The Relationship between Gender Role Conflict and Psychological
Help-Seeking: The Role of Maladaptive Coping

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Abstract

In the present study, we examined the relationships between gender role conflict,
maladaptive coping behaviors, and psychological help-seeking among 395 male
undergraduate students from a mid-sized Midwestern university. Structural
equation modeling (SEM) was used to test the relationships between these
variables, and to respond to O'Neil's (2008) call for more complex investigations
of gender role conflict. The proposed model achieved an adequate fit with the
data. Contrary to expectations, gender role conflict predicted neither maladaptive
coping behaviors nor psychological help-seeking attitudes and intentions.
However, maladaptive coping significantly predicted psychological help-seeking,
such that the greater the use of maladaptive coping strategies among the men the
more negative were their psychological help-seeking attitudes and intentions.
Taken together, these results provide future directions for researchers and
clinicians interested in gender role conflict and exemplify the impact coping
behaviors have on utilization of psychological help.

Key words: Male college students, psychological help-seeking, BAPS, gender role conflict,
maladaptive coping.

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The Role of Maladaptive Coping**

A shared concern among mental health professionals is the general reluctance of people
to engage in psychological help-seeking behaviors (Vogel, Wester, Larson, & Wade, 2006).
Compared to women, men are more likely to view psychological help-seeking in a negative light
and attach higher levels of stigma to seeking such help (Golberstein, Eisenberg, & Gollust,
2008). The majority of those seeking psychological help are women, supporting that gender-
related variables influence psychological help-seeking (Vogel, Wester, Hammer, & Downing-
Matibag, 2014; Yousaf, Popat, & Hunter, 2015). College men are less likely to disclose problems
to their close friends than women are, men are less likely to seek help for physical illnesses, and
perceive less risk associated with drinking, smoking, and drug use (Courtenay, 1998). The
literature on men and masculinity has consistently detailed that men relative to women have
greater negative attitudes toward seeking psychological help. Those negative attitudes have

largely been related to factors such as gender role socialization, adherence to traditional gender role norms, and the strain and conflict that can result (Davies et al., 2000; Golberstein, Eisenberg, & Gollust, 2008; O'Neil et al., 1995; Topkaya, 2014; Wester, Christianson, Vogel, & Wei, 2007; Yousaf, Popat, & Hunter, 2015). Research has also demonstrated that gender role norms are tied to men avoiding seeking psychological services and engaging in high-risk behaviors as a means of coping with psychological distress (Capraro, 2000; Iwamoto, Liao, & Liu, 2010; Korcuska & Thombs, 2003; Uy, Massoth, & Gottdiener, 2014). Despite these findings, not much has been written about the specific nature of the relationship between gender-specific variables (e.g., gender role conflict), maladaptive coping, and psychological help-seeking. A greater understanding of how these variables relate to one another could help mental health care providers tailor interventions and treatment programs to better meet the needs of potential male clients.

Gender Role Conflict and Psychological Help-seeking

Gender role norms have been hypothesized as contributing to men's underutilization of counseling services. These norms are learned at an early age and inform individuals when to seek help and with whom they should confide in light of a problem (Vogel, Wester, Larson, & Wade, 2006). Important figures in a person's life such as parents, teachers, and peers play a significant role in reinforcing gender-specific norms (Mahalik & Cournoyer, 2000). Stereotypic and narrowly defined male gender role norms (Pleck, 1981) contribute to men's internalization of traditional masculinity ideologies and ultimately gender role conflict and strain (Addis & Mahalik, 2003; Eisler, 1995; O'Neil, 2008). Gender role conflict arises, for instance, when a man's gender role presentation is in conflict with societal definitions of the ideal or traditional male gender role (O'Neil, Good, & Holmes, 1995). The presence of gender role conflict can stunt a person's potential for both intra- and interpersonal growth (Addis & Mahalik, 2003; Smiler, 2004).

The concept of hegemonic masculinity (Connell, 1995), while scarcely discussed in relation to gender role conflict (O'Neil, 1981), may illuminate the contextual and culture-specific factors contributing to gender role conflict. Hegemonic masculinity is "an idealized form of masculinity linked to power in society" (Durfee, 2011, p. 318) and describes the socially reinforced and culturally specific existence of a masculinity hierarchy where multiple forms of masculinity (i.e., masculinit*ies*) are present, and a single, rigidly defined form of masculinity occupies the dominant position (Connell, 1992; de Visser & McDonnell, 2013). Hegemonic masculine norms emphasize very specific displays of gender and behaviors that stand in opposition to those deemed "nonmasculine or feminine" (de Visser & McDonnell, 2013, p. 5). Behaviors that are lauded within this paradigm are displays of strength and toughness (both emotional and physical), stoicism, risk taking, earning more income than one's partner, emotional and physical control, and heterosexuality (Cheng, 1999; de Visser & McDonnell, 2013; de Visser & Smith, 2007). Displays of love and affection, grief, emotions, help-seeking, engagement in domestic labor, and a non-heterosexual orientation are examples of behaviors and identities that are considered opposite to the hegemonic masculine stereotypes (Cheng, 1999; de Visser & McDonnell, 2013; de Visser & Smith, 2007).

This rigid definition of the ideal masculinity versus other displays of masculinity creates a clear divide between those who can meet the socially approved criteria and those who cannot

or chose not to do so (Cheng, 1999). The result is the restriction and depreciation of individuals who do not meet this narrow definition of masculinity (Good & Wood, 1995). Men are forced to either assimilate with or deviate from these norms, which may ultimately contribute to gender role conflict (O'Neil, 1981).

Gender role conflict encompasses two main factors: *achievement-related* conflict and *restriction-related* conflict (Good & Wood, 1995). The achievement-related component refers to independent achievement, where the focus is on what men are supposed to be and do (Good & Wood, 1995). An example of this is when boys are socialized to be competitive, aggressive, and view others as challenges in their path to individual success (Cohn, & Zeichner, 2006; O'Neil, 2008; Pleck, 1981). Young boys are encouraged to be powerful, aggressive, independent, and intelligent leaders, whereas girls are taught that their future lies in finding roles that are passive and subservient to men (Goodwin, 2008; Wester et al., 2007). The restriction-related component entails social scripts that men should limit their same-sex friendships as well as their display of emotions, thus emphasizing what men are *not* supposed to be or do (Good & Wood, 1995; O'Neil, 2008; Watts & Borders, 2005). Fear of femininity is an integral component of hegemonic masculinity (Blazina, 2003; Cheng, 1999; Connell, 1995; de Visser & McDonnell, 2013; O'Neil, 2008; Watkins & Blazina, 2010) that can produce negative patterns in men, such as a lack of ability to display emotion, and increased competition among peers (O'Neil, Good, & Holmes, 1995). This anti-female model encourages men to be independent, rigid, and aggressive, suggesting emotional expressiveness is a sign of weakness (Goodwin, 2008; Levant, 1995). Anger has been noted as one of the few emotions seen as acceptable for a man to express (Genuchi & Valdez, 2015). The consequence of this is that men are encouraged to channel other emotions into expressions of anger, thus inhibiting their ability to experience, address, or even identify other emotions (Levant, 1995). The male gender role socialization process has been identified as a causal factor in the development of male normative alexithymia, defined as "the inability to put emotions into words" (Levant et al., 2003, p. 92).

Such restrictive male gender role norms contribute to men's negative attitudes toward seeking help (Leong & Zachar, 1999), and serve as a barrier to men seeking psychological help (Davies et al., 2000). Mental health services may be perceived as unproductive, thus, contributing to negative attitudes toward such services (Leong & Zachar, 1999) and decreased utilization of social support (Komiya, Good, & Sherrod, 2000). Gender role conflict may ultimately lead men to 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 " (Nicholas, 2000, p. 30).

Gender role conflict has been identified as a contributor to psychological distress for men (Good et al., 1995). Men experiencing gender role conflict may tend to conceal their emotional and psychological distress (Cusack, Deane, Wilson, & Ciarrochi, 2006; Komiya, Good, & Sherrod, 2000) due to traditional masculinity ideology, presenting psychological help-seeking as contrary to socially acceptable male norms of independence and restriction of emotions (Davies et al., 2000). Furthermore, traditional masculine ideology discourages interpersonal openness (Smiler, 2004), which has long been noted as a major contributor to persons intentions to seek psychological services (Fischer & Turner, 1970). More recent literature has re-emphasized that distress regarding personal disclosure and stigma tied to seeking counseling services reduces

men's likelihood of seeking psychological help (Ægisdóttir, O'Heron, Hartong, Haynes, & Linville, 2011; Komiya, Good, & Sherrod, 2000; Pederson & Vogel, 2007).

There is evidence to support that as men's roles and values become less in line with traditional hegemonic masculine norms, psychological help-seeking attitudes become more positive (Good, Dell, & Mintz, 1989). For instance, Good and Wood (1995) found low levels of restriction-related and achievement-related gender role conflict was related to a greater openness to seek psychological help. In addition, when men receive social support in the face of gender role conflict, they appear more willing to seek counseling services (Wester et al., 2007).

Gender Role Conflict and Maladaptive Coping

The extant literature has demonstrated that gender role conflict contributes to problematic coping behaviors by men in response to distress (O'Neil, 2008). Men are more likely than women to choose high-risk behaviors to cope with psychological distress as opposed to seeking psychological help (Eisler, 1995; Levant, Wimer, Williams, Smalley, & Noronha, 2009). There is evidence to support that men's internalization of emotions often results in difficulty managing anger and engagement in conflict resolution through physical violence (Davies et al., 2000). Men are less likely than women to disclose problems to close friends (Courtenay, 1998), and self-concealment as a means of coping has been found to correlate with increased psychological distress (Komiya, Good, & Sherrod, 2000). Compared to women, men perceive less risk associated with drinking, smoking, and drug use (Courtenay, 1998). Additionally, stronger adherence to traditional masculine gender role norms has been positively correlated with problematic drinking (Locke & Mahalik, 2005). Recent investigations have demonstrated that difficulty with emotional regulation may contribute to men experiencing higher reactivity to stressful situations as well as an increased reliance on alcohol consumption as a means of coping with this distress (Iwamoto & Corbin, 2014).

Coping is a complex construct that involves emotional, cognitive, and behavioral attempts to manage and reduce distress (Carver & Connor-Smith, 2009; Lazarus & Folkman, 1984; Stone & Neale, 1984), and is mediated by a number of factors including appraisal of stress, controllability, personality dispositions, and social resources (Folkman & Moskowitz, 2000). Coping is a constantly changing and dynamic process (Carver, Scheier, & Pozo, 1992), and its effectiveness is determined by the congruence between a person's appraisal of a situation and their course of action (Peackock, Wong, & Recker, 1993). The coping literature illustrates that an over-reliance on a specific set of coping mechanisms (e.g., self-concealment or alcohol use) can further contribute to psychological distress.

Carver and Conner-Smith (2009) suggest that men experiencing gender role conflict tend to engage in disengagement-focused coping, which is avoidant in nature and often entails a denial of the existence of distress. Similarly, men experiencing gender role conflict are less likely to utilize engagement-focused coping, which entails seeking support, regulating emotions, and utilizing cognitive restructuring (Carver & Connor-Smith, 2009). This is particularly problematic because utilization of disengagement coping as a long-term solution can be ineffective and damaging to the mental health of the individual (Carver & Connor-Smith, 2009; Wrosch, Scheier, Carver, & Schultz, 2003). Similarly, while disengagement coping may enable men to

conform to traditional male gender role norms, use of such coping mechanisms may make them less likely to utilize various forms of engagement coping.

The Present Study

Existing literature has demonstrated that higher levels of gender role conflict contribute to more negative attitudes toward professional psychological help and to greater utilization of disengagement and maladaptive means of coping. Yet, scant attention has been paid to empirically examining the relationship among all three factors – gender role conflict, maladaptive coping, and psychological help-seeking simultaneously. As yet, no study was located that adequately detailed the potential impact that various coping behaviors utilized by men and the extent of their gender role conflict will have on their psychological help-seeking attitudes and intentions. This was the purpose of this study. More specifically, we examined the relationship between gender role conflict, maladaptive coping, and psychological help-seeking among college men using Structural Equation Modeling (SEM). It was hypothesized that the greater their gender role conflict the more negative their psychological help-seeking attitudes and intentions. We also examined whether maladaptive coping would mediate this relationship and expected that the greater the presence of maladaptive coping the more negatively their psychological help-seeking attitudes and intentions would be.

Method

Participants and Procedure

Three hundred and ninety-five male undergraduate students from a mid-sized Midwestern university participated. Their age ranged from 18 to 24 years old with a mean age of 20.16 ($SD =$ 1.67). Thirty-five percent of them were freshmen, 19% were sophomores, 22% were juniors, and 23% were seniors. Ninety-four percent were single. Racial/ethnic composition was: Caucasian Americans = 89%; African American = 5%; Hispanic = 2%; Asian American = 1%; other = 3%. Seventy-four percent of the men reported never having received counseling services. Table 1 depicts the demographic information of the sample. As the table reveals, the sample is rather homogenous with an overwhelming majority of participants identifying as single, Caucasian, and having no previous counseling experience.

Participating men were recruited in two different ways. First, we utilized a pool of undergraduate students in introductory counseling psychology classes who registered to participate in the study in exchange for research credit. After this pool of male students was exhausted, we sent a campus-wide email to solicit more participants. Both groups received an email consisting of a description of the study, informed consent, and a web page containing the instruments. Students were informed that participation in the study was voluntary. Only male students enrolled in undergraduate psychology courses were offered course research credit for their participation, whereas all other male students were included in a raffle for two gift cards of $25 to a major chain retail electronics store in exchange for participation.

Table 1
Demographic Information

Variable	# of Cases (N=398)	% of Cases (N=398)	Missing Values	% of Missing Values
Age				
18	69	17.34%		
19	101	25.38%		
20	69	17.34%		
21	62	15.58%		
22	56	14.07%		
23	21	5.28%		
24	16	4.02%		
--	--	--	4	1.01%
Ethnicity				
Span./Hisp./Lat.	9	2.27%		
White	354	88.94%		
Black/Afr. Amer.	19	4.77%		
Amer. Indian	--	--		
Asian	3	0.75%		
Other	13	3.27%		
--	--	--	--	--
Marital Status				
Married	17	4.27%		
Single	374	93.97%		
Divorced	2	0.50%		
Rem.-Wid.	1	0.25%		
--			4	1.00%
Previous Counseling Experience				
Yes	105	26.38%		
No	291	73.11%		
--	--	--	2	.51%

Note. Ethnicity – Span./Hisp./Lat. = Spanish/Hispanic/Latino; Black/Afr. Amer. = Black/African American; Amer. Indian = American Indian or Alaska Native; Asian = Asian/Asian American/Pacific Islander; Rem.-Wid. = Remarried – Widowed; Yes = An experience of seeking counseling or professional psychological help; No = No previous experience with seeking counseling or professional psychological help.

Measures

  Gender Role Conflict. To assess gender role conflict, the Gender Role Conflict Scale (GRCS) was utilized (O'Neil, Helms, Gable, David, & Wrightsman, 1986). This scale measures men's reactions to the challenges of gender role expectations (Thompson, Pleck, & Ferrera, 1992). The GRCS has 37 items that are rated on a Likert-type scale ranging from strongly disagree (1) to strongly agree (6), with higher scores indicating greater gender role conflict

experienced by the individual (Mahalik & Cournoyer, 2000). The scale has four
factors/subscales: a) success, power, and competition (e.g. "Winning is a measure of my value
and personal worth"), b) restrictive emotionality (e.g. "I have difficulty expressing my feelings"),
c) restrictive affectionate behavior between men (e.g. Affection with other men makes me
tense"), and d) conflict between work and leisure and family relations (e.g. "I worry about failing
and how it affects my doing well as a man") (Good et al., 1995; Mahalik and Cournoyer, 2000),
with Cronbach's alpha reliability ranging from .75 to .85 (O'Neil et al., 1986). Good et al. (1995)
reported that across eight studies, the average total scale Cronbach's alpha reliability was .89. A
four-week test – retest reliability ranged between .72 and .86 (O'Neil et al., 1986). Gender role
conflict has been associated with increased levels of psychological distress, depression, increased
levels of distress and anxiety, negative attitudes towards seeking psychological help, restriction
of behaviors, weak self-esteem, and a decrease in capacity to be intimate (Mahalik & Cournoyer,
2000). For the current study, Cronbach's alpha was .91 for the entire scale, and .85, .88, .86, and
.85 for success, power, and competition (SPC), restrictive emotionality (RE), restrictive
affectionate behavior between men (RABB-M), and, conflict between work and leisure and
family relations (CBWL-FR) respectively. The four subscales of the GRCS were used as
indicators of the latent variable gender role conflict.

Maladaptive Coping. Maladaptive coping was measured using four subscales of the
COPE inventory (Carver, Scheier, & Weintraub, 1989), which is a 60-item Likert-type scale
including 13 different subscales measuring problem-focused, emotion-focused, and
dysfunctional aspects of coping. For the present study, four scales were selected to serve as
indicators of maladaptive coping or avoidance as suggested by Dunkley, Blankstein, Halsall,
Williams, and Winkworth (2000). Item response options range from 1 to 4 (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 were behavioral disengagement (e.g.
"I admit to myself that I can't deal with it, and quit trying"; alpha coefficient = .63), mental
disengagement (e.g. "I turn to work or other substitute activities to take my mind off things";
alpha coefficient = .45), denial (e.g. "I say to myself 'this isn't real'"; alpha coefficient = .71),
and substance abuse (e.g. "I use alcohol or drugs to make myself feel better"; alpha coefficient =
.93). Carver, Scheier, and Weintraub (1989) indicated that the alpha coefficients were acceptable
(> .60) except for mental disengagement. Carver, Scheier, and Weintraub (1989) analyzed the
test-retest reliability of the COPE on two samples of participants and found it to be .66 and .42
for behavioral disengagement, .58 and .58 for mental disengagement, .54 for denial, 57 and .61
for alcohol and drug disengagement. For the current study, Cronbach's alpha was .40 for mental
disengagement, .78 for denial, .77 for behavioral disengagement, and .94 for substance use. The
low internal consistency reliability coefficient of mental disengagement is consistent to what has
been observed previously (e.g., Carver, Scheier, & Weintraub 1989; Dunkley et al., 2000). Yet
this low coefficient is less problematic for the present study because each construct in the SEM
analysis has multiple indicators and because measurement error is built directly into the model
(see Baron & Kenny, 1986). Therefore, these four subscales were used as indicators of the latent
variable Maladaptive Coping.

Psychological Help-seeking. Psychological help-seeking was assessed using the Beliefs
About Psychological Services (BAPS) scale (Ægisdóttir & Gerstein, 2009). The BAPS is an 18-
item self-report scale utilizing a 6-point Likert-type rating scale ranging from 1 (strongly

disagree) to 6 (strongly agree). Higher scores are indicative of more positive attitudes towards and greater intentions to seek psychological help. The BAPS consists of three subscales that emerged through exploratory and confirmatory factor analysis: Intent, Stigma Tolerance, and Expertness (Ægisdóttir & Gerstein, 2009). Six items measure Intent to seek psychological services (e.g. "If I believed I was having a serious problem, my first inclination would be to see a psychologist"), eight items measure Stigma Tolerance (e.g. "I would feel uneasy about going to a psychologist because of what some people might think"), and four items measure Expertness (e.g. "Psychologists provide valuable advice because of their knowledge about human behavior").

According to Ægisdóttir and Gerstein (2009), Cronbach's alphas were as follows: .88 for the overall score, .82 for Intent, .78 for Stigma Tolerance and .72 for Expertness. The BAPS distinguished between men and women's attitudes towards and intention to seek psychological help, and between individuals with and without a prior 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. For the current study, Cronbach's alpha was .88 for the entire scale, and .82, .81, and .71 for Intent, Stigma Tolerance and Expertness respectively. These three BAPS scales were used to represent psychological help-seeking attitudes and intentions.

Results

Descriptive Analyses

Means, standard deviation, and correlation among the variables in the model are presented in Table 2. Cronbach's alpha is presented as well. For the scales representing gender role conflict, the mean scores were 4.11 (SD = .83) for Success, Power, and Competition, 3.31 (SD = 1.11) for Restrictive Emotionality, 3.21 (SD = 1.14) for Restrictive Affectionate Behavior between Men, and 3.80 (SD = 1.18) for Conflict between Work Life-Family Relations. This is comparable to what has been reported in past research (e.g., Wester et al., 2007). For the scales representing maladaptive coping, the mean scores were 6.65 (SD = 3.41) for Substance Use, 7.30 (SD = 2.53) for Behavioral Disengagement, 6.41 (SD = 2.57) for Denial, and 10.95 (SD = 2.30) for Mental Disengagement. These results are also comparable to what has been reported in past research (e.g., Carver, Scheier, & Pozo, 1989). For the scales measuring psychological help-seeking, the means were 3.68 (SD = 1.01) for Intent, 4.18 (SD = .94) for Stigma Tolerance, and 4.35 (SD = 1.00) for Expertness. These scores are also comparable to what has been reported in past research (e.g., Ægisdóttir & Einarsdóttir, 2012; Ægisdóttir & Gerstein, 2009).

Table 2

Means, Standard Deviations, Cronbach's alpha reliability, and Correlations among the Measured Variables

Measured Variables	Mean	SD	α	1	2	3	4	5	6	7	8	9	10	11
1. Intent	3.68	1.01	.82	-										
2. ST	4.18	.94	.81	.47**	-									
3. Exp	4.35	1.00	.71	.60**	.45**	-								
4. SU	6.65	3.41	.94	.03	-.10*	-.10*	-							
5. BD	7.20	2.53	.77	-.10	-.27**	-.15**	.26**	-						
6. Denial	6.41	2.57	.78	.04	-.17**	.02	.31**	.44**	-					
7. MD	10.95	2.30	.40	.07	-.11*	.03	.11*	.29**	.23**	-				
8. SPC	4.11	.83	.85	-.11*	-.05	-.04	-.07	-.04	.05	.01	-			
9. RE	3.31	1.11	.88	.06	.02	-.01	.03	-.01	.08	.09	.33**	-		
10. RABBM	3.21	1.14	.86	-.05	-.04	-.07	.09	.01	.05	.06	.30**	.44**	-	
11. CBWLFR	3.80	1.18	.85	.05	.08	.06	-.09	-.12*	-.01	.01	.31**	.38**	.01	-

Note. ST = Stigma Tolerance; Exp = Expertness; SU = Substance Use; BD = Behavioral Disengagement; MD = Mental Disengagement; SPC = Success, Power, Competition; RE = Restrictive Emotionality; RABBM = Restrictive Affectionate Behavior Between Men; CBWLFR = Conflicts Between Work and Leisure – Family Relations.
Scales ranges are 1-6 for Intent, ST, Exp; 1 to 4 for SU, BD, Denial, Venting, MD; 1 to 6 for SPC, RE, RABBM, CBWLFR.
* $p < .05$, ** $p < .001$

Model Testing

The latent variables examined were gender role conflict, maladaptive coping, and psychological help-seeking. Maximum Likelihood Estimation (MLE) was used to determine parameter estimates. Several fit indices were used to determine model fit. Absolute fit indices such as goodness of fit index (GFI) and the chi-square/DF were used as direct assessments of how well the model fit the data. A criteria of chi-square/DF equal to or less than 3 was used indicating acceptable fit (Kline, 2011) and a GFI of .90 or higher. The Comparative Fit Index (CFI) was also used as it compares the model to a null model. CFI at or above .90 indicates adequate fit, whereas scores at or above .95 indicate good fit. Root Mean Square Error of Approximation (RMSEA) was used as well, where values below .10 indicate adequate fit, but values at or below .08 suggest a good fit (see Bentler, 1990; Browne & Cudeck, 1993; Hu & Bentler, 1999; Kline, 1999).

Before testing the model of the relationship between gender role conflict, maladaptive coping, and psychological help-seeking, the measurement model for each of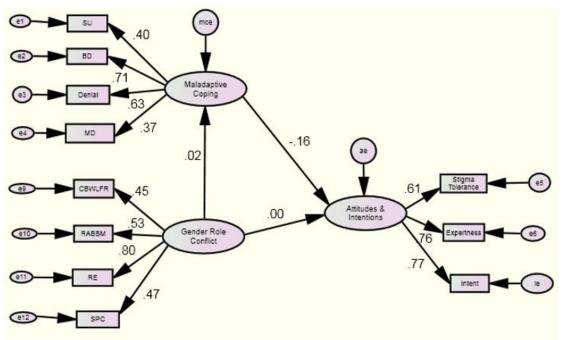 the latent variables was examined. The four subscales of the GRCS (success, power, and competition; restrictive emotionality; restrictive affectionate behavior between men; and conflict between work and family relations (Good et al., 1995; Mahalik & Cournoyer, 2000) were used as indicators of gender role conflict. Similarly, for maladaptive coping, the four subscales of the COPE considered maladaptive (Carver, Scheier, & Weintraub, 1989; Dunkley et al., 2000): behavioral disengagement; mental disengagement; denial; and substance abuse were employed. For psychological help-seeking, the expertness, stigma tolerance and intent subscales of the BAPS (Ægisdóttir & Gerstein, 2009) were used as indicators.

A test of the measurement model (CFA) of all the latent variables simultaneously supported an acceptable fit (Table 3). While x^2 was significant (115.21, DF = 44, p < .001), other fit indices supported an acceptable fit: x^2/DF = 2.62, GFI = .95, CFI = .90, RMSEA = .06 (90% CI [.05 - .08]). Given an acceptable measurement model, the structural model was tested. The structural model had an acceptable fit. Again x^2 was significant (110.46, DF = 41, p < .001) probably due to a large sample size, while all other fit indices supported a good fit: x^2/DF = 2.60, GFI = .95, CFI = .90, RMSEA = .07 (90% CI [.05 - .08]). Standardized path coefficients for the model are presented in Figure 1. Contrary to our hypothesis, gender role conflict was neither found to significantly influence men's psychological help-seeking attitudes and intentions, nor men's use of maladaptive coping. Furthermore, the hypothesis that maladaptive coping served as a mediating variable in the relationship between gender role conflict and psychological help-seeking was not supported. It was discovered, however, that maladaptive coping interacted with men's psychological help-seeking, such that the more they tended to use maladaptive coping strategies, the more negative was their view of psychotherapy as a useful resource.

Table 3

Model Fit Indices

Model	χ^2/DF	GFI	CFI	RMSEA (95% CF)
Measurement	2.85	.93	.88	.06 (90% CI [.05 - .08])
Structural	2.67	.94	.90	.07 (90% CI [.05 - .08])

Note. χ^2/DF = Chi-Square/Degrees of Freedom; GFI = Goodness of Fit Index; CFI = Comparative Fit Index; RMSEA = Root Mean Square Error of Approximation.

Figure 1

Hypothesized Model of the Relationship between Gender Role Conflict, Maladaptive Coping and Psychological Help-seeking

Figure 1. Hypothesized model with standardized path coefficients shown. SU = Substance Use; BD = Behavioral Disengagement; MD = Mental Disengagement; CBWLFR = Conflicts Between Work and Leisure – Family Relations; RABBM = Restrictive Affectionate Behavior Between Men; RE = Restrictive Emotionality; SPC = Success, Power, Competition; e = error.

Discussion

We examined the relationship between gender role conflict, maladaptive coping and help-seeking among men using SEM. Gender role conflict was neither predictive of maladaptive

coping behaviors nor psychological help-seeking. A non-significant relationship between gender role conflict and maladaptive coping was surprising in light of past research supporting a correlation between gender role conflict and maladaptive coping behaviors such as drinking, smoking, substance use, internalization of emotions, and strong displays of anger (Blazina & Watkins, 1996; Capraro, 2000; Courtenay, 1998; Davies et al., 2000; & Korcuska & Thombs, 2003; Locke & Mahalik, 2005). Yet, recent investigations may provide some insight that helps contextualize our findings. For example, Uy, Massoth, and Gottdiener (2014) included traditional masculine ideologies in their investigation of gender role conflict, coping, and problematic drinking. They found traditional masculine ideologies to be a significant predictor of increased gender role conflict and alcohol consumption. It is possible therefore, that using gender role conflict solely as a predictor variable without expanding the concept to include traditional masculine ideologies may have impacted the overall fit of our model and the ability to detect a relationship. It is also possible that while gender role conflict may be related to increased use of alcohol as a coping strategy, our conceptualization of maladaptive coping was more inclusive and contained a more diverse sample of maladaptive coping strategies.

A non-significant path emerged between gender role conflict and psychological help-seeking attitudes and intentions. This was in contrast to our expectations given that past research on men has supported a negative relationship between gender role conflict and psychological help-seeking (Davies et al., 2000; Golberstein, Eisenberg, & Gollust, 2008; Good et al., 1995; Good, Dell, & Mintz, 1989; Good & Wood, 1995; O'Neil, Good, & Holmes, 1995; Pederson & Vogel, 2007; Vogel et al., 2014; Wester, Christianson, Vogel, & Wei, 2007). Yet, O'Neil (2008) noted that the existing body of literature has not adequately answered whether "experiencing gender role conflict actually inhibit[s] men from seeking help" (p. 397). While the results of the current investigation indicate no relationship between gender role conflict and psychological help-seeking, several other points are worth considering in relation to these results.

For one, the assessment of a direct relationship between gender role conflict and psychological help-seeking attitudes and intentions may have been too simple. Several studies have reported a relationship between gender role conflict and distress (Blazina, Pisecco, & O'Neil, 2005; Hayes & Mahalik, 2000), and psychological distress often serves as a reason one seeks mental health services (Cusack et al., 2006). Furthermore, Pederson and Vogel (2007) found psychological distress to mediate the relationship between gender role conflict and willingness to seek counseling. Thus, the lack of a significant relationship between gender role conflict and psychological help-seeking in the current study, may be due to the omission of psychological distress as a mediating variable. Future investigations may consider incorporating psychological distress as a mediator when assessing the relationship between gender role conflict and psychological help-seeking. Furthermore, the lack of a significant relationship between gender role conflict and both coping and psychological help-seeking may be due to the sample of males used. It is highly likely that single, undergraduate males do not and have not yet experienced the gender role conflict their older counterparts may have, thus limiting our ability to detect a relationship due to restricted range of scores on this variable. O'Neil (2008) reports that gender role conflict impact men across all age cohorts, but that more evidence is needed to elucidate the impact of gender role conflict at different periods of development.

A significant, although small, relationship was found between maladaptive coping and psychological help-seeking, such that increased use of maladaptive coping strategies such as substance use, disengagement (behavioral and mental), and denial correlated with more negative help-seeking attitudes and intentions. These findings are in line with past theoretical and empirical literature. Buckner and Shah (2015) discussed men's use of alcohol consumption to promote social acceptance as well as reduce social anxiety. Furthermore, men were more likely than women to utilize avoidant means of coping (i.e., alcohol consumption) to cope with emotional distress (Uy, Massoth, & Gottdiener, 2014) and are more likely to utilize avoidance or denial as a coping strategy (Sontag & Graber, 2010). At the same time, traditional masculine ideologies, which have been linked with use of defense mechanisms such as denial (Mahalik, Cournoyer, DeFranc, Cherry, & Napolitano, 1998), encourage men to deny the presence of pain or distress, which ultimately serves as a barrier to help-seeking (Davies et al., 2000). Thus, denial, and in turn emotional suppression, has been found to significantly correlate with higher levels of distress (Carver, Scheier, & Pozo, 1992) and depressed mood (Flynn, Hollenstein, & Mackey, 2010; Panayiotou & Papageorgiou, 2007) among men. Likewise, our results correspond with past research indicating an increased tendency among men to engage in mental and behavioral disengagement means of coping to comply with traditional masculinity ideologies (Brooks, 1998; Eisler, 1995; Mahalik et al., 1998; Nolen-Hoeksema & Harrell, 2002). Thus, the current findings highlight that disengagement methods of coping appear to reduce one's pursuit of support (Hoyt, 2009).

Implications for Research and Practice
In the existing body of literature on men and gender role conflict, coping has almost solely been treated as an outcome variable (O'Neil, 2008). The present study departed from this approach by treating maladaptive coping as a mediator between gender role conflict and psychological help-seeking. We call on future researchers to test models that explore the role of coping on other variables such as depression, anxiety, or self-esteem among diverse male populations (O'Neil, 2008). Additionally, the relationship discovered between maladaptive coping and psychological help-seeking is in line with the self-regulation literature (Carver, Scheier, & Pozo, 1992; Peacock, Wong, & Reker, 1993; Wrosch et al., 2003), which supports that men struggle with appropriate appraisals of distress, which ultimately impedes the selection of effective coping behaviors (i.e., help-seeking). Future researchers may also want to consider O'Neil's (2008) call for more complex methods when examining how gender role conflict may affect men's psychological functioning. Testing a similar model but adding a measure of distress to the model might yield different results. More investigations of this kind are also needed on a more diverse sample in relation to age and occupation to help illustrate whether the lack of significant relationship between gender role conflict and maladaptive coping and psychological help-seeking was due to the homogeneity of the current sample (e.g., age, marital status, occupation). Coupled with existing literature, the results of the present investigation may support that gender role socialization as operationalized here may have contributed to a rather myopic method of appraisal in the context of coping. Future investigations may benefit from addressing male coping behaviors in the context of self-regulation (Carver, Scheier, & Pozo, 1992; Wrosch et al., 2003) and primary and secondary appraisal (Peacock & Wong, 1993).

The present findings also provide relevant information for mental health care providers, supporting that men would benefit from a reconceptualization of coping in relation to help-

seeking. Psychologists and mental health professionals are well equipped to provide interventions that highlight the importance of more complex and contextual coping behaviors for men. For example, self-regulation theory (Carver, Scheier, & Pozo, 1992) emphasizes the importance of a variety of methods for healthy coping. Male clients may benefit from psychoeducational approaches that focus on developing multiple coping schemas (Peacock, Wong, & Reker, 1993), approaches that address the concerns related to high-risk behaviors, and ways to explore alternative methods of coping with distress and emotional discomfort (Kilmartin, 2005; Uy, Massoth, & Gottdiener, 2014). The integration of psychoeducational approaches on healthy coping, social support networks, and new adaptive coping techniques may ultimately "lead to better treatment efficacy" (Uy, Massoth, & Gottdiener, 2014, p. 126). Furthermore, outreach and psychoeducation on the benefits and effectiveness of psychotherapy in reducing distress should be made to reach college males who seek relief by resorting to maladaptive coping behaviors.

Recent investigations have highlighted the benefits of a reconceptualization of psychological help-seeking for male clients. Hernandez, Han, Oliffe, and Ogrodniczuk (2014) reported that men who were able to redefine psychological help-seeking to meet societal gender role norms, experienced a better sense of control in times of distress. Additionally, these authors reported evidence that men viewed psychological help-seeking as a way to preserve their "sense of self-reliance and independence" (p. 7). Engagement in psychological help-seeking viewed as a self-regulatory practice may help men improve their sense of self (Carver, 2004) in ways that are not contrary to traditional gender role norms. Social support initiatives that allow for reduction of stress and attention to coping may give time for a strong therapeutic relationship to develop and "may prove to be more palatable for male clients than a direct challenge to their sense of male gender role ideals" (Wester et al., 2007, p. 222).

Limitations

There are several points that may help contextualize some of the non-significant results present in our data. For one, the present sample was rather homogenous, lacking diversity across various domains. Worthington and Whitaker (2006) highlighted that "when all participants are drawn from a particular source sharing certain characteristics (e.g., age, education, socioeconomic status, and racial and ethnic group), even large samples will not sufficiently control for the systematic variance produced by these characteristics" (p. 816).

Additionally, whereas we relied on SEM to test a model of the relationship between gender role conflict, maladaptive coping, and psychological help-seeking and carefully considered the inventories included in the measurement model (Kline, 2011); we realize that using multiple measures per latent construct would have been preferable (Schumaker & Lomax, 2004) because it allows the investigator to better account for and assess error in the measurement model (Quintana & Maxwell, 1999). We, however, followed Weston and Gore's (2006) recommendation that subscales of inventories be used as observed variables given the limited amount of valid and reliable measures available to assess the constructs of interest (i.e., gender role conflict) and to reduce the number of time participants had to invest in the study. This decision, however, may have contributed to an overly narrow scope in measurement due to the use of single measures per latent variable (Heppner, Kivlighan, & Wampold, 1999). Future

investigations would benefit from utilizing multiple inventories per latent construct when possible.

The present model relied on previous research supporting the identified maladaptive coping methods could be analyzed as distinct variables. However, the present model would have benefited from using the full COPE inventory as a means of obtaining a fuller, more complete picture as to coping behaviors utilized by participants in the sample. Furthermore, the COPE inventory does not allow participants to indicate if they feel as though the chosen method of coping was beneficial for them. As Folkman and Moskowitz (2000) reported, a major focus of coping research is whether the particular means of coping allowed the individual to achieve their goals. Unfortunately, the COPE inventory does not allow participants to evaluate the effectiveness of their coping strategies in relation to goals. Thus, future studies should strive to locate coping inventories that allow for such appraisal.

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