Male Gender Role Conflict and Willingness to Seek Counseling: Testing a Mediation Model on College-Aged Men

Erin L. Pederson and David L. Vogel
Iowa State University

Men who experience negative consequences of their socialized gender roles—that is, have greater gender role conflict—report less positive attitudes and willingness to seeking counseling. Using structural equation modeling with data from 575 undergraduate men, the authors examined 3 mediators (self-stigma associated with seeking counseling, tendency to disclose distressing information, and attitudes toward seeking counseling) regarding the link between gender role conflict and willingness to seek counseling for psychological and interpersonal concerns. Results indicated that this link was partially mediated by these 3 factors. Men experiencing greater gender role conflict were more likely to self-stigmatize and less likely to self-disclose. High self-stigma and less disclosure then led to less positive attitudes and subsequently to less willingness to seek counseling.

Keywords: gender role conflict, help seeking, self-stigma, self-disclosure

Men as a group seek professional psychological help less often than women for issues such as substance abuse, stress, and depression (Andrews, Issakidis, & Carter, 2001; Husaini, Moore, & Cain, 1994; McKay, Rutherford, Cacciola, & Kabasakalian-McKay, 1996; Thom, 1986; Wills & DePaulo, 1991). This sex difference in help-seeking behavior appears to persist even when men and women are comparably distressed (Kessler, Brown, & Broman, 1981). Moreover, young men tend to have greater negative attitudes toward and less willingness to seek counseling than their female peers (Chandra & Minkovitz, 2006; Gonzalez, Alegria, & Prihoda, 2005; Masuda, Suzumura, Beauchamp, Howells, & Clay, 2005). If men's professional help seeking is to be increased, the reasons for their underutilization of such services must first be illuminated. Gaining a better understanding of factors that influence men's willingness to seek or not seek counseling may help professionals in the field to better access distressed men who might otherwise avoid counseling (Addis & Cohane, 2005; Addis & Mahalik, 2003; Komiya, Good, & Sherrod, 2000).

In the past three decades, researchers have been examining the experiences of men, especially how men's expected gender roles—social behavior templates to which men are expected to adhere—affect their thoughts, feelings, and actions. One gender-role variable that has been found to contribute to men's underutilization of counseling services is gender role conflict. Male gender conflict results from socialized views of masculinity, or how men should behave, and produces strain in a man's life when he does not or is not able to conform to the socialized gender roles, such as being teased by peers for not acting tough enough or being passed over for promotion because he is not competitive enough (O'Neil, 1981, 1982).

Inherent within the concept of gender role conflict is the intrapersonal and interpersonal strain resulting from the stress of men's gender role socialization. For example, researchers have consistently shown that gender role conflict is linked to increased depression and anxiety (Blazina, Pisecco, & O'Neil, 2005; Blazina & Watkins, 1996; Carter, Williams, Juby, & Buckley, 2005; Cournoyer & Mahalik, 1995; Good & Mintz, 1990; Good & Wood, 1995; Liu & Iwamoto, 2006; Liu, Rochlen, & Mohr, 2005; Rochlen & Mahalik, 2004; Wong, Pituch, & Rochlen, 2006), relationship dissatisfaction and intimacy problems (Rochlen & Mahalik, 2004; Schwartz, Waldo, & Higgins, 2004; Sharpe, Heppner, & Dixon, 1995), job dissatisfaction (Dodson & Borders, 2006), and higher levels of alcohol usage (Blazina & Watkins, 1996).

A typical form of treatment for alleviating these concerns is seeking counseling, or psychotherapy. However, although men's experience of gender role conflict has been linked to higher levels of psychological distress, it has also been linked to a decreased willingness to seek help (see Good & Wood, 1995). For example, Wisch, Mahalik, Hayes, and Nutt (1995) showed that men who watched a brief videotape of a feelings-focused counseling session and reported high levels of gender role conflict were least likely to indicate a willingness to seek counseling. Several researchers have also found that men higher in gender role conflict report greater negative attitudes toward using counseling services (see Berger, Levant, McMillan, Kelleher, & Sellers, 2005; Blazina & Watkins, 1996; Good, Dell, & Mintz, 1989). In particular, Robertson and Fitzgerald (1992) showed that higher levels of male gender role conflict were related to less favorable views of conventional counseling services, such as one-on-one therapy, and Rochlen, Land, and Wong (2004) reported that men with higher gender role conflict had less favorable views of face-to-face counseling. Thus, those men who are experiencing strain from their gender role, and therefore those who may be most in need of services, are also most likely to be at risk for underutilizing counseling (Good & Wood, 1995).

Erin L. Pederson and David L. Vogel, Department of Psychology, Iowa State University.

Correspondence concerning this article should be addressed to David L. Vogel, Department of Psychology, Iowa State University, W112 Lagomarcino Hall, Ames, IA 50011-3180. E-mail: dvogel@iastate.edu

Although there is a clear relationship between male gender role conflict and attitudes toward and willingness to seek counseling services, the role of other factors that have an important influence on the nature of this relationship still needs to be identified. Addis and Mahalik (2003) recently stressed that it is time for research to address additional within-person and contextual variables that affect the relationship between male gender role conflict and willingness to seek counseling. For example, they suggested that factors such as fearing rejection by others or fearing a loss of autonomy are some social psychological processes that may influence the effects of male gender role socialization in help-seeking contexts. Therefore, researchers need to develop and to empirically test models that show how within-person variables mediate gender role conflict's effect on one's willingness to seek help. Development of such models would increase the profession's ability to generate ways to reach out to those men who are not likely to use services when they may need it, because it may be easier to work with specific mediating variables than to directly change gender role socialization.

Research has illuminated two within-person variables that are barriers to seeking professional help that may particularly apply to men, including the tendency to avoid discussing distressing emotions (Komiya et al., 2000; Vogel & Wester, 2003; Vogel, Wester, Wei, & Boysen, 2005) and the self-stigma associated with seeking counseling (i.e., seeing oneself as weak if one cannot handle a problem on one's own; Vogel, Wade, & Haake, 2006). Traditional male gender roles that encourage men to fix problems without help, deny psychological issues, and withhold emotional expression (e.g., Levant, 1992; O'Neil, 1981) may lead men to have an increased fear of expressing distressing emotions and greater self-stigma associated with counseling, and they therefore may be less likely to seek help. In suggesting this, Addis and Mahalik (2003) asserted that: "a man who generally conforms to the norm of emotional stoicism is likely to feel that seeking help . . . is a threat" (p. 10).

The help-seeking literature has addressed the relationship of self-disclosure and help seeking. For example, Kelly and Achter (1995) found that self-concealers (i.e., those less willing to self-disclose) reported less positive attitudes about seeking help when counseling was described as a place where they would reveal personal information. Similarly, Cepeda-Benito and Short (1998) found that self-concealers were three times more likely to have not sought counseling in the past when they were experiencing a problem. Furthermore, a person's emotional openness (Komiya et al., 2000) and willingness to self-disclose to a counselor (Hinson & Swanson, 1993) have been found to be predictors of attitudes and willingness toward seeking professional help. In turn, Vogel and Wester (2003) and Vogel, Wade, and Hackler (2007) showed that one's comfort with self-disclosing distressing information, specifically, was a unique predictor of one's attitudes and willingness toward seeking professional help. From this evidence, it appears that one's tendency to self-disclose distressing information is related to one's attitudes toward counseling, and these attitudes possibly mediate the relationship between distress disclosure and willingness to seek counseling.

Similarly, the tendency to disclose distressing information seems particularly relevant for those experiencing male gender role conflict, as male gender role conflict has been linked with a desire to avoid discussing personal information and emotional experiences (i.e., self-disclosure). Not surprising, Berko (1995) showed that men reporting high gender role conflict were more likely to inhibit their intimate self-disclosure. Conversely, Swenson (1999) reported that lower gender role conflict was a predictor of men's greater disclosure about personal topics. Thus, it seems that the tendency to disclose distressing information is related to male gender role conflict as well as to attitudes and willingness regarding seeking psychological help.

Fear of stigma may also be a barrier to men's help seeking (Chandra & Minkovitz, 2006; Deane & Chamberlain, 1994; Mahalik, Good, & Englar-Carlson, 2003). Social stigma has commonly been examined in relation to help seeking (e.g., Deane & Todd, 1996; Komiya et al., 2000; Sibicky & Dovidio, 1986), and research has begun to examine the internalized sense of stigma, or self-stigma. Self-stigma is the internalization of the negative images expressed by society toward those who seek psychological services and can lead to a perception of oneself as inferior, inadequate, or weak if one seeks such help (Corrigan, 2004; Holmes & River, 1998). Consistent with this, Vogel et al. (2006, 2007) found that the self-stigma associated with seeking counseling uniquely predicted help-seeking attitudes and willingness, such that those participants who perceived a greater self-stigma had less positive attitudes about counseling and showed less willingness to seek counseling.

Self-stigma may be particularly salient for men because the prescription of the traditional male gender role that men should be independent, controlled, and self-sufficient may lead to increased concerns about seeking help, because seeking help may mean admitting an inability to handle things on one's own (Addis & Mahalik, 2003). Therefore, a man who believes that he needs counseling may feel a strong sense of failure, which would make the act of asking for help particularly difficult. Consistent with this, Mansfield, Addis, and Courtenay (2005) found that self-reliance (i.e., the desire to not have to depend on others and feeling bad about oneself if one needs help) was related to men's negative attitudes toward seeking professional psychological help. Magovcevic and Addis (2005) also directly found that college students who reported higher levels of male gender role conflict also reported greater self-stigma associated with experiencing psychological problems. In all, the evidence suggests that for men, self-stigma about counseling is related to male gender role conflict as well as to attitudes toward and willingness regarding seeking counseling.

A decreased tendency to disclose one's distress and greater self-stigma regarding seeking counseling represent two negative consequences of men's gender expectations (i.e., male gender role conflict). Because one's comfort with disclosing personal distress and one's counseling-related self-stigma have been shown to diminish attitudes and inclination toward seeking counseling, it is likely that they are two important factors that mediate the relationship of gender role conflict to willingness to seek counseling. Some studies have reported the direct or zero-order relationships among gender role conflict; help-seeking attitudes; and willingness to seek counseling, self-disclosure, and self-stigma. However, the extant literature has failed to offer a model representing the complex interplay of these variables. Thus, despite the call for research on more multifaceted models of gender role conflict and help seeking, the factors that mediate the relationship between gender role conflict and willingness to seek counseling have not been

directly examined. Uncovering mediating factors between gender role conflict and willingness to seek help could ultimately assist the mental health researchers in designing successful prevention and intervention strategies. In particular, it may be easier to work with specific mediating variables, such as the tendency to self-disclose or counseling-related self-stigma, to increase service use than to change the societal expectations of masculinity. Furthermore, although a number of studies have examined the effects of gender role conflict on self-reported attitudes toward seeking counseling, only a few have directly examined one's self-reported willingness to do so.

The purpose of this study, therefore, was to examine the possible mediating roles of self-stigma and distress disclosure on the relationship between gender role conflict and willingness to seek counseling for psychological and interpersonal concerns. Moreover, because research has shown that attitudes toward professional help seeking directly predict one's willingness to seek counseling (Kelly & Achter, 1995; Vogel & Wester, 2003) and because these attitudes have been shown to mediate the links between self-disclosure and self-stigma and willingness to seek counseling (Vogel et al., 2005, 2007), we attempted in this study to expand the previous literature by hypothesizing that the relationship between gender role conflict and willingness to seek counseling for interpersonal and psychological problems is partially mediated by the tendency to disclose distressing information and the self-stigma associated with seeking help and then by attitudes toward seeking help (see Figure 1). Congruent with previous research, the results were expected to show a direct negative link between gender role conflict and distress disclosure, and a direct positive link between gender role conflict and self-stigma. Furthermore, we hypothesized that distress disclosure would be positively and self-stigma would be negatively related to attitudes toward seeking professional psychological help. Finally, we hypothesized that attitudes toward counseling would be positively related to one's willingness to seek counseling for psychological and interpersonal issues.

Method

Participants

Male students ($N = 575$) from undergraduate psychology courses at a large midwestern university composed the sample. Participants' ages ranged from approximately 18 to 40 years, and 70.6% of the participants were between the ages of 18 and 20. The majority of the sample consisted of students identifying as European American (90.4%). Students identifying as Asian American/Pacific Islander (2.8%), Latino American (1.9%), African American or Black (1.9%), multiracial American (1.2%), Native American (0.2%), and international (0.7%) students composed most of the rest of the sample. Four students (0.7%) indicated their race/ethnicity as "other," and one (0.2%) did not respond. The proportion of students from various racial and ethnic identities was relatively representative of this university's undergraduate student population: 88.1% European American, 3.3% Asian American/Pacific Islander, 2.3% Hispanic, 2.9% African American, 0.3% Native American/Alaskan, and 3.1% international students. A large portion of the sample reported that they were 1st-year students (41%). Most of the sample identified as being single (77.7%) or in a committed relationship (19.5%); the remainder of the sample identified as being married (1.6%), divorced/separated (0.2%), or "other" (1.0%).

Measures

Gender role conflict. Gender role conflict was measured using O'Neil, Helms, Gable, David, and Wrightsman's (1986) Gender Role Conflict Scale–I (GCRS-I). The GCRS-I was developed to measure the negative cognitive, emotional, and behavioral consequences associated with male gender role socialization. The 37 items are rated on a 6-point Likert scale, from 1 (*strongly disagree*) to 6 (*strongly agree*). Higher scores indicate a greater degree of gender role conflict and fear of femininity.
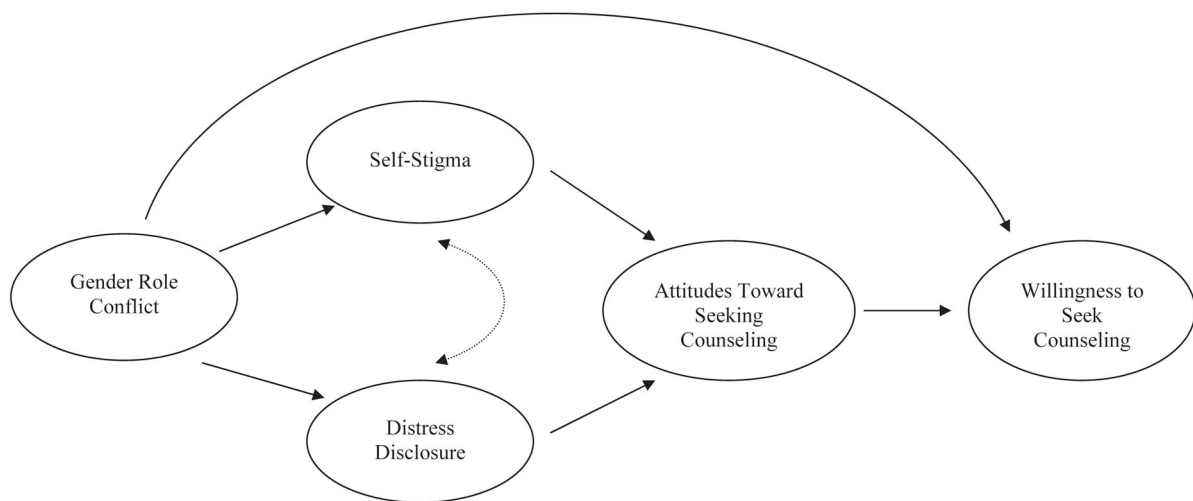

Figure 1. Hypothesized mediated model testing whether the relationship between gender role conflict and willingness to seek counseling for interpersonal and psychological problems is partially mediated by the tendency to disclose distressing information and the self-stigma associated with seeking help and by attitudes toward seeking help in 575 college-age men.

The GRCS-I comprises four subscales: Success, Power, and Competition (SPC); Restricted Emotionality (RE); Restricted Affectionate Behavior Between Men (RABBM); and Conflict Between Work and Family Relations (CBWFR). SPC depicts men's desires and worries about achieving success and avoiding failure, holding superiority over others, and competing with others to gain such power and success. RE represents being afraid of, having difficulty finding words for, or having difficulty with expressing one's feelings. RABBM reflects men's discomfort with expressing feelings specifically toward other men. CBWFR depicts difficulty balancing work or school with family or leisure and the resulting stress of this difficulty. These subscales were established through factor analysis with orthogonal and oblique rotations and are thought to represent four of the main conflict areas facing men (O'Neil et al., 1986).

With their original sample of young, mostly single, midwestern-college men, O'Neil et al. (1986) reported internal consistencies (Cronbach's alpha) of .85, .82, .83, and .75 ($N = 527$) and 4-week test–retest reliabilities of .84, .76, .86, and .72 ($N = 17$) for SPC, RE, RABBM, and CBWFR, respectively. Recent studies have reported similar reliabilities (e.g., .82–.89; Schaub & Williams, 2007). Internal consistency results with the current sample for SPC, RE, RABBM, and CBWFR were .90, .88, .87, and .80, respectively. The authors supplied initial construct validity by showing that men who describe themselves as instrumental (i.e., masculine) scored higher on RABBM and men who were neither instrumental nor expressive (i.e., undifferentiated) had higher scores on RE (O'Neil et al., 1986). Convergent validity for the GRCS-I subscales has been shown through moderate positive correlations with measures of masculinity (e.g., .20–.56, $p < .01$), masculine gender role stress (e.g., .25–.44, $p < .01$), and macho attitudes (.25–.44, $p < .01$; CBWFR was nonsignificant; Walker, Tokar, & Fischer, 2000). In addition, Moradi, Tokar, Schaub, Jome, and Serna (2000) further buttressed the factor stability of the GRCS-I, showing consistent confirmatory factor analysis results for the items themselves and a superior fit for the four factors with either rationally or randomly developed item parcels.

Self-stigma regarding counseling. Respondents' perceived internalized self-stigma about seeking psychological help was measured with the Self-Stigma of Seeking Help (SSOSH; Vogel et al., 2006) scale. The SSOSH scale is a 10-item measure that uses a 5-point Likert-type response scale (e.g., 1 = *strongly disagree*, 3 = *agree and disagree equally*, 5 = *strongly agree*). Half of the items are reverse-scored, so that higher total scores indicate greater self-stigmatizing regarding seeking therapy, therefore viewing help seeking as a greater threat to one's self-esteem. The authors reported internal consistencies between .86 and .92 (Vogel et al., 2006). With the current sample, internal consistency was .88. In support of the scale's construct validity, initial and confirmatory factor analyses illuminated a single construct (Vogel et al., 2006). Convergent validity was also found: The SSOSH was related to social stigma (.46–.48), anticipated risks (.30–.47), anticipated benefits (from −.40 to −.45), attitudes toward seeking professional psychological help (from –.54 to –.63), willingness to seek counseling (from −.34 to −.38), the tendency to self-disclose distressing information (−.25), and the tendency to self-conceal (.15). Supporting the instrument's divergent validity, SSOSH scale scores were unrelated to global self-esteem and psychological distress.

Comfort with self-disclosure of distress. Participants' tendency to self-disclose distressing emotions was measured with the Distress Disclosure Index (DDI; Kahn & Hessling, 2001). The DDI is a 12-item measure designed to assess a person's level of comfort regarding talking to others about personally distressing issues. Responses are in Likert-type format, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Half of the items are reverse-scored, so that higher scores indicate a greater comfort with disclosing distressing personal information. Unlike the RE dimension of gender role conflict, which represents generalized gender role messages about how men should be emotionally, one's tendency to disclose distressing personal information reflects one's actual behavior toward talking with others just when one is upset. Kahn and Hessling (2001) reported internal consistencies ranging from .93 to .95 and a 2-month test–retest reliability of .81 In recent studies, investigators using the measure have reported similar internal consistencies (e.g., .92, Vogel et al., 2006), and the alpha coefficient in the current study was .92. Convergent validity was supported by the DDI's significant but moderate correlations with self-concealment (−.35), self-disclosure (.43), social support (.32), and extraversion (.32; Kahn & Hessling, 2001). Construct validity was also shown: (a) Women were more likely than men to disclose distressing emotions; (b) confirmatory factor analysis showed a unidimensional bipolar construct; and (c) distress disclosure predicted a 2-month increase in perceived social support, self-esteem, and life satisfaction (Kahn & Hessling, 2001).

Attitudes toward seeking counseling. Attitudes regarding counseling were measured with the Attitudes Toward Seeking Professional Psychological Help Scale Fischer & Farina, 1995), which is the 10-item shortened version of the original 29-item scale (Fischer & Turner, 1970). Items are answered on a 4-point Likert scale (1 = *disagree*, 4 = *agree*). Half of the items are reverse-scored, so that higher total scores represent a more positive attitude toward help seeking. Fischer and Farina (1995) reported an internal consistency of .84 and a 4-week test–retest correlation of .80 Similarly, recent studies reported that the measure had an internal consistency of .82 (e.g., Vogel et al., 2006), and the internal consistency result for the current sample was .79. Fischer and Farina (1995) found the correlation between the shorter and longer versions to be .87, which suggests that the scales are measuring similar constructs. The shorter (1995) version was also correlated with whether the respondent had previously sought professional help for personal crises (.39; Fischer & Farina, 1995).

Willingness to seek counseling for psychological and interpersonal issues. Willingness to seek help was measured with the Intentions to Seek Counseling Inventory (ISCI; Cash, Begley, McCown, & Wiese, 1975). The ISCI is a list of 17 items on which respondents rate how likely they would be to seek counseling for each problem listed (e.g., depression, relationship difficulties, drug problems). Items are answered on a Likert-type scale from 1 (*very unlikely*) to 4 (*very likely*). Only the 10 items that compose the Psychological and Interpersonal Concerns subscale (delineated using factor analysis by Cepeda-Benito & Short, 1998) were used in this study, because gender role conflict is most strongly linked to psychological distress and interpersonal issues (e.g., Good, Robertson, Fitzgerald, & Stevens, 1996). The items on the subscale ask how likely respondents would be to seek counseling for inferiority feelings, loneliness, difficulties in dating, and depression. Higher total scores reflect a greater likelihood of seeking

counseling regarding psychological or relational issues. Internal consistency estimates of .89–.90 have been reported for the ISCI Psychological and Interpersonal Concerns subscale (Cepeda-Benito & Short, 1998; Vogel et al., 2006). Internal consistency for the current sample was .86. Regarding construct validity, the authors of the ISCI found that the measure could detect preferences in college students' intent, or willingness, to seek counseling with counselors who were more attractive (Cash et al., 1975). Kelly and Achter (1995) found a positive correlation between the ISCI and favorable attitudes toward psychotherapy ($r = .36$).

Procedure

Before participants were contacted, approval for the study was obtained from the university institutional review board. Participants were contacted through undergraduate psychology classes and asked to fill out multiple-choice questions about attitudes. They were informed that participation was voluntary and that their responses would be kept confidential. All participants received extra credit in a psychology course for their participation. After completing an informed consent form, participants received a packet containing the above measures and some demographic questions including their birth date, ethnicity/race, and year in school. The questionnaire packet closed with a debriefing form.

Results

Descriptive Statistics

Table 1 lists the zero-order correlations, means, and standard deviations for the overall scale scores.

Item Parcels

Following the recommendation of Russell, Kahn, Spoth, and Altmaier (1998), we created observed indicators (or parcels) for each of the latent variables except for gender role conflict, which we estimated from the four GRCS-I subscales. For each of the other latent variables (i.e., self-stigma regarding counseling, comfort with distress disclosure, attitudes toward counseling, and willingness to seek counseling), three indicators were created. The

decision to create indicators (or parcels) was based on the desire to reduce the number of parameters that would result if one were to use individual items, thereby improving model fit via the more limited number and better distribution of the parameters (for a discussion, see Russell et al., 1998). Furthermore, parcels were used rather than additional measures of each construct because many of the constructs (e.g., self-stigma) had only one validated scale and because using fewer measures reduced participant burden. We chose the method of Russell et al. (1998) over other methods of parceling because Russell and colleagues asserted that "when this procedure is used, the resulting item parcels should reflect the underlying construct . . . to an equal degree" (p. 22). Having equal loadings across the parcels should maximize the benefits of parceling for the measurement model. We created the parcels by separately fitting a one-factor model using exploratory factor analyses with the maximum likelihood method on the items from each scale. The items on each scale were then rank-ordered on the basis of the magnitude of their factor loadings. To equalize the average loadings of each parcel on its respective factor, we assigned the highest- and lowest-ranking items in pairs to a parcel (see Table 2 for parcel correlations).

Measurement Model for Testing Mediated Effects

Following Anderson and Gerbing's (1988) recommendation, we first used a confirmatory factor analysis to test a measurement model for an acceptable fit to the data. The maximum likelihood method in LISREL Version 8.54 was used to examine the measurement model. The test developed by Mardia (as cited by Bollen, 1989) was also used to test whether the data met the normality assumption underlying the maximum likelihood procedure. The multivariate normality test indicated that the data did not fit requirements for normality, $\chi^2(2, N = 575) = 338.77$, $p < .001$. Therefore, in this and subsequent analyses, we used Satorra and Bentler's (2001) scaled chi-square statistics to adjust for the impact of nonnormality in the subsequent analyses. In addition to the scaled chi-square statistics, we used four indices (see Martens, 2005) to assess the model's goodness of fit: the comparative fit index (CFI; $\geq .95$), the incremental fit index (IFI; $\geq .95$), the root-mean-square error of approximation (RMSEA; $\leq .06$), and

Table 1
Zero-Order Correlations, Means, and Standard Deviations Among the Overall Scale Scores

	1	2	3	4	5	6	7	8	9	M	SD
1. GRCS-I	—	.80**	.74**	.78**	.67**	.31**	−.29**	−.25**	−.03	130.3	26.31
2. SPC		—	.33**	.44**	.49**	.24**	−.07	−.20**	−.03	51.3	11.46
3. RE			—	.54**	.34**	.29**	−.46**	−.22**	−.04	31.4	9.22
4. RABBM				—	.36**	.27**	−.28**	−.21**	−.06	27.4	8.25
5. CBWFR					—	.10*	−.07	−.07	.08*	20.2	5.87
Other scales											
6. SSOSH						—	−.21**	−.59**	−.27**	29.4	7.35
7. DDI							—	.30**	.19**	35.9	9.75
8. ATSPPH								—	.43**	22.6	5.41
9. ISCI									—	18.5	5.48

Note. $N = 575$. GRCS-I = Gender Role Conflict Scale–I, which has four subscales: SPC = Success, Power, and Competition; RE = Restrictive Emotionality; RABBM = Restrictive Affectionate Behavior Between Men; and CBWFR = Conflict Between Work and Family Relations. SSOSH = Self-Stigma of Seeking Help; DDI = Distress Disclosure Index; ATSPPH = Attitudes Toward Seeking Professional Psychological Help; ISCI = Intentions to Seek Counseling Inventory.
* $p < .05$.   ** $p < .001$.

Table 2
Zero-Order Correlations, Means, and Standard Deviations Among the 16 Observed Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	M	SD
1. SPC	—	.33	.44	.49	.22	.18	.26	−.03	−.09	−.07	−.17	−.22	−.10	−.01	−.03	−.05	51.3	11.46
2. RE		—	.54	.34	.24	.23	.31	−.39	−.47	−.41	−.23	−.17	−.15	−.04	−.02	−.04	31.4	9.22
3. RABBM			—	.36	.22	.21	.29	−.25	−.29	−.23	−.21	−.18	−.14	−.06	−.03	−.06	27.4	8.25
4. CBWFR				—	.06	.08	.13	−.06	−.09	−.04	−.11	−.07	.02	.08	.08	.06	20.2	5.87
5. SSOSH–1					—	.75	.76	−.20	−.21	−.18	−.54	−.50	−.48	−.27	−.16	−.36	12.0	3.03
6. SSOSH–2						—	.70	−.13	−.18	−.12	−.38	−.40	−.34	−.15	−.08	−.24	8.9	2.54
7. SSOSH–3							—	−.16	−.23	−.16	−.47	−.45	−.42	−.22	−.15	−.30	8.5	2.52
8. DDI–1								—	.83	.77	.24	.22	.24	.22	.15	.17	12.0	3.58
9. DDI–2									—	.80	.26	.25	.25	.16	.12	.13	11.5	3.39
10. DDI–3										—	.26	.22	.21	.18	.14	.16	12.4	3.49
11. ATSPPH–1											—	.58	.51	.34	.23	.42	9.3	2.48
12. ATSPPH–2												—	.59	.29	.18	.30	6.6	1.96
13. ATSPPH–3													—	.39	.28	.43	6.7	1.99
14. ISCI–1														—	.69	.70	7.7	2.45
15. ISCI–2															—	.64	4.9	1.76
16. ISCI–3																—	5.9	1.94

Note. N = 575. For correlations greater than or equal to: |.09|, p < .05; |.11|, p < .01; |.14|, p < .001. SPC = Success, Power, Competition; RE = Restrictive Emotionality; RABBM = Restrictive Affectionate Behavior Between Men; CBWFR = Conflict Between Work and Family Relations; SSOSH = Self-Stigma of Seeking Help; DDI = Distress Disclosure Index; ATSPPH = Attitudes Toward Seeking Professional Psychological Help; ISCI = Intentions to Seek Counseling Inventory.

the standardized root-mean-square residual (SRMR; ≤ .08; see Hu & Bentler, 1999; Martens, 2005).

The initial test of the measurement model provided a good fit for the data: $\chi^2(94, N = 575) = 363.45$, $p < .01$; scaled $\chi^2(94, N = 575) = 320.80$, $p < .01$; CFI = .96; IFI = .96; RMSEA = .065 (90% confidence interval [CI] = .057–.073); SRMR = .06. The

means, standard deviations, and zero-order correlations for the 16 observed variables (i.e., parcels) are shown in Table 2. Table 3 shows the unstandardized and standardized factor loadings, standard error, and Z statistic for each of the 16 observed variables on their latent variables. The measured variables' loadings on the latent variables were all statistically significant, $p < .001$.

Table 3
Factor Loadings for the Measurement Model

Measured variable	Unstandardized factor loading	SE	Z	Standardized factor loading
Gender role conflict				
SPC	6.42	.54	11.94**	.56
RE	6.74	.45	14.92**	.73
RABBM	6.10	.35	17.20**	.74
CBWFR	3.00	.26	11.64**	.51
Help-seeking self-stigma				
SSOSH–1	2.77	.10	26.67**	.91
SSOSH–2	2.07	.09	22.70**	.81
SSOSH–3	2.11	.09	23.90**	.84
Distress disclosure				
DDI–1	3.19	.11	27.84**	.89
DDI–2	3.17	.10	30.33**	.93
DDI–3	3.00	.12	25.55**	.86
Attitudes toward seeking counseling				
ATSPPH–1	1.86	.10	19.11**	.75
ATSPPH–2	1.49	.07	20.52**	.76
ATSPPH–3	1.46	.08	19.09**	.73
Willingness to seek counseling				
ISCI–1	2.14	.09	22.80**	.87
ISCI–2	1.37	.08	16.74**	.78
ISCI–3	1.60	.08	21.03**	.82

Note. N = 575. SPC = Success, Power, and Competition; RE = Restrictive Emotionality; RABBM = Restrictive Affectionate Behavior Between Men; CBWFR = Conflict Between Work and Family Relations; SSOSH = Self-Stigma of Seeking Help; DDI = Distress Disclosure Index; ATSPPH = Attitudes Toward Seeking Professional Psychological Help; ISCI = Intentions to Seek Counseling Inventory.
** $p < .001$.

Structural Model for Testing Mediated Effects

We tested the hypothesized partially mediated structural model (see Figure 1) with the maximum likelihood method in LISREL Version 8.54 with the same fit indices used above. The structural model provided a good fit to the data: $\chi^2(97, N = 575) = 370.14$, $p < .01$; scaled $\chi^2(97, N = 575) = 327.87$, $p < .01$; CFI = .96; IFI = .96; RMSEA = .06 (90% CI = .057–.072); SRMR = .06. All paths were significant. Next, following the recommendation to examine other comparative models against the hypothesized model (see Martens, 2005), we compared our hypothesized partially mediated model against both a fully mediated model and a structurally saturated model using the Satorra–Bentler scaled chi-square differences test. In the fully mediated model, the direct path from gender role conflict to willingness to seek counseling was constrained to zero. Results of the fully mediated model provided a good fit to the data: $\chi^2(98, N = 575) = 379.06$, $p < .01$; scaled $\chi^2(98, N = 575) = 335.01$, $p < .01$; CFI = .96; IFI = .96; RMSEA = .07 (90% CI = .057–.073); SRMR = .06. However, a scaled chi-square differences test comparing the models showed a statistically significant difference between the partially and fully mediated models: scaled $\chi^2(1, N = 575) = 6.46$, $p = .01$. Thus, the hypothesized partially mediated model with the inclusion of the direct path from gender role conflict (as measured on the GRCS-I) to willingness to seek counseling (as measured on the ISCI) had a slightly better fit to the data.

In the structurally saturated model, we added the paths from gender role conflict to attitudes toward seeking help, from self-stigma to willingness to seek counseling, and from distress disclosure to willingness to seek counseling (i.e., no paths were constrained to zero as in the measurement model). Results of this model also provided a good fit to the data: $\chi^2(94, N = 575) = 363.45$, $p < .01$; scaled $\chi^2(94, N = 575) = 320.80$, $p < .01$; CFI = .96; IFI = .96; RMSEA = .065 (90% CI = .057–.073); SRMR = .06. However, the scaled chi-square differences test comparing the hypothesized and structurally saturated models showed no statistically significant difference between the models, scaled $\chi^2(3, N = 575) = 6.67$, $p = .08$, and none of the added paths was significant in new model. Therefore, the addition of the three paths did not add to the fit of the model. As such, the hypothesized partially model was selected as the best fit to the data and was subsequently used in the bootstrap procedure. The parameter estimates for the hypothesized partially mediated model are shown in Figure 2.

Bootstrapping

The bootstrap procedure recommended by Shrout and Bolger (2002) was used to examine the significant levels of indirect effects for the mediated model. Indirect effects are not normally distributed, so using a standard error to perform a Z-test may produce inaccurate results. Bootstrap procedures offer an empirical means for determining statistical significance (Efron & Tibshirani, 1993) that circumvent the need to assume normality because the bootstrapping results provide asymmetric confidence limits. If the 95% CI for the estimate of asymmetric indirect effect does not include zero, it can be concluded that the indirect effect is statistically significant at the .05 level (Shrout & Bolger, 2002). To conduct the bootstrap, we created 10,000 bootstrap data samples by randomly sampling with replacements from the original data set ($N = 575$). Next, the partially mediated model was performed in LISREL (Version 8.54) with each of the 10,000 samples, resulting in 10,000 estimations of each path coefficient. We calculated the indirect effect of gender role conflict on willingness to seek counseling for psychological and interpersonal concerns through the self-stigma, distress disclosure, and attitudes toward seeking counseling mediators by multiplying the 10,000 pairs of path coefficients (a) from gender role conflict to self-stigma and distress disclosure; (b) from self-stigma and distress disclosure to attitudes toward seeking counseling; and (c) from attitudes toward seeking counseling to willingness to seek counseling.
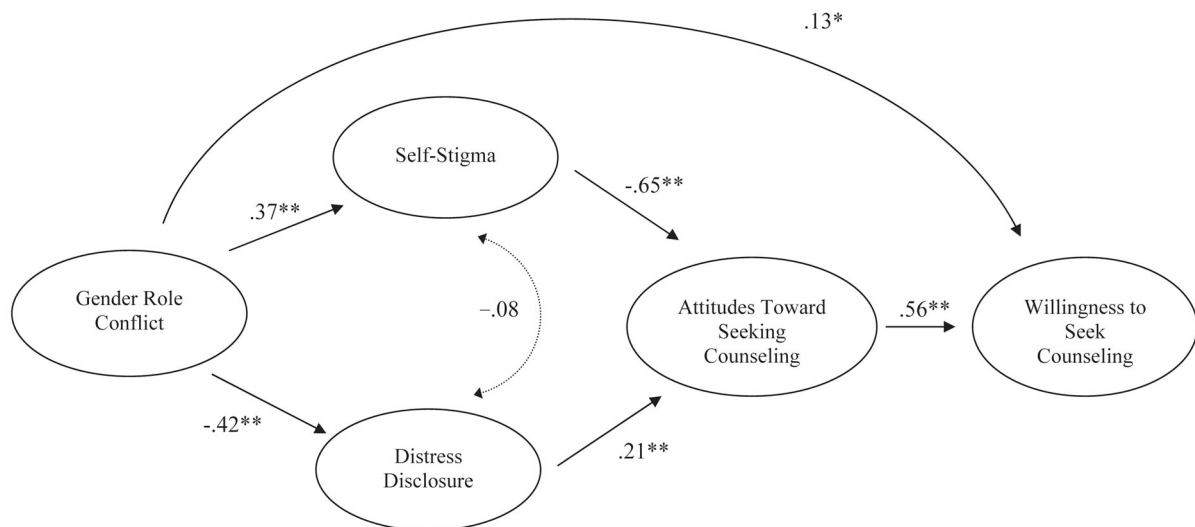

Figure 2. Parameter estimates of the final mediated model testing whether the relationship between gender role conflict and willingness to seek counseling for interpersonal and psychological problems is partially mediated by the tendency to disclose distressing information and the self-stigma associated with seeking help and by attitudes toward seeking help in 575 college-age men. $^*p < .05.$ $^{**}p < .001.$

Table 4 shows the estimates for the direct and indirect effects. In the bootstrap procedure, the mediated pathways from gender role conflict through self-stigma and help-seeking attitudes to willingness to seek counseling ($b = .37 \times -.65 \times .56 = -.14$) and from gender role conflict through comfort with disclosing distress and help-seeking attitudes to willingness to seek counseling ($b = -.42 \times .21 \times .56 = -.05$) were significant. Altogether, gender role conflict, self-stigma regarding seeking counseling, and comfort with distress disclosure explained 53% of the variance in attitudes toward seeking professional psychological help. In turn, gender role conflict and attitudes toward seeking counseling explained 29% of the variance in willingness to seek counseling for psychological and interpersonal concerns.

Discussion

The results of the structural equation modeling (SEM) and the bootstrapping procedures show support for the hypothesis that the relations between gender role conflict and willingness to seek counseling are partially mediated by the tendency to disclose distressing information, by the self-stigma associated with seeking counseling, and by attitudes toward seeking counseling. Therefore, one of the unique contributions of this study is that it provides, for the first time, empirical support for the theoretical assertions that gender role conflict may leave men less willing to seek counseling for psychological and interpersonal concerns, especially when the men are uncomfortable with disclosing their distress, when they self-stigmatize about therapy, and when these factors negatively influence their attitudes about counseling. Addressing the need to empirically test models that show how within-person variables mediate the effect of gender role conflict on one's willingness to seek help (see Addis & Mahalik, 2003) is important, because empirical examination of mediation models of men's help seeking will increase counselors' understanding of men's decision-making process in relation to seeking help and will allow for the development and testing of interventions that focus on specific mediating variables that are found to be uniquely important for men.

This study also contributes to the gender role and help-seeking literatures by providing a more complete model of how the strain of gender role socialization experiences are related to men's willingness to seek counseling for psychological and interpersonal concerns. Although several studies have examined the direct rela-

tionship between gender role conflict and attitudes toward seeking help, only a couple of studies have examined the relationship between gender role conflict and willingness to seek counseling, and no study has examined a more complex model of this relationship. Furthermore, focusing on more complex models may be particularly important, because the addition of distress disclosure and counseling self-stigma in this study led to a model that accounted for 53% of the variance in help-seeking attitudes and 29% of the variance in willingness to seek help, whereas previous studies examining gender role conflict variables only (i.e., potential mediators were not included) have tended to account for less variance (e.g., 19%–28% in attitudes, Blazina & Marks, 2001; 6% in likelihood/willingness, Good et al., 1989). Therefore, the inclusion of potential mediators, such as distress disclosure and self-stigma, can add meaningful information to the field's full understanding of the factors facing men and their decisions to seek help. Although the overall results support the hypothesis that the relations between gender role conflict and willingness to seek counseling was mediated by self-stigma, distress disclosure, and attitudes toward counseling, it is also important to note that gender role conflict still had (after the other variables in the model were controlled) a direct effect on one's willingness to seek counseling. As such, other mediators may need to be examined. For example, because psychological distress is one of the main reasons people decide to seek professional help (Cepeda-Benito & Short, 1998; Cramer, 1999) and higher gender role conflict is consistently is linked to increased psychological distress (e.g., Blazina et al., 2005), it may be important to examine the experience of psychological distress as a mediator. Specifically, experiencing greater psychological distress should lead to greater recognition of the need to use services. Future research might also seek to identify other mediators, such as experiencing mental health symptoms, prior use of services, and fear of public stigmatization (i.e., negative reactions from others if one were to seek therapy) that would likely lead to increased or decreased service use. Vogel et al. (2007), for example, argued that men who seek help may be perceived particularly negatively by society, because men are expected to be stoic, controlled, and self-sufficient (Hammen & Peters, 1977). Consistent with this, Raviv, Sills, Raviv, and Wilansky (2000) found that people were more willing to refer a woman to get help than a man.

Table 4

Bootstrap Analyses of the Magnitude and Statistical Significance of the Direct and Indirect Effects

Independent variable	Mediator variables	Dependent variable	β standardized indirect effect	B mean indirect effect[a]	SE of mean[a]	95% CI[a] (lower, upper)
Gender role conflict→		Self-stigma	.37	.189	.0005	.126, .252
Gender role conflict→		Disclosure	−.42	−.081	.0006	−.151, −.012
Gender role conflict→		Willingness	.13	.045	.0004	.001, .090
Self-stigma→		Attitudes	−.65	−.437	.0005	−.494, −.381
Disclosure→		Attitudes	.21	.118	.0003	.077, .159
Attitudes→		Willingness	.56	.614	.0010	.500, .729
Gender role conflict→	Self-stigma→	Attitude	$(.37) \times (-.65) = -.24$	−.083	.0003	−.113, −.054
Gender role conflict→	Disclosure→	Attitude	$(-.42) \times (.21) = -.09$	−.010	.0001	−.020, −.001
Gender role conflict→	Self-stigma→ Attitudes→	Willingness	$(.37) \times (-.65) \times (.56) = -.14$	−.051	.0002	−.071, −.032
Gender role conflict→	Disclosure→ Attitudes→	Willingness	$(-.42) \times (.21) \times (.56) = -.05$	−.006	.0001	−.012, −.001

[a] These values based on unstandardized path coefficient. CI = confidence interval.

Practical Implications

Knowing the mediating roles of self-disclosure and self-stigma on the relationship between gender role conflict and attitudes toward counseling and willingness to seek counseling allows for some practical implications to be asserted and then applied to future studies. Changes are necessary to address the lack of fit between the culture of masculinity and the therapeutic process (Mahalik et al., 2003). Researchers and counselors might attempt to improve help-seeking attitudes by decreasing the detrimental effects of gender role conflict through easing men's discomfort with disclosing personal struggles and/or men's self-stigmatizing for needing help. Altering informational materials or the psychotherapy techniques themselves may be powerful tools for encouraging men to self-stigmatize less or to be more comfortable with disclosing distress (for a review regarding marketing therapy to men, see Rochlen & Hoyer, 2005). For example, Robertson and Fitzgerald (1992) found that men high in gender role conflict had more positive attitudes toward brochures describing alternative counseling methods (i.e., classes, workshops, seminars, a videotape library) compared with traditional counseling methods (i.e., one-on-one talk therapy). A promising study by Buckley and Malouff (2005) found that participants who viewed a short videotape of people expressing positive attitudes about therapy came to hold more favorable views toward counseling, grew more tolerant of the stigma regarding mental health treatment, and became more willing to disclose personal information to mental health professionals. Similarly, Wisch et al. (1995) reported that men higher in gender role conflict were more attracted to videotapes depicting counselors asking clients about their thoughts rather than their feelings, suggesting that men might be more willing to engage in therapy if they expected to focus on cognitions, which are more stereotypically gender-aligned for men than are emotions. Perhaps with such alternative options or psychoeducation, men experiencing the strain of gender role conflict would be less apt to self-stigmatize or feel discomfort with self-disclosure and therefore might be more apt to seek counseling.

On a more complicated but important level, the gender role conflict associated with gender role socialization can be addressed and gradually changed. For instance, Addis and Cohane (2005) suggested using psychoeducational programs to teach young boys, parents, and teachers that emotional expression and help seeking are acceptable for males. When boys and men can be encouraged to embrace a broader range of acceptable gender roles, they may also be able to embrace a more positive perspective on help seeking. As research continues to reveal the nuances of gender role conflict, humans can learn to further challenge and encourage each other to choose more healthful blends of gender roles—or to transcend gender roles altogether (e.g., see Garnets & Pleck, 1979).

Limitations and Future Directions

Several limitations of this study are particularly noteworthy. First, the results of this study should not be generalized to all males. All participants were undergraduate male college students enrolled in at least one psychology course. The majority of the sample was also in the first 2 years of their undergraduate work and single. Thus, the participants were mostly of traditional college age, and it is likely that very few of these students were employed full time. Additionally, most participants identified as European American, and the men were not asked to report their sexual/affectional orientation, socioeconomic background, urban/rural upbringing, and so forth. Although the GRCS-I appears valid in studies including men of color (e.g., Liu, 2002; Wade, 1996; Wester, Kuo, & Vogel, 2006) and gay men (e.g., Simonsen, Blazina, & Watkins, 2000) in the United States, varying populations do often appear to exhibit differences in amount or type of gender role conflict. Furthermore, these variations may be mediated by one's stage of racial identity (e.g., Liu & Iwamoto, 2006; Wester, Vogel, Wei, & McLain, 2006) or openness about sexual orientation (e.g., Sanchez, 2006). Future research might replicate this study on various subsets within the U.S. male population—including different age groups, races/ethnicities/nationalities, education levels, presence or type of occupation, socioeconomic status, disabilities, sexual/affectional orientations—and on males in other countries; only one study has examined the relationship of gender role conflict and help-seeking decisions in nonmajority populations (i.e., gay men, Simonsen et al., 2000). Additionally, future studies might seek to specifically examine men who are currently in distress or experiencing mental health symptoms.

In addition, women's experience with their own gender role conflict or masculinities has been very seldom studied (e.g., McCreary, Newcomb, & Sadava, 1998). The GRCS-I, as is, has not been fully validated with females, although some researchers have used an adapted version with women (e.g., Zamarripa, Wampold, & Gregory, 2003). It is unclear whether these constructs would be linked in the same ways for females. More research continues to be needed on females' experiences of gender role conflict. Moreover, a feminine gender role conflict scale comparable to the GRCS-I has not yet been established.

Second, as with most quantitative research (if not all social sciences research), the constructs measured herein could not have been thoroughly tapped by the methodology of one study. For example, the four subscales of the GRCS-I may only be measuring some of the aspects of the general construct of gender role conflict. Although the strong validity of the administered measures help us to feel confident about this study's results, the hypothesized concepts can only really be measured as operationalized by the scales themselves. Continued research on the proposed model might incorporate other types of measurement (e.g., observational) and/or multiple measures to represent constructs such as gender role strain (e.g., the Masculine Gender Role Stress Scale, Eisler & Skidmore, 1987). Alternatively, similar constructs might replace others—examining, for instance, attitudes toward seeking medical help in place of attitudes toward seeking psychological help.

Finally, although the statistical analyses we used can decrease much of the error variance, the associations among constructs are still correlational. Therefore, as is the case with all studies that rely on SEM analyses, there may be alternative models that would fit the data (see MacCallum, Wegener, Uchino, & Fabrigar, 1993). Therefore, it is important to test models on theoretical grounds. In the current case, it was hypothesized that gender role conflict would predict self-disclosure and self-stigma and then attitudes and willingness because gender role conflict theory (O'Neil, 1982) asserts that masculine roles are learned very early in life (as early as 2–3 years) and have pronounced effects on a large number of interpersonal and psychological aspects of the person's life as a

child and into adulthood. In turn, self-disclosure of distress and self-stigma for seeking help are more specific behaviors/feelings that are based on life experiences and messages about what is appropriate behavior (i.e., gender role messages such as "men don't cry") that then affect future decisions/intentions. Future research might further test the hypothesized model with experimental designs that test the effects of various interventions on, for example, the tendency to stigmatize oneself regarding counseling.

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