

Emotional Expression, Perceptions of Therapy, and Help-Seeking Intentions in Men Attending Therapy Services

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Seventy-three men who were currently accessing or had recently accessed mental health services completed a questionnaire regarding their emotional expression, engagement in therapy, perceptions of treatment helpfulness, and future help-seeking intentions. Perceptions of treatment helpfulness were inversely predicted by alexithymia (mediated by bond) and restrictive emotionality, although these emotional expression variables were unrelated to future help-seeking intentions. Bond was positively related to perceptions of treatment helpfulness and both variables predicted future help-seeking intentions. Contrary to expectations, perceptions of treatment helpfulness did not mediate the relationship between bond and future help-seeking intentions. It was concluded that, once in therapy, bond and perceptions of treatment helpfulness are more important to future help-seeking intentions than a man's difficulty or discomfort with emotional expression.

Keywords: emotional expression, bond, treatment helpfulness, help-seeking intentions

Factors influencing an individual's intentions to seek professional psychological help when experiencing distress have been the focus of many studies (e.g., Cepeda-Benito & Short, 1998; Komiya, Good, & Sherrod, 2000; Robertson & Fitzgerald, 1992). However, few have concentrated on intentions to return to therapy again in the future if the need arises. This neglected area is important because recent re-

search results suggest that a high percentage of individuals who receive professional psychological help are likely to need to return for further help again in the future. In summarizing prior research, McKenna and Todd (1997) indicated that "60% of patients applying for psychotherapy have had previous therapy" (p. 383). This finding is generally compatible with relapse rates. For example, one study showed that after remission of depression, 40% of patients had relapsed over the subsequent 15 months (Ramana et al., 1995). Similarly, for unipolar major depressive disorders the risk for repeated episodes exceeds 80%, and patients can expect an average of four episodes in their lifetime (Judd, 1997).

A variety of client-based factors have been related to help-seeking behavior in general, including gender role adherence, sex differences, levels of psychological distress, and problem type. Men and women differ in their frequency and readiness to seek professional psychological help. In general, men seek professional help less frequently than women (Addis & Mahalik, 2003; Rickwood & Braithwaite, 1994), even when experiencing comparable levels of psychological distress (Carpenter & Addis, 2000; Deane & Todd, 1996; Kessler, Brown, & Boman, 1981). Not seeking appropriate professional help when required can lead to worsening

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of symptoms or slower recovery (e.g., Lincoln & McGorry, 1995). For those experiencing suicidal ideation, the consequences can be more dire, as it has been argued that seeking professional psychological help may provide generic protection against suicide attempts and/or subsequent completion at any point on the suicidal pathway (Kalafat, 1997; Resnick et al., 1997; Rubenstein, Halton, Kasten, Rubin, & Stechler, 1998; Rudd et al., 1996; Rutter, 1985). Further complicating this picture are findings that help-seeking intentions have been found to be lower for suicidal thoughts than for other personal-emotional problems (Carlton & Deane, 2000; Deane, Skogstad, & Williams, 1999; Deane, Wilson, & Ciarrochi, 2001; Rudd et al., 1996; Saunders, Resnick, Hoberman, & Blum, 1994). Higher rates of suicide and lower levels of help-seeking in men led to the focus of the present study on men. Recognition that many individuals require more than one episode of mental health care led to the examination of factors influencing the future help-seeking intentions of men who have received previous professional psychological help.

Factors important for the first help-seeking episode probably differ from factors important during subsequent episodes for those who have previously received help. An apparent difference between men seeking professional psychological help for the first time and those who have previously sought help is the potential influence of prior therapy experience. Previous counseling experience has been found to be related to increased willingness to seek help in the future (e.g., Solberg, Ritsma, Davis, Tata, & Jolly, 1994; Deane & Todd, 1996). But, what it is about the therapy experience that promotes increased future help-seeking intentions remains unclear. The perception that treatment is helpful is one factor that appears to be related to greater future help-seeking intentions (Bayer & Peay, 1997). This appears to be true for intentions to seek help for both a personal-emotional problem and for suicidal thoughts (Deane et al., 1999) and prompted Deane et al. to suggest that "one goal of future research should be to identify the key components of perceived helpfulness, with a view to increasing future help-seeking" (p. 64).

In the present study, we proposed that the client's capacity for emotional expression influences the establishment of the therapeutic bond

between client and therapist, which in turn affects perceived treatment helpfulness. The more helpful prior therapy is viewed to be, the more likely it is that an individual will intend to return to therapy in the future. The rationale and research support for each part of this proposed mechanism are outlined below.

Meta-analytic reviews indicate that a strong relationship between the client and therapist (the working alliance) has consistently been reported to predict positive treatment outcomes (Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000). The measurable component of the working alliance is typically considered to be three-factored, composed of the emotional *bond* between client and therapist, the *tasks* of therapy, and the *goals* of therapy (Bordin, 1979, 1994). The emotional bond between the client and therapist has been identified as being particularly important in relation to positive treatment outcome (Saunders, 2000). Bond may affect treatment outcome both as an active ingredient in therapy, for example, in a supportive intervention, or bond may facilitate engagement in other therapeutic processes that affect treatment outcome (Gaston, Piper, Debbane, Bienvenu, & Garant, 1994; Saunders, 2000). Thus, it is likely that the experience of a strong bond with the therapist would promote the client's perception that treatment was helpful.

O'Neil (1981) described the stress and strain a man may experience when he is not attaining or feels pressured to act in conflict with socialized male attributes as gender role conflict. Restrictive emotionality is the emotional expressive component of the four-factored Gender Role Conflict Scale (O'Neil, Helms, Gable, David, & Wrightsman, 1986). Restrictive emotionality refers to an individual's difficulty with expressing his own emotions, as well as his discomfort with the emotional expression of others (Cournoyer & Mahalik, 1995; O'Neil et al., 1986). Alexithymia is defined as a pattern of symptoms involving difficulty identifying feelings and distinguishing between feelings, difficulty communicating about emotions, and an externally oriented cognitive style (Levant, 2001; Mallinckrodt, King, & Coble, 1998). Levant described normative male alexithymia as a mild to moderate form of this syndrome, which appears to be an overlapping construct with restrictive emotionality, with both involving a difficulty or reluctance with identifying and ex-

pressing emotion (e.g., Fischer & Good, 1997). In the present study, the term *emotional expression* is used to refer to both (normative male) alexithymia and restrictive emotionality constructs.

When psychological therapy primarily involves the exploration of emotion, men who are emotionally restricted may have difficulty engaging in the tasks of therapy and thus may perceive treatment as less helpful. Their emotional restriction may also inhibit the development of an emotional bond with the therapist, leading to a perception that treatment is less helpful. These two mechanisms are consistent with at least one prior study indicating that alexithymia was inversely related to treatment outcome (McCallum, Piper, Ogrodniczuk, & Joyce, 2003). In the first part of the present study, we investigated the degree to which bond mediated (directly accounted for) the relationship between emotional expression and treatment helpfulness.

Consistent with the Theory of Planned Behavior (Ajzen, 1991), a person's attitude toward seeking help from a mental health professional is one of several predictors of intentions to seek help (e.g., Bayer & Peay, 1997; Deane et al., 1999). In the present study, it was postulated that the actual experience of therapy would contribute to a man's attitudes toward seeking help from a mental health professional again in the future. Men who perceive their experience of therapy as helpful may subsequently report greater intentions to seek help from a mental health professional in the future when such help is necessary.

Emotional expression and bond may also have direct effects on future help-seeking intentions. A man who experiences difficulties with emotions may be reluctant to seek professional psychological help if he perceives that future treatment would require exploration of his emotions. Previous research supports such links as higher levels of restrictive emotionality have been associated with greater reluctance to seek help in men (e.g., Blazina & Watkins, 1996; Good, Dell, & Mintz, 1989; Robertson & Fitzgerald, 1992; Simonsen, Blazina, & Watkins, 2000). Alternatively, a man who has formed a strong bond with a therapist may hold more favorable attitudes toward seeking psychological help in the future, based on this previous positive experience.

An indirect link may also exist with a man's comfort with emotional expression and/or the formation of a strong emotional bond with the therapist facilitating engagement in treatment, which in turn promotes the perception that treatment was helpful. This perception may then directly contribute to the man's intentions to seek help in future in times of need. In this instance, treatment helpfulness may mediate the relationship between future help-seeking intentions and both emotional expression and bond.

This rationale led to the second part of the present study: testing the hypothesis that bond, emotional expression, and perceived treatment helpfulness would predict future help-seeking intentions in men recently accessing professional psychological help. Whether treatment helpfulness mediated the relationship between future help-seeking intentions and both bond and emotional expression was also explored.

Method

Participants

Eligible participants were individuals who were currently receiving professional psychological help from a psychologist or counselor or who had been in treatment within the previous year. Participants were required to be male and aged 18 years and older and to have experienced two or more therapy sessions within the prior 12 months. Although participants were required to have accessed individual therapy, the therapeutic orientation, number of proposed treatment sessions, and sex of the therapist were not controlled for. To obtain a wide range of participants, a number of different service providers were approached to participate. These included those based in public mental health services, nongovernment and charitable agencies, university counseling services, technical college counseling services, and private group practices in the Illawarra and southern Sydney regions of New South Wales, Australia.

Seventy-three men (aged 21–69) participated in this study, with the mean age of participants being 37.5 years ($SD = 10.98$). Fifty-five (75%) participants were currently accessing therapy services, and 18 (25%) were no longer accessing therapy services. The mean number of therapy sessions attended was 8.08 sessions ($SD = 8.16$). In response to open-ended ques-

tions, “ethnicity” was described by 81% of participants as Australian, 13% as European descent, 3% as Aboriginal, and the remaining 3% as “other” ethnic origins. Thirty-four percent of participants described their current employment status as full-time employment, 30% as unemployed, 10% as part-time or casual employment, 10% as accessing a pension, 5% as students, 4% as self-employed, and 3% as a sole parent or retired. The remaining 4% of participants failed to indicate employment status.

Procedure

This project received ethical review and approval from the University Human Research Ethics Committee. To recruit participants, individuals currently receiving therapy were provided with a brief overview of the project by their therapist. After completion of informed consent procedures, participants were provided three options for completing the questionnaire: stay behind after their therapy session to complete the questionnaire in the waiting room, attend their next session early to complete the questionnaire in the waiting room, or take a questionnaire home to complete. Reply paid envelopes were provided with each questionnaire. Participants had the option of either sending completed questionnaires directly to the researcher or placing questionnaires in a secure box provided in the waiting room of the service they were attending.

Participants who were no longer receiving therapy were contacted by their therapist by telephone to request participation. A questionnaire was sent to the last known address of the client if telephone contact could not be established. All participants remained anonymous to the researcher. A total of 249 questionnaires were distributed to therapists (168 currently accessing therapy services; 81 no longer accessing therapy services). Although data collection procedures prevented determination of exact figures, estimates from therapists indicated that few individuals declined to take questionnaires, with the majority of individuals choosing to take questionnaires home to complete. Unfortunately, not all uncompleted questionnaires were returned from all therapy services involved in this study, preventing accurate calculation of the exact percentage of individuals who failed to complete and return questionnaires.

Measures

The questionnaires administered in this study included the General Help-Seeking Questionnaire (GHSQ; Deane et al., 2001; Wilson, Deane, Ciarrochi, & Rickwood, 2005), the Bond subscale of the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989), the Restrictive Emotionality subscale of the Gender Role Conflict Scale (GRCS; O’Neil et al., 1986), and the Toronto Alexithymia Scale–20 (TAS–20; Bagby, Taylor, & Parker, 1994).

Help-Seeking Intentions

The GHSQ has been used in prior help-seeking research and was developed to formally assess help-seeking intentions for a range of problems (Ciarrochi & Deane, 2001; Deane et al., 2001; Wilson et al., 2005). The measure asks respondents to rate the likelihood that they would seek help for different problem types (e.g., suicidal thoughts or depression) from a range of potential help sources (e.g., friend, family, or general practitioner). Problem types and help sources can be varied, depending on the research context and nature of the sample (e.g., help-seeking from general practitioners for substance abuse). In the present study, the two problem prompts were, “If you were having a personal–emotional problem, how likely is it that you would seek help from the following people?” “If you were having suicidal thoughts, how likely is it that you would seek help from the following people?” The focus was on professional psychological help-seeking, and the only help source of interest in this study was a “mental health professional.” For this help source, intentions to seek help were rated on a 7-point Likert scale ranging from 1 (*extremely unlikely*) to 7 (*extremely likely*). Given that these were men currently or recently in therapy, they were instructed to “consider who you would ask for help if you had a problem in the future.” Higher scores indicated higher intentions to seek help.

Evidence for the reliability of the GHSQ has been found, with 3-week test–retest reliability ranging from $r = .86$ to $r = .92$. Validity was supported with GHSQ intentions correlating positively with both prior and prospective help-seeking behavior. In addition, there was an inverse relationship between the barriers to seek-

ing counseling and help-seeking intentions on the GHSQ (Wilson et al., 2005).

Perceptions of Treatment Helpfulness

Participants were asked to indicate what type of mental health professional they had seen and approximately how many visits they had completed. Perceptions of treatment helpfulness ratings were then based on participant's responses to the single question, "How helpful have these visits to the mental health professional been?" The tense for this question was altered slightly to read appropriately for participants no longer attending therapy services, to "How helpful were these visits to the mental health professional?" Participants were asked to respond on a 7-point Likert scale ranging from 1 (*extremely unhelpful*) to 7 (*extremely helpful*).

Bond

The WAI (Horvath & Greenberg, 1989) is a measure of working alliance based on Bordin's (1979) conceptualization of the alliance, which includes bond, task, and goal components. The measure consists of 36 items that measure bond, task, and goal, but in the current study, only the bond component of the scale was administered. The 12-item bond subscale asks participants to rate how they think or feel about their therapist on a 7-point Likert scale ranging from 1 (*never*) to 7 (*always*). Participants were asked to complete the scale considering their relationship with the mental health professional they were currently seeing or had most recently accessed. Again, minor changes in tense were made to make items read more clearly for participants who were no longer accessing therapy services. Convergent validity of the WAI has been supported by several studies (Horvath & Greenberg, 1989; Safran & Wallner, 1991; Stiles et al., 2002). Safran and Wallner reported correlations between the global California Psychotherapy Alliance Scale scores and the WAI of .84, .79, and .72 for goal, task, and bond scales, respectively. Stiles et al. reported a correlation of $r = .91$ between the Bond subscale of the WAI and the Bond subscale of the Agnew Relationship Measure. Horvath and Greenberg (1989) also reported several studies that supported the discriminant validity of the WAI.

Horvath and Greenberg (1989) reported an internal consistency reliability alpha of .93 for the Bond subscale and the alpha coefficient in the present study was .88.

Emotional Expression

The degree of restrictive emotionality experienced by a participant was measured using a revised version of the 10-item Restrictive Emotionality subscale from the GRCS (O'Neil et al., 1986). Participants reported the degree to which they agreed or disagreed with each statement on a Likert-type scale ranging from 1 (*strongly agree*) to 6 (*strongly disagree*). Restrictive Emotionality comprises questions that assess an individual's difficulty and/or reluctance to express emotions. Higher scores indicate greater conflict. The Restrictive Emotionality factor 4-week test-retest reliability, based on a small sample of 17 subjects, was reported as .86 (O'Neil et al., 1986). Three questions were adjusted from the original format of the GRCS Restrictive Emotionality subscale. "Talking about my feelings during sexual relations is difficult for me," became "Talking about my feelings is difficult for me." "Telling others of my strong feelings is not part of my sexual behavior," became, "Telling others of my feelings is not part of my behavior." "Telling my partner my feelings about him/her during sex is difficult for me," became "Telling my partner about my feelings for him/her is difficult for me." This approach was taken, given that in this research we were more interested in emotional behavior without reference to sexual behavior. In the present study, this adjusted measure had a Cronbach's alpha coefficient of .91.

The TAS-20 (Bagby et al., 1994) was administered as a measure of alexithymia. Consisting of 20 questions, the TAS-20 is a self-report measure in which subjects are asked to rate their agreement with a series of statements on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). There is evidence that supports the test-retest reliability ($r = .77$) of the TAS-20 (Bagby et al., 1994). Convergent validity has been supported through a strong negative correlation with openness to feelings, and discriminant validity has been supported through nonsignificant correlations with agreeableness (Bagby et al., 1994). Similar to other studies (e.g., $\alpha = .85$; Parker, Taylor, &

Bagby, 2001), in the current study $\alpha = .84$ for the overall scale.

Results

Preliminary Analyses

Prior to analyses, all variables were examined through SPSS programs for accuracy of data entry, missing values, and the fit between their distributions and the assumptions of analyses used. Only cases with at least 80% of the items in a given scale were included in analyses. This method of dealing with missing variables was preferred to the use of group means because it uses available data from the individual. If less than 80% of items for a scale were available, the case was deleted from the analysis. This method of data screening led to 1 case being omitted from analyses involving future help-seeking for a suicidal problem, 7 from analyses involving bond, 2 from analyses involving restrictive emotionality, and 1 from analyses involving alexithymia.

Treatment helpfulness, bond, and both measures of intentions to seek help from a mental health professional did not meet the assumptions of normality, producing Kolmogorov-Smirnov statistics with Lilliefors significance levels below .05 (Coakes & Steed, 2001). On these scales, participants more frequently endorsed items at the extremes of the ratings. These scales were negatively skewed as responses most typically indicated high help-seeking intentions, high perceptions of treatment helpfulness, and high bond formation (e.g., 51% of participants recorded the highest possible score on intentions to seek help from a mental health professional for a personal-emotional problem). Restrictive emotionality and alexithymia were normally distributed, with the mean score for restrictive emotionality above the mean reported by O'Neil et al. (1986) for "masculine" men. The mean alexithymia score was mild to moderately elevated, but below the cut-off for high alexithymia established by Taylor, Bagby, and Parker (1997).

Independent sample *t* tests were conducted to compare means of participants currently attending a therapy service with those of participants no longer accessing a therapy service on the six variables examined in this study. Results indicated no significant differences between these

participants on all variables. A paired *t* test indicated that men in the present study reported significantly higher intentions to seek help from a mental health professional for a personal-emotional problem than for suicidal thoughts.

Primary Analysis

Parametric tests require the assumption of consistent spacing and normal distribution of the data. Treating ordinal data as continuous, dichotomizing the data, or assuming that the data have the same properties as interval data for parametric analyses increases the risk of making erroneous statistical inferences (Jakobsson, 2004; Scott, Goldberg, & Mayo, 1997). For these reasons nonparametric analyses (Spearman's correlations and ordinal regression) were conducted. Ordinal regression is currently underutilized in health and behavioral sciences research (Jakobsson, 2004), despite allowing for evaluation of the importance of various predictor variables in cases for which the dependent variable is ordinal in nature. Ordinal methods are also resistant to outliers and deviations due to non-normality, and relationships that are often problematic for parametric analyses are tolerated (Gibbons, 1993; Long, 1999). Thus, the Polytomous Universal Model (PLUM) Ordinal Regression procedure in SPSS was used in this study.

Five link functions are available in PLUM Ordinal Regression to allow tailoring of statistical testing to the distribution of the dependent variable. The Probit link function was used in analyses in which treatment helpfulness was the dependent variable, given that treatment helpfulness reflects an underlying quantitative variable. Because of the severity with which both measures of intentions to seek help from a mental health professional departed from normality, analyses involving these variables were conducted with the Cauchit link function, which is typically applied when a variable has many extreme values.

PLUM Ordinal Regression derives unstandardized coefficients (*B*) rather than standardized coefficients that would require the conversion of ranked outcomes of potentially unequal distance. The positive or negative value of *B* indicates the direction of the relationship between independent and dependent variables. There is no need to control the order in which the inde-

pendent variables are entered into the PLUM Ordinal Regression equation.

Table 1 shows a summary of the descriptive data and correlations for treatment helpfulness, bond, emotional expression and future help-seeking intentions. Similar to previous studies (e.g., Bayer & Peay, 1997) Spearman correlations identified both bond and perceptions of treatment helpfulness as being positively related to future help-seeking intentions. A significant inverse relationship existed between alexithymia and bond, but the relationship between restrictive emotionality and bond was not significant. Expected relationships between treatment helpfulness and both bond and emotional expression were also identified.

Ordinal regressions were then conducted to investigate the hypothesized mediating relationship of bond to emotional expression and treatment helpfulness. Following the conditions outlined by Baron and Kenny (1986), the hypothesized mediating effects are supported if the following conditions are met. First, emotional expression variables affect bond. Second, emotional expression variables affect treatment helpfulness. Third, bond affects treatment helpfulness when entered as a variable with emotional expression. Significant results for all

three regression equations are required to infer mediation. Perfect mediation holds if in the third equation, bond affects future help-seeking intentions whereas emotional expression has no effect (Baron & Kenny, 1986).

Ordinal regression indicated an inverse relationship between restrictive emotionality and perceptions of treatment helpfulness (see Table 2). However this relationship was not mediated by bond, as bond was not predicted by restrictive emotionality (estimate $[B] = -.138$, Wald = 1.967, $df = 1$, $p > .05$). Increased alexithymia predicted decreased perceptions of treatment helpfulness and lower emotional bond. Higher levels of emotional bond also predicted increased perceptions of treatment helpfulness. When both alexithymia and bond were entered simultaneously into the model to predict treatment helpfulness, the likelihood ratio test indicated a significant model ($\chi^2[2, N = 63] = 52.19$, $p < .001$). The Nagelkerke R^2 suggests that 63.4% of the variance in perceptions of treatment helpfulness was predicted by alexithymia and bond, and although bond was significant, alexithymia did not prove to be a significant predictor in the model.

Analyses investigating the second mediating relationship revealed that both emotional ex-

Table 1
Means, Standard Deviations, Medians, and Spearman Correlations for Emotional Expression, Bond, Treatment Helpfulness, and Help-Seeking Intentions Variables

Variable	<i>M</i>	<i>SD</i>	Median	Range	1	2	3	4	5
1. RE	35.10	12.63	36.00	50.00	—				
2. TAS-20	53.99	13.19	53.00	53.00	.76***	—			
3. Bond	5.70	1.06	6.00	4.67	-.19	-.23*	—		
4. Rx help	4.16	0.96	4.00	4.00	-.37**	-.39**	.70***	—	
5. GHSQ P-E	5.66	1.77	7.00	6.00	-.08	-.04	.39**	.32**	—
6. GHSQ Sui	5.23	2.34	7.00	6.00	-.19	-.18	.26*	.28*	.44**

Note. A cutoff total score of ≥ 61 has been established empirically for identifying individuals with high alexithymia (Taylor et al., 1997). A mean total of 30.98 was reported by O'Neil et al. (1986) for "masculine" men on the restrictive emotionality subscale of the Gender Role Conflict Scale. RE = Restrictive Emotionality subscale of the Gender Role Conflict Scale; TAS-20 = Toronto Alexithymia Scale; Bond = Bond subscale of the Working Alliance Inventory; Rx help = perception of treatment helpfulness question from the General Help-Seeking Questionnaire (GHSQ); GHSQ P-E = intentions to seek help from a mental health professional for a personal-emotional problem; GHSQ Sui = intentions to seek help from a mental health professional for suicidal thoughts.

* $p < .05$. ** $p < .01$. *** $p < .001$, all two-tailed tests except correlations between emotional expression and bond, which were one-tailed tests given that the direction of the relationship was hypothesized. Sample sizes for each coefficient range from 62 to 73 because of some missing data.

Table 2
PLUM Ordinal Regressions for Treatment Helpfulness as the Dependent Variable

Predictor variables	Estimate	SE	Wald	Significance
Variables entered individually				
RE	-.300	.109	7.501	.006
Bond	1.290	.229	31.835	.000
TAS-20	-.03	.011	6.844	.009
Variables entered simultaneously				
Bond	1.267	.228	30.868	.000
TAS-20	-.019	.012	2.329	.127

Note. RE = Restrictive Emotionality subscale of the Gender Role Conflict Scale; TAS-20 = Toronto Alexithymia Scale; Bond = Bond subscale of the Working Alliance Inventory.

pression factors were not significantly related to future help-seeking intentions. As such, in subsequent analyses we investigated the mediating role of treatment helpfulness between bond and future help-seeking intentions only.

Ordinal regression analyses indicated that higher bond ratings and perceptions of treatment helpfulness independently predicted greater future help-seeking intentions for a personal-emotional problem (see Table 3) and for suicidal thoughts (see Table 4). However, the models including regression of future help-seeking intentions for a personal emotional problem ($\chi^2[2, N = 63] = 4.94, p > .05$) and for suicidal thoughts ($\chi^2[2, N = 60] = 4.33, p > .05$) on both bond and treatment helpfulness were not significant.

These results do not support the hypothesis that treatment helpfulness mediated the relationship between bond and intentions to seek help from a mental health professional in the

future for either a personal-emotional problem or suicidal thoughts. Comparisons of the size of correlations between treatment helpfulness and future help-seeking intentions and the correlations between bond and future help-seeking intentions suggested that neither correlation was significantly larger than the other. This held true for intentions to seek help for a personal-emotional problem and for suicidal thoughts.

Discussion

In this study, we investigated the relationships between emotional expression, bond, treatment helpfulness, and future help seeking intentions in men who are currently accessing or who had recently accessed psychological help. As hypothesized, therapeutic bond predicted perceptions of treatment helpfulness. Bond has for a long time been considered a core therapeutic component in producing change (e.g.,

Table 3
PLUM Ordinal Regressions for Future Help-Seeking Intentions for a Personal-Emotional Problem as the Dependent Variable

Predictor variables	Estimate	SE	Wald	Significance
Variables entered individually				
RE	-.022	.138	.025	.874
TAS-20	-.002	.014	.020	.887
Bond	.914	.284	10.371	.001
Rx help	.850	.263	10.430	.001
Variables entered simultaneously				
Bond	1.092	.393	7.700	.006
Rx help	-.453	.362	1.560	.212

Note. RE = Restrictive Emotionality subscale of the Gender Role Conflict Scale; TAS-20 = Toronto Alexithymia Scale; Bond = Bond subscale of the Working Alliance Inventory; Rx help = perception of treatment helpfulness question from the General Help-Seeking Questionnaire.

Table 4
PLUM Ordinal Regressions for Future Help-Seeking Intentions for Suicidal Thoughts as the Dependent Variable

Predictor variables	Estimate	SE	Wald	Significance
Variables entered individually				
RE	-.137	.148	.857	.355
TAS-20	-.018	.015	1.373	.241
Bond	.455	.217	4.382	.036
Rx help	.628	.239	6.885	.009
Variables entered simultaneously				
Bond	.612	.337	3.294	.070
Rx help	-.233	.351	.439	.508

Note. RE = Restrictive Emotionality subscale of the Gender Role Conflict Scale; TAS-20 = Toronto Alexithymia Scale; Bond = Bond subscale of the Working Alliance Inventory; Rx help = perception of treatment helpfulness question from the General Help-Seeking Questionnaire.

Rogers, 1957). The results are congruent with the proposal that the formation of a bond between the client and therapist facilitates more positive treatment effects. It is possible that such a process occurs because the formation of a bond facilitates engagement in the tasks and goals of therapy (Saunders, 2000). It is also possible that the bond itself is perceived by the client as a helpful component to treatment.

It was assumed that restrictive emotionality and (normative male) alexithymia would perform similarly in all analyses because of the conceptual similarities between the two constructs, but this was not completely the case. Restrictive emotionality was not significantly related to bond, although it was inversely related to perceptions of treatment helpfulness. However, alexithymia had an inverse relationship with bond, and bond mediated an inverse relationship between alexithymia and treatment helpfulness.

The overlapping component between the alexithymia and restrictive emotionality constructs is the difficulty identifying and describing feelings. However, alexithymia is a three-factored construct with an externally oriented thinking style comprising the third factor (Parker et al., 2001). It may be that this externally oriented thinking style is predominantly responsible for the difficulties men with alexithymia may (or will) have forming a bond with their therapist. This explanation is compatible with the findings of McCallum et al. (2003), who raised the possibility that individuals with alexithymia may have difficulty expressing

their internal experience in therapy and this inversely affects treatment outcome. In addition, men with (normative male) alexithymia may experience difficulties identifying and labeling emotions, whereas restrictive emotionality may represent more of a reluctance to express identified emotions. Whether men with emotional restriction express emotion or not may be less dependent on their ability to identify and label emotions and more on their willingness to express emotion, which is likely to be dependent on the context. Men with emotional restrictions may perceive the therapeutic relationship as an interpersonal setting in which the expression of emotion is more acceptable. This explanation appears congruent with recent process models of emotional expression (e.g., Kennedy-Moore & Watson, 1999; Wong & Rochlen, 2005) that suggest a five-step cognitive evaluative process. A breakdown in the ability to label (and hence, ability to express) an emotion precedes a conscious decision to suppress identified emotions due to social context in the model. These different steps in the cognitive evaluation process may account for the differences between both constructs in regard to forming a therapeutic bond with the therapist.

Men with (normative male) alexithymia may also enter therapy with difficulties in excess of those experienced by men with emotional restrictions, with regard to the competencies required to form satisfying interpersonal relationships (Mallinckrodt, King, & Coble, 1998). When the therapist or therapy cannot accommodate these difficulties, the therapeutic relation-

ship may then be affected. It is possible that other factors contributing to the positive personal attachments that influence bond (e.g., trust, sense of being understood) are more important than the emotional content of the interaction between the therapist and the client. If this is indeed the case, it would also appear that emotional restriction would not have a significant impact on the development or expression of these components of the bond.

Given that the inverse relationship between alexithymia and perceptions of treatment helpfulness was mediated by bond, further research is required to identify how improved bonds can be formed with men with (normative male) alexithymia. One possibility includes focusing on the "task" components of the therapeutic alliance as the first step in therapy. Collaboratively "doing things" may initially represent a more acceptable and beneficial interpersonal relationship to the man with (normative male) alexithymia and is also more compatible with external oriented thinking.

Despite not having a significant impact on bond, restrictive emotionality was inversely related to perceptions of treatment helpfulness. It is possible that this finding is a function of the type of therapy used. For example, the more a man finds emotional expression difficult or uncomfortable, the less helpful he may find therapy approaches that require the exploration of feelings and emotions. This study did not control for the type of psychological therapy provided. Future researchers may wish to investigate the relationship between restrictive emotionality and perceptions of treatment helpfulness in therapy when therapy is identified as focusing predominantly on emotional expression versus more behavioral approaches.

Further suggestions that might promote greater perceptions of treatment helpfulness in men with emotional restriction include teaching such men to better identify and express emotions to allow improved engagement within insight-focused therapies (e.g., Levant, 1992) or use of more problem-focused and less insight-oriented therapies (Wisch, Mahalik, Hayes, & Nutt, 1995). More research is required to explore the effectiveness of these proposed approaches.

Deane et al. (1999) called for future researchers to identify the key components of perceived helpfulness. In the present study we identify

bond and restrictive emotionality as direct predictors of treatment helpfulness for men who, on average, reported strong bonds, high emotional restriction, and a high perception of treatment helpfulness. There is a need for researchers to consider the relationship of bond and restrictive emotionality on other measures of treatment outcome, such as symptom reduction.

In contrast to previous studies (e.g., Good et al., 1989; Simonsen et al., 2000), restrictive emotionality was not related to intentions to seek help. Alexithymia was also unrelated to future help-seeking intentions. This finding held true for intentions to seek help for a personal-emotional problem and for suicidal thoughts. One explanation for this finding relates to the nature of the sample. Previous studies have shown a relationship between restrictive emotionality and help-seeking intentions in non-clinical samples of men as well as for men who requested professional psychological help, but *prior* to their receiving this help. However, in previous studies the role of the participant's prior experiences of professional psychological help were not considered. Participants in the present study had all experienced at least two sessions of professional psychological help. It seems that if emotional expression affects future help-seeking intentions in those who have made it to therapy, this effect is likely to be weak.

Consistent with the earlier suggestion that factors related to the experience of therapy may influence future help-seeking intentions, bond predicted both intentions to seek help from a mental health professional for a future personal-emotional problem and for suicidal thoughts. Stronger bond formation was found to be associated with greater future help-seeking intentions. Given that attitudes toward professional psychological help-seeking appear to be related to future help-seeking (Bayer & Peay, 1997), forming a good bond with a professional helper in therapy is likely to promote a positive attitude toward future help-seeking from such sources.

Consistent with previous research (Deane et al., 1999), perceptions of treatment helpfulness also predicted intentions to seek help from a mental health professional, with perceptions of treatment helpfulness being positively related to future help-seeking intentions. Such a finding is important, considering that previous studies have indicated that it is common for individuals who receive professional psychological help to

again require such help in the future (Patterson, Levene, & Breger, 1977).

Contrary to expectation, the relationship between bond and future help-seeking intentions was not mediated by perceptions of treatment helpfulness. Previous research has shown that a good bond may facilitate engagement in therapeutic tasks that facilitate change as well as directly promote a perception of treatment helpfulness (Gaston, Piper, Debbane, Bienvenu, & Garant, 1994; Saunders, 2000). The present results suggest that bond has an important role in promoting positive future help-seeking intentions but not through perceptions of treatment helpfulness.

Notably, bond and perceptions of treatment helpfulness were more significantly related to intentions to seek help for a personal–emotional problem than for suicidal thoughts. Discrepancies between intentions to seek help for a personal–emotional problem and intentions to seek help for suicidal thoughts have been reported in other studies. Deane et al. (1999) reported that men held lower intentions to seek help for suicidal thoughts than for a personal–emotional problem. An increase in psychological distress has previously been found to be related to increased help-seeking intentions, but several studies have indicated that as suicidal thoughts increase, help-seeking intentions decrease (Beck, Brown, Steer, Dahlsgaard, & Grisham, 1999; Carlton & Deane, 2000; Deane et al., 2001; Saunders et al., 1994). The basis of this relationship has yet to be fully explained by theory or research. In this context, it is perhaps not surprising that factors that promoted intentions to seek help for personal–emotional problems did not as strongly predict intentions to seek help for suicidal thoughts.

On average, the men in this study reported high perceptions of treatment helpfulness. It is notable that there was a significant relationship between perceptions of treatment helpfulness and both bond and emotional expression when there was a relatively small range of treatment helpfulness scores. This finding raises questions about whether the strength of the relationship between bond, emotional expression, and treatment helpfulness would be more substantial when more diverse experiences of treatment helpfulness are reported. The sample of men in this study also reported relatively high intentions to seek help from a mental health profes-

sional. Further studies are required to investigate the relationship between future help-seeking intentions and emotional expression, bond, and treatment helpfulness in men who report low intentions to seek help from a mental health professional.

There are several methodological and design limitations that should be considered when these findings are interpreted. The sample included men who were at varying stages of therapy, ranging from those who were in the initial sessions to those who had completed therapy. The relationships between emotional expression, bond, treatment helpfulness, and future help-seeking intentions may change at different stages of therapy. For example, men at the end stages of therapy may base perceptions of treatment helpfulness on a greater range of therapeutic experiences than men who have completed only two sessions.

In a similar vein, the majority of participants were still in therapy (75%). Their responses would then be based on current perceptions of the therapeutic relationship. Such a sample may not adequately represent the future help-seeking intentions of men who have completed therapy. Given that research results suggest that up to 60% of individuals who return to therapy do so within 12 months of their last session (Patterson, Levene, & Breger, 1977), studies focusing on larger numbers of men who completed therapy within 12 months of the data collection are required. A caveat in the interpretation of findings is that the stage of therapy was not constant. Future researchers should exert more control over this variable.

Some sampling bias may have resulted from selection procedures. Clients who were dissatisfied with therapy may have been less likely to return questionnaires. It is also possible that therapists approached clients with whom they felt most comfortable or with whom they had a good relationship. This may have contributed to the sample comprising men who predominantly formed strong bonds with their therapists and perceived therapy as helpful. Other approaches such as having the researcher approach all potential participants would overcome this difficulty but decrease the ability for patients to remain anonymous. At a minimum, in future studies of this kind clinicians should be asked to record the number of *eligible* clients in their

caseload and the number approached who agreed or declined to participate.

There are also limitations regarding the measures of this study. Perceptions of treatment helpfulness and intentions to seek help in the future from a mental health professional are single-item measures. Although these single-item measures have been used previously in the literature (e.g., Deane et al., 2001), they are potentially susceptible to problems with reliability.

The restrictive emotionality measure used in this study was also altered from the scale originally devised by O'Neil et al., (1986). It was anticipated that these alterations would be appropriate in the context of the study and have little effect on results. However, with these changes we may have unintentionally changed the scope of the restrictive emotionality construct from how it was originally conceptualized.

The results indicate that emotional expression impacts inversely on perceptions of treatment helpfulness, whereas bond is a positively related and significant predictor of helpfulness. The findings suggest that if emotional expression affects future help-seeking in those who have made it to therapy, this relationship is likely to be weak. Factors related to the therapy process, such as bond and treatment helpfulness, appear much more important to the future help-seeking intentions of men.

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