do attitudes toward mental health treatment vary by age, gender, and ethnicity/race in young adults? *Journal of Community psychology, 33,* 611-629.

Good, G. E., Borst, S. T., & Wallace, D. L., (1994). Masculinity research: A review and critique. Applied & Preventing Psychology, 3(1), 3-14. Doi: 10.1016/S09621849 (05)80104-0

Goodman, A., Pepe, A., Blocker, A. W., Borgman, C. L., Cranmer, K., et al. (2014). Ten simple rules for the care and feeding of scientific data. *PLoS Comput Biol 10* (4), e1003542. doi:10.1371/journal.pcbi.1003542PMID: 24763340

Gray, L. (2015). *Perceived gender role conflict and violence: Mexican American gang members* (Unpublished doctoral dissertation), Antioch University, Santa Barbara.

Griffith, D. M., Gilbert, K. L., Bruce, M. A., & Thorpe Jr, R. J. (2016). Masculinity in Men's Health: Barrier or Portal to Healthcare? In J.J. Heidelbaugh (Ed.) *Men's Health in Primary Care* (pp. 19-31). New York: Springer International Publishing.

Guardado-Estrada, M., E. Juarez-Torres, I. Medina-Martinez et al. (2009). A great diversity of Amerindian mitochondrial DNA ancestry is present in the Mexican Mestizo population. J. Human *Genet. 54*: 695–705.

Guillemin, M., and L. Gillam. (2004). Ethics, reflexivity, and ethically important moments in research. *Qualitative Inquiry, 10* (2), 261–80.

Gutierrez, M. A., Franco, L. M., Powell, K. G., Peterson, N. A., & Reid, R. J. (2009). Psychometric properties of the acculturation rating scale for Mexican American II. Hispanic Journal of Behavioral Science, 31(3), 340-356. Doi: 10.1177/0739986309337821

Guzman, M.R., & Carrasco, N. (2011) *Counseling and diversity: Counseling Latino/Americans,* Belmont, CA: Brooks/Cole

Hammer, J. H., Vogel, D. L., & Heimerdinger-Edwards, S. R. (2013). Men's help seeking: Examination of differences across community size, education, and income. *Psychology of Men and Masculinity, 14*, 65–75.

Hefferson, K. & Boniwell, I. (2011) *Positive psychology: Theory, research and application.* New York, NY: McGraw-Hill.

Horne, A. M., & Kilesica, M.S. (Eds). (1991). *Handbook of Counseling boys and adolescent's males.* Thousand Oaks, CA: Sage.

Hovey, J. D., & Seligman, L. D. (2006). *The mental health of agricultural workers agricultural medicine.* New York, NY: Springer. 282–299.

Ishikawa, R. Z., Cardemil, E. V., Alegría, M., Schuman, C. C., Joseph, R. C., & Bauer, A. M. (2014). Uptake of depression treatment recommendations among Latino primary care patients. *Psychological Services, 11* (4), 421-432.

Ishikawa, R. Z., Cardemil, E. V., & Falmagne, R. J. (2010). Help seeking and help receiving for emotional distress among Latino men and women. *Qualitative Health Research*, *20* (11), 1558-1572

Kazdin, A. E. (2003). *Research design in clinical psychology*, fourth edition. Boston, MA: Allyn & Bacon.

Kimmel, M.S. (2012). *Manhood in America: A Cultural History,* Oxford, England: Oxford University Press.

Kohn, R., Saxena, S., Levav, I., & Saraceno, B. (2004). The treatment gap in mental health care. *Bulletin of the World health Organization*, *82 (11),* 858-866.

Kouyoumdjian, H., Zamboanga, B. L., & Hansen, D. J. (2003). Barriers to Community Mental Health Services for Latinos: treatment considerations. *Clinical Psychology: Science and Practice, 10 (4)*, 394–422.

Lane, J. M., & Addis, M. E. (2005). Male gender role conflict and patterns of help seeking in Costa Rica and the United States. *Psychology of Men & Masculinity*, *6* (3), 155.

Lantican, L. (1998). Mexican American clients' perceptions of services in an outpatient mental health facility in a border city. *Mental Health Nursing, (19),* 125-137.

Lara, M., Gamboa, C., Kahramanian, I., Morales, L. & Baustista, D. (2005) Acculturation and Latino health in United States: a review of the literature and its socio-political context. *Annual Review Public Health, 28*: 367-397.

Levant, R. F., & Richmond, K. (2007). A review of research on masculinity ideologies using the Male Role Norms Inventory. *The Journal of Men's Studies, 15*, 130–146.

Levant, R. F., Wimer, D. J., & Williams, C. M. (2011). An evaluation of the psychometric properties of the Health Behavior Inventory-20 (HBI-20) and its relationships to masculinity and attitudes toward seeking psychological help among college men. *Psychology of Men and Masculinity, 12,* 26–41.

Liang, C. T., Salcedo, J., & Miller, H. A. (2011). Perceived racism, masculinity ideologies, and gender role conflict among Latino men. *Psychology of Men & Masculinity, 12* (3), 201-215.

Lopez, S., & Vega, W. (2001). Priority issues in Latino mental health services research. *Mental Health Services Research,(3),* 189-200.

Loue, S. (2001). *Intimate partner violence*. New York: Kluwer

Lui, P. P. (2015). Intergenerational cultural conflict, mental health, and educational outcomes among Asian and Latino/a Americans: Qualitative and meta-analytic review. *Psychological Bulletin, 141 (2),* 404-446.

Luna-Vazquez, A., G. Vilchis-Dorantes, M. O. Aguilar-Ruiz et al. (2008). Haplotype frequencies of the PowerPlex Y system in a Mexican-Mestizo population sample from Mexico City. *Forensic Science International Genet. 2*: e11–e13.

Mahalik, J. R., Good, G. E., & Englar-Carlson, M. (2003). Masculinity scripts, presenting concerns, and help seeking: Implications for practice and training. *Professional Psychology: Research and Practice, 34*, 123–131.

Marin G. & Gamba R.J. (1996). A new measurement of acculturation for Hispanics: the Bidimensional Acculturation Scale for Hispanics (BAS). *Hispanic Journal of Behavioral Science; 18:* 297-316.

Martinez-Cortes, G., J. Salazar-Flores, L. G. Fernandez-Rodriguez et al. (2012). Admixture and population structure in Mexican-Mestizos based on paternal lineages. J. Hum. *Genet. 57*: 568–574.

Matsudaira, T. (2006). Measures of psychological acculturation: A review. *Transcultural Psychiatry 43*, 462-487.

Meyer, M. A. (2008). *Protective factors and risk factors of HIV infection of Mexican-American gay men* (Unpublished doctoral dissertation). San Antonio: University of Texas Health Science Center.

McCabe, K.M. (2002). Factors that predict premature termination among Mexican-American children in outpatient psychotherapy. *Journal of Child and Family Studies, 11*, 347-359.

Miville, M. L., & Constantine, M. G. (2006). Sociocultural predictors of psychological help-seeking attitudes and behavior among Mexican American college students. Cultural Diversity and Ethnic Minority Psychology, 12(3), 420-432. doi:10.1037/1099-9809.12.3.420

Mirande, A. (1997) *Hombres* y *machos*. Boulder: Westview.

Myers, H. & Rodriguez, N. (2003). Acculturation and physical health in racial and ethnic minorities. In Chun K.M., Balls Organista, P., Marin, G. (Eds) Acculturation: *Advances in Theory, Measurement and Applied Research. Washington, DC:* American Psychological Association; 163-185.

National Council of La Raza (2009). Profiles of Latino health: The top twelve questions about Latinos and health care. Retrieved from: www.nclr.org/images/uploads/pages/Question7.pdf

National Institutes of Mental Health (2010). Transformation the understanding and treatment of mental health. Retrieved from: www.nimh.nih.gov/health/publications/men-and-depression/men-and depression.pdf

Ojeda, L., Piña-Watson, B., & Gonzalez, G. (2016). The role of social class, ethno cultural adaptation, and masculinity ideology on Mexican American college men's well-being. *Psychology of Men & Masculinity*, *17* (4), 373-379

O'Neil, J. M. (1981). Male sex-role conflicts, sexism, and masculinity: Implications for men, women, and the counseling psychologist. *The Counseling Psychologist*, 9, 61–80.

O'Neil, J. M. (1995). The gender role journey workshop: Exploring sexism and gender role conflict in a coeducational setting. In M. Andronico (Ed.), *Men in groups: Insights, interventions, and psych educational work.* Washington, DC: American Psychological Association.

O'Neil, J. M., Good, G. E., & Holmes, S. (1995). Fifteen years of theory and research on men's gender role conflict. In R. F. Levant & W. S. Pollack (Eds.). *The new psychology of men* (pp. 164–206). New York: Basic Books.

O'Neil, J. M., Helms, B., Gable, R., David, L., & Wrightsman, L. (1986). Gender Role Conflict Scale: College men's fear of femininity. *Sex Roles,* 14, 335–350.

Ortega, A., & Alegria, M. (2002).Self-reliance, mental health need, and the use of health care among Puerto Ricans. *Mental Health Services Research, 4,* 131-140

Page, J. (2013). Hispanics: A diverse population of students to influence the landscape of higher education. *Journal of Hispanic Higher Education*, 12, 37-48. Doi: 10.1177/1538192712454133

Paniagua, F. A., & Yamada, A. M. (Eds.) (2013). *Handbook of multicultural mental health: Assessment and treatment of diverse populations*. Second Edition. Boston: Academic Press.

Pasupuleti, R. V. (2013). Cultural factors, stigma, stress, and help-seeking attitudes among college students (Unpublished doctoral dissertation), University of Rhode Island, South Kingston, RI.

Perez, A. M. (2011). Ethnic and racial identity and academic achievement among Latino university students (Master's thesis). California State University. Retrieved from: http://hdl.handle.net/10211.9/1341.

Pew Research Center. (2011). *A statistical portrait of U.S. Hispanics* Retrieved from http://www.pewhispanic.org/2017/02/11hispanic-population-trends/ph_13-01-23_ss_hispanics2/

Ramos-Sanchez, L. (2009). Counseling bilingual ability, counselor ethnicity, acculturation, and Mexican American' perceive counselor credibility. *Journal of Service* No: (EJ851836).

Ramos-Sanchez, L., & Atkinson, D. R. (2009). The relationships between Mexican American acculturation, cultural values, gender and help seeking intention. *Journal of Counseling & Development, 87* (1), 62-71. doi:10.1002/j.15566678.2009. Tb00550.x

Rodríguez, N., Bingham, C., Flores, T., García-Hernández, L., & Myers, H. (2002). Development of the Multidimensional Acculturative Stress Inventory for Adults of Mexican Origin. *Psychological Assessment, 14*, 451-46.

Ryder, A., Alden, L., & Paulhus, D. (2000). Is acculturation unidimensional or bidimensional? A head-to-head comparison in the prediction of personality, self-identity, and adjustment. *Journal of Personality and Social Psychology*, *79*(1), 49–65.

Salazar-Flores, J., R. Dondiego-Aldape, R. Rubi-Castellanos et al. (2010). Population structure and paternal admixture landscape on present-day Mexican-Mestizos revealed by Y-STR haplotypes. *American Journal of Human Biololgy. 22*: 401–409

Sanchez, A. R., & Atkinson, D.R. (1983). Mexican American cultural commitment, preference for counselor ethnicity, and willingness to use counseling. *Journal of Counseling Psychology, 30,* 215-220.

Saez, P. A., Casado, A., & Wade, J. C. (2009). Factors influencing masculinity ideology among Latino men. *Journal of Men's Studies, 17*, 116 –128. http://dx.doi.org/10.3149/jms.1702.116

Shackman, G. (2005). Measuring quality of life using free and public domain data. *Social Research, 47*, 125-129.

Schwartz, S. J., Unger, J. B., Zamboanga, B. L., & Szapocznik, J. (2010). Rethinking the concept of acculturation: Implications for theory and research. *American Psychologist, 65* (4), 237–251.

Tavakol, M. & Dennick, R. (2011). Making sense of Cronbach's alpha. *International Journal of Medical Education. 2*:53-55. DOI:10.5116/ijme.4dfb.8dfd

Tsan, J. Y., Schwartz, J. P., Day, S. X., & Kimbrel, N. A. (2011). Restrictive emotionality, BIS, BAS, and psychological help seeking behaviors. *Psychology of Men & Masculinity, 12* (3), 260-274. Doi: 10.1037/a0021636.

Telzer, E. H. (2010). Exploring the acculturation gap-distress model: An integrative review of research. *Human Development, 53*, 313–340.

Tomlinson, H. (2001). International perspectives on education: The response of the mother country. In C.A. Grant & J. L. Lei (Eds.), *Global constructions of multicultural education. Theories and realities* (pp. 217–336). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

Torres, Jose B. (1998). Masculinity and Gender Roles among Puerto Rican Men: Machismo on the U.S. Mainland. *American Journal of Orthopsychiatry 68* (1), 16-26.

Torres, J. B., Solberg, V. S. H., & Carlstrom, A. H. (2002). The myth of sameness among Latino men and their machismo. *American Journal of Orthopsychiatry*, *72* (2), 163.

Trochim, W.M.K. (2006). Research Methods Knowledge Base. Retrieved from http://www.socialresearchmethods.net/kb/index.php

United States Census Bureau. (2014). *Quick Fact: United States*. Retrieved 2016, 10/5/2017 from: https://www.census.gov/quickfacts/fact/table/US/PST120216

United States Department of Health and Human Services. (2001). *Mental health: culture, race, and ethnicity: A supplement to mental health: A report of the Surgeon General.* Washington, D.C., U.S. Department of Health and Human Services.

United States Department of Health and Human Services. (2016). *Health, United States, 2015, with special feature on racial and ethnic health disparities*. Washington, D.C., U.S. Department of Health and Human Services.

Vega, W. A., Kolody, B., Aguilar-Gaxiola, S., & Catalano, R. (1999). Gaps in service utilization by Mexican Americans with mental health problems. *American Journal of Psychiatry*, *156 (6),* 928-934.

Vogel, D. L., & Wester, S. R. (2003). To seek help or not to seek help: The risks of self-disclosure. *Journal of Counseling Psychology*, *50* (3), 351.

Woodward, A. M., Dwinell, A. D., & Arons, B. S. (1992). Barriers to mental health care for Hispanic Americans: A literature review and discussion. *The Journal of Behavioral Health Services and Research*, *19 (3)*, 224-236.

Zane, N. & Mak, W. (2003). Major approaches to the measurement of acculturation among ethnic minority population: a content analysis and an alternate empirical strategy. In: Chun k. M., Balls Organista P, Marin, G. (Eds) *Acculturation: Advances in Theory, Measurement and Applied Research* Washington, DC: *American Psychological Association;* 39-60.

Zhang, N., & Dixon, D. N. (2003). Acculturation and attitudes of international students toward seeking psychological help. *Journal of Multicultural Counseling and Development, 31*, 205-222.

Zoucha, R. & Purnell, L. D. (2003). People of Mexican heritage. In L. D. Purnell & B.J. Paulanka (Eds), Transcultural health care: *A culturally competent approach* (2nd ed., pp. 264-278. Philadelphia: F.A. Davis.

Appendix A: IRB Approval

IRB Materials Approved
I
IRB <irb@mail.waldenu.edu>

Reply all|
Mon 2/25, 10:45 AM
Innocent Obuah;
IRB;
Charlton J. Coles

Obuah Consent Form.pdf
118 KB

Download
Save to OneDrive - Laureate Education - ACAD
Dear Mr. Obuah,

This email is to notify you that the Institutional Review Board (IRB) has approved your application for the study entitled, "**Masculine ideals, Acculturation and Attitudes Toward Seeking Psychological Help**."

Your approval # is 02-25-19-0144944. You will need to reference this number in your dissertation and in any future funding or publication submissions. Also attached to this e-mail is the IRB approved consent form. Please note, if this is already in an on-line format, you will need to update that consent document to include the IRB approval number and expiration date.

Your IRB approval expires on February 24th, 2020. One month before this expiration date, you will be sent a Continuing Review Form, which must be submitted if you wish to collect data beyond the approval expiration date.

Your IRB approval is contingent upon your adherence to the exact procedures described in the final version of the IRB application document that has been submitted as of this date. This includes maintaining your current status with the university. Your IRB approval is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, your IRB approval is suspended. Absolutely NO participant recruitment or data collection may occur while a student is not actively enrolled.

If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the Documents & FAQs section of the Walden web site: http://academicguides.waldenu.edu/researchcenter/orec

Researchers are expected to keep detailed records of their research activities (i.e., participant log sheets, completed consent forms, etc.) for the same period of time they retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Both students and faculty are invited to provide feedback on this IRB experience at the link below:
http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ_3d_3d

Congratulations!
Bryn Saunders
Research Ethics Support Specialist
Office of Research Ethics and Compliance
Email: irb@mail.waldenu.edu

Walden University
100 Washington Ave. S, Suite 900
Minneapolis, MN 55401

Appendix B: Consent Form

CONSENT FORM

You are invited to take part in a research study about Masculine ideals, Acculturation and Attitude toward Seeking Professional Psychological Help by Mexican American Adult males. The researcher is inviting Mexican American adult males between ages of 18-50 to participate in the study. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part.
This study is being conducted by a researcher named _Innocent A. Obuah, who is doctoral student at Walden University.

Background Information:
The purpose of the investigation is to explore how masculine ideals and acculturation affect the attitude of Mexican American men toward seeking psychological help. Definitions: Acculturation is the process by which people/individuals adapt to or follow another culture from their original culture. It means adopting the ways of a culture that is not your, i.e. Mexican Americans adopting the American culture by behaving like Americans.

Procedures:

- This survey is anonymous, you are not required to disclose your identity.
- You must be fluent in English to be able to complete the survey..
- The information you provide will be used for this study only
- Take home this consent form and the survey and if you agree to complete the survey, just go ahead to do so at your convenience. You are not required to sign or mail back the consent form.
- Then complete the survey and mail it to the researcher in the self-addressed envelope.
- You are not required to indicate your name or address or any other personal identifier
- Respond to all the questions in this survey as much as possible.
- Completing the survey may take between15 and 30 minutes.

Here are some sample questions:

- What is your current Relationship (marital) status?
- Have you ever used mental health services?
- I enjoy Spanish language movies.

Nature of the Study:
This study is voluntary. You are free to accept or turn down the invitation. No one will

treat you differently if you decide not to be in the study. If you decide to be in the study now, you can still change your mind later.

Risks and Benefits of Being in the Study:

Being in this study would not pose risk to your safety or wellbeing. The risk include possible fatigue from answering the questions and the possibility of becoming upset due to thinking about some of the more sensitive-natured items.

This study will help provide health care practitioners with a general understanding of unique treatment barriers faced by Mexican American males. Addressing those cultural factors and masculine ideals can help clinicians better understand this population.

Payment:

No payment will be made for participating in this study.

The identities of individual participants remain anonymous.

Privacy:

Reports coming out of this study will not share the identities of individual participants. Details that might identify participants, such as the location of the study, also will not be shared. Even the researcher will not know who you are. "You are not required to sign or mail back the consent form, it is yours to keep"

Contacts and Questions:

If you any questions as you complete the consent form and survey. Please feel free to contact the researcher. If you want to talk privately about your rights as a participant, you can call the Research Participant Advocate at Walden University's approval number for this study is **IRB will enter approval number here** and it expires on **IRB will enter expiration date.**

Appendix C: Survey Questionnaire

SURVEY QUESTIONNAIRE

PART A. Demographic Questionnaires:

1. Gender: Male Female LGBT
2. Age Range: 18-25 26-35 36-45 46 – 50 above 50.
3. What country were you born?
4. If you were born out the US, how many years have you lived in the US?
5. Where you parents (Father/Mother born here or outside the US?
6. If you were born outside the US, please indicate your main reason for migration:
   a. Voluntary
   b. War
   c. Political oppression
   d. Other:_________________
7. What was your generation status in US?

   a. 1st generation (born outside of US and immigrated after the age of 15)?
   b. 2nd generation (born in US & at least one of your parents was born outside of US)?
   c. 3rd generation (born in the US and both parents and grandparents were born in the US)?
8. Current Relationship(marital) status:
   a. Single
   b. Married
   c. Common law/Cohabiting
   d. Separated or Divorced
   e. Widowed
   f. LGBT
9. Employment Status
   a. Full time
   b. Part time
   c. Unemployed
   d. Student
   e. Retired.
10. What is your estimated highest level of education
    a. No school or did not complete elementary school
    b. High school/Elementary school
    c. Completed 2 years of program
    d. Completed University
11. Religious preference:
    a. Catholic
    b. Christian (Baptist, Protestant, etc.)

c. Other:____________________

12. How often do you attend Church, temple or other religious meetings:
    a. More than once a week
    b. Once a week
    c. Once a month
    d. A few times a year
    e. Once a year
    f. Never.
13. _Estimated family income: $_____________________(Optional)
14. Have you ever used mental health services (e.g. Psychiatry, Psychotherapy, counseling, etc.?)
    a. Yes
    b. No.

Part B: Attitudes Toward Seeking Professional Psychological Help-Short Form

(ATSPP-SH)

Below are a number of statements pertaining to psychology and mental health issues. Use The rating scale below to circle the number that best describes your opinion. There are no "wrong" answers, and the only right ones are whatever you honestly feel or believe. It is important that you answer every item.

Disagree, Partly Disagree, Partly Agree, and Agree.

0---------------------------1--------------------------2--------------------------3

Disagree	Disagree Ptly	Ptly agree	Agree
D	DP	PA	A

1. If I believed I was having a mental breakdown, my first inclination would be to get professional help.
2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.
3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.
4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.
5. I would want to get psychological help if I were worried or upset for a long time.
6. I might want to have psychological counseling in the future
7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with

professional help
8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.
9. A person should work out his or her own problems; getting psychological counseling would be a last resort.
10. Personal and emotional troubles, like many things, tend to work out by themselves. 0 1 2 3

B2 Intentions of Seeking Counseling Inventory (ISCI)

The following list states a number of reasons why people decide to seek therapy. Read each item carefully and imagine that you were experiencing the same problem. Please indicate how likely you would be to seek therapy if you were experiencing the same problem using the following scale:

Very Unlikely   Unlikely   Doubtful   Possibly   Likely   Very Likely
1-------------------2-----------------3-----------------4-----------------5-------------------6

Remember, there are no "wrong" answers. Please circle the response that seems to best apply to you. It is important that you answer every item.

Intensions	VU	U	D	P	L	VL
1. Weight control						
2. Excessive alcohol use						
3. Relationship difficulties (ie., romantic partner)						
4. Concerns about sexuality						
5. Depression						
6. Conflict with family						
7. Speech Anxiety						
8. Difficulties dating						
9. Difficulty sleeping						
10. Drug Problems						
11. Feelings of Inferiority						
12. Difficulties with friends						
13. Self-understanding (i.e., personal growth)						
14. Loneliness						
15. Anxiety						

B3 Physical Barriers

Please indicate whether the following would impact your decision to seek help from a Mental health professional if you were experiencing a persistent emotional or personal problem:

Not At All	A Little	Some	A Lot	A Great Deal
1	2	3	4	5

Barriers	NAA	AL	S	ALT	AGD
1. Cost of treatment					
2. Transportation difficulties					
3. Not knowing where to seek appropriate treatment					
4. Ability of the mental health professional to speak Spanish					
5. Discrimination					
6. Other (please specify):					

Part C: Acculturation Rating Scale for Mexican Americans

Definition:
Acculturation is the process by which people/individuals adapt to or follow another culture from
their original culture. It means adopting the ways of a culture that is not your, i.e. Mexican
Americans adopting the American culture by behaving like Americans.
Please read each statement carefully and indicate your response according to the following scale:
Not at all (1); Very little or Not very often (2) Moderately (3), Much or Very Often (4) Extremely often or Almost always (5)There are no wrong answers. It is important that you answer every item.

Statements	NAA	VL	M	VO	EO
1. I speak Spanish					
2. I speak English					
3. I enjoy speaking Spanish					
4. I associate with European Americans					
5. I associate with Latinos/Hispanics					
6. I enjoy listening to Spanish language music					
7. I enjoy listening to English language music					
8. I enjoy Spanish language TV					
9. I enjoy English language TV					
10. I enjoy Spanish language movies					
11. I enjoy English language movies					
12. I enjoy reading (e.g., books) in Spanish					
13. I enjoy reading (e.g., books) in English					
14. I write (e.g., letters, emails) in Spanish					
15. I write (e.g., letters, emails) in English					
16. My thinking is done in the Spanish language					
17. My thinking is done in the English language					

18. My contact with my (or my family's) country of origin has been
19. My contact with US has been
20. My father identifies or identified himself as Latino/Hispanic
21. My mother identifies or identified herself as Latina/Hispanic
22. My friends, while I was growing up, were of Latino/Hispanic origin
23. My friends, while I was growing up, were of US
24. My family cooks Latino/Hispanic foods
25. My friends now are of Latino/Hispanic origin
26. My friends now are of United States
27. I like to identify myself as
28. I like to identify myself as Latino(a)/ Hispanic
29. I like to identify myself as Latino-US
30. I like to identify myself as Mexican American

Part D: Masculinity (Machismo) M-Measure

I am going to read some statements that reflect opinions on a wide range of topics. We understand that in different situations different responses may be appropriate, but please respond to each statement to the best of your ability. Please tell me for each statement whether you STRONGLY DISAGREE, DISAGREE, DISAGREE SOMEWHAT, UNCERTAIN, AGREE SOMEWHAT, AGREE, or STRONGLY AGREE.

Statements	SD	D	U	A	SA
1. Men are superior to women.					
2. Men want their children to have better lives than themselves.					
3. In a family a father's wish is law.					
4. A real man does not brag about sex.					
5. Men should respect their elders.					
6. The birth of a male child is more important than a female child.					
7. Men hold their mothers in high regard.					
8. It is important not to be the weakest man in a group.					
9. Real men never let down their guard.					
10. The family is more important than the individual.					
11. It would be shameful for a man to cry in front of his children.					
12. Men should be willing to fight to defend their					

family.
13. A man should be in control of his wife.
14. It is necessary to fight when challenged.
15. Men must exhibit fairness in all situations.
16. It is important for women to be beautiful.
17. A woman is expected to be loyal to her husband.
18. The bills (electric, phone, etc.) should be in the man's name.
19. Men must display good manners in public.
20. Men should be affectionate with their children

Appendix D: Intention of Seeking Psychological Help

Intention of Seeking Psychological Help

Code	Intention	Frequency Distribution VU (1)	U (2)	D (3)	P (4)	L (5)	VL (6)	Mean
B2.1	Weight control	1	2	16	19	20	31	4.67
B2.2	Transportation difficulties	1	1	7	34	38	8	4.47
B2.3	Not knowing where to seek appropriate treatment	0	1	18	29	9	32	4.59
B2.4	Concerns about sexuality	2	5	29	16	20	17	4.10
B2.5	Depression	2	3	6	20	40	18	4.65
B2.6	Conflict with family	0	1	7	46	24	11	4.47
B2.7	Speech Anxiety	1	12	9	22	30	15	4.27
B2.8	Difficulties dating	0	4	20	22	22	20	4.42
B2.9	Difficulty sleeping	1	2	18	21	36	9	4.39
B2.10	Drug Problems	13	6	4	24	28	13	4.57
B2.11	Feelings of Inferiority	2	4	18	34	15	16	4.17
B2.12	Difficulties with friends	0	11	10	17	23	27	4.54
B2.13	Self-understanding (i.e., personal growth)	0	1	11	16	41	18	4.78
B2.14	Loneliness	1	1	20	25	22	20	4.41
B2.15	Anxiety	0	1	9	34	23	20	4.65

VU = Very Unlikely, U = Unlikely, U=Undecided; P = Possible; L = Likely, VL=Very Likely

Appendix E

Physical Barriers to Seeking Help from Mental Health Professionals
Frequency Distribution

Code	Barriers	NAA (1)	AL (2)	S (3)	ALT (4)	AGD (5)	Mean
B3.1	Cost of treatment	2	20	26	10	29	3.56
B3.2	Transportation difficulties	0	3	30	51	5	3.65
B3.3	Not knowing where to seek appropriate treatment	0	25	31	26	1	3.90
B3.4	Ability of the mental health professional to speak Spanish	1	21	25	27	15	3.38

B3.5	Discrimination	5	21	43	19	1	3.89

Scale: NAA = Not At All; AL= A Little; S= Some; ALT= A Lot, and AGD = A Great Deal

Appendix F: Responses to the Four Items in the ATSPP-SH

*F*requency Distribution

Item	Question	D(0)	PD(1	PA(2)	A(3)	NR	Mean
A1	If I believe I was having a mental breakdown my first inclination would be to get professional help	4	14	44	27	0	3.0562
A2	. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy	0	18	54	17	0	2.988
A3	I would want to get psychological help if I were worried or upset for a long time	0	19	52	18	0	3.011
A4	A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help	2	22	34	31	0	3.050

Scale: D =Disagree, PD = Partly Disagree; PA = Partly Agree, A = Agree, NR = No Response

Appendix G: Responses to the 15 Questions in the Acceleration Scale

Responses to the 15 Questions in the Acceleration Scale

Frequency Distribution

Item	Question	NAA (1)	VL (2)	M (3)	VO (4)	EO (5)	Mean
C1	I speak English	1	10	46	32	0	3.2247
C2	I associate with European Americans	1	12	34	37	5	3.3708
C3	I enjoy listening to English language music	4	8	38	39	0	3.2584
C4	I enjoy English language TV	3	7	48	28	3	3.2360
C5	I enjoy English language movies	2	8	39	38	2	3.3371
C6	I enjoy reading (e.g., books) in English	9	39	38	3	0	3.3933
C7	I write (e.g., letters, emails) in English	9	47	29	4	0	3.3146
C8	My thinking is done in the English language	17	29	42	1	0	3.3034
C9	My contact with US has been	8	42	36	3	0	3.3820
C10	21. My mother identifies or identified herself as an American	2	7	39	32	9	3.4382
C11	23. My friends, while I was growing up, were of US citizens	11	43	25	10	0	3.3820
C12	My friends now are of United States	3	35	41	10	0	3.6517
C13	I like to identify myself as American	1	7	33	42	6	3.5056
C14	. I like to identify myself as Latino-US	5	35	40	9	0	3.5955
C15	I like to identify myself as Mexican American	12	28	43	6	0	3.4831

Scale: NAA = Not At All (1); VL = Very little or Not Very Often ; M = Moderately; VO = Much or Very Often; EO = Extremely Often or Almost Always

Appendix H: Responses to the Statements in the Masculinity Scale

Responses to the statements in the Masculinity Scale
Frequency Distribution

Item	Question	SD (1)	D (2)	U (3)	A (4)	SA (5)	Mean
M1	Men are superior to women.	2	18	47	22	0	3.000
M2	Men want their children to have better lives than themselves	3	21	42	22	1	2.9663
M3	In a family a father's wish is law.	16	55	17	1	0	3.0337
M4	The birth of a male child is more important than a female child.	1	15	47	26	0	3.1011
M5	It is important not to be the weakest man in a group.	1	27	33	27	1	3.000
M6	Real men never let down their guard.	1	25	41	22	0	2.9438
M7	It would be shameful for a man to cry in front of his children.	16	47	24	2	0	3.1348
M8	Men should be willing to fight to defend their family	29	36	23	1	0	2.9551
M9	A man should be in control of his wife.	1	34	31	22	1	2.8652
M10	It is necessary to fight when challenged.	32	35	22	0	0	2.8876
M11	A woman is expected to be loyal to her husband.	33	26	30	0	0	2.996
M12	The bills (electric, phone, etc.) should be in the man's name.	36	37	12	4	0	2.8202

Scale: SD = Strongly Disagree; D= Disagree; U= Undecided; A=Agree; SA= Strongly agree

Appendix I: Intension of Seeking Psychological Help

Intension of Seeking Psychological Help
Using the Intensions of Seeking Psychological Help Inventory scale, respondents were asked to indicate the reasons why they think people seek psychological counseling on a six-point scale: very unlikely (1) to very likely (6). The results indicate that most people are likely or very likely to seek psychological help, when they experience the following problems: depression, conflict with family, speech anxiety, difficulties with dating, drug problem, and difficulty with friends, loneliness, personal growth, anxiety and concern with sexuality (Detailed results are in the Appendix D.
Table 2
Intension of Seeking Psychological Help
Frequency Distribution

Code	Intention	VU (1)	U (2)	D (3)	P (4)	L (5)	VL (6)	Mean
B2.1	Weight control	1	2	16	19	20	31	4.67
B2.2	Transportation difficulties	1	1	7	34	38	8	4.47
B2.3	Not knowing where to seek appropriate treatment	0	1	18	29	9	32	4.59
B2.4	Concerns about sexuality	2	5	29	16	20	17	4.10
B2.5	Depression	2	3	6	20	40	18	4.65
B2.6	Conflict with family	0	1	7	46	24	11	4.47
B2.7	Speech Anxiety	1	12	9	22	30	15	4.27
B2.8	Difficulties dating	0	4	20	22	22	20	4.42
B2.9	Difficulty sleeping	1	2	18	21	36	9	4.39
B2.10	Drug Problems	13	6	4	24	28	13	4.57
B2.11	Feelings of Inferiority	2	4	18	34	15	16	4.17
B2.12	Difficulties with friends	0	11	10	17	23	27	4.54
B2.13	Self-understanding (i.e., personal growth)	0	1	11	16	41	18	4.78
B2.14	Loneliness	1	1	20	25	22	20	4.41
B2.15	Anxiety	0	1	9	34	23	20	4.65

VU = Very Unlikely, U = Unlikely, U=Undecided; P = Possible; L = Likely, VL=Very Likely

Barriers to Seeking Psychological Self Help
Participants were asked to indicate on a 5-point scale (starting from (1) not at all) to (5) a great deal) how barriers would impact their decision to seek psychological help if they were experiencing a persistent emotional problem. These barriers included cost of treatment, transportation difficulties, not knowing where to seek appropriate treatment, ability of therapist to speak Spanish and fear of discrimination. The results indicate that about 44 % of the respondents(39 out of 89) indicated that cost of treatment is a lot or

great deal barrier to seeking help from mental health professionals; 63 % indicated that transportation difficulties was a barrier. 30% indicated that not knowing where to seek appropriate mental health services was a barrier, 55% indicated that the ability of the health care professional to speak Spanish and 22.5% indicated that discrimination was a barrier (See Appendix E for detailed results). The implication of these findings is that in order to increase access to mental health professionals, there is a need to address the issues of cost of treatment, transportation difficulties and having adequate number of health care professionals who speak Spanish (Whaley & Davis, 2007; Sue et al., 2009).

Table 3:
Physical Barriers to Seeking Help from Mental Health Professionals

Code	Barriers	NAA (1)	AL (2)	S (3)	ALT (4)	AGD (5)	Mean
B3.1	Cost of treatment	2	20	26	10	29	3.56
B3.2	Transportation difficulties	0	3	30	51	5	3.65
B3.3	Not knowing where to seek appropriate treatment	0	25	31	26	1	3.90
B3.4	Ability of the mental health professional to speak Spanish	1	21	25	27	15	3.38
B3.5	Discrimination	5	21	43	19	1	3.89

Scale: NAA = Not At All; AL= A Little; S= Some; ALT= A Lot, and AGD = A Great Deal

Other studies have shown that additional barriers to help-seeking include therapists' lack of cultural understanding, judgmental attitude of some therapists, experience of unhelpful advice of some therapists, and over emphasis on medication as opposed to psychotherapy. These findings stress the need to develop and implement mental health services that are culturally competent to ensure that these needs are properly addressed (Sue et al., 2009: 528; Collins & Arthur, 2010; Hernandez et al., 2009).
Responses to Attitude toward Seeking Psychological Help Questions
Four items (questions) in the ATSPP-SH scale were selected for analysis. These are those items that are very closely measure attitude toward seeking professional psychological help.

Appendix F shows the summary of the responses to each question/item. Among the 89 participants, 27 (30%) agree with statement that if they were having mental breakdown, they would seek psychological help, while 44 (49.4%) partly agree with the statement. 17 (about 19.2%) of participants indicated that if they were experiencing a serious emotional crisis at this point in their life, they would be confident to seek relief in psychotherapy, while, 54 (60%) stated they partially to seek psychotherapy. 18(20%) of the individuals who took part in the survey indicated that they would want to get psychological help if they were worried or upset for a long time; while, 52 (58%) indicated they partially

agree. 31 (34%) participants agreed that if a person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help; while, 34 (38%) partially agree (See Appendix F)
Responses to Attitude toward Acculturation Questions

Table 4
Responses to Four Items in the ATSPP-SH

Item	Question	D(0)	PD(1	PA(2)	A(3)	NR	Mean
A1	If I believe I was having a mental breakdown my first inclination would be to get professional help	4	14	44	27	0	3.0562
A2	. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy	0	18	54	17	0	2.988
A3	I would want to get psychological help if I were worried or upset for a long time	0	19	52	18	0	3.011
A4	A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help	2	22	34	31	0	3.050

Scale: D =Disagree, PD = Partly Disagree; PA = Partly Agree, A = Agree, NR = No Response

Acculturation Scale

Among the 30 items in the Acculturation scale, 15 were selected for analysis, and the results are presented in Appendix G. The result shows that 32 out of the 89 respondents, that is (36%) indicated that they very often speak English at home or (52%) moderately speak English at home. 37 or (42%) indicated they very often associate E-American, while 34(38%) moderately do so. 39 (44%) indicated that they enjoy listening to English music, while 38 (43%) moderately do so. 28(31%) enjoy English language TV while 48(54%) moderately do so.(See Appendix G for detailed results)

Responses to Masculinity Questions

Table 5
Results of Responses to 15 Questions in the acculturation Scale

Item	Question	NAA (1)	VL (2)	M (3)	VO (4)	EO (5)	Mean

C1	I speak English	1	10	46	32	0	3.2247
C2	I associate with European Americans	1	12	34	37	5	3.3708
C3	I enjoy listening to English language music	4	8	38	39	0	3.2584
C4	I enjoy English language TV	3	7	48	28	3	3.2360
C5	I enjoy English language movies	2	8	39	38	2	3.3371
C6	I enjoy reading (e.g., books) in English	9	39	38	3	0	3.3933
C7	I write (e.g., letters, emails) in English	9	47	29	4	0	3.3146
C8	My thinking is done in the English language	17	29	42	1	0	3.3034
C9	My contact with US has been	8	42	36	3	0	3.3820
C10	21. My mother identifies or identified herself as an American	2	7	39	32	9	3.4382
C11	23. My friends, while I was growing up, were of US citizens	11	43	25	10	0	3.3820
C12	My friends now are of United States	3	35	41	10	0	3.6517
C13	I like to identify myself as American	1	7	33	42	6	3.5056
C14	I like to identify myself as Latino-US	5	35	40	9	0	3.5955
C15	I like to identify myself as Mexican American	12	28	43	6	0	3.4831

Scale: NAA = Not At All (1); VL = Very little or Not Very Often ; M = Moderately; VO = Much or Very Often; EO = Extremely Often or Almost Always

Masculinity Scale

Among the 20 items in Masculinity scale, 12 were selected for analysis because they more closely measure masculine ideal (machismo). Appendix H shows the distribution of the responses to the 12 items. For example, 22 out of the 89 respondents(25%) agreed with the statement that men are superior to women, while 47(53%) were undecided. The mean score for this is three indicating that as a group the respondents were undecided on this question. The responses to the second question follow a similar pattern (Men want their children to have better lives than themselves. On the 3rd statement, (in a family a father's wish is law- only on respondent agrees with it, 17 were undecided, 55disagreed, while 16 strongly disagreed. On the fourth statement, the birth of a male child is more important than a female child. 26 agreed, 47 undecided and 15 disagreed. On the fifth

statement (It is important not to be the weakest man in a group, 27 agreed, 33 undecided and 27 disagreed.

On the sixth statement, (Real men never let down their guard) 22 agreed, 41 were undecided, while 25 disagreed. On the 7th statement (It would be shameful for a man to cry in front of his children), 2 agreed, 24 were undecided, while 47 disagreed. On the statement, (Men should be willing to fight to defend their family) one agreed, 23 were undecided, while 36 disagreed. On the statement, (A man should be in control of his wife) 22 agreed, 31 were undecided, while 34 disagreed. On the statement (It is necessary to fight when challenged), no participant agreed, 22 were undecided, while 35 disagreed. On the 11th statement (A woman is expected to be loyal to her husband), no participant agreed, 30 were undecided, while 26 disagreed. On the 12th statement (The bills (electric, phone, etc.) should be in the man's name) four agreed, 12 were undecided, while 37 disagreed.(Appendix H)

Table 6
Responses to the statements in the Masculinity Scale

Item	Question	SD (1)	D (2)	U (3)	A (4)	SA (5)	Mean
M1	Men are superior to women.	2	18	47	22	0	3.000
M2	Men want their children to have better lives than themselves	3	21	42	22	1	2.9663
M3	In a family a father's wish is law.	16	55	17	1	0	3.0337
M4	The birth of a male child is more important than a female child.	1	15	47	26	0	3.1011
M5	It is important not to be the weakest man in a group.	1	27	33	27	1	3.000
M6	Real men never let down their guard.	1	25	41	22	0	2.9438
M7	It would be shameful for a man to cry in front of his children.	16	47	24	2	0	3.1348
M8	Men should be willing to fight to defend their family	29	36	23	1	0	2.9551
M9	A man should be in control of his wife.	1	34	31	22	1	2.8652
M10	It is necessary to fight when challenged.	32	35	22	0	0	2.8876
M11	A woman is expected to be loyal to her husband.	33	26	30	0	0	2.996
M12	The bills (electric, phone,	36	37	12	4	0	2.8202

etc.)
should be in the man’s name.

Scale: SD = Strongly Disagree; D= Disagree; U= Undecided; A=Agree; SA= Strongly agree

Appendix J- 1: Results of Regression Analysis

Results of regression analysis

Table J1

Regression Results of mean score on Attitude Toward Seeking Professional Psychological Help (ATSPPH) and the mean score on the Acculturation scale

Regression Statistics	
Multiple R	0.912616
R Square	0.832867
Adjusted R Square	0.830946
Standard Error	0.236254
Observations	89

ANOVA

	Df	*SS*	*MS*	*F*	*Significance*
Regression	1	24.19877	24.19877	433.5441	1.49E-35
Residual	87	4.856006	0.055816		
Total	88	29.05478			

					Confidence	Interval
	Coefficients	*Standard Error*	*t Stat*	*P-value*	*Lower 95%*	*Upper 95%*
Intercept	-0.43935	0.168402	-2.60894	0.01069	-0.77407	-0.10463
Acculturation	1.022313	0.049098	20.82172	1.49E-35	0.924725	1.119902

Table J 2

Regression Results: Mean score on Attitude Toward Seeking Professional Psychological Help ((ATSPPH) scale on the mean score on the Masculinity scale.

Regression Statistics	
Multiple R	0.827043
R Square	0.684
Adjusted R Square	0.680368
Standard Error	0.324857
Observations	89

ANOVA

	df	*SS*	*MS*	*F*	*Significance*	
Regression	1	19.87346	19.87346	188.3164	1.77E-23	
Residual	87	9.18131	0.105532			
Total	88	29.05478				
					Confidence	Interval
	Coefficients	*Standard Error*	*t Stat*	*P-value*	*Lower 95%*	*Upper 95%*
Intercept	5.35689	0.173161	30.93592	1.01E-48	5.012714	5.701066
Masculinity	-0.78336	0.057084	-13.7228	1.77E-23	-0.89682	-0.6699

Table J 3

Regression Result: Mean score on Attitude Toward Seeking Professional Psychological Help (ATSPPH) scale on the mean score on the Acculturation scale and the mean score on the Masculinity scale.

Regression Statistics	
Multiple R	0.915117
R Square	0.837439
Adjusted R Square	0.833658
Standard Error	0.234352
Observations	89

ANOVA

	Df	*SS*	*MS*	*F*	*Significance F*
Regression	2	24.3316	12.1658	221.516	1.18E-34
Residual	86	4.723174	0.054921		
Total	88	29.05478			

					Confidence Interval		
	Coefficients	*Standard Error*	*t Stat*	*P-value*	*Lower 95%*	*Upper 95%*	*VIF*
Intercept	0.398903	0.564296	0.706903	0.481537	-0.72288	1.520687	
Masculinity	-0.12973	0.08342	-1.55519	0.123573	-0.29557	0.036099	4.120
Acculturation	0.888879	0.098658	9.00967	4.7E-14	0.692753	1.085006	4.120