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MASCULINE GENDER ROLE CONFLICT: EFFECTS ON COLLEGE MEN'S  
SCORES OF PSYCHOLOGICAL WELL-BEING, CHEMICAL SUBSTANCE  
USAGE, AND ATTITUDES TOWARD HELP-SEEKING

DISSERTATION

Presented to the Graduate Council of the  
University of North Texas in Partial  
Fulfillment of the Requirements

For the Degree of

DOCTOR OF PHILOSOPHY

By

Christopher Blazina, B.S., M.S.

Denton Texas

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This purpose of this study was to investigate the effects of Gender Role Conflict upon college men's scores of psychological well-being, substance usage, and attitudes toward psychological help-seeking. It was found that the Success, Power, and Competition variable of Gender Role Conflict was the one variable that was consistently related to the measures of interest. Moreover, it was found to be significantly related to a decrease in psychological well-being, including Trait Anger, Angry Reaction subtype of trait anger, Angry Temperament subtype of trait anger, and Trait Anxiety. It was also found that this same variable was significantly related to increased reports of alcohol usage. Where as four of the possible five Gender Role Conflict variables were related to a negative attitude toward help-seeking, the Success, Power, and Competition variable was most heavily weighted.

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## CHAPTER I

### INTRODUCTION

In recent years there has been an increasing awareness and interest in men's issues. That interest has partially focused upon the socialization process by which men internalize gender roles. For instance, popular writers such as Robert Bly (1990) and Moore and Gillette (1991) emphasize the role of the older male mentor in the proper socialization of a young man. Traditionally, men have been encouraged to accept roles that are geared toward achievement and independence, while avoiding characteristics that may be considered effeminate (O'Neil, 1981). Most recently, Pleck, Sonenstein, and Ku (1993) have coined the phrase "masculinity ideology" to represent the socialization process by which men internalize masculine values.

In addition to interest in male socialization, theorizing and research have also focused upon the conflicts that men may experience when dealing with those traditional socialized expectations. It has been hypothesized that some men may experience loss of psychological well-being trying to achieve these goals (Leafgren, 1990). That conflict has been referred to as Sex-Role Strain (Pleck, 1981), Gender Role Conflict (O'Neil, Helms, Gable, David, & Wrightsman,

1986), Masculine Gender Role Stress (Eisler & Skidmore, 1987), and most recently, Masculine Role Conflict (Good, Borst, & Wallace, 1994). In order to better appreciate the evolution of this masculine Gender Role Conflict, each of the aforementioned definitions and theories will be discussed, and in addition to, the more traditional Gender Identity Model.

#### Masculine Gender Role Conflict: Definitions and Conceptualizations

##### Gender Identity Model

The traditional model of gender role development has been referred to as the Gender Identity Model (Kilmartin, 1994). This model emphasizes that the behavioral differences found between men and women are biologically based or sex-typed. From this perspective, the most healthy and productive men are those who are the most "masculine" in the traditional sense (e.g., aggressive, emotionally restricted, etc). The foremost task in this model is to develop one's sense of the masculine self. This is accomplished through a father figure, male role model, or mentor, who teaches the boy "how to be a man" through exposure to traditional masculine behavior and characteristics. This task is also accomplished in part by teaching the boy to avoid those activities and behaviors thought to be less than masculine or those labeled as feminine (e.g. crying when hurt). The

latter thought stems from the belief that these feminine ways may corrupt one's sense of the masculine.

If the boy does not have appropriate exposure to this male figure there will be negative side-effects (Kilmartin, 1994). He will not fully develop and/or realize his masculine self. He will become "feminine" or the polar opposite of what has been defined as stereotypical masculine. Traditionally, psychoanalytic theorists have attributed the lack of a strong male role model, inconjunction with the presence of an overpowering mother-figure to thwarted masculinity, and in some cases homosexuality. Another possible outcome would be the development of hypermasculine behaviors (e.g., gay bashing, women hating, and crotch scratching) to cover up for perceived masculine insecurity.

#### Summary of the Gender Identity Model

The Gender Identity Model suggests that behavioral differences found between the sexes are do to biology. However, to fully realize this innate masculine potential, one must have a male role model. Absence of which leads to a thwarted or malformed sense of the masculine identity.

#### Sex-Role Strain

In the book, The Myth Of Masculinity, Pleck (1981) lists 10 propositions of the Sex Role Strain paradigm, which describe the process by which men and women assume normative or traditional sex or gender roles. He argues against the



Gender Identity Model believing the behavioral differences between the sexes have more to do with socialization than hard-wiring. In addition, he discusses how both male and female may suffer negative effects associated with traditional roles. While the author suggests that traditional sex roles do serve a purpose in the proper development of one's sex role identity, he argues for more tolerance of variability in sex roles because they are not applicable for everyone.

Proposition 1.-- Sex roles are operationally defined by sex role stereotypes and norms (Pleck, 1981). Pleck first defines sex role--a set of behaviors and characteristics widely accepted as typical (sex role stereotypes) and also desirable (sex role norms) for men and women. He suggests that one's sex or gender role is influenced by the sex role stereotypes that best characterize each sex and those sex role stereotypes that best differentiate the two. That is, one assumes a descriptive approach when defining the actual characteristics associated with defining each gender and then also differentiating one from another. This is basically an examination of the characteristics that make a man a man and a woman a woman. For instance, a defining characteristic of what a man "is" might be "men are aggressive." Then one may also make a comparison between the sexes using the same characteristic--men are more aggressive than women.

Also of influence are sex role norms (Pleck, 1981). These norms have a prescriptive nature in that they tell us what are the desirable characteristics--how men and women "should be." For instance, a man should be able to provide financially for his family. A real woman should put her family before herself.

Propositions 2-3 address the contradictory nature and widespread occurrence of sex role violation (Pleck, 1981). Proposition 2.--Sex roles are contradictory and inconsistent. Pleck suggests that both sexes may suffer from the contradictory nature of sex roles. For instance, boys are socialized to avoid anything feminine including the opposite sex, yet as men they are socially rewarded for proper interaction with women. Proposition 3.--The proportion of individuals who violate sex roles is high. Sex Role Strain occurs because it is nearly impossible to develop and maintain all the characteristics that socialized roles expect from us. For instance, men are socialized to financially provide for their families. However, due to conditions beyond their control (e.g., economic depression, factories and plants closing), they may not be able to meet expectations. Pleck concludes that almost everyone will eventually feel the sting of Sex Role Strain.

Propositions 4-7 describe more specifically the consequences of sex role violation--Violating sex roles leads to social condemnation (proposition 4), ... negative

psychological consequences (proposition 5), ... and over-conformity and over-compensation with traditional sex role (proposition 6) (Pleck, 1981). In addition, Pleck states proposition 7.--Males in particular are given less room for variability in terms of sex roles and face harsher consequences for non-conformity.

Proposition 8.--Certain characteristics prescribed by sex roles are psychologically dysfunctional (Pleck, 1981). Pleck argues, even when men adhere to and achieve the norms for proper sex role behavior, there are negative consequences associated with it. Furthermore, men who may achieve close approximation to the ideal gender role will inadvertently show deficits in other areas. Interpersonal relations may suffer when men adhere to traditional gender roles. This may include restricted emotionality and less effective communication skills.

Proposition 9.--Each sex experiences Sex Role Strain in its paid and family roles (Pleck, 1981). For instance, a man may wish to provide proper financial support for his family, and in doing so, spend long hours at the office away from his family. Consequently, the same man may feel torn between spending time providing for his family at work versus spending time with his family at home.

Proposition 10.--Historical change causes Sex Role Strain (Pleck, 1981). That last proposition suggests that, over time sex role expectations may change and when they do,

it will cause strain. For instance, traditional socialization may impose the idea that the man should be the primary bread winner in the family. However, in a changing society, his wife may have better training, education, and possibly a better paying position. That may cause strain and call into question the man's violation of traditional norms.

In more recent writings, Pleck has revised his theory placing even greater emphasis upon the role of societal forces in shaping gender roles (Pleck, Sonenstein, & Ku, 1993). In particular he sees the social constructionist theory fitting well with gender role development. Constructionism suggests that there are no universal norms or standards of behavior, rather each individual society ascribes its own artificial ones. Using that idea in regard to gender roles, Pleck would argue that males display certain patterns of behavior not because of innate/biological guides of what is masculine, but rather, because cultures ascribe certain standards and norms of what it deems appropriate. Furthermore, Pleck suggests that there is no single universal standard for masculinity, rather each culture defines its own.

Summary of Sex Role Strain theory. Pleck is one of the forerunners in the area of conceptualization of masculine role conflict. In Pleck's Sex Role Strain theory he stated 10 propositions in which he discusses the limiting and sometimes detrimental effects of traditional gender roles.

Because a high proportion of individuals feel pulled between adhering to, and at the same time breaking traditional gender role norms, the end result is Sex Role Strain. In Pleck's more recent writings he suggests that social constructionism theory does a good job of accounting for the development of gender roles.

#### Gender Role Conflict

O'Neil (1982) suggests that different terminology be used in order to denote gender differences based upon biology versus ones influenced through socialization. O'Neil argues that until recently society has viewed any gender role differences as being biologically based. He encourages others to make a break from this type of thinking. He uses "Sex Role" as a phrase that denotes gender differences due to physiology and "Gender Role" as ones based upon the nonphysiological components.

O'Neil describes several long-held societal assumptions which have led to the development of the "masculine mystique". He defines this as the list of beliefs and behaviors that define what is held as optimally masculine by society. Among these are the following:

1. Men are biologically superior to women, and therefore, men have greater human potential than women.
2. Masculinity rather than femininity, is superior, dominant, and a more valued form of gender identity.

3. Men's power, dominance, competition, and control are essential to proving one's masculinity.
4. Vulnerabilities, feelings, and emotions in men are signs of femininity (weakness) and to be avoided.
5. Men seeking help and support from others show signs of weakness, vulnerability, and potential incompetence.
6. Interpersonal communications that emphasize human emotions, feelings, intuitions, and physical contact are considered feminine and should be avoided.
7. Vulnerability and intimacy with other men are to be avoided...being intimate with other men may imply homosexuality or effeminacy.
8. Men's work and career success are measures of their masculinity (O'Neil, 1982, p. 16).

O'Neil also suggests that gender roles are too restricted for men and women (O'Neil, 1982; O'Neil et al., 1986). These roles restrict a person's potential by not allowing for the incorporation of both masculine and feminine traits. O'Neil argues that the underlying basis of the masculine mystique is fear of femininity (O'Neil, 1982; O'Neil et al., 1986). He defines this as "a strong, negative emotion in self or others associated with feminine values, attitudes, and behaviors" (O'Neil, 1982, p. 18).

To provide a theoretical foundation, O'Neil sights several theorists who have discussed man's fear of femininity. Among these he includes Carl Jung and his well known idea of the animus and the anima. The animus refers to the male characteristics within the female, and the anima refers to the female characteristics within the male. O'Neil agrees with Jung that men are reluctant or sometimes fearful to incorporate the anima or female characteristics into their being. This will lead to their rejection and eventual fight against those female characteristics in their own lives as well as those expressed in others and society. O'Neil believes that holds particularly true for men who adhere to traditional gender roles.

Jung suggests that the answer is to incorporate both aspects (masculine and feminine) into the man to form a more whole person. When that is accomplished the man can make peace with the feminine characteristics within himself as well as in others. Again, O'Neil agrees with Jung on this point, but suggests that society instead rewards those who adhere to traditional roles and punishes those who deviate. Therefore, a man's assimilation of more feminine traits is, to say the least, not encouraged.

Among the problems associated with assuming that more traditional role is that society may encourage and perhaps reward those beliefs and behaviors, but at the same time they may be dysfunctional, limiting, and unhealthy to the

individual. Because the individual may feel a pull between what he would or should ideally be and what he actually is, stress or strain will ensue. In keeping with this notion O'Neil defines this strain as Gender Role Conflict:

... a psychological state where gender roles have negative consequences or impact on a person or others. The ultimate outcome of this conflict is the restriction of the person's ability to actualize their human potential or the restriction of someone else's potential (O'Neil, et al., 1986, p. 336).

O'Neil claims that rigid restriction of gender roles may lead to Gender Role Conflict in several areas of one's life (O'Neil, 1982). Once again the underlying tension is a fear of femininity. He postulates this occurs in at least 6 different areas of a man's life: (1) restricted emotionality, (2) homophobia, (3) socialized control, power, and competition issues, (4) restricted sexual and affectionate behaviors, (5) obsession with achievement and success, and (6) health care problems. Because these 6 factors are key elements of his theory, each will be discussed.

Restricted emotionality. Restricted emotionality is defined as having difficulty appropriately expressing feelings or having difficulty with allowing others to express their feelings (O'Neil, 1982). The fear of femininity plays its role here in that the traditional man



views feelings as effeminate and something to be avoided. The implications of this are that the individual may be limited in emotional expressiveness and openness, and instead take a more logical non-emotional approach. While a logical, dispassionate approach is important when problem solving is needed, the individual may at the same time suffer in areas when affect is not only appropriate but necessary (e.g., interpersonal relationships).

Homophobia. Homophobia may be defined as negative, false stereotypes regarding homosexuals (O'Neil, 1982). Homophobia and the fear of the feminine can directly affect how men interact with each other. This may occur because men may associate effeminate behaviors with homosexuals. Therefore, one is to avoid anything effeminate out of fear of being thought gay. This will place restrictions on how men interact toward each other as well as toward women.

Socialized control, power, and competition. Control can be defined as having situations or people under one's command. Power is the ability to influence. Competition is striving against other(s) to excel or win some prize. All three of these characteristics are the psychological backbone of the masculine mystique. One may assume that these factors are synonymous with the measure of a man's masculinity (O'Neil, 1982). Problems may arise in numerous areas. This may include not having enough of any or all of

these characteristics to using them too much in interpersonal relations.

Restricted sexual and affectionate behavior. This can be defined as having limited ways to express one's sexual and affectionate feelings toward others (O'Neil, 1982). Once again this is tied to the fear of the feminine. As mentioned before, men are socialized to accept that certain behaviors such as touch, expression of feelings as effeminate. Furthermore, men are taught to view sex and love separately, focusing upon physical intimacy with another as a form of conquest. Needless to say this approach may leave relations with significant others emotionally void.

Obsession with achievement and success. This can be defined as a man's persistent preoccupation with accomplishment and work (O'Neil, 1982). A man may use his occupational success as another measure of masculinity and status. Fear of femininity may influence one's adherence to these values. He may view masculine as having power, wealth, and status. The opposite of these qualities--cooperation, minimal achievement and career advancement--may be viewed as feminine.

Health care problems. This can be defined as having difficulties in health related to diet, exercise, sickness, and dealing with stress (O'Neil, 1982). Men are socialized to perceive problems like sickness and feeling worn-down as feminine. Men are taught to be tireless machines, to trudge

on even when ill. Consequently, some men may ignore or miss important body cues like chest pain. It is not surprising then that women outlive men by about 7 years.

From this model O'Neil et al. (1986) developed the Gender Role Conflict Scale. This 37 item test has four factors that measure Gender Role Conflict including: (1) success, power, and competition (2) restricted emotionality (3) restricted affectionate behavior between men, and (4) conflict between work and family relations (for more information see Instruments section).

Summary of Gender Role Conflict theory. O'Neil's Gender Role Conflict theory suggests that "fear of the feminine" is a major force that shapes the traditional man's behavior. He suggests that traditional masculine behavior has emphasized power, control, restricted emotionality, and the fear and rejection of anything considered feminine. O'Neil also suggests that traditional gender roles are limiting in that they restrict a person's potential to incorporate and balance aspects of what society deems masculine and feminine. Gender role conflict occurs when an individual feels a pull between what society suggests he "should be" versus what he "actually is."

#### Masculine Gender Role Stress

Eisler and Skidmore (1987) construed Masculine Role Conflict in a slightly different way than Pleck or O'Neil. Their basic premise is that men and women experience

different types of stress due to their different gender roles. Because men and women assume different gender roles, it follows that they will also differ in terms of the way they make manifest their stress. For example, men may be more prone to externalizing disorders such as antisocial actions or drinking, while women may be more prone to internalizing ones, such as depression or anxiety.

Another difference is that Eisler and Skidmore's paradigm of masculine stress is partially adapted from the stress model proposed by Lazarus and Folkman (1984). Lazarus and Folkman suggest that there is a cognitive/appraising element involved in determining what is stressful. Stress is determined by the relationship between the intensity or amount of demands placed on the individual and the individual's available resources to deal with it. Coping with stress is the way one attempts to negotiate the relationship between demand and resource.

Utilizing this cognitive model of stress, Eisler and Skidmore (1987) apply this to the Masculine Gender Role Stress paradigm. The authors argue that men develop a cognitive schema through years of socialization which guides them in terms of what are appropriate responses to stress. In other words, adding a skill to a man's bag of coping tricks is guided by his definition of the masculine gender role. Eisler and Skidmore argue that if one's gender roles are more traditionally defined, one will have limited

options from which to chose. In essence, men who adhere to traditional gender roles will have certain options or responses that are compatible with their schema of what is considered a "masculine" response, and thus can be utilized. However, they will at the same time have non-masculine (feminine) responses that are incompatible with the masculine schema and are not to be developed or considered for use. Consequently, the traditional man may limit the utilization of coping skills and behaviors that are not considered masculine.

This limiting of available psychological coping skills may lead to emotional and physical dysfunction by way of stress. In particular, this masculine stress occurs in two conditions. First, when the individual appraises himself as being unable to live up to the behaviors congruent with the masculine schema (Eisler, Skidmore, & Ward, 1988). Examples might be when a man does not feel he is in control of himself or a situation, cannot please a woman sexually, or has not achieved adequate status. Secondly, stress also occurs when he is required to go outside of the normal realm of masculine coping and do something non-masculine. An example of this would be situations which require the expression of tender feelings or asking for travel directions.

Eisler and Skidmore developed a scale--The Masculine Gender Role Stress Scale (MGRS; Eisler & Skidmore, 1987;

Eisler, Skidmore, & Clay, 1988; Eisler & Blalock, 1991)-- proposed to measure Masculine Gender Role Stress in five different areas: (1) physical inadequacy, (2) emotional inexpressiveness, (3) subordination to women, (4) intellectual inferiority, and (5) performance failure. While this measure is not used in the present study, a brief overview of definitions (taken from Eisler & Blalock, 1991) will give the reader a flavor of what it measures.

Physical inadequacy. This is stress related to perceived inadequacy in the areas of physical prowess, including sports and sex.

Emotional inexpressiveness. This is stress related to difficulty expressing emotions including fear, pain, and affection or when one has to interact with an emotionally expressive person.

Subordination to women. This is stress related to perceived competitive threats by women. This may include women being better or more successful in sports or career.

Intellectual inferiority. This is stress related to perceived threats to men's intelligence, coping abilities, or decisiveness.

Performance failure. This is stress related to potential failure in areas of work or sex.

Summary of Gender Role Stress theory. Eisler and Skidmore emphasize a cognitive stress model of gender role conflict, focusing upon "appropriate" versus "inappropriate"

coping skills for traditional men. Eisler and Skidmore suggest that each man has a masculine schema to help him differentiate what is an appropriate masculine coping skill versus an inappropriate feminine one. They suggest that men will experience stress when traditional coping skills fail (e.g., power and control), and when they are called to go outside of the boundaries of their traditional approach (e.g., express tender feelings).

#### Theory and Conceptualization Summary

As one can see there are several coined phrases that describe this phenomenon: Sex Role Strain, Gender Role Conflict, Masculine Gender Role Stress, and most recently Masculine Role Conflict (Good et al., 1994). However, according to Good et al. (1994) it is safe to say that all of them refer to the detrimental consequence(s) associated with attempting "to meet or resist societal and internalized demands to live up to cultural standards of masculinity" (p. 4). In order to keep astride of the most recent research, this paper will use Good et al.'s (1994) phrase: Masculine Role Conflict.

#### Research Examining the Consequences of Masculine Role Conflict

This paper now turns its attention to examining the specific consequences associated with Masculine Role Conflict, in particular its effects upon psychological well-

being (anxiety, depression, anger), chemical substance usage, and attitudes toward help-seeking.

#### Psychological Well-being

O'Neil et al. (1986) hypothesized that there are specific elements of the traditional male role that may have negative psychological effects on those who adhere to it. They described this as Gender Role Conflict. They have developed the Gender Role Conflict Scale which measures masculine role stress in terms of four factors: (1) success, power, competition, (2) restricted emotionality, (3) restricted affectionate behavior between men, and (4) conflict between work and family relations. Good and Mintz (1990) found that all four factors were significantly correlated with depression.

Other researchers have found that the Gender Role Conflict Scale also related to higher levels of anxiety (Sharpe & Heppner, 1991). Sharpe and Heppner found that 3 out of the 4 subscales--restricted emotionality, restricted affectionate behavior between men, and conflict between work and family relations--were related to anxiety. They also found that 2 of the subscales--restricted emotionality and restricted affectionate behavior between men--were related to depression.

Using the MGRS, Eisler and Skidmore (1988) found that their measure of Masculine Role Conflict was significantly related to increased anger, anxiety, and behavioral habits



that pose a risk to health (e.g., increased use of alcohol, tobacco, and habits regarding diet). Eisler and Blalock (1991) suggest anger is more commonly associated with Masculine Gender Stress than anxiety; they also suggested that the masculine gender role and Type A behavior patterns (e.g., anger) are connected.

#### Chemical Substance Usage

According to a 1982 survey on substance use and abuse, 70% of men drank alcohol compared to 45% of women (Witkin-Lanoil, 1986). Also, there was a gender ratio difference (male to female) of 7 to 1 in the United States, and 5 to 1 internationally in terms of alcohol abuse.

While there does seem to be a male gender difference in terms of substance use and abuse, little research has been done in terms relating this difference to masculine ideology or masculine role conflict. In fact most writings in this area are theoretical (Diamond, 1987; Leland, 1982; Lemle & Mishkind, 1989). For instance, it has been speculated by Lemle and Mishkind (1989) that men may perceive drinking as a highly masculine activity and because of such perceptions, they may place themselves at risk for substance abuse.

The more empirically based writings, such as Burda and Vaux (1987), found that men are more communicative with other men when drinking socially. Therefore, men may use drinking as a way to combat the socialized belief that they should not show affection toward each other. Eisler,

Skidmore, and Ward (1988) found that high scores on the MGRS were related to an increase in poor health habits (e.g., alcohol and tobacco usage).

#### Attitudes Toward Help-Seeking

Approximately two-thirds of individuals who seek treatment in therapy are female (Collier, 1982). When a male-female couple approach therapy it is usually the female who initiates the process (Beck & Jones, 1973). American men are generally hesitant to seek counseling services (Cheatham, Shelton, & Ray, 1987). Many hypotheses have been postulated as to why men are less likely to seek help. Most speculations revolve around the masculine socialization process and how an ideal male should conduct himself.

Research conducted by Good, Dell, and Mintz (1989) suggested that males who adhere to more traditional gender stereotypes hold negative attitudes about seeking help in therapy. More specifically, they found that two of the factors of O'Neil's Gender Role Conflict Scale-- restricted emotionality and restricted affectionate behavior between men-- were significantly related to negative attitudes about help seeking. Restricted emotionality also significantly predicted past help-seeking behavior and the decreased likelihood of future help seeking behavior. This may include perceiving seeking treatment as a sign of weakness.

A part of male socialization may include an emphasis upon seeking power, control, and self-reliance (Nadler,

Maler, & Friedman, 1984). Tracey (1985) suggested that successful therapeutic dyads (either male or female) proceed through different stages of power. In the initial stage the client and therapist are symmetrical in terms of power, followed by a second stage where the relationship becomes a complementary one, where the power is in favor of the therapist, followed by a final stage where the dyad is again symmetrical. This process may not only make men less reluctant to seek treatment but also terminate early as well.

Others believe that men may experience social sanctions for expressing emotions. This may include rejection and punishment (Hammen & Peters, 1977; Warren, 1983). Therefore, men may be motivated to conceal feelings of sadness and not seek treatment.

Still another idea is that men's reluctance to seek help may be due in part to a fear of intimacy or emotional closeness (Lewis, 1978). Further reluctance of showing a full range of emotions may be linked with the fear of being thought a homosexual (O'Neil et al., 1986). Therefore, males who fear the disclosure of affectionate emotions or behavior toward other men may be more likely to avoid therapy, especially with a male counselor (Good, Dell, & Mintz, 1989).

Because men who adhere to traditional gender roles have typically not been interested in traditional therapeutic

approaches, alternative approaches that are more sensitive to the male role have been suggested. Ipsaro (1986) suggested that a more behavioral approach may fit more with the traditional male's style. This approach would be beneficial in that it is more concrete, rational, with less emphasis upon emotional disclosure.

In keeping with this idea, Robertson and Fitzgerald (1992) presented subjects with a choice of brochures, one describing a traditional psychotherapeutic approach, and the other, an alternative approach, described as more self-help and problem-solving oriented. They found that men who adhere to more traditional masculine ideology, as measured by specific dimensions of O'Neil et al.'s (1986) Gender Role Conflict Scale, rated alternative formats more favorably than more traditional counseling approaches. These specific dimensions included men who were high in restricted emotionality, high in success, power, and competition oriented. On the other hand, they also found that men who saw themselves as having less traditional masculine ideology viewed the traditional and non-traditional approaches equally favorably.

#### Purpose of This Study

Based upon the previous research of Good et al. (1989) and Good and Mintz (1990), one may suggest that men who score high on the Gender Role Conflict Scale may be at risk for depression. However, more research needs to be done to

see if there are other adverse effects associated with males who score high on this measure. In the Good and Mintz study (1990), depressive symptoms served as the only measure of stress and maladjustment. Good and Mintz (1990) suggested that more research in additional areas of distress be conducted, including anger, anxiety, and substance abuse. This study proposes to extend the previous research by administering measures of depression, anger, alcohol and drug use, trait-anxiety.

The research previously mentioned suggests that men who adhere to traditional masculine ideology may be at risk for, among other things, higher levels of depression, anxiety, anger, and substance use and abuse. An even more troubling problem is that these men seem to look unfavorably toward seeking counseling services. Based on the research that men may look unfavorably upon traditional counseling approaches, this study will attempt to examine the help-seeking attitudes and preferences of men who adhere to traditional masculine ideology.

### Hypotheses

Based upon the above review of research and theory, the following hypotheses were postulated:

1. Men who score higher (as opposed to men who score lower) on the Gender Role Conflict Scale will view seeking help more negatively (as measured by the Fisher-Turner

Attitudes Toward Seeking Professional Psychological Help Scale and the HELP Scale).

2. Men who score higher on the Gender Role Conflict Scale (as opposed to men who score lower) will report higher levels of depression, anxiety, anger.

3. Men who score higher on the Gender Role Conflict Scale (as opposed to men who score lower) will report higher levels of substance usage.

## CHAPTER II

### METHOD

#### Subjects

Approximately 148 male, undergraduate subjects were asked to participate in this study. They were drawn from psychology classes at a university in the southwest. Subjects received extra credit in the psychology classes that they attended. Their ages ranged from 18 to 55, with a mean of 23.2. The ethnicity of the sample was as follows: 77% caucasian, 10.8% African-American, 4.1% Hispanic, 4.1% Asian, and 4.1% described themselves as belonging to another ethnicity other than those that were listed.

#### Procedure

The subjects were tested in groups ranging from 5 to 30. They were administered the Gender Role Conflict Scale, Beck Depression Inventory, the Trait version of the State-Trait Anger Inventory, The Trait version of the State-trait Anxiety Inventory, the Substance Abuse Subtle Screening Inventory (SASSI), Attitudes Toward Seeking Professional Psychological Help Scale.

#### Instruments

Gender Role Conflict. Gender role conflict was measured by the Gender Role Conflict Scale-I developed by O'Neil et

al. (1986). This measure consists of 37 statements concerning men's thoughts and feelings regarding gender role behaviors. Men report the degree to which they agree or disagree with each statement on a 1 (strongly disagree) to 6 (strongly agree) Likert type scale. Each subject will have an overall Gender Role Conflict score based upon summing the responses to the 37 items then dividing by 37. This yields a gender role conflict score from 1-6. A higher score indicates gender role conflict is present.

In addition to the over all Gender Role Conflict Score each subject also received a score for each of the measure's four subscales: (a) success, power, and competition; (b) restricted emotionality; (c) restricted affectionate behavior between men; and (d) conflict between work and family relations. The subscale scores were obtained through summing the responses to the individual items. As with the over all Gender Role Conflict score, higher scores on the four subscale are indicative of greater gender role conflict.

The Internal consistency of the Gender Role Conflict Scale was established with Cronbach's alpha and ranges from .75 to .85. Good and Mintz (1990) found internal consistencies for the four subscales to be between .78 and .88. Four-week test-retest reliabilities ( $n = 14$ ) have ranged from .72 to .86 (O'Neil et al., 1986).



Depression. Depression was measured by the Beck Depression Inventory. The measure is a 21 item instrument that measures severity of depression in adolescents and adults. Subjects answer questions on a Likert-type scale ranging from 0 to 3. Higher scores indicate more severe levels of depression. Internal consistency coefficients range from .80 to .90. Test-retest reliability ranges from .48 to .86 for psychiatric patients to .60 to .90 for non-psychiatric patients.

Anger. Anger was measured by the trait version of the State-Trait Anger Expression Inventory (Spielberger, 1991). This 10 item scale measures individual differences related to experiencing anger. In addition, two subscales were also used that were taken from the trait version items--Angry Temperament, and Angry Reaction. Angry Temperament is a 4-item subscale that measures "a general propensity to experience and express anger without specific provocation" (Spielberger, 1991). Angry Reaction is a 4-item subscale that measures "individual differences in the disposition to express anger when criticized or treated unfairly by other individuals"(Spielberger, 1991). Subjects are asked to rate their agreement with statements regarding anger on a Likert-type question ranging from (1) almost never to (4) almost always. Higher scores indicate higher levels of trait-anger. Internal consistency coefficients range from .84 to .87. Test-retest reliability has not been established.

Anxiety. Anxiety was measured by the trait version of the State-Trait Anxiety Scale (Spielberger, Russel, & Crane, 1984). This 20 item instrument measures the relatively stable individual differences in anxiety proneness. Subjects were asked to rate statements on a Likert-type scale ranging from 1 (not at all) to 4 (very much) in regard to their general disposition toward anxious feelings. Scores can range from a minimum of 10 to a maximum of 40. Higher scores indicate higher levels of trait-anxiety. Internal consistency coefficients range from .86 to .92 and test-retest reliability coefficients range from .73 to .86.

Alcohol and drug usage. This was measured by the SASSI, a measure of drug and alcohol usage and behavior. (SASSI Manual, 1985). This instrument was devised to differentiate substance abusers from non substance abusers. This questionnaire has been used in both clinical and college populations. Test-retest reliabilities for the SASSI have not been conducted at this point.

The measure consists of 9 subscales. Interpretation consists of examining elevated subscales and following a decision tree developed by the SASSI Institute.

The Obvious Attributes subscale (OAT) contains 17 items, 11 keyed true and 6 false. A high score reflects substance usage that is willingly admitted. That is, this scale is not expected to work well with highly defensive

individuals. The subscale has an internal consistency ranging from .61 to .73.

The Subtle Attribute subscale (SAT) subscale contains 11 items, 8 keyed true and 3 false. This scale is designed to be a more subtle measure of substance usage. Higher scores reflect a similarity to alcohol and drug abusers. The subscale has an internal consistency ranging from .25 to .49.

The Defensive subscale (DEF) subscale consists of 14 items, 9 keyed false and 5 true. This scale is a test-taking defensiveness measure. It is aimed at identifying defensive substance abusers who are deliberately trying to conceal chemical abuse. Therefore higher scores are related to an increase in test-taking defensiveness. Internal consistencies range from .57 to .68.

The Supplemental Addiction Measure (SAM) subscale consists of 15 items. This scale's aim is to identify subjects who have a defensive test-taking response set and are chemically dependent. This subscale is used only in conjunction with the DEF subscale when subjects have an elevated DEF subscale score. The SASSI Institute has not yet developed a clinical interpretation of the SAM subscale by itself. The test-retest reliability coefficient has been found to be .91.

The Correctional subscale (COR) was developed in response to the needs of SASSI users in the criminal justice

programs. This measure is used to identify an individual who responds similarly to people with relatively extensive criminal histories. Therefore, higher scores are related to an increase in antisocial behavior. While this subscale is intended to be a measure an individual's relative risk of criminality, but not be a tool for diagnosing psychopathology. The test-retest reliability coefficient has been found to be .96.

The Codependency subscale (FAM) subscale consists of 14 items 4 keyed true and 10 keyed false. This measure is intended to differentiate codependents from non-codependents. Higher scores are related to an increase of codependent characteristics. Internal consistencies range from .16-.60.

The Random Answer Pattern subscale (RAP) subscale was developed to identify individuals who may be approaching the test with a random response set. The scale consists of 6 items, three of which are keyed true and three false. No empirical data is available yet.

The Face Valid Alcohol subscale (FVA) consists of 12 four point items all scored in the same direction. This measure is designed to identify alcohol abusers from non-alcohol abusers. Internal consistencies range from .90-.92.

The Face Valid Other Drug subscale (FVOD) consists of 14 four point questions on drug using behavior and it's consequences. This subscale aims to differentiate drug

abusers from non-drug abusers. Internal consistencies range from .93-.96.

Attitudes Toward Seeking Professional Psychological Help (ASPPH). This was measured by a modified version of Fisher and Turner (1970) Attitudes Toward Seeking Professional Psychological Help scale. This scale consists of 29 Likert-type statements, on a 1-4 point scale. Subjects were asked how much they agree or disagree with statements regarding general orientation toward seeking professional help for psychological problems. The range of scores can vary from 0 to 87, with higher scores denoting more positive attitudes toward seeking psychological help. In keeping with the Good et. al (1989) study, an over-all help-seeking score was computed. For this study, the word "psychologist" was substituted for "psychiatrist". Internal consistencies range from .83 to .86, with test-retest reliability ranging from .86 (after 5 days) to .82 (after 6 weeks).

HELP Scale. In addition to the ASPPH scale a 1 item questionnaire was constructed to further assess an individual's willingness to seek professional help. This will be referred to as the HELP Scale. The item reads--How willing would you be to seek professional help if you were experiencing a personal problem. The subjects were asked to respond on a 1-6 Likert type scale. Higher scores reflect a willingness to seek professional help.

## CHAPTER III

### RESULTS

#### Analysis of Data

Hypothesis 1--Men who score higher (as opposed to men who score lower) on the Gender Role Conflict Scale will view seeking help more negatively (as measured by the Fisher-Turner Attitudes Toward Seeking Professional Psychological Help Scale and the HELP scale)--was analyzed as follows. In keeping with the Good, Dell, and Mintz (1989) study, the relationship between gender conflict and help seeking behavior was examined using a canonical analysis. A canonical analysis allows the correlation of two sets of variables to be examined simultaneously, while reducing the risk of Type I errors (Pedhazur, 1982). The analysis was conducted using the Gender Role Conflict Scale subscales-- (1) success, power, competition, (2) restricted emotionality, (3) restricted affectionate behavior, and (4) conflict between work and family relations--and the scores obtained from the Fisher and Turner ASPPH scale. In keeping with the Good, Dell, and Mintz (1989) study simultaneous multiple regression analyses were conducted as a follow-up to the multivariate tests (Pedhazur, 1982). Multiple regressions were conducted using the scores taken from the

Gender Role Conflict Scale as the independent variables and the scores from the Fisher and Turner ASPPH as the dependent variables.

Hypothesis 2 and Hypothesis 3 were analyzed as follows. To further extend the Good, Dell, and Mintz (1989) and the Good and Mintz studies (1990), a canonical analysis was also conducted using the four Gender Role Conflict Scale subscales and the measures of psychological well-being (e.g., anger, anxiety, and substance usage).

Also in keeping with the Good, Dell, and Mintz (1989) study simultaneous multiple regression analyses were conducted as a follow-up to the multivariate tests. This extension of their study was to examine the measures of psychological well-being. Multiple regressions were conducted using the scores taken from the Gender Role Conflict Scale as the independent variables. The dependent variables were the over-all scores taken from each measure of psychological maladjustment and substance usage. This includes depression, anxiety, anger, and substance abuse scores.

To further examine the relationship between gender role conflict and psychological well-being, a correlation matrix was constructed, displaying the relationship between the Gender Role Conflict subscales and over-all Gender Role Conflict score, and the over-all scores and subscale scores of depression, anger, anxiety, and substance abuse.

The means and standard deviations for the GRCS subscales, Beck Depression Inventory, Trait Anger Expression Inventory subscales, Trait Anxiety Inventory, ASPPH, are presented in Table 1. Table 1a contains the means and standard deviations for the SASSI subscales. Taken as a whole, this sample's mean scores suggest that they report few symptoms of depression, a moderate amount of gender role conflict, and average amount of trait anger and anxiety. The ASPPH scores were lower in this sample than Fisher and Turner (1972) reported (mean=56.79, SD=11.37) for a college mean sample in 1970. All substance abuse mean scores were lower than the SASSI clinical cut-off score, indicating as a whole this sample did not report a diagnosable substance abuse problem.

Table 2 displays the correlations between the Gender Role Conflict variables and psychological well-being, and attitudes toward help-seeking variables. Among the highest correlations between the Gender Role Conflict variables and the psychological well-being variables included the relationships between the Success, Power, and Competition variable and Trait Anger scores and Angry Reaction subscale scores. Other noteworthy relationships included the Conflict Between Work and Family subscale and the Angry Reaction subscale. In regard to the Gender Role Conflict variables and attitudes toward help-seeking variables, four out of the possible five Gender Role Conflict variables were negatively related to Attitudes Toward Psychological Help-Seeking.



There was a significant relationship between the overall Gender Role Conflict, Success, Power, and Competition variable, Restricted Emotionality variable, and Restricted Affectionate behavior Between Men variable and the ASPPH.

Table 2a displays the correlations between the Gender Role Conflict variables and the SASSI subscales. Among the highest correlations were relationships between the over-all Gender Role Conflict score and the OAT and SAM subscales. Other noteworthy relationships included the Success, Power, and Competition variable and the OAT, SAM, and FVA subscales.

#### Gender Role Conflict and Help-Seeking Attitudes

One of the two possible canonical correlations produced in the canonical analysis was found to be significant. As shown in Table 3 the first canonical root yielded a canonical correlation of .425,  $F(4, 143) = 3.9$ ,  $p < .000$ , indicating that 18% of the variance in one variate could be explained by the other variate.

The standardized canonical coefficients (Table 3) indicate that of the help-seeking variables in the first canonical root, the ASPPH was the most heavily weighted. Of the Gender Role Conflict variables in the first root, Success, Power, and Competition and Restricted Emotionality were most heavily weighted.

A canonical redundancy analysis was conducted for the Gender Role Conflict and the Help-Seeking Attitudes

variables. It was found that the Help-Seeking Attitude variables explained 10.4% of the variance observed in the Gender Role Conflict variables. Conversely, the Gender Role Conflict variables accounted for 7% of the variance observed in the Help-Seeking Attitude variables.

Separate multiple regressions analyses were conducted to examine the prediction of the Gender Role Conflict variables with the Help-Seeking Attitude variables. Of the two separate multiple regressions analyses that were conducted, the one using the Gender Role Conflict variables as a predictor of the ASPPH was significant,  $F(4, 143) = 6.6$ ,  $p < .0001$ . The  $R^2$  was .156, indicating the Gender Role Conflict variables could account for 15.6% of the ASPPH variable. Of the four Gender Role Conflict variables, the Success, Power, and Competition variable,  $B = -.20$ ,  $F(4, 143) = 5.76$ ,  $p < .015$ ., and Restricted Emotionality variable,  $B = -.27$ ,  $F(4, 143) = 9$ ,  $p < .002$ , were significant.

#### Gender Role Conflict and Psychological Well-Being

Two of the four possible canonical correlations produced in the canonical analysis were found to be significant. As shown in Table 3a, the first canonical root yielded a canonical correlation of .48,  $F(4, 143) = 3.4$ ,  $p < .000$ , indicating that 23% of the variance in one variate could be explained by the other variate. The second canonical root yielded a canonical correlation of .36,  $F(4,$

143) = 2.35,  $p < .01$ , indicating that 12.9 % of the variance in one variate could be explained by the other variate.

The standardized canonical coefficients (Table 3a) indicate that of the psychological well-being variables in the first canonical root, Trait Anger, Angry Temperament, and Angry Reaction were the most highly weighted. Of the Gender role conflict variables in the first root, the Success, Power and Competition scores, and the Conflict Between Work and Family scores were most heavily weighted. In the second root, Angry Temperament and Trait Anxiety scores contributed the greatest amount from the psychological well-being variable, where as, the Success, Power, and Competition scores along with the Conflict Between Work and Family scores contributed most from the Gender Role Conflict variables.

A canonical redundancy analysis was conducted for the gender role conflict variables and the measures of psychological well-being. It was found that the psychological well-being variables explained 7.8% of the variance observed in the Gender role conflict variables. Conversely, the gender role conflict variables accounted for 9.0 % of the variance observed in the psychological well-being variables.

Separate multiple regressions analyses were conducted to examine the prediction of the gender role conflict variables with the specific psychological well-being

variables, rather than in composite with other psychological well-being variables. Five separate multiple regression analyses were conducted to examine the prediction of the gender role conflict variables for the specific psychological well-being variables. The regression analysis using the Gender Role Conflict variables to predict the Angry Reaction variable yielded significant results,  $F(4, 143) = 10.54$ ,  $p < .000$ . The  $R^2$  for this model was .227 indicating that 22.7% of the variance in the Angry Reaction scores was explained by the Gender Role Conflict variables. Of the four Gender Role Conflict variables, the Success, Power, and Competition variable,  $B = .33$ ,  $F(4, 143) = 17.64$ ,  $p < .000$  and the Conflict Between Work and Family variable,  $B = .28$ ,  $F(4, 143) = 12.25$   $p < .001$ , were significant.

Similarly, regression analysis using the Gender Role Conflict variables as a predictor for Trait Anger yielded significant results,  $F(4, 143) = 6.86$ ,  $p < .000$ . The  $R^2$  for this model was .161, indicating that 16.1% of the variance in the Trait Anger scores was explained by the Gender Role Conflict scores. Using the Gender Role Conflict variables as a predictor for the Angry Temperament scores also yielded significant results,  $F(4, 143) = 3.5$ ,  $p < .01$ . The  $R^2$  for this model was .090, indicating that 9.0% of the variance in the Angry Temperament scores could be accounted for by the gender Role Conflict scores. Of the four Gender Role Conflict variables, the Success, Power, and Competition

variable was significant,  $B = .28$ ,  $F(4, 143) = 10.81$ ,  $p < .001$ .

Finally, the Gender Role Conflict variables were a significant predictor for the Trait Anxiety variable,  $F(4, 143) = 3.95$ ,  $p < .01$ . The  $R^2$  for this model was .099, indicating that 9.97 % of the variance in the Trait Anger variable could be accounted for by the Gender Role Conflict variables. Of the four Gender Role Conflict variables, the Success, Power, and Competition variable was significant,  $B = .36$ ,  $F(4, 143) = 19.36$ ,  $p < .000$ .

#### Gender Role Conflict and SASSI

One of the four possible canonical correlations produced in the canonical analysis was found to be significant. As shown in Table 3b the first canonical root yielded a canonical correlation of .48,  $F(4, 143) = 1.5$ ,  $p < .027$ , indicating that 3.6 % of the variance in one variate could be explained by the other variate.

The standardized canonical coefficients (Table 3b) indicate that of the SASSI variables in the first canonical root, SAT, FVOD, DEF, and SAM subscales, were the most highly weighted. Of the Gender Role Conflict variables in the first root, the Restricted Emotionality, Conflict Between Work and Family, and Restricted Affectionate Behavior Between Men scores were most heavily weighted.

A canonical redundancy analysis was conducted for the Gender Role Conflict and the SASSI Variables. It was found

that the SASSI variables explained 2.8% of the variance observed in the Gender Role Conflict variables. Conversely, the Gender Role Conflict variables accounted for 8.2 % of the variance observed in the SASSI variables.

Separate multiple regression analyses were conducted to examine the prediction of the Gender Role Conflict variables with the specific substance usage subscales taken from the SASSI. Eight separate multiple regressions analyses were conducted to examine the prediction of the gender role conflict variables for the specific SASSI subscales. The Gender Role Conflict variables were found to be a significant predictor for one subscale--the SAM--  $F(4, 142) = 4.3, p < .002$ . The  $R^2$  was .108, indicating that 10.8% of the SAM subscale could be accounted for by the Gender Role Conflict variables. However, as mentioned previously, the SASSI Institute has not yet developed a clinical interpretation for this subscale. None of the specific Gender Role Conflict variables made a significant contribution. The Gender Role Conflict variables were a borderline significant predictor for the OAT subscale,  $F(4, 142) = 2.31, p < .059$ . The  $R^2$  was .061, indicating the Gender Role Conflict variables could account for 6.1% of the OAT subscale. Of the four Gender Role Conflict variables, the Success, Power, and Competition variable was a significant predictor,  $B = .17, F(4, 143) = 3.61, p < .04$ .

## CHAPTER IV

### DISCUSSION

This study investigated the effects of Gender Role Conflict upon college men's scores of psychological well-being, substance usage, and attitudes toward psychological help-seeking. The results supported each of the three hypotheses. In regard to the first--Men who score higher (as opposed to men who score lower) on the Gender Role Conflict Scale will view seeking help more negatively (as measured by the Fisher-Turner Attitudes Toward Seeking Professional Psychological Help Scale and the HELP Scale)--these findings are partially consistent with the Good et al. study (1990). Where as those researchers found the Restricted Emotionality variable to be the only significant predictor, this study also found the Success, Power, and Competition variable to be significant. There was also correlational support for the Restricted Affectionate Behavior Between Men and the overall Gender Role Conflict score.

The findings of the present study seem understandable in light of Tracey's model of the progression of the therapeutic process discussed earlier. In that model a client progresses through a series of developmental stages in regard to perceived power. At the beginning of the

therapeutic alliance the client and the therapist are perceived by the client to be roughly equal in terms of power. It is when the client begins to divulge information and express feelings that there is a perceived shift in power in favor of the therapist. The findings in this study may support the notion that men who score high on the Gender Role Conflict may feel especially uncomfortable with yielding power in therapy and therefore terminate therapy at this shift point or not enter at all. These findings in this study may also fit with Robertson and Fitzgerald's (1992) findings of men who score high on Gender Role Conflict preferring alternate forms of therapy over more traditional ones. In that particular study men were given a choice between a brochure describing a more traditional form of therapy entailing emoting, etc., versus a more instructional one. Preferring the latter form of treatment, the men may have perceived that they would not have to give up as much power to the therapist.

These findings are also consistent with a more analytic theoretical framework. Levant (1994) discusses the psychological roots of men's fear of intimacy. The author states that as boys, males are forced to sever the emotional attachment with their mothers at a much earlier age than their female counterparts. From this perspective, boys begin at a much earlier age to learn about separation, independence, and the emerging sense of self. However, there



is a toll that is paid for this early development of the self, in that boys begin to conceptualize a forced choice between their sense of independence and having that emotional connectedness with others (in this case mother). One may make an argument that because more traditional therapy can arguably resemble a reparenting on the part of the client, this issue may be tapped. Perhaps a better explanation would be that intimacy--which is related to divulging or sharing parts of oneself--is equated in the boy's mind with a loss of self. As a boy, one was forced to make this choice, connectedness/intimacy or a sense of self. As an adult, if left unexamined, the same man may function under this same erroneous assumption. Whether in a relationship potentially dominated by tender feelings or in the therapy session, where the self could be potentially shared with another--the client is again faced with the decision--Do I relinquish my power and control for a sense of emotional connectedness? The answer for men who score high on Gender Role Conflict scale may be resoundingly negative.

Continuing in this same vein O'Neil (1982) claims that the root of Gender Role Conflict is the "fear of the feminine". From the above mentioned analytic perspective, the fear of the feminine can be traced back further to the fear of eros--or feeling connected with another. From the male perspective one cannot have both connectedness and

independence. One could argue then that the launch pad for Gender Role Conflict in men may be this early separation from mother because it continues to taint their perspective of the requirements of being intimate, that is, giving up their sense of self. The fear of intimacy leads to the fear of the feminine.

Relinquishing power and control may be only half the story. Restricted emotionality was also a significant predictor of attitudes toward help-seeking. As Good et al. (1989) discussed, this finding is very consistent with the theoretical literature. That as men's values regarding what is a "man" become more traditional their view toward psychological help-seeking becomes more negative. This may be due in part to a misunderstood choice (one can have only independence or intimacy, but not both) as mentioned above, but also not seeing the value in being aware of or expressing feelings. I am reminded of a client's comments after his first marital therapy session, "This has been all well and fine, but I don't really understand what feelings have to do with what is going on between me and my wife." There may be a well-accepted belief among more traditional men that feelings are some unnecessary and time consuming baggage to be dealt with only in marital sessions. One may argue that this is the product of socialization in that men are not trained or socialized to access a full range of emotions. Furthermore, as other writers have noted, (Hammen

& Peters, 1977; Warren, 1983) there may even be social sanctions toward men who openly express emotions.

Hypothesis 2--Men who score higher on the Gender Role Conflict Scale (as opposed to men who score lower) will report higher levels of depression, anxiety, and anger--was also supported. This study suggested that trait anger, more specifically, the Angry Reaction type bore an important relationship with the Success, Power, and Competition variable of Gender Role Conflict. The Angry Reaction type is likely to occur when the person in question perceives himself to have been provoked either through criticism or being treated unfairly by other individuals. One should not be surprised that this relationship exists. Campbell (1993) suggests that males are socialized to view anger differently than females. Females view anger as "expressive" in that it is something that happens when pressure builds to an unacceptable point resulting in guilty feelings afterward. For males, anger is viewed from an "instrumental" point of view where anger is a tool for reestablishing power and control. Furthermore, anger may be one of the only emotions that men are encouraged to express. Long (1987) discusses anger as being the emotional funnel system of men, where all the vulnerable, shameful, and unmanly emotions are channeled. In this way a man does not lose his "manly" status by experiencing or expressing these painful emotions directly.

There was also support for hypothesis 3--Men who score higher on the Gender Role Conflict Scale (as opposed to men who score lower) will report higher levels of substance usage. The basis for this support is correlational. There were significant relationships between the over-all Gender Role Conflict score, the Success, Power, and Competition variable and the OAT subscales. There was also a significant relationship between the Success, Power, and Competition variable and the FVA subscale. This suggests that these variables have a significant relationship with college men's willingness to admit increased alcohol usage. This relationship also seems to fit with the theoretical literature. Lemle and Mishkind (1989) discussed how increased alcohol consumption is related to a heightened sense of masculinity. In a similar vein, adult men consume more alcohol when in the presence of other men, especially at events that are considered stereotypical masculine (Glynn, LoCastro, Hermos, & Bosse, 1983). Lemle and Mishkind (1989) suggest that the symbolic meaning of drinking as being part of the masculine realm is internalized as a child. The authors also suggest that a boy's first drink or drunk, along with their first sexual experience, represent in our culture two primary rights of passage into manhood.

Lemle and Mishkind (1989) also conclude that increased alcohol consumption is equated with a greater sense of masculinity. They also suggest that there are rules for

"manly" alcohol consumption including: (1) take your liquor straight without diluting it; (2) show a preference for hard liquor and beer, not a sweetened "woman's" drink; (3) Hold your liquor without appearing out of control. This last rule has particular significance for the present study's findings. Wurmser (1978) suggests that our culture frowns upon those men who can not drink without becoming intoxicated or addicted. The intoxicated behavior shows that one is out of control, while the addiction represents the dependency needs that real men are not supposed to have. That is, there seems to be a curvilinear relationship between alcohol consumption and masculinity, in that one's masculinity increases with the consumption of alcohol only to the point where he begins to lose control or becomes an alcoholic. The findings in this study seem to fit with Wurmser's theoretical notion in that the decision rules suggested by the SASSI Institute to classify someone as "chemically dependent" were not significantly related to any of the Gender Role Conflict variables. However, there was a significant relationship between elevated Gender Role Conflict scores and several subscales measuring increases in alcohol consumption.

### Conclusion

The present study found that the Success, Power, and Competition variable of Gender Role Conflict was the one variable that was consistently related to the measures of

interest. Moreover, it was found to be significantly related to a decrease in psychological well-being, especially the Angry Reaction subtype of trait anger. It was also found that this same variable was significantly related to increased reports of alcohol usage. Were as four of the possible five Gender Role Conflict variables were related to a negative attitude toward help-seeking, the Success, Power, and Competition variable was most heavily weighted.

The role of power may be especially important in these findings. It may have a negative influence upon the working alliance in the therapeutic dyad, be the driving force behind men's use of anger in an instrumental fashion, and help men perceive themselves as more masculine through increased alcohol usage. Moreover, power may be seen as a central focus of masculine endeavors. Where as, O'Neil suggests that traditional men are geared toward avoiding the feminine, it would seem plausible to add to that equation that they are also focused upon sustaining the masculine through the use of power.

#### Limitations of the Present Study and Future Research

Approximately 77% of the present sample was caucasian. The present findings need to be borne out in a more ethnically diverse sample.

Also, this study was restricted to college men between the ages of 18-35. Theoretically speaking, a more analytic perspective may suggest that as men come closer to mid-life,

they may establish a better connection with the anima or feminine side of their psyche. This may allow middle-age men to put aside the high need for power and be more nurturing within the context of a mentor-type role. Therefore, Gender Role Conflict, especially the Success, Power, and Competition variable, needs to be researched in an older sample.

In regard to Gender Role Conflict and substance usage, the instrument used in the present study is geared toward classifying an individual as either chemically dependent or not chemically dependent. Other research tools need to be incorporated in order to better gauge the levels of substance usage for those who have elevated Gender Role Conflict scores. In this same vein most of the elevated measures of psychological maladjustment were elevated but not to a clinical level. One needs to be cautious with generalizations, in that these variables (e.g. Gender Role Conflict and psychological maladjustment) bear a significant relationship but not necessarily a clinically significant one.

APPENDIX

TABLES



Table 1

Means and Standard deviations for Gender Role Conflict Scale, Beck Depression Inventory, State-Trait Anger Expression Inventory subscales, State-Trait Anxiety Inventory, ASPPH (n=148)

Variable	Mean	SD
GRCS	3.8	.7
SPC	55.0	11.5
RE	33.3	9.8
RA	30.6	9.3
CBWF	24.7	6.7
BDI	7.5	6.7
Trait Anger	20.1	5.2
AT	6.7	2.7
AR	9.6	2.2
ANXIETY	40.6	9.2
ASPPH	44.7	6.4
HELP	3.4	1.6

Note. GRCS = Gender Role Conflict Scale; SPC = Success, Power, Competition subscale; RE = Restricted Emotionality Subscale; RA = restricted Affectionate Behavior between Men; CBWF = Conflict Between Work and Family Relationships; BDI = Beck Depression Inventory; AT = Angry Temperament Subscale; AR = Angry Reaction Subscale; ANXIETY = Trait Anxiety; ASPPH = Attitudes Toward Seeking Professional Psychological Help scale; HELP = Help Scale. Possible range of scores for the GRCS is 1.6 to 5.6.; SPC score range is 23 to 78; RE score range is 10 to 54; Re score range is 8 to 48; CBWF score range is 7 to 36; BDI score range is from 0 to 31; Trait Anger score range is 11 to 38; AT score range is 4 to 16; AR score range 5 to 15; Trait Anxiety score range is 23 to 64; ASPPH score range is 28 to 62; HELP score range from 1 to 6. With all measures, higher scores indicate greater amounts of the construct.

Table 1a

Means and Standard Deviations for the SASSI Subscales(n=148)

Variable	Mean	SD
SASSI		
OAT	7.3	2.9
SAT	3.4	1.5
DEF	5.4	2.0
SAM	4.5	1.8
COR	4.4	1.7
FAM	1.6	.9
* FVA	18.6	5.2
* FVOD	18.6	6.9

Note. SASSI = Substance Abuse Subtle Screening Inventory; OAT = Obvious Attributes subscale; SAT = Subtle Attribute subscale; DEF = Defensiveness subscale; SAM = Supplemental Addiction Measure; COR = Correctional Scale; FAM = Codependency subscale; FVA = Face Valid Alcohol; FVOD = Face Valid Other Drug; Possible range of scores for OAT is 1 to 15; Possible range of scores for SAT 0 to 8; Possible range of scores for DEF is 1 to 12; Possible range of scores for SAM is 0 to 9; Possible range of scores for FAM is 0 to 3; Possible range of scores for COR is 1 to 9; Possible range of scores for FVA is 12 to 41; Possible range of scores for FVOD is from 14 to 42. With all measures, higher scores indicate greater amounts of the construct.

\* Note--due to calculation procedures, the mean scores for FVA and FVOD are the only subscales not shown in standard score form. The standard scores can be calculated by subtracting 12 and 14 points, respectfully, from the mean.

Table 2

Correlations Between Gender Role Conflict Variables,  
Psychological Well-Being Variables, and Attitudes Toward  
Help-Seeking Variables (n=148)

	Anger	AT	AR	ASPPH	HELP
GRCS	.29**	.16	.32**	-.33**	-.23**
SPC	.37**	.26**	.37**	-.25**	-.21*
RE	.16*	.11	.15	-.32**	-.16
RA	.06	.02	.03	-.24**	-.15
CBWF	.16*	-.02	.34**	-.03	-.09
	BDI	ANXIETY			
GRCS	.17*	.22*			
SPC	.07	.05			
RE	.20*	.21**			
RA	.05	.12			
CBWF	.17*	.28**			

Note. GRCS = Gender Role Conflict Scale; SPC = Success, Power, Competition subscale; RE = Restricted Emotionality Subscale; RA = Restricted Affectionate Behavior between Men; CBWF = Conflict Between Work and Family Relationships; BDI = Beck Depression Inventory; ANXIETY = Trait Anxiety; AT = Angry Temperament Subscale; AR = Angry Reaction Subscale; ASPPH = Attitudes Toward Seeking Professional Psychological Help scale; HELP = HELP Scale.  
\* =  $p < .05$ ; \*\* =  $p < .01$ .

Table 2a

Correlations Between Gender Role Conflict Variables and  
SASSI subscales (n = 148)

	OAT	SAT	DEF	SAM	FAM	COR
GRCS	.23**	-.04	-.19*	.34**	.08	.19*
SPC	.20*	-.10	-.07	.21**	.13	.18*
RE	.17*	-.08	-.23**	.21**	.05	.12
RA	.12	-.10	-.11	.27**	-.07	.14
CBWF	.09	-.07	-.12	.19*	.10	.07
	FVA	FVOD				
GRCS	.05	-.02				
SPC	.17*	.04				
RE	.01	-.02				
RA	-.04	-.05				
CBWF	-.02	-.08				

Note. GRCS = Gender Role Conflict Scale; SPC = Success, Power, Competition subscale; RE = Restricted Emotionality Subscale; RA = restricted Affectionate Behavior between Men; CBWF = Conflict Between Work and Family Relationships; OAT = Obvious Attribute subscale; SAT = Subtle Attribute subscale; DEF = Defensiveness subscale; SAM = Supplemental Addiction Measure; COR = Correctional subscale; FAM = Family subscale; FVA = Face Valid Alcohol; FVOD = Face Valid Other Drug.

\* =  $p < .05$

\*\* =  $p < .01$

Table 3

Canonical Analysis of Gender Role Conflict and Help-Seeking Attitudes

Dependent variable	Standardized canonical Coefficients
	Root One
<b>Gender Role Conflict Variables</b>	
Success, power, competition	-.559
Restricted emotionality	-.638
Restricted affectionate behavior	-.204
Conflict between work and family	-.219
<b>Help-Seeking Attitudes</b>	
ASPPH	.854
HELP	.385
Canonical correlation	.425*
Squared canonical correlation	.180

Note. ASPPH = Attitudes Toward Seeking Professional Psychological Help scale; HELP = HELP Scale.

\*p < .000

\*\*p < .01

Table 3a

Canonical Analysis of Gender Role Conflict and Psychological Well-Being Variables

Dependent variable	Standardized canonical Coefficients	
	Root One	Root Two
<b>Gender Role Conflict Variables</b>		
Success, power, competition	-.629	-.843
Restricted emotionality	-.178	.006
Restricted affectionate behavior	.28	.308
Conflict between work and family	-.641	.739
<b>Psychological Well-being Variables</b>		
Trait Anger	-.696	.237
Angry Temperament	.550	-.986
Angry Reaction	-.621	-.212
Beck Depression Inventory	-.093	-.080
Trait Anxiety	-.068	.867
Canonical correlation	.48*	.36**
Squared canonical correlation	.23	.129

\*  $p < .000$

\*\* $p < .01$

Table 3b

Canonical Analysis of Gender Role Conflict and SASSIVariables

Dependent variable	Standardized canonical Coefficients
	Root One
<b>Gender Role Conflict Variables</b>	
Success, power, competition	.148
Restricted emotionality	.462
Restricted affectionate behavior	.363
Conflict between work and family	.421
<b>SASSI</b>	
OAT	.004
SAT	-.314
DEF	-.498
SAM	.680
FAM	.302
COR	.189
FVA	-.080
FVOD	-.314
Canonical correlation	.419***
Squared canonical correlation	.175

**Note.** OAT = Obvious Attribute subscale; SAT = Subtle Attribute subscale; DEF = Defensiveness subscale; SAM = Supplemental Addiction Measure; COR = Correctional subscale; FAM = Codependency subscale; FVA = Face Valid Alcohol; FVOD = Face Valid Other Drug.

\*\*\*  $p < .05$

\*\* $p < .01$

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