THE RELATIONSHIP BETWEEN GENDER ROLE CONFLICT AND ATTITUDES TOWARDS HELP-SEEKING: WHAT IS THE ROLE OF MALADAPTIVE COPING?

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CHAPTER ONE

Introduction

The Relationship between Gender Role Conflict and Attitudes towards Help-Seeking:
What is the Role of Maladaptive Coping?

Over the past several decades, much of the research on masculine gender role conflict has analyzed its relationship with attitudes towards help-seeking (Davies, et al, 2000; Golberstein, Eisenberg, & Gollust, 2008; Good, Dell, & Mintz, 1989; Good & Wood, 1995; O’Neil, et al, 1995; & Wester, et al, 2007) and coping behaviors (Blazina & Watkins, 1996; Capraro, 2000; Davies, et al, 2000; & Korcuska & Thombs, 2003), respectively. This abundance of literature investigating gender role conflict in males has proven to be very enlightening. The present research has made great efforts to develop new ways to address the needs of males in the community as well as in the counseling setting. However, a plethora of new information in the area of gender role conflict could be gleaned by adopting new paths of inquiry. For example, it is still not clear whether other variables play a mediating role on the relationship between gender role conflict and attitudes towards help-seeking.

O’Neil, Good, and Holmes (1995) suggest that specific conflicts arise from the male socialization process. It is suggested that as boys develop, they are socialized to be aggressive, restrict displays of emotion and to be independent, which then lead to a strict adherence to this
masculine gender role (Wester, Christianson, Vogel, & Wei, 2007). This developmental process applies to gender role socialization – children learn at an early age the socially accepted roles for men and women (Mahalik & Cournoyer, 2000). Active agents in the socialization process are parents, peers, schools, and the community (Mahalik & Cournoyer, 2000), and adolescents learn that men should be aggressive and women should be emotionally expressive (Levant, 1995).

This socialization process is akin to the human developmental process and the acquisition of cognitive schemas. As human beings develop, they form cognitive schemas that inform them as to how they “should” and “ought” to act, think, and which are influenced by the individual’s early life experiences that continually shape and reinforce these schemas (Mahalik & Cournoyer, 2000). As we develop we learn how to process external stimuli, and these messages are processed, interpreted and incorporated into one’s internal schemas (Beck, 1975).

As previously noted, active agents in the socialization process are parents, peers, and members of one’s community (Mahalik & Cournoyer, 2000). The presence of gender socialization in the school setting has been outlined in great detail by Best (1983), who identifies a second curriculum that is taught to boys and girls as young as elementary aged students in the United States. Boys are taught that they are aggressive, imaginative, thinkers, pioneers, etc. while girls are depicted as inferior, passive, and dependent to name a few (Best, 1983). Young boys are presented the hope of one day becoming powerful, while at the same time girls are taught that their future lies in finding a role that is passive and subservient to a male (Lee & Daly, 1987). Boys learn that to assert their manhood they must be physically strong, willing to fight, and to be brave. This model is based on the premise of being anti-female by showing no weaknesses, displaying no affection, and being aggressive (Best, 1983). Such socialization has led to men believing in a “masculine mystique”, feeling as though men are superior to women.
Emotional displays are thus processed as showing weakness and are thus unacceptable. Anger has been noted as one of the few emotions seen as acceptable for a man to express (Blazina & Watkins, 1996). The consequences of this are that men are forced to channel other emotions into expressions of anger, thus inhibiting their ability to experience, address, or even develop other emotions (Levant, 1995). The male perception that they need to conceal their vulnerability has been noted as a barrier to men seeking help from counselors and health care workers (Davies, et al, 2000). Levant (1995) theorizes that many men suffer from a mild form of alexithymia, a condition characterized by a lack of emotion. The male socialization process has been identified as a causal factor in the development of alexithymia, for men are encouraged to conceal all other emotions aside from anger (Levant, 1995). Levant (1995) describes that men tend to rely on their cognition to identify how they should feel, when compared with women who are more readily able to identify and verbalize their feelings.

The theory of gender role conflict grew out of Joseph Pleck’s research investigating gender role strain in men. Pleck (1995) stated that gender role strain occurs because gender role norms are stereotypic and inconsistent. Pleck (1981) further adds that these stereotypes prescribe how individuals should act, thus facilitating individual comparison amongst one another. Boys and men are thus encouraged to view same-sex and opposite-sex peers are rivals (Pleck, 1981). Pleck (1995) reports that the violation of such norms is common and leads to social condemnation as well as adverse psychological consequences for men. Men are highly influenced by society’s definition of the masculine gender role, and the struggle to adhere can cause “undesirable circumstances” (Eisler, 1995). The fear of femininity has been described as being an integral part in asserting one’s masculinity (Blazina, 2003). However, this fear has further contributed to the perception that men are superior to women and that men must then
overpower them (O’Neil, 1981). *Gender role discrepancy*, failure to adhere to societal gender norms, is a potential outcome for men in their lifetime (Pleck, 1995). *Gender role trauma*, however, identifies the process of adhering to male gender role norms as being inherently traumatic for the male (Pleck, 1995).

O’Neil further develops the concept of strain by examining the patterns of conflict when gender role discrepancies occur (O’Neil, Good, & Holmes, 1995). When conflict arises, the man is left with the decision to either conform to the norm or deviate from it, yet either choice will have adverse effects as outlined in Pleck’s theory (O’Neil, 1981). Gender role conflict is thus “a psychological state in which socialized gender roles have negative consequences on the person or others” (O’Neil, Good, & Holmes, 1995). Good and Wood (1995) noted that gender role conflict encompassed two main factors important in its definition: *restriction-related* and *achievement-related*. The restriction-related factor suggests the limiting of same-sex friendships and ability to express emotions; the focus is on what men are not supposed to be or do (Good & Wood, 1995). The achievement-related emphasizes independent achievement; the focus is on what men are supposed to be and do (Good & Wood, 1995).

Coping is an important factor to investigate, for the method of coping has been identified as being dependent upon gender role conflict. Coping research has been interested in whether the coping method employed by the individual allowed them to achieve their goals (Folkman & Moskowitz, 2000). Coping is a transactional process between the individual and the particular situation (Lazarus & Folkman, 1984). Coping begins with *primary appraisal*, assessment of the event’s impact on one’s ability to achieve goals, and is followed by *secondary appraisal*, where the method of coping is then enacted (Lazarus & Folkman, 1984). Carver, Scheier, and Weintraub (1989) describe two different categories of coping: adaptive and maladaptive. These
authors state that the formation of these two clusters (adaptive and maladaptive coping) provides
the basis for research focused on either one of them as unique variables. Positive appraisal has
been correlated with adaptive coping methods leading to more positive results for such
individuals (Giancola, et al., 2009). Conversely, maladaptive coping behaviors have been
associated with negative appraisal contributing to avoidant behaviors and negative outcomes.
The distinction between types of coping is particularly intriguing in light of the research that
indicates gender role conflict is correlated with high risk behaviors (Blazina & Watkins, 1996;

The third variable of interest is attitudes towards help-seeking. A common frustration for
those in the mental health profession is that general reluctance to seek help (Vogel, et al., 2006).
Men are more likely to view help-seeking in a negative light compared to women (Golberstein,
Eisenberg, & Gollust, 2008). The majority of those seeking help are women, which suggests
gender related issues play a role in an individual’s likelihood to seek help (Good, Dell, & Mintz,
process as the primary barrier to help-seeking. Leong and Zachar (1999) noted that restrictive
attitudes regarding masculinity lead to the belief that seeking help is unproductive leading to a
decrease in interpersonal openness. Leong and Zachar (1999) noted that men had more negative
attitudes towards seeking help compared to women, which could be due largely in part to the
restrictive nature of the male gender role. Komiya, Good, and Sherrod (2000) identified the
gender role expectations placed on males as greatly contributing to their lack of help-seeking
behaviors.
Definition of Important Terms

In the present study, the terms below were defined as follows:

1. **Gender Role Conflict.** Gender role conflict entails the patterns of conflict that occur in the presence of gender role strain (O’Neil, Good, & Holmes, 1995). Gender roles manifest themselves through the socialization process (O’Neil, 1981) and their rigid, confining nature leads to individual restriction (Good & Wood, 1995). A man can either conform to the socially defined masculine gender role or deviate from it, thus creating a conflict regarding one’s gender role (O’Neil, 1981). In addition to this experience, men also experience gender role conflict when they experience a decreased self-concept based on gender stereotypes, restrict themselves, experience restrictions from others, or devalue and restrict others due to these stereotypes (O’Neil, Good & Holmes, 1995). For the purposes of the present study, gender role conflict is operationally defined as a score on the Gender Role Conflict Scale (GRCS).

2. **Maladaptive Coping.** Coping entails the actions, cognitive and behavioral, employed by an individual to manage a stressful situation (Stone & Neale, 1984). Such actions will thus serve to help reduce the distress associated with these situations (Carver & Connor-Smith, 2009). These various behaviors differ depending on the situation, as evaluated by the individual (Lazarus & Folkman, 1984). Giancola, et al. (2009) reported that positive appraisal is correlated with adaptive coping methods leading to more positive results for such individuals, while maladaptive coping behaviors have been associated with negative appraisal contributing to avoidant behaviors and negative outcomes. For the purposes of the present study, maladaptive coping is operationally defined as a score on the following
subscales on the COPE inventory: behavioral disengagement, mental disengagement, focus on venting of emotions, substance use, and denial.

3. **Attitudes Towards Help-Seeking.** Help-seeking entails an individual actively seeking out the assistance of others during times of need (Vogel, et al., 2006). Attitudes towards help-seeking have been noted as greatly affecting whether an individual seeks out help. Men attach higher levels of stigma to seeking help than women (Golberstein, Eisenberg, & Gollust, 2008), which has been correlated to men’s lack of seeking psychological help compared to women (Good, Dell, & Mintz, 1989). Leong and Zachar (1999) note that men have more negative attitudes towards seeking help than women. What’s more, male gender role conflict has been correlated with negative attitudes towards seeking mental health counseling (Good & Wood, 1995). For the purposes of the present study, attitudes towards help-seeking is operationally defined as scores on the Beliefs About Psychological Services (BAPS) inventory and the Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS).

**Importance of the Present Study**

No published research has investigated the relationship between all three factors – gender role conflict, coping, and help-seeking. While researchers often give suggestions as to possible alternative methods to approach men with negative attitudes towards seeking help due to gender role conflict, researchers have not yet investigated causal factors in these negative attitudes. It is currently not known whether various coping behaviors utilized by men in response to gender role conflict will influence their attitudes towards seeking help. Specific coping behaviors may in fact influence a male’s likelihood to seek help. Such a focus would better serve to address the causal factors contributing to negative attitudes towards help-seeking.
The present study sought to investigate if high levels of gender role conflict would lead to negative coping behaviors in college males. Also of interest was whether various maladaptive coping behaviors would serve to mediate a person’s attitudes towards seeking help. The goal of the present study was to ascertain the nature of this three-factor relationship among variables. The results of this study will serve to enlighten clinicians and researchers as to the relationship between these factors, thus allowing for a more comprehensive approach to addressing gender role conflict in college males. The results of this study provide clinicians with a more comprehensive outlook on issues being faced by men, which will help clinicians develop new approaches to reach out to college males not utilizing mental and health care services afforded to them.

**Research Questions**

The research presented in this study raises several questions.

1. What impact does gender role have on men’s help-seeking behaviors?
2. Does higher gender role conflict affect a man’s coping behaviors?
3. Does higher gender role conflict affect a man’s views on help-seeking?
4. What is the relationship between coping behaviors utilized by men and attitudes towards help-seeking?
5. Does the relationship between gender role conflict and coping affect men’s attitudes towards help-seeking?
Hypotheses

The following hypotheses are proposed in response to these questions.

1. Higher gender role conflict scores will be related to more negative attitudes toward help-seeking.
2. Higher gender role conflict scores will correlate with more maladaptive coping behaviors.
3. Utilization of maladaptive coping, as indicated by higher maladaptive coping scores, will correlate with more negative attitudes towards help-seeking.
4. The relationship hypothesized negative relationship between gender role conflict will be moderated by identified maladaptive coping behaviors (gender role conflict will have an indirect relationship with attitudes towards help-seeking via maladaptive coping).
Figure 1. Proposed Primary Model – The relationship between gender role conflict and attitudes towards help-seeking, mediated by maladaptive coping.

Note. GRC = Gender Role Conflict; Coping = Maladaptive Coping; ATHS = Attitudes Towards Help-Seeking; SPC = Success, Power, Competition; RE = Restrictive Emotionality; RABBM = Restrictive Affectionate Behavior Between Men; CBWLFR = Conflicts Between Work and Leisure – Family Relations; MD = Mental Disengagement; BD = Behavioral Disengagement; SU = Substance Use; PO = Psychological Openness; HSP = Help-Seeking Propensity; IS = Indifference to Stigma; ST = Stigma Tolerance.
Figure 1. The primary model was structured with a direct relationship between gender role conflict and attitudes towards help-seeking. An indirect relationship was also specified where maladaptive coping mediated the relationship between gender role conflict and attitudes towards help-seeking. The primary model only specified one-way, unidirectional relationships among these variables.
Figure 2. Alternate Model – The relationship among variables include indirect relationships between gender role conflict and attitudes towards help-seeking and maladaptive coping and attitudes towards help-seeking. Direct relationships are also specified from gender role conflict and maladaptive coping to attitudes towards help-seeking.
Note (for Figure 2). Note. GRC = Gender Role Conflict; Coping = Maladaptive Coping; ATHS = Attitudes Towards Help-Seeking; SPC = Success, Power, Competition; RE = Restrictive Emotionality; RABBM = Restrictive Affectionate Behavior Between Men; CBWLFR = Conflicts Between Work and Leisure – Family Relations; MD = Mental Disengagement; BD = Behavioral Disengagement; SU = Substance Use; PO = Psychological Openness; HSP = Help-Seeking Propensity; IS = Indifference to Stigma; ST = Stigma Tolerance; Int. = Intent; Exp. = Expertness; Vent. = Focus on and Venting of Emotions; Den. = Denial.

Figure 2. The alternate model was specified with covariant relationship between latent variables gender role conflict and maladaptive coping, as well as direct relationships from gender role conflict and maladaptive coping to attitudes towards help-seeking. The alternate model also specifies specific covariant and direct relationships between observed variables.
CHAPTER TWO

Review of Literature

The Development of Modern Masculinity

Much of the current research on masculinity places a great deal of emphasis on cultural stereotypes and their portrayal of the ideal man, but few studies attempt to explain the formation of these masculine ideals throughout this country’s history (Dubbert, 1979). Western masculinity traces its roots as far back as 6,000 years ago to Indo-European culture (Blazina, 2003). Indo-European “refers to a language group from which the Germanic, Nordic, Indic, Italic, Slavic, Baltic, Armenian, Albanian, and Celtic languages arose”, whose speakers make up nearly half of the world’s population today (Blazina, 2003, p.1). Language is a major carrier of cultural ideals and values, and some researchers advocate that Indo-European values are present in languages and cultures of the modern world (Blazina, 2003). Indo-Europeans were fierce warriors, and they were constantly warring and pillaging neighboring farming communities (Blazina, 2003). The understanding of the ideal man in this society was that a male warrior should achieve fame and honor through their own actions, which were to be displays of strength, courage, unflappability and individualism. What’s more, this persona was to be maintained in the public eye through much bravado (Blazina, 2003).
As the subsequent Indo-European languages and cultures developed over time, they were influenced by their unique surroundings. Yet, a core element of gender identity that has had an emphasis on patriarchal values still remains in the present construct of the male gender role (Blazina, 2003). Blazina (2003) cites Anthropologist Scott Littleton’s stance that these ideals helped shape the European feudal system, and these same thoughts and values were held by the authors of the U.S. Constitution. The American cowboy came into birth after the cessation of the Civil War, and Blazina (2003) connects their defining values of being tough, rugged, fierce, stoic, and violent as being reminiscent of Indo-Europeans warriors. The American cowboy marked the manifestation of Robert Brannon’s four components of modern masculinity stating how a man should act (Kimmel, 1987):

1. no sissy stuff – discard any behavior remotely resembling femininity
2. big wheel – success and status are major components in manhood
3. sturdy oak – men should be confident, tough, and independent
4. give ‘em hell – men should be aggressive, dangerous, and violent (Pleck, 1981).

The American cowboy has been romanticized by the culture (Blazina, 2003; Kimmel, 1987), embodying many Indo-European traits such as bravery, honor, and the use of violence when necessary (Blazina, 2003). The “American-as-cowboy” mentality has been set as the ideal for this country and can be seen in actions of past leaders of this nation such as General Patton (Dubbert, 1979) as well as Presidents Jackson, Roosevelt (Theodore), Johnson, and Reagan (Kimmel, 1987). President Andrew Jackson, in his treatment of non-whites living in the United States (particularly the Native Americans), linked masculinity with the oppression of others for capitalistic and personal gain (Kimmel, 1987).
For many men living in the late 1800s, the Civil War provided them a rite of passage into manhood (Dubbert, 1979). Men such as Charles Francis Adams, a soldier during the Civil War, talked about their outlook on the war: “the war, he wrote, ‘gave me just that robust, virile stimulus to be derived only from a close contact with nature and a roughing it among men and in the open air which I especially needed’” (Dubbert, 1979, p.56). William James advocated that all youth enter a form of the military to become hardy, and Ralph Waldo Emerson saw that “nothing can be more manly than actually going into combat to fight for high principles” (Dubbert, 1979, p.56). Prior to the United States’ role in the First World War, women played a dominant role in society serving as mothers, teachers, Sunday school instructors, etc, which some saw leading to the “feminization” of the country. As William James was a staunch advocate for war, he viewed sentimentality, dreaming, sensibility and emotionality as non-masculine qualities (Kimmel, 1987). This lead to the belief that America would soon lose its dominance in the world, as seen in Alice Duer Miller’s 1915 “Why We Oppose Votes for Men”: 

1. Because Man’s place is in the army. 2. Because no really manly man wants to settle any question otherwise than by fighting about it. 3. Because if men should adopt peaceable methods women will no longer look up to them. 4. Because men will lose their charm if they step out of their natural sphere and interest in other matters than feats of arms, uniforms and drums. 5. Because men are too emotional to vote. Their conduct at baseball games and political conventions shows this, while their innate tendency to appeal to force renders them particularly unfit for the task of government (Kimmel, 1987, p. 242).

This mindset perpetuated by figures such as James and Miller did not dwindle, for in the 1930s Ruth Canvan and Katherine Ranck conducted research that found men who maintained a
strict adherence to the masculine ideal that focused on personal gain coped very poorly during the Great Depression. Conversely, they found that men who considered their masculine role more liberally fared much better (Dubbert, 1979). What’s more, for those men who coped poorly, there were reported cases of “insomnia, nervous breakdowns, estrangement from children, excessive drinking, and in extreme cases even suicidal tendencies” (Dubbert, 1979, p.211). President Theodore Roosevelt served as a model for hyper masculinity, being praised by those of his time as a man who was vigorous, robust, and militaristic, for he saw no place in this world for nations that had lost these masculine characteristics (Kimmel, 1987).

During the time of World War II and the years thereafter, men were viewed as having inherent masculine traits such as being active, rational, strong, and community-oriented; not living up to this standard was thus seen as a predictor of poor mental health in men (Smiler, 2004). General George Patton stated that “all American men loved to fight; no real man did not. And, furthermore, they loved to win, or in Patton’s own eloquence, American’s didn’t ‘give a hoot in hell for a loser’” (Dubbert, 1979, p.231). The following vignette adds further insight into Patton’s view of masculinity:

Patton’s attitude can be seen in the famous ‘slapping’ episode of 1943. During the Sicily campaign, in which casualties were extensive, the general had occasion to visit a field hospital and was deeply touched by the sight of the wounded men. As he was about to leave the tent, he noticed a young man who on initial appearance gave no indication of being wounded. When Patton inquired about his ailment, the soldier responded that he guessed he just couldn’t ‘take it’. Patton flew into a rage and slapped and then kicked the young soldier. The general shouted to a colonel nearby that he wanted the soldier removed from the hospital. ‘I don’t want yellow-bellied bastards like him hiding their
lousy cowardice around here, stinking up this place of honor.’ Patton yelled that he did not give a damn whether the man could take it or not and ordered him back to the front at once (Dubbert, 1979, p.231).

President Lyndon Johnson became so preoccupied and insecure with his own masculinity, that much of his political rhetoric was filled with themes of aggressive masculinity. When faced with opposition, Johnson would often attack their manhood as seen when a member of his administration was viewed as being a dove and he replied, “Hell, he has to squat to piss” (Kimmel, 1987, p.347). Furthermore, when celebrating the bombings of North Vietnam, Johnson announced, “I didn’t just screw Ho Chi Minh. I cut his pecker off” (Kimmel, 1987, p. 247).

President Reagan served to promulgate the hyper-masculine ideal with his aggressive behavior during political issues in Iran, Central America, Grenada, and the growing nuclear threat. Reagan was “the country’s most obvious cowboy-president” (Kimmel, 1987, p. 247). Kimmel (1987) notes that Reagan may in fact have been our last cowboy-president due to the growing body of evidence shedding light on the limitations of a strict adherence to the traditional masculine ideal. He continues that a separation from this ideal may help create an environment for men to safely express emotion, provide sympathy, serve as a nurturing father, and help the United States promote justice and a concern for the dignity of all.

The 1970s saw men as no longer “idealized, nongendered humans” (Smiler, 2004, p. 15). Society was beginning to make stark contrasts between men and women. Hugh Hefner’s creation of Playboy was “to give the American male an identity and frame of reference” (Dubbert, 1979, p.267). The Vietnam era was another formative time period in the development of masculine ideology. Instead of viewing the men returning home from Vietnam having no feeling, they had tremendous feelings – feelings of rage and violence at the enemy and within themselves,
emotions that many brought home with them” (Dubbert, 1979, p.277). The view of masculinity during this time period was that it was the opposite of femininity (Smiler, 2004). President Johnson saw doubt as being a feminine characteristic and one not to be used by a President of the United States (Dubbert, 1979). Mahalik and Cournoyer (2000) point out that such a mindset poses the potential for men to feel they are superior to women and to maintain that any sign of femininity should be avoided. Signs of femininity are thus seen as weaknesses that detract from a man’s masculinity (such as in the case with Patton and the young soldier). As Lee and Daly (1987) note, “masculinity is a reaction against passivity and powerlessness and, with it comes a repression of all desires and traits that a given society defines as negatively passive or as resonant of passive experiences” (p.11). Therefore, it is not that men do not have emotion; rather, men have emotions but over the course of history they have learned that displaying it is unlike a man. Thus, the masculine ideal emphasizes internalizing emotions as in the stoic and fierce cowboy (the soldier in modern times) (Lee & Daly, 1987).

**Gender Role Socialization**

As human beings develop, they form cognitive schemas as to how they “should” and “ought” to act, think, and feel based upon the individual’s early life experiences that continually shape and reinforce these schemas (Mahalik & Cournoyer, 2000). As we develop we learn how to process external stimuli, and these messages are processed, interpreted and incorporated into one’s internal schemas (Beck, 1975). This developmental process applies to gender role socialization – children learn at an early age the socially accepted roles for men and women (Mahalik & Cournoyer, 2000). It is suggested that as boys develop, they are socialized to be aggressive, restrict displays of emotion and to be independent, which then lead to a strict adherence to this masculine gender role (Wester, Christianson, Vogel, & Wei, 2007). Active
agents in the socialization process are parents, peers, schools, and the community (Mahalik & Cournoyer, 2000), and adolescents learn that men should be aggressive and women should be emotionally expressive (Levant, 1995).

Best (1983) outlines a second curriculum that is taught to boys and girls as young as elementary aged students in the United States, which is inherent throughout the presentation of information to these children. Boys are taught that they are aggressive, imaginative, thinkers, pioneers, etc. while girls are depicted as inferior, passive, and dependent to name a few (Best, 1983). Young boys are presented the hope of one day becoming powerful, while at the same time girls are taught that their future lies in finding a role that is passive and subservient to a male (Lee & Daly, 1987). Boys learn that to assert their manhood they must be physically strong, willing to fight, and to be brave. This model is based on the premise of being anti-female by showing no weaknesses, displaying no affection, and being aggressive (Best, 1983). Such a second curriculum is highly problematic because it instills in young boys and girls that there are inherent, biological differences between men and women serving as accelerators or barriers to success, when the reality is that the differences are not within the individual but are taught to them (Lee & Daly, 1987). The result of this societal-based influence is that boys do not receive the same amount of training as women do in order to acquire emotional skills (Levant, 1995). Through this process, men come to believe in the “masculine mystique”, which asserts that men are superior to women; success in one’s career, competition, power, and control are all acceptable means of displaying masculinity; and emotions and signs of vulnerability must be avoided because they are displays of femininity (Mahalik & Cournoyer, 2000).
Internalization of Emotions

Research suggests that there is a connection between men’s internalization of emotions and their use of anger, which is a reflection of the restrictive nature of gender role conflict. Blazina and Watkins (1996) suggest that while women view anger as expressive (the result of built-up stress resulting in guilt), men see anger as instrumental (a means of reestablishing and control). Furthermore, anger has been noted as being one of the few emotions that men are encouraged to display, therefore serving as a conduit for the expression of other emotions (Blazina & Watkins, 1996). The consequences of this are that men are forced to channel other emotions into expressions of anger, thus inhibiting their ability to experience, address, or even develop other emotions (Levant, 1995). Men, viewing anger as instrumental, are more inclined to utilize anger as a means of coping in stressful situations so as not to appear weak or vulnerable. The male perception that they need to conceal their vulnerability (often equated with emotionality, sensitivity, and sensibility) so as not to appear weak has been noted as a barrier to men seeking help from counselors and health care workers (Davies, et al, 2000).

Levant (1995) theorizes that many men suffer from a mild form of alexithymia, a condition characterized by a lack of emotion. Alexithymia is most often found in individuals diagnosed with post-traumatic stress disorder, severe psychological disorders, and those with chemical dependence, thus illuminating the potentially serious outcomes for men who disassociate themselves from various emotions (Levant, 1995). Levant (1995) attributes the presence of alexithymia in men to the socialization process encouraging men to conceal and internalize emotions. Levant (1995) bases this claim on clinical observations, noting that the male socialization process requires boys to restrict emotions to the point of emotional stoicism. He further notes that boys are encouraged to be ignorant and naive as to how to identify and
express their emotions to the point where “men are often genuinely unaware of their emotions” (p.239). Levant (1995) also describes that men tend to rely on their cognition to identify how they should feel, when compared with women who are more readily able to identify and verbalize their feelings.

In Levant’s (1995) Fatherhood Project, a psychoeducational program focused on teaching emotional self-awareness skills to men, he found that men displayed strong physiological reactions to being in the presence of unrecognized emotion: “tightness in the throat, constriction in the chest, clenching of the gut, antsy feelings in the legs, constriction in the face, difficulty concentrating, and gritting of teeth” (p.239). He further discusses that in the presence of uncomfortable emotions, men would react by cognitively distracting themselves, internalize emotions to the point where they would eventually erupt in anger, conceal emotions so as to become numb to their presence, or let out various emotions through nonverbal behavior. Such misplaced and exaggerated expressions of apprehension, anger, or unhappiness are based on the individual’s assessment of events (Beck, 1975). A man’s emotional development is generated from his cognitive schemas, but “these peculiar appraisals become dominant in emotional disorders” (Beck, 1975, p. 29). However, as Levant (1995) discussed, men have not practiced how to interpret and express their emotions, thus leading to this inappropriate and exaggerated expressions of negative emotions such as anger. Eisler (1995) contributes to the discussion on the male socialization process by noting that the traditional masculine ideals are praised while feminine characteristics are discouraged, helping develop a “masculine gender role cognitive schema” (p.212). This masculine schema is then employed in appraisal of external threats and challenges, often leading men to employ aggression over other forms of conflict resolution. Eisler (1995) continues by noting that men may utilize this schema and follow the culturally
sanctioned male gender role in varying degrees. However, they may feel stress because of adherence due to the limited coping behaviors available in such an approach, or stress can occur if a man feels he is not manly enough.

Male participants in a study conducted by Davies et al., (2000) indicated that management of anger was an issue of particular significance to them because of the possibility that of anger leading to immediate physical harm (i.e. physical conflict has potentially serious ramifications for an individual’s physical health and well-being). Furthermore, these same males noted that stress can lead to negative methods of coping such as alcohol and substance abuse, internalizing feelings, and anger outbursts (Davies et al., 2000). Eisler (1995) also stated that employing masculine ideals (ex. competitiveness, an emphasis on achieving power and control, and the emphasis placed on success at all costs) in times of stress can lead to emotional distress. These behaviors have been noted as being inherently problematic and yet culturally sanctioned for the male gender role. Furthermore, added stress can be felt if men do not feel that they are living up to the cultural definition of what it means to be a man (Eisler, 1995).

**Gender Role Strain**

The notion of “gender role conflict” developed as a continuation of Joseph Pleck’s work on gender role strain. His work details the complications that occur when men attempt to adhere to the socially constructed masculine gender role (Smiler, 2004). Pleck (1995) offered a detailed description of gender role strain, beginning by stating that gender roles are operationally defined by stereotypes and norms that are inconsistent. Pleck (1981) adds that “sex typing is the operational definition of sex role identity, which is to say the latter is studied by measuring the former” (p.18). He provides an example of a man scoring highly on a sex role inventory is seen as having adequate or appropriate masculinity, while a low score would indicate inadequate or
inappropriate sex role identity. Pleck (1981) further adds that these stereotypes prescribe how individuals *should* act, thus facilitating individual comparison amongst one another. These gender role norms are inconsistent and contradictory because boys are taught to emphasize physical strength and skill while at the same time avoiding anything feminine (Pleck, 1981). Men are rewarded for intellectual ability, social aptitude, and capability to sustain intimate relationships with women. Furthermore, new male gender roles encourage view women as equals, yet the traditional male gender role is still pervasive and encourages men to view women as intellectual rivals (Pleck, 1981).

Violation of such norms is a relatively common occurrence that leads to social criticism, thus causing negative psychological consequences which are more severe for men than women (gender role strain is felt by men and women) (Pleck, 1995). Social psychology research has examined how men choosing career paths identified as more feminine (such as home economics) are more likely viewed as psychological maladjusted and in need of counseling when compared to men pursuing jobs identified as more masculine (education) (Pleck, 1981). Pleck (1981) further adds that such condemnation can lead to self-devaluation as well as severe anxiety in some cases.

The high rate of gender role violations can largely be explained due to the fact that individuals vary in a myriad of personality characteristics, making it difficult to prescribe to a narrowly focused gender role (Pleck, 1981). Pleck (1981) states that in such cases, negative social pressure leads the individual to extreme attempts to be a viewed as a traditional male. Such attempts at over-conformity are characterized by hyper-masculine behaviors such as violence, crime, bodybuilding, repressive social attitudes, as well as negative and demeaning attitudes and behaviors towards women (Pleck, 1981). Pleck (1981) notes that rape is a prime
example of such over-conformity, for it is an extreme and hideous display of “aggression, force, power, strength, toughness, dominance, and competitiveness” (p. 147).

Pleck (1995) states that attempts at over-conformity are problematic because the social construct of the male gender role is dysfunctional. Those successfully living up to the gender role will end up having adverse consequences. For example, male aggression and internalization of emotions are deemed acceptable for men, yet the former can place men in dangerous situations while the latter can cause psychosomatic problems (Pleck, 1981). Gender role strain is not limited to the workplace but can also be felt within family roles. The male socialization process has taught men that they need to be the “breadwinner” in the family, placing pressure on career success. This often leads to less interaction with one’s children because of overemphasis being placed on job and financial success (Pleck, 1981). Pleck (1995) ends by stating that historical change also contributes to gender role strain, exemplified by men adhering to the this traditional male gender role feeling strain as society increasingly encourages a new male gender role (Pleck, 1981).

Pleck (1995) supports the understanding that masculinity is a social construct, and he acknowledges the pressure on men to endorse the culturally sanctioned concepts of male identity (Pleck, 1995). Further reinforcing Pleck’s theories, Eisler (1995) notes that men are highly influenced by society’s definition of the masculine gender role, and the struggle to adhere can cause “undesirable circumstances”. Pleck’s propositions illustrate serious implications for male psychological development due to gender role strain. The male gender role derives itself from the historical images of manliness previously outlined. Together, these images formulate Western culture’s definition of the “traditional male role”, which emphasizes that men need to be physically strong, violence is rewarded, displays of emotion should be avoided, homosexuality
should be feared, and women should “acknowledge and defer” to a man’s authority (Pleck, 1981).

An integral part of conflict is the notion that fears related to femininity produce negative patterns in men such as restrictive emotionality, homophobia, excessive control, power and competition (O’Neil, Good, & Holmes, 1995). Fear of femininity can lead to men believing they are inherently superior to women thus giving them the ability to devalue and overpower women (O’Neil, 1981). O’Neil (1981) notes that this fear is derived from the socially defined masculine ideal that encourages men to devalue and restrict women, while at the same time proving harmful to men by not allowing them to fully express themselves. Blazina (2003) notes that the fear of femininity is a driving force in asserting masculinity, where men are advised to guard against and reject traditionally feminine characteristics which include emotional openness and expression, acknowledging vulnerability, and tenderness.

Pleck (1995) outlines potential outcomes men face when pitted against the cultural standards for masculinity: gender role discrepancy, and gender role trauma. Gender role discrepancy occurs when a man fails to achieve longstanding adherence to the male role norms expected of them by society (Pleck, 1995). Goffman (1963) describes the societal expectation of what a man should be:

In an important sense there is only one complete unblushing male in America: a young, married, white, urban, northern, heterosexual Protestant father of college education, fully employed, of good complexion, weight, and height, and a recent record in sports. Every American male tends to look out upon the world from this perspective, this constituting one sense in which one can speak of a common value system in America. Any male who
fails to quality in any one of these ways is likely to view himself – during moments at least – as unworthy, incomplete, and inferior (p.128).

This description of the “ideal man”, as outlined Goffman in 1963, poses potentially serious implications on the male’s self-esteem leading to the formulation of negative internal schemas, particularly for “boys inadequate in sports, gay male adolescents and adults taught their sexuality is perverse, [and] men unable to support their families” (Pleck, 1995, p. 13). The more the societal concepts regarding gender roles are engrained in the male, the more likely they are to feel a discrepancy (Pleck, 1995). Nonconformity can lead to very negative consequences for the man’s self-esteem, psychological well-being, and social support (Pleck, 1995). Thus, gender role strain can lead to the feeling that there is a “discrepancy” between how men identify themselves and how society says men should be identified (Pleck, 1995). Males experiencing gender role discrepancy cope by changing their behaviors, their perceptions, or their social groups, and the level of discrepancy felt by the man is determined by his level of gender role strain (Pleck 1995). When discussing the formulation of cognitive schemas, Beck (1979) postulated that, “a profound or chronic discrepancy between the internal and the external systems may culminate in psychological disorders” (p. 25). The strain caused by a man’s feeling of discrepancy is rooted in his internalization of this “masculine mystique” resulting in gender role conflict (Mahalik & Cournoyer, 2000). Beck (1975) suggests that people have the capability to “shut out” various stimuli from the outside world. However, a profound discrepancy between the individual and their surroundings poses the potential for serious psychological turmoil (Beck, 1975).

The notion of gender role trauma outlines the process of adhering to the cultural male norm as being inherently traumatic and filled with numerous strikes to the male’s self-esteem. Best (1989) outlines traumatic aspects of this developmental process felt by elementary aged
children, stating “it was not unusual for Pine Hill mothers (mothers of students at Pine Hill Elementary) to report that their sons had arrived home in tears because peers had called them ‘fags’, ‘queers’, or ‘gay’” (p. 82). This gives further evidence as to how children learn gender roles in a variety of settings (Mahalik & Cournoyer, 2000), and this process teaches young boys to be aggressive (Wester, et al, 2007) as well as to restrict all displays of emotion other than anger and aggression (Levant, 1995).

**Gender Role Conflict**

The construct of gender role conflict was developed in response to deficiencies in the gender role strain model (O’Neil, Good, & Holmes, 1995). Pleck (1995) states that conflicts arise when gender role strain leads to discrepancies, but O’Neil, Good, and Holmes (1995) argued that no definitions were provided as to the nature of the conflict. O’Neil and his colleagues sought to operationally define gender role conflict, for these definitions are not present in the strain theory (O’Neil, Good, & Holmes, 1995). The Gender Role Conflict Scale was developed in order to assess the level of conflict in particular situations as well as to investigate how men think and feel about different behaviors assigned to the masculine gender role (Smiler, 2004).

O’Neil further develops the concept of strain by examining the patterns of conflict when gender role discrepancies occur (O’Neil, Good, & Holmes, 1995). O’Neil (1981) acknowledges that gender roles are manifested through the socialization process beginning in early childhood, and these roles are behavioral expectations formulated by society which state the appropriate characteristics of men and women. Rigid, sexist, and confining gender roles thus result in the restriction and depreciation of the person or others (Good & Wood, 1995). Two possible outcomes can occur when gender role conflict arises: the man can either assimilate into the cultural norm or he can deviate from this social construct (O’Neil, 1981). O’Neil (1981) supports
Pleck’s theory stating that either outcome will have adverse affects on the man. O’Neil, Good, and Holmes (1995) define gender role conflict as “a psychological state in which socialized gender roles have negative consequences on the person or others.” More importantly, the authors view gender role conflict as a catalyst in restricting the human potential of the individual or others (Smiler, 2004). O’Neil, Good, and Holmes (1995) explain that men experience gender role conflict when they:

1) Deviate from or violate gender role norms, 2) try to meet or fail to meet gender role norms of masculinity, 3) experience discrepancies between their real self-concept and their ideal self-concept, based on gender role stereotypes, 4) personally devalue, restrict, or violate themselves, 5) experience personal devaluations, restrictions, or violations from others, and 6) personally devalue, restrict, or violate others because of gender role stereotypes (p.167).

A study conducted by Good and Wood (1995) noted that gender role conflict encompassed two main factors important in its definition: restriction-related and achievement-related. The restriction-related factor suggests the limiting of same-sex friendships and ability to express emotions; the focus is on what men are not supposed to be or do (Good & Wood, 1995). The achievement-related emphasizes independent achievement; the focus is on what men are supposed to be and do (Good & Wood, 1995). Men’s restricted emotionality and affectionate behavior with same-sex peers has been related to lower levels of social support (Wester, et al., 2007). Both factors lead to increased competition among men, and they are viewed as being “more alienated from their feelings than women” (Pleck, 1981, p.140). This sense of alienation is only compounded by the fact that men are encouraged to remain emotionally distant with women as well, viewing them “as necessary for sex and for bearing children, but these relationships are
not expected to be emotionally intimate or romantic, and often seem only pragmatic arrangements of convenience” (Pleck, 1981, p.141).

*Coping*

Stone and Neale (1984) note that coping is a widely used construct in research that has been poorly defined, and therefore they posit that coping involves “those behaviors and thoughts which are consciously used by an individual to handle or control the effects of anticipating a stressful situation” (p.893). Carver and Connor-Smith (2009) add their perspective on the definition of coping, stating it entails “efforts to prevent or diminish threat, harm, and loss, or to reduce associated distress” (p.6.7). Lazarus and Folkman (1984) define coping as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (p.141). An individual’s response to a stressful event is not a fixed event, but rather it is a fluid process (Folkman & Lazarus, 1985). The scope of coping research goes far beyond who uses what strategy, by placing particular emphasis on a crucial component – whether the individual’s coping allowed them to achieve their goals (Aldwin & Revenson, 1987). Coping is, in fact, mediated by a number of factors including appraisal of stress, controllability, personality dispositions, as well as social resources (Folkman & Moskowitz, 2000). Carver, Scheier, and Pozo (1992) outline the principles inherent in Lazarus & Folkman’s (1984) conceptualization of coping as a constantly changing and dynamic process. The authors further discuss how coping is a transactional process between the individual and the situation, and that people often weigh their options and consider consequences to actions. Congruence between a person’s appraisal of a situation and their course of action is integral in assessing the effectiveness of one’s coping (Peackock, Wong, & Recker, 1993).
Components of Coping

As Aldwin and Revenson (1987) indicated, coping is an active process that encompasses many factors. Lazarus and Folkman (1984) illustrated how the coping process begins with primary appraisal, where the individual assesses the event or stressor and its potential impact on their life/ability to achieve goals. Primary appraisal pertains to threats and challenges to an individual’s well-being (Peacock, Wong, & Recker, 1993). If a stressor is seen as possibly hindering an individual’s well being and future progress, the second stage of coping begins. As Carver, Scheier, and Pozo (1992) note, people are naturally goal-oriented and when this process is slowed and difficulties arise, individual factors such as motivation manifest themselves in the coping process. The next step in this process is secondary appraisal, which is where coping processes are enacted. This process is concerned with the individual’s perception of controllability, and their utilization of the cognitive and behavioral aspects of coping (Peacock, Wong, & Recker, 1993).

Lazarus and Folkman (1984) then proposed two broad categories for coping – problem-focused coping and emotion-focused coping – both of which are measured in their Ways of Coping questionnaire. Carver and Connor-Smith (2009) add that a problem-focused approach involves the individual making efforts to remove or elude a particular stressor, while emotion-focused coping consists of various forms of attempts to minimize the stressor. Emotion-focused coping is made up of a variety of approaches such as “minimizing distress triggered by distress…includes a wide range of responses, ranging from self-soothing (e.g. relaxation, seeking emotional support), to expression of negative emotion (e.g. yelling, crying), to a focus on negative thoughts (e.g. rumination), to attempts to escape stressful situations (e.g. avoidance, denial, wishful thinking)” (Carver & Connor-Smith, 2009, p.6.7). However, Carver, Scheier, and
Weintraub (1989) believe this view of coping is too simplistic. Numerous studies have found several factors relevant to coping rather than only two. Peackock, Wong, and Recker (1993) showed that, in their study, numerous coping mechanisms were utilized making it impractical to identify characteristics as inherently adaptive or inherently maladaptive. Folkman and Lazarus (1985) support this statement, citing extreme variance in coping methods used by individuals.

Carver, Scheier, and Weintraub (1989) proposed a model for assessing coping that addressed other factors that may have been overlooked in previous studies. The authors developed an instrument, the COPE scale, which examined a wide range of potential coping behaviors (Carver, Scheier, & Weintraub, 1989). Through the process of testing their instrument, they discovered that the coping strategies formed two distinct categories: adaptive and maladaptive coping. Carver, Scheier, and Pozo (1992) highlighted a study of breast cancer patients that utilized the COPE self-report questionnaire and found further evidence to distinguish between adaptive and maladaptive coping. Factors such as denial and behavioral disengagement were positively related to levels of distress felt by U.S. patients in the study.

Giancola, et al. (2009) reported that positive appraisal is correlated with adaptive coping methods leading to more positive results for such individuals. Conversely, the authors further note that maladaptive coping behaviors have been associated with negative appraisal, and such coping behaviors lead to avoidant behaviors and negative outcomes. Giancola, et al. (2009) support Carver, Scheier, and Weintraub’s (1989) stance that adaptive and maladaptive coping behaviors are separate, distinct variables that would benefit from being analyzed as unique variables. Giancola, et al. (2009) outline adaptive coping behaviors as “those that lead to constructive, healthy psychological outcomes for the individual”, and they note that maladaptive coping “has a negative impact” (p.249). The data presented in these authors’ analysis supported
the position that appraisal served as a mediator between stress and method of coping utilized. Furthermore, they noted that, “both the intervariable correlations and the model relationships supported the distinction between adaptive and maladaptive coping behaviors” (p.259).

As discussed previously, Carver, Scheier, and Wientraub (1989) and Giancola, Grawitch, and Borchert (2009) make distinguish between adaptive and maladaptive coping behaviors and suggest they can be studied separately. Adaptive means of coping are operationally defined by five subscales of the COPE inventory, which include positive reinterpretation and growth, use of instrumental social support, use of emotional social support, active coping, and planning (Carver, Scheier, & Weintraub, 1989; Giancola, Grawitch, and Borchert, 2009). Positive reinterpretation and growth indicates a reconstruction of stressful events into a positive outlook should lead a person to continue active, problem-focused coping endeavors. Use of instrumental social support pertains to seeking advice and further information from an outside source and is a means of problem-focused coping. Use of emotional social support is a means of emotion-focused coping where the individual seeks moral support and understanding from others. Active coping is the process of attempting to remove or alleviate a stressor, and it entails initiating a coping process on the part of the individual. Planning entails the person thinking about how to cope with a stressor and formulating strategies to handle the particular issue. These factors are consistent with involvement in counseling and participant scores indicating more positive attitudes towards seeking help may in fact be endorsing such adaptive coping behaviors.

The maladaptive coping behaviors identified by Carver, Scheier, and Weintraub (1989) are operationally defined by five subscales of the COPE inventory, which include behavioral disengagement, mental disengagement, focus on and venting of emotions, denial, and substance use. Behavioral disengagement assesses a feeling of helplessness wherein the person forfeits all
efforts to address the stressful situation (Carver, Scheier, & Weintraub, 1989). Although this coping behavior can be adaptive at times, it often impedes active coping (Carver, Scheier, & Weintraub, 1989). Mental disengagement is a variation of behavioral disengagement that is utilized in situations where behavioral disengagement cannot be enacted. Methods of this coping behavior include utilizing behaviors that take an individual’s mind off of a particular stressor, thus avoiding approaching the problem. Focus on and venting of emotions attempts to determine if the respondent’s focus is on the stressful situation and if one takes part in activities that allow them to vent these inner feelings. It is noteworthy that while this coping strategy may prove to be a beneficial short-term means of coping, it can present negative characteristics and hinder one’s adjustment to stress (Carver, Scheier, & Weintraub, 1989). Denial indicates that the respondent is avoiding the situation. This method of coping is potentially dangerous because it does not allow for acceptance of the reality of the situation (Carver, Scheier, & Weintraub, 1989). Substance abuse indicates that the individual turns to dangerous means of coping with the stress, which can in turn put the respondent at risk for various health problems.

*Self-Regulation*

Carver, Scheier, and Pozo (1992) state that self-regulation is an inherent factor in the coping process. Self-regulatory processes are adjustments that “are taking place as needed to stay on track for whatever purpose is being served… [and they] originate within the person” (Carver, 2004, p.13). Events that cause stress do so because they threaten an individual’s ability to attain goals, and “the more central those goals are to the overall sense of self and continuation of one’s life’s activities, the more stressful is the experience” (p.174).

Self-regulation involves two main approaches to coping with a stressor, labeled engagement or disengagement coping (Carver & Connor-Smith, 2009). Engagement coping is an
approach where an individual is more likely to seek support, regulate emotions, and utilize
cognitive restructuring. In contrast, disengagement focused coping is more avoidant in nature,
where the individual is often in denial of the stress related to their current situation. Carver and
Connor-Smith (2009) further outline that disengagement coping used as a means of self-
regulation is an ineffective long-term solution, and “some kinds of disengagement create
problems of their own. Excessive use of alcohol or drugs can create social and health problems,
and shopping or gambling as an escape can create financial problems” (6.8).

Wrosch, Scheier, Carver, & Schultz (2003) discuss how disengaging from more
important goals that are tied to one’s self image can be more difficult, because doing so would
lead to a sense of failure. As noted previously, Pleck (1995) indicated that a significant number
of men do not achieve long-term adherence to the masculine gender role, leading to negative
psychological effects caused by such intense societal pressure. Best (1983) detailed how
masculine norms are pushed on males beginning in childhood, and this long-term pressure can be
potentially harmful to a male’s self-esteem. Such long-term stressors can have deleterious effects
on an individual’s self-regulatory abilities (Carver, 2004).

Wrosch, et al (2003) noted that disengagement as a means of self-regulation is not always
a maladaptive approach. The authors suggested that it is often the case that individuals can shift
their efforts to a different focus, thus alleviating their distress. Disengagement can be an adaptive
coping approach “when it leads to the taking up of other goals or enhances the probability of
achieving remaining goals because it frees up resources for their attainment” (Wrosch, et al.,
2003, p.7). However, not every attempt to adopt a new goal leads to positive outcomes,
especially when it is apparent that there is no alternative goal upon which to focus one’s attention
(Wrosch, et al, 2003). Furthermore, if the individual remains committed to a goal that appears
unattainable, then considerable distress and feelings of emptiness can arise (Wrosch, et al, 2003). In a study by Wrosch, et al (2003), they found that individuals who were able to disengage from an unattainable goal and reengage in new goals reported low levels of intrusive thoughts and perceived stress, and high levels of self-mastery and subjective well-being. Furthermore, individuals who reported being unable to disengage from an unattainable goal and reengage in a new goal showed low levels of self-mastery and high levels of perceived stress (Wrosch, et al, 2003).

Utilization of Help-Seeking as a Means of Coping for College Males

College men, when compared with college women, are less likely to disclose health problems with close friends or seek help regarding physical illnesses, and they perceive less risk associated with drinking, smoking, and drug use (Courtenay, 1998). Men’s unwillingness to seek help and their inability to perceive behaviors as being dangerous may be associated with gender role conflict. As Nicholas (2000) states, “men may feel that seeking and receiving social support, expressing emotions, reporting symptoms and treatment side effects, asking for help, and seeking information from healthcare providers are not acceptable ‘manly’ behaviors” (p. 30). In fact, Locke and Mahalik (2005) found a correlation between masculine norms and problematic drinking.

For many mental health professionals, a common frustration is the knowledge that people are generally reluctant to seek help even when they need it (Vogel, et al, 2006). Contributing to this problem are gender role norms, learned at an early age, that inform people when to seek help and with whom they should confide in light of a problem (Vogel, et al, 2006). Golberstein, Eisenberg, and Gollust (2008) indicated that men attached higher levels of stigma towards seeking help than did women. The vast majority of individuals seeking psychological help are
women, suggesting the traditional male gender role may serve as a barrier for men to seek help (Good, Dell, & Mintz, 1989). Adding to the severity of this matter, Cepeda-Benito and Short (1998) found a positive correlation between self-concealment and psychological distress. What’s more, “high self-concealers were over three times more likely than low self-concealers to report needing but not seeking professional help” (p.62).

Male participants in a study by Davies, et al (2000) identified the male socialization process as the primary barrier to help-seeking. Leong and Zachar (1999) noted that restrictive attitudes regarding masculinity lead to the belief that seeking help is unproductive leading to a decrease in interpersonal openness. Fischer and Turner (1970) stressed that interpersonal openness was a major factor in relation to help-seeking behaviors and attitudes. Komiya, Good, and Sherrod (2000) found that women, when compared to men, were more open about emotions and held fewer stigmas regarding help-seeking, further reinforcing the impact of gender roles on help-seeking behaviors. Pederson and Vogel (2007) indicated that distress regarding personal disclosure and self-stigma were two factors that greatly influenced a male’s likelihood of seeking counseling. Data from Good, O’Neil, Stevens, Robertson, Fitzgerald, DeBord, and Bartels’ (1995) study also noted that higher levels of gender role conflict (i.e. higher scores on the Gender Role Conflict Scale [GCRS]) were related to negative views towards help-seeking.

Leong and Zachar (1999) noted that men had more negative attitudes towards seeking help compared to women, which could be due largely in part to the restrictive nature of the male gender role. The negative consequences of gender role conflict for the male are compounded because restrictive attitudes greatly increase the likelihood that males will avoid seeking help in times of need (Leong & Zachar, 1999). Men with higher gender role conflict have been shown to be more prone to depression and view seeking mental health counseling more negatively than do
women (Good & Wood, 1995). Komiya, Good, and Sherrod (2000) identified the gender role expectations placed on males as greatly contributing to their lack of help-seeking behaviors. The previous studies highlight factors important in help-seeking literature – *avoidance factors* and *approach factors* (Vogel & Wester, 2003). Approach factors are those that would increase the likelihood an individual will seek psychological help, as opposed to avoidance factors, which lead the individual to avoid seeking help. The male gender role, which is implicated as greatly influencing a male’s decision to avoid seeking help, presents itself as an identifiable avoidance factor.

Good, Dell, and Mintz (1989) noted that the traditional male gender role was associated with more negative attitudes towards seeking help and utilization of help-seeking behavior. Conversely, as men’s roles and values became less in line with the traditional masculine construct attitudes towards seeking psychological help became more positive. Good, Dell, and Mintz (1989) stated that results of their study are exciting because they allude to the possibility “that less traditional gender role values are related to more positive help-seeking attitudes, regardless of gender” (p.299). Good and Wood (1995) noted that men with *high* levels of both restriction-related and achievement-related conflict “may be depressed but hold negative attitudes toward counseling” (p. 73), while those who have *low* levels of both factors “may become depressed and would be more amenable to receiving counseling” (p. 73). However, Wester, et al (2007) noted that when men experiencing gender role conflict felt greater social support, they were more willing to seek counseling, exemplifying the importance of social support in the relationship between gender role conflict and help-seeking.

Pederson and Vogel (2007) strongly emphasize that the relationship between gender-role conflict and help-seeking is mediated by self-stigma, distress regarding disclosure of personal
information, and attitudes towards seeking counseling. However, the authors note that when the effects of all mediating factors were controlled, gender-role conflict still had an impact on an individual’s willingness to seek counseling services (Pederson & Vogel, 2007). The data suggests that men are less willing to seek counseling (Davies, et al, 2000; Golberstein, Eisenberg, & Gollust, 2008; Good, Dell, & Mintz, 1989; Good & Wood, 1995; O’Neil, et al, 1995; & Wester, et al, 2007) and in turn respond to gender role conflict by participating in high risk behaviors such as alcohol and tobacco use (Blazina & Watkins, 1996; Capraro, 2000; Davies, et al, 2000; & Korcuska & Thombs, 2003).

**Statement of the Problem and the Present Study**

The research that has been presented in this paper outlines gender role conflict and the impact it has on the developing male. The literature outlines the various ways in which people cope in response to stress as well as the utilization of help-seeking behaviors by men. Researchers have also presented various ways in which gender role conflict affects coping behaviors and help-seeking behaviors. Correlations have been discovered between higher gender role conflict and maladaptive coping behaviors. Furthermore, the current literature outlines how higher gender role conflict is connected with more negative attitudes towards seeking help.

No published research has investigated the relationship between all three factors – gender role conflict, coping, and help-seeking. While researchers often give suggestions as to possible alternative methods to approach men with negative attitudes towards seeking help due to gender role conflict, researchers have not yet investigated causal factors in these negative attitudes. It is currently not known whether various coping behaviors utilized by men in response to gender role conflict will influence their attitudes towards seeking help. Specific coping behaviors may in fact
influence a male’s likelihood to seek help. Such a focus would better serve to address the causal factors contributing to negative attitudes towards help-seeking.

The present study will investigate if high levels of gender role conflict lead to negative coping behaviors in college males. Furthermore, this study will investigate how various coping behaviors serve to mediate a person’s attitudes towards seeking help. This three-factor relationship has not yet been studied in past research. The results of this study will serve to enlighten clinicians and researchers as to the relationship between these factors, thus allowing for a more comprehensive approach to addressing gender role conflict in college males. It is expected that the results of this study will provide clinicians with new approaches in reaching out to college males not utilizing mental and health care services afforded to them. Furthermore, the results of this study are expected to stimulate further research investigating how various coping behaviors utilized in response to gender role conflict serve to mediate attitudes towards seeking help.

Research Questions and Hypotheses

The research presented in this study raises several questions.

1. Does higher gender role conflict affect a man’s views on help-seeking?
2. Does higher gender role conflict affect a man’s coping behaviors?
3. Do coping behaviors affect a man’s attitudes towards help-seeking?
4. What impact does coping have on the relationship between gender role conflict and attitudes towards seeking help?

The following hypotheses are proposed in response to these questions.
5. It is hypothesized that the proposed model will adequately fit the data for the present study.

6. It is hypothesized that gender role conflict will be related to help-seeking both directly and indirectly, through the partial mediating variable of maladaptive coping.

7. Higher gender role conflict scores will be related to more negative attitudes toward help-seeking.

8. Higher gender role conflict scores will correlate with more maladaptive coping behaviors.

9. Lower gender role conflict scores will correlate with fewer maladaptive coping behaviors.

10. Higher maladaptive coping scores will correlate with more negative attitudes towards help-seeking.

11. Lower maladaptive coping scores will correlate with more positive attitudes towards help-seeking.

12. The relationship between gender role conflict and attitudes towards help seeking will be mediated by maladaptive coping behaviors.
CHAPTER THREE

Methods

Participants and Procedures

Participants in this study were undergraduate male students between the ages of 18-24. Participants were recruited for this study in two different ways. The pool of undergraduate students in introductory counseling psychology classes was utilized. Furthermore, a campus-wide email was sent out to students as another means of contacting more participants. Both groups of participants received an email with an online survey about male gender role conflict, coping, and help-seeking (Appendix A). In the email, students also received a form stating the purpose of the study (Appendix B). Completion of the survey made participants eligible for receiving a gift card $25 gift card to iTunes or a $25 gift card to Best Buy.

The email was sent to potential participants describing the purpose of the study. It also contained a consent form and the three instruments. The instruments were presented to participants in the following order: Gender Role Conflict Scale (GRCS), COPE, the Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS), and the Beliefs About Psychological Services (BAPS). Students completed the online survey through the use of the InQsit testing and survey system. While participation in the study was entirely voluntary, an incentive was provided for participants who completed the online survey. Successful completion
of the survey allowed the participants to have a chance to receive a gift card $25 gift card to iTunes or a $25 gift card to Best Buy. Two participants were randomly selected from the pool of people that completed the survey to each receive one of the two gift cards.

Measures

**Demographic Information.** Participants were asked to provide their age, sex, ethnicity, year in college, current major and prior counseling experience. (See Appendix C)

**Gender Role Conflict Scale (GRCS).** To assess gender role conflict, the Gender Role Conflict Scale (GRCS) was utilized. This scale was constructed to measure men’s reactions to the challenges of gender role expectations (Thompson, Pleck, & Ferrera, 1992). The GRCS was developed by James O’Neil in response to his observation of male gender role conflict in males; the four subscales are means of investigating these patterns of conflict in men: a) success, power, and competition, b) restrictive emotionality, c) restrictive affectionate behavior, and d) conflict between work and family relations (Mahalik & Cournoyer, 2000). Gender role conflict has been associated with increased levels of psychological distress, depression, increased levels of distress and anxiety, negative attitudes towards seeking help, restriction of behaviors, weak self-esteem, and a decrease in capacity to be intimate (Mahalik & Cournoyer, 2000).

The purpose for using the GRCS is because it allows for further investigation into the “link between societal norms scripting traditional masculinities and individuals’ adaptation” (Thompson, Pleck, & Ferrera, 1992). The GRCS is a 37-item self report measure presented as a Likert-type scale ranging from strongly disagree (1) to strongly agree (6); higher scores on this scale indicate greater gender role conflict experienced by the individual (Mahalik & Cournoyer, 2000). Mahalik and Cournoyer (2000) provided reliability and validity data from O’Neil, et al (1986). A factor analysis was conducted and four subscales were created, with alphas ranging
from .75 to .85 thus yielding good internal consistency. Good, et al (1995) stated that across eight studies on the GRCS the average total scale coefficient alpha was .89. Good, et al (1995) conducted a confirmatory factor analysis and found their data confirmed the four factor model presented by O’Neil, et al (1986). Furthermore, Mahalik and Cournoyer (2000) noted that O’Neil and colleagues determined the GRCS to have good test-retest reliability, which was assessed over a four week period. Scores ranged between .72 to .86. O’Neil provided evidence for the scale’s construct and concurrent validity (O’Neil, et al, 1986 & Mahalik & Cournoyer, 2000).

Construct validity was established through factor analysis, item reduction, and multivariate analysis of variance (Good, et al, 1995). Good, et al (1995) indicated that the correlations among factors were all strong with the exception of the CBWFR subscale, which was found to have a weaker correlation with the other subscales. The authors suggest further research to confirm or refute these findings. Thompson and Pleck (1995) noted that the GRCS has been found to be consistently reliable over the past several decades (See Appendix D).

COPE. The full COPE scale is a 60-item Likert-type scale made up of 13 different subscales measuring problem-focused, emotion-focused, and dysfunctional aspects of coping. Carver (2007) stated that the COPE inventory could be modified depending on the researcher’s needs. For the purposes of the present study, five scales were selected to specifically measure maladaptive means of coping as defined by Carver, Scheier, and Weintraub (1989). Participants responded in one of four ways using a Likert-type rating scale (1 = I usually don’t do this at all, 2 = I usually do this a little bit, 3 = I usually do this a medium amount, 4 = I usually do this a lot). The subscales employed in the current study are: behavioral disengagement (alpha coefficient = .63), mental disengagement (alpha coefficient = .45), focus on and venting of emotions (alpha
coefficient = .77), denial (alpha coefficient = .71), and alcohol and drug disengagement (alpha coefficient = .93). Further information regarding the details of the scales is provided below.

Carver, Scheier, and Weintraub (1989) indicated that the alpha coefficients were acceptable due to all scales having alpha coefficients scoring above .6.

*Behavioral disengagement* (e.g., I admit to myself that I can’t deal with it, and quit trying) assesses a feeling of helplessness wherein the person forfeits all efforts to address the stressful situation (Carver, Scheier, & Weintraub, 1989). Although this coping behavior can be adaptive at times, it often impedes active coping (Carver, Scheier, & Weintraub, 1989). *Mental disengagement* (e.g., I turn to work or other substitute activities to take my mind off things) is a variation of behavioral disengagement that is utilized in situations where behavioral disengagement cannot be enacted. Methods of this coping behavior include utilizing behaviors that take an individual’s mind off of a particular stressor, thus avoiding approaching the problem.

*Focus on and venting of emotions* (e.g., I get upset and let my emotions out) attempts to determine if the respondent’s focus is on the stressful situation and if one takes part in activities that allow them to vent these inner feelings. It is noteworthy that while this coping strategy may prove to be a beneficial short-term means of coping, it can present negative characteristics and hinder one’s adjustment to stress (Carver, Scheier, & Weintraub, 1989). *Denial* (e.g., I say to myself “this isn’t real”) indicates that the respondent is avoiding the situation. This method of coping is potentially dangerous because it does not allow for acceptance of the reality of the situation (Carver, Scheier, & Weintraub, 1989). *Substance abuse* (e.g., I use alcohol or drugs to make myself feel better) indicates that the individual turns to dangerous means of coping with the stress, which can in turn put the respondent at risk for various health problems. Analysis of test-retest reliability was conducted by Carver, Scheier, and Weintraub (1989) on two samples of
participants. Scores indicated the following: .66 and .42 for behavioral disengagement, .58 and .56 for mental disengagement, .54 for denial, .69 for focus on and venting of emotions, .57 and .61 for alcohol and drug disengagement. (See Appendix E)

*Inventory of Attitudes Towards Seeking Mental Health Services (IASMHS).* The first instrument used to measure attitudes towards seeking help was the Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS). This scale was constructed by Mackenzie, Knox, Gekoski, and Macaulay (2004) as a means of improving Fischer and Turner’s (1970) Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS). The IASMHS is a 24-item self-report measure utilizing a 5-point Likert-type scale (0 = disagree, 1 = somewhat disagree, 2 = undecided, 3 = somewhat agree, 4 = agree). In this measurement scale, the term *professional* refers to anyone who has received training to deal with mental health problems, and *psychological problems* are noted as being reasons one might seek out a professional for help. The IASMHS contains three subscales: Psychological Openness (“Psychological problems, like many things, tend to work out by themselves”), Help-Seeking Propensity (“If I believed I were having a mental breakdown, my first inclination would be to get professional attention”), and Indifference to Stigma (“Having been mentally ill carries with it a burden of shame”) (Mackenzie, Gekoski, & Knox, 2006). These three subscales of the IASMHS are a further refinement in assessing help-seeking attitudes that were not addressed in Fischer and Turner’s (1970) ATSPPHS (Mackenzie, Gekoski, & Knox, 2006). Psychological Openness addresses an individual’s willingness to seek and address psychological issues with a mental health care provider; Help-Seeking Propensity identifies one’s willingness and ability to seek help; and Indifference to Stigma analyzes the concern about how other people in one’s life might react to their seeking help (Mackenzie, Gekoski, & Knox, 2006).
This measure has good internal consistency, .87. Furthermore, good test-retest reliability was provided for each subscale as well – .86 for Psychological Openness, .91 for Indifference to Stigma, and .64 for Help-Seeking Propensity (Mackenzie, Gekoski, & Knox, 2006). The IASMHS was also found to be valid because it distinguishes between those who have received mental health services in the past from those who haven’t, as well as those who would and would not use such services in the future (Mackenzie et al., 2004). Past experience and intentions are highly influential factors regarding help-seeking. Mackenzie, et al (2004) indicated that intentions are indicative of help-seeking behaviors. What’s more, attitudes towards help-seeking play an influential role in the intentions a person has towards seeking professional help.

Mackenzie, et al (2004) further note that the most common route for seeking help was talking with family, which was followed by speaking with a mental health care provider, primary care physician, self-care, and talking with a clergy member. (See Appendix F)

Beliefs About Psychological Services (BAPS). Participants also responded to the Beliefs About Psychological Services scale (BAPS) (Ægisdóttir & Gerstein, 2009). The BAPS is an 18-item self-report scale utilizing a 6-point Likert-type rating scale (ranges from 1= strongly disagree to 6 = strongly agree). In this inventory higher scores are indicative of more positive attitudes towards seeking psychological help. The BAPS consists of three subscales that emerged through exploratory and confirmatory factor analysis, and these three factors are consistent with current literature on help-seeking attitudes. There are 6 items measuring Intent (e.g. “If I believed I was having a serious problem, my first inclination would be to see a psychologist”), 8 items measuring Stigma and Tolerance (e.g. “I would feel uneasy about going to a psychologist because of what some people might think”), and 4 items measuring Expertness (e.g. “Psychologists provide valuable advice because of their knowledge about human behavior”).
The Intent subscale measures an individual’s intent or willingness to seek psychological help, the Stigma and Tolerance subscale measures the person’s negative views towards counseling as well as perceived social barriers, and Expertness measures a person’s beliefs about the merits of psychotherapy due to psychologists’ training. Ægisdóttir and Gerstein (2009) advise the following instructions be presented to students prior to administration of this scale: “Please read the following statements and rate them using the scale that most accurately reflects your attitude towards seeking psychological help” (p.201).

The BAPS consists of items that are clear and reliable and developed from a large variety of sources. (Ægisdóttir & Gerstein, 2009). According to Ægisdóttir and Gerstein (2009), the Cronbach’s alpha for the overall score was .88, and Cronbach alphas were presented for the subscales were .82 for Intent, .78 for Stigma Tolerance and .72 for Expertness. The BAPS distinguished between men and women’s attitudes towards help-seeking, as well as individuals with and without a prior history of counseling experience. Two-week test-retest reliability for the overall score was .87. For the three subscales, test-retest reliability for Intent, Stigma Tolerance, and Expertness was .88, .79, and .75 respectively. (See Appendix G)

Design and Analysis

Structural equation modeling (SEM) will be employed in the present study to examine the relationships between variables. Much of the recent literature has focused on the primary relationship between gender role conflict and help-seeking attitudes and behaviors. Structural equation modeling will help identify and describe the role that maladaptive coping plays in the relationship between gender role conflict and attitudes towards help-seeking for college males. The primary goal of SEM is to combine various statistical measurement techniques when
analyzing the relationship between variables (Weston & Gore, 2006). In doing so, the researcher is able to examine multiple relationships between factors (Weston & Gore, 2006).

SEM is often of particular interest to counseling psychologists because of the complex and multidimensional issues being studied by those in this field (Weston & Gore, 2006). Structural equation modeling consists of two different types of models known as the measurement model and the path model (also known as the structural model) (McDonald & Ho, 2002; Weston & Gore, 2006). The measurement model consists of observed (measured) variables that are used to measure latent variables, while the path model analyzes the relationship between the latent variables (McDonald & Ho, 2002). In the present study, multiple observed variables will be used to measure the latent constructs.

Weston and Gore (2006) suggest using a five-step procedure when employing structural equation modeling where the researcher first specifies and identifies the model, collects and analyzes the data, estimates the model, evaluates the model, and finally modifies the model. SEM is a combination of a measurement and structural models allowing the researcher to analyze the impact of subscales of a measurement tool as well as indirect relationships among variables (Weston & Gore, 2006). The primary relationship is between gender role conflict and attitudes towards help seeking; this suggests gender role conflict will be related to attitudes toward help-seeking. Other relationships of interest in the present study are those between gender role conflict and maladaptive coping, and the relationship between maladaptive coping and attitudes toward help-seeking. Finally, the primary model suggests that maladaptive coping might serve as a mediating variable in the relationship between gender role conflict and attitudes toward help-seeking. SEM will allow for analysis of direct and indirect relationships outlined in this diagram.
CHAPTER FOUR

Results

Descriptive Statistics

In order to assess the fit of the proposed structural model with the present data set, several statistical analytic methods were employed. First, the means, standard deviations, ranges, and Cronbach’s alpha reliability coefficients were assessed and can be viewed in Table 2. The subscales that were analyzed in the present study belonged to the Gender Role Conflict Scale (GRCS), the COPE inventory, the Inventory of Attitudes Towards Seeking Mental Health Services (IASMHS), and the Beliefs About Psychological Services (BAPS). The reliability coefficients pertaining to each subscale were adequate in the present study.

Multicollinearity. Multicollinearity is the situation where the observed variables correlate so highly ($r \geq .85$) that they become redundant. Such redundancy is an issue due to the fact that it restricts full analysis of the model (Kline, 2005). The data was analyzed to assess for multicollinearity, which was not found to be present in this study. The correlation matrix between the subscales in the present study can be found in Table 3.

Multivariate Normality. Testing structural equation models for multivariate normality is impractical because it entails examination of an immeasurable amount of linear combinations (Weston & Gore, 2006). Due to the difficulty in this process, univariate normality is often used
as a means of examining multivariate normality. In the present study, multivariate normality was assessed by analyzing the data’s skew and kurtosis. Assessing the data’s skew is a means of determining whether the distribution is asymmetrical (Weston & Gore, 2006). When assessing this index, it is important to note that scores greater than 3.0 are considered extreme (Chou & Bentler, 1995). The data’s kurtosis is an analysis of its peak and mean of distribution. Scores greater than 10.0 are indicative of problematic data, and values higher than 20.0 are considered extreme (Kline, 2005). Based upon these guidelines for skewness and kurtosis, the data in the present study met the assumptions of multivariate normality. Specific values regarding skewness and kurtosis for each subscale are presented in Table 4.

*Missing Data.* Missing data is a common issue in SEM (McDonald & Ho, 2002). Preliminary analysis assessed for missing data. In the present study, data was missing at random (e.g. single value missing in a participant’s questionnaire), which presents as being minimally problematic (Weston & Gore, 2006). Schumaker and Lomax (2004) recommend that when the number of missing values is minimal the researcher out to employ mean substitution of the missing values, which was therefore employed in the present study.

*Model Estimation*

The latent variables of interest in the present study were male gender role conflict, maladaptive coping, and attitudes towards help-seeking. The 15 subscales of four different inventories found in the measurement model allowed the relationships among the latent constructs to be analyzed. As suggested by Weston and Gore (2006), SEM necessitates that following model specification, identification, data collection and analyses, the model must then be estimated. This process entails several steps that include assessing the fit of the model, determining parameter estimates, as well as giving consideration
to possible equivalent models (Weston & Gore, 2006). Maximum Likelihood Estimation (MLE) was used to determine the parameter estimates. This process is based on the assumption of multivariate normality and, as suggested by its name, maximizes the likelihood that the data is drawn from this particular population (Kline, 2005). Both the primary and alternate models were assessed, and both models were over-identified, which aids in the process of demonstrating associations between latent and observed variables (Weston & Gore, 2006).

Prior to examination of the full structural model, confirmatory factor analysis was conducted to determine the adequacy of the paths from the latent variables to the measured variables. A complete list of the results of the confirmatory factor analysis is presented in Tables 5 and 6. As the table will indicate, all paths from the latent to observed variables in the primary and alternate model were significant (p < .001). The data provided in Tables 5 and 6 indicate that all latent variables were adequately measured by the observed variables.

Model Evaluation Using Fit Indices

Absolute fit indices, such as the goodness of fit index (GFI) and the chi-square ($\chi^2$), are direct assessments of how well a model fits the sample data (Weston and Gore, 2006). A significant $\chi^2$ indicates that the model does not fit the data, while a nonsignificant $\chi^2$ indicates the model fits the sample data well (Weston & Gore, 2006). When employing the chi-square test, Kline (2005) reports that a score of less than 30 accompanied by a non-significant $p$-value indicates a good fit.

In the present study, the primary model resulted in $\chi^2(90, N = 398) = 935.410$, $p < .001$, while the alternate model resulted in $\chi^2(61, N = 398) = 64.316$, $p > .05$. As Kline (2005) suggested, a smaller chi-square value indicates a good fit, however the score in the present study the chi-
square value is higher than the desired value (64.316). In this instance it is important to keep in mind that the \( p \)-value is > .05 and other fit indices must be taken into consideration.

The Comparative Fit Index (CFI) compares the researchers improved model to a restricted, null model (Weston & Gore, 2006). Scores for the CFI range from 0.0 to 1.0, where values closer to 1.0 indicate better fit. The Tucker-Lewis Index (TLI) is similar to the CFI as it provides a comparison of the model to a null model (Kline, 2005). As is the case with the majority of fit indices, CFI and TLI scores at or above .90 indicate the model has achieved an adequate fit with the sample data. Tables 7 and 8 provide a list of the fit statistics employed in the present study. The primary model was found to have an unsatisfactory fit with the data (CFI = .553 and TLI = .478). However, the alternate model was found to have a satisfactory fit with the data (CFI = .998 and TLI = .997). The root mean square of approximation is advantageous when employing SEM due to the fact that it corrects for the complexity of a model (Worthington & Whittaker, 2006). When interpreting values for the root mean square error of approximation, those at or below .05 are considered to be indicative of a close fit (Worthington & Whittaker, 2006). Values between .05 and .08 indicate a fair fit, .08 to .10 a mediocre fit, and values above .10 indicate a poor fit (Quintana & Maxwell, 1999). The primary model was found to have an RMSEA value of .154, indicating a poor fit, while the alternate model yielded an RMSEA value of .012, indicating an adequate fit.

Prior to reporting the overall fit of a model, Weston and Gore (2006) report several necessary guidelines to be met that include a nonsignificant chi-square value, a CFI value above .90, as well as a RMSEA value below .10. However, as these authors note, more recent literature has supported the assertion of more conservative guidelines (CFI ≥ .95 and RMSEA ≤ .06). These authors posit that when CFI values are between .90 and .95 and RMSEA values are
between .05 and .10, consideration then ought to be given to the sample size and model complexity. As previously outlined, while the chi-square value of the alternate model was not ideal, the data met the more conservative guidelines for the CFI and RMSEA.

**Structural Model Parameter Estimates**

Weston and Gore (2006) note that researchers often provide standardized estimates in the results of studies, but significance is examined utilizing the unstandardized section of the data output. The process of analyzing specific relationships is an added means of further explaining the overall fit of the model (Kline, 2005). These associations between variables can be seen in Table 5 for the primary model and Table 6 for the alternate model and are highlighted by unidirectional arrows. A relationship between two variables is deemed significant when the critical ratio (C.R.) > 1.96 with p < .05 (Weston & Gore, 2006). While statistical packages such as AMOS clearly provide these values for the researcher in the data output, the researcher can also obtain the same values by dividing the unstandardized coefficient by the standard error (Weston & Gore, 2006). For example, when analyzing the relationship between the latent variable attitudes towards help-seeking and indifference to stigma, the unstandardized coefficient is .971 and the standard error is .174. Dividing these two numbers together as Weston and Gore (2006) instructed yields a critical ratio value of 5.582, which is greater than 1.96 (p = .05). Therefore, this parameter is significant.

Once the researcher has analyzed the significance of the unstandardized parameter estimates and critical ratio values, examination of the standardized path coefficients can then be done. When examining the standardized parameter coefficients, it is recommended that the researcher follow Cohen’s (1988) guidelines concerning the magnitude of effect sizes. Values less than .10 are considered to have a small effect, values close to .30 are considered to have a
medium effect, and values greater than or equal to .50 are considered to have a large effect. The primary and adequate models presented both direct and indirect (meditational) parameters among variables, which are illustrated in Tables 9 and 10.

Beginning by analyzing the primary model, several significant direct effects were present in the data. The primary model proved to be overly simplistic, specifying no relationships between observed variables. Therefore, the standardized direct effects worth noting are those among the latent variables. The primary model specified that gender role conflict directly impacts maladaptive coping behaviors (r = 1.000) as well as attitudes towards help-seeking (r = 1.271), which are large effects. The model also specified that maladaptive coping behaviors directly impact attitudes towards help-seeking (r = -.271). It appears that as maladaptive coping behaviors increase, attitudes towards help-seeking decrease. This is a medium effect and it appears difficult to glean a great deal of information from this association. The specification that maladaptive coping behaviors directly impact attitudes towards help-seeking is too general, for there is no investigation of the impact that specific “maladaptive” coping behaviors have on particular aspects of attitudes towards help-seeking.

Several indirect effects appeared in the primary model as well. The primary model specified that aside from having a direct impact on attitudes towards help-seeking, gender role conflict would also have an indirect effect on this variable through maladaptive coping (meditational relationship). It appears that gender role conflict did in fact have an indirect effect on attitudes towards help-seeking (r = -.271), which appears to be a medium effect. What’s more, it appears that via this indirect relationship, as gender role conflict increases positive attitudes towards help-seeking decrease. A closer analysis of the data provides more enlightening information regarding indirect effects. It appears that in the primary model gender role conflict
has an indirect effect on specific maladaptive coping behaviors and attitudes towards help-seeking. First, it appears that gender role conflict indirectly impacts maladaptive coping behaviors such as substance use ($r = .192$), behavioral disengagement ($r = .365$), denial ($r = .292$), venting ($r = -.022$), and mental disengagement ($r = .239$). The indirect impact that gender role conflict has on venting is a very small effect, which is also negative suggesting that as gender role conflict increases venting behaviors decrease. The effect that gender role conflict has on all other specified maladaptive coping behaviors is medium, and it appears that as gender role conflict increases so too do these particular coping behaviors.

Of particular interest is the relationship that gender role conflict has on specific attitudes towards help-seeking. It appears that gender role conflict indirectly impacts an individual’s perception of expertness ($r = -.403$), intent ($r = -.473$) and help-seeking propensity ($r = -.508$) in a particular way – as gender role conflict increases, these particular attitudes towards help-seeking decrease. Furthermore, the effect on expertness and intent is medium, while the effect on help-seeking propensity is large. The data also suggests that as gender role conflict increases, other attitudes towards help-seeking increase as well, which include stigma tolerance ($r = .825$), indifference to stigma ($r = .691$), and psychological openness ($r = .697$). These are all large effects. The data also suggests indirect effects maladaptive coping has on expertness ($r = .109$), stigma tolerance ($r = -.233$), intent ($r = .128$), indifference to stigma ($r = -.187$), help-seeking propensity ($r = .138$), and psychological openness ($r = -.189$). All of these appear to be medium effects, and there exists positive and negative correlations between these variables as well.

In the alternate model, significant paths were present between several variables. Large effects exist in paths between gender role conflict and attitudes towards help-seeking ($r = 1.599$), maladaptive coping and attitudes towards help-seeking ($r = -1.590$), and maladaptive coping to
indifference to stigma (r = .525). Several other variables directly impact others and have a medium effect, which include the paths between behavioral disengagement and attitudes towards help-seeking (r = .314) and mental disengagement (r = .161), maladaptive coping and stigma tolerance (r = .368), restrictive affectionate behavior between men and psychological openness (r = .218) and venting (r = -.273), restrictive emotionality and intent (r = .179), success, power, competition and psychological openness (r = .213), denial and substance use (r = .243), as well as the path between mental disengagement and psychological openness (r = .103). Several indirect effects emerged within the data as well that require mentioning. It appears that gender role conflict indirectly impacts expertness (r = -.911), stigma tolerance (r = .872), intent (r = -.136), indifference to stigma (r = .547), help-seeking propensity (r = -.307), psychological openness (r = .871) and venting (r = -.181). Aside from the path between gender role conflict and venting, all other indirect effects are substantial and have large effects. Similar results appeared elsewhere, where maladaptive coping was shown to indirectly impact attitudes towards help-seeking (r = .136), expertness (r = .828), stigma tolerance (r = -.793), intent (r = 1.432), indifference to stigma (r = -.498), help-seeking propensity (r = 1.190), psychological openness (r = -.503), and substance use (r = .106). All of these pathways are large and have significant effects except those leading to attitudes towards help-seeking and venting. As previously noted when discussing this occurrence in the primary model, the medium effect between maladaptive coping and attitudes towards help-seeking may be too general suggesting the more specific pathways amongst the observed variables is of greater interest. Behavioral disengagement is the only identified maladaptive coping behavior that indirectly impacted specific attitudes towards help-seeking. It appears that behavioral disengagement indirectly impacts expertness (.179), stigma tolerance (r = .171), intent (r = -.307), indifference to stigma (r = .108), help-seeking
propensity \( r = -.257 \), and psychological openness \( r = .140 \), all of which appear to have a medium effect.

*Structural Model Testing*

Structural model testing involves a comparison of the fit of the primary and alternate models. Since the two models were nested, that is, the alternate model is based off of the primary model, the difference in chi-square statistics was measured (Kline, 2005). An analysis of the primary model indicates it was less complex with fewer specified paths yielding a chi-square value of 935.410 with 90 degrees of freedom. The alternate model, however, was far more complex with a greater number of pathways yielding a chi-square value of 64.316 with 61 degrees of freedom. The models resulted in a chi-square difference statistic of 871.094 with 29 degrees of freedom. The Akaike Information Criterion (AIC) for each model was also compared. Model evaluation is a particularly important procedure in structural equation modeling research, for the researcher is faced with having to choose the best model from a list of models in the same data set (Bozdogan, 2000). The best-fitting model is the model with the smallest AIC value (Bozdogan, 2000). In the present study, the primary model (AIC = 995.410) proved to have a poorer fit with the data when compared to the alternate model (AIC = 182.316). This information combined with the chi-square difference statistic provides clear evidence that the alternate model was the better fit in the present study.
Table 1

Demographic Information

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Note. Ethnicity – 1 = Spanish/Hispanic/Latino; 2 = White; 3 = Black/African American; 4 = American Indian or Alaska Native; 5 = Asian/Asian American/Pacific Islander; 6 = Other; Mar. Stat. = Marital Status; Rem.-Wid. = Remarried – Widowed; PCE = Previous Counseling Experience; Yes = An experience of seeking counseling or professional psychological help; No = No experience of seeking counseling or professional psychological help.
Table 2

*Scales, Means, Standard Deviations, Ranges, and Cronbach’s Alpha Reliability Coefficients*

<table>
<thead>
<tr>
<th>Measured Variable</th>
<th>% Cases (N=398)</th>
<th>Scale Range</th>
<th>Mean</th>
<th>SD</th>
<th>Reliability</th>
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<tbody>
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<td>10.785</td>
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<tr>
<td>RE</td>
<td>100% (n=398)</td>
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</tr>
<tr>
<td>RABBM</td>
<td>100% (n=398)</td>
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<td>24.98</td>
<td>8.565</td>
<td>.858</td>
</tr>
<tr>
<td>CBWLFR</td>
<td>100% (n=398)</td>
<td>6-36</td>
<td>22.10</td>
<td>6.784</td>
<td>.858</td>
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<td>MD</td>
<td>100% (n=398)</td>
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<td>10.91</td>
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<td>Denial</td>
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<td>2.574</td>
<td>.786</td>
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<td>.794</td>
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</table>

*Note.* % Cases = Percent of Valid Cases; SPC = Success, Power, Competition; RE = Restrictive Emotionality; RABBM = Restrictive Affectionate Behavior Between Men; CBWLFR = Conflicts Between Work and Leisure – Family Relations; MD = Mental Disengagement; BD = Behavioral Disengagement; SU = Substance Use; PO = Psychological Openness; HSP = Help-Seeking Propensity; IS = Indifference to Stigma; ST = Stigma Tolerance.
Table 3

Correlation Matrix* for Measured Variables

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<th>Measured Variable</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<td>7. CBWLFR</td>
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<td>.364</td>
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<td>.159</td>
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<td>.380</td>
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<td>.306</td>
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</table>

* For all correlations, Pearson Correlation Coefficient is significant at the .001 level (2-tailed).
Note for Table 3. BD = Behavioral Disengagement; RABBM = Restrictive Affectionate Behavior Between Men; RE = Restrictive Emotionality; SPC = Success, Power, Competition; MD = Mental Disengagement; CBWLFR = Conflicts Between Work and Leisure – Family Relations; Expert. = Expertness; ST = Stigma Tolerance; IS = Indifference to Stigma; HSP = Help-Seeking Propensity; PO = Psychological Openness; SU = Substance Use.
Table 4

*Multivariate Normality Assessment*

<table>
<thead>
<tr>
<th>Measured Variables</th>
<th>Skewness</th>
<th>Kurtosis</th>
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<td>-.158</td>
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<td>6. Venting</td>
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<td>.190</td>
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<td>9. SU</td>
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*Note.* SPC = Success, Power, Competition; RE = Restrictive Emotionality; RABBM = Restrictive Affectionate Behavior Between Men; CBWLFR = Conflicts Between Work and Leisure – Family Relations; MD = Mental Disengagement; BD = Behavioral Disengagement; SU = Substance Use; PO = Psychological Openness; HSP = Help-Seeking Propensity; IS = Indifference to Stigma; ST = Stigma Tolerance.
Table 5

*Primary Model Maximum Likelihood Estimates: Unstandardized and Standardized Parameter Estimates or Regression Weights, Standard Error, Critical Ratio, Significance Level*

<table>
<thead>
<tr>
<th>Latent and Measured Variables</th>
<th>Unstandardized Estimate (Regression Weights)</th>
<th>S.E.</th>
<th>C.R.</th>
<th>P</th>
<th>Standard. Estimate</th>
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</thead>
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<tr>
<td>Coping</td>
<td>GRC</td>
<td>.108</td>
<td>.026</td>
<td>4.139</td>
<td>** 1.000</td>
</tr>
<tr>
<td>ATHS</td>
<td>GRC</td>
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<td>1.107</td>
<td>-1.777</td>
<td>** -.271</td>
</tr>
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<td>Coping</td>
<td>1.000</td>
<td></td>
<td></td>
<td>1.271</td>
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<td>Coping</td>
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<td></td>
<td>.239</td>
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<td>Coping</td>
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<td>.272</td>
<td>-0.407</td>
<td>.684 -.022</td>
</tr>
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*Note.* GRC = Gender Role Conflict; ATHS = Attitudes Towards Help-Seeking; Coping = Maladaptive Coping; MD = Mental Disengagement; BD = Behavioral Disengagement; SU = Substance Use; PO = Psychological Openness; HSP = Help-Seeking Propensity; IS = Indifference to Stigma; ST = Stigma Tolerance; SPC = Success, Power, Competition; RE = Restrictive Emotionality; RABBM = Restrictive Affectionate Behavior Between Men; CBWLFR = Conflicts Between Work and Leisure – Family Relations; S.E. = Approximate Standard Error; C.R. = Critical Ratio; **p < .001, *p < .05, unless otherwise listed; Standard. Estimate = Standardized Estimate.
Table 6

Alternate Model Maximum Likelihood Estimates: Unstandardized and Standardized Parameter Estimates or Regression Weights, Standard Error, Critical Ratio, Significance Level

<table>
<thead>
<tr>
<th>Latent and Measured Variables</th>
<th>Unstandardized Estimate (Regression Weights)</th>
<th>S.E.</th>
<th>C.R.</th>
<th>P</th>
<th>Standard. Estimate</th>
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<td>SU ← Denial</td>
<td>.322</td>
<td>.072</td>
<td>4.462**</td>
<td>.243</td>
<td></td>
</tr>
<tr>
<td>Intent ← RE</td>
<td>.107</td>
<td>.022</td>
<td>4.925**</td>
<td>.179</td>
<td></td>
</tr>
<tr>
<td>PO ← MD</td>
<td>.256</td>
<td>.098</td>
<td>2.627*</td>
<td>.103</td>
<td></td>
</tr>
<tr>
<td>Venting ← RABBM</td>
<td>-.088</td>
<td>.022</td>
<td>-4.005**</td>
<td>-.273</td>
<td></td>
</tr>
</tbody>
</table>

*Note. GRC = Gender Role Conflict; ATHS = Attitudes Towards Help-Seeking; Coping = Maladaptive Coping; MD = Mental Disengagement; BD = Behavioral Disengagement; SU = Substance Use; PO = Psychological Openness; HSP = Help-Seeking Propensity; IS = Indifference to Stigma; ST = Stigma Tolerance; SPC = Success, Power, Competition; RE = Restrictive Emotionality; RABBM = Restrictive Affectionate Behavior Between Men; CBWLFR = Conflicts Between Work and Leisure – Family Relations; S.E. = Approximate Standard Error; C.R. = Critical Ratio; ** p < .001, * p < .05, unless otherwise listed; Standard. Estimate = Standardized Estimate.*
Table 7

*Model Fit Index Summary*

<table>
<thead>
<tr>
<th>Model</th>
<th>$\chi^2$</th>
<th>DF</th>
<th>GFI</th>
<th>CFI</th>
<th>TLI</th>
<th>RMSEA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>935.410</td>
<td>90</td>
<td>.737</td>
<td>.553</td>
<td>.478</td>
<td>.154</td>
</tr>
<tr>
<td>Alternate</td>
<td>64.316</td>
<td>61</td>
<td>.979</td>
<td>.998</td>
<td>.997</td>
<td>.012</td>
</tr>
</tbody>
</table>

*Note.* $\chi^2$ = Chi-Square Test; DF = Degrees of Freedom; GFI = Goodness of Fit Index; CFI = Comparative Fit Index; TLI = Tucker-Lewis Index; RMSEA = Root Mean Square Error of Approximation.

Table 8

*Comparative Model Fit Index Summary*

<table>
<thead>
<tr>
<th>Model</th>
<th>$\chi^2_D$</th>
<th>DF$_D$</th>
<th>P</th>
<th>AIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary - Alternate</td>
<td>871.094</td>
<td>29</td>
<td>**</td>
<td>935.410</td>
</tr>
<tr>
<td>Primary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate</td>
<td></td>
<td></td>
<td></td>
<td>64.316</td>
</tr>
</tbody>
</table>

*Note.* $\chi^2_D$ = Chi-Square Difference; DF$_D$ = Chi-Square Degrees of Freedom Difference; P = Significance of Chi-Square Difference Statistic, ** = $p < .001$; AIC = Akaike Information Criterion.
Table 9

*Standardized Direct Effects*

<table>
<thead>
<tr>
<th>Standardized Direct Effects (Same value as Standardized Regression Weights)</th>
<th>Primary Model Estimates</th>
<th>Alternate Model Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coping ← GRC</td>
<td>0.108**</td>
<td>--</td>
</tr>
<tr>
<td>ATHS ← GRC</td>
<td>1.000**</td>
<td>1.599**</td>
</tr>
<tr>
<td>ATHS ← Coping</td>
<td>-1.968**</td>
<td>-1.590**</td>
</tr>
<tr>
<td>ST ← Coping</td>
<td>--</td>
<td>.368</td>
</tr>
<tr>
<td>IS ← Coping</td>
<td>--</td>
<td>.525</td>
</tr>
<tr>
<td>ATHS ← BD</td>
<td>--</td>
<td>.314</td>
</tr>
<tr>
<td>MD ← BD</td>
<td>--</td>
<td>.161</td>
</tr>
<tr>
<td>PO ← RABBM</td>
<td>--</td>
<td>.218</td>
</tr>
<tr>
<td>Venting ← RABBM</td>
<td>--</td>
<td>-.273</td>
</tr>
<tr>
<td>Intent ← RE</td>
<td>--</td>
<td>.179</td>
</tr>
<tr>
<td>PO ← SPC</td>
<td>--</td>
<td>.213</td>
</tr>
<tr>
<td>SU ← Denial</td>
<td>--</td>
<td>.243</td>
</tr>
<tr>
<td>PO ← MD</td>
<td>--</td>
<td>.103</td>
</tr>
</tbody>
</table>

*Note.* Coping = Maladaptive Coping; GRC = Gender Role Conflict; ATHS = Attitudes Towards Help-Seeking; MD = Mental Disengagement; Venting = Focus on and Venting of Emotions; PO = Psychological Openness; SU = Substance Use; BD = Behavioral Disengagement; RABBM = Restrictive Affectionate Behavior Between Men; RE = Restrictive Emotionality; SPC = Success, Power, Competition
Table 10

Standardized Indirect Effects

<table>
<thead>
<tr>
<th>Standardized Indirect Effects (Same value as Standardized Regression Weights)</th>
<th>Primary Model Estimates</th>
<th>Alternate Model Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATHS ← Coping ← GRC</td>
<td>-0.624**</td>
<td>--</td>
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<tr>
<td>Expertness ← Coping ← GRC</td>
<td>-.403</td>
<td>-.911</td>
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<tr>
<td>ST ← Coping ← GRC</td>
<td>.825</td>
<td>.872</td>
</tr>
<tr>
<td>Intent ← Coping ← GRC</td>
<td>-.473</td>
<td>-1.432</td>
</tr>
<tr>
<td>IS ← Coping ← GRC</td>
<td>.691</td>
<td>.547</td>
</tr>
<tr>
<td>HSP ← Coping ← GRC</td>
<td>-.508</td>
<td>-1.308</td>
</tr>
<tr>
<td>PO ← Coping ← GRC</td>
<td>.697</td>
<td>.871</td>
</tr>
<tr>
<td>Venting ← Coping ← GRC</td>
<td>--</td>
<td>-.181</td>
</tr>
<tr>
<td>SU ← Coping ← GRC</td>
<td>.192</td>
<td>--</td>
</tr>
<tr>
<td>BD ← Coping ← GRC</td>
<td>.365</td>
<td>--</td>
</tr>
<tr>
<td>Denial ← Coping ← GRC</td>
<td>.292</td>
<td>--</td>
</tr>
<tr>
<td>Venting ← Coping ← GRC</td>
<td>-.022</td>
<td>--</td>
</tr>
<tr>
<td>MD ← Coping ← GRC</td>
<td>.239</td>
<td>--</td>
</tr>
<tr>
<td>Expertness ← ATHS ← Coping</td>
<td>.109</td>
<td>--</td>
</tr>
<tr>
<td>ST ← ATHS ← Coping</td>
<td>-.223</td>
<td>--</td>
</tr>
<tr>
<td>Intent ← ATHS ← Coping</td>
<td>.128</td>
<td>--</td>
</tr>
<tr>
<td>IS ← ATHS ← Coping</td>
<td>-.187</td>
<td>--</td>
</tr>
<tr>
<td>HSP ← ATHS ← Coping</td>
<td>.138</td>
<td>--</td>
</tr>
<tr>
<td>PO ← ATHS ← Coping</td>
<td>-.189</td>
<td>--</td>
</tr>
<tr>
<td>ATHS ← GRC ← Coping</td>
<td>--</td>
<td>.136</td>
</tr>
<tr>
<td>Expertness ← GRC ← Coping</td>
<td>--</td>
<td>.828</td>
</tr>
<tr>
<td>ST ← GRC ← Coping</td>
<td>--</td>
<td>-.793</td>
</tr>
<tr>
<td>Intent ← GRC ← Coping</td>
<td>--</td>
<td>1.423</td>
</tr>
<tr>
<td>IS ← GRC ← Coping</td>
<td>--</td>
<td>-.498</td>
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<td>HSP ← GRC ← Coping</td>
<td>--</td>
<td>1.190</td>
</tr>
<tr>
<td>PO ← GRC ← Coping</td>
<td>--</td>
<td>-.530</td>
</tr>
<tr>
<td>Expertness ← ATHS ← BD</td>
<td>--</td>
<td>-.179</td>
</tr>
<tr>
<td>ST ← ATHS ← BD</td>
<td>--</td>
<td>.171</td>
</tr>
<tr>
<td>Intent ← ATHS ← BD</td>
<td>--</td>
<td>-.307</td>
</tr>
<tr>
<td>IS ← ATHS ← BD</td>
<td>--</td>
<td>.108</td>
</tr>
<tr>
<td>HSP ← ATHS ← BD</td>
<td>--</td>
<td>-.257</td>
</tr>
<tr>
<td>PO ← ATHS ← BD</td>
<td>--</td>
<td>.140</td>
</tr>
</tbody>
</table>

Note. Coping = Maladaptive Coping; GRC = Gender Role Conflict; ATHS = Attitudes Towards Help-Seeking; MD = Mental Disengagement; Venting = Focus on and Venting of Emotions; PO = Psychological Openness; SU = Substance Use; BD = Behavioral Disengagement; RABBM = Restrictive Affectionate Behavior Between Men; RE = Restrictive Emotionality; SPC = Success, Power, Competition
Figure 3. Alternate model only with variant relationships specified.
Note (for Figure 3). Note. GRC = Gender Role Conflict; Coping = Maladaptive Coping; ATHS = Attitudes Towards Help-Seeking; SPC = Success, Power, Competition; RE = Restrictive Emotionality; RABBM = Restrictive Affectionate Behavior Between Men; CBWLFR = Conflicts Between Work and Leisure – Family Relations; MD = Mental Disengagement; BD = Behavioral Disengagement; SU = Substance Use; PO = Psychological Openness; HSP = Help-Seeking Propensity; IS = Indifference to Stigma; ST = Stigma Tolerance; Int. = Intent; Exp. = Expertness; Vent. = Focus on and Venting of Emotions; Den. = Denial.
Figure 4. Alternate model only with covariant relationships specified.
Note (for Figure 4). Note. GRC = Gender Role Conflict; Coping = Maladaptive Coping; ATHS = Attitudes Towards Help-Seeking; SPC = Success, Power, Competition; RE = Restrictive Emotionality; RABBM = Restrictive Affectionate Behavior Between Men; CBWLFR = Conflicts Between Work and Leisure – Family Relations; MD = Mental Disengagement; BD = Behavioral Disengagement; SU = Substance Use; PO = Psychological Openness; HSP = Help-Seeking Propensity; IS = Indifference to Stigma; ST = Stigma Tolerance; Int. = Intent; Exp. = Expertness; Vent. = Focus on and Venting of Emotions; Den. = Denial.
Figure 5. Alternate model with all relationships specified.
Note (for Figure 5). Note. GRC = Gender Role Conflict; Coping = Maladaptive Coping; ATHS = Attitudes Towards Help-Seeking; SPC = Success, Power, Competition; RE = Restrictive Emotionality; RABBM = Restrictive Affectionate Behavior Between Men; CBWLFR = Conflicts Between Work and Leisure – Family Relations; MD = Mental Disengagement; BD = Behavioral Disengagement; SU = Substance Use; PO = Psychological Openness; HSP = Help-Seeking Propensity; IS = Indifference to Stigma; ST = Stigma Tolerance; Int. = Intent; Exp. = Expertness; Vent. = Focus on and Venting of Emotions; Den. = Denial.

Figure 5. The alternate model was specified with covariant relationship between latent variables gender role conflict and maladaptive coping, as well as direct relationships from gender role conflict and maladaptive coping to attitudes towards help-seeking. The alternate model also specifies specific covariant and direct relationships between observed variables.
CHAPTER FIVE

Discussion

The present study sought to investigate the relationships among latent variables defined as gender role conflict, maladaptive coping, and attitudes towards help-seeking. More specifically, the pathways between such variables were of great interest in the present study. For this reason, structural equation modeling was employed within this study to fully analyze direct and indirect (meditational) relationships among variables. This study was based upon a plethora of previous research discussing the impact that gender role conflict has upon college males’ coping and high-risk behaviors as well as their attitudes towards help-seeking. As the previous research had not sought to investigate the relationship between these three variables, this was the focus of the present study. The research questions in the present study sought to address the nature of these relationships, and it was hypothesized that a direct relationship existed between gender role conflict and attitudes towards help-seeking while an indirect (meditational) relationship existed between these two variables through maladaptive coping.

Summary of Major Findings

The primary model presented in the present study specified no covariant relationships among variables in addition to proving overly simplistic in the specification of relationships solely between latent variables. The achieved adequate model in the present study was of greater
complexity, indicating more specific relationships requiring attention. To begin, a direct relationship was not found to be present between gender role conflict and maladaptive coping. Conversely, the alternate model identified a two-way relationship between gender role conflict and maladaptive coping. The present study did not support the stance held in the primary model that gender role conflict acts solely as an exogenous variable. The present study found that gender role conflict and maladaptive coping directly impacted attitudes towards help-seeking. Of greater interest, however, is the covariant relationship between gender role conflict and maladaptive coping. Previous literature suggested that the experience of gender role conflict in men led to increased high-risk behaviors as well as increased maladaptive coping behaviors. The presence of a covariant relationship suggests that the relationship between these two variables is not solely one way. The results of the present study identify a covariant relationship between gender role conflict and maladaptive coping, indicating a two-way relationship between the identified variables where they act upon one another. In other words, neither variable is purely an independent variable, but rather the two-way relationship specifies that both serve as independent and dependent variables in relation to one another.

The results of the present study also suggest that both gender role conflict and maladaptive coping have an indirect relationship with attitudes towards help-seeking. This was not identified in the primary model, where the only mediating variable was maladaptive coping that was specified to act upon the relationship between gender role conflict and attitudes towards help-seeking. The present study suggests that this indirect relationship specified in the primary model does in fact exist, but that gender role conflict also serves as a mediating variable in the relationship between maladaptive coping and attitudes towards help-seeking. As noted previously, the adequate model was more complex than the primary model, specifying a number
of covariant and variant relationships among the observed variables used to measure the latent variables gender role conflict, maladaptive coping, and attitudes towards help-seeking. This finding suggests that greater attention ought to be given to the relationships between specific elements of gender role conflict, maladaptive coping, and attitudes towards help-seeking. A focus that merely addresses these latent variables is highly inadequate.

Theoretical Implications

Previous research on male gender role conflict has focused on its relationship with coping and attitudes towards help-seeking, respectively. The present study is unique and particularly relevant because it employed the use of structural equation modeling to investigate how all three variables related to one another. The results of the present study did support, in part, previous research indicating gender role conflict contributes to men’s avoidance of seeking help. Gender role conflict appears to indirectly correlate with negative attitudes towards help-seeking, but this relationship is mediated by maladaptive coping. The presence of a positive direct relationship between gender role conflict and attitudes towards help-seeking is contrary to previous research analyzing this interaction. O’Neil (1981) specifies that men restrict emotionality because of a perceived view that emotions are signs of weakness. What’s more, emotion-focused communication and help-seeking that attends to emotional expression are viewed negatively because they are identified as female characteristics and display weakness in men. The results of the present study do not support this stance, but rather indicate that as restrictive emotionality increases so too does a male’s willingness to seek counseling. Furthermore, the results indicate that restrictive emotional behaviors amongst peers decrease venting behaviors. Additionally, the data from the present study also indicates that college men who are competitive in nature or who display restrictive emotionality with same sex peers are more open to seek psychological
services. As stated previously, the results of the present study suggest that the analysis of a direct relationship between gender role conflict and attitudes towards help-seeking is too limited in focus.

The alternate model that was achieved in the present study indicated that maladaptive coping had a direct and negative impact on attitudes towards help-seeking, suggesting that increased maladaptive coping behaviors lead to more negative attitudes towards help-seeking. As more focused analysis of the present data illuminates several relationships of interest. As previously noted, the present study indicates a covariant relationship between gender role conflict and maladaptive coping behaviors, indicating these factors act upon one another. Past research on the college male population indicated gender role conflict was correlated with higher risk behaviors, a tendency to disengage particularly through substance use, as well as more verbally and physically aggressive behaviors. The findings of the present study indicate covariant relationships among behavioral disengagement, denial and substance use. Furthermore, mental disengagement and venting share covariant relationships with the tendency to increase power through competition as well as with restrictive emotionality, respectively. Denial was correlated with increased substance abuse in the present study as well.

Giancola, et al. (2009) suggest that maladaptive coping behaviors, as specified in the present study, lead to negative appraisals and outcomes. Carver, Scheier, and Weintraub (1989) noted that adaptive and maladaptive coping behaviors are mutually exclusive and ought to be analyzed as unique variables. Giancola, et al.’s (2009) stance that solely adaptive coping behaviors lead to healthy outcomes does not appear to be supported in the present study. The present study found behavioral disengagement to lead to increased mental disengagement. The latter variable in turn had a positive impact on psychological openness. What’s more, the results
of the present study appear to indicate that behavioral disengagement has a direct positive impact on attitudes towards help-seeking, which is contrary to previous research by Carver, et al. (1989) and Giancola, et al. (2009) suggesting disengagement contributes to negative outcomes. These findings support previous research by Wrosch, et al. (2003) stating that disengagement can serve as a self-regulatory behavior that can lead to positive outcomes “when it leads to the taking up of other goals or enhances the probability of achieving remaining goals because it frees up resources for their attainment” (p.7). This suggests that disengagement can serve as an adaptive means of coping. Connor-Smith (2009) stated that disengagement is an ineffective long-term coping solution as it can contribute to high risk behaviors and substance use. However, the labeling of disengagement as solely maladaptive is not supported by the findings in the present study. Wrosch, et al. (2003) posited that an inability to disengage can lead to considerable distress, and disengagement followed by reengagement contributes to higher levels of mastery as well as increased perceptions of self-efficacy. The findings in the present study suggest that disengagement has been misidentified as a maladaptive coping mechanism, for disengagement can serve as a healthy self-regulatory behavior. What’s more, the results of the present study suggest that such behaviors may actually lead to more positive attitudes towards help-seeking.

Limitations

The participants in this study were all students at the same Midwest university, and their views may not correspond with college males from other in-state institutions or students elsewhere in the country. Future researchers would benefit from inviting students from various institutions across the country to participate in order to obtain a more culturally diverse sample population. Such measures would aid researchers in the process of analyzing various cultural
factors that contribute to male gender role conflict such as ethnicity, socioeconomic status, religious and spiritual influences, as well as geographic considerations.

The present study employed post hoc modifications to the primary model so as to achieve a better-fitting model. However, Quintana and Maxwell (1999) strongly advised against such practices. As these authors note, SEM software programs provide an output of pathways to be added or removed in order to improve the goodness of fit. The present study employed the use of AMOS, which provides a list of pathways that ought to be modified in order to improve the fit of the alternate model. Researchers are advised to carefully assess the conceptual reasoning for the addition or deletion of pathways, so not to create nonsensical ones based purely on statistical suggestions (Quintana & Maxwell, 1999).

The present study may also have benefited from an alternative research design, utilizing an alternative method for data collection such as employing focus groups or interviews. Participants could have been chosen from various student groups on campus such as student organizations, multicultural groups, athletic clubs and teams, etc. Future researchers might consider the utilization of focus groups due to their ability to assess group attitudes, and for the potential to address specific barriers related to help-seeking. Interviewing participants is another approach that could have yielded more specific data to support the current research on masculinity. These methods of collecting data also provide the researcher the opportunity to receive immediate feedback from participants about possible alternative ways to integrate college males into the counseling setting. As previously addressed, college males are less likely to seek counseling than females and more likely to take part in alternative, high risk behaviors as means of coping. For researchers interested in how to address men in college and university
settings, focus groups and interviews may prove to be highly effective in developing ways to address this particular population.

Another limitation of the present study was the under-utilization of numerous inventories to measure each latent variable. It is suggested that researchers prepared to employ structural equation modeling utilize several inventories per latent variable. While the subscales of inventories were used to investigate the latent variables, several issues arose due to gender role conflict and maladaptive coping utilizing single measures. Thompson, Pleck, and Ferrera (1992) critically analyzed a plethora of inventories used to measure masculinity. The utilization of multiple scales may have helped to provide a more complete analysis of gender role conflict, norms, and behaviors as defined by the various authors of these scales. Furthermore, the addition of multiple inventories to investigate coping behaviors would have provided a richer assessment of the role coping plays in its relationship among gender role conflict and attitudes towards help-seeking.

Research Implications and Future Directions

The present study contributes to the existing literature investigating gender role conflict, coping, and attitudes towards help-seeking, for it provides an analysis of how these three variables interact with one another. The findings of the present study suggest that future researchers would do well do employ multiple measures as a means of assessing masculinity as well as coping to more clearly define these variables. Such a venture would help to provide a more comprehensive structural model. What’s more, employing different measurement tools to assess the same latent variables identified in the present study would help to determine if these relationships change when assessed differently. Future research would do well to employ structural equation modeling, as it allows for the analysis of direct and indirect relationships.
Researchers interested in employing such statistical analysis would do well to more clearly specify parameters and relationships in the primary model, as opposed to employing post hoc analyses as was done in the present study.

It would be interesting to explore other meditational and dependent variables than those presented in this study. The present study found that gender role conflict and coping behaviors share a covariant relationship. Future research might focus on this relationship to determine whether the presence of an alternative independent variable impacts this covariant relationship. What’s more, the present study found gender role conflict and coping to have direct and indirect effects on attitudes towards help-seeking. Future researchers might investigate if gender role conflict and coping serve to act upon another dependent variable other than attitudes towards help-seeking. Lastly, future studies that with more culturally diversity in their samples may contribute culturally specific knowledge that may play a role in the relationship of these three latent variables.

Clinical Implications

Previous authors such as Komiya, Good, and Sherrod (2000), Good, et al. (1989), Golberstein, Eisenberg, and Gollust (2008), Leong and Zachar (1999), and Vogel, et al. (2006) have described men’s lack of attendance in the mental health setting as being derived from the male socialization process. There was a high covariance rate in the results of the present study between observed variables measuring gender role conflict as well as attitudes towards help-seeking. However, the results of the present study suggest the stance made by these authors does not fully address the issue. The present study found a covariant relationship between gender role conflict and coping, and both variables directly and indirectly impacted attitudes towards help-seeking. Increased gender role conflict only led to negative attitudes towards help-seeking when
mediated by coping, reinforcing the presence of this covariant relationship. The present study did not find restrictive emotionality to adversely impact attitudes towards help-seeking as previous research investigating traditional male gender roles has.

Clinicians would do well to assess their intervention strategies when working with the male population. It appears that disengagement does not adversely impact attitudes towards help-seeking. Therefore, within the clinical setting, counselors ought to be aware of the role various coping behaviors play in the lives of their clients. More specifically, disengagement is not necessarily a maladaptive coping behavior and should not be treated as such if brought up in the clinical setting. As previous research has indicated the lower attendance of men in the clinical setting when compared to women’s participation, campus outreach programs are an advisable means of attending to the male population on campuses. Outreaches focusing on the role of self-regulatory behaviors may serve to help provide further knowledge in this area.
References


doi:10.1006_jmps.1999.1277


Appendix A

Introductory Email Message

Subject: BSU Male Participants Needed: Gender Role Conflict, Maladaptive Coping and Attitudes towards Seeking Help Survey

Undergraduate Males (ages 18-24) needed for a survey study on stress and coping.

Takes about 20 minutes to complete.

Could win an iTunes or Best Buy gift card!!!

My name is David Adams and I need your help on my Master’s thesis research project. By completing this survey on gender role conflict and coping, you will be eligible to win a $25 gift card to iTunes or a $50 gift card to Best Buy.

The purpose of this research project is to better understand the relationship between gender role conflict, coping, and high risk behaviors.

To participate, please click on the link below. Please know that your responses will be anonymous.

[LINK]

This project has received approval from BSU’s Institutional Review Board.

Thank you! Your participation is greatly appreciated!

David Adams, B.S., B.A.

Principal Investigator

Dr. Donald Nicholas

Thesis Advisor
Appendix B

Purpose of the Study

Thank you for your participation in this study on gender role conflict in college men. The purpose of this research is to better understand the relationship between gender role conflict, coping, and high risk behaviors. The principal investigator is David Adams, B.S., B.A., and his faculty supervisor is Dr. Donald Nicholas.

Your participation in this study is voluntary and anonymous. In order to ensure that you are entered for the prize drawing, you will be asked to provide your Ball State e-mail address following your completion of the survey. However, your e-mail address will be used for this purpose only and will be deleted once the drawings are completed. Your survey answers will be accessible only to the principal investigator and faculty advisor. Your responses will only be presented in the form of group data with absolutely no identifying information.

Please read all instructions carefully and answer all questions openly and honestly. There are no “right” or “wrong” answers. Your responses should reflect your actual experiences, feelings, and beliefs. In order to be entered to win a gift card, you must complete the entire survey; however, you are free to withdraw from the study at any point as your participation is voluntary. This should take about twenty to thirty minutes.

There is little foreseeable risk associated with your participation in this study. However, if you find yourself feeling anxious or experiencing any negative feelings as a result of your participation, please know that there are psychological services on campus available for students that are confidential and free of charge. You may contact the Counseling Center at (765) 285-1736.

For questions about your rights as a research participant, please contact the Institutional Review Board, Office of Academic Research and Sponsored Programs, Ball State University, Muncie, IN, 47306, (765) 285-5070, irb@bsu.edu.

Thank you again for participating!

David Adams, B.S., B.A.

Primary Investigator
dfadams@bsu.edu
Appendix C

Demographic Information

Please check only those responses that apply.

1. I am: _____ Male _____ Female

2. Age: ______

3. Educational Level: (Check the highest level that fits you.)
   ___High School Diploma   ___Freshman   ___Sophomore   ___Junior   ___Senior
   ___Master’s Degree   ___Ph.D.   ___Other

4. Present Marital Status:  ____ Married   ____ Single   ____ Divorced
   ____Remarried – Widowed

5. What is your race? (Mark one or more races)
   __ Spanish/Hispanic/Latino
   ___ White
   ___ Black/African American
   ___ American Indian or Alaska Native
   ___ Asian/Asian American/Pacific Islander
   ___ Other (please specify) _________________________

6. I have had:
   _____ An experience of seeking counseling or professional psychological help
   _____ No experience of seeking counseling or professional psychological help
Appendix D

Gender Role Conflict Scale (GCRS)

Instructions: In the space to the left of each sentence below, write the number that most closely represents the degree that you Agree or Disagree with the statement. There is no right or wrong answer to each statement; your own reaction is what is asked for.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>Strongly Disagree</th>
<th>1</th>
</tr>
</thead>
</table>

1. ____ Moving up the career ladder is important to me.
2. ____ I have difficulty telling others I care about them.
3. ____ Verbally expressing my love to another man is difficult for me.
4. ____ I feel torn between my hectic work schedule and caring for my health.
5. ____ Making money is part of my idea of being a successful man.
6. ____ Strong emotions are difficult for me to understand.
7. ____ Affection with other men makes me tense.
8. ____ I sometimes define my personal value by my career success.
9. ____ Expressing feelings makes me feel open to attack by other people.
10. ____ Expressing my emotions to other men is risky.
11. ____ My career, job, or school affects the quality of my leisure or family life.
12. ____ I evaluate other people’s value by their level of achievement and success.
13. ____ Talking about my feelings during sexual relations is difficult for me.
14. ____ I worry about failing and how it affects my doing well as a man.
15. ____ I have difficulty expressing my emotional needs to my partner.
16. ____ Men who touch other men make me uncomfortable.
17. ____ Finding time to relax is difficult for me.
18. ____ Doing well all the time is important to me.
19. ____ I have difficulty expressing my tender feelings.
20. ____ Hugging other men is difficult for me.
21. ____ I often feel that I need to be in charge of those around me.
22. ____ Telling others of my strong feelings is not part of my sexual behavior.
23. ____ Competing with others is the best way to succeed.
24. ____ Winning is a measure of my value and personal worth.
25. ____ I often have trouble finding words that describe how I am feeling.
26. ____ I am sometimes hesitant to show my affection to men because of how others might perceive me.
27. ____ My needs to work or study keep me from my family or leisure more than would like.
28. ____ I strive to be more successful than others.
29. ____ I do not like to show my emotions to other people.
30. ____ Telling my partner my feelings about him/her during sex is difficult for me.
31. ____ My work or school often disrupts other parts of my life (home, family, health leisure.
32. ____ I am often concerned about how others evaluate my performance at work or school.
33. ____ Being very personal with other men makes me feel uncomfortable.
34. ____ Being smarter or physically stronger than other men is important to me.
35. ____ Men who are overly friendly to me make me wonder about their sexual preference (men or women).
36. ____ Overwork and stress caused by a need to achieve on the job or in school, affects/hurts my life.
37. ____ I like to feel superior to other people.

**FACTOR STRUCTURE**

**Factor 1 - Success, Power, Competition** (13 items)
- Items – 1, 5, 8, 12, 14, 18, 21, 23, 24, 28, 32, 34, 37

**Factor 2 – Restrictive Emotionality** (10 items)
- Items – 2, 6, 9, 13, 15, 19, 22, 25, 29, 30

**Factor 3 – Restrictive Affectionate Behavior Between Men** (8 items)
- Items – 3, 7, 10, 16, 20, 26, 33, 35

**Factor 4 – Conflicts Between Work and Leisure – Family Relations** (6 items)
- Items – 4, 11, 17, 27, 31, 36

Total Number of Items = 37
Appendix E

COPE (Carver, 2007)

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This questionnaire asks you to indicate what you generally do and feel, when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.

Then respond to each of the following items by blackening one number on your answer sheet for each, using the response choices listed just below. Please try to respond to each item separately in your mind from each other item. Choose your answers thoughtfully, and make your answers as true FOR YOU as you can. Please answer every item. There are no "right" or "wrong" answers, so choose the most accurate answer for YOU--not what you think "most people" would say or do. Indicate what YOU usually do when YOU experience a stressful event.

1 = I usually don't do this at all
2 = I usually do this a little bit
3 = I usually do this a medium amount
4 = I usually do this a lot

1. I turn to work or other substitute activities to take my mind off things. (1) (2) (3) (4)
2. I get upset and let my emotions out. (1) (2) (3) (4)
3. I say to myself "this isn't real." (1) (2) (3) (4)
4. I admit to myself that I can't deal with it, and quit trying. (1) (2) (3) (4)
5. I use alcohol or drugs to make myself feel better. (1) (2) (3) (4)
6. I daydream about things other than this. (1) (2) (3) (4)
7. I get upset, and am really aware of it. (1) (2) (3) (4)
8. I just give up trying to reach my goal. (1) (2) (3) (4)
9. I try to lose myself for a while by drinking alcohol or taking drugs. (1) (2) (3) (4)
10. I refuse to believe that it has happened. (1) (2) (3) (4)
11. I let my feelings out. (1) (2) (3) (4)
12. I sleep more than usual. (1) (2) (3) (4)
13. I drink alcohol or take drugs, in order to think about it less. (1) (2) (3) (4)
14. I give up the attempt to get what I want. (1) (2) (3) (4)
15. I pretend that it hasn't really happened. (1) (2) (3) (4)
16. I go to movies or watch TV, to think about it less. (1) (2) (3) (4)
17. I feel a lot of emotional distress and I find myself expressing those feelings a lot. (1) (2) (3) (4)
18. I reduce the amount of effort I'm putting into solving the problem. (1) (2) (3) (4)
19. I use alcohol or drugs to help me get through it. (1) (2) (3) (4)
20. I act as though it hasn't even happened. (1) (2) (3) (4)

Scales (sum items listed, with no reversals of coding):
Mental disengagement: 1, 6, 12, 16
Focus on and venting of emotions: 2, 7, 11, 17
Denial: 3, 10, 15, 20
Behavioral disengagement: 4, 8, 14, 18
Substance use: 5, 9, 13, 19
Appendix F

Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS)
(Mackenzie, et al. 2004)

The term *professional* refers to individuals who have been trained to deal with mental health problems (e.g., psychologists, psychiatrists, social workers, and family physicians).

The term *psychological problems* refers to reasons one might visit a professional. Similar terms include *mental health concerns, emotional problems, mental troubles, and personal difficulties*.

For each item, indicate whether you disagree (0), somewhat disagree (1), are undecided (2), somewhat agree (3), or agree (4):

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Agree</th>
</tr>
</thead>
</table>

1. There are certain problems which should not be discussed outside of one’s immediate family. ........

2. I would have a very good idea of what to do and who to talk to if I decided to seek professional help for psychological problems. .........................

3. I would not want my significant other (spouse, partner, etc.) to know if I were suffering from psychological problems. .........................

4. Keeping one’s mind on a job is a good solution for avoiding personal worries and concerns. ........

5. If good friends asked my advice about a psychological problem, I might recommend that they see a professional. ..........................

6. Having been mentally ill carries with it a burden of shame. ..........................

7. It is probably best not to know *everything* about oneself. ..........................

8. If I were experiencing a serious psychological
problem at this point in my life, I would be confident that I could find relief in psychotherapy. .......................... [0 1 2 3 4]

9. People should work out their own problems; getting professional help should be a last resort. ........................ [0 1 2 3 4]

10. If I were to experience psychological problems, I could get professional help if I wanted to. ........................ [0 1 2 3 4]

11. Important people in my life would think less of me if they were to find out that I was experiencing psychological problems. ........................ [0 1 2 3 4]

12. Psychological problems, like many things, tend to work out by themselves. ........................ [0 1 2 3 4]

13. It would be relatively easy for me to find the time to see a professional for psychological problems. .... [0 1 2 3 4]

14. There are experiences in my life I would not discuss with anyone

15. I would want to get professional help if I were worried or upset for a long period of time. ........ [0 1 2 3 4]

16. I would be uncomfortable seeking professional help for psychological problems because people in my social or business circles might find out about it...

17. Having been diagnosed with a mental disorder is a blot on a person’s life. ........................ [0 1 2 3 4]

18. There is something admirable in the attitude of people who are willing to cope with their conflicts and fears without resorting to professional help. ........................ [0 1 2 3 4]

19. If I believed I were having a mental breakdown, my first inclination would be to get professional attention. ........................ [0 1 2 3 4]

20. I would feel uneasy going to a professional because of what some people would think. ........................ [0 1 2 3 4]

21. People with strong characters can get over psychological problems by themselves and would
have little need for professional help. ................ [0 1 2 3 4]

22. I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family. ........................ [0 1 2 3 4]

23. Had I received treatment for psychological problems, I would not feel that it ought to be “covered up.” . . . [0 1 2 3 4]

24. I would be embarrassed if my neighbor saw me going into the office of a professional who deals with psychological problems. ........................ [0 1 2 3 4]
Table 1
Factor Structure for the Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS)

<table>
<thead>
<tr>
<th>Item #</th>
<th>F1</th>
<th>F2</th>
<th>F3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Psychological openness</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td>Psychological problems, like many things, tend to work out by themselves.</td>
<td>.65</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>There are certain problems which should not be discussed outside of one’s immediate family.</td>
<td>.63</td>
<td>1</td>
</tr>
<tr>
<td>21</td>
<td>People with strong characters can get over psychological problems by themselves and would have little need for professional help.</td>
<td>.63</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>People should work out their own problems; getting professional help should be a last resort.</td>
<td>.62</td>
<td>.21</td>
</tr>
<tr>
<td>4</td>
<td>Keeping one’s mind on a job is a good solution for avoiding personal worries and concerns.</td>
<td>.61</td>
<td>-.13</td>
</tr>
<tr>
<td>18</td>
<td>There is something admirable in the attitudes of people who are willing to cope with their conflicts and fears without resorting to professional help.</td>
<td>.57</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item #</th>
<th>F1</th>
<th>F2</th>
<th>F3</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>There are experiences in my life I would not discuss with anyone.</td>
<td>.47</td>
<td>.12</td>
</tr>
<tr>
<td>7</td>
<td>It is probably best not to know everything about oneself.</td>
<td>.38</td>
<td>.11</td>
</tr>
</tbody>
</table>

Factor 2: Help-seeking propensity
19b If I believed I were having a mental breakdown, my first inclination would be to get professional attention. 

15b I would want to get professional help if I were worried or upset for a long period of time. 

8b If I were experiencing a serious psychological problem at this point in my life, I would be confident that I could find relief in psychotherapy. 

13 It would be relatively easy for me to find the time to see a professional for psychological problems. 

2 I would have a very good idea of what to do and who to talk to if I decided to seek professional help for psychological problems. 

10 If I were to experience psychological problems, I could get professional help if I wanted to. 

5b If good friends asked my advice about a psychological problem, I might recommend that they see a professional. 

22b I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family. 

Factor 3: Indifference to stigma 

6ab Having been mentally ill carries with it a burden of shame. 

<table>
<thead>
<tr>
<th>Item</th>
<th>F1</th>
<th>F2</th>
<th>F3</th>
</tr>
</thead>
<tbody>
<tr>
<td>24a</td>
<td></td>
<td></td>
<td>.69</td>
</tr>
<tr>
<td>11a</td>
<td></td>
<td></td>
<td>.58</td>
</tr>
</tbody>
</table>
17ab Having been diagnosed with a mental disorder is a blot on a person’s life. .55

16a I would be uncomfortable seeking professional help for psychological problems because people in my social or business circles might find out about it. .51

20ab I would feel uneasy going to a professional because of what some people would think. .16 .40

3a I would not want my significant other (spouse, partner, etc.) to know if I were suffering from psychological problems. .12 .38

23b Had I received treatment for psychological problems, I would not feel that it ought to be “covered up.” .13 .34
Appendix G

Beliefs About Psychological Services (BAPS)
Ægisdóttir & Gerstein (2009)

Please read the following statements and rate them using the scale provided. For each item, select the number that most accurately reflects your attitude toward seeking psychological help.

<table>
<thead>
<tr>
<th>Strongly Disagree (1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
<th>(6) Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

1. If a good friend asked my advice about a serious problem, I would recommend that he/she see a psychologist.
2. I would be willing to confide my intimate concerns to a psychologist.
3. Seeing a psychologist is helpful when you are going through a difficult time in your life.
4. At some future time, I might want to see a psychologist.
5. I would feel uneasy going to a psychologist because of what some people might think.
6. If I believed I was having a serious problem, my first inclination would be to see a psychologist.
7. Because of their training, psychologists can help you find solutions to your problems.
8. Going to a psychologist means that I am a weak person.
9. Psychologists are good to talk to because they do not blame you for the mistakes you have made.
10. Having received help from a psychologist stigmatizes a person’s life.
11. There are certain problems that should not be discussed with a stranger such as a psychologist.
12. I would see a psychologist if I were worried or upset for a long period of time.
13. Psychologists make people feel that they cannot deal with their problems.
14. It is good to talk to someone like a psychologist because everything you say is confidential.
15. Talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.
16. Psychologists provide valuable advice because of their knowledge about human behavior.
17. It is difficult to talk about personal issues with highly educated people such as psychologists.
18. If I thought I needed psychological help, I would get this help no matter who knew I was receiving assistance.

Subscales are computed as follows:
Intent, items 1, 2 3, 4, 6, 12
Stigma Tolerance, items 5, 8, 10, 11, 13, 15, 17, 18
Expertness, items 7, 9, 14, 16

Reverse scoring: items 5, 8, 10, 11, 13, 15, 17