

**MAN UP! HELPING ADOLESCENT BOYS BREAKTHROUGH GENDER ROLE
CONFLICT THROUGH POSITIVE MASCULINITY**

by

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**Man Up! Helping Adolescent Boys Breakthrough Gender Role Conflict Through Positive
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Abstract

There is a discrepancy in adolescent males between those who suffer from mental health concerns and those who seek mental health support. Issues surrounding gender role conflict (GRC) such as social and self-stigma, perceived utility, and with whom to trust personal information are key elements preventing males from seeking help. This capstone project sought to teach middle school boys, in grades six and seven, positive masculinity ideals within the parameters of an option class. Lessons consisted of the boys working through experiential activities followed by reflections, either written or verbal, and group discussions. Feedback from the students was generally positive in that they enjoyed the class. However, the students' growth in understanding GRC and how to overcome it was limited due to the limitations of the class. Such limitations included a student-to-teacher ratio that was too high and not conducive to rapport-building. Another significant limitation was the lack of time one class allowed. Students often did not have the time in one class required to work through an activity and discuss their learning. An area of future research could examine ways to normalize help seeking in a school setting especially among the male students.

Keywords: Gender role conflict, positive masculinity, help seeking, stigma, and mental health

Table of Contents

Acknowledgements	iii
Abstract	iv
Table of Contents	v
Chapter 1: Introduction	1
Background to the Problem	1
Statement of the Problem.....	2
Purpose of the Study	4
Research Question of Hypothesis.....	4
Importance of the Study.....	5
Definition of Terms.....	6
Scope of the Study	7
Summary	8
Outline of the Remainder of the Paper	8
Chapter 2: Literature Review	10
Gender Role Conflict (GRC)	11
Help-Seeking.....	13
Common Barrier Themes to Help-Seeking.....	14
Social stigma	14
Self-stigma.	15
Determining from whom to access help.	16
Anticipated utility and risk.....	18
Common Facilitator Themes in Help-Seeking	18
School connectedness.	18
Positive masculinity.....	19
Trust In, and Rapport With, Service Provider	20
Chapter 3: Method	22
Introduction.....	22
Problem	22
Sample.....	22
Ethical Considerations	23
The Class.....	24
Favourite Activities.....	25
What is manlier?	25
Magic handcuffs.....	26
Least Favourite Activities	27

Fifteen.	27
Manly Bingo.	28
Role of the Teachers	28
Limitations	29
Summary	29
Chapter 4: Summary and Conclusions	31
Conclusions	32
Implications	32
Recommendations	34
References	37

Helping Adolescent Boys Breakthrough Gender Role Conflict

Chapter 1: Introduction

The World Health Organization identified mental health as a “state of well-being in which one can cope with the normal stresses of life and contribute to one’s community” (Who.int, 2014). With mental health-related issues costing over \$50 billion to the economy and affecting 1 in 5 Canadians, the Mental Health Commission of Canada (MHCC) responded by releasing the first mental health strategy for the country in May 2012 (Mental Health Commission of Canada, 2015). Using Pan-Canadian data, this strategy provided an overview of the resources, supports and initiatives organizations were promoting to address mental health concerns in their respective jurisdictions by organizing their findings of 55 indicators of mental health into 13 areas of focus, of which children and youth, stigma and suicide are the foci most relevant to schools.

Background to the Problem

In 2011, 152 of the 227 completed suicides in Canada of adolescents between the ages of 10-19, were males (Statcan.gc.ca, 2014). O’Neil, Challenger, Crasper, Renzulli, & Webster (2013) established in their study that boys were 85 percent more likely to be involved in school violence, and three times as many boys were expelled from school as compared to girls. Educationally, O’Neil et al. (2013) found, boys were three times as likely as girls to be enrolled in special education programs. 14% of 18 to 24 year old males were high school dropouts. MacDonald (2005) wrote that the gender equity gap in gender programs was becoming difficult to overlook.

Up to 70% of mental health problems and illnesses in young adults could be linked to symptoms that were present in childhood for which one in four children and one in three adults

sought treatment (Mental Health Commission of Canada, 2012). Chandra & Minkovitz (2006) found in their study that girls were twice as likely as boys to seek help for mental health issues. It was found that stigma associated with seeking help was a key factor in boys' reluctance to access supports when mental health concerns arose. Chandra and Minkovitz (2006) concluded that targeted mental health education at the middle school grades would help reduce stigma and improve mental health knowledge.

Statement of the Problem

In Alberta, the number of completed suicides of those under the age of 18 rose from 14 in 2011, to 33 in 2012. In the span of 10 months between May, 2012 and March, 2013, six adolescent males completed suicide. All were from the same area in Central Alberta (Cbc.ca, 2013). O'Neil et al. stated "that many male adolescents are vulnerable and at risk because of restrictive masculine norms" (2013, p.191).

These restrictive masculine norms were a result of gender role conflict (GRC). GRC was defined as "social influences on masculine gender role expectations that produce negative outcomes among men" (Steinfeldt & Steinfeldt, 2010, p. 262). Men were in conflict of their gender role if they violated societal expectations of what a man should be. The factors used to create the Gender Role Conflict Scale (GRCS) to determine GRC were (a) Restricted Affection Between Men (RAM), (b) Restricted Emotionality (RE), (c) Conflict Between Work, School, and Family (CWSF), and (d) Need for Success and Achievement (Blazina, Pisecco & O'Neil, 2005). At a school level, boys' problems were often overlooked because of the pervasive belief that boys would get over their adolescent issues as they became men (O'Neil et al., 2013). Terry Neu and Rich Weinfeld (as cited in Cleveland, 2011) created a list that highlighted William Pollock's Boy Code (an additional designation of where each rule fits in the GRCS is included).

1. Do not cry (no sissy stuff). – RE
2. Do not cower, tremble, or shrink from danger. – NSA
3. Do not ask for help when you are unsure of yourself (Observe the code of silence). – NSA, RE
4. Do not reach for comfort of reassurance. – RE
5. Do not sing or cry for joy. – RE
6. Do not hug your dearest friend. – RAM
7. Do not use words to show tenderness and love. – RE (2011, p. 24)

O'Neil & Luján (2009) hypothesized that boys' experiences with GRC was a predictor of psychological distress, family problems and stress, conduct problems, anger management, and negative emotions. They wrote a call to action that examined the lack of specific psychoeducational programming to address the “direct relationship between boys' restricted gender roles and their emotional and psychological problems.” Research conducted by Kiselica, Englar-Carlson, Horne & Fisher (2008) revealed that such programming would be more effective if boys were in groups experiencing shared physical activity in order to form more intimate bonds and thriving friendships.

The need for proactive mental health programs was reinforced by Vogel, Heimerdinger-Edwards, Hammer & Hubbard (2011) in their research, which determined that from a young age, boys are routinely exposed to messages of the dominant culture's expectation of masculinity. These messages decreased the likelihood for boys and men to disclose mental health symptoms to others for fear of being ridiculed. In an effort to address this concern, researchers developed a two-day forum that explored the area of positive masculinity through empowerment, emotional awareness, and personal problem solving. Exit surveys of boys who participated in the forum

indicated that the forum was helpful in understanding positive masculinity in two thirds of them and over 85% determined that the forum was a good idea (O'Neil et al., 2013).

Purpose of the Study

The purpose of this project was to provide an option class that focused on positive masculinity ideals to overcome the risk factors created by gender role conflict for adolescent boys of a middle school in Alberta, Canada. Specifically, experiential activities and small group discussions were used to help the participants develop their interpersonal skills and improve their help-seeking behaviours. An action-research model was implemented in the form of exit surveys at the end of term. This allowed the participants to express what activities they liked and did not like. It also afforded them the opportunity to give suggestions on how the class could be improved. Staff were also asked to complete a survey to help measure the participants' growth in the areas mentioned.

Research Question of Hypothesis

Within a middle school in Central Alberta a gap was identified to help service the needs of boys in Grade 6 and 7. It was observed that the male population of the school accessed the school's counselling services almost exclusively by referral from teachers or administration. Conversely, the girls in the same school were more likely to be self-referred. Given that boys are less likely to seek help due to gender role conflict, this project sought to answer:

- 1) How could an option class help boys understand positive masculinity?
- 2) Once positive masculinity ideals are understood, would boys overcome some of the barriers of gender role conflict and have a different view of masculinity?

Importance of the Study

Studies showed that mental health problems 10.4% of boys aged 5-10 years old, compared to 5.9% of girls of the same age. These numbers increased to 12.8% in boys aged 11-15 years old and in girls 11-15, numbers rose to 9.65% (Mentalhealth.org.uk, 2007). The Canadian Mental Health Association (2015) determined that 20% of children who required mental health support received them. Among 15-24 year old Canadians, suicide was second to accidents as a cause of death, resulting in 4,000 deaths. This led to Canada's youth suicide rate to being third in the industrialized world. Canadian males, aged 15-19, had a suicide rate of 1 per 100,000, whereas females of the same age had a corresponding rate of 52 per 100,000 (Suicideinfo.ca, 2012). Hutchinson and St. John (2012) found in their study "...boys tend to equate help-seeking with a perception of weakness, and admitting a need for support in a school setting makes boys vulnerable to peer group bullying and ostracism."

Building the student population's mental health was a goal of a Central Alberta middle school. This project investigated how the mental health needs of young adolescent boys could be addressed in a middle-school setting through the development and implementation of an option class exclusive to boys in Grades 6 and 7. The goal of the class was to use positive masculinity as the central focus of the lessons and activities to help to build on their strengths to help prevent risk factors associated with traditional transitioning from boyhood to manhood (Kiselica & Englar-Carlson, 2010). Lesson delivery integrated experiential activities that were meant to build upon boys' preference of kinesthetic learning by using strategies such as movement, playing and providing challenges (Helpingboyslearn.com, 2013). This class was offered to fill a gap in a middle school's positive mental plan as there were no supports in place for this population.

Universally, mental health issues were a major concern with 76%-85% of people affected with mental disorders in low- and middle-income countries received no treatment. In high income countries, the number was between 35%-50% (Who.int, 2014). The estimated global cost of mental health-related issues in 2010 was 2.5 trillion dollars (The Global Economic Burden of Non-communicable Diseases | World Economic Forum, 2011). Countries implemented initiatives to combat the plight mental illness was having on their populations. For example, Australia created the Headspace program. This program was designed as a youth-friendly multidisciplinary primary care centre to attract youth to access needed supports and services. Youthspace was England's initiative to improve mental health in its youth population. Its mandate was to garner feedback from Birmingham youth to create ease access to mental health services. Ireland initiated the Jigsaw model of service delivery which worked at the community level to make youth mental health a priority. Government, the business sector and volunteer agencies worked to provide planning, training and community awareness activities for five key communities in the country (McGorry, Bates & Birchwood, 2013).

Definition of Terms

Listed are the definitions to key terms that may require explanation in order to fully comprehend the study.

Gender role conflict – The theory of social influences and expectations on gender roles that produce negative outcomes.

Positive masculinity – The strengths of male traits and characteristics.

Help Seeking Behaviour – The habits and skills one uses to ask for help in different situations.

Positive mental health - feeling well, functioning well and being resilient in the face of life's challenges (Mental Health Commission of Canada, 2012)

Psychoeducational – Teaching that uses psychological and learning principles to promote personal, emotional, and intellectual development of students (O'Neil & Luján, 2009).

Option class – An exploratory class students can choose based on their interest. Examples of option classes include French, band, drama, food studies, and Man Up!

Experiential activities – Activities, tasks or challenges used to learn through experience and reflection in order to develop new skills.

Mental health - A state of well-being in which individuals realize their potential, can cope with the normal stresses of life, can work productively, and make contributions to their community (Who.int, 2014).

Risk factors – Conditions or behaviors that increase the likelihood of negative outcomes for students (Lapan, Wells, Petersen, & McCann, 2014).

Protective factors – Environmental conditions, characteristics, or behaviors that help youth cope with stressful life events (Lapan, Wells, Petersen, & McCann, 2014).

Scope of the Study

Students in the option class were boys from a middle school in Central Alberta. The students were in Grade 6 or 7 and were between the ages of 11 and 13 years old. There were 30 students in the first class and 24 in the second class. Both classes had the same male teacher. The ethnic and socioeconomic demographics of the class were proportionate to those of the school. There were no female students, nor were there any male students from Grade 8 or 9.

At this particular middle school, students were given a list of option class, along with their descriptions, at the beginning of each trimester. Using an online form, students then ranked

their choices in order of preference. Students were placed in their option class on a first come, first served basis. If their first choice was full, students were placed into the class they ranked as second, and so on. For this study, not all students picked the Man Up! option as their first or second choice which could have affected their level of participation.

This option class was offered during the second and third trimesters of the school year. The second trimester ran from December to March, and the third trimester completed the year. The classes were delivered every other day, for one block of 45 minutes. Time was factor on many occasions as the participants often needed more time to complete the experiential activities and to reflect on them after. Also, school assemblies and presentations were often scheduled during option classes to minimize the disruption in learning during core classes. This resulted in less option time to achieve the goals of the course.

Summary

This research compared adolescent male suicide rates in Canada to the rate at which males had a tendency to seek help. Studies indicated that the low rate of adolescent male help seeking could be attributed to the risk factors associated with male gender role conflict (O'Neil, Challenger, Renzulli, Crapser & Webster, 2013). In response, this study sought to create and implement an option class for boys at a Central Alberta middle school that used as its foundational principles elements of positive masculinity to develop protective factors against male GRC.

Outline of the Remainder of the Paper

This capstone project was sectioned into four chapters. The first chapter served to introduce the study and give background information to help provide necessary context as to its importance and questions to be answered. Chapter 2 provided a literature review of current authors and

recent data. Chapter 3 outlined the methodology used in the study. Finally, Chapter 4 highlighted the successes of the project and offered future considerations as to the project's next steps.

Chapter 2: Literature Review

Gender norms have long suggested that the level of intimacy within same-sex friendships adolescent boys and girls strive to attain is different. Rose & Rudolph (2006) confirmed in their research that compared to girls, boys revealed they opened up less emotionally in their friendships resulting in the boys experiencing less intimacy, affection, and companionship. In a twenty year-long qualitative study, Way (2011) found that adolescent boys often had intimate relationships with their friends during young adolescence, but were afraid that nurturing these relationships would result in negative social consequences from their peer group. Furthermore, within these friendships, boys revealed they were unlikely to seek emotional help.

Opening up emotionally for many men leaves them feeling vulnerable and open to attack from others which caused them to shut down. Several studies have postulated that this reluctance to seek help is the result of the expectations society has on men to internalize their emotional concerns and to manage any feelings they may have or risk being ostracized for having stepped out of their gender role (Pederson & Vogel, 2007; Blazina, Pisecco, & O'Neil, 2005; Vogel, Heimerdinger-Edwards, Hammer, & Hubbard, 2011). The paradox for men between mental health and social acceptance is vast and the risk to their health is caught somewhere in the middle. "Adherence to masculine norms and stereotypes has been linked to negative consequences for men, suggesting that liberating men from the bonds of traditional masculinity would be beneficial" (Moss-Racusin, Phelan, & Rudman, 2010).

For as much as societal attitudes have evolved with regards to seeking help for issues related to mental health, there is still a disparity in the rate at which men and women access such support. Chandra & Minkovitz (2006) noted that the underutilization of professional mental health services by men could be attributed to men's greater negative attitude toward seeking help than women and an increased reluctance to access such services. Gender expectations have

ingrained in men, from boyhood, a belief that their level of masculinity is in direct proportion to how they handle their problems. Pederson and Vogel further stated that this behaviour was demonstrated “...even when men and women were comparably distressed” (p. 373). The consequences of which resulted in a higher rate of suicide among men and led Angst & Ernst to conclude “women seek help - men die” (as cited in Hernandez, Han, Oliffe, and Ogrodniczuk, 2014).

The implications of help-seeking behaviour during adulthood was a result of strategies and beliefs installed in people during one’s formative years. Adolescent females were more likely to establish support systems for themselves within their peer groups and other resources at their disposal at school and within the community. Conversely, boys learned to deal with their feelings, often ineffectively, on their own. The end result mirrored adult gender rates of suicide with adolescent boys completing suicide at a rate of three to one compared to their female counterparts (Statcan.gc.ca, 2014) While suicide remains a leading cause of death for adolescent males little has changed in how their socioemotional needs are understood and supported (Pollack, 2006).

Gender Role Conflict (GRC)

Over the past three decades counsellors and researchers have sought to understand the socioemotional perspective of men and its effect on their attitudes toward seeking help. The research focused on how men’s thoughts, actions and behaviours were formed by social behaviour expectations to which men were expected to follow (Steinfeldt & Steinfeldt, 2010). O’Neil (2013) defined this as gender role conflict and conceptualized it as the psychological distress experienced by men when they are unable to conform to rigid, sexist, or restrictive societal gender role expectations which results in restriction, devaluation, or violation

of others or self. These gender expectations create for men norms and taboos in all aspects of life they must learn to navigate so they may be considered masculine. The inherent strain of GRC in men has been linked to increased rates of depression, anxiety, substance abuse, and relationship dissatisfaction (Pederson & Vogel, 2007).

Gender role conflict theory does not only apply to men; rather it begins in boyhood. Pollack (1999) noted that boys also felt the pressures of conforming to the “boy code” which demanded that masculinity equaled emotional constriction and self-sufficiency or risk being emotionally wounded. The effects this code had on boys led to confusion and apprehension about their transition to manhood. In a later study, Pollack (2006, p.192) came to the following conclusions:

1. Boys feel deeply conflicted about what is expected of them as males in American society (i.e., about what behaviors and attitudes reflect healthy masculinity).
2. As they grow older, the inner conflict boys feel about masculinity is exacerbated, and they feel compelled to hide their confusion by acting more self-confident than they truly feel (a sense of false self-esteem, leading to increased sadness).
3. Boys have grave concerns about growing up to be men: They overwhelmingly see manhood as filled with unrewarding work, isolation from friends and family, unhappiness, and disappointment.
4. Despite the outward appearance they often give of being cheerful and contented, many boys of all ages feel deep feelings of loneliness and alienation.

Blazina, Stewart & O’Neil (2005) extended research of GRC to include adolescent males by adapting the widely used Gender Role Conflict Scale (GRCS) to the Gender Role Conflict Scale-Adolescent (GRCS-A). The researchers found that the results demonstrated that the

Restricted Emotionality (RE) subscale, which explores how boys learn to avoid expressing their emotions, was the most consistent factor correlated with the measures of psychological distress. This was also consistent with O’Neil’s (2002) prior work with the GRCS which revealed RE as being “...one of the strongest factors associated with impaired psychological functioning in adult men (Blazina, Pisecco, & O’Neil, 2005 p. 43).

Gender roles have evolved and society’s attitude toward them have generally become more tolerant, though acceptance remains elusive. Although terms like “sensitive new age man” and “metrosexual” showed signs of general acceptance of atypical men, the reality is these men were judged more critically and risked social backlash more frequently than those who conformed to the gender norms (Moss-Racusin, Phelan, & Rudman, 2010). Superficially men who did not conform to the traditional masculine role found limited approval within pockets of society, however, their reality among the population at large was continued ostracization. The long term effects of GRC in males have led to higher rates of distress, but they have resulted in a decreased willingness in males to seek help (Pederson & Vogel, 2007).

Help-Seeking

Help seeking can be described as a process through which a person undergoes in order to access the support they need. There is a significant disparity between those who struggle with a mental health concern and the rate at which help is sought. Vogel, Heimerdinger-Edwards, Hammer, and Hubbard (2011) wrote that although 26% of adults will experience a mental health disorder, only 11-30% will seek psychological help. Within this 11-30%, the percentage of men who seek help is less than women, while those of nonmajority cultural backgrounds is lesser still. Regardless of the demographic, seeking mental health support involves one to go through a series of phases in order to access the help they require.

Rothi and Leavey (2006) outlined their help-seeking model through the phases of recognition, decision, and action. Firstly, the adolescents' difficulties must have indicated some form of psychological distress. Secondly, the decisions of whether or not to seek help and from whom must be made, and lastly one must have the motivation to take action and follow through with the decisions. While the process appears simple, there are factors that will serve as barriers to help-seeking and factors that will facilitate it.

In their systematic review of 22 published studies of perceived barriers or facilitators in adolescents Gulliver, Griffiths, & Christensen (2010) found that depression and anxiety were especially common in high income countries and affected up to one fifth of the population. Their research also identified a number of key barrier themes and key facilitator themes in adolescent help-seeking.

Common Barrier Themes to Help-Seeking

Social stigma.

Stigma can be categorized into two distinct, yet overlapping, elements; social stigma and self-stigma. Firstly, social stigma is the fear one has of being negatively judged by others for seeking help for psychological concerns (Vogel, Wester, & Larson, 2007). Further to being negatively judged by others, stigma extends to a perception by those who disclose a need for mental health support a difference in how they are treated by those aware of their mental health needs. A study conducted by MacLean, Hunt, and Sweeting (2013) confirmed that 45 percent of youth who accessed mental health services disclosed they had experienced some form of stigmatization by friends, parents, and/or teachers compared to before they sought help.

Social stigma is so prevalent that those needing, or seeking, mental health support must weigh the potential negative social consequences with the unknown quality of the help they

would receive. Prior's (2012) research confirmed that the fear of stigmatization was the most common factor in youth not seeking mental health help which perpetuated the service gap of students who need counselling assistance and those who actually seek it. Within the youth demographic the repercussions of social stigma in relation to mental health have a significant affect on boys. Williams and Pow (2007) found in their research that boys were more likely to suffer stigmatizing responses to seeking help from their peers compared to girls. Moreover, boys were also more likely to have negative attitudes towards other people experiencing mental health problems.

Self-stigma.

Where social stigma was the attitude and value society placed on help seeking, self-stigma turned this feeling inward among those contemplating asking for support. Self-stigma is the internalization of society's negative attitude towards help-seeking for mental illness and the resulting feeling of inferiority of oneself (Vogel, Heimdinger-Edwards, Hammer, & Hubbard, 2011). Self-stigma is closely intertwined with GRC. This may be especially salient for men seeking help for mental problems as it contradicts society's male gender norms that require men to be independent and emotionally strong which could lead to these men feeling inferior (Pederson & Vogel, 2007).

A male's own perception of masculinity was a contributing factor in their help-seeking behaviour. Levant et al., (2013) postulated that the level of self-stigma a man may feel in seeking help was proportional to how deeply he adhered to the traditional ideals of masculinity. This adherence to masculine stereotypes created high personal stakes in men if they sought mental health help. For some men seeking help may have been considered a threat to

one's masculinity and, as a result, a personal failure (Shaub & Williams, 2007). However, if the need for help was severe enough men were more likely to seek support.

Men internalized their mental health needs until they deemed to have progressed to a point where an appropriate level of severity was attained. Vogel, Wester, and Larson (2007) wrote that compared to women, men would avoid seeking psychological help by coping with their symptoms until they rated them as extreme or severe and seeking help was a last resort. Men chose to ignore what they considered minor mental health symptoms which inadvertently created a negative attitude toward help-seeking. Vogel and Wade (2009) reaffirmed this and generalized that self-stigma was often greater in men whose mental health concerns were deemed as less severe as it could lead one to believe that seeking help was voluntary. Men came to believe that only extreme problems required professional intervention.

The attachment of severity to mental health issues and help seeking created a negative perception of mental health supports. Prior (2012) suggested this service gap presented a significant concern because seeking professional mental health as an adult could be predicted by one's attitude toward help seeking in their teenage years. Therefore, if teenagers had positive experiences associated with seeking help and the necessary support, as adults they would have been more likely to access help.

Determining from whom to access help.

With access to mental health supports ranging from professional therapists to teachers to their parents, it is the relationship an adolescent has with someone that will determine to whom they will turn for help. In their systematic review, Gulliver et al., (2010) noted that young people would more likely turn to trusted individuals for help in dealing with their mental health problems. However, in order to access help, young people first had to overcome their fear of the

stigma associated with the fear and embarrassment of friends and family knowing they sought help. Sears, Graham, and Campbell (2009), found that boys were more likely to turn to their female friends than their male buddies as it had lower social costs. Boys who turned to their female friends for help felt they would receive more support from them whereas they felt they would be judged and ridiculed by their male friends. Oransky and Marecek (2009) found that boys who opened up emotionally to their male friends felt they would be targeted for mocking and homophobic slurs. Furthermore, the boys stated they would often interrupt their male friends to prevent them from disclosing anything too personal as a means for them to save face. Despite the risk boys felt in opening up, almost half acknowledged that sharing their feelings and concerns could bring relief.

The relief sought by going to a trusted person could just as easily exacerbate the problem. Although adolescents' family and friends were most the likely people to be identified as possible resources for help, Anthony (2014) contended these people could be barriers in their own right. Parents were barriers if they failed to follow through on concerns brought forward by their child. For example, the trust a child had in their parents to protect them would be broken if they did not facilitate a visit to a doctor or counsellor because it conflicted with their schedule or other reasons the child felt were invalidating. Friends were barriers if they shared the same beliefs, values, or coping strategies as the at-risk adolescent thereby perpetuating the cycle of despair instead of being a source of help-seeking support. For those seeking help, they were often forced to weigh the potential benefits of accessing support with the social and emotional costs of not being validated. Adding to this is the fear of the unknown surrounding treatment.

Anticipated utility and risk.

The uncertainty of mental health intervention and its scope were another barrier in seeking help it created a less than favourable attitude toward the process of help seeking. Vogel et al. (2007) surmised that one's perception of the utility of counselling, or the risks involved in pursuing it, were of particular significance in one's decision to seek help. The researchers described anticipated risk included the potential consequences one envisioned of disclosing emotionally sensitive information to a relative stranger. Once adolescents agreed to counselling there was a process of evaluating the counsellor's trustworthiness before full disclosure would occur. Prior (2012) noted that these factors contributed to how deeply adolescents engaged in counselling. Adolescents reported discomfort about having to open up to a stranger and were worried they were being judged or interrogated. For others whose mental health problems were more severe, the consequences they feared included hospitalization (Cigularov, Chen, Thurber, & Stallones, 2008). The fear of psychiatric hospitalization, and the negative social stigma associated with being admitted, were especially relevant to those who had never experienced hospitalization.

Common Facilitator Themes in Help-Seeking

School connectedness.

The Centers for Disease Control and Prevention (CDC; 2009) identified protective factors that helped youth cope with stressful situations, avoid hazards, and have the ability to learn in order to thrive both in the present and in the future. Of these protective factors school connectedness was found to be the most accurate predictor of positive academic and nonacademic outcomes for youth. School connectedness was defined by the CDC as the belief

students had that the people in their school, adults and peers, not only cared about their academic progress but about who they were as individuals as well (2009).

Although school was a place to learn, it was the relationships students forged with the adults in the building that more reliably foretold student success. Lapan, Wells, Petersen, and McCann (2014) reiterated this belief and reported that students who felt connected to their school were not only more likely to have more positive in-school outcomes but out-of-school outcomes, as well. Students, especially those at risk, identified a need to have their voice heard. The College National Office for School Counsellor Advocacy (2011a) argued that “[s]trong adult-student relationships can have a significant impact on student outcomes, and many students - particularly dropouts - long for a strong adult advocate in school.” (pp. 7-8). One strong, positive relationship with an adult in the school could help a student make significant gains in and out of school.

Positive masculinity.

Masculinity connotes traits specific to males based on the norms and expectations valued by society. The perspective with which one interprets these traits can influence how one understands masculinity, and subsequently how one moves forward in working with males. Isacco, Talovic, Chromik, and Yallum (2012) noted that positive masculinity focused on the traditional masculine roles and qualities that promote the well-being and resiliency of self and others. Proceeding counselling from the perspective of positive masculinity will yield greater results. Duncan, Miller, and Sparks (2007) noted that change in boys and adolescent males was not a result of focusing on their dysfunction, but rather on their faith, optimism, or the relational support they built.

Focusing counselling sessions on a male's strengths as a means to overcome obstacles is gaining ground. To this end, Kiselica, Englar-Carlson, Horne, and Fisher developed the Positive Psychology/Positive Masculinity Framework (2008) which was

... [a]n approach to counseling and psychotherapy with boys that accentuates the following healthy behaviors and traditions of boys and men: (a) male relational styles; (b) generative fatherhood; (c) male ways of caring; (d) male self-reliance; (e) the worker-provider tradition of husbands and fathers; (f) male daring, courage, and risk taking; (g) the group orientation of boys and men; (h) the humanitarian service of fraternal organizations; (i) men's use of humor; and (j) male heroism. (p. 32)

O'Neil (2008) endorsed starting sessions with boys and men outlining their strengths as a means to develop a strong therapeutic relationship by allowing the male client to feel valued. By starting the session discussing the male's strengths, the counsellor was more likely to build positive rapport with him. Similarly, Englar-Carlson and Kiselica (2013) advocated counselling using a perspective of positive masculinity which focused on boys' and men's strengths, development and adaptability, among others, as opposed to traditional counselling techniques that focused more on client deficit and disease. Once trust has been established and defensiveness has been reduced can the possibility of the exploration of maladaptive behaviours, such as restrictive emotionality, conflicts between work and family relations, and other factors of gender role conflict, begin.

Trust In, and Rapport With, Service Provider

An important consideration in supporting males is understanding how they came to access help. Given their tendency to be self-reliant, males referred to counselling will have a different attitude than those seeking help on their own. O'Neil and Lujan (2009) suggested as

reason for this was there is little understanding of how restrictive gender roles are for many boys. Kiselica and Englar-Carlson (2008) noted that most boys did not choose to be in counselling. Rather than self-referring, boys were sent to the counsellor's office by their parents, teachers, or school staff wherein their problems would be solved. However, the discrepancy between traditional counselling styles and the relational styles of most boys was not acknowledged thereby creating a significant barrier for counsellors in establishing rapport with their male client.

Building relationships is an important step in supporting boys when they seek help. If boys' voices are to be heard in the context of help-seeking, efforts must be made to overcome the male gender norms of self-reliance and stoicism (Pollack, 2006). Providing boys a forum in which they can share their feelings openly and without consequence begins when a counsellor can facilitate an environment in which boys feel comfortable. Kiselica and Englar-Carlson (2008) suggested the following measures be taken to help establish a positive professional-client relationship and minimize the mandated feel the session might have had:

1. Provide counselling in informal settings.
2. Use flexible schedules and drop-in times.
3. Help boys and their families with their practical needs.
4. Assure the boy you will not play games with his head.
5. Develop an understanding of the young man's culture.
6. Model self-disclosure.
7. Use timely doses of good-natured humour.
8. Create a welcoming space for boys.
9. When possible, work with boys in groups. (pp. 54-61)

Chapter 3: Method

Introduction

The aim of this chapter is to delineate the methodology used in this capstone project. It will summarize the problem that was addressed and the sample used. The chapter will also outline the option class that was created to fill a perceived gap in the mental health of adolescent boys at a middle school in Central Alberta.

Problem

The gap this project sought to address was the absence of a class at a Central Alberta Catholic middle school specifically for boys to explore masculinity. At the school an option class for girls, Girl Power, had been offered for three years. A similar class at another middle school in the same division had also been offered for three years. To the author's knowledge, no such class or program was being offered for middle school boys. Given the statistics in previous chapters surrounding male adolescent suicide rates compared to help seeking attitudes, the author endeavored to create a class to help boys explore masculinity beyond the restrictive confines of traditional gender roles.

Sample

The sample for this study was based on convenience and opportunity and would consist of male students in grades six and seven of a Central Alberta Catholic middle school. At the beginning of the school year students were given a list of eight option classes along with a brief description of each class in order to promote it and to give students an idea of what each option class was offering. Students were then tasked to rank each class in order of preference for each of the trimesters. The vice-principal would place students in the option classes based on their rankings. He tried to place students in one of their top two choices,

however, there were occasions when classes were full, or when students did not complete their rankings, that he placed students according to class size.

In trimester two, Man Up! was populated by thirty boys, and in the third trimester, 25 boys; a third of whom had already taken the class. During both trimesters, the class was comprised of a random sample of boys from diverse, among others, ethnicities, socioeconomic backgrounds, peer groups, interests and academic standing. The same male teacher taught both classes.

A review of the student rankings showed that in both trimesters, Man Up! was the first or second choice for all of the participants. None had been placed by the vice-principal. The only recruitment the teacher did was to include the following class description when the students chose their options:

Games. Puzzles. Challenges. If any of these interest you and you are a boy in grade 6 or 7, then Man Up! is the option for you! Join Mr. Deschenes as he challenges you and your buddies to develop essential skills as you begin your rite of passage into manhood. Finally, an option for boys to tackle society and its beliefs of who you should become. This option won't put hair on your chest, but it will help give you the confidence to know it will grow in sooner or later. Man Up!; an option for boys wanting to be men.

Ethical Considerations

Participants chose to be, or were placed, in the option class, and as per school protocol, parents signed the option request form at the beginning of the year. Confidentiality was guaranteed as no specific participant or school names were used in any of the written documentation pertaining to the project. As well, the procedures mandated by the school

division in which this school was located were followed in order to obtain permission to complete the project at the desired school. Also completed were the City University of Seattle's Institutional Review Board's Ethical Review Protocol pertaining to capstone projects.

The Class

Before outlining how the class was designed, it is important to consider the timeline in which the class was offered. As this project was created to meet the needs of a school, it had to fit within its timetable. Each trimester was about three months in length, and each option class was offered every other day on a six day rotation for 48 minutes, or five times within a two week span. In the course of a trimester, this totaled 28-30 option classes per term.

The primary objective of this class was to create an atmosphere in which all boys felt safe enough to participate in the activities, discussions, and reflections that were the basis of the class. As such, the teacher explained to the students the purpose of the class and as a group the boys developed a set of guidelines and expectations that everyone would follow. Included in these were:

- a. Respect what others say.
- b. Keep judgmental comments, laughter, and gestures to yourself.
- c. Participate.
- d. Keep it confidential.
- e. Use words to build others up, not to bring them down.

Maintaining the safe environment was paramount to getting the most participation possible from the students, so re-establishing the expectations and holding the boys to account was an ongoing process.

The activities were chosen to develop skills related to themes of positive masculinity such as, among others, teamwork, communication, problem-solving, help-seeking, and reflection. Many of them challenged the group to solve a problem with the teacher facilitating a discussion once the task was accomplished. Most of the activities were experiential in nature to promote a more active learning environment (MacDonald, 2011).

The classes themselves followed a similar structure so a routine could be established. A teacher-led discussion revolving around that day's topic started the class. Discussion was followed by the instruction of the activity. Once the boys understood the instructions the group proceeded to do the activity until a measure of success was achieved. The activities were chosen to allow the boys to work through different challenges as a group to help them learn different aspects of positive masculinity such as asking for help and working collaboratively to reach a goal. A survey was done at the end of the term to help inform the teacher which activities engaged the students and which would need review.

Favourite Activities

What is manlier?

This activity was done at the beginning of the term as a means to get an informal idea of the group's perception of what is manly. The boys were asked to move to the side of the room assigned to two different objects based on which they thought was manlier. Once every boy chose a side, the teacher picked several students at random to explain their rationale. Items were paired based on their similarities, some were included in the list to provide a stereotypically feminine option and to explain its masculinity. The purpose of this activity was for the boys to observe that masculinity was subjective. Boys may have agreed on the masculinity of an item,

but their rationale may have been vastly different. Listed are several of the pairings from which the boys had to decide:

- a. Beef or Chicken
- b. Squares or Circles
- c. Cake or Pie
- d. Hockey or Football
- e. Reading or Writing
- f. Quadding or Skidooing
- g. Running or Cycling
- h. Cooking or Baking
- i. Puppies or Kittens
- j. Talking or Listening
- k. Dancing or Singing
- l. Asking Questions or Giving Answers
- m. Defense or Offense

Magic handcuffs.

Magic handcuffs was adapted from an activity used by addictions counsellors of Alberta Health Services. Initially used to help illustrate the struggles one may face through recovery, this was presented through the lens of stress and being overwhelmed as these were issues the boys related to more readily than problems revolving addiction.

Alberta Health Services explained the process as such:

People partner up, each having a looped rope on their own wrists. Person A puts a looped rope on both his/her wrists. Then, Person B hooks his/her rope through Person A's rope. Then Person B puts his/her rope on his/her own wrists to create an entwining of ropes.

The object is for the people to separate from one another without a) cutting the rope; b) untying the knots, or c) taking the loops off their wrists.

It's important to ask anyone who has seen this activity before to keep the solution to themselves in order to allow others to experience the struggle. The person may help the facilitator guide the activity rather than participating.

Allow a few minutes for the participants to struggle (enough to ensure the participants try several techniques and experience the feeling of wanting to give up). However, don't wait so long that they lose interest or become agitated.

The goal of this activity was to give the boys a challenge for which there was only one unobvious solution invariably causing the boys to repeatedly use the same unsuccessful strategies to solve the problem. The idea behind this activity was to illustrate how when people are stressed their focus becomes limited, so they often resort to implementing the same strategy expecting different results. However, by seeking support, they are more likely to get through the struggles they are facing. In this case, the teacher provides support for those who explicitly ask for it. Once a group solves the puzzle, they themselves become a possible support for others.

Least Favourite Activities

Fifteen.

The premise of this activity was to get the group to count from one to fifteen. The only caveats were that only one person could talk at a time; a person could not say two numbers consecutively; and, no form of communication or planning was allowed. Due to the game's simplicity participants often become agitated with each other. At that point, the teachable moments of the game are introduced. The teacher guides the conversation towards the positive masculinity traits of accepting responsibility for one's role and using words to empower others.

The feedback this activity received was mostly negative because the boys thought it was too hard. They also thought it was boring because they had to stay at their desk and there was a chance they would not get the chance to participate by saying a number.

Manly Bingo.

This activity served as a means for the boys to get to know the names of some of their classmates. Each was given a sixteen square grid on which was written a stereotypical manly activity in each square. The boys were required to circulate around the room to talk to their classmates and the name of a boy who did one of the activities. This activity allowed the boys to learn about the etiquette of shaking someone's hand and maintaining positive body language during a conversation. This then led to a good conversation regarding making a good first impression.

Role of the Teachers

The primary role of the teacher was to establish a positive rapport with the students by maintaining the safety of the learning environment. The students needed frequent reminders of the established guidelines they created.

Another role the teacher played was that of facilitator. During the problem-solving portion of the activities the teacher answered directed questions, otherwise he made sure the students were adhering to the rules of the activity and the guidelines of the group. The teacher also stopped the activity at times of high stress and frustration to allow the boys a chance to regroup, reorganize, and communicate any thoughts or ideas they may have had to overcome the challenge.

As part of the facilitator role the teacher initiated time for individual reflection proceeded by group discussion. Oftentimes the individual reflection piece was done in writing in case the

boys did not yet feel comfortable sharing their thoughts in front of the group. The teacher then asked the group a series of questions with the aim of guiding the discussion back to themes of positive masculinity.

Limitations

While the school provided the participants, the space, and all of the equipment, it was also the source of the project's most significant limitations. Firstly, the school had the responsibility to meet the needs of its entire population, not just one teacher's project. Because Man Up! was an option class, it had to be scheduled into the school's timetable which meant there needed to be at least 25 boys in the class and one teacher. This disparity proved to be a challenge as the boys' behaviour often forced the teacher out of a facilitator role and into one of disciplinarian. In order to have group discussions, everyone in the group must feel safe. This is difficult to achieve if the behaviour of those in the group shows disrespect and apathy.

Another factor in limiting the project was the social hierarchy. The alpha males were still the voices of the group, and the boys who were quiet outside of the option were quiet during class. Groups of friends joined the option together which made it difficult to create a whole group dynamic. Friends had a tendency to stick together, both physically and in mindset, which posed a challenge in having large group discussions.

Summary

An opportunity for middle school boys to explore elements of positive masculinity had never been offered at a Central Alberta middle school, thus a gap needed to be filled and the Man Up! option class was created. The sample for this project was 25-30 boys in grade 6/7 of various socioeconomic, academic, and social groups. The class was offered every other day over a three month period. Based on qualitative surveys, feedback from the boys indicated they preferred the

challenges that were more active (ie. What is manlier?) or vastly different (ie. Magic Handcuffs). Conversely, they generally listed the hard activities (ie. Fifteen) or the boring ones (ie. Manly Bingo) among their least favourite. Regardless of the activity, the teacher became the facilitator to guide discussions toward elements of positive masculinity. Still, one wonders if the class would have generated different reflections had it not had so many students, or if the class would have been offered as an extracurricular activity. Regardless, the boys indicated they liked the class and many would recommend it to their friends.

Chapter 4: Summary and Conclusions

This paper highlighted the disparity of mental health help seeking between males and females and proposed an option for middle schools as a means to address the gap. Research indicated that men were 50% less likely to seek help from a mental health professional than their female counterparts for similar socioemotional concerns. (Chandra & Minkovitz, 2006) This lack of help seeking resulted in higher rates of suicide in men (Statcan.gc.ca, 2014). Among adolescent males, O’Neil, Challenger, Crasper, Renzulli, and Webster (2013) established in their study that boys were 85 percent more likely to be involved in school violence, and three times as many boys were expelled from school as compared to girls.

The purpose of this project was to offer middle school boys an avenue, by way of an option class, to explore masculinity outside the confines of the “Boy Code” (Pollack, 1999). For most of the boys, this code was their first experience with gender role conflict (GRC) as it was an unwritten set of society’s expectations placed on boys. This code became apparent when the boys were asked to define masculinity and their responses were limited to describing a stereotypical man: Muscular, hairy, strong, tough, athletic. Only one boy out of 30 included traits atypical to manliness and said responsible and caring. This project sought to develop elements of positive masculinity themes in the hopes of breaking down barriers to help-seeking.

The most significant barrier to help seeking for adolescent boys is the stigma, both social and self-stigma, they perceive they would endure if they talked openly to someone about their feelings. However, Murman, Buckingham, Fontileva, Villanueva, Leventhal, and Hinshaw (2014) found in their evaluation of an anti-stigma club for high school students participants in such a club showed higher levels of tolerance for those with mental illnesses, and demonstrated

higher proportions of positive anti-stigma actions. These results suggested the implementation of such a program would enhance understanding of how stigma could be reduced.

Conclusions

Research has shown that gender role conflict is at the heart of why fewer adolescent males than their female counterparts do not seek help to address their social-emotional needs (Pederson & Vogel, 2007). Society expects males of all ages to “tough it out” or to “suck it up” if they are feeling emotionally vulnerable. As such, helping boys understand GRC and how to overcome it will better prepare them to face the stigma that comes along with seeking mental health help.

Gender role conflict is society’s expectations on a particular gender; in this case, males. Adolescent boys are taught from a young age a very narrow, stereotypical definition of masculinity, which was reflected among the boys in this project. Through reflection after different games, activities and challenges, boys will learn that the definition of masculinity lies within themselves based on their own values and beliefs.

Implications

This paper highlighted the reasons for disparity between the rate of suicide by adolescent boys and the rate at which the same population accessed mental health help. It was concluded that among the common barrier themes to help seeking among adolescent boys was the perceived stigma associated with sharing their feelings and being emotionally vulnerable, and the uncertainty of who to turn to in times of need. Conversely, by implementing common facilitator themes in help seeking, such as developing rapport with a group within the affected population, building school connectedness, and exploring positive masculinity, this project laid the groundwork for overcoming some of the barriers created by gender role conflict.

Throughout this project, it was shown that society's expectations of boys conflicted with the ideals of positive masculinity. Boys were taught to internalize their vulnerabilities and to deal with their emotions on their own, lest they be called "gay". The boys in this project defined manliness using stereotypical macho-ness as their guide. Words like strong, muscular, and tough dominated their discussion and the majority of the boys agreed that men did not cry. This perspective of masculinity stigmatized the act of seeking help for adolescent boys, both from peers and within themselves.

One of the most accurate predictors of how adults, men in particular, will access mental health services is the experience they had with it in their adolescence. For example, if a man's experience of mental health support was useful and had no social repercussions due to stigma, they would be more likely to seek similar support as an adult. However, if their experience is associated with supports being a waste of time or fraught with social consequences, they would not likely seek help later in life. Therefore, providing adolescent boys a platform to develop skills associated with positive masculinity will serve to lay a foundation that will be more receptive to seeking help from mental health professionals.

The underlying need this project brought to light was for school communities to normalize and prioritize mental health. For both girls and boys, the stigma associated with seeking help from a mental health professional continued to be the most common factor in not accessing support. This resulted with 20% of adolescents who required help sought treatment (Mental Health Commission of Canada, 2012). Given the mental health issues schools have dealt with ranging from anxiety to suicide, combined with the amount of time they saw children, schools were in an ideal position to begin reducing the stigma surrounding mental health and implementing positive mental health initiatives to supplement what was taught in health classes.

Recommendations

Helping boys overcome the GRC associated with seeking help is the critical first step in addressing their mental health needs. The stigma attached to mental health issues, especially for males, often prevents them from acknowledging any emotional vulnerability. Targeted mental health initiatives could prove to be effective tools in building positive mental health within schools and in reducing stigma connoted with seeking help. The following recommendations seek to address a programming need within a school community with regards to developing positive masculinity ideals within boys in grades 6 and 7.

The first recommendation would be to reduce the student-to-facilitator ratio from 30:1 to 10:1. Establishing trust and rapport are paramount in talking about issues pertaining to one's mental health and self-identity. With 30 11-12 year old boys, creating a safe environment in which all boys are able to express themselves without having to worry about being teased, mocked or judged by their classmates becomes the primary focus of the facilitator for fear that some would feel unsafe and reluctant to share their experience. Building rapport with the students becomes more challenging when the facilitator must maintain the group's behaviour expectations and dole out consequences to offending group members. A balance must be struck between maintaining control of the class so group members feel comfortable reflecting honestly on their experiences, yet not over controlling the situation to the point the boys resent being in the group.

For this project, boys chose to be in the option class which included boys from all points of the social-hierarchy continuum. This diversity, while important, made it difficult for those on the lower end of the continuum to open up for fear of those on the higher end would belittle their

contributions in some way. Selecting students and grouping them based on similar strengths and areas of need would create a neutral ground from which to build.

A second recommendation would be to offer this program as an extracurricular activity. By doing so, it would address such limitations as time, assessment, and the activities that could be offered all while still benefitting from a school's resources. No longer confined to 45 minute blocks, boys would be able to more immediately reflect upon their learning thereby making the reflection more authentic. The option class model used in this project was limited to 45-minute blocks during which the boys rarely had enough time to complete a reflection of the activity they had experienced. Instead, this reflection was often made during the next class, two days later. More authenticity and continuity would occur if the boys were given enough time to reflect upon their learning immediately following an activity. As an extracurricular activity, this project would not be beholden to the same time restrictions as it was as an option class.

Also, because this initiative was offered as an option class and was reflected in the boys' report card, assessment of their learning was required which, in some ways, conflicted with the nature of the project. How does one evaluate another person's journey of self-discovery? What deserves 90%? 60%? What kind of influence did evaluation play in the boys' enjoyment of the class and their buy-in? Did some of the boys feel compelled to participate for fear of getting a poor mark in the class? If so, does that put into question the credibility of their journey? As an extracurricular offering, the judgmental aspect of evaluation would be eliminated, and the context of achievement would be shifted from a mark on the report card to emotional growth demonstrated in reflections and group discussions.

Furthermore, the time allotted to an option block limited what activities could be offered to the boys as other option classes were using the school's industrial arts shop, the food studies

kitchens, the gymnasium and the computer labs. This limited the activities to whatever could be done in a classroom or outside. As an extracurricular activity, ready access to the school's resources, and fewer people around to make the boys feel self-conscious, could expose boys to more varied activities that may extend them from their comfort zones. By being able to provide the resources and limiting the social barriers, this initiative as an extracurricular activity would benefit the boys' development of positive masculinity ideals.

References

- Anthony, I. (2014). Discreet and indiscreet barriers to adolescent health-seeking efforts. *Clinical Pediatrics*, 53(6), 601-602. <http://dx.doi.org/10.1177/0009922813497426>
- Blazina, C., Pisecco, S., & O'Neil, J. (2005). An adaptation of the gender role conflict scale for adolescents: Psychometric issues and correlates with psychological distress. *Psychology Of Men & Masculinity*, 6(1), 39-45. doi:10.1037/1524-9220.6.1.39
- Canadian Mental Health Association,. (2015). *Fast facts about mental illness - Canadian Mental Health Association*. Retrieved 11 July 2015, from <http://www.cmha.ca/media/fast-facts-about-mental-illness/>
- Chandra, A., & Minkovitz, C. (2006). Stigma starts early: Gender differences in teen willingness to use mental health services. *Journal of Adolescent Health*, 38(6), 754.e1-754.e8. doi:10.1016/j.jadohealth.2005.08.011
- Cigularov, K., Chen, P., Thurber, B., & Stallones, L. (n.d.). What prevents adolescents from seeking help after a suicide education program? *Suicide and Life-Threatening Behavior*, 74-86.
- Cleveland, K. (2011). *Teaching boys who struggle in school*. Alexandria, Va.: ASCD.
- College National Office for School Counsellor Advocacy. (2011a). *School counselors literature and landscape review: The state of school counseling in America*. Retrieved from https://advocacy.collegeboard.org/sites/default/files/11b_4045_LitReview_BOOKLET_WEB_111104.pdf
- Englar-Carlson, M., & Kiselica, M. S. (2013). Affirming the strengths in men: A positive masculinity approach to assisting male clients. *Journal of Counseling & Development*, 91(4), 399-409. doi:10.1002/j.1556-6676.2013.00111.x. Retrieved from 20 February

2015,

<http://proxy.cityu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=ehh&AN=90535076&site=ehost-live&scope=site>

Gulliver, A., Griffiths, K., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC Psychiatry*, 10(1), 113.
<http://dx.doi.org/10.1186/1471-244x-10-113>

Helpingboyslearn.com,. (2013). *The 6 secrets / Helping boys learn*. Retrieved 11 July 2015, from <http://www.helpingboyslearn.com/the-6-secrets/>

Hutchinson, L., & St. John, W. (2012). Creating connections: Strategies to improve adolescent boys' access and engagement with school-based health services. *Contemporary Nurse*, 40(2), 258-268. doi:10.5172/conu.2012.40.2.258

Kiselica, M., Englar-Carlson, M., Horne, A., & Fisher, M. (2008). A positive psychology perspective on helping boys. In A. Horne, M. Englar-Carlson & M. Kiselica, *Counselling Troubled Boys: A Guidebook for Professionals* (pp. 31-48). New York, NY: Routledge

Kiselica, M., & Englar-Carlson, M. (2008). Establishing rapport with boys in individual counseling and psychotherapy: A male-friendly perspective. In M.S. Kiselica. M. Englar-Carlson, & A. Horne (Eds.), *Counselling troubled boys: A guidebook for professionals* (pp. 49-64). New York, NY: Routledge.

Kiselica, M., & Englar-Carlson, M. (2010). Identifying, affirming, and building upon male strengths: The positive psychology/positive masculinity model of psychotherapy with boys and men. *Psychotherapy: Theory, Research, Practice, Training*, 47(3), 276-287.
doi:10.1037/a0021159

- Levant, R., Stefanov, D., Rankin, T., Halter, M., Mellinger, C., & Williams, C. (2013). Moderated path analysis of the relationships between masculinity and men's attitudes toward seeking psychological help. *Journal of Counseling Psychology*, 60(3), 392-406. <http://dx.doi.org/10.1037/a0033014>
- MacDonald, B. (2005). *Boy Smarts* (7th ed.). Surrey, BC, Canada: Mentoring Press.
- McGorry, P., Bates, T., & Birchwood, M. (2013). Designing youth mental health services for the 21st century: examples from Australia, Ireland and the UK. *The British Journal of Psychiatry*, 202(s54), s30-s35. doi:10.1192/bjp.bp.112.119214
- Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Calgary, AB: National Library of Canada.
- Mental Health Commission of Canada,. (2015). *Initiatives: Mental Health Strategy for Canada*. Retrieved 5 July 2015, from <http://www.mentalhealthcommission.ca/English/initiatives-and-projects/mental-health-strategy-canada>
- Mentalhealth.org.uk,. (2007). *The Fundamental Facts*. Retrieved 11 July 2015, from http://www.mentalhealth.org.uk/content/assets/PDF/publications/fundamental_facts_2007.pdf?view=Standard
- Moss-Racusin, C., Phelan, J., & Rudman, L. (2010). When men break the gender rules: Status incongruity and backlash against modest men. *Psychology Of Men & Masculinity*, 11(2), 140-151. <http://dx.doi.org/10.1037/a0018093>
- O'Neil, J. M. (2002). Twenty years of gender role conflict research: Summary of 130 studies. In *Gender role conflict research: Empirical studies and twenty-year summary. 110 th Annual Convention of the American Psychological Association, Chicago, IL*.

- O'Neil, J. M. (2008). Summarizing 25 years of research on men's gender role conflict using the gender role conflict scale new research paradigms and clinical implications. *The Counseling Psychologist*, 36(3), 358-445.
- O'Neil, J. M. (2013). Gender role conflict research 30 years later: An evidence-based diagnostic schema to assess boys and men in counseling. *Journal of Counseling & Development*, 91(4), 490-498. doi:10.1002/j.1556-6676.2013.00122.x
- O'Neil, J., Challenger, C., Renzulli, S., Crapser, B., & Webster, E. (2013). The boy's forum: An evaluation of a brief intervention to empower middle-school urban boys. *The Journal of Men's Studies*, 21(2), 191-205. doi:10.3149/jms.2102.191
- O'Neil, J. M., & Luján, M. L. (2009). Preventing boys' problems in schools through psychoeducational programming: A call to action. *Psychology in The Schools*, 46(3), 257-266. Retrieved from 20 February 2015, from <http://proxy.cityu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=ehh&AN=36450409&site=ehost-live&scope=site>
- Oransky, M., & Marecek, J. (2009). "I'm Not Going to Be a Girl": Masculinity and emotions in boys' friendships and peer groups. *Journal of Adolescent Research*, 24(2), 218-241. <http://dx.doi.org/10.1177/0743558408329951>
- Pederson, E. L., & Vogel, D. L. (2007). Male gender role conflict and willingness to seek counseling. *PsycEXTRA Dataset*. <http://doi.org/10.1037/e685322007-001>
- Pollack, W. (1999). *Real boys: Rescuing our sons from the myths of boyhood*. New York: Henry Holt & Company.

- Pollack, W. (2006). The "war" for boys: Hearing "real boys" voices, healing their pain. *Professional Psychology: Research and Practice*, 37(2), 190-195.
<http://dx.doi.org/10.1037/0735-7028.37.2.190>
- Prior, S. (2012). Young people's process of engagement in school counselling. *Counselling and Psychotherapy Research*, 12(3), 233-240.
<http://dx.doi.org/10.1080/14733145.2012.660974>
- Rose, A., & Rudolph, K. (2006). A review of sex differences in peer relationship processes: Potential trade-offs for the emotional and behavioral development of girls and boys. *Psychological Bulletin*, 132(1), 98-131. <http://dx.doi.org/10.1037/0033-2909.132.1.98>
- Roth, D. M., & Leavey, G. (2006). Mental health help-seeking and young people: A review. *Pastoral Care in Education*, 24(3), 4-13.
- Schaub, M., & Williams, C. (2007). Examining the relations between masculine gender role conflict and men's expectations about counseling. *Psychology Of Men & Masculinity*, 8(1), 40-52. <http://dx.doi.org/10.1037/1524-9220.8.1.40>
- Sierra Hernandez, C. A., Han, C., Oliffe, J. L., & Ogrodniczuk, J. S. (2014). Understanding help-seeking among depressed men. *Psychology Of Men & Masculinity*, 15(3), 346-354.
doi:10.1037/a0034052
- Statistics Canada. (2014). *Suicides and suicide rate, by sex and by age group (Both sexes no.)*. Retrieved 5 July 2015, from <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/hlth66a-eng.htm>
- Steinfeldt, J. & Steinfeldt, C. (2010) Gender role conflict, athletic identity, and help-seeking among high school football players. *Journal of Applied Sport Psychology*, 22(3), 262-273. doi: 10.1080/10413201003691650

- Suicideinfo.ca. (2012). *Teen Suicide Resource Toolkit*. Retrieved 11 July 2015, from <https://suicideinfo.ca/LinkClick.aspx?fileticket=EEFnAEnMc%3D&tabid=563>
- The Global Economic Burden of Non-communicable Diseases | World Economic Forum. (2011). *The Global Economic Burden of Non-communicable Diseases*. Retrieved 11 July 2015, from <http://www.weforum.org/reports/global-economic-burden-non-communicable-diseases>
- Vogel, D., Heimerdinger-Edwards, S., Hammer, J., & Hubbard, A. (2011). "Boys don't cry": Examination of the links between endorsement of masculine norms, self-stigma, and help-seeking attitudes for men from diverse backgrounds. *Journal of Counseling Psychology*, 58(3), 368-382. doi:10.1037/a0023688
- Vogel, D., & Wade, N. (2009). Stigma and help-seeking. *The Psychologist*, 22(1), 20-23.
- Vogel, D., Wester, S., & Larson, L. (2007). Avoidance of counseling: Psychological factors that inhibit seeking help. *Journal of Counseling & Development*, 85(4), 410-422. <http://dx.doi.org/10.1002/j.1556-6678.2007.tb00609.x>
- Way, N. (2011). *Deep secrets*. Cambridge, MA: Harvard University Press.
- Who.int,. (2014). *WHO / Mental health: a state of well-being*. Retrieved 5 July 2015, from http://www.who.int/features/factfiles/mental_health/en/
- Who.int,. (2014). *WHO / Mental disorders*. Retrieved 11 July 2015, from <http://www.who.int/mediacentre/factsheets/fs396/en/>
- Williams, B., & Pow, J. (2007). Gender differences and mental health: An exploratory study of knowledge and attitudes to mental health among Scottish teenagers. *Child and Adolescent Mental Health*, 12(1), 8-12. <http://dx.doi.org/10.1111/j.1475-3588.2006.00413.x>