Male Restrictive Emotionality and Evaluations of Online Versus Face-to-Face Counseling

Aaron B. Rochlen, Lee N. Land, and Y. Joel Wong
University of Texas at Austin

The present study investigated men’s perceptions of online versus face-to-face counseling. One hundred ninety-one men with a range of restrictive emotionality and online counseling attitudes reviewed face-to-face or online counseling vignettes using a cognition- or emotion-based therapeutic approach. Overall, participants’ evaluations of counseling approaches were similar across modality and theoretical approach. However, men with low as opposed to high levels of restrictive emotionality expressed more favorable perceptions of face-to-face counseling. Significant improvements in online counseling attitudes were observed across the entire sample, with more pronounced improvements in online counseling value for men reviewing online counseling vignettes. Results are discussed within the context of men’s underutilization of counseling services and the online counseling literature. Suggestions for further research are provided.

The challenges associated with men seeking and ultimately benefiting from counseling services have been well documented in the literature (Addis & Mahalik, 2003; Brooks & Good, 2001; Rochlen, Blazina, & Raghunathan, 2002). In regard to men’s help-seeking behaviors, Addis and Mahalik (2003) recently concluded that overall, men of varied nationalities, ethnicities, racial backgrounds, and ages seek professional help to a lesser extent than women. Studies on within-group differences have also added to our understanding and concern regarding men’s clinical treatment, with evidence suggesting that men most susceptible to psychological distress appear to be reluctant to seek available support services (Good & Wood, 1995).

A frequently recommended next step in addressing men’s underutilization of mental health services involves studying the appeal of alternative methods of providing counseling services to more counseling-resistant men (Addis & Mahalik, 2003; Hurst, 1997). To date, a few studies in this area have been initiated, with efforts focusing on how men respond to alternative methods of marketing therapy (Robertson & Fitzgerald, 1992; Rochlen et al., 2002) and different therapeutic styles (Wisch, Mahalik, Hayes, & Nutt, 1995; Rochlen & O’Brien, 2002). The current study intends to add to this research area through evaluating men’s perceptions of counseling sessions as conducted using a face-to-face or online counseling modality, with either an emotion- or cognition-focused therapeutic approach.

Theoretical Models and Within-Group Research Addressing Men’s Help-Seeking Patterns

In considering the possible benefits of online counseling for men, it is first useful to consider the theoretical accounts that aim to explain men’s overall reluctance to seeking professional help. In general, authors have frequently described the characteristics associated with interest and successful engagement in psychotherapy (e.g., being emotionally expressive) as being in contrast with the values of the male culture and norms (Addis & Mahalik, 2003; Good, Gilbert, & Scher, 1990; O’Neil, 1981a, 1981b; Robertson & Fitzgerald, 1992; Wilcox & Forrest, 1992). This incongruence between the culture of masculinity and the counseling environment appears to be particularly salient for men who adhere rigidly to traditional male roles (Betz & Fitzgerald, 1993; Courtaney, 2000).

Much of the empirical research that has incorporated the above theoretical descriptions has been conducted with the Gender Role Conflict Scale (GRCS; O’Neil, Helms, Gable, David, & Wrightsman, 1986).
O’Neil et al. (1986) proposed that at the core of male socialization is a fear and devaluation of femininity that leads to men’s unwillingness to be expressive, vulnerable, or emotional. As these characteristics are necessary for both men and women, O’Neil et al. speculated that men who rigidly adhere to these “rules” of masculinity are likely to suffer from a range of negative psychological consequences. Research has also demonstrated that men with high levels of gender role conflict report negative help-seeking attitudes (Blazina & Watkins, 1996; Good, Dell, & Mintz, 1989; Good & Wood, 1995).

A limited number of studies have used the GRCS measure in integrating personal and situational variables in the study of men’s help-seeking patterns. In a frequently referenced study, Robertson and Fitzgerald (1992) randomly assigned participants into two groups to evaluate different brochures offering services at a counseling center. Half the brochures described traditional counseling activities (individual and group counseling), whereas the remaining brochures described alternative services (classes, videotapes, workshops, and structured interventions). Participants rated their likelihood of seeking help at the counseling center for a list of 17 potential issues. Men with more positive attitudes toward counseling expressed equal preferences for the two types of counseling brochures. Men with more negative attitudes toward help seeking and men with higher levels of gender role conflict had more interest in seeking professional help after viewing the nontraditional counseling services brochures.

In a study with particular relevance to the current project, Wisch et al. (1995) assessed the contribution of gender role conflict to men’s attitudes toward psychological help seeking after viewing two different therapeutic approaches. Participants were randomly assigned to watch a video segment of a counseling session involving interventions with an emotion-focused (e.g., “Let’s talk for a minute about your parents. What kind of feelings come up when you deal with them?”) or cognition-focused orientation (e.g., “Let’s talk for a minute about your parents. What kind of messages to yourself come up when you deal with them?”). Among men with high levels of gender role conflict, participants who viewed the cognition-focused video reported more positive help-seeking attitudes compared with participants who viewed the emotion-focused video.

Finally, in a recent study addressing men’s perceptions of different theoretical approaches to career counseling, Rochlen and O’Brien (2002) found that overall, men preferred a more directive approach to career counseling over a more contextual, emotion-oriented approach. In that study, preferences for therapeutic style were not modified by gender role conflict. Thus, men with varying degrees of gender role conflict preferred the more structured approach (identified as a person–environment fit approach) over the more emotion-oriented contextual approach (identified as a psychodynamic career counseling approach).

Online Counseling Overview and Potential Application for Male Clients

In the last 15 years, online counseling has been one of the most frequently discussed and debated practices in the counseling literature (Alleman, 2002; Rochlen, Zack, & Speyer, 2004). Included in this debate are deliberations on the precise definition, ethical–legal considerations, regulatory and licensure issues, and the benefits and limitations of the practice (Alleman, 2002; Bloom, 1998; Heinen, Welfel, Richmond, & Rak, 2003; Rochlen et al., 2004; Stofle, 2001). Although a full exploration of these issues is beyond the scope of this article, it is important to note one of the more frequently cited benefits of online counseling, namely the potential appeal to populations who underutilize or stigmatize counseling services (Stofle, 2001). Cited advantages of online counseling for such populations include increased privacy and anonymity, decreased effort to begin therapy, and an atmosphere perceived as less threatening (Kraus, Zack, & Stricker, 2004; Rochlen et al., 2004). Despite these proposed benefits, we found no studies that have directly evaluated the appeal to populations who underutilize help-seeking services.

In regard to men and online counseling in particular, one instrument development project did find that men and women expressed similar attitudes toward online counseling (Rochlen, Beretvas, & Zack, in press). For face-to-face counseling, women had more favorable attitudes than men, a finding consistent with the larger help-seeking literature (Addis & Mahalik, 2003). In discussing these findings, Rochlen et al. (in press) suggested that future research investigate within-group differences that may provide more information on how online counseling might be perceived by different types of male help seekers.

Restrictive Emotionality

For the purposes of our current study, we decided to use the construct of restrictive emotionality to explore within-group differences in regard to perceptions and reactions to online versus face-to-face
counseling. Restrictive Emotionality is one of four dimensions of gender role conflict and has been defined as having “difficulty and fears about expressing one’s feelings and difficulty finding words to express basic emotions” (O’Neil, Good, & Holmes, 1995, p. 176). Our decision to focus on Restrictive Emotionality was based on two central considerations. First, the Restrictive Emotionality dimension has yielded the strongest relationships with psychological distress and negative help-seeking attitudes (e.g., Blazina & Watkins, 1996; Cournoyer, 1994; Good & Wood, 1995; Robertson & Fitzgerald, 1992; Sharpe & Heppner, 1991). Consequently, this construct seems particularly useful in detecting men that may be experiencing a range of psychological problems combined with a relative disinterest in utilizing counseling services. Second, men’s emotional inexpressiveness has been a popular but controversial issue that has not been sufficiently researched in the context of therapy (Fischer & Good, 1997). Although many scholars (Brooks & Gilbert, 1995; Heppner & Gonzales, 1987; Levant, 2001; Scher, 1981) have suggested that men tend to be emotionally inexpressive because they are unaware of what they feel, others have posited that emotionally inexpressive men tend not to disclose their feelings because they choose not to rather than because of an inability to do so (Fischer & Good, 1997). The latter explanation raises the possibility that men who are inexpressive might be more willing to express their emotions in a setting that they perceive to be less psychologically threatening.

Objectives and Hypotheses

In consideration of the above literature, the current study had several objectives. The first objective, exploratory in nature, was to generate descriptive information regarding the relationships among men’s attitudes toward online counseling and the dimensions of male gender role conflict. The second objective was to examine men’s evaluations of varied simulated counseling sessions, as conducted using different counseling modalities (online vs. face to face) and theoretical approaches (cognition vs. emotion oriented). On the basis of suggestions that online counseling may work well for populations who struggle with expressing emotions (Stofle, 2001; Zack, 2004), we hypothesized that men with high as opposed to low levels of Restrictive Emotionality would express more positive evaluations of the online counseling modality over a face-to-face condition. We expected men with low levels of Restrictive Emotionality to evaluate the face-to-face counseling conditions more positively. In addition, on the basis of previous literature (Robertson & Fitzgerald, 1992; Wisch et al., 1995), we hypothesized that men with high levels of Restrictive Emotionality would evaluate vignettes that displayed a cognitive-based (as opposed to an emotion-based) theoretical approach more positively, regardless of the counseling modality (online or face to face). Finally, we wanted to examine whether improvements in attitudes toward online counseling could be demonstrated on the basis of participation in the study. As has been demonstrated in several recent studies (Blazina & Marks, 2001; Gonzalez, Tinsley, & Kreuder, 2002; Rochlen et al., 2002), we anticipated improvements in attitudes toward online counseling as a result of being shown realistic portrayals of counseling scenarios carried out in a range of different modalities and approaches.

Method

Participants

One hundred ninety-one undergraduates, recruited through undergraduate educational psychology courses at a large public university, served as participants. All participants were given course credit for their involvement. The ethnic breakdown of the final participant pool was 108 Caucasian (56.5%), 1 African American (0.5%), 48 Asian American (25.1%), 25 Latino (13.1%), 3 biracial (1.6%), and 6 other (3.1%). Participants ranged in age from 18 to 43 years (M = 21.80 years, SD = 2.37). The overwhelming majority of the sample comprised juniors and seniors (87.40%).

Simulated Counseling Sessions

Our primary objective for creating the vignettes was to simulate in a realistic manner client–counselor interactions portrayed in either a face-to-face or online counseling context, with each scenario having primarily an emotion- or cognition-centered therapeutic approach. We created these vignettes and gave them to several psychology doctoral students for feedback prior to having them reviewed in the manipulation check.

Each of the four conditions included a written overview of the client, a summary of the first counseling session, a media-based portrayal of the second session, and a written conclusion of the second session. For all conditions, the written client overview detailed a 26-year-old graduate student who had been experiencing increased stress at school and work be-
cause of difficulties with concentration and performance, as well as relationship concerns with his fiancée. The first session summary illustrated some of the counselor’s interventions and general approach for working with the client. The media-based portrayal of the second session was an audiotape for the face-to-face counseling participants and a computer monitor portraying an online counseling session for the online counseling participants.

For the face-to-face conditions, two 14-min audiotapes were created to represent a segment of the second session of therapy in the simulated counseling sessions. The tapes used male actors to portray the counselor (32-year-old male psychologist) and the client (26-year-old masters student). In the emotion-focused audio recording, the counselor generally responded to the client by focusing on the client’s emotions and inner world, for example, “I could definitely tell that was an intense experience for you.” The client responded by reporting emotions, such as “Then I remembered that you told me to focus on my feelings, and I started to notice really how miserable I was feeling.” In the cognition-focused audio recording, the counselor intervened by focusing on the client’s cognitions, for example, “What exactly goes through your mind when you think of yourself as a failure?” The client responds by reporting thoughts, such as “I’m thinking it’s terrible that I’m the lousiest student in the class!”

For the online counseling conditions, participants reviewed simulations of online counseling sessions that were nearly identical to the original audiotape transcripts, with minor semantic changes introduced to emphasize the authenticity of the online therapy medium. For example, “We talked about” was modified to “We chatted about” in the online conditions to mirror an actual online counseling session. These scenarios were designed to simulate the experience of participating in a real-time Internet text chat session, noted to be the most commonly used method of online counseling (Rochlen et al., 2004). In addition, participants worked on computers and controlled the progression of the online therapy dialogue in a manner designed to simulate actual participation in an online counseling session.

As the media-based portrayal of the second session was relatively brief, participants in all conditions also read a short passage describing the conclusion of the second session. These summaries also differed according to theoretical approach. In the emotion-centered condition, the client continued to explore his tendency to downplay and ignore his emotional reactions, as well as how this related to his childhood experiences. In the cognition-centered condition, the client proceeded to investigate the link between his cognitions and behaviors and was encouraged to notice how negative thought processes affected his life. This progression from the overview of the client’s initial problem through the first two counseling sessions was constructed to provide a detailed account of what might occur during a sequence of individual therapy and to reinforce the distinctions between the emotion-oriented and cognition-oriented approaches.

**Measures**

**Manipulation check.** To provide validation for the content and process of the audio and online counseling vignettes, we created a manipulation check with two subscales. The first scale was the Affective–Cognitive Content in Counseling Scale, developed by Wisch et al. (1995). The scale assessed the affective and cognitive content in the counseling vignettes. Raters used a 6-point scale to indicate how much the counselor in the vignettes focused on the client’s cognitions (1 = extremely cognition-focused) or emotions (6 = extremely emotions-focused). The second scale was a three-item measure developed for this study called the Counselor Skills Scale. This scale assessed the perceived competence of the counselor in the vignette (e.g., whether the counselor demonstrated sound basic counseling skills) on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). The counseling vignettes were assessed by 15 counseling psychology and 1 clinical psychology doctoral student. Each doctoral student was randomly assigned to evaluate one of the four counseling vignettes. There was good preliminary evidence for the reliability of this measure, with an internal consistency estimate for all vignettes of .76. (See the “Results” section for descriptive data and the results from the manipulation check analyses.)

**Demographic questionnaire.** A demographic questionnaire developed for this study included questions about age, year in school, ethnicity, and academic status.

**Attitudes toward online counseling.** To measure attitudes toward online counseling, we used the Online Counseling Attitudes Scale (OCAS; Rochlen et al., in press). The OCAS is a 10-item questionnaire that assesses attitudes toward online counseling. This scale is comprised of two subscales: Value of Online Counseling (5 items) and Discomfort With Online Counseling (5 items). Responses are made on a 6-point Likert scale (1 = strongly disagree, 6 = strongly agree). Scale scores were calculated by summing the responses to each item for the respective subscales, with high scores for the Value of Online
Counseling and Discomfort With Online Counseling subscales reflecting a strong sense of value toward online counseling and a high degree of discomfort associated with online counseling, respectively. Internal consistency estimates ranged from .77 to .90 over multiple studies for scores on both the Value of Online Counseling and Discomfort With Online Counseling subscales, and test–retest correlations of .70 to .88 were observed over a 3-week period on both subscales (Rochlen et al., in press). Evidence for convergent validity of the Value of Online Counseling and Discomfort With Online Counseling subscales has been provided through correlations in the expected directions with general help-seeking attitudes, comfort in using e-mail, and self-reported likelihood of using online counseling (Rochlen et al., in press). In the current study, internal consistency estimates averaged between the pre- and postattitudes administrations were .93 and .91 for scores on the Value of Online Counseling and Discomfort With Online Counseling subscales, respectively.

Gender role conflict. The GRCS (O’Neil et al., 1983) is a 12-item questionnaire that assesses men’s thoughts, feelings, and attitudes concerning gender role behaviors. The measure consists of four patterns of gender role conflict, namely, Success, Power, and Competition; Restrictive Emotionality; Restrictive Affectionate Behavior Between Men; and Conflict Between Work and Family. Responses are made on a 6-point Likert scale (1 = strongly disagree, 6 = strongly agree). The scales are calculated by summing the individual items, with high scores reflecting a greater expression of gender role conflict within that particular domain. A total GRCS score, assessing the overall level of gender role conflict and adherence to traditional models of masculinity, can be computed by summing the total scores of the four subscales (O’Neil et al., 1995). Test–retest reliability over a 4-week period, for scores on all subscales, ranged from .72 to .86 (O’Neil et al., 1986). The GRCS subscales have been shown to be negatively related to psychological well-being (Blazina & Watkins, 1996; Cournoyer & Mahalik, 1995) and attitudes toward help seeking (Good & Wood, 1995). In our study, internal consistency for scores on the total GRCS was .91, with alphas ranging from .86 to .91 for subscale scores. In the current study, our primary interest was in the 10-item Restrictive Emotionality subscale, which we used as an independent variable to analyze men’s preferences for different modalities and approaches to counseling.

Counselor rating. The Counseling Rating Form—Short Form (CRF–S; Corrigan & Schmidt, 1983) is a 12-item questionnaire that assesses characteristics of a therapist on three domains: Attractiveness, Expertness, and Trustworthiness. This version was a modified scale of the original 36-item Counselor Rating Form, developed by Barak and LaCrosse (1977). Respondents rated the extent to which a counselor demonstrates the characteristic of a positive adjective on a 7-point Likert scale (1 = not very, 7 = very). Using this shortened version, Corrigan and Schmidt (1983) demonstrated an equivalent factor structure, along with adequate levels of reliability and internal consistency estimates (above .80 for all scales), with the original measure. High scores on each of the respective scales reflect a high degree of perceived attractiveness, expertness, and trustworthiness. In the present study, internal consistency estimates for the current sample on the Attractiveness, Expertness, and Trustworthiness scales were .94, .85, and .89, respectively. In addition to the three constructs of Expertness, Attractiveness, and Trustworthiness, the CRF–S has been found to measure primarily a general construct—a “good counselor factor” (Tracey, Glidden, & Kokotovic, 1988). As has been done in past studies (e.g., see Guinee, Tracey, & Terence, 1997), we created a total counselor evaluation index by combining the subscales. The internal consistency estimate for the total scale score was .91.

Counseling approach evaluation. The Counseling Approach Evaluation Form (CAEF; Lyddon, 1989) is a six-item questionnaire that assesses preference for styles of counseling. The CAEF is composed of two scales, each with three items. The first scale measures evaluations of the counseling approaches with regard to the likelihood of benefiting from and using the particular approach. The second scale assesses preferences for the counseling approach in relation to others’ opinions. The correlation between the two scales was .94. Responses were made on a 7-point scale. Scores for each scale were based on the mean scores of the three items. High scores on the first scale indicate greater personal interest in the counseling approach, whereas high scores on the second scale reflect perceptions that peers would be attracted to the approach. Lyddon and Adamson (1992) reported internal consistency estimates of .96 and .93 for their sample for the first and second scales, respectively, and a correlation of .92 between the two scales. Test–retest reliabilities over a 1-week time period ranged from .87 to .91. The CAEF was used to show preferences for different styles of counseling based on personal epistemology (Lyddon, 1989) and worldview (Lyddon & Adamson, 1992). As has been done in past studies (Lyddon, 1989; Lyddon & Adamson, 1992), the two scales...
were summed to create a total counseling evaluation score, with an internal consistency estimate of .90.

Procedure

The study consisted of three stages. The first stage involved randomly assigning each participant to one of the four conditions (online counseling or face-to-face counseling and emotion or cognition centered) and having each participant complete the following questionnaires: (a) a demographic questionnaire, (b) the GRCS, and (c) the OCAS. In the second stage, all participants first read a written summary of the client and a description of the first counseling session. Participants in the face-to-face conditions then listened to a 14-min audio recording of the client’s second counseling session. Participants assigned to one of the two online counseling conditions were given an individual laptop and instructions for how to proceed through the simulated online counseling session. After listening to or reading through the segment of the second counseling session, all participants were then asked to review a summary of the conclusion of the second counseling session. The final stage, posttesting, involved having all participants complete the CAEF (evaluating the counseling approach), the CRF–S (evaluating the counselor), and the OCAS (online counseling attitudes). At the conclusion of the study, participants were given a debriefing statement with an explanation of the purpose of the study and a description of various on-campus counseling and support services.

Results

Manipulation Check

Among the 16 doctoral students who participated in the manipulation check, 5 were men and 11 were women. The ethnic breakdown of the respondents was 11 Caucasians (68.8%), 1 African American (6.3%), 1 Asian American (6.3%), 1 Latino (6.3%), 1 biracial (6.3%), and 1 whose ethnicity was not indicated (6.3%). Their average age was 27.19 years (SD = 2.91).

A multivariate analysis of variance (MANOVA) was conducted with counseling modality (online vs. face to face) and therapeutic approach (emotion vs. cognition centered) as the independent variables and scores on the Affective–Cognitive Content in Counseling Scale and the Counselor Skills Scale as the dependent variables. No main effects or interactions emerged for counselor skills, indicating that the counselor was perceived as being equally skillful and competent across all conditions. The relatively high mean (13.38 of 15, SD = 1.54) suggests that across all four conditions, the counselor was perceived as having a high level of counseling skill.

As expected, a main effect emerged for approach, $F(1, 12) = 37.07, p < .001$, on the Affective–Cognitive Content in Counseling Scale, indicating the raters regarded the counselors in the two emotion-centered vignettes as focusing primarily on the client’s emotions. In contrast, the counselor in the cognition-oriented vignettes was perceived as focusing on the client’s cognitions.

Preliminary Analyses

Descriptive data. Table 1 shows the means, standard deviations, and intercorrelations for all measures used in the first stage of this study. Mean data for this sample were all within one standard deviation of those reported elsewhere for online counseling attitudes (Rochlen et al., in press) and gender role conflict (Good & Wood, 1995). Regarding the correlations, a significant positive correlation emerged

<table>
<thead>
<tr>
<th>Variables</th>
<th>$M$</th>
<th>$SD$</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. GRC-T</td>
<td>127.89</td>
<td>25.67</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>2. GRC-SPC</td>
<td>52.65</td>
<td>10.84</td>
<td>.82**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>3. GRC-RE</td>
<td>29.20</td>
<td>8.65</td>
<td>.76**</td>
<td>.42**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>4. GRC-RABM</td>
<td>25.36</td>
<td>7.99</td>
<td>.78**</td>
<td>.51**</td>
<td>.56**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>5. GRC-CWF</td>
<td>20.51</td>
<td>6.05</td>
<td>.59**</td>
<td>.43**</td>
<td>.30**</td>
<td>.23**</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>6. OCAS(V)</td>
<td>15.64</td>
<td>5.94</td>
<td>.07</td>
<td>.02</td>
<td>.15*</td>
<td>.02</td>
<td>.08</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>7. OCAS(D)</td>
<td>16.51</td>
<td>5.21</td>
<td>.15*</td>
<td>.13</td>
<td>.06</td>
<td>.10</td>
<td>.17*</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

Note. $N = 191$. GRC-T = Gender Role Conflict total scale score; GRC-SPC = Success, Power, and Competition subscale; GRC-RE = Restrictive Emotionality subscale; GRC-RABM = Restrictive Affectionate Behavior Between Men subscale; GRC-CWF = Conflict Between Work and Family subscale; OCAS(V) = Online Counseling Attitudes Scale (Value of Online Counseling subscale); OCAS(D) = Online Counseling Attitudes Scale (Discomfort With Online Counseling subscale).

*p < .05. **p < .001.
between Restrictive Emotionality and online counseling value, indicating more positive perceptions of the value of online counseling for men with difficulty with emotional expression. In contrast, online counseling discomfort was positively correlated with the Conflict Between Work and Family subscale and the total gender role conflict score.

Classification into restrictive emotionality group. Participants were categorized as having high or low levels of restrictive emotionality based on their respective scores on the Restrictive Emotionality subscale being above or below the sample median (M = 29.20, SD = 8.64). Using this criterion, 94 and 97 participants were categorized as belonging to the low and high restrictive emotionality conditions, respectively. A t test conducted between participants assigned to the low versus high restrictive emotionality levels indicated significant differences in the expected direction (i.e., high with greater restrictive emotionality), t(189) = –19.95, p < .001.

Differences between conditions. To address whether differences emerged on the demographic variables (age and ethnicity) and preliminary measures (attitudes toward online counseling and restrictive emotionality) among participants in the four conditions, a MANOVA (for continuous variables) and chi-square analysis (for categorical variables) were conducted. The chi-square analysis for ethnicity was not significant. The overall MANOVA for differences in age, restrictive emotionality, and attitudes toward online counseling was significant, F(4, 186) = 3.27, p < .05. However, at the univariate level, no significant results emerged, suggesting roughly equivalent scores on these indices among participants in the four different conditions.

Primary Data Analyses

Counselor and counseling approach evaluations. Table 2 presents the means and standard deviations for posttesting counseling approach evaluation, counselor evaluation, and posttesting online counseling attitudes by modality, approach, and restrictive emotionality.

To examine the perceptions of the different vignettes, we conducted a MANOVA with modality (online vs. face to face), approach (emotion vs. cognition), and restrictive emotionality (high vs. low) as the independent variables. Dependent variables were overall counseling approach evaluation (using the CAEF) and counselor evaluation (using the composite index on the CRF–S). Main effects will be interpreted first, followed by interactions.

Regarding main effects, no significant findings emerged for counseling approach or restrictive emotionality. This suggests that overall, participants with high and low levels of restrictive emotionality expressed roughly equivalent evaluations of the counseling approach and counselor characteristics. Similarly, no differences emerged between participants assigned to the emotion- versus cognition-focused therapeutic approaches. A significant interaction emerged for Modality × Restrictive Emotionality, F(2, 182) = 3.41, p < .05. In examining the interaction at the univariate level, a significant effect was found for counseling approach, F(1, 183) = 6.65, p

Table 2
Means and Standard Deviations for Postintervention Data by Modality, Restrictive Emotionality, and Counseling Approach

<table>
<thead>
<tr>
<th>Measure</th>
<th>Face-to-face</th>
<th></th>
<th>Online</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low RE</td>
<td>High RE</td>
<td>Low RE</td>
<td>High RE</td>
</tr>
<tr>
<td></td>
<td>(n = 21)</td>
<td>(n = 23)</td>
<td>(n = 30)</td>
<td>(n = 20)</td>
</tr>
<tr>
<td></td>
<td>M (SD)</td>
<td>M (SD)</td>
<td>M (SD)</td>
<td>M (SD)</td>
</tr>
<tr>
<td>CAEF</td>
<td>27.33 (5.69)</td>
<td>30.35 (4.37)</td>
<td>26.04 (7.17)</td>
<td>25.71 (6.99)</td>
</tr>
<tr>
<td>CRF</td>
<td>57.67 (6.58)</td>
<td>57.00 (6.40)</td>
<td>56.02 (7.95)</td>
<td>54.79 (7.48)</td>
</tr>
<tr>
<td>OCAS(V)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pretest</td>
<td>16.52 (5.07)</td>
<td>16.61 (5.19)</td>
<td>15.21 (5.94)</td>
<td>14.79 (7.00)</td>
</tr>
<tr>
<td>Posttest</td>
<td>17.10 (6.31)</td>
<td>18.85 (5.17)</td>
<td>16.25 (6.40)</td>
<td>15.52 (7.01)</td>
</tr>
<tr>
<td>OCAS(D)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pretest</td>
<td>15.76 (4.71)</td>
<td>14.35 (4.66)</td>
<td>18.30 (5.93)</td>
<td>17.71 (4.93)</td>
</tr>
<tr>
<td>Posttest</td>
<td>15.24 (4.97)</td>
<td>15.22 (5.97)</td>
<td>18.07 (6.41)</td>
<td>17.38 (5.67)</td>
</tr>
</tbody>
</table>

Note. Low RE = low scores on the Restrictive Emotionality subscale; High RE = high scores on the Restrictive Emotionality subscale; CAEF = Counseling Approach Evaluation Form; CRF = Counselor Rating Form—Short Form; OCAS(V) = Online Counseling Attitudes Scale (Value of Online Counseling subscale); OCAS(D) = Online Counseling Attitudes Scale (Discomfort With Online Counseling subscale).
significant differences for participants in the face-to-face conditions, $F(1, 183) = 4.26, p < .05$, but not the online conditions, $F(1, 183) = 2.52, p < .11$. These results suggest that men with low levels of restrictive emotionality reported more favorable reviews of the face-to-face counseling vignettes than men with high levels of restrictive emotionality.

Posttesting attitudes toward online counseling. To examine improvements in online counseling attitudes from participation in the study, we conducted a repeated measures MANOVA with three between-groups and one within-groups factors. The between-groups factors were modality (online vs. face to face), approach (emotion vs. cognition oriented), and restrictive emotionality (high vs. low). The within-group factor, time, was comprised of the pre- and postadministrations of the Value of Online Counseling and Discomfort With Online Counseling subscales. No main effects emerged for the between-groups factors of mode, approach, or restrictive emotionality. This suggested no overall differences in the extent of improvement in attitudes based on assigned condition, approach of the therapist, or level of restrictive emotionality.

A main effect did emerge for time, $F(2, 182) = 19.89, p < .001$. At the univariate level, improvements in attitudes were observed via an increase in online counseling value, $F(1, 183) = 37.76, p < .001$, and a decrease in online counseling discomfort, $F(1, 183) = 5.73, p < .05$, across the entire sample. In addition, a Mode × Time interaction emerged, $F(2, 181) = 3.91, p < .05$. Univariate analysis indicated significant findings for online counseling value, $F(1, 183) = 4.07, p < .05$, and discomfort, $F(1, 183) = 4.96, p < .05$. Post hoc pairwise comparisons suggested that men assigned to review one of the online counseling conditions reported less discomfort with online counseling at posttesting than participants in the face-to-face counseling conditions, $F(1, 183) = 3.80, p < .05$. Post hoc analyses indicated no significant differences between participants assigned to the online versus face-to-face counseling conditions in the posttesting perceptions of online counseling value.

Discussion

The purpose of this project was to evaluate men’s perceptions of online versus face-to-face counseling as conducted using an emotion- versus cognition-based therapeutic approach. Collectively, the results suggest few differences in perceptions between online and face-to-face counseling by the sample of men in the current study. There was some evidence of the appeal of online counseling as compared with face-to-face counseling, particularly for men with self-described discomfort expressing their emotions. Reviewed in further detail below, this evidence emerged from the correlational data, perceptions of the counseling vignettes, and the improvements in online counseling attitudes.

A review of the correlations prior to the intervention reveals a mixed relationship between several dimensions of gender role conflict and online counseling attitudes. Men who had higher levels of restrictive emotionality reported a greater appreciation for the value of online counseling than men with lower levels of restrictive emotionality. Importantly, this relationship stands in contrast to the robust patterns suggesting that men with various dimensions of gender role conflict, including Restrictive Emotionality, report negative help-seeking attitudes (Blazina & Watkins, 1996; Good et al., 1989; Good & Wood, 1995; Wisch et al., 1995). Evidence of this relationship does support one commonly cited potential benefit of online counseling, namely its appeal to populations who are uncomfortable with verbal expression of feelings (Alleman, 2002; Zack, 2004). However, some of the correlations between gender role conflict and online counseling emerged in the opposite direction, with heightened online counseling stigma reported by men with conflict between work and family relations and overall gender role conflict (based on total score). In consideration of the mixed patterns of responses, more research is needed to clarify what may be important disparities between expressed value and discomfort with online counseling by different types of men.

Additional important information regarding men’s perceptions toward online counseling emerged from participants’ ratings of the various counseling vignettes. Overall, the participants’ evaluations were not significantly different across modality (online vs. face to face), approach (emotion vs. cognition centered), or restrictive emotionality (high vs. low levels). These findings parallel recent research demonstrating similar and positive evaluations of the process and outcome of online as compared with face-to-face counseling (Cook & Doyle, 2002; Day & Schneider, 2002). Contrary to our prediction, there were no significant differences between the evaluations of the cognition- and the emotion-centered vignettes, regardless of the level of restrictive emotionality. These findings do not support research that has suggested the appeal of cognition-focused orientations for men with traditional gender role orientations.
tions of the counselor, but men with greater restrictive emotionality had similar evaluations of the counseling approaches, there were no significant differences. An alternative interpretation is that men with differing levels of restrictive emotionality appear to be more comfortable with cognition- and emotion-centered approaches to counseling. This interpretation is supported by a distinction between the current study and past research designs. In the current study, participants directly evaluated the counselor and the counseling approach used in the vignettes, whereas past studies utilized help-seeking measures as the dependent variables. Further research is needed to clarify the types of therapeutic approaches to counseling that men with high levels of restrictive emotionality prefer.

Our hypothesis regarding evaluations of online counseling by men with high levels of restrictive emotionality received mixed support. We predicted that men with high levels of restrictive emotionality would evaluate the online counseling conditions (both approach and counselor) more favorably than the face-to-face counseling conditions. Men who had more discomfort expressing their emotions had less favorable reviews of the counseling approaches in the face-to-face conditions than men with less discomfort expressing their feelings. However, men with high and low levels of restrictive emotionality had approximately equal ratings of the counselor approach in the online conditions. In other words, men with high restrictive emotionality reported less favorable evaluations of face-to-face counseling and roughly equal evaluations of online counseling. Considering the call for validation of therapeutic approaches and modalities that may be more appealing and/or effective for counseling resistant men (e.g., coaching, workshops, self-help manuals), these preliminary findings are encouraging.

In contrast to the above results regarding evaluations of the counseling approaches, there were no significant findings relevant to counselor evaluations. One possible explanation for the difference in results between the assessment of the counseling approach and that of the counselor is that the participants were able to draw a distinction between the personal attributes (e.g., level of trustworthiness) of the counselor and the approach to counseling (which focuses more on his theoretical orientation in counseling). Hence, some participants might have had positive impressions of the counselor as a person and yet not have liked the approach to counseling. This might account for why the participants with high and low levels of restrictive emotionality had similar evaluations of the counselor, but men with greater restrictive emotionality had poorer evaluations of the counseling approach in the face-to-face condition compared with men with low levels of restrictive emotionality.

A promising conclusion from the study was the generally positive impact of participation in the study on attitudes toward online counseling. Our data suggest that overall, participation in the project led to increases in reported levels of value of online counseling and decreases in online counseling discomfort. These findings are consistent with past studies demonstrating that providing men with informative portrayals of psychotherapy can positively influence their opinions, attitudes, and expectations about various help-seeking services (Blazina & Marks, 2001; Gonzalez et al., 2002; Rochlen et al., 2002).

However, we had expected that participants assigned to the online condition would evidence more substantial improvements in both value and comfort with online counseling. The findings did indicate that participants in the online counseling conditions experienced greater decreases in discomfort with online counseling but equivalent levels of improvement in the perceived value of online counseling than participants in the face-to-face counseling conditions. These results suggest that the primary benefit of our intervention could have been the exposure of participants to the process of how an online counseling session might unfold, thus normalizing the experience of online counseling for them. This exposure seemed to have had the effect of decreasing the participants’ discomfort with online counseling but not yielding substantially higher levels of perceived value. Perhaps more experiential interventions would yield greater increases in expressed level of value with the process of online counseling.

Of importance, there are several limitations in this study that suggest the need for further research. For one, the participants in this study were exposed to portrayals of online and face-to-face counseling and were not involved in the counseling process. Future research should evaluate whether and how different populations benefit from actual participation in counseling using varied therapeutic techniques and modalities. Such research may want to include further evaluation of online counseling as well as a range of therapeutic interventions and modalities that may be more appealing and/or effective for counseling resistant men (e.g., coaching, workshops, self-help manuals). Second, the current study is limited by its focus on the general dichotomy between cognition- versus emotion-centered approaches to counseling. More commonly practiced in the field are a wide range of theoretical approaches that can be empirically evalu-
ated in studies using similar methodologies. Third, our study did not examine other types of distance therapy apart from a chat-based approach to online counseling. Future research should compare and evaluate varied forms of distance therapy, such as the use of video conferencing and e-mail. Fourth, it is possible that a range of other variables not included in the current study influenced perceptions of online versus face-to-face counseling. Variables that should be considered in future research include expectations and/or knowledge of online counseling, familiarity with using technology, use of the Internet, and even typing speed. Finally, the generalizability of our study is further limited by the homogenous nature of the sample, consisting of primarily Caucasian, college-aged men with moderate levels of gender role conflict and restrictive emotionality. Future research should study more diverse populations in regard to age, ethnicity, restrictive emotionality, and online counseling attitudes.

References


Received November 3, 2003
Revision received January 28, 2004
Accepted February 17, 2004