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PARTICIPATION IN MALE-ONLY SOCIAL SUPPORT GROUPS MAY DECREASE DEPRESSIVE SYMPTOMS IN MEN

A THESIS PRESENTED IN

PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE

DEGREE OF

MASTER OF ARTS IN CLINICAL PSYCHOLOGY

BY

JEFFREY M. NERONE

MAY 2015

DEPARTMENT OF PSYCHOLOGY
COLLEGE OF ARTS AND SCIENCES
CARDINAL STRITCH UNIVERSITY
MILWAUKEE, WI

REPORT ON THESIS AND ORAL EXAMINATION

Name of Student Jeffrey M. Nerone

Title of Thesis: Participation in male-only social support groups may decrease depressive symptoms in men

Report on Thesis and Oral Examination

Excellent/With Distinction X

Good ____________

Acceptable ____________

Unacceptable/Failure ____________

Reason: ____________

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ACKNOWLEDGMENTS

I would like to express my sincere gratitude to my thesis advisor, Dr. Carole A. Rayburn, and reader, Dr. Sarah E. Trost, for their wisdom and insight, their guidance, and support throughout this project. I would also like to express my gratitude to Cardinal Stritch University and Marquette University for allowing me to recruit their students as participants. I want to thank ManKind Project, Men in Christ organization, as well as Trinity Church in Wauwatosa, Wisconsin for informing their members about the participation opportunity for this research project. I appreciate Collectivo's support by allowing flyers placed at several of their coffee locations for the general public to view. Also, special thanks to Dr. Edward Barton for his guidance on research on men's well-being.

I would also like to thank my loving wife, Holly, and my in-laws Marvin and Alice Weiss, who provided such a deep level of support, patience and understanding. Thank you to the rest of my family and friends for their love and encouragement throughout my graduate studies.

VITA

The author was born in Phoenix, Arizona on February 04, 1962. He received his Bachelor of Arts degree, double major in Psychology and Professional Communication, *cum laude* from Marquette University in 2012. He was inducted as a member into the National Honor Society in Psychology, Psi Chi and is a member of the Society for the Psychological Study of Men and Masculinity APA (Division 51). He is also a member of Alpha Sigma Lambda National Honor Society. The author received an honorable mention in 2008 at the Wisconsin Early Stage Entrepreneur Symposium for his elevator pitch of Inner Compass LLC – a social media company with a unique focus on men's well-being.

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ABSTRACT

This correlational study explored the relationship between men's involvement in male-only support groups and self-reported depressive symptoms. The researcher obtained a convenience sample of 94 adult participants recruited from two local private universities and men's groups with members throughout the United States. Sixty-eight percent (n=64) of respondents belonged to a male-only social support group. All participants completed a demographic questionnaire and self-report measures on their sense of well-being. Participants who belonged to a male-only group were instructed to fill out a questionnaire regarding their perceptions of support from their group. The researcher hypothesized that men who belong to male-only support groups would have lower depressive symptoms (as measured by the CES-D scale) than men who do not. The researcher did not identify a statistically significant difference in depressive symptoms between men who belong to male-only groups and those who do not.

INTRODUCTION

In 1998, Terrance Real published a book entitled I Don't Want to Talk About It: Overcoming the Secret Legacy of Male Depression. This important publication identified depressive behaviors unique to men, perhaps providing the general public their first real opportunity to recognize that depression is not just a women's health issue – men can and do struggle with depression, too. Depressive disorders are characterized by "persistent feeling[s] of sadness and loss of interest [in] normal day-to-day activities" (Mayo Clinic, 2015, p.1). While it may be referred to as depression, clinical depression, or major depressive disorder, the common denominator of this condition is its ability to affect "how you feel, think and behave" and its potential to "lead to a variety of emotional and physical problems" (Mayo Clinic, 2015, p.1). According to U.S. census data, 6.4 million men were affected by a depressive disorder during 1998 – the year Mr. Real's book was published (NIMH, 2001). The National Institute of Mental Health (NIMH) website claims that this level of depression among men remains, with over six million men affected (NIMH, 2015); yet, the number of men being accurately diagnosed with depression seems out of sync with these statistics. For example, men are diagnosed with depression far less often than their female counterparts, yet suicide rates among men are as much as four times greater than among women (Rochlen, Whilde, & Hoyer, 2005). This may support the possibility that that strong gender role expectations of men may interfere with them seeking help. According to Wester, Christianson, Vogel and Wei (2007), men are expected to face challenges alone, restrict their emotional expression and maintain a level of independence.

In 2003, an effort to reach out to men at a national level was coordinated by the NIMH. The campaign, entitled *Real Men, Real Depression,* included public service announcements, a central website, and marketing materials that provided education and information for men potentially suffering from depression (but not seeking formal treatment), or for family members aware of male relatives exhibiting symptoms of depression (Rochlen et al., 2005). The website alone recorded over eight-million visits within its first year, a response which may imply that men with depression indeed have unmet needs in regards to education, information and support.

Studies indicate that depression is a growing problem in general. Statistics from 2001-2002 indicated approximately 5.3% of adults experienced major depressive disorder (Hasin, Goodwin, Stinson, & Grant, 2005) while information gathered ten years later, in 2012, showed that 6.9% of adults in the United States had experienced a major depressive episode (NIMH, 2015). The 2012 study also reported that just 5.2% of those reporting a major depressive episode (approximately 832,000 respondents) were men. It is unlikely that these numbers represent the true population of men having depressive symptoms; such low numbers may be due in part to barriers men perceive in coming forward to seek help. Studies have found that men who experience symptoms of depression are resistant to seeking treatment or other formal types of support (Vogel & Wester, 2003). Contrary to patterns observed among women who experience anxiety, depression, or other mental health symptoms, men tend to worry that asking for help will make them appear weak or less than masculine (Kilmartin, 2005; Vogel, Wester, & Larson, 2007). These circumstances may contribute to the general under-diagnosing of depression among men.

Since cultural gender roles can influence how men experience depressive symptoms, men may experience more typical symptoms of depression like sadness, becoming withdrawn, and losing interest in activities as described in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013). Men who experience depression also may react with irritability and aggression, compulsive work habits, drinking or eating more than normal (perhaps to self-medicate), engaging in high risk activities, blaming or becoming suspicious of others, becoming vulnerable to road rage, or creating interpersonal conflict (Robinson, Smith and Segal, 2015). Anger is an especially strong symptom of depression. Men can be court ordered to attend anger management treatment, especially following incidents of road rage or domestic violence, thus acquiring skills to manage their displays of anger without ever addressing the underlying emotional conflicts at the root of their depression. "Behaviors such as aggression and violence and drug and alcohol abuse, road rage and suicide (usually attributed to men), have been termed 'depressive equivalents' or 'masked depression' which suggests some association with being depressed but not labeled as depressive symptoms" (Brownhill, Wilhelm, Barclay, & Schmied, 2005, p.2).

Depression in men continues to be under-researched, "probably…. because anxiety disorders and depression are conditions associated with women" (Emslie, Ridge, Ziebland, & Hunt, 2006, p.3). The need for ongoing research has been recognized by Dr. Dennis Charney, Chief of Mood and Anxiety Disorders for NIMH. According to Charney, depression in men is "an important area of research" in order to "understand how men respond to stress and symptoms associated with depression, and how to alert physicians to better recognize and treat depressive disorders in men" (NIMH, 2003, p.2).

As depression in men has been linked to destructive behaviors such as substance abuse, infidelity, aggression, violence, and risk-taking activities (including committing crimes), there are significant reasons to direct research at this problem (Kilmartin, 2005).

General research on the treatment of depression has found a reduction in depressive symptoms among people with strong social support systems (Sarason, Levine, Basham, & Sarason, 1983; Krull, 2012). A comprehensive strategy to help reduce depressive symptoms may be a combination of therapy, medication and building some form of social support, as recommended by both the NIMH (Rochlen et al., 2005) and Harvard Health Publications (Robison, Smith & Segal, 2014).

Given the resistance to formal treatment that has been documented among men with depression, social support may be an especially valuable strategy to help reduce symptoms. Social support has the benefit of an informal approach, offering men who resist formal medical treatment a way to receive help for their symptoms (Vogel & Wester, 2003). Mankowski, Maton, Burke and Stephan (2014) learned that men who participate in social support organizations – also referred to as mutual support groups – are not looking for a therapist, but rather want to interact with men with similar interests who can "guide, challenge and support" one another (p.56). This may explain why men may reach out to fraternal organizations in order to experience being challenged, supported and guided by their brethren. A fraternal organization or guild is a brotherhood or formal association of members who freely associate for a mutually beneficial purpose such as for social, professional or honorary values (Merriam-Webster, 2014). Men may seek out such formal associations for the purpose of feeling accepted and valued by other men. As explained by Sam Keen, author of Fire in the Belly (1992), "[men] need same

sex friends because there are types of validation and acceptance that we receive only from our gendermates" and "only men understand the secret fears that go with the territory of masculinity" (p.175).

Support groups can also provide opportunities for behavioral change especially for men who do struggle with anger and aggression. "Most men do not consciously acknowledge their underlying pain, and one of the most devastating ways in which they respond to these dilemmas is through abusive behavior" (Longwood, 2006, p. 5). A study on batterer invention programs reported that a balance of both support and accountability was an important process of change in abusive behavior (Silvergleid & Mankowski, 2006). Men who struggle with or who never learned healthy expressions of anger can benefit from a mutual support group with a special focus on anger management. Dr. David J. Decker's program in Minnesota, as an example, provides an environment specifically for men to help other men manage anger effectively to significantly improve their relationships with women, children, and other men (Decker, 1999). The feeling of shame can also play a role in depression and affect men's ability to receive help due to the risk of being perceived as weak (Shepard & Rabinowitz, 2013). Shepard and Rabinowitz (2013) recommend that counselors encourage male clients to join a men's group that will allow a communal response to shame.

Psychology researchers are recognizing that belonging to a mutual support group can be beneficial to the participant's overall well-being. A recent study, which took place over a two-year timeframe, reached out to a dozen male-only mutual support communities across the United States and Canada (n=293) to assess participants' attitudes on psychological well-being, gender role conflict, level of social support and

viewpoint about women and the women's movement. A questionnaire packet integrated key questions from various tools including the Gender Role Conflict Scale (GRC), Restrictive Emotionality Subscale (RE), Restrictive Affectionate Behavior between Men (RABBM), Success Power and Competition Scale (SPC), Conflict between Work and Family Relations (CWFR), Social Support Survey (SSS), Satisfaction with Life Scale (SWLS) and the Brief Symptoms Inventory (BSI). The study results confirmed that men who participate in male-only mutual support groups report improved psychological well-being as well as less gender role conflict, fewer gendered beliefs and more personal life goals. The researchers suggest that men who participate in similar male-only mutual support groups may experience improved health and relationship satisfaction and decreased interpersonal violence (Maton et al., 2014). Canada's White Ribbon Campaign (men working to end violence against women) has expanded to provide an online support network and ongoing events to bring about positive change on the issue of violence towards women and children. "This effort, which focuses on violence against women, has been surprisingly successful at encouraging men to identify with these concerns and to productively use the resources men have disproportionate access to" (Kaufman, 1999, p.77). Dr. Kaufman's viewpoint about pro-feminist men offers an explanation how various men's groups' recognition of masculine gender role conflict may provide opportunity to redefine their perspective of masculinity, and improve attitudes toward the women in their lives.

What appears to be lacking from the literature on men's depression and social support is a focus on the type of social support that may be most beneficial to men with depression. Pettit (2011) addresses this shortcoming by assessing social support as

provided by family (via the Perceived Social Support-Family scale [PSS-Fa]) and friends (via the Perceived Social Support-Friends scale [PSS-FR]). However, perceived social support can also come from groups. It is well-known that the use of group therapy is a common treatment option for patients who suffer with anxiety and depression. Groups share a common goal of helping clients realize they are not alone and can benefit from sharing experiences and providing mutual support (Goldberg, 2014). However, given that men's participation in mutual groups and their willingness to ask for help has been proven empirically to be very different from women's group experiences (Wester, Christianson, Vogel & Wei, 2007), male-only support groups may have particular benefits to men struggling with depression. Men-only groups can allow men to assess themselves by looking inward and becoming comfortable with emotional support. They may also help men not only to introduce personal topics, but learn how to ask in a manner that allows for openness of discussion and clarity of intent. These groups can provide men opportunities to discuss topics of fathering or absent fathers, prostate cancer, gender-roles and conflicts that may surface, intimacy (and recognizing that intimacy isn't just sexual but rather emotional openness), and sexual identity, as well as offer an opportunity to bond with other men, form trusting relationships with other men and provide batterer intervention (Reddin & Sonn, 2003).

There are different types of men-only groups that can provide various levels of support. "Support groups sprang out of the energy of the women's movement and its 'consciousness-raising'…from these (groups) sprang some remarkable men's groups…divorced, single, and business people's groups soon followed" (Kauth, 1992, pg.3). Men's groups have existed for a variety of purposes, including consciousness-

raising, education, counseling, psychotherapy, religious and spiritual reflection and overall support (Stein, 1983). It is possible that each type of group may provide a particular benefit to men. Liturgy study or "Bible study" groups may allow men within a religious community to share their thoughts on faith and religious teachings but may limit the level of in-depth emotional sharing that some men might want but are uncertain how to get. Men may seek membership with a Freemason lodge or Elk lodge while young college men pledge to a university fraternity. These types of organizations tend to treat participants as life-long members. Belonging to a "brotherhood" may impart important mental health benefits and provide a unique form of social support that may prevent or mitigate depression in men.

Thus, while existing literature points to potential psychological benefits for men who participate in social organizations, this research project specifically sought to establish whether depressive symptoms are less prominent in men who belong to *male-only* social support groups. This current study hypothesizes that men who belong to and participate in male-only social organizations are exclusively male are less likely to be depressed than those men who do not participate in male-only groups.

METHOD

Ethical Considerations

This study was approved by the Cardinal Stritch University Internal Review Board. Informed consent was established by providing a document with disclosures about the study and instructing participants to retain that document. Consent was then presumed to be obtained by virtue of participants voluntarily filling out and returning their survey packets. No personal identifiers linked participants to their surveys and collected data were kept on a password-protected computer accessible only to the primary researcher.

Participants (Sample)

A convenience sample of 101 adult men aged 18-70 was recruited for this study. Participants were located by reaching out to contacts known through businesses, friends, family, church, social media, and university classes. Ultimately, 94 completed, usable questionnaires were returned for a participation rate of 93% (n=94). The researcher reached out to several men's groups within Wisconsin to invite their members to participate. The ManKind Project (MKP), an international men's group that began in Wisconsin in 1985 was willing to distribute an email invitation to its members with instructions to contact the researcher directly if members were willing to participate. One man within the MKP organization was also a part of a Catholic men's group in Northern Illinois called The King's Men (TKM). He was willing to pass on the invitation email to the members of TKM with the same instructions for each man to contact the researcher directly if he was willing to participate. Invitations were also sent to a men's group at the Trinity Episcopalian church in Wauwatosa, Wisconsin. The contact member of that group was willing to inform men of the research project. A masonic lodge located in West Allis,

Wisconsin, the Men in Christ Catholic organization, the Milwaukee chapter of the Elks Lodge and the Catholic Men Chicago Southland (CMCS) were also contacted to participate but those organizations did not reply back. Of the ninety-four participants who returned questionnaire packets to this researcher, sixty-four men belonged to a male-only group and thirty men did not.

Demographic data were obtained via an eight-question multiple-choice questionnaire (see Appendix A). Questions asked about age, marital status, education level, living situation and region, race, employment status and sexual orientation. As noted, only men were recruited for participation in this study. Ages of respondents ranged from 18-24 years old (n=14; 14.9%), 25-34 years old (n=11; 11.7%), 35-44 years old (n=11; 11.7%), 45-54 years old (n=29; 30.9%), 55-65 years old (n=26; 27.7%) and 66+ years old (n=3; 3.2%). The majority of the men reported being heterosexual (n=81; 86.2%), with 10.6% (n=10) responding as homosexual and 3.2% (n=3) as bisexual. Racial demographics revealed 93.6% (n=88) of respondents as being white/non-Hispanic, 2.1% (n=2) as Hispanic, 1.1% (n=1) as Asian, and 3.2% (n=3) as having "mixed" racial heritage. The majority of participants were currently married (n=53; 56.4%), followed by single (n=28; 29.8%), divorced (n=12; 12.8%) and finally a partnership (n=1; 1%). Education status ranged from having had some college classes (n=22; 23.4%) to doctorate-level degree status (n=9; 9.6%), with 5.3% (n=5) having an Associate's degree, 27.7% (n=26) having a Bachelor's, 30.9% (n=29) having attained a Master's/graduate degree, while a few only completed high school (n=3; 3%). The majority of men (n=58; 61.7%) were homeowners; 29.8% (n=28) rented, while the remaining 8.5% (n=8) lived with parents. Suburb-dwellers comprised 56.4% (n=53) of the sample, with people

residing in urban areas making up the next largest group (n=30; 31.9%) and the final portion (n=11; 11.7%) living in rural environments. Most of the respondents were employed (n=74; 78.7%), while 13.8% (n=13) were retired and 7.4% (n=7) were unemployed but seeking employment.

Instruments

In addition to the demographic questionnaire, participants were asked questions designed to ascertain their depression status, group membership status, and for those men belonging to male-only social organizations, their perceptions on the benefits of group social support.

The instrument used to determine depressive symptoms among participants was the Center for Epidemiologic Studies Depression Scale (CES-D) (see Appendix B). According to Radloff (1977), the CES-D scale was developed to help study symptoms of depression in the "general population" with an "emphasis on the affective component, depressed mood." Its reliability and validity have been well-established over decades of its use since its inception. Its short, self-report format consists of twenty questions with a four-point Likert scale assessing frequency of feelings or behaviors relevant to depression. Scores greater than or equal to 16 indicate depression; scores of 15 or less indicate respondents are not depressed. Although distinctions of depression are imprecise (the participant is either depressed or not), the CES-D is not restricted by publishing rights and thus has become a widely-used tool to measure depressive symptoms.

After completing the CES-D, men were asked about their group membership status via questionnaire (see Appendix C). Participants were asked a yes/no question on whether or not they belonged to a male-only social organization. If they answered no, that

question concluded their survey and they were instructed to stop at that point. If they answered yes, three additional questions were asked regarding the type of organization to which they belonged and their attendance patterns.

Participants were also queried about the types of support they perceived as receiving from their social organizations. There are several tools available to measure social support. A commonly used tool is the Perceived Social Support (PSS) scale, as well as two additional variations of that scale – one for perceived social support within family relationships (PSS-Fa) and within circles of friends (PSS-Fr; Petite, Roberts, Lewinsohn, Seeley, & Yaroslavsky, 2011). Although there is not a PSS scale developed solely for group social support, families and circles of friends are types of groups; therefore, the PSS-Fa and PSS-Fr scales were felt to appropriately inform the creation of a group social support survey, the PSS-Gs. Both the PSS-Fa and PSS-Fr contain 18 questions that are identical except for the terms "Friend/s" and "Family". Both forms offer two unique questions. The PSS-Fr contains the statements, "If I felt that one or more of my friends were upset with me, I'd just keep it to myself" and "I feel that I'm on the fringe in my circle of friends." The PSS-Fa contains the statements, "Members of my family share many of my interests" and "Certain members of my family come to me when they have problems or need advice." The questionnaire developed for the current study contained the same 18 questions presented in both PSS-Fr and PSS-Fa using the term "group" instead of friends or family. It also included the four questions unique to the PSS-Fa and the PSS-Fr using the term group instead of friends/family. Three additional questions were added to the questionnaire. These questions were: "I believe my group will keep what I've shared in confidentiality", "I prefer a group that consists of both men

and women" and "I prefer a group that consists of all men." Thus, building upon the PSS-Fr and PSS-Fa, a questionnaire consisting of twenty-five items was ultimately developed to help identify patterns in men's perception of the benefits of belonging to their fraternal organizations (the PSS-Gs; see Appendix D). Men who indicated that they belonged to a male-only social organization were asked to respond to the PSS-Gs, answerable with yes/no/don't know responses. Responses to this questionnaire were scored similarly to the PSS scales that informed its creation: answers were assigned a value of 0, 1, or 2, and the total score was tallied (scores ≥25 indicate a strong perception of support from the group).

Overall, completing the demographic questionnaire, the CES-D, the four group membership questions, and the group social support survey was estimated to take a total of less than twenty minutes.

Data Collection

Participants received a packet containing the abovementioned questionnaires as well as an informed consent document which they were instructed to retain. Those participating via mail also received a pre-addressed, postage-paid return envelope. A small number of participants received packets during in-person recruitment sessions held at two local college campuses on three different dates. During those sessions, this researcher set up a table and provided interested parties with the option of filling out and returning their surveys on site, or taking a packet containing a return envelope to complete at their convenience. Questionnaires were numbered for purposes of inventory only; no record was kept of which numbered packet was given to which participant. A follow-up reminder was sent via email and social media to participants two weeks after

the initial mailing to attempt to reach those who had not yet returned their responses (the majority of the men who agreed to participate contacted this researcher via email). Data collection was completed over the course of approximately four weeks.

Data Analysis

Participants were sorted into two categories, based on whether they answered yes or no to the question on belonging to a male-only social support organization of any type. They were assigned a value of "0" in this category if they did not belong to a group and "1" if they did.

Responses on the CES-D questionnaires were then scored in order to dichotomize participants within each category into the status of depressed, or not depressed. On each of the twenty questions on the CES-D, participants' answers were assigned a value of 0, 1, 2 or 3 per this instrument's embedded scoring method; this provides a potential total score of 0-60 for each participant. The CES-D categorizes a score of 16 points or higher as indicating depression, while 15 points or lower indicates the respondent is not depressed. Participants were assigned a value of "0" if their results did not indicate depression and "1" if their results indicated depression. Raw scores from the CES-D were also maintained and evaluated against the additional data collected in the hopes of identifying gradient relationships (for example, men whose results were "not depressed" per the CES-D scale might have scores of 14 or 15 – on the cusp of being classified as depressed – while others might score very low, such as 3 or 4; it was felt to be appropriate to evaluate the raw scores to see if differences within the subsets of depressed/not depressed might reveal additional relationships within the data that should be evaluated).

Information on types of groups, attendance patterns, and scores on the group social support survey were collected as auxiliary data to enrich the discussion and perhaps to inform future research.

Data analysis to evaluate relationships between men's depression status and, group membership status and to identify additional patterns within the collected auxiliary data was performed using IBM's SPSS program (version 21).

RESULTS

The first initial step of separating men based on their group membership status distributed participants as follows: men belonging to a male-only social/mutual support group = 68% (n=64); men not belonging to a male-only social/mutual support group = 32% (n=30). Twenty-nine men (45%) reported belonging to a "Mutual/Social Support Group," described as groups with a focus on topics such as fatherhood, self-improvement, father's rights, and so forth. Twelve men (19%) reported belonging to a "Faith-based Group," described as a group that meets for Bible study, faith ministry or is sponsored by place of worship or based in spiritual practices. Ten men (16%) reported belonging to a "Formal/traditional fraternal organization," groups with structured membership-only meetings such as Elk lodges, Masonic lodges, Scouts or other similar groups. Two men (3%) reported belonging to a support group described as "Other." Nine of the participants (14%) belonged to more than one group. For example, some of the men belonged to both formal and faith-based groups whereas other men belonged to a mutual support group and formal group. There were two participants (3%) who reported that they belonged to a men's group but did not fill out the section of the questionnaire that asked them to identify the type of group to which they belonged.

Group membership status was further dichotomized based on whether or not participants were depressed per their score on the CES-D scale, resulting in the following: men in a male-only group who were depressed = 21.9% (n=14); men in a male-only group who were not depressed = 78.1% (n=50); men not in a male-only group who were depressed = 30% (n=9); men not in a male-only group who were not depressed = 70% (n=21).

This study tested the hypothesis that men who belong to and participate in male-only social organizations would report fewer depressive symptoms compared to men who do not belong to a men's group. Pearson Correlation revealed there was no significant difference between men who report depressive symptoms while they belong to a male-only support group (see Table 2) compared to men who report depressive symptoms but do not belong to male-only support group (r = -.088, p = .199).

Among men who reported their group attendance patterns (n = 63; one man belonging to a group did not answer this question), a statistically significant correlation was identified between men's depressive symptoms and their attendance levels (see Table 3), showing that men were more likely to be depressed if they did not regularly attend or be engaged in group meetings and events (r = -.248, p = .025).

A post hoc test was used to analyze group differences (see Table 4) for men who report depressive symptoms and men who report perceived value from their support group(s). A significant difference in men's perception of support received from their group was identified based on the type of group. The level of positive support perceived to be received through mutual social support groups was significantly higher than from those in faith-based men's groups (M = 5.12, SD = 1.247, p = .005) (see Table 5). Not only did the participants perceive less support from their membership in faith-based organizations, they also perceived less support from formal, more traditional groups compared to mutual social support groups (M = 4.51, SD = 1.33, p = .031).

Correlational analyses were used to explore the relationships between participant demographics and scores from the CES-D and PSS-Gs for those who were in a social support group. Analysis revealed numerous correlations which can be reviewed in Table

6. How often the groups met related to the type of group membership (*r* = .212, *p* = .049). A man who is a member of a formal group may attend once a year or once a month depending on the membership's expectations. A mutual support group may meet weekly due to the level of support the group provides to its members. Faith-based group attendance may develop weekly or bi-weekly not out of necessity but perhaps out of the desire for comradery.

There is also a correlation between how often the group meets and the sexual orientation of the participants (*r* = .243, *p* = .027). These correlations may reflect the level of value a man receives and the level of trust he places on the type of group he is associated with. If a formal group's meeting requirement is once a month or annually, a man may expect less social support compared to a more dynamic group that explores psychological/emotional interactions. A man's sexual identity can be a strong indicator towards not only the type of group he attends but how often the group meets to provide the quality of supports he wants. This may provide insight on the level of support a man believes he needs as he decides whether to join or remain in a group that meets weekly, every other week, monthly or perhaps only an annual visit. A study on social support and depression among gay men and AIDS-related symptoms, reported how information and advice from others (gay men) may be valuable to gain perspective and develop effective coping strategies (Hays, Turner, & Coates, 1992).

Participation with a group has a strong influence in several areas from a man's age (*r* = .215, *p* = .046), men's sexual orientation (*r* = .219, *p* = .042) and men's perceived value they receive from their group (*r* = 263, *p* = .019). These correlations may support previous studies on the value gay men place on mutual support. For example,

Slusher and colleagues report that "…research has shown some consistent patterns and benefits in the ways that older gay men and lesbians who are connected to the community socialize and engage in mutual support" (Slusher, Mayer, & Dunkle, 1996, p. 121). An additional correlation was discovered between participants' sexual orientation and employment status (r = .195, p = .030) and participants' sexual orientation and their level of education (r = .216, p = .018). These correlations may provide some understanding on areas of concern (employment, economic status, education etc.) that heterosexual, homosexual and bi-sexual men may have in common. Kertzner, Meyer, Frost and Stirratt (2009) reported the importance of having access to non-stigmatizing environments and greater opportunities for positive social regard that support positive self-appraisals for gay men, lesbians and bisexuals. Since receiving support from other men (heterosexual, bisexual and/or homosexual) may be the only support a gay man may receive compared to family members, attending a group that will accept his sexual identity may explain the level of participation within the support group (Hays, Catania, McKusick, & Coates, 1990).

There was a significant correlation between men who belong to a male-only group, their age (r = .224, p = .015), and the level of their participation (r = .215, p = .046). Most men who belong to a group (39%, n=37) reported their level of participation at 76-100%. Of the men who belong to a group, 33% (n=21) reported being over 18 but under the age 44 years old. The majority of the men, 67% (n=43) reported being 45 years old or older such that older men were more likely to belong and be very involved in a male-only group. Slusher, Mayer, & Dunkle (1996) provided insight on how age and belonging to a men's group can be important. Older men may recognize the value with

being involved in a men's group and decide to attend. Alpass and Neville (2003) reported how older males (≥65) may experience loss of friends and family, professional identity, physical mobility, and social autonomy and are thus susceptible to loneliness and depression. "These losses appear to be more salient for men and may affect a man's ability to develop and/or maintain relationships and to maintain independence, which in turn may lead to a higher incidence of depressive symptoms" (p.215). Alpass and Neville's research did not identify participants' sexual identity but did describe their participant sample of 65% being married, 24% widowed and 28% living alone. Although there is some uncertainty if their study reflects heterosexual men, homosexual or bisexual men, perhaps the concerns reported impact all older men who run the risk of isolation.

A fascinating correlation was revealed from the participants who do belong to a male-only support group, their depression score and their home status live with parents/rent/own; $r = -.240$, $p = .028$. Of the men who scored high on the CES-D, most of the participants were homeowners (n=11; 48%), next were men who lived in rented residence (n=8; 35%), and the remaining still lived with parents (n=4; 17%). Overall, 52% (n=12) of the participants are not homeowners, thus, men who had higher depression scores were more likely to not be homeowners. This may reflect gender role conflict of men being successful enough to own their place of residence compared to renting, or for younger men, living with their parents. Research has shown that compared to renters, home owners claim to be happier, to have higher self-esteem and have a higher sense of well-being (Rossi & Weber, 1996). The grass, as some say, may not always be greener. A homeowner may end up facing severe financial challenges with loosening financial requirements and non-traditional mortgage products that were provided by

financial institutions (Dickerson, 2009). This could explain how some of the participants may view their lack of home ownership as a negative reflection on their current life while homeowners may feel burdened by the responsibilities of owning a home.

A correlational analysis was performed to assess the dynamics of the PSS-Gs 25-point questionnaire. Numerous relationships were identified. The item, "My group provides me the moral support I need", was related to three items, "I rely on my group for emotional support" ($r = .242$, $p = .027$), "Members of my group are good at helping me solve problems" ($r = .237$, $p = .030$) and the item, "There is a member of my group I could go to if I was just feeling down, without feeling funny about it later" ($r = .286$, $p = .011$). An indication that men value their connection with their group, the item, "Members of my group seek me out for companionship" related to the items, "My group enjoys hearing about what I think" ($r = .212$, $p = .047$), the item, "I feel that I'm on the fringe within my group" ($r = -.233$, $p = .033$), "When I confide in members of my group, it makes me feel uncomfortable" ($r = -.218$, $p = .043$), and "I have a deep sharing relationship with a number of members of my group" ($r = -.242$, $p = .028$).

DISCUSSION

Taken together, these findings suggest that simply being a member of a male-only group is not sufficient to significantly reduce depressive symptoms; a man must attend regularly to reap the benefit from such social support opportunities. This implies that simply knowing a support structure is available is insufficient for men to perceive a level of support sufficient to reduce their depressive symptoms. Attendance on a regular basis is associated with lower CES-D scores, suggesting that regular attendance at mens' support groups could potentially mitigate levels of depression.

Reviewing the scores from the PSS-Gs, there were areas where many of the men received a sense of acceptance, and being acknowledged, heard and valued for what they contribute to the group. High scores indicated that most of the men receive moral and emotional support from their group. For the item, "My group provides me the moral support I need", 87.5% (n=56) of the participants agreed their group provides that level of support for them. For the item, "I rely on my group for emotional support", 75% (n=48) of the participants seemed self-aware to recognize this quality from their group. For the item, "Members of my group come to me for emotional support", 73.4% (n=47) of the participants believed they were capable of providing emotional support to their peers. The high scores from the last two items seem to demonstrate that within a social support group men are capable of providing and receiving emotional support. Men demonstrated their ability to be sensitive to the needs of their "brothers" as the item "My group is sensitive to my personal needs" scored at 85.9% (n=55). From the item, "My group and I are very open about what we think about things", 92.2% (n=59) of the men's agreement may reflect a supportive environment of open sharing of topics. What may indicate why

group members are able to be empathetic towards each other is the high score of confidentiality. From the item, "I believe my group will keep what I've shared in confidentiality", 92.2% (n=59) of the participants were confident that "what is talked about in the group remains in the group." For the items, "I get good ideas about how to do things or make things from my group" (92.1%; n=58) and "Members of my group get good ideas about how to do things or make things from me" (75%; n=48), men believed their ideas were valued by others and were open to feedback from their peers. From the item, "My group enjoys hearing about what I think", 87.5% (n=56) of the men agreed. From the item, "When I confide in the group members who are closest to me, I get the idea that it makes them uncomfortable", 81.3% (n=52) of the participants disagreed suggesting that when the majority of the participants confide in others within the group, their peers seem comfortable with that level of intimacy.

This study can examine what areas of support men do not report receiving from their male-only groups. Table 1 shows endorsement of the kinds of social support experienced in the group, and may reveal shortcomings of group support. For the item, "My group provides me the moral support I need", 10.9% (n=7) reported "No" while 1.6% (n=1) reported "I don't know." This provides a cumulative percentage of 12.5% of men who belong to a group yet doubt or don't believe their group provides moral support. When responding to the item, "Most other people feel more connected to their group than I", 26.6% (n=17) indicated they didn't know while 7.8% (n=5) were certain they were less connected than others. For the item, "My group enjoys hearing about what I think", 12.5% (n=8) were in doubt. This may indicate some level of low self-esteem among those who were uncertain if their "voice" had value within their group. For the item, "I rely on

my group for emotional support," 20.3% (n=13) were certain they do not rely on their group for emotional support and 4.7% (n=3) were uncertain, resulting in a cumulative percentage of 25% of men who appear not to have a strong emotional reliance on their group. Similarly, 17.2% (n=11) of men were certain that other men in the group do not approach them for emotional support and 9.4% (n=6) did not know. Over 14% (n=9) of the men doubt their group is sensitive to their personal needs. The scores also showed that 12.5% (n=8) of the men indicated that they feel uncomfortable when they confide in members of their group. Overall, the scores from the PSS-Gs provide valuable insight on perhaps why men within male-only groups may limit their involvement within the group. A significant minority of men belonging to male-only groups report they do not feel comfortable sharing, believe their needs and their opinions do not matter, and report an overall feeling of not being emotionally connected with the group. This pattern may reflect their symptoms of depression. It could also be an indication that men are vulnerable to becoming depressed because even within their men's group, they perceive they are being cast aside, ignored or unable to confide in others.

What this study cannot ascertain is whether men's depressive symptoms increase subsequent to their decrease in attendance, or if they are perhaps changing their involvement within their social organizations as they begin to experience depressive symptoms (which came first, the chicken or the egg?). Previous research on depression and social support suggests that people diagnosed with depression may isolate themselves from their social support network as their perception of self-worth begins to decline (Pettit et al., 2011). Studies on low levels of social support as a predictive factor for high levels of depressive symptoms have also confirmed the relationship between the two

factors and seem to support that an increase in depressive symptoms may precede a withdrawal from social interactions (Stice, Ragan & Randall, 2004).

A man's perceived support from a group is significantly different between mutual and faith-based groups. There was a significant correlation between mutual and faith-based groups with the PSS-Gs scores ($M = 5.12$, $SE = 1.24$, $p = .05$). From the five types of groups identified for this study, faith-based groups provided the lowest correlation with perceived support raw scores, while mutual support groups had the highest.

Mutual support groups (groups with a focus on topics such as fatherhood, father's rights, self-improvement etc.) may have processes within their structure that provide sharing or discussion on an emotional/psychological level. One example provided from a study on a mutual support group incorporated a strategy of 1) emphasizing accountability, 2) emphasizing expression of emotion, 3) healing work using psychodrama and Gestalt therapy, and 4) creation of a mission (Anderson, Maton, Burke, Mankowski & Stapleton, 2014). In the current study, participants belonging to a mutual support group (n=29) have an average PSS score of 40 whereas participants belonging to a faith group (n=11) have an average score of 38. Faith-based groups (Bible study, ministry, sponsored by your place of worship, or based in spiritual practices) may provide a structure for liturgy analysis/reflection with less emphasis on a man's interpersonal struggles. Members of such a group may interact on topics of faith but may veer from areas that can be deemed as being too personal as an anticipated risk of self-disclosure (Vogel & Wester, 2003). The research of Emslie, Ridge, Ziebland & Hunt (2006) suggests that as part of a man's recovery from depression, it is important for men to reconstruct a valued sense of themselves and their own masculinity. This may explain

why men in mutual groups are more likely to feel connected, trusting and valued within their group compared to a faith-based group. This may be true not only for the men who may struggle with depression but also for men who recognize the value of challenging social norms and the pressure of living up to social constructions of masculinity (Emslie et. al., 2006). Previous research has demonstrated how several types of social support may provide strong bonds within groups (religious, neighborhood, parenting, altruistic) that offer sympathy and understanding, psychological intimacy and attachment as well as feedback, a sense of purpose and acceptance (Berkman, Glass, Brissette & Seeman, 2000).

This study could not determine if a participant's symptoms of depression existed prior to initiating membership in a male-only social support organization, or if symptoms began to surface after respondents were already actively involved in a group. It does confirm that simply belonging to a male-only social group does not leave a man completely invulnerable to depression.

The findings from the PSS-Gs scores provide some insight on how men perceive the bond they have with their group. Scores that reflect perceptions of disconnection, lack of being heard or valuable or low levels of trust seem to support previous research that a person's increased level of depression can lower their ability to perceive that they are receiving social support (Petite et al., 2011). In one study, people who scored high in their initial level of depressive symptoms tended to score low in their early perceptions of support; high depression scores also predicted a slower increase in perceptions of support (Petite et al., 2011). Again, it is impossible to know if a reduction in the perception of social support is a causal factor in the rise in depressive symptoms, or if a man's

depression might alter his willingness or ability to perceive social support, but it seems clear that the two factors are related.

Study Limitations

Although the sample size of 101 volunteers produced 94 returned, usable questionnaires, this study was implemented with a limited recruitment deadline of one month. If more time was placed on recruitment, further efforts to network towards other groups could have produced a larger sample. Demographics reflected an overwhelming majority of respondents as white/Caucasian, heterosexual men; this limits the study's ability to be evaluated within the context of minority ethnic groups or among those with other sexual orientations. With additional time, recruitment efforts in other avenues might have added diversity to the sample in regards to ethnicity and sexual orientation. The breakdown of the type of men's groups and the examples described may not have clearly delineated what constituted a "Mutual/Social Support" group versus a "Formal/Traditional" one; for example, feedback from participants indicated that some college-attending men were unclear if their college fraternity qualified as a "formal" support group or to identify it as "other". Some of the participants belong to more than one men's group as 14% of the questionnaires reported belonging to faith/mutual or mutual/formal or formal/other. This study was not able to identify the potential self-worth received by attending one group over the other. This study had limited amount of time to reach out to a more diverse selection of faith-based men's groups. This study recommends additional research on various faith-based groups, both Christian and non-Christian, and their impact on a participant's overall well-being or specifically if they decrease depressive symptoms. Attendance within a mutual support group was measured

by asking participants what percentage of time they attended; this might have been further broken down to gain a better understanding of true frequency of being present for gatherings. For example, a man who attends 100% of the time for a group that only meets once a year attends only one meeting, whereas a man who attends 50% of the time for a group that meets monthly attends six meetings a year. Future research can incorporate the concept of true participation (versus simply showing up). As it was written, the questionnaire collected data solely on attendance. A follow-up question could have attempted to ascertain the level of sharing or involvement once present at a meeting or function. Using the CES-D questionnaire to determine a subject's current perception of well-being was limited to a score that reflects a person being either depressed or not depressed. The questionnaire does not allow for levels of depression, such as "mild" or "severe" depression. A CES-D score of 17 can be as relevant as a score of 30 or 55 – each of those scores simply places participants in the "depressed" category; two different men scoring a 2 and a 15 would both be deemed not depressed, though the man scoring a 15 would be just one point away from being categorized as depressed. One other limitation with the CES-D questionnaire is the challenge of self-reporting. With the analysis revealing there was no significant correlation between men who belonged to a male-only support group having less depressive symptoms then men who did not belong to male-only group, the results could be inaccurate if some of the participants were not honest about their depressive symptoms. Men who participated could be in denial of their depression or perhaps they did not want to appear "less than" even though the returned questionnaires could not be traced back to the individual.

Recommendations

Further research could test the hypothesis that men receiving structured group social support experience a reduction in depressive symptoms by adding group social support outside of a medical setting to the treatment regimens of men already diagnosed with and being treated for depression. This would be a complex study and potentially challenging to control, particularly when anti-depressant medications and other medical interventions are in place; however, it would still be of value in determining if specific social support strategies have the potential to reduce depressive symptoms and improve overall psychological well-being.

It would also be valuable to further refine and test the PSS-Gs in order to confirm its validity as a tool for future research on the perceived social support from a group. Further research could establish a list of questions that can reflect the emotional scope that a participant may experience within a group. Further research on group therapy, mutual support and self-help group dynamics may benefit by using the PSS-Gs (Group Support).

Whether based on depression as a diagnosis, or through a scale such as the CES-D, it would be interesting to explore the perceived benefits that depressed men identify as coming from various types of groups. Areas to assess may include the Restricted Affectionate Behavior Between Men (RABBM) to explore the environment within different types of men-only groups and men's difficulties expressing their tender feelings and thoughts (Wester et al., 2007). With a more specific understanding of both attendance and perceptions of actual participation, further research may provide more insight on how

men participate through self-disclosure and attendance meaning being psychologically and emotionally present with other members of the group.

Since this study focused on a same-sex social support environment, we don't know if a co-gender support group could provide similar results. In order to provide insight and balance towards research on group support, a co-ed group could also be analyzed to determine if men may receive the same level of social support if the group contained both genders.

Dr. Christopher Kilmartin's research on men's depression reported that not only are men diagnosed with major depression four times more likely to commit suicide than women diagnosed with major depression, he also reported that men with depression tend to act out through gambling, drug abuse, self-destructive behavior, infidelity, workaholism and chronic anger (Kilmartin, 2005). As men struggle with depression while trying to live up to gender role expectations, many either kill themselves, become perpetrators of domestic violence, damage their relationships through infidelity or isolate themselves from any form of friendship. The unrealistic beliefs placed upon masculinity seem to harm men's well-being (Anderson et al., 2014). Recognizing the value of men supporting each other in open, non-judgmental gatherings may provide an additional resource in the treatment of depression in men. There is much about our experience as men that can only be shared with, and understood, by other men (Keen, 1992). "The male has paid a heavy price for his masculine 'privilege' and power. He is out of touch with his emotions and his body. Only a new way of perceiving himself can unlock from old, destructive patterns and enrich his life" – Herb Goldberg, The Hazards of Being Male.

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Appendix A – Demographics

The following questions will provide the researcher with general, demographic information about you. For each item, please check the response that most closely describes you.

1. What is your age?

- ☐ 18-24 years old
- ☐ 25-34 years old
- ☐ 35-44 years old
- ☐ 45-54 years old
- ☐ 55-65 years old

2. What is your current marital status?

- ☐ Single
- ☐ Married
- ☐ Partnership
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

3. What is your highest level of education?

- ☐ Some high school (no diploma/no GED)
- ☐ High school graduate or GED
- ☐ Some college
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Post-graduate/Master's degree
- ☐ Doctorate degree

4. What is your living/home ownership status?

- ☐ Live with parents
- ☐ Rent
- ☐ Own

5. What is your living region?

- ☐ Rural
- ☐ Urban
- ☐ Suburban

6. What is your race/ethnicity?

- ☐ White/Caucasian (*not* Hispanic/Latino)
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Asian/Pacific Islander
- ☐ Native American

☐ Mixed race or other (please specify)____

7. What is your employment status?

☐ Self-employed
☐ Employed by others
☐ Unemployed and looking for work
☐ Unemployed but not currently looking for work (includes homemaker, student, etc.)
☐ Retired

8. What is your sexual orientation?

☐ Heterosexual
☐ Homosexual
☐ Bisexual

Appendix B – CES-D Scale

Below is a list of some ways you may have felt or behaved. ***Please indicate how often you have felt this way during the last week by checking the appropriate space.*** Please check only one box per line.

	During the past week:	**Rarely** or none of the time (less than 1 day)	**Some** or a *little* of the time (1-2 days)	**Occasionally** or a moderate amount of time (3-4 days)	**Most** or all of the time (5-7 days)
1.	I was bothered by things that usually don't bother me.				
2.	I did not feel like eating; my appetite was poor.				
3.	I felt that I could not shake off the blues even with help from my family or friends.				
4.	I felt I was just as good as other people.				
5.	I had trouble keeping my mind on what I was doing.				
6.	I felt depressed.				
7.	I felt that everything I did was an effort.				
8.	I felt hopeful about the future.				
9.	I thought my life had been a failure.				
10.	I felt fearful.				
11.	My sleep was restless.				
12.	I was happy.				
13.	I talked less than usual.				
14.	I felt lonely.				
15.	People were unfriendly.				
16.	I enjoyed life.				
17.	I had crying spells.				
18.	I felt sad.				
19.	I felt that people disliked me.				
20.	I could not get going.				

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Appendix C – Group Membership

"The term fraternal organization is from the Latin *frater,* meaning brother. A fraternal organization is a brotherhood or a type of social organization whose members freely associate for a mutually beneficial purpose such as for social, professional or honorary principles." *(Definition courtesy of www.answers.com)*

For the purpose of this study, the researcher will inquire about your membership in fraternal organizations which limit their membership to **MEN ONLY.**

1. Do you belong to a male-only fraternal organization?

☐ No – STOP HERE. You do not need to answer any further questions. Please enclose your packet in the envelope provided and return to the researcher.

☐ Yes – PLEASE ANSWER THE FOLLOWING ADDITIONAL QUESTIONS:

2. To what type of male-only group do you belong?

☐ Mutual/Social Support Group (example: groups with a focus on topics such as fatherhood, self-improvement, father's rights, and so forth)

☐ Faith-based group (example: Bible study, ministry, sponsored by your place of worship, or based in spiritual practices)

☐ Formal/traditional fraternal organization (Elk Lodge, Freemasons, Scouts, or similar group)

☐ Other (please describe)

____

3. How often does the group meet?

☐ Weekly

☐ Every other week, or twice a month

☐ Monthly

☐ Other (please specify)

____

4. How often do you attend or participate? Provide your best estimation:

☐ < 25% of the time

☐ 26-50% of the time

☐ 51-75% of the time

☐ 76-100% of the time

Appendix D – Group Social Support Questionnaire

The following statements refer to feelings and experiences which occur to most people at one time or another in regards to their relationships with their group affiliations. ***Please respond to these items as they apply to your experience within your male-only group or organization.***

Circle only one response per item (Yes – No – Don't Know).

Yes	No	Don't know	1. My group provides me the moral support I need.
Yes	No	Don't know	2. Most other people feel more connected to their group than I am.
Yes	No	Don't know	3. I get good ideas about how to do things or make things from my group.
Yes	No	Don't know	4. My group enjoys hearing about what I think.
Yes	No	Don't know	5. When I confide in the group members who are closest to me, I get the idea that it makes them uncomfortable.
Yes	No	Don't know	6. I rely on my group for emotional support.
Yes	No	Don't know	7. If I felt that one or more of my group members were upset with me, I'd just keep it to myself.
Yes	No	Don't know	8. Members of my group share many of my interests.
Yes	No	Don't know	9. Members of my group get good ideas about how to do things or make things from me.
Yes	No	Don't know	10. Members of my group come to me for emotional support.
Yes	No	Don't know	11. I feel that I'm on the fringe within my group.
Yes	No	Don't know	12. I believe my group will keep what I've shared in confidentiality.
Yes	No	Don't know	13. My group is sensitive to my personal needs.
Yes	No	Don't know	14. Members of my group are good at helping me solve problems.
Yes	No	Don't know	15. When I confide in members of my group, it makes me feel uncomfortable.
Yes	No	Don't know	16. Certain members of my group come to me when they have problems or need advice.
Yes	No	Don't know	17. There is a member of my group I could go to if I was just feeling down, without feeling funny about it later.
Yes	No	Don't know	18. Members of my group feel that I'm good at helping them solve problems.
Yes	No	Don't know	19. My group and I are very open about what we think about things.
Yes	No	Don't know	20. I wish my group was much different.
Yes	No	Don't know	21. I have a deep sharing relationship with a number of members of my group.

Yes	No	Don't know	22. I prefer a group that consists of both men and women.
Yes	No	Don't know	23. I don't have a relationship with a member of my group that is as intimate as other people's relationships with group members.
Yes	No	Don't know	24. I prefer a group that consists of all men.
Yes	No	Don't know	25. Members of my group seek me out for companionship.

Table 1

PSS-Gs: Participant Response Analysis

		No	I Don't Know	Yes
Q1	My group provides me the moral support I need.	10.9%	1.6%	87.5%
Q2	Most other people feel more connected to their group than I am.	65.6%	26.6%	7.8%
Q3	I get good ideas about how to do things or make things from my group.	7.9%	0%	92.1%
Q4	My group enjoys hearing about what I think.	0%	12.5%	87.5%
Q5	When I confide in the group members who are closest to me, I get the idea that it makes them uncomfortable.	81.3%	10.9%	7.8%
Q6	I rely on my group for emotional support.	20.3%	4.7%	75%
Q7	If I felt that one or more of my group members were upset with me, I'd just keep it to myself.	85.9%	6.3%	7.8%
Q8	Members of my group share many of my interests.	10.9%	18.8%	70.3%
Q9	Members of my group get good ideas about how to do things or make things from me.	7.8%	17.2%	75%
Q10	Members of my group come to me for emotional support.	17.2%	9.4%	73.4%

Q11	I feel that I'm on the fringe within my group.	82.8%	4.7%	12.5%
Q12	I believe my group will keep what I've shared in confidentiality.	3.1%	4.7%	92.2%
Q13	My group is sensitive to my personal needs.	6.3%	7.8%	85.9%
Q14	Members of my group are good at helping me solve problems.	7.8%	6.3%	85.9%
Q15	When I confide in members of my group, it makes me feel uncomfortable.	87.5%	3.1%	9.4%
Q16	Certain members of my group come to me when they have problems or need advice.	10.9%	6.3%	82.8%
Q17	There is a member of my group I could go to if I was just feeling down, without feeling funny about it later.	4.7%	1.6%	93.8%
Q18	Members of my group feel that I'm good at helping them solve problems.	4.7%	15.6%	79.7%
Q19	My group and I are very open about what we think about things.	4.7%	3.1%	92.2%
Q20	I wish my group was much different.	89.1%	6.3%	4.7%
Q21	I have a deep sharing relationship with a number of members of my group.	21.9%	1.6%	76.6%

Q22	I prefer a group that consists of both men and women.	53.1%	28.1%	18.8%
Q23	I don't have a relationship with a member of my group that is as intimate as other people's relationships with group members.	60.9%	14.1%	25%
Q24	I prefer a group that consists of all men.	32.8%	21.9%	45.3%
Q25	Members of my group seek me out for companionship.	17.5%	6.3%	76.2%

Table 2

Correlation of CES-D scores and participants who do/do not belong to a group

		CES-D Score	Belong to a group
	Pearson Correlation	1	-.088
CES-D Score	Sig. (1-tailed)		.199
	N	94	94
	Pearson Correlation	-.088	1
Belong to a group	Sig. (1-tailed)	.199	
	N	94	94

Table 3

Correlation of CES-D scores and reported level of participation

		CES-D Raw Score	Participation
CES-D Raw Score	Pearson Correlation	1	-.248*
	Sig. (1-tailed)		.025
	N	94	63
Participation	Pearson Correlation	-.248*	1
	Sig. (1-tailed)	.025	
	N	63	63

* Correlation is significant at the 0.05 level (1-tailed).

Table 4

Multiple comparisons of PSS-Gs scores and type of group

Dependent Variable	(I) Type of group	(J) Type of group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
CES-D Raw Score	Mutual	Faith based	-4.351	3.372	.796	-15.08	6.38
		Formal/Traditional	.983	3.602	.999	-10.48	12.45
		Other	4.483	7.181	.983	-18.38	27.34
		More than one	-.073	3.748	1.000	-12.00	11.86
	Faith based	Mutual	4.351	3.372	.796	-6.38	15.08
		Formal/Traditional	5.333	4.206	.806	-8.06	18.72
		Other	8.833	7.502	.845	-15.05	32.72
		More than one	4.278	4.331	.912	-9.51	18.07
	Formal/Traditional	Mutual	-.983	3.602	.999	-12.45	10.48
		Faith based	-5.333	4.206	.806	-18.72	8.06
		Other	3.500	7.609	.995	-20.72	27.72
		More than one	-1.056	4.513	1.000	-15.42	13.31
	Other	Mutual	-4.483	7.181	.983	-27.34	18.38
		Faith based	-8.833	7.502	.845	-32.72	15.05
		Formal/Traditional	-3.500	7.609	.995	-27.72	20.72
		More than one	-4.556	7.679	.986	-29.00	19.89
	More than one	Mutual	.073	3.748	1.000	-11.86	12.00
		Faith based	-4.278	4.331	.912	-18.07	9.51
		Formal/Traditional	1.056	4.513	1.000	-13.31	15.42
		Other	4.556	7.679	.986	-19.89	29.00
PSS-Gr Raw Score	Mutual	Faith based	5.124*	1.247	.005	1.16	9.09
		Formal/Traditional	4.507*	1.332	.031	.27	8.75
		Other	1.207	2.655	.995	-7.25	9.66
		More than one	1.207	1.386	.943	-3.20	5.62
	Faith based	Mutual	-5.124*	1.247	.005	-9.09	-1.16
		Formal/Traditional	-.617	1.555	.997	-5.57	4.33
		Other	-3.917	2.774	.737	-12.75	4.91
		More than one	-3.917	1.601	.216	-9.01	1.18
	Formal/Traditional	Mutual	-4.507*	1.332	.031	-8.75	-.27
		Faith based	.617	1.555	.997	-4.33	5.57
		Other	-3.300	2.813	.847	-12.26	5.66
		More than one	-3.300	1.669	.427	-8.61	2.01

	Mutual	-1.207	2.655	.995	-9.66	7.25
Other	Faith based	3.917	2.774	.737	-4.91	12.75
	Formal/Traditional	3.300	2.813	.847	-5.66	12.26
	More than one	.000	2.839	1.000	-9.04	9.04
	Mutual	-1.207	1.386	.943	-5.62	3.20
More than one	Faith based	3.917	1.601	.216	-1.18	9.01
	Formal/Traditional	3.300	1.669	.427	-2.01	8.61
	Other	.000	2.839	1.000	-9.04	9.04

* The mean difference is significant at the 0.05 level.

Table 5

PSS-Gs: Perceived Level of Support from types of groups

Scheffe[a,b]

Type of group	N	Subset for alpha = 0.05
Faith based	12	34.08
Formal/Traditional	10	34.70
Other	2	38.00
More than one	9	38.00
Mutual	29	39.21
Sig.		214

Means for groups in homogeneous subsets are displayed.

a. Uses Harmonic Mean Sample Size = 6.032.

b. The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

Table 6

Correlation of CES-D and PSS-Gs scores with demographics of all participants

		Type of group	CES-D Score	How often	Participation	Age	Sexual Orientation	Employment Status	PSS-Gs Score	Belong to a Group	Education	Living Region
Type of group	Pearson Correlation	1	-.128	.212[*]	.034	-.026	-.036	.133	.017	.[b]	-.157	-.109
	Sig. (1-tailed)		.161	.049	.395	.421	.391	.151	.447	.000	.111	.200
	N	62	62	62	62	62	62	62	62	62	62	62
CES-D Score	Pearson Correlation	-.128	1	.092	-.189	-.161	.059	.051	.067	-.088	.083	.097
	Sig. (1-tailed)	.161		.237	.069	.060	.285	.313	.300	.199	.213	.176
	N	62	94	63	63	94	94	94	64	94	94	94
How often	Pearson Correlation	.212[*]	.092	1	-.340[**]	.014	.243[*]	.124	-.293[**]	.[b]	.043	-.044
	Sig. (1-tailed)	.049	.237		.003	.456	.027	.167	.010	.000	.369	.365
	N	62	63	63	63	63	63	63	63	63	63	63
Participation	Pearson Correlation	.034	-.189	-.340[**]	1	.215[*]	-.219[*]	.056	.263[*]	.[b]	.054	.061
	Sig. (1-tailed)	.395	.069	.003		.046	.042	.330	.019	.000	.336	.317
	N	62	63	63	63	63	63	63	63	63	63	63
Age	Pearson Correlation	-.026	-.161	.014	.215[*]	1	.102	.276[**]	.164	.224[*]	.569[**]	.044
	Sig. (1-tailed)	.421	.060	.456	.046		.164	.004	.097	.015	.000	.336
	N	62	94	63	63	94	94	94	64	94	94	94
Sexual Orientation	Pearson Correlation	-.036	.059	.243[*]	-.219[*]	.102	1	.195[*]	.054	.106	.216[*]	-.005
	Sig. (1-tailed)	.391	.285	.027	.042	.164		.030	.336	.154	.018	.481

	N	62	94	63	63	94	94	94	64	94	94	94
Employment Status	Pearson Correlation	.133	.051	.124	.056	.276**	.195*	1	-.074	-.061	.225*	.041
	Sig. (1-tailed)	.151	.313	.167	.330	.004	.030		.280	.281	.015	.346
	N	62	94	63	63	94	94	94	64	94	94	94
PSS-Gs Score	Pearson Correlation	.017	.067	-.293**	.263*	.164	.054	-.074	1	.[b]	-.077	-.095
	Sig. (1-tailed)	.447	.300	.010	.019	.097	.336	.280		.000	.274	.228
	N	62	64	63	63	64	64	64	64	64	64	64
Belong to a Group	Pearson Correlation	.[b]	-.088	.[b]	.[b]	.224*	.106	-.061	.[b]	1	.367**	.079
	Sig. (1-tailed)	.000	.199	.000	.000	.015	.154	.281	.000		.000	.224
	N	62	94	63	63	94	94	94	64	94	94	94
Education	Pearson Correlation	-.157	.083	.043	.054	.569**	.216*	.225*	-.077	.367**	1	.251**
	Sig. (1-tailed)	.111	.213	.369	.336	.000	.018	.015	.274	.000		.007
	N	62	94	63	63	94	94	94	64	94	94	94
Living Region	Pearson Correlation	-.109	.097	-.044	.061	.044	-.005	.041	-.095	.079	.251**	1
	Sig. (1-tailed)	.200	.176	.365	.317	.336	.481	.346	.228	.224	.007	
	N	62	94	63	63	94	94	94	64	94	94	94

*. Correlation is significant at the 0.05 level (1-tailed).

**. Correlation is significant at the 0.01 level (1-tailed).

b. Cannot be computed because at least one of the variables is constant.

Table 7

Correlation of demographic data of participants who belong to a group

		Depressed	PSS-Gs Score	Type of group	How often	Participation	Marital Status	Education	Home Status	Living Region	Sexual Orientation	Age
Depressed	Pearson Correlation	1	.067	-.128	.092	-.189	.132	.052	-.240*	.012	.012	-.187
	Sig. (1-tailed)		.300	.161	.237	.069	.150	.343	.028	.462	.461	.069
	N	64	64	62	63	63	64	64	64	64	64	64
PSS-Gs Score	Pearson Correlation	.067	1	.017	-.293**	.263*	.138	-.077	.323**	-.095	.054	.164
	Sig. (1-tailed)	.300		.447	.010	.019	.139	.274	.005	.228	.336	.097
	N	64	64	62	63	63	64	64	64	64	64	64
Type of group	Pearson Correlation	-.128	.017	1	.212*	.034	-.228*	-.157	.045	-.109	-.036	-.026
	Sig. (1-tailed)	.161	.447		.049	.395	.038	.111	.365	.200	.391	.421
	N	62	62	62	62	62	62	62	62	62	62	62

How often	Pearson Correlation	.092	-.293**	.212*	1	-.340**	-.123	.043	-.045	-.044	.243*	.014
	Sig. (1-tailed)	.237	.010	.049		.003	.168	.369	.364	.365	.027	.456
	N	63	63	62	63	63	63	63	63	63	63	63
Participation	Pearson Correlation	-.189	.263*	.034	-.340**	1	.065	. 054	.256*	.061	-.219*	.215*
	Sig. (1-tailed)	.069	.019	.395	.003		.306	.336	.021	.317	.042	.046
	N	63	63	62	63	63	63	63	63	63	63	63
Marital Status	Pearson Correlation	.132	.138	-.228*	-.123	.065	1	.043	.169	.061	.048	.249*
	Sig. (1-tailed)	.150	.139	.038	.168	.306		.369	.091	.317	.354	.024
	N	64	64	62	63	63	64	64	64	64	64	64
Education	Pearson Correlation	.052	-.077	-.157	.043	.054	.043	1	.358**	.158	.156	.518**
	Sig. (1-tailed)	.343	.274	.111	.369	.336	.369		.002	.106	.109	.000
	N	64	64	62	63	63	64	64	64	64	64	64

Home Status	Pearson Correlation	-.240*	.323**	.045	-.045	.256*	.169	.358**	1	-.016	-.071	.595**
	Sig. (1-tailed)	.028	.005	.365	.364	.021	.091	.002		.449	.288	.000
	N	64	64	62	63	63	64	64	64	64	64	64
Living Region	Pearson Correlation	.012	-.095	-.109	-.044	.061	.061	.158	-.016	1	-.111	-.080
	Sig. (1-tailed)	.462	.228	.200	.365	.317	.317	.106	.449		.192	.265
	N	64	64	62	63	63	64	64	64	64	64	64
Sexual Orientation	Pearson Correlation	.012	.054	-.036	.243*	-.219*	.048	.156	-.071	-.111	1	.050
	Sig. (1-tailed)	.461	.336	.391	.027	.042	.354	.109	.288	.192		.348
	N	64	64	62	63	63	64	64	64	64	64	64
Age	Pearson Correlation	-.187	.164	-.026	.014	.215*	.249*	.518**	.595**	-.080	.050	1
	Sig. (1-tailed)	.069	.097	.421	.456	.046	.024	.000	.000	.265	.348	
	N	64	64	62	63	63	64	64	64	64	64	64

*. Correlation is significant at the 0.05 level (1-tailed).

**. Correlation is significant at the 0.01 level (1-tailed).

Table 8

Correlation of demographic data of participants who don't belong to a group

		Depressed	Sexual Orientation	Employment Status	Living Region	Home Status	Education	Marital Status	Age
Depressed	Pearson Correlation	1	.202	.214	.278	-.122	.252	-.214	-.075
	Sig. (1-tailed)		.142	.128	.068	.261	.089	.128	.346
	N	30	30	30	30	30	30	30	30
Sexual Orientation	Pearson Correlation	.202	1	-.104	.227	.070	.280	-.045	.152
	Sig. (1-tailed)	.142		.293	.114	.356	.067	.407	.211
	N	30	30	30	30	30	30	30	30
Employment Status	Pearson Correlation	.214	-.104	1	.010	.261	.371*	-.017	.452**
	Sig. (1-tailed)	.128	.293		.478	.082	.022	.465	.006
	N	30	30	30	30	30	30	30	30
Living Region	Pearson Correlation	.278	.227	.010	1	.386*	.393*	.202	.222
	Sig. (1-tailed)	.068	.114	.478		.018	.016	.142	.120

	N	30	30	30	30	30	30	30	30
Home Status	Pearson Correlation	-.122	.070	.261	.386*	1	.474**	.670**	.872**
	Sig. (1-tailed)	.261	.356	.082	.018		.004	.000	.000
	N	30	30	30	30	30	30	30	30
Education	Pearson Correlation	.252	.280	.371*	.393*	.474**	1	.315*	.572**
	Sig. (1-tailed)	.089	.067	.022	.016	.004		.045	.000
	N	30	30	30	30	30	30	30	30
Marital Status	Pearson Correlation	-.214	-.045	-.017	.202	.670**	.315*	1	.587**
	Sig. (1-tailed)	.128	.407	.465	.142	.000	.045		.000
	N	30	30	30	30	30	30	30	30
Age	Pearson Correlation	-.075	.152	.452**	.222	.872**	.572**	.587**	1
	Sig. (1-tailed)	.346	.211	.006	.120	.000	.000	.000	
	N	30	30	30	30	30	30	30	30

*. Correlation is significant at the 0.05 level (1-tailed).

**. Correlation is significant at the 0.01 level (1-tailed).