

# Editorial comment: men interviewing men about illness and health

| Jean J.E. Bonhomme

To be effective, an interview must be tailored to the specific cultural nuances, socialization, manner of language, and interpersonal interaction styles of the target population. In the United States, this approach is known as cultural sensitivity and linguistic appropriateness, and is being called for in research and treatment of racial minorities. However, culturally based differences in socialization, use of language, and style of individual interaction are also apparent between the genders. For this reason, the work of Oliffe and Mróz published in this issue of this journal represents a critically important contribution to our scientific knowledge of the interview process, specifically in regard to information collection from men by male interviewers. Commonly used qualitative interview formats currently fail to take account of cultural and attitudinal differences between the sexes. This oversight has contributed to a lack of knowledge about men's attitudes toward health and about barriers to men's adoption of healthier behaviors.

A common criticism of the medical field has been the false assumption that treatments tailored to men would also work for women. We now know that men and women sometimes respond very differently to the same intervention, and the medical world has been in the process of discovering and instituting treatment specific to women. However, a parallel error may exist for men, such that we may now be on the opposite side of the problem by extrapolating women's attitudes and health seeking behavior to men.

We have also assumed that the approaches that have worked for women will also work for men. It is becoming clear that the genders are socialized differently. This affects the interview process because different issues and concerns often motivate men and women causing each sex to respond quite differently, even to the same approaches and questions.

Most people would consider men more prone to be closed interpersonally, less inclined to share information verbally, and more likely to feel challenged or otherwise offended by efforts to gather scientific information by interview. Researchers have confirmed these anecdotal observations, noting characteristics common to men that would necessitate the development of non-traditional interview methods. In attempting to explain men's historically less frequent use of therapeutic services compared with women's use, a number of characteristics inherent in traditional male gender role socialization, which appear to relate to men's lower use, have been noted [1]. These include achievement orientation, restricted emotional expression, instrumental nature, self-reliance, and restricted expression of same-sex affection. Many of these characteristics are likely to operate as barriers in the male-to-male interview as well. Oliffe and Mróz suggest specific strategies that would very likely increase the effectiveness of the interview processes with traditional men.

There is an urgent need to examine the differences between male and female health behavior and the underlying causes

of those differences. In a longitudinal study gender differences reported by several researchers in levels of reported symptoms, morbidity, mortality, use of medical care, as well as the potential underlying causes of these differences were examined [2]. The effects of gender, self-reported health status, mental and physical symptom levels, health knowledge, illness behaviors and health concerns and interest on the long-term use of health services were included. After controlling for other factors, the studies found female sex remained an independent predictor of higher use. Attitudes were found to be predictive of health seeking behavior, whereas health knowledge alone was not. The authors suggested that efforts to help patients assess their service needs should target the attitudinal and behavioral factors that vary according to whether they are male or female, rather than health-related knowledge alone.

Men are less likely to seek mental health care as well. Data confirms that men are more reluctant to seek psychotherapy than women are [3]. Men's socialization to avoid introspection and awareness of helpless feelings leads many to fail to recognize that they may have a mental health problem requiring intervention. Researchers note that men are socialized to remain stoic, banish thoughts about problems from consciousness, and dissociate themselves from their emotions. A man who reports difficulty concentrating, lack of motivation and sleep disturbance might not be consciously

aware of underlying feelings of sadness. As part of being taught to be generally detached from emotions, the male subject may be less able to inform the interviewer of his feelings and his health issues unless the interviewer knows what to look for behaviorally and how to read beyond the masculine style of expression.

The possibility that men's observed reluctance to seek help is related to traditional gender role socialization and can be lessened by offering counseling interventions that are more congruent with that socialization has been examined [4]. Predictors of negative attitudes toward personal counseling included high scores on various masculinity measures. Men with more highly masculine attitudes were found to prefer alternative helping formats over traditional ones. The relation of gender to differences in the use of professional help services for personal problems has also been found to remain significant even when the effects of problem severity and differential problem definition were considered [5].

Oliffe and Mróz note that striking health disparities exist between the sexes. Most research to date has been quantitative in nature, but because of connections between health outcomes and behavior there is increasing interest in qualitative methods of research, such as conducting

research interviews with men about their experiences of health and illness. However, Oliffe and Mróz point out that conducting an effective research interview presents unique challenges. The difficulty may be exacerbated when both the reviewer and the subject are men, who are often not familiar with each other, discussing the often personal issues associated with health and illness.

Based upon interviews with 100 men in four separate studies, the authors list ten lessons learned. They address important concepts on effectively approaching men in the setting of the qualitative research interview about health and illness. These lessons learned cover the effective recruitment of male subjects. In addition, they include recognizing, addressing and overcoming preconceived notions about men on the part of the interviewer as well as setting appropriate interviewer expectations for male subjects. Specific preparations for male subjects that help may facilitate the male subject's participation in interview are described. Prospective interviewers are advised as to how to present qualities that men respond favorably to. Issues of who is in control often arise between the male subject and the male interviewer, and these issues are discussed as well as the use of questions to lead into conversations, and techniques

to overcome silence and encourage talk. The reader is advised of cues as to when the subject is wearying of the interview, and how to get more information before it ends. Also covered is the importance of allowing the participant to review the final transcript. The interview process inevitably has effects on the interviewer himself, and techniques for handling this phenomenon are described.

The insights in this paper are invaluable. Men interviewing men about health and illness has potential advantages due to common experience of the interviewer and subject, thus facilitating empathy and understanding. However, male-to-male interaction often presents unique challenges to the interview process as well. This article advances scientific knowledge by disseminating useful information on effective approaches to male interviewers who interview men, taking into account the unique cultural characteristics and needs of the male interview subject.

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