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**Behind the Stigma:
The Impact of Gender and College
Adjustment on Attitudes
towards Mental Health Disorders**



Honors Thesis

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Department: Psychology

Advisor: Melissa Layman-Guadalupe, Ph.D.

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Abstract

The topic of stigmatization of mental health disorders and use of psychological services has been widely researched. Gender differences have been found in attitudes regarding acceptability and treatability of mental illness, with adherence to gender roles influencing these attitudes. Past research has not explored non-traditional gender roles or the influence of social factors, like college adjustment. This study tested three hypotheses: that men and women with more feminine gender roles will display more accepting attitudes, that men and women with poorer college adjustment will also display more accepting attitudes, and that the relationship between college adjustment and attitudes towards mental health disorders will be moderated by gender role identification. Participants were students from PSY 101 and other classes and received research credit for their participation. Correlation analyses indicated that there is no significant relationship between gender roles and attitudes towards mental health disorders, but college adjustment significantly predicted these attitudes, with poorer college adjustment predicting more negative attitudes towards mental illness. The moderation model was not significant, as gender role does not influence the relationship between college adjustment and attitudes towards mental health disorders. Results of this study could help reduce mental illness stigma by identifying which factors contribute to the stigmatization. The results could also help university counseling centers to normalize mental illness and psychological services by using advertising to target the least accepting demographic.

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Introduction

The existence of stigma surrounding mental health disorders and psychological services has been known for some time, with shame-focused attitudes and exclusionary behavior directed at individuals with mental disorders. A great deal of research has focused on this topic, exploring the impact of various demographic variables, such as race, age, and gender. For example, gender differences have been found in perceptions of mental disorders, with women more likely to report that mental disorders are more common and more treatable with medication (Anderson, Jeon, Blenner, Wiener, & Hope, 2015). For persons struggling with a mental disorder, social support has shown to increase use of mental health services in women, but not men. Researchers have suggested that people may be less likely to support men in this help-seeking behavior because it defies their prescribed gender role (Gange, Casiliadis, & Preville, 2014). Similarly, adherence to traditional gender roles (i.e., hypermasculine men and hyperfeminine women) has been linked to more socially restrictive and less tolerant beliefs about mental disorders (Hinkleman & Granello, 2003).

While examination of how this stigma can relate to demographic variables has important implications for acceptability and perhaps subsequent utilization of treatment for mental disorders, past conceptualizations of gender have been limiting. In previous studies, gender has generally been confined to a self-report measure (Anderson et al., 2015; Gange et al., 2014; Wirth & Bodenhausen, 2009; Connery & Davidson, 2006). Few studies have chosen to operationalize gender using a specific measurement, such as adherence to traditional gender roles or attitudes toward masculinity (Hinkleman & Granello, 2003; Yousaf, Popat, & Hunter, 2015). Present conceptualizations of gender are

changing, with a growing distinction from biological sex and a more complex examination as a social construct. Models of gender as a binary structure are increasingly shifting into the concept of gender as a continuum, with masculinity and femininity on either end. Present research on stigma surrounding mental disorders has not explored the idea of accepting non-traditional gender roles, such as women who endorse more masculine traits and men who endorse more feminine traits.

In addition, further research on mental health stigma has only focused on its relationship with demographic variables, not social variables. Recent literature reviews did not indicate any studies that examined the relationship between college adjustment and perception of mental disorders. Many studies use undergraduate students as a sample of convenience, and many universities have counseling centers dedicated to helping students work through their transition to college life and beyond. Therefore, it is reasonable to assume that college adjustment could influence students' attitudes towards those with mental disorders.

Given the gaps in the current research regarding mental health stigma, this project aims to provide a unique contribution to the literature by identifying how people's attitudes towards persons with mental disorders are impacted by gender role identification and level of college adjustment.

The hypotheses for this study are as follows:

1. People endorsing gender roles with more feminine traits will have more accepting attitudes toward those with mental disorders. Masculinity has typically been characterized with aggression and dominance, while femininity is associated with more empathetic and caring behavior.

2. People with poorer college adjustment will have more accepting attitudes toward and less stigma awareness of those with mental disorders. Poorer college adjustment could produce feelings similar to symptoms of depression and anxiety, which could increase empathy and widen acceptance of others struggling with these feelings.
3. Gender role identification will influence the relationship between college adjustment and attitudes towards persons with mental disorders. Research suggests that gender influences college adjustment, with men adjusting better to a college environment (Enochs & Roland, 2006). Thus, masculine gender role identification is expected to increase the impact of college adjustment on attitudes towards mental disorders.

Results of this study could help reduce the stigma around mental disorders by recognizing which variables are most likely to contribute to accepting attitudes, and could be used by university counseling centers to help advertise their services by targeting the least accepting demographic and taking steps to normalize mental disorders and psychological services.

Methods

Participants and Procedures

Participants were 66 female and 34 male University of Dayton students from introductory psychology and other classes requiring research participation. Participants were awarded research credit for their participation in this study. Participants were run in groups varying from 18 to 25 students. All participants completed informed consent prior

to their participation in the study. Packets were distributed to participants with the measures in the following order: Attitudes Towards Mental Health Problems Scale, College Adjustment Scale, Bem Sex Role Inventory, and demographic questionnaire. The Attitudes Towards Mental Health Problems Scale was administered prior to the other measures to allow participants to provide their feelings on this topic without immediate priming regarding their gender roles and level of college adjustment. The College Adjustment Scale and Bem Sex Role Inventory were counterbalanced, with odd-numbered participants completing the College Adjustment Scale prior to the Bem Sex Role Inventory and even-numbered participants completing the Bem Sex Role Inventory first. For all selected measures, no counterbalancing effect was found. The demographic questionnaire was created for this study with questions about participants' year in school, sex, self-identified gender, use and helpfulness of psychological services, and contact with persons who have used psychological services.

Measures

Attitudes Towards Mental Health Problems Scale (ATMHP; Gilbert, Bhundia, Mitra, McEwan, Irons, & Sangera, 2007). This scale consists of 35 items that measure different thoughts and feelings related to mental health problems. The scale is divided into five sections: Attitudes towards Mental Health Problems, External Shame/Stigma Awareness, Internal Shame, and Reflected Shame 1 and 2. Reflected Shame 2 was excluded from analysis because it was not relevant to the construct of this study. Participants were asked to respond by rating the degree to which they agreed with the statements, ranging from 0 ("Do not agree at all") to 3 ("Completely agree"). Higher scores on all five sections indicate more negative attitudes towards mental illness and

mental health problems. The ATMHP was designed as a series of subscales with face validity, making Cronbach's alpha the most appropriate statistic (Gilbert, Bhundia, Mitra, McEwan, Irons, & Sangera, 2007). All sections have good internal consistency, with Cronbach's alphas of 0.85 and 0.97 for Asian and Non-Asian students respectively (Gilbert et al., 2007).

College Adjustment Scale (CAS; Anton & Reed, 1991). The College Adjustment scale is comprised of 108 statements, with 12 items making up each scale. Participants were asked to think about the degree to which each statement represents their opinion. Response options were "F" for "false" or "not at all true," "S" for "slightly true," "M" for "mainly true," or "V" for "very true." Options are assigned a numerical value and each scale is totaled for a raw scale score. Each raw scale score corresponds to a percentile and T-score. Lower scores indicate higher levels of college adjustment, while T-scores at or above 60 imply poorer adjustment to a college environment (Enochs & Roland, 2006; Anton & Reed, 1991). For the purpose of this study, only the Anxiety, Depression, Self-Esteem, and Interpersonal Problems scales were used in analysis. All scales present good internal consistency, with Cronbach's alpha ranging from 0.80 to 0.92, with an average of 0.86 (Anton & Reed, 1991).

Most means of the current study are considerably lower than a past study that examined the usefulness of the College Adjustment Scale in university counseling centers (MacFarlane, Henry, Nash, Kissle, & Bush, 2015). This is reasonable because the present study did not examine how many participants were currently participating in therapy. The overall college adjustment score of the current study is also lower than a past study examining the college adjustment of freshmen (Enochs & Roland, 2006). This could

suggest that today's average college student is more readily adjusting to their college environment.

Bem Sex Role Inventory (BSRI; Bem, 1981). The BSRI is a scale that measures how a participant identifies with stereotypically masculine and feminine traits. The scale consists of 60 total items, with 20 characteristics that are stereotypically feminine (e.g., gentle, affectionate), 20 characteristics that are stereotypically masculine (e.g., assertive, independent), and 20 filler items (e.g., happy, conceited) (Bem, 1981). Participants are asked to rate these traits depending how much they think the trait describes them. Response options ranged from 1 ("Never or almost never true") to 7 ("Always or almost always true"). Responses to the stereotypically masculine and feminine items are totaled and converted to masculine and feminine standard scores. The difference between these standard scores is used to find the participant's overall T-score. High difference scores in either direction indicate sex-typing, or high identification with either stereotypical masculinity or femininity. T-scores ranging from 17 to 49 indicate high identification with masculine traits, while T-scores ranging from 51 to 84 indicate more identification with feminine traits. Raw scores can also be used to classify participants as feminine, masculine, androgynous, or undifferentiated on a median split (Bem, 1981). Both femininity and masculinity scores present good internal consistency, with Cronbach's alpha ranging from 0.78 to 0.87 for both male and female participants, and also good test-retest reliability ranging from 0.76 to 0.94 (Bem, 1981).

Data Analysis

Given that the ATMHP and CAS are comprised of multiple subscales, these scores were consolidated for ease of analysis. Since the ATMHP varied in number of

items per subscale, the scores were summed for an overall ATMHP total score. The CAS produced individual T-scores for each subscale, so the average of all T-scores was calculated for an overall CAS average score.

Results

Three participants were excluded from analysis due to incomplete data, resulting in a total of 97 participants. The characteristics of the participants are outlined in Table 1. The final sample of participants was 62 women and 35 men. Only one student identified their gender as different from their sex, so that distinction was not included in further analyses. Participants included of 35.1% freshmen, 46.4% sophomores, 15.5% juniors, 2.1% seniors, and 1% fifth year students. Twenty-seven students expressed that they had previous experience with mental health treatment. Of these 27 students, 16 found that treatment to have been helpful. Fifty-seven students out of the total 97 said they knew someone who has used mental health treatment and 38 of those people said they believed that person found it helpful.

Table 2 displays the mean scores and standard deviations for each measure. The Bem Sex Role Inventory (BSRI) T-score mean reveals that this sample of participants endorsed slightly more feminine traits overall, while the mean of the Attitudes Toward Mental Health Problems scale (ATMHP) total scores indicates that participants showed slightly more negative attitudes on average. The mean of the College Adjustment Scale (CAS) average scores shows that the present sample of college students generally reported positive adjustment to their college environment, but this mean score was only slightly below the cutoff indicating poor college adjustment. No significant differences between men and women were found for ATMHP or CAS scores.

Study Hypotheses

Pearson correlations were used to determine the relationships predicted in hypotheses one and two. These correlations are displayed in Table 3. Hypothesis one predicted that the endorsement of more feminine traits would correlate with higher acceptance of people with mental health disorders. This hypothesis was not supported, as the correlation between BSRI T-scores and ATMHP total scores was not significant. This relationship did not change when comparing participants based on the median split method outlined in the BSRI manual, where participants are categorized into either masculine, feminine, androgynous, or undifferentiated status based on the relation of their masculine and feminine raw scores to the median (Bem, 1981). There was also no significant relationship between ATMHP total scores and the self-reported sex from the demographics questionnaire. Overall, no gender differences were found in relation to the ATMHP total score.

For hypothesis two, the current study predicted that poorer college adjustment would correlated with more accepting attitudes towards individuals with mental health disorders. This hypothesis was not supported; although there was a significant correlation between the CAS average score and the ATMHP total score, it was in the opposite direction than predicted ($r = 0.44, p < .001$). This result indicates that poorer college adjustment correlated with more negative attitudes towards mental health disorders.

For hypothesis three, a moderation model was tested to investigate the effect of gender role identification on the relationship between college adjustment and attitudes toward mental health disorders. This hypothesis predicted that this relationship might be especially strong for people endorsing more masculine traits. This hypothesis was not

supported, as the addition of the BSRI T-score did not significantly alter the correlation between the CAS average scores and ATMHP total scores.

Additional Analyses

Further analyses were run to investigate other relationships between study variables. History of treatment was significantly correlated with higher BSRI T-scores ($r = -0.21, p < .05$), indicating that more feminine characteristics were endorsed by men and women who have had prior mental health treatment. Helpfulness of treatment also significantly correlated with ATMHP total scores ($r = 0.49, p < .05$). That is, people who found their past mental health treatment to be helpful were more likely to have more accepting attitudes towards mental health disorders. Year in school was also found to be significantly correlated with BSRI T-score ($r = -0.25, p < .05$), indicating that students earlier in their college careers were more likely to endorse more feminine traits while students further along in college were more likely to endorse more masculine traits. However, year in school did not significantly predict CAS average scores or ATMHP scores.

Discussion

The purpose of the current study was to investigate underlying components of the stigma surrounding mental health disorders, namely gender and college adjustment. Results indicated that there was a significant relationship between college adjustment and attitudes towards mental health disorders, but this relationship was not influenced by participants' gender role identification.

The finding of no significant relationship between gender role identification and attitudes towards mental health disorders contrasts previous research that suggests men

engage in more stigmatizing behaviors towards mental health disorders than women (Pattyn, Verhaeghe, & Bracke, 2015). To investigate a less binary concept of gender, participants were sorted into groups based on a median split of the Bem Sex Role Inventory (BSRI) raw masculine and feminine scores. However, sorting participants into masculine, feminine, androgynous, or undifferentiated categories did not produce any different results. An explanation for the failure of this median split may be that there was not enough variability in BSRI scores to accurately sort the participants into categories; the differences between the masculine and feminine raw score medians were not that large.

These results may be attributed to the current social climate that places an emphasis on increasing gender equality. It is now more acceptable for both men and women to endorse non-stereotypical gender role traits. The empathy associated with more accepting attitudes towards people struggling with mental health disorders is no longer confined to feminine gender roles. With growing acceptability of empathic behavior from both men and women, gender may no longer significantly influence the stigma surrounding mental health disorders.

This gender equality may also explain why there were no gender differences in each subscale of the College Adjustment Scale (CAS). This result was inconsistent with previous research, which suggested that men adjust better to the college environment (Enochs & Roland, 2006). Perhaps the lessened pressure to conform to stereotypical gender roles that characterizes this gender equality allows students to enter college in a more relaxed manner. While many factors can contribute to poor college adjustment,

such as anxiety, depression, and interpersonal problems as shown on the CAS subscales, the gender of the student does not seem to be one of them.

While gender was not involved in attitudes towards mental health disorders, college adjustment was found to play a significant role. Because there has not been much previous research on how college adjustment relates to these attitudes, it was difficult to settle on a hypothesis. Poorer college adjustment relating to either positive or negative attitudes towards mental health disorders seemed plausible; people may feel more empathetic if they can relate to another person's struggles, or they could feel alienated because of their poor adjustment, since many others publicly enjoy the social aspects of college, and subsequently push the stigma onto others who are struggling. It does not seem that poorer college adjustment relates to empathy or accepting views of those struggling with mental disorders, despite the fact that poorer college adjustment can produce symptoms of mental disorders like anxiety and depression. While it is easy to assume that someone who has been through a challenging event will be more sympathetic to someone currently experiencing that event, research has shown that this is not the case. In fact, previously enduring and overcoming a distressing event can lead to increased negative feelings toward someone who fails to overcome that same event (Ruttan, McDonnell, & Nordgren, 2015). Here, individuals who experienced difficulty adjusting to college may be extending this negative evaluation to those struggling with a mental health disorder. If they overcame their difficult adjustment, they may feel that others should be able to overcome their mental struggles in the same way.

Additional analyses revealed a link between history of treatment and more feminine BSRI T-scores. This finding partially supports previous research that indicates

that women report more positive attitudes towards psychological help-seeking and consider mental health disorders less shameful than men (Pattyn et al., 2015). That being said, this study did not investigate whether these participants began to endorse more feminine traits before, during, or after mental health treatment.

While history of treatment related to gender role identification, it did not influence attitudes towards mental health disorders. Simply having experience in treatment does not lead someone to perpetuate or reject the stigma surrounding mental health disorders. Rather, their attitudes were more influenced by their perceived helpfulness of that treatment. If a person who had used mental health services found their experience to be helpful, they were more likely to express more accepting attitudes towards mental health disorders. Their positive experience could foster empathy and hope for others struggling with mental health problems.

Implications

This study has implications for university counseling centers and psychological service providers that work with college students. The results of this study suggest that, when advertising psychological services to college students, gender need not be the focus. In general, it appears that men and women may respond to the advertisements in the same way, whether that be positive or negative. Instead, counseling centers might consider targeting college students who may have difficulty adjusting to their new environment and offer their services to these students who may be at risk for developing mental health disorders. Whether they choose to pursue mental health treatment or not, this population could benefit from education about the stigma surrounding mental health disorders and psychological help-seeking.

Limitations of this Study

There are many limitations to undergraduate thesis projects in the time and resources available. The measures in this study were chosen for their items and the material they covered. However, they were not the most recent; the BSRI was last updated in 1981. Research conducted on these measures has not indicated methods of simplifying scores and modification was required to combine the CAS and ATMHP subscales for ease of analysis. The generalization of this study's findings is also limited as participants were only from one private university. Finally, 35.1% of participants were first-year students and the data for this study was collected early in the academic year. Measuring college adjustment for freshmen only one month into their college experience may not yield the most accurate results.

Future Research

Future research must continue to investigate the factors involved in the stigma surrounding mental health disorders. With a better understanding of what may lead someone to shame and blame a person struggling with a mental health disorder, researchers can develop effective programs to reduce this stigma. Research also needs to focus on the experiences of transgender and non-binary students, both for adjusting to college and for attitudes towards mental health disorders. These populations are important because gender dysphoria, a psychological disorder characterized by incongruence between a person's internal sense of gender and their assigned gender or sex, is still recognized as a disorder in the *Diagnostic and Statistical Manual of Mental Disorders* used by clinicians (American Psychiatric Association [APA], 2013).

Better measures for gender must also be used, since conceptions of gender have been changing over time. Overall, more research on the stigma surrounding mental health disorders is crucial for understanding how and why people shame others for their struggles, and how clinicians and researchers can increase empathy and acceptance for those coping with mental health disorders.

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Appendix

Table 1

Frequencies

	Variable	Frequency	Percent
Year in School	Freshman	34	35.1
	Sophomore	45	46.4
	Junior	15	15.5
	Senior	2	2.1
	5 th Year	1	1.0
Sex	Female	62	63.9
	Male	35	36.1
Mental Health Treatment for Self	Yes	27	27.8
	No	70	72.2
Helpfulness of Mental Health Treatment for Self	Yes, Helpful	16	59.3
	Not Helpful	7	25.9
	Not Sure	4	14.8
Mental Health Treatment for Other	Yes	57	58.8
	No	39	40.2
Helpfulness of Mental Health Treatment for Other	Yes, Helpful	38	39.2
	Not Helpful	4	4.1
	Not Sure	15	15.5

Table 2

Means and Standard Deviations

Measure	N	Mean (Range)	Standard Deviation
BSRI T-Score	97	53.65 (26-82)	12.06
ATMHP Total	97	29.42 (.00-62.00)	16.24
CAS Average	97	52.43 (31.50-70.00)	8.98

Note. BSRI T-Score = Bem Sex Role Inventory T-Score. ATMHP Total = Attitudes Towards Mental Health Problems Scale total score. CAS Average = College Adjustment Scale average score.

Table 3

Correlations of Main Study Variables

Variable	1	2	3
1. BSRI T-Score	--		
2. ATMHP Total	0.25	--	
3. CAS Average	0.17	0.44**	--

Note. BSRI T-Score = Bem Sex Role Inventory T-Score. ATMHP Total = Attitudes Towards Mental Health Problems Scale total score. CAS Average = College Adjustment Scale average score. ** Correlation is significant at the .01 level (2-tailed).