

# The Effects of Onlooker Gender and Restrictive Emotionality on Help-Seeking Behavior

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## Abstract

Endorsing traits associated with masculinity, such as restrictive emotionality (RE), may have negative implications for the health and well-being of both male and female individuals, specifically in terms of help-seeking. The current work examines whether gender of an onlooker (i.e., a coworker) impacts participants' self-reported likelihood to seek help for a physical ailment or injury in the workplace. We also investigate if RE moderated the relationship between onlooker gender and intent to seek help. We hypothesize that participants would be more likely to seek help from a female (vs. male) coworker and this anticipated effect would be exacerbated for those relatively high in endorsement of RE. Participants ( $n = 129$ ) were recruited online to engage in a study where they self-reported likelihood to seek help from a male or female coworker when experiencing various injury symptoms at work and their RE. Our results provided support for only one of our primary hypotheses: as RE increased, intent to seek help decreased. Auxiliary analyses revealed female participants were significantly more likely to seek help from a female onlooker than a male onlooker, whereas male participants were equally likely to seek help from females and males. These results suggest RE may be associated with maladaptive help-seeking behavior and participant gender and onlooker gender may interact to inform help-seeking with practical implications for developing interventions to encourage help-seeking.

**Keywords:** gender norms, masculinity, restrictive emotionality, help-seeking, onlooker gender, workplace

## 1 EXAMINING WHETHER RESTRICTIVE EMOTIONALITY MODERATES THE POTENTIAL EFFECT OF ONLOOKER GENDER ON HELP-SEEKING BEHAVIOR IN THE WORKPLACE

Often, employees will hide symptoms of physical injuries or ailments to avoid embarrassment in the workplace or a loss of income from a leave of absence or unemployment<sup>1</sup>. However, when physical symptoms are overlooked and left untreated, they can escalate into serious, and potentially fatal, medical conditions. For example, when tissue damage or fractures are left untreated there is risk of improper healing which can result in severe pain, visible deformities, arthritis, infection, and damage to the surrounding muscles, ligaments, and nerves<sup>1</sup>. Delaying or foregoing needed care can even lead to loss of mobility, which puts a person at greater risk for depression and obesity, and great financial expense<sup>2</sup>. Postponing help-seeking may increase the use of emergency services instead of primary care, which increases healthcare costs, burdens the fed-

eral budget, and negatively affects the economy in a plethora of ways<sup>3</sup>. The current work aims to examine factors that might discourage help-seeking related to physical ailments and injuries. Understanding this link is important in optimizing positive health outcomes and reducing costs associated with delayed healthcare seeking.

Help-seeking behavior can be associated with aspects of a person's identity, such as gender identity. People learn gender roles such as how a man or woman "should" think, talk, and act as a part of socialization<sup>4</sup>. Although many socialization processes yield prosocial outcomes, some learned norms can be maladaptive. One such trait, in the context of help-seeking, is restrictive emotionality (RE), a characteristic of masculinity defined as having difficulty expressing feelings and basic emotions<sup>5</sup>. There is growing evidence suggesting high RE is associated with numerous problematic health outcomes for men, such as negative attitudes toward help-seeking, negative attitudes toward psychotherapy, and an overall decrease in psychological wellbeing<sup>6,7,8</sup>. However, it is not just men who suffer

these consequences. Women who internalize traditional masculine roles also experience greater barriers to help-seeking<sup>9</sup>. In addition to internalized ideologies (e.g., RE) as a barrier to care, research suggests masculinity cues in the environment may also deter people from seeking appropriate care<sup>6</sup>. For example, the gender of an onlooker, such as a physician or therapist, has been implicated in help-seeking tendencies<sup>10;11;12</sup>. The current work expands upon available understanding of barriers to help-seeking by examining the interactive influence of RE and onlooker gender on intent to seek help. To this end, we review the relevant literature on RE and intent to seek help, discuss limited research examining gender effects of provider or onlooker, and consider the ways in which these two constructs might interact to inform help-seeking.

### 1.1 Restrictive Emotionality and Help-Seeking

RE is one of four identified traits that contribute to the experience of gender role conflict, which is defined as “a psychological state in which gender roles have negative consequences or impact on the person or others”<sup>7</sup>. The effects of gender role conflict on men have been well-documented, including its correlation with negative feelings around seeking counseling or psychological help<sup>6;7;8</sup>. These men have more rigid social concepts of masculinity and may fear that asking for help means losing control, displaying vulnerability, and being perceived as feminine<sup>7</sup>. A meta-analysis found that the most prominent barriers to help-seeking among men were poor communication, fear, embarrassment, and unwillingness to express emotions or health concerns<sup>8</sup>. These traditionally masculine behaviors are all correlates of RE and may predict when or if a person seeks help<sup>6</sup>. Much of the established literature highlighting the negative implications of gender role conflict and RE focus on men. There has been little attention paid to women, despite theorizing these negative consequences are not limited to men. For example, empirical work by Himmelstein and Sanchez found that regardless of gender, higher endorsement of masculine ideals were correlated with negative health-seeking behaviors<sup>9</sup>. Therefore, we predict, a main effect of RE in this study. Specifically, participants that endorse relatively greater RE will be less likely to report help-seeking intent, regardless of their gender identity.

### 1.2 Onlooker Gender and Help-Seeking

In addition to internalized norm barriers such as RE, context cues in the environment may also make it more difficult for individuals to seek help. Specifically, previous research suggests the gender of onlookers or healthcare providers may serve as one such cue<sup>10;11;12</sup>. Previous research has suggested that both men and women

may display preferences regarding provider sex or gender; however, the nature of these preferences are inconsistent. A study by Black and Gringart (2019) revealed nearly half of participants had a preference for the sex of a therapist, males preferring female therapists and females preferring male therapists<sup>10</sup>. Participants also reported they would be significantly less likely to seek help if the therapist of their preferred sex was unavailable<sup>10</sup>. An earlier study however, reported that there was a unilateral preference across men and women for female therapists<sup>12</sup>. This finding may be attributed to gender stereotypes in personality and trait dimensions. For instance, assertiveness is associated more with male therapists, whereas nurturing behavior is attributed more to female therapists<sup>13</sup>. The contradicting nature of these two studies reveals a gap in the literature for the current work to fill. It will help bring consistency and results that may help us understand the importance of onlooker gender to help-seekers. While there is a plethora of existing studies about psychological help-seeking, there are a few that investigate help-seeking for physical care. One such study found both female and male patients preferred a physician of their same gender, perhaps because patients feel more comfortable with members of their own gender in a physical healthcare context<sup>10</sup>. This could also be a product of ingroup bias, in which help received from a member of an ingroup, such as someone of the same gender, is more welcome and comforting than from an outgroup source<sup>14</sup>. While there may not be a consensus on the specific pattern of gender or sex preferences in care providers, these studies suggest that gender may influence help-seeking behavior. The current work leverages this existing work but departs from gender of a care-provider to consider gender of an onlooker in the form of a coworker. Specifically, in the current work, we predict that participants will be more likely to seek help from female onlookers than male onlookers. This prediction is based on the literature above as well as a rich literature documenting consistent gender stereotypes in care-taking capacity<sup>10;11;12;13;15;16</sup>. One study found that females are seen as more approachable than males<sup>15</sup>, while another found that people associated the traits of sympathy and sensitivity with females more so than males<sup>16</sup>. Additionally, when interacting with outgroup members, approaching females is easier than males because it is seen as an opportunity for positive social interaction<sup>15</sup>. Therefore, evidence suggests people might prefer to seek help from a female onlooker than a male onlooker.

### 1.3 Restrictive Emotionality and Onlooker Gender

The predicted effect of onlooker gender on help-seeking behavior might be moderated by endorsement of masculine norms, such as RE. Individuals with higher RE

may reject actions that others could perceive as vulnerability, like asking for help from an onlooker to whom they feel the need demonstrate their masculinity<sup>17</sup>. A previous study found that males working with a male supervisor in the workplace reported poorer perceptions of the supervisory working alliance than other gendered didactics, regardless of their RE levels<sup>18</sup>. This suggests certain aspects of socialized masculinity, like competition between men and invulnerability, may make help-seeking from a male onlooker particularly difficult for those relatively high in RE or other masculine norms endorsement<sup>18</sup>. Additionally, asking male onlookers for help may threaten a person's self-perceived masculinity and promote feelings of shame or inadequacy that discourage them from disclosing issues<sup>19</sup>. These studies suggest that male onlookers can create problematic interactions which may lead to decreased help-seeking, especially in the workplace where a person might want to assert dominance and competency. Therefore, we predict an interaction effect between RE and onlooker gender in which those who endorse higher RE will be less likely to seek help in general, but especially in the presence of a male onlooker rather than a female onlooker.

#### 1.4 Current Work

It is widely accepted that people are more likely to disclose personal problems to their close friends and family more frequently than people they do not know very well<sup>19</sup>. People spend roughly 30% of their lives in the workplace, where acute injuries are not uncommon, on average totaling seven million a year<sup>20;21</sup>. Thus, understanding help-seeking in this domain is valuable. No studies to our knowledge focus on help-seeking for physical ailments or injuries in the workplace, making the current work novel and practically impactful. Previous studies measure intent to seek help from a professional while manipulating gender of the provider<sup>6;8;12</sup>. However, to our knowledge, no work has explored help-seeking from an onlooker, co-worker, or colleague, which is the focus of the current work. Existing literature examining help-seeking in psychological care settings is more prominent than in physical care settings<sup>10;12</sup>. This leaves a gap in the field for investigating help-seeking for acute physical ailments or injuries, rather than psychological issues. Lastly, while most studies in the field focus only on men, the current study will not restrict participation based on gender identity. Because previous work suggests socialized male role norms may similarly influence men and women, the current work does not restrict participation by gender identity<sup>9</sup>. The current work seeks to identify barriers to help-seeking for physical ailments and injuries. Identifying variables preventing or promoting help-seeking behavior for injuries may help inform interventions to

encourage people to seek care. Promoting help-seeking has direct implications for improving an individual's health and well-being. When symptoms are left untreated, they may escalate into more serious and even life-threatening conditions causing unnecessary suffering<sup>2</sup>. Improved help-seeking behaviors may directly increase use of primary care, appropriate treatment, and reduce reliance on emergency services<sup>6</sup>. This, in turn, can reduce national healthcare costs and individual-level financial burden<sup>1</sup>. Research for increasing help-seeking has direct implications for optimizing positive healthcare and economic outcomes.

#### 1.4.1 Hypothesis

Based on the background literature, we have three main hypotheses. First, we predict a main effect of onlooker gender is increased likelihood of participants to seek help from a female coworker rather than a male coworker. Our second prediction is that participants with relatively greater RE will report less help-seeking intent. Lastly, we predict an interaction between onlooker gender and RE. Specifically, we predict the hypothesized effect of onlooker gender will be particularly pronounced for participants relatively high in RE as opposed to those low in RE, as high RE is often correlated with negative help-seeking attitudes<sup>6;7;8</sup>.

## 2 METHODS

### 2.1 Participants and Power

Participants ( $n = 129$ ) were recruited from MTurk Research recruitment platform, in exchange for \$1.00 compensation. Participants in this study ranged in age from 19 to 71 years ( $M = 40.46$ ,  $SD = 12.67$ ). Our sample was 54.3% male, 44.2% female with one agender participant, and one participant preferring not to answer. The majority of the sample, 81.4%, were White, 9.3% were Black or African American, 7.0% were East Asian, 0.8% were South Asian, 0.8% were bi- or multi-racial, 0.8% were American Indian/Alaska Native, and 0.5% were another racial identity. Most participants, 91.5%, were not Hispanic/Latinx while only 8.5% were Hispanic/Latinx. In our sample, 83.7% of participants currently had health insurance while 16.3% did not, and one participant clarified that they are "In the process of renewal." Participants in our sample reported their frequency of doctor visits in the last two years and responses ranged from 0 to 24 visits ( $M = 3.24$ ,  $SD = 3.95$ ,  $range = 0 - 24$ ) A sensitivity power analysis conducted in G\*Power<sup>22</sup> ( $1 - \beta = 0.95$ ;  $\alpha = 0.05$ ; ANOVA with repeated measures and between subject factor measures) indicated with a sample of 129 participants we could detect an effect size of  $\eta p^2 = 0.054$  or greater.

## 2.2 Materials

### 2.2.1 Vignettes

Participants were presented with symptom vignettes, each of which depicted a cluster of symptoms associated with eight different common diagnoses for emergency room visits: appendicitis, acute pancreatitis, sprained ankle, fractured wrist, migraine, kidney stone, herniated disc in back, and strained muscle in back<sup>23</sup>. These symptom vignettes were presented with a silhouette image of an imagined coworker (also referred to as onlooker), along with one of the top eight most common male and female names in the United States over the last 100 years<sup>24</sup>. For each symptom vignette, participants were asked to imagine experiencing those symptoms and indicate how likely they were to seek their help from the hypothetical coworker. For example, one symptom vignette presented participants with the scenario, “[i]magine you are experiencing the following set of symptoms: Pain, especially when you bear weight on your right foot, swelling in right ankle, bruising of right ankle, instability in the right ankle, popping sensation or sound at the time of the injury to the right ankle. Your coworker, Michael (he/his), is present and available. How likely would you be to seek help from your coworker, Michael?” Co-worker gender assigned to specific injuries or medical conditions was counterbalanced between subjects.

### 2.2.2 Intent to Seek Help

We adapted our Intent to Seek Help scale from the Action/Intention Help-Seeking Scale<sup>25</sup>. This scale was a five-item questionnaire assessing people’s intent to seek help from a coworker. Participants rated how likely they were to take the following actions: “I would willingly talk about my pain with my coworker,” “I would tell my coworker about my symptoms,” “I would ask my coworker advice on next steps to addressing my symptoms,” and “I would ask my coworker to take me to the hospital, urgent care, or the emergency room” on a 7-point Likert scale (1 = *Highly Unlikely*, 7 = *Highly Likely*). One item, “I would not involve my coworker” was reverse scored before averaging participant responses into a composite “intent to seek help” score ( $M = 3.96, SD = 1.28$ ). A Cronbach’s alpha analysis indicated strong internal reliability ( $\alpha = .94$ ).

### 2.2.3 Adapted Male Role Norms Inventory – Restrictive Emotionality

A three-item questionnaire assessed participants restrictive emotionality<sup>17</sup>. Participants reported to what extent they agreed with the following statements about themselves: “I should never admit when others hurt my feelings,” “I should be detached in emotionally charged situations,” and “I should not be too quick to tell others that I care about them” on a 7-point Lik-

ert scale (1 = *Strongly Disagree*, 7 = *Strongly Agree*). No items were reverse scored before averaging participant responses into a composite “restrictive emotionality” score ( $M = 4.13, SD = 2.31$ ). A Cronbach’s alpha analysis indicated adequate internal reliability ( $\alpha = .74$ ).

## 2.3 Procedure

To test these hypotheses, participants took part in an online survey. After completing informed consent, participants were given eight different scenarios in which they imagined experiencing a set of symptoms (associated with common emergency room visit diagnoses; see above), in the presence of a coworker. In each vignette, coworker gender (common male or female name) was randomly determined. Coworker gender was counterbalanced so that each symptom set was randomly paired with either a male or female coworker name and silhouette. Participants saw both male and female vignettes. After viewing a given vignette, participants indicated their likelihood to seek help from a coworker if they were experiencing the listed symptoms at work. Then, participants completed the restrictive emotionality subscale of the Male Role Norms Inventory (MRNI-SF). Finally, participants answered demographic questions (reporting on age, gender identity, sexual orientation, ethnicity, race, political affiliation, frequency of doctor visits and income), were debriefed, and compensated. This design enabled investigation of RE and onlooker gender as barriers to self-reported help-seeking, as well as their interactive effect on help-seeking intentions.

## 3 RESULTS

### 3.1 Primary Analysis

To examine the effects of onlooker gender, RE, and their interaction on intent to seek help, we conducted a Modified GLM on intent to seek help with coworker gender as a repeated factor and restrictive emotionality included as a continuous moderator. This analysis yielded a non-significant main effect of coworker gender,  $F(1, 126) = 0.36, p = .548, \eta p^2 = .00$ , and a non-significant interaction between coworker gender and restrictive emotionality,  $F(1, 126) = 0.05, p = .831, \eta p^2 = .00$ . There was, however, a significant main effect of restrictive emotionality,  $F(1, 126) = 4.49, p = .036, \eta p^2 = .034$ . Specifically, as restrictive emotionality increased, intent to seek help decreased. Auxiliary analyses examined whether participant gender moderated any of the effects examined above. There was no evidence of moderation by participant gender ( $p = 0.43, \eta p^2 = .005$ ).

### 3.2 Auxillary Analysis

We next conducted a 2x2 (participant gender x coworker gender) mixed model factorial ANOVA on intent to seek help with coworker gender as the repeated factor to explore the effects of participant gender and coworker gender on intent to seek help. The analysis yielded non-significant main effects of both participant gender,  $F(1, 24) = 3.29, p = .072, \eta p^2 = .026$ , and coworker gender  $F(1, 124) = 3.06, p = .083, \eta p^2 = .024$ , on intent to seek help. However, there was a significant interaction between participant gender and coworker gender on intent to seek help,  $F(1, 124) = 4.00, p = .047, \eta p^2 = .031$  (Figure 1). Simple effects analyses were conducted to better understand the nature of this interaction. Female participants were significantly less likely to seek help from a male coworker ( $M = 4.04, SD = 0.17$ ) compared to a female coworker ( $M = 4.37, SD = 0.18, p = .013$ ). Male participants were not significantly more or less likely to seek help from either a male ( $M = 3.81, SD = .16$ ) or a female ( $M = 3.79, SD = .17$ ) coworker,  $p = .851$ .

## 4 DISCUSSION

In this study, we hypothesized that participants would be more likely to seek help from a female coworker than a male coworker, that those with higher restrictive emotionality (RE) would be less likely to seek help, and that coworker gender and RE would interact to inform help-seeking intent. Our results provided support for only one of our hypotheses: as RE increased, intent to seek help decreased. Additional auxiliary analyses revealed an interaction between onlooker gender and participant gender; specifically, female participants were significantly more likely to seek help from a female onlooker than they were to seek help from a male onlooker. However, for male participants, onlooker gender did not influence intent to seek help.

### 4.1 Implications

This study suggests that endorsement of the male norm, RE, is associated with lower help-seeking intentions. This finding has implications for creating effective interventions. Interventions may target individuals relatively greater in RE and attempt to encourage comfort in help-seeking. Seeking help from others in the face of personal issues is an important skill for constructive growth<sup>26;27</sup>. Therefore, it is important to understand the mechanisms and predictors of help-seeking. This work offers future insights toward promoting positive health behaviors thoughtfully and strategically. Ultimately, interventions for increased help-seeking can directly improve healthcare quality and reduce costs<sup>6</sup>.

The finding that female participants are more likely

to seek help from female (relative to male) coworkers, suggest negative implications of limited workplace diversity for women's help-seeking intent. This finding could be leveraged to inform or justify gender diversity policies. Female individuals may require adequate representation, so they can feel comfortable seeking help. Our research suggests that coworker gender does not significantly impact male individuals, thus we foresee no negative consequences for men if gender diversity is made a priority in the workplace.

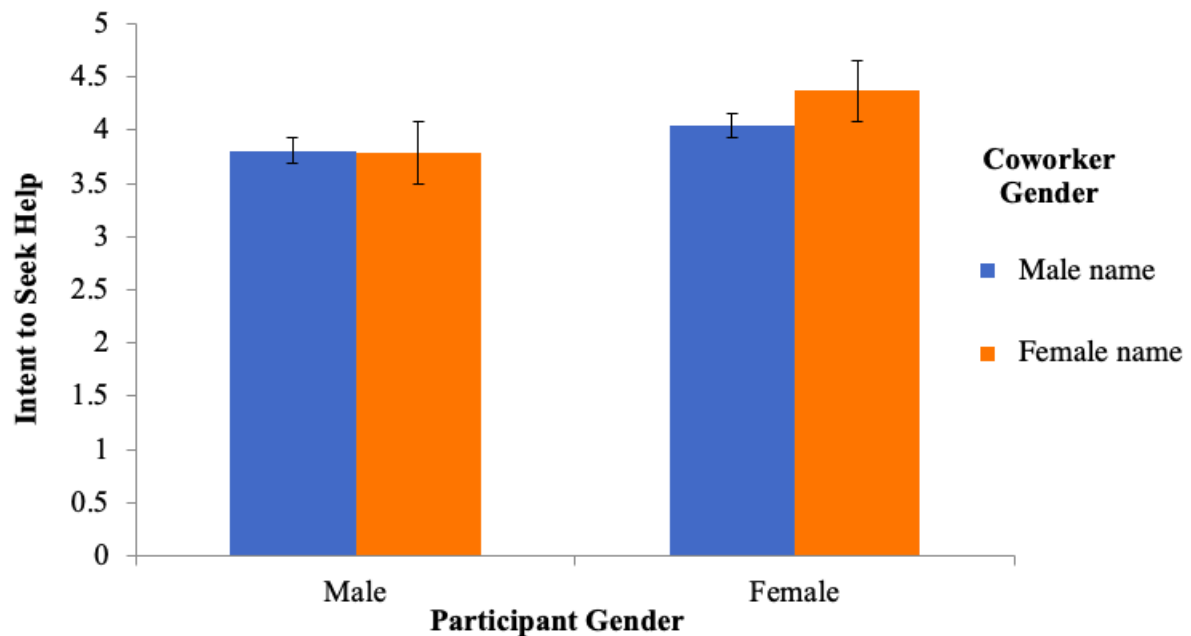
Our results indicate that participant gender did not moderate the association between RE and intent to seek help, which has implications that women, as well as men, endorse masculine role norms and therefore experience the consequences of them. This means that both males and females need to be considered when developing help-seeking interventions. This is consistent with the work of Himmelstein and Sanchez who suggested that regardless of gender, endorsement of masculine norms is correlated with decreased help-seeking behavior<sup>9</sup>. Previous literature exploring masculine norms is centered around men, which excludes a sizable subset of the population that may similarly endure negative consequences of internalization of masculine norms.

### 4.2 Limitations

One limitation of our study is that it was administered online in a survey format and therefore relied on participants to self-report their behavior in a hypothetical situation. The vignettes and self-report response formats may not reflect mundane realism and accurately portray how a person would act when experiencing an acute injury or health concern. To elicit more accurate results, perhaps a future study could employ a more realistic design, such as having participants play a computer game in which they are virtually injured and then monitoring their help-seeking behavior.

Another limitation was that our gender manipulation may have been too subtle to elicit an effect. In this study we did not find a significant main effect of coworker gender, this could be due, in part, to the strength of the manipulation. Participants saw vignettes that were paired with a male or female silhouette, the coworker's name, and their pronouns. These stimuli may not have been salient enough to influence a person's help-seeking behavior. It is possible that they fixated more on other factors, such as the proposed symptoms, than on gender. Future studies may need to utilize stronger manipulation. A possible solution could be to conduct the study in person or include more information about the proposed coworker in the vignette to increase the focus on them and their gender.

Another limitation of our study is that we only included male and female onlookers. This excludes a large population of individuals who lack representation in



**Figure 1.** Coworker gender (common male or female name) by participant gender (male or female) interaction on intent to seek help. Male participants showed no significant preference of coworker gender and intent to seek help, whereas female participants preferred female coworkers over male coworkers on intent to seek help. Error bars indicate  $\pm 1$  standard error.

the scientific world, as the number of transgender and nonbinary individuals in the U.S has doubled in the last 10 years<sup>28</sup>. Further research should promote more inclusive science by recruiting more diverse samples and examining help-seeking behavior and restrictive emotionality among individuals who do not identify as simply male or female (transgender, agender, gender-fluid etc.).

#### 4.3 Future Directions

Because the current work suggests high RE endorsement is related to lower help-seeking, future work should investigate what can prime this endorsement of male norms and impact help-seeking behavior. A future direction of this research would be to manipulate the masculinity of target faces and investigate participants RE endorsement and likelihood to seek help. Studies have found that certain facial features are typically perceived as masculine, such as wide faces, sharp jaws, a wide nose, thin lips, and a large lower face<sup>29</sup>. We predict that participants will be less willing to seek help from targets who have more facial features traditionally thought of as masculine. This is because being in the presence of a male may pose a threat to a participant's own masculinity and activate problematic outcomes<sup>7</sup>. Therefore, perceiving someone as more masculine may activate stronger endorsement of male norms, and therefore discourage help-seeking behav-

iors more so than in the presence of someone perceived to be feminine. Additionally, seeing an actual target rather than just a silhouette may address and improve upon the strength of manipulation issues found in the current work. In our study, coworker gender was not a significant determinant of help-seeking behavior, so future work should investigate other factors that could predict help-seeking. For example, future work could examine how help-seeking behavior changes when the number of onlookers is manipulated. We predict that participants would be more likely to seek help when there are fewer onlookers around. Studies have shown that individuals are more likely to conform in larger groups than smaller ones<sup>30</sup> and seeking out help in a large group can highlight nonconformity to masculine norms such as being tough or independent in a way that is less obvious with fewer onlookers. It may be easier for someone to go against the group and be the only person to ask for help when they are in a one-on-one situation than a minority in a large group. Another future direction could be to examine the role of onlooker characteristics (e.g., age, race, etc.). In the current study, these traits are not included in the description of the onlooker, so a future investigation could observe how a person's willingness to seek help from an onlooker changed when other characteristics are manipulated. We predict that participants would be more likely to seek help from those similar to themselves rather than someone who significantly differs from them. This is

because of ingroup bias, which states that getting help from an ingroup source is more comfortable and accepted than from an outgroup source<sup>31</sup>. Someone in your ingroup is someone with whom you share a common identity or interest, such as someone of your same age or generation<sup>31</sup>. Therefore, a participant may feel more comfortable asking someone closer in age for help because they identify with and relate to them more.

## 5 CONCLUSION

The results of this study indicate important findings for the field of help-seeking. Specifically, that high RE is associated with lesser help-seeking intentions for both males and females and needs to be addressed in interventions. Additionally, female participants were more likely to seek help from a female than a male coworker, whereas male participants were equally likely to seek help from a male or female. Thus, highlighting the importance for female representation in the workplace so that females can feel comfortable seeking necessary help. Understanding individual-level and environmental characteristics that may impede help-seeking and promotes development of theory-driven intervention strategies targeting those most vulnerable. Avoiding medical care may result in later detection of disease, lower likelihood of survival, and potentially preventable costs and suffering<sup>27;32</sup>. These risks can be mitigated by encouraging appropriate help-seeking behavior for physical ailments and injuries.

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## 7 EDITOR'S NOTES

This article was peer-reviewed.

## REFERENCES

- [1] Spectrum Physio. What Happens When Injuries go Untreated (2018). URL <https://www.thephysiocompany.com/blog/what-happens-when-injuries-go-untreated>.
- [2] Williams, R. Risks of not Treating an Injury Immediately (2016). URL <https://www.coastalorthoteam.com/blog/risks-of-not-treating-an-injury-immediately>.
- [3] Inc, G. More Americans Delaying Medical Treatment Due to Cost (2019). URL <https://news.gallup.com/poll/269138/americans-delaying-medical-treatment-due-cost.aspx>.
- [4] Bem, S. L. The BSRI and gender schema theory: A reply to Spence and Helmreich. *Psychol* 369–371 (1981).
- [5] O'Neil, J. M., Helms, B. J., Gable, R. K., David, L. & Wrightsman, L. S. Gender-role conflict scale: College men's fear of femininity. *Sex Roles* 335–350 (1986).
- [6] Addis, M. E. & Mahalik, J. R. Men, masculinity, and the contexts of help seeking. *Psychol* 5–14 (2003).
- [7] Tsan, J. Y., Day, S. X., Schwartz, J. P. & Kimbrel, N. A. Restrictive emotionality, BIS, BAS, and psychological help-seeking behavior. *Psychol* 260–274 (2011).
- [8] Blazina, C. & Watkins Jr, C. E. Masculine gender role conflict: Effects on college men's psychological well-being, chemical substance usage, and attitudes towards help-seeking. *Psychol* 461–465 (1996).
- [9] Himmelstein, M. S. & Sanchez, D. T. Masculinity impediments: Internalized masculinity contributes to healthcare avoidance in men and women. *Health Psychol* 1283–1292 (2016).
- [10] Black, S. C. & Gringart, E. The relationship between clients' preferences of therapists' sex and mental health support seeking: An exploratory study. *Psychol* 322–335 (2019).
- [11] Fink, M. e. a. Objective Data Reveals Gender Preferences for Patients' Primary Care Physician. *Care Community Health* (2020).
- [12] Landes, S. J., Burton, J. R., King, K. M. & Sullivan, B. F. Women's preference of therapist based on sex of therapist and presenting problem: An analog study. *Psychol* 330–342 (2013).
- [13] Dacy, J. M. & Brodsky, S. L. Effects of therapist attire and gender. *Psychother.Theory Res. Pract. Train* 486–490 (1992).
- [14] Kearns, M., Muldoon, O. T., Msetfi, R. M. & Surgenor, P. W. G. Understanding help-seeking amongst university students: the role of group identity, stigma, and exposure to suicide and help-seeking. *Front. Psychol* (2015).
- [15] Miles, L. Who is Approachable? *J. Exp. Soc. Psychol* 262–266 (2009).
- [16] Clifton, A. K., McGrath, D. & Wick, B. Stereotypes of woman: A single category? *Sex Roles* 135–148 (1976).
- [17] Levant, R., Wimer, D., Williams, C., Smalley, K. &

- Noronha, D. The Relationships between Masculinity Variables, Health Risk Behaviors and Attitudes toward Seeking Psychological Help. *Int. J. Men Health* 3–21 (2009).
- [18] Wester, S. R., Vogel, D. L. & Archer, J. Male Restricted Emotionality and Counseling Supervision. *J. Couns. Dev.* 91–98 (2004).
- [19] Lane, J. M. & Addis, M. E. Male gender role conflict and patterns of help seeking in Costa Rica and the United States. *Psychol. Men Masculinity* 155–168 (2005).
- [20] American Time Use Survey Summary. URL <https://www.bls.gov/news.release/atus.nr0.htm>.
- [21] Work Injuries and Illnesses by Part of Body. *Injury Facts* URL <https://injuryfacts.nsc.org/work/industry-incidence-rates/work-injuries-and-illnesses-by-part-of-body/>.
- [22] Faul, F., Erdfelder, E., Buchner, A. & Lang, A.-G. Statistical power analyses using G\*Power 3.1: tests for correlation and regression analyses. *Behav. Res. Methods* 1149–1160 (2009).
- [23] Weiss, A. J. Overview of Emergency Department Visits in the United States, 2011 (2014).
- [24] Top Names Over the Last 100 Years. URL <https://www.ssa.gov/oact/babynames/decades/century.html>.
- [25] DiLorenzo, T. A., Dornelas, E. A. & Fischer, E. H. Predictive validity of the attitudes toward medical help-seeking scale. *Prev. Med. Rep* 146–148 (2015).
- [26] et al Van der Rijt, J. Asking for Help: A Relational Perspective on Help Seeking in the Workplace. *Vocat. Learn* 259–279 (2013).
- [27] Yousaf, O. A systematic review of the factors associated with delays in medical and psychological help-seeking among men. *Health Psychology Review* 9 (2013). URL <https://www.tandfonline.com/doi/abs/10.1080/17437199.2013.840954>.
- [28] UCLA School of Law. How Many Adults Identify as Transgender in the United States? *Williams Institute*.
- [29] Mitteroecker, P., Windhager, S., Müller, G. B. & Schaefer, K. The Morphometrics of “Masculinity” in Human Faces. *PLoS ONE* (2015).
- [30] Wijenayake, S., van Berkel, N., Kostakos, V. & Goncalves, J. Impact of contextual and personal determinants on social conformity. *Comput. Hum. Behav* (2020).
- [31] Gaertner, S. L. & Dovidio, J. F. Common Ingroup Identity Model. *The Encyclopedia of Peace Psychology* (2011).
- [32] Taber, J. M., Leyva, B. & Persoskie, A. Why do People Avoid Medical Care? A Qualitative Study Using National Data. *J. Gen. Intern. Med* 290–297 (2015).