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Exploring Men’s Coping with Psychological Distress Within the Context of Conforming to Masculine Role Norms

A thesis
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Abstract

The purpose of this study was to explore the relationships among masculine variables and coping styles with psychological distress. It also identified the extent to which masculine variables and coping styles contributed to psychological distress, in a sample of New Zealand men.

The study sample comprised 80 adult men, recruited from tertiary institutions and community organisations in Hamilton. Participants were required to read and complete a questionnaire comprising of a series of questions relating to adherence to masculine gender role norms, gender role conflict, coping styles and recent levels of anxiety, stress and depressive symptoms. The men's degree of conformity to socialised masculine ideals, and degree to which they experienced conflict, as a result of their gendered role were assessed using the Conformity to Masculine Role Norms Inventory and the Gender Role Conflict Scale. The Depression Anxiety Stress Scale was used to measure psychological distress, the outcome variable. Coping style was assessed using the Brief COPE Scale.

The main findings were that some aspects of conformity to masculinity, such as the strict adherence to norms of Emotional Control and Self-Reliance, were associated with higher levels of psychological distress, Emotional Control ($r=.279$, $p=.008$) and Self-Reliance ($r=.395$, $p<.01$). There was also a significant association between Restrictive Emotionality and psychological distress ($r=.338$, $P=<.01$), which suggested that some of the men in the sample experienced conflict and psychological distress as a result of their gender role. It appeared that these men struggled to meet socialised masculine ideals associated with restrictive emotional expressiveness.

The findings also indicated that Avoidant Coping was positively associated with psychological distress ($r=.235$, $p=.02$). In contrast an inverse association was found between Problem Solving Coping and psychological distress ($r=-.471$, $p<.01$), highlighting the benefits of using active, direct coping strategies to mitigate the effects of psychological difficulties.

Results of the multiple regression indicated that coping styles in comparison to the gender variables, accounted for more than half of the variance of the outcome variable (psychological distress). Thus, coping was found to be a better predictor of psychological distress in the sample of men. Furthermore, the

gender variables helped to explain psychological distress over and above what was explained by coping strategies alone. The findings also identified some barriers such as apathy and the experience of shame which the men perceived might prevent them from taking steps to address their psychological difficulties.

This study has highlighted that the masculine gender role may be inextricably linked to the way masculine conforming men cope with psychological distress. It appears to influence their attitudes, beliefs, and perceptions of how they should enact their masculine roles, and how they might cope with psychological difficulties. It may therefore be prudent to consider masculine gender role together with coping styles in future studies examining psychological distress. Implications of these findings for the development of effective clinical interventions, and directions for future research were also discussed.

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Table of Contents

Abstract ii

Acknowledgements iv

Table of Contents v

List of Tables vii

Glossary of Terms viii

Chapter One 1

1.1 Introduction 1

1.2 Masculinity and Masculine Role Norms 4

1.3 Gender Role 5

1.4 Gender Role Strain and Conflict 8

1.5 Masculinity and Psychological Distress 13

1.6 Coping Styles and Psychological Distress 21

1.7 Masculinity and New Zealand Culture 27

1.8 Purpose of Research 30

1.9 Research Questions 31

1.10 Hypotheses 31

Chapter 2: Methodology 33

2.1 Study Sample 33

2.2 Instruments and Materials 34

2.3 Procedure 38

2.4 Overview of Data Analysis 39

Chapter 3: Results 41

3.1 Descriptive Results 41

3.2 Correlation Results 41

3.3 Regression Results 44

Chapter 4 49

4.1 Discussion 49

4.2 Clinical Implications 64

4.3 Limitations of Study & Directions for Future Research 66

4.4 Conclusion 70

References 73

Appendix A 83

Appendix B 84

Appendix C: 86

Appendix D 87

Appendix E 88

Appendix F 90

Appendix G 91

Appendix H 92

Appendix I 94

Appendix J 95

List of Tables

Table 1. Descriptive Statistics of Sample Across all the Measures 41

Table 2. Results of the Correlations Amongst Masculinity Variables, Gender Role Conflict Variables and Psychological Distress 42

Table 3. Regression Model Summary 45

Table 4. Multiple Regressions Predicting Psychological Distress 45

Table 5. Results of Open Questions 46

Table 6. Emerging Themes of Other Perceived Barriers to Addressing Psychological 48

Glossary of Terms

Avoidant Coping involves indirect coping responses to a stressor or threat and includes distraction, denial, social diversion, behavioural disengagement and substance use as possible coping responses.

Coping has been defined as "the cognitive and behavioural efforts which an individual uses to master, reduce, manage or alter events or circumstances that are either threatening or emotional" (Folkman & Lazarus, 1980).

Emotional Focused Coping is a type of coping strategy that involves regulating emotional distress caused by a stressor by indirect means rather than dealing with it directly. The coping strategies traditionally included in this coping style are self-blame, blaming others, controlling or venting emotions, seeking emotional support and wishful thinking (Lazarus & Folkman, 1980)

External Locus of Control refers to the condition in which the outcome of an event is not contingent on an individual's own actions or behaviour, but is due rather to luck, chance, fate or powerful others (Rotter, 1966).

Gender is conceptualised as the social and cultural beliefs that individuals and a society holds about men and women and what differentiates them (Kahn, 2009).

Gender Role refers to the socially constructed roles a society has established for men and women and encompasses different social norms and cultural expectations for both genders (Möller-Leimkühler, 2003).

Gender Role Strain Paradigm was a model that assumed that boys and men develop masculine ideals through interaction with the environment. It proposed masculinity to be a culturally defined phenomenon which may lead to developmental and psychological strain in both boys and men, who struggle to meet unattainable societal standards of masculinity (Garnet & Pleck, 1979). This resulted in them developing a discrepancy between their masculine vies (real self) and the masculine stereotype of society (ideal self) and the conflict was conceptualised as Gender Role Strain (Pleck, 1995).

Gender socialisation refers to the process by which children and adults acquire and internalise the values, attitudes and behaviours associated with either femininity, masculinity or both (O' Neil, 1982).

Internal Locus of Control refers to the condition in which the individual believes that his own actions and behaviours may control the outcome of the outcome of an event.

Male Sex Role Theory is_a theory which proposes that males strive to acquire attributes to affirm their biological identity (Pleck, 1987).

Masculine Gender Role Conflict has been conceptualised as "rigid, sexist or restrictive gender roles learned during socialisation and which results in personal restriction, devaluation or violation of others or self" (Good et al., 1995). Gender Role Conflict is the outcome of endorsing socially learned gender role beliefs and behaviours and resulted in restricting an individual's ability to actualise their human potential (o' Neil, Helms, Gable, David & Wrightsman, 1986).

Masculine Role Norms are social and cultural values and ideologies that a society constructs to define how men should act, think and behave. They the male "codes" or masculine scripts for men within a particular society and represented the cultural expectations for men (Connell & Meerschmidt, 2005).

Problem Focused Coping is described as an active attempt to alter a problematic situation through information seeking, planning, direct action and reframing and active coping (Lazarus & Folkman, 1980; Tamres, Janicki & Helgeson, 2002).

Chapter One

1.1 Introduction

Psychological distress is a complex and sensitive issue for men, as the idea of men experiencing psychological difficulties goes against masculine stereotypes, typically portrayed in Western society (Ofiffe, Robertson, Kelly, Roy & Ogrodniczuk, 2010). Men have been typically described as strong, competent, self-reliant, and less likely than women to experience psychological distress (Rotunda, 1993). Psychological difficulties like depression also seem incompatible with typical male stereotypes (Rochlen, Patetniti, Epstein, Duberstein, Willeford & Kravitz, 2010; Warren, 1983). Furthermore, it might be argued that poor psychological functioning and distress might not be an issue for men, since prevalence rates for anxiety and depression are reportedly greater for women than men (Kessler, Gonagle, Blazer, & Nelson, 1993). However, these trends in differential prevalence rates are misleading. Epidemiological studies suggest that both men and women in New Zealand appear to be experiencing significant levels of psychological difficulties (Wells, Oakley -Brown, Scott, McGee, Baxter & Kokaua, 2006). Annual prevalence rates for both genders have been estimated at 14.7% for anxiety, 7.7 % for mood problems and 3.5% for substance use disorders (Wells, Oakley-Brown, and Scott & McGee 2006). Though New Zealand females have higher rates of mood and anxiety disorders in comparison to males, substance abuse rates are more than double that of their female counterparts (Wells, Bushnell, Hornblow, Joyce & Oakley-Brown, 1989). Furthermore, despite men being diagnosed with depression less frequently than women, research has indicated that they are disproportionately represented in national suicide statistics, completing suicide two to four times more often than women (Cochran, 2003). This gender paradox of high depression rates and low suicide in females, and high suicide rates and low depression rates in males has remained a key challenge for researchers who study depression (Möller-Leimkühler, 2003). The disparity of depression and suicide rates might suggest that men may be experiencing and coping with psychological difficulties such as depression and anxiety in different ways to women.

Men have also been associated with poor health outcomes in international studies. They have been reported to have a higher rate of mortality than women, display more antisocial behaviour (Grove, 1978) and are diagnosed more often than women with substance abuse (Levant, Wimer, Williams, Smalley & Noronha, 2009). Furthermore in a comparative study of the 12 month prevalence rates for depression undertaken by the World Health Organisation (WHO), at 15 Health Survey sites, New Zealanders were reported to have relatively high prevalence rates for all mental disorders except social phobia (Wells, Oakley Browne, Scott, McGee, Baxter & Kokaua, 2006). Only the US ranked almost always higher than New Zealand in this comparative study, suggesting that the status of health and psychological functioning of New Zealanders may be cause for concern.

It has also been reported in both international research and New Zealand health surveys that men are less likely to seek treatment for health problems, and that they have lower rates of mental health service visits (Addis & Mahalik, 2003; Wells, Oakley-Brown, Scott, McGee 2006). It may be argued that the lower rates of mental health service visits may be due to men experiencing fewer mental health problems. However, this does not seem to be a plausible explanation, as epidemiological findings of low depression and high suicide rates suggest that men are likely to be experiencing significant levels of psychological distress. It is also possible that the high rates of substance abuse and completed suicides may reflect maladaptive coping responses with detrimental outcomes for these men. Furthermore, lower rates of health service utilisation by men might result in medical and mental health problems remaining undiagnosed and untreated (Hibbard & Pope, 1986; Gijsbers van Wijik, Kolk, van den Bosch & van den Hoogen, 1992; Branney & White, 2008; Kilmartin, 2005) resulting in poorer health outcomes.

Factors which have been reported to account for the gender differences in prevalence rates of psychological distress have been listed as: a failure of men to recognise feelings or symptoms of distress (Warren, 1983; Klineberg, Biddle, Donovan & Gunnell, 2010) and a failure to report or acknowledge experiencing depression (Aneschensel, Estrada, Hansell & Clark, 1987). Disparate rates of depression have also been attributed to differences in the manifestation of psychopathology, since men are believed to experience symptoms of psychological distress such as depression in a qualitatively different manner to

women (Cochran & Rabinowitz, 2003). They were reported to be less likely than women to cry, express their emotions, or disclose their depression to others (Oliffe & Phillips, 2008); rather, they tend to conceal or camouflage it (Warren, 1983). Men have also often been described as inexpressive in contrast to women (Grossman & Wood, 1993).

Individual differences in the way men experience and respond to psychological distress such as depression have been linked theoretically to gender role socialisation in Western countries such as the United States of America (Addis, 2008). Furthermore, the traditional male role (masculinity) has also been investigated by some researchers in order to explain the difficulties that men experience when encountering stressful life situations (Good et al., 1995, Hayes & Mahalik, 2000), or when seeking professional help (Good & Mintz, 1990, Good & Wood, 1995). Several studies examined the relationship between gender-related beliefs and mental health, in order to understand which beliefs may support and hinder men's psychological wellbeing (Levant, 1995, Pleck, 1981, 1995). Boys and men were reported to experience greater pressure than women to endorse socially prescribed gender roles associated with health-related beliefs (Levant & Majors, 1998). They were also more likely to endorse traditional masculine beliefs of men being independent, self-reliant, strong, robust and tough (Martin, 1995).

In considering the relationship between gender-related beliefs and mental health constructs, such as psychological distress, researchers have reported mixed findings. Early researchers who examined the relationship between masculine-related constructs and mental health reported a positive relationship between instrumentality, (a desirable characteristic of the masculine ideal) and psychological wellbeing (Nezu & Nezu, 1987; Jones, Chernovertz & Hanson, 1978). In contrast, a subsequent line of research examined gender roles in terms of the conflict that was believed to arise through perceived violations of traditional gender role norms. They reported a significant relationship between this gender role conflict and psychological distress (Hayes & Mahalik, 2000). Arguably, this disparity in findings was based largely on how the concept of masculinity had been conceptualised and measured. Therefore, it would be essential to examine how the concept of masculinity has been conceptualised

within Western society, in order to gain an understanding of the relationship between men's health related beliefs are their psychological wellbeing.

1.2 Masculinity and Masculine Role Norms

Conceptualisations of masculinity are gained from Western worldviews which propose it to be based in the biology of the individual, with men possessing a unique set of biological characteristics which differentiate them from women (Terman & Miles, 1936). Masculinity has also been described by the "male sex role theory" which suggested that males strived to acquire attributes to affirm their biological "male' identity (Pleck, 1987). Masculine characteristics were described as assertiveness, independence, dominance and goal-directedness (Cook, 1985).The ideal man has been portrayed as active, rational, strong & community-oriented (Rotunda, 1993). In contrast, feminine characteristics included emotionality, sensitivity, nurturance and interdependence. An association between men's health outcomes and adherence to masculine norms was also reported (Pleck, 1987). Poor health outcomes were associated with men failing to attain the masculine ideal, and high masculinity was also problematic, and linked to aggression and juvenile delinquency (Pleck, 1987). Thus, conformity to masculine role norms appears to be complex and inextricably linked to men's behaviour, health and wellbeing.

Diverse theories have been proposed in order to explain the origins of masculine behaviour however; most modern theorists have adopted an interactional perspective. Theorists who gave prominence to the biological perspective posited gendered behaviour to be a result of characteristics that were built into the biology of an individual, and to have arisen prior to social experience. In contrast, social psychological theorists suggested gendered behaviour to have arisen from the individual's interaction with his social environment (Eisler, 1998). The contemporary view of masculinity has been conceptualised within the social constructivist paradigm of gender. It is based on the assumption that men and woman learn gendered attitudes and behaviours from cultural values, norms and ideologies, about what it means to be a man or a woman (Connell & Meerschimidt, 2005). Thus, gender is defined by what is done by people, and society at large defines the cultural expectations for men and

women (Connell & Meerschimidt, 2005). Masculine norms are believed to influence men's thoughts, emotions and behaviours (Mahalik, Locke, Ludlow, Diemer, Scott, Gottfried & Frietas, 2003) and are adopted as the gender codes or masculine norms of Western industrial society.

Conformity to masculine role norms requires meeting societal expectations for what constitutes masculinity. In contrast, failing to meet social expectations of masculine roles, or choosing not to follow the socially prescribed masculine norms, implies nonconformity (Mahalik et al., 2003). Competitiveness, anti-femininity, emotional stoicism, self-reliance, toughness and power have been proposed as some aspects of Western masculine norms (Berg & Longhurst, 2003). According to the social constructivist paradigm of masculinity, women and men think and act in the ways they chose to, not because of their role identities or inherent attributes, but because of the concepts of masculinity and femininity they adopt from their culture (Pleck, 1987). Thus, the positioning of masculinity has shifted from being an inherent individual attribute, to being a concept which has been socially constructed, culturally bound, and actively acquired by individuals (Connell & Meerschimidt, 2005; Courtney, 2000). From the social constructivist perspective, boys and men are not viewed as being subjected to socially prescribed roles or conditioned by culture. They are regarded as active agents who construct particular meanings of masculinity within particular social situations (Courtney, 2000, Addis & Cohane, 2005). Thus, the emphasis of this view is that individuals have agency, or the ability to exert their individual power, in order to make sense of their own masculinity (Courtney, 2000). In other words, men are seen as having unique and individual ways of enacting masculinity, and making sense of their masculine roles within their societies.

1.3 Gender Role

Gender has been conceptualised as the social and cultural beliefs that individuals and a society hold about men and women and what differentiates them (Kahn, 2009). In contrast, gender role refers to the socially constructed roles a society has established for men and women, and encompasses different social norms and cultural expectations for both these groups (Möller-Leimkühler, 2003). A gender-role model: "The Blueprint of Manhood", was proposed by Brannon

(1976) and identified four underlying principles which defined the gender role boundaries of North American men. These principles formed the basis of masculine gender role ideology and guided masculine role prescriptions for men (Pleck, 1995). The four principles were described as "No Sissy Stuff", "Be a Big Wheel", "The Sturdy Oak" and "Give em Hell" (Brannon, 1976). The first principle, "No Sissy Stuff", referred to the idea of men distancing themselves from what women do. This principle reinforced the idea that people belong to separate groups (gender groups) and that some men may reject all things perceived as feminine. The second principle, "Be a Big Wheel", referred to men feeling the need to be in charge of situations. It suggested that masculinity involved dominance and power over others, in the form of wealth and status (Kimmel, 2003). The Sturdy Oak principle represented the idea of men having independence and self-reliance, like the oak tree which remains unaffected by the weather and conditions around it. It also included control over one's emotions in order to be seen as reliable (Kahn, 2009). The fourth principle, called "Give em Hell", involved the need to be courageous and a risk-taker, even when it may not be in one's best interest (Kimmel, 2003). These principles outlined the gender roles for men and operationalised a masculine stereotype for American society (Pleck, 1981).

There are several different theoretical paradigms which propose how gender is transmitted within a society. Psychological theories emphasise the cognitive construction of gender and gendered ways of behaviour within familial models. For example, children may adopt male or female roles within the family context through differential treatment and interaction with their parents (McHale, Crouter & Whiteman, 2003) In contrast, behavioural theorists posit gender role to be shaped and modelled by parents, through processes such as reinforcement or punishment (Rowe, 1994). For example, boys may be chided for crying when falling over and told that "big boys don't cry." In this manner, gender-related messages are transmitted in an explicit manner to young children. From a social cognitive perspective, gender role development is seen to be an integration of social factors and psychological components. This paradigm posits that gender conceptions and attitudes are not confined to childhood, but rather span an individual's life-course (Bandura, 1997).

According to the social cognitive perspective, the transmission of gendered roles and conduct occurs by three major modes of influence and also by the manner in which the information is cognitively processed (Bussey & Bandura, 1999). The first mode is through modelling. An individual will acquire gender-related information from models such as peers, parents and significant persons within social, educational and occupational settings. Furthermore, the mass media is a powerful medium through which gender representations are constructed, modelled and promoted to individuals within a society. The second mode of gender transmission is via enactive experience (Bussey & Bandura, 1999). Boys and girls may engage in gender-linked behaviours which have been socially prescribed and sanctioned within their society. If some of these behaviours are reinforced, they may be cognitively processed as gender appropriate ways of behaving. For example, boys learn from an early age that it is not socially acceptable to display emotions ("big boys don't cry") and that boys must be strong and stoic (Branney & White, 2008). If such behaviours are reinforced by significant people within the boy's social circle, the behaviour is adopted and understood as gender appropriate. The third mode of gender transmission occurs through direct tuition of gender-related behaviours, in which people are informed about socially sanctioned gender-appropriate behaviours. This information is transmitted via social institutions; for example; educational settings, occupational settings and via mass media (Bandura & Bussey, 1999). These socially sanctioned, normative behaviours for men and women are regarded as the social norms – i.e. masculine and feminine norms of society.

Thus, men's gender attitudes, beliefs and behaviours are shaped through socially constructed forces such as the media, parents, peers and teachers (Pleck, 1995). Culturally prescribed masculine roles are learned through social processes such as modelling, reinforcement, punishment and believed to lead to the acquisition of gendered schemas (Addis & Cohane, 2005). In understanding the conceptualisation of masculine role norms, it is important to acknowledge that gender constructions and stereotypes are not static entities. They are dynamic, continually evolving and subject to constant shifts, due to variations in cultural and subjective meanings across time and place (Kimmel, 1995). Furthermore, it is important to also acknowledge that although gender stereotypes may prevail within a society or culture, individuals socially engineer their gender roles and

attitudes by negotiating and constructing their own unique gendered ways of behaving– i.e. they 'enact' masculinity in unique ways which is consistent with the social constructivist perspective of gender development (Connell & Meerschimidt, 2005; Courtney, 2000). An individual may conform strictly to some norms (for example, scripts for self-reliance), weakly to another (such as striving for competitiveness) or choose non conformity of others (such as needing to have control and power in situations) (Branney & White, 2008).

From the body of research on masculinity and the development of gender, and gender roles outlined thus far, masculine ideologies appear to shape men's attitudes and beliefs and guide men's health related behaviour. Strict adherence or non-adherence to these male codes appears to be associated with poor health outcomes for some men (Pleck, 1987). Furthermore, since masculinity is culture-bound and subject to change across time, there may be variations in how men perceive their masculine selves. Also, since men are reported to have the power to choose how to 'enact' masculinity, there may be differences in men's perceptions of their masculine roles, attitudes and beliefs regarding what constitute being a 'man' within their culture and society. These diverse ways of expressing and enacting masculinity might result in some men manifesting psychological difficulties in unique and different ways to other men. Furthermore, coping with psychological difficulties might be influenced by how men perceive themselves within the constraints of the socialised male codes of their society.

1.4 Gender Role Strain and Conflict

To better understand how men experience, and respond to emotional difficulties within the social context of masculinity, Joseph Pleck (1995) proposed the gender-role strain paradigm. His model assumed that boys and men develop masculine ideals through an interaction with the environment (Pleck, 1995). Pleck viewed masculinity as a culturally defined phenomenon, which may lead to developmental and psychological strain, in both boys and men, who struggle to meet unattainable standards of masculinity (Garnet & Pleck, 1979). According to the role strain paradigm, some men and boys may develop gender role strain when they are unable to attain the masculine requirements of their culture. This results in them developing a discrepancy between their masculine views (real self) and

the masculine stereotype of society (ideal self). According to Pleck (1995) this discrepancy results in psychological strain, which he termed gender role strain (Pleck, 1995). Pleck's role strain paradigm focused on the difficulties men would experience in attempting to conform to a gender role (Pleck, 1981). It was based on the dominant masculine stereotypes outlined in "The Blueprint of Manhood" (Brannon, 1976).

It was suggested by Brannon that men would be unlikely to achieve all of the themes outlined by the "Blueprint" stereotypes, but the assumption was that all men would compare themselves to the stereotypes, measure themselves against them, and attempt to attain them (Kahn, 2009). This suggests that men may struggle to meet unattainable socially prescribed ideals, which might make them more vulnerable to experience psychological strain. Several researchers have found that men who experience gender role strain internalise this strain as a failure and report feelings of worthlessness, lowered self-esteem (Pleck, 1995, Chu, Porche & Tolman, 2005, Levant, 1997) and psychological distress (Good et al, 1995). Thus, the experience of gender role strain might make these masculine conflicted men more vulnerable to the development of negative attributions of self and likely to experience depression (Mahalik & Cournoyer, 2000).

It could be argued that adherence to masculine role norms may not be a problem for all men. It is possible that all men may not feel the need to strictly adhere to the socially prescribed male norms of their society, and some may resort to non-adherence, with no ill effects to their psychological wellbeing. However, it might well be that some men might feel ambivalent about conforming to some masculine role norms, and might struggle with compliance to these male codes. Such men may engage in compliance with reluctance, holding the belief that violating social norms may result in costs to their masculine status (Moss-Rascusin, Phelan & Rudman, 2010). Conflict and stress may result from this ambivalence towards the socialised male codes.

The notion that conflict might arise when men feel ambivalent towards the adherence of masculine norms was also suggested by researchers, who proposed the concept of gender role conflict (O Neil, Helms, Gable, David, & Wrightsman, 1986). It was conceptualised as the conflict which resulted from the extent to which men perceived that they were violating traditional masculine norms. Gender role conflict was proposed to arise when "rigid, sexist or restrictive gender

roles, learned through socialisation, resulted in personal restriction, devaluation or violation of others or self" (Good, Robertson, O'Neil, Fitzgerald, Stevens, DeBord, Bartels & Braverman, 1995, p.3). It was suggested that the ultimate outcome of this conflict was the restriction of an individual's ability to actualise their human potential (O Neil, Helms, Gable, David, & Wrightsman, 1986). The Gender Role Conflict Scale was designed to measure how men think and feel about their gender-typed behaviours and the relative degree of conflict and comfort they might experience in specific gender-role situations (Thompson & Pleck, 1995; O Neil et al., 1986).The authors positioned men's gender socialisation and a fear of femininity as the common elements underlying the gender role conflict that men might experience (Smiler, 2004). The areas of conflict that were proposed included restricting emotions, fear of expressing affection to other men, conflict between work and home and engaging in competitiveness, in striving for success and power (O Neil et al., 1986). These aspects of gender role conflict were included as subscales in the Gender Role Conflict Scale. Webster, Kuo & Vogel (2006) provided useful examples to explain the GRC subscales. According to these authors Success, Power and Competition (SPC) addressed men's focus on personal achievement and individual success. An example of this was the belief that men must excel competitively to be valued. Restricted Emotionality (RE) referred to the degree to which gender role influences men's overt expression of emotions and feelings (Webster et al., 2006). An example of this conflict is the tendency for some men to avoid publically expressing their emotions, despite experiencing emotions as intensely as women (Webster, Vogel, Pressly & Heesacker, 2002). Similarly the Restricted Affectionate Behaviour between Men subscale assessed the tendency of men to avoid expressing their friendship to other men. The fourth subscale of the GRCS, Conflict between Work and Family Relations (CBWFR), was used to assess the degree to which men struggle to balance work and family commitments (Webster et al., 2006). Men may feel conflict if they put their career ahead of their family responsibilities (Sharpe & Heppner, 1991). Thus, O' Neil and his colleagues model proposed that men experienced gender role conflict due to an incongruence between their masculine beliefs (ideals of self) and feeling pressured to conform to the socialised masculine ideals (masculine codes).

In summary, the Blueprint of Manhood (Bannon, 1976) refers to the masculine ideology which proposed a model of men who are socialised to be independent and achievement oriented who restrict emotional expressiveness and avoid characteristics associated with femininity and homosexuality (Good & Borst, 1994). There have also been models which proposed that men may experience psychological strain, as a result of not meeting social standards of masculinity (Pleck, 1981; O' Neil et.al, 1986).These paradigms posited that gender role strain or conflict was a product of the socialisation processes. These latter models described the detrimental consequences of men's endorsement of masculine ideology (Warren, 1983; Sharpe & Heppner, 1991; Cournoyer & Mahalik, 1995, Good & Wood, 1995). The gender-role strain paradigm proposed by Pleck rejected the idea that masculinity consisted of an essential nature. It suggested that masculine gender roles are socially constructed from stereotypes and norms were multiple and contradictory, which may create problems for men such as the experience of psychological stress (Addis & Mahalik, 2003).

Why might it be of importance to consider masculine variables when examining men's experiences and coping with psychological distress? The extant research on masculinity, gender role and gender role strain has clearly indicated that these concepts are inextricably linked to how men define themselves, and how they operate within the social realms of society (Pleck, 1987; Brannon, 1987; Connell & Meerschimidt, 2005; O'Neil et al, 1986 & Mahalik et al, 2003). Gender norms are the cultural and social expectations which define what is typical & desirable for a male and female within society, and they function as a script for the individual. The central significance of a script is that it is involved in an individual's self-definition, how he may regulate himself and more importantly how he evaluates himself against other men (Möller-Leimkühler, 2003). It guides male identity and beliefs, influences thoughts and attitudes, and directs behaviour. How men think, react and behave in relation to the male script (masculine norms) is associated with the development of gender schemas, which influence masculine conforming men's behaviour. Gender schemas in turn have been reported to be associated with coping responses (Courtney, 2000).

Research indicates that men and boys experience comparatively greater social pressure than women and girls, to endorse gendered societal prescriptions such as health-related beliefs of men; that men are independent, self-reliant strong,

robust and tough (Martin, 1995). An individual's choice of coping has also been reported to be guided by gender schemas (Eisler, 1998). A man whose masculine schema promotes a highly forceful means of coping with stress may rely extensively on aggression to cope with stress, whereas a woman might feel that aggressive displays are inconsistent with her feminine gender schema (Eisler, 1998). Thus, strict adherence to masculine role norms may influence men's choice of coping.

In the context of experiencing psychological difficulties, gender role conflict has also been associated with negative self beliefs and depression (Mahalik & Cournoyer, 2000). In a study investigating how the messages men internalise may be related to gender role socialisation and depression, both depressed and non depressed men's responses to the Gender Role Conflict Scale (GRCS) and Beck Depression Inventory were correlated and examined. The findings from this study indicated that depressed men scored higher than non-depressed men on all four of the GRCS subscales. The authors suggested that from a cognitive therapy perspective, gender role conflict could be related to psychopathology such as depression, and that the depressed men in the sample may have internalised messages associated with gender role conflict (Mahalik & Cournoyer, 2000). For example, in the case of the conflict domain of Success, Power, Competition, the emphasis on winning and power may lead to internalised messages such as "I must be successful to be a worthwhile man", "I must be powerful or else I am worthless" and "I must win against others to be happy and fulfilled" (Mahalik & Cournoyer, 2000). Similar negative attributions of self were suggested for the subscale of Restricted Emotionality; "I cannot express my feelings because others will see me as weak" and "If I show tender feelings I am not a man". The authors pointed out that it was unclear whether negative gender schemas preceded depression or if depressed men were more vulnerable to negative gender beliefs. Regardless of the lack of clarity on causation of negative gender schemas, there appeared to be a significant association between gender schemas and detrimental health outcomes.

Other researchers have also reported psychopathology such as depression and anxiety (Good & Wood, 1995, Cournoyer & Mahalik, 1995; Sharpe & Heppner, 1991) and psychological distress (Good et al, 1995; Hayes & Mahalik, 2000) to be associated with gender role conflict and strict conformity to

masculinity role norms. Furthermore, the investment in living up to societal gender ideals was associated with motivation for gender-conforming behaviour, and also negatively predicted self-esteem in men (Good & Sanchez, 2010). Thus, existing research indicates that masculinity has a significant association with men's experiences of psychological difficulties and psychopathology. It might therefore be prudent when studying psychological distress in men, to consider the effects of conformity to masculine role norms and the influence of gender role conflict, which might arise as a result of reluctance of some men to subscribe to the masculine social codes. This might facilitate a better understanding the role of gender variables and their influence on men's experience and coping with psychological distress.

1.5 Masculinity and Psychological Distress

Several studies have examined the effects of rigid adherence to masculine role norms and psychological wellbeing in masculine conforming men, and reported significant psychological distress and poorer outcomes. Their findings indicated that men who conformed to masculine role norms of restrictive emotionality and self-reliance had been socialised to hide their emotional experiences, and handle their problems on their own. Such men were more likely to cover up painful experiences with a facade of normalcy, to maintain an illusion of control (Rochlen et al., 2010). This resulted in depression and psychological distress remaining masked in such men (Connel & Meerschmidt, 2005). Furthermore, weakness and stigma was associated with the experience of depression, since it contradicted the power and strength that was ascribed to the idealised male role (Oliffe et al, 2010, Chuick, Greenberg, Shepard, Cochran & Haley, 2009).

The restriction of emotional expressiveness has also been associated with detrimental effects on health. Research on the negative effects of restricted emotionality reported it as the strongest predictor of psychological distress in both clinical and non-clinical samples (Cournoyer & Mahalik, 1995) and also to be strongly associated with depressive symptoms (Good & Mintz, 1990). Emotional inexpressiveness was also associated with an internal stress response believed to lead to the selective inhibition of the immune system (Consedine, Magai &

Bonanno, 2002). However, the tendency to restrict emotions was also found to be adaptive and has been reported to ameliorate the symptoms of psychological distress. It indicated positive benefits for people who have experienced trauma or bereavement. They reportedly used emotional dissociation to regulate their emotions and to cope effectively (Bonano, 2001). Furthermore, some researchers who examined the relationship between emotional strategies and psychosomatic symptoms reported that individuals who expressed and restricted negative emotions, but were not troubled by them, experienced good physical health. In contrast, individuals who did not express their negative emotions, but were dissatisfied with them, reported more physical symptoms (Ogden & Von Sturmer, 1984). Thus, emotional behaviour (i.e. emotional expressiveness vs. inexpressiveness) might not be a good predictor of psychological distress. Instead, the value an individual places on expression of emotions, his perceptions of the importance of experiencing and expressing emotions, as well as to whom these emotions are expressed or not expressed, has been posited as important when examining psychological wellbeing (Wong & Rochlen, 2005). In addition, the conflict between an individual's own expressive style and another's expressive style and the conflict which arose as a result of strictly conforming to norms of restricted emotional expressiveness, has been associated with detrimental health effects and psychological distress (King & Emmons, 1990).

Further support for the importance of individual perceptions of masculine conformity, its relationship with socially prescribed ideals, and the experience of psychological wellbeing was reported in a study by Grimmel & Stern (1992). They reported that the differences between an individual's self-rating and ideal masculine ratings were predictive of psychological distress. They also posited that gender roles reduces psychological well-being by creating conflict between personal beliefs about the nature of appropriate gender behaviour and the actual demands of life situations (Grimmel & Stern, 1992).

In considering the research regarding individual perceptions of emotional expressiveness and masculine ideals, the findings presented thus far support the view that restricted emotionality might occur due to a conflict or discrepancy between an individual's masculine gender role and pressure to conform to the masculine ideals of society, which might lead to the experience of psychological distress (Good et al, 1995). Thus, there is robust evidence for the association

between conformity to masculine role norms, individual perceptions of masculinity, gendered behavioural responses and poor psychological functioning.

Social constructions of gender have also been reported to play an important role in influencing men and women's health related beliefs, behaviours, and their subjective experiences of depression. In a special review of barriers to help seeking by men, which focused on the socio-cultural and clinical literature for depression, several studies were examined to identify the factors associated with reduced help-seeking in men and women. The author posited that constructions of masculinity and femininity may contribute to how men and women conceptualise gender-related health concepts and beliefs. Women were believed to perceive health as emotional and social wellbeing. In contrast, men who conformed to traditional masculine norms were believed to view their bodies within an instrumental concept of health. They perceived the body was as an efficient functioning machine needing little care. (Möller-Leimkühler, 2002). Illness seemed incompatible with the male identity, and the masculine conforming men, who endorsed strength, power and stoicism, were intolerant of depressive symptoms (Warren, 1983). Furthermore, to seek help for their psychological difficulties implied a loss of status, loss of control and autonomy, incompetence, and damage to identity (Möller-Leimkühler, 2002). Thus, depressive illness appeared to have challenged men's masculine ideals (Cochran & Rabinowitz, 2000).

According to some researchers, the consequences of violating gender role norms for men are quite severe (Levant, 1992, Krugman, 1991) and may include negative consequences such social and economic penalties (Moss-Rascusin et al., 2010). In a study to examine the consequences of men breaking gender rules, men and women underwent a job interview to determine whether atypical men would be prejudiced for behaving modestly during the interview. Modesty was defined as having a moderate opinion of oneself, or lacking a pretentiousness, which conflicts with masculine stereotypes demanding self-promotion (Moss-Rascusin et al., 2010). Modest men were perceived as violating men's social prescriptions linked to high status (e.g. confidence and ambition), and they experienced prejudice from the interviewers. The authors suggested that modest men suffered backlash, because men are obliged to engage in status-enhancing behaviour (Moss-Rascusin et al., 2010).

The experience of shame and being ostracised in the workplace for not being “one of the boys” (Berdahl, 2007) are other consequences of violating gender role norms. Men are reluctant to violate the male code, for fear of being disgraced and overwhelmed by feelings of shame (Krugman, 1991). Gender role stress was also reported to be associated with shame-proneness, guilt-proneness and externalisation, in a study of self-conscious affect and gender role stress in a sample of undergraduate students (Efthim, Kenny & Mahalik, 2001). Thus, shame appears to serve as a powerful cultural mechanism for ensuring compliance with the male code (Levant, 1992). We can infer from these findings that men who conformed to traditional masculine role norms are more likely to hide their emotional difficulties, and project a view of themselves as being self-reliant and strong, for fear of the stigma and shame which may result from violating masculine norms. Such men would be more likely to experience psychological distress (Warren, 1983, Sharpe & Heppner, 1991).

The research regarding restricted emotional expressiveness appears to be mixed. While researchers have acknowledged that expressing emotions may have an adaptive value in mitigating psychological distress, others have reported detrimental effects of emotional suppression. It is therefore unclear whether restricting emotions may be directly associated with the experience of psychological distress. Some researchers have suggested that it is more important to consider the value placed on emotional expression. and the contexts within which emotions are expressed, when examining the association between restricted emotions and psychological well-being. Men may acquire beliefs and values regarding emotional expressiveness through gender socialisation processes and their culture. It may therefore be important to consider role of gender role conflict in relation to men’s experiences of psychological distress. From a gender socialisation paradigm perspective it may be argued that men may choose to remain silent and control their emotional expression, since they have been socialised to value emotional control as a masculine ideal, and may deem emotional expressiveness to be more associated with the female gender role (Stokes and Wilson, 1984).This is a plausible argument to pose for masculine conforming men. However, some masculine conforming men are also likely to experience conflict, if they feel the need to express their emotions, but perceive themselves to be violating traditional masculine norms of stoicism. They may

experience fear of being rejected by other masculine conforming men or society at large ("not one of the boys), for violating masculine norms. The men may also perceive shame and embarrassment to result from freely expressing their emotions. Thus, violations of masculine norms are likely to be associated with gender role conflict and psychological wellbeing in men.

The Gender Role Conflict Scale has been widely used to empirically measure the concept of gender role conflict within specific social situations (Good, et al., 1995). A large body of research emerged from these investigations, with many findings indicating that gender role conflict in men was associated with a wide range of psychological issues. These included depression and anxiety (Cournoyer & Mahalik, 1995, Good & Wood, 1995, Sharpe & Heppner, 1991), abuse of substances (Blazina & Watkins, 1996, McCleary, Newcomb & Sadva, 1999) and psychological distress (Good et al., 1995, Hayes & Mahalik, 2000). Gender role conflict has also been associated with maladaptive behaviours, such as the use of substances, decrease in psychological well-being and reluctance in help seeking (Blazina & Watkins, 1996).

A study of the effects of gender role conflict on college men's scores on psychological well-being, substance use and attitudes towards help-seeking, indicated some aspects of gender role conflict (such as success, power and competition) were significantly related to lower psychological well-being and an increase in the use of alcohol. In addition, restricting emotions (a further aspect of gender role conflict), was also reported to be related to lower levels of psychological wellbeing (Blazina & Watkins, 1996, Good & Mintz, 1990; Burns & Mahalik, 2006). Thus, the concept of gender role conflict has been associated with maladaptive behaviours, psychological distress and poorer health outcomes for men (Sharpe & Heppner, 1991, Cournoyer & Mahalik, 1995, Good & Wood, 1995).

Gender Role Conflict was also examined across genders to determine whether it is gender specific and whether such conflict may be a determinant of mental health problems regardless of gender (Zamarripa, Wampold & Gregory, 2003). A study of gender differences in the male gender role conflict variables (as indicated by the gender role conflict scale), was conducted on a sample of graduate psychology students to this effect. The participants were given revised parallel versions of the Gender Role Conflict Scale, with one adapted for women

to include gender appropriate items similar to those that were developed for men. Findings indicated that men showed higher levels of appropriate success (achievement, healthy competition and valuing winning), inappropriate success (competing to degrade others and valuing winning regardless of the means needed) and higher levels of restricted emotionality than did women. The authors inferred from these findings that men might be socialised to emphasise success at the expense of emotionality (Zamarripa et al., 2003).

While the gender role strain paradigm may seem like a plausible explanation for men's experiences and responses to depression, it assumes that the male gender role is a problematic form; i.e. men who ascribe to masculine role norms are vulnerable to gender role strain (conflict), which in turn might have a negative impact on their health. The problem with accepting this paradigm is that it cannot account for masculine men who do seek help for their emotional distress, or those traditional masculine men who were willing to express their emotions and talk about their problems (Addis 2008). Some researchers have also reported several positive attributes associated with the traditional conceptualisation of masculinity; a man's willingness to set aside his own needs for his family, his ability to withstand hardship and pain to protect others, ability to problem solve, think logically and rely on himself, stay calm in the face of danger and assert himself (Levant, 1995). Other researchers reported that some aspects of adherence to gender role norms may be a protective factor for mental health (Iwamoto, Liao & Liu, 2010, Legua & Sandler, 1996). These authors reported a strong association between the masculine norm of winning and lower levels of psychological distress and depression (Iwamoto et al., 2010). These researchers suggested that men who value winning may invest much energy in experiencing success through winning. It might also be that men who perceive themselves as winners may be better able to self-regulate their negative thoughts (Legua & Sandler, 1996).

A recent study also investigated the possible benefits of endorsing masculine norms and explored the relationships between North American masculine norms, the strengths of positive psychology and psychological well-being in a cross-sectional sample of men. Traditional masculine norms of risk-taking, dominance, primacy of work and the pursuit of status were associated to a greater extent with higher levels of personal courage, autonomy, endurance and resilience (Hammer & Good, 2010). Taken together, these findings suggest that in

some instances conformity to masculine role norms may be a protective factor for mental health. Furthermore, the findings challenge the gender role conflict/strain paradigm that conformity to masculine role norms is dysfunctional for men.

Some researchers have reported men thinking about the risks to their health and demonstrating the courage to distance themselves from masculine role norms, and face the risks of revealing their vulnerability (Courtney, 2000). In a study aimed at understanding the effects of masculinity on young men's ability to seek medical help, researchers interviewed a sample of men on their health, ill heath, masculinity, self-care and their body-awareness. Findings from this study indicated that the men demonstrated thinking about the risks to their health and sought medical assistance, as part of having self-care awareness and they acted responsibly to prevent ill health (Nobis & Sandèn, 2008).

Furthermore, in a study of traditional rural men from a small farming community in New Zealand, Noone & Stephens (2008) surveyed a group of older men on their help-seeking behaviour, in an attempt to determine why men under-utilise health services. They reported that some men in the sample used medical and moral reasons to legitimise their help-seeking behaviour. They used active coping responses such as reframing by positioning women as frequent trivial users of health services, and viewed their own behaviour as legitimate and guided by medical and/or moral responsibility. They realised the seriousness and irresponsibility of ignoring potentially life threatening medical problems, and preserved their masculinity by engaging in problem-focused and adaptive coping responses (Noone & Stephens, 2008).

In a further study to examine the role of masculine norms on men's gender-related health beliefs, a study was undertaken to explore the role of media representations on men's views about health, as men are often viewed to be stoical about illness and reluctant to seek help for it (Hodgetts and Chamberlain, 2002). These researchers reported that despite voicing traditional notions of masculinity, such as self-reliance and fortitude, many of their male respondents also endorsed media messages such as the need to seek help regularly and to engage in healthy lifestyles and were aware of 'unhealthy' masculine attitudes. Thus, conforming to masculine role norms may work in diverse ways to influence men's experiences and responses to illness and psychological distress.

Most of the extant research on gender role conflict reported correlations between aspects of role conflict and psychological distress and depression (Good et al., 1995, Hayes & Mahalik, 2000), but few studies have examined men's coping responses to psychological distress, within the context of strict adherence to masculine norms. It might therefore be useful to look at coping as a possible third variable in the relationship between gender role conflict and psychological distress. Good, Heppner, DeBord & Fischer (2004) suggested that it would be useful to examine the amount of variance that gender role conflict contributed in predicting psychological distress, and to compare this to other predictor variables.(such as coping or problem solving), which might influence psychological adjustment. A further motivation to consider alternate variables such as coping when examining psychological distress arises from a study which examined the relationship between gender role conflict and stress with personality variables. This study aimed to test the hypothesis that gender role conflict and stress may be associated with personality variables. Personality variables were assessed using the 5-factor model (NEO-FFI), a short form of the NEO-PI (Tokar, Fischer, Schaub & Moradi, 2000). They reported 60% overlap of variance in personality variables with variance in the masculine variables, (as measured by the gender role conflict scale and masculine gender role stress scale (Tokar, Fischer, Schaub & Moradi, 2000).These researchers suggested that the significant positive correlations between the masculine variables and personality variables and the significant overlap between these groups of variables suggests that the gender role conflict scale might be a measure of some aspects of inherent personality traits (Tokar et al., 2000). Their findings also highlighted the significant role of an individual's personality style in influencing how he might perceives and enact normative male roles. Furthermore, such research findings also challenge the assumption that masculine-related conflicts are directly related to psychological distress (Good et al., 2004). It would therefore be prudent to include coping as a variable when examining the relationship between masculinity and gender role conflict with psychological distress.

1.6 Coping Styles and Psychological Distress

Coping has been defined by Folkman and Lazarus (1980) as the "cognitive and behavioural efforts which an individual uses to master, reduce, manage or alter events or circumstances that are either threatening or emotional." The efficacy of the efforts is dependent on the specific stressor (event) and variables relating to the individual involved. A commonly used model of coping proposed by Folkman and Lazarus (1984) suggests that coping is dependent on both the appraisal of the threat, (primary appraisal) and the appraisal of the individual resources to address the threat. (secondary appraisal). The model also posits coping to be dynamic in nature and to be a transaction between the threat, appraisal and the individual's response (Tamres, Janicki & Helgeson, 2002). How an individual copes with a threat appears to be associated with how threat is appraised. Thus, stressor appraisal might be an important indicator of difference in coping styles between the genders.

Historically, coping strategies have been dichotomised into problem-solving coping strategies or emotion-focused strategies (Felsten, 1998). Problem-focused coping is described as an active attempt to alter a problematic situation through information seeking, planning, direct action and seeking instrumental help. Emotion-focused coping in contrast refers to managing emotional responses to a problematic situation. It involves dealing with emotional responses to stressors and has included self-blame, blaming others, controlling or venting emotions, fantasy, wishful thinking and seeking emotional support. Avoidant coping, a third coping style includes distraction, denial, social diversion, behavioural disengagement and substance abuse (Lazarus & Folkman, 1980, Tamres et al., 2002). Generally, active problem solving coping, (in which a problem is managed cognitively or through action), is thought to mitigate the debilitating effects of stress. In contrast, avoidant coping (in which a problem is ignored or repressed), is thought to be less effective (Crockett, Iturbide, Stone, McGinley, Raffaelli & Carlo, 2007).

Past theories of coping have posited that males use more problem-solving coping strategies and women more emotion-focused coping (Folkman & Lazarus, 1980). More contemporary theories of coping have viewed men as competitive, task-oriented and aggressive in problem-solving, especially in the work domains,

and females as pro-social, assertive and empathic in their coping style, especially in their interpersonal domains (Hobfall, Dunahoo, Ben-Porath & Monnier, 1994). These differences in coping may be linked to gender role socialisation.

Gender beliefs and gender role socialisation have been associated with coping differences in men and women (Ptacek, Smith & Zanas, 1992). According to the socialisation hypothesis men and women are socialised to deal with stressful events in different ways. Specifically, it proposes that because of gender role stereotypes and gender role expectations (norms), men are socialised to a greater extent to deal with stressful situations in an instrumental manner, in contrast to women, who tend to be socialised to express emotion, to employ emotion-focused coping methods and to seek support from others (Mainiero, 1986, Stokes and Wilson, 1984). Thus, this hypothesis posits that the manner in which men and women view themselves in their gendered male roles may be related to how they cope with life challenges.

In a 21-day longitudinal study of stress and coping on a group of undergraduate psychology students, undertaken to test this hypothesis (Ptacek et al., 1992), participants were required to complete an events and coping questionnaire on a daily basis. They had to respond to specific questions regarding the appraisal of each stressor and the coping methods they used. Findings from this study indicated that men used more problem-focused coping while women reported using more emotion-focused coping and support seeking, in response to stressful situations. Women were also reported to use a wider range of coping responses such as blaming others and wishful thinking. In contrast, men were more likely to choose problem solving coping as their first option and a few alternative responses such as avoidance and self-blame (Ptacek et al., 1992). These findings support the role socialisation hypothesis of coping but also highlighted the limited use of diverse coping styles by men. In comparison, women utilised a greater repertoire of coping resources. Furthermore, a cross-sectional study examined gender differences in stress and coping in a large sample with different socio-demographic characteristics. They reported that women scored significantly higher than men on emotional and avoidance coping. The men in the sample were also found to have more emotional inhibition than women (Matud, 2004).

Further support of a relationship between gender role socialisation and coping styles was indicated by a study undertaken on both males and females to investigate the relationship between gender, gender identity and coping strategies during late adolescence with an age range of the participants between 17-22 years. Gender and gender-related identity were related differentially to coping strategies used by the adolescents. While these researchers reported no significant differences in the use of problem solving coping by male and females during late adolescence, female late-adolescents were more likely to endorse emotion-focused coping strategies than male late-adolescents (Renk & Creasey, 2003). According to these researchers, male adolescents may have remained reluctant to use (or endorse using) emotion-focused coping strategies as a result of gender stereotypes related to these strategies (Renk & Creasey, 2003), adding further support for the association between gender role socialisation and men's styles of coping.

In a study of the differences in coping styles of early adolescents as a function of gender, age and level of depression, the participants were asked to suggest whether a ruminative style or distractor coping style would be associated with either boys and girls respectively. Results indicated that both genders considered that a rumination and distraction style of coping was acceptable for girls, when they were faced with difficult situations; however, they viewed rumination as inappropriate for boys to use. An endorsement of distraction was given for boys instead. The authors suggested that perhaps distracting strategies may be associated with demonstrations of strength whereas rumination may be associated with signs of weakness (Broderick & Korteland, 2002). They also posited that rumination was more characteristic of girls as it was associated with expression of emotions. Thus, gender-polarised beliefs appear to be associated with adolescent boys and girls coping responses to daily challenges (Broderick & Korteland, 2002).

Taken together, these studies clearly illustrate that gender role socialisation appears to play a role in influencing coping styles across developmental stages in the lives of men and women. We can infer from the findings of the studies presented thus far that men are more likely be socialised by masculine norms which prescribe restriction of emotional expressiveness and self-reliance, and to take control of stressful situations and cope with problems on their own. This might be the reason for such masculine conforming men to choose

problem-solving coping which is a more active coping style. Furthermore, the reluctance of late adolescent males to endorse the use of emotional coping strategies might be linked to violations of the masculine norms of emotional control, which may begin to be socialised during the early developmental years. It is likely that these young males were socialised to conceal their emotions and deny or avoid their difficulties to maintain adherence to the masculine scripts (Tamres, 2002).

In an attempt to gain a better understanding of how gender socialisation may influence men's coping behaviour it might also be important to consider the role of appraisal in the coping-stressor transaction- i.e. how an event or stressor is appraised. Research has suggested that in order to understand the beliefs which individuals have in relation to their ability to exercise personal control over stress, it is necessary to know the significance or meaning of the event to the individual (Folkman, 1984, Averill, 1973). The meaning of an event is determined through cognitive appraisal processes, through primary and secondary appraisal processes (Folkman & Lazarus, 1984).

Primary appraisal refers to the process whereby an individual evaluates the significance of an event with respect to personal well-being (Folkman, 1984). In other words, it refers to the process of perceiving a threat to oneself (Carver, Scheier & Weintraub, 1989). In contrast, secondary appraisal refers to the process whereby the individual evaluates their personal coping resources and options (Folkman, 1984). It refers to thoughts about a potential response to a threat (Carver et al., 1989). Primary and secondary appraisal both determine how an individual may respond to an encounter.

An individual may appraise a stressor to be irrelevant and to have no significance to the individual's well-being, or it may be viewed as a threat, challenge or to induce harm or loss (Folkman, 1984). Furthermore, the individual's coping response will also be influenced by his or her perception of the personal resources which he or she has to deal with the stressor. These personal resources may include generalised beliefs he may have about the degree to which he could control the stressor, and outcome of his efforts. This perception of individual control has been referred to as locus of control, and is posited as the degree to which an individual believes that he or she has control over a situation. Internal locus of control refers to the condition in which the individual believes

that his own actions and behaviours may control the outcome of an event. In contrast, external locus of control refers to the condition in which the outcome of an event is not contingent on an individual's own actions or behaviour, but is due rather to luck, chance, fate or powerful others (Rotter, 1966). If a situation is appraised by an individual as ambiguous (unclear outcome), a person with an internal locus of control might be expected to appraise the situation as controllable. In contrast, a person with an external locus of control would appraise a similar situation as uncontrollable (Rotter, 1975, Folkman, 1984). Judgements about controllability are therefore an important aspect to consider in understanding the coping responses of individuals.

It might be suggested that gender socialisation and masculine role norms might be related to the concept of locus of control and be implicated in the trajectory of an individual's coping with stress. Holding an external locus of control has been associated with the greater use of cognitive or avoidant coping, because individuals were less likely to perceive that their efforts to address the problem would be effective (Gomez, 1988b). Since the masculinity research suggests that adherence to some masculine norms such as self-reliance and dominance are synonymous with independent action, autonomy and self-control, it may be suggested that men who adhere to these masculine norms may have an internal locus of control. They may hold the belief that their actions would be sufficient to effect change and bring control to the stressor. Thus, men would be more likely to deal with problems on their own and choose problem solving coping styles to deal with their psychological stress. Men might also hold the belief that they have the internal resources to cope with their difficulties and choose more active coping strategies to deal with their difficulties.

Avoidant coping has also been reported to be linked to strict adherence to masculine norms and poorer psychological wellbeing (McNamara, 2000; Dyson & Renk, 2006). Some men who strictly conform to masculine role norms have been reported to use avoidant coping responses to deal with mental health difficulties and work and family stress (Iwamoto et al., 2010; Dunn, Waelton & Sharpe, 2006). They were also reported to be more likely to choose avoidant coping styles such as distracting themselves with work (McCleary & Sadava, 1995) or engaging in the use of substances like alcohol (Cooper, 1992) to avoid addressing their distressing problems. McCleary and Sadava (1995) examined the

relationship between gender role conflict and work stress and reported that avoidant coping (using work) mediated the relationship between gender role stress and work satisfaction. However, these researchers noted that although this distraction may initially reduce distress, in the long term avoidant coping was detrimental to psychological wellbeing (McCleary & Sadava, 1995). Avoidant coping styles were also reported to be a powerful predictor of depression in a sample of university students, which included many non-traditional men and women. Furthermore, in an Australian study of a sample of teachers, men and women's experiences of depression were qualitatively analysed. Researchers found that some men who were depressed had reported engaging in avoidant coping styles, numbing and escape behaviours in response to emotional distress, as compared to the women in the sample .The differences in depression between the genders appeared to be a result of how depression was expressed rather than experienced by the men and women. These researchers also concluded that depression and emotional distress had remained hidden and avoided by the men in their sample (Brownhill, Wilheim, Barclay & Scheid, 2005). It might be inferred from these studies that traditional masculine norms seem incompatible with psychological distress and the male identity (Warren, 1983), since men have been traditionally socialised to hide their emotional experiences and handle their problems on their own (Connel & Meerschmidt, 2005). Men are therefore more likely to avoid addressing their difficulties, more likely to engage in maladaptive coping behaviours and less likely to seek professional help. As a result, they may experience exacerbated symptoms of psychological distress.

The research findings summarised thus far highlights the link between masculine variables such as conformity to masculinity and gender role conflict and their role in shaping men's health related beliefs and coping behaviours. This body of research has also shown how social constructions of masculinity and gender role socialisation processes have operationalised the social codes for men in North American society. Furthermore, the empirical evidence presented has highlighted the relationships between these concepts and their links to men's evaluation of their masculine selves, with respect to their beliefs of what it means to be a man in their social world. The research has also highlighted some strong associations between men's gender beliefs and coping with psychological difficulties.

It cannot be presumed that all men are subject to the detrimental effects of masculine conformity. Masculinity might act as a protective factor for some men. Men might also have diverse ways of making sense of their masculine selves, and enact masculinity in multiple ways, leading to within gender differences in men's health related beliefs, attitudes and coping to psychological difficulties. However, for those men who continually struggle to come to terms with meeting social prescriptions of masculinity, and fulfilling their individual perceptions of masculinity, the experience of gendered conflict might be prominent and result in poor coping responses and psychological distress.

1.7 Masculinity and New Zealand Culture

New Zealand has been described as being similar to many other "settler" cultures (such as Australia and Canada) which have historically identified itself with a model of tough, rural "pioneering" white masculinity (Bannister, 2006). The historical view of the New Zealand man has been closely linked to the land and farming traditions (Liepins, 2000). New Zealand men have been typically portrayed in literature as endorsing traditional masculine values such as stoicism, toughness and competitiveness. Jock Phillips, in his book "A Man's Country", which described the history of masculinity in New Zealand, portrayed the white New Zealand man as a powerful legend of pioneering manhood, and as a model of courage and physical toughness (Phillips, 1987). Furthermore, the New Zealand man has also been described as the "Do it yourself" individual, implying self-reliance and independence. New Zealand men have been described as hard working, self-reliant and rugged individuals who "communicate through enactments of mateship rather than conversations" (Hodgetts & Rua, 2010, p.161).

These social constructions of masculinity are believed to have been socialised through explicit and implicit ways (Liepins, 2000). Examples of the implicit ways in which masculine ideals have been transmitted within New Zealand society are via media advertising on television and through print media, while implicit means of transmitting masculine ideologies has occurred through the use of national symbols, sporting heroes and literature (Bannister, 2006). In a 2004 ethnographic study comparing concepts of national identity in the United States of America, Australia and New Zealand (conducted for an advertising

agency) researchers reported that New Zealand had a continuing “blokiness” (maleness) of Kiwi culture. They indicated that both men and women suggested the same symbols: rugby; barbecues, gumboots and tractors, in contrast to North America, where the female symbols were reported to be associated with “apple pie and friendship diaries and were quite different to the men’s symbols” (Bannister, 2006). Television advertising in New Zealand often uses sporting heroes such as the All Blacks rugby players, sailing champions such as Sir Peter Blake, elite athletes and national heroes such as Sir Edmund Hilary, to portray masculine ideologies of strength, courage, perseverance, power and endurance for promotional purposes. The stoic rural Southern man who is typically portrayed as a tough, inexpressive rustic male, (farmer from the South Island of New Zealand) has also been used in beer advertising on national television (Law 1997).

The concept of masculinity has also been used in the past to promote beer using the slogan “What it means to be a man”, implicating drinking alcohol to be associated with the construction of masculinity (Campbell & Honeyfield, 1999). These examples illustrate how powerful media symbols and messages are used to socially transmit masculine ideology within New Zealand society. They represent the implicit methods of transmitting masculine ideologies within society. Thus, boys and men are socialised through the use of national heroes who serve as masculine role models shaping specific ways (normative) of behaving. Men may adhere and strive to adopt such masculine ways of being in an attempt to gain social approval from others, or may choose to reject such social ideals- i.e. they may choose adopt conformity or non conformity to the socialised masculine norms.

New Zealand also has an indigenous group of people, the Māori, who have a culture very distinctive from the dominant European culture. Men within Māori culture have patriarchal power and mana (integrity), defined by their masculine status (Horowhitu, 2008). Such cultural values may also influence Māori men and boy’s masculine attitudes, beliefs and behaviours. Thus, ethnicity and cultural values, as well as national identity, and the collective values of a nation need to be considered when examining masculine ideologies in New Zealand.

Since culture has been posited to be linked to the development of masculinity (Connel & Meerschimidt, 2005; Courtney, 2000), it is important to consider its influence in shaping men’s perceptions of their gender role and

development of their attitudes and beliefs. Culture has been reported to offer varying influences on men's identity, thoughts and actions (McCarthy & Holliday, 2004) such as influences on men's health-related behaviours (Courtney, Mccreary & Merighi, 2002). In a study of gender and ethnic differences in health beliefs and behaviours, in a multicultural sample of undergraduate students in America, the authors found significant differences in risk based health behaviours based on race and ethnicity. Asian Americans reported riskier habits than all other ethnic groups for behaviours related to preventative health, such as scheduling health checks and maintaining medication compliance. This group was also at greater risk than European Americans and Hispanics for behaviours related to anger and stress (Courtney, Mccreary & Merighi, 2002). Furthermore, in a study of the effects of culture on masculinity, it was reported that Asian American men experienced high levels of gender role conflict between work and family relations. The authors also reported higher success, power and competition orientations in these men (Good et al., 1994). The associations between cultural factors and masculine related behaviours and beliefs add support to the view of considering the role of cultural forces in shaping the development of masculinity in New Zealand men.

The contemporary view of masculine ideology in New Zealand has shifted from the stoic traditional view of men being tough, inexpressive and rural. More recent media representations have combined aspects of the traditional inexpressive "bloke" and the family man resulting in a picture of the modern New Zealand man which suggests he is a hardworking, ingenious, strong, and caring domesticated individual (Hodgetts & Rua, 2010, p.161). Thus, it appears that men in New Zealand may display multiple masculinities; they may align themselves with traditional masculine role norms in their work environments and adopt 'alternative masculinities' at home with their families (Hodgetts & Rua, 2010, p164). It is possible that the 'alternative masculinities' which these men subscribe to, may be causing them to experience conflict with regard to how they define themselves as men across different contexts. Such conflict which arises as a result of men's gendered role in society may give rise to psychological distress.

There is a paucity of studies on the endorsement of masculine role norms in relation to how New Zealand men may be experiencing and coping with psychological distress. Current New Zealand mental health statistics indicate that New Zealand men are often using maladaptive coping mechanisms such as

substance abuse. Also, in New Zealand, men have high rates of completed suicides, which might suggest that they may be experiencing significant levels of psychological distress. Masculine variables such as conformity to masculine role norms and gender role conflict might be implicated in the trajectory of psychological distress of New Zealand men.

Research findings have reported masculine gender roles to be problematic for men (Smiler, 2004) and that they have been associated with psychological distress such as depression and anxiety, as well as maladaptive behaviours such as substance abuse and aggression. This has led to various attempts to measure individual differences in men's adherence to these gender roles (Smiler, 2004), to determine the extent to which conformity to masculine gender norms might be influencing how men cope with their psychological difficulties. Based on the assumption that New Zealand men might be subject to gendered role conflict and be experiencing significant levels of psychological difficulty, it is suggested there may be value in exploring the relationship between masculinity and psychological distress. This might help researchers and clinicians to gain an understanding of how conformity to masculine role norms might be influencing these men's coping with psychological distress.

1.8 Purpose of Research

The purpose of this study is to explore the relationships between conformity to masculine role norms, gender role conflict and coping styles with psychological distress, in a sample of New Zealand men. It is hoped that this research will assist in the better understanding of how masculine norm conforming men. who may be experiencing conflict (as a result of their gendered role), may be coping with psychological distress. The study also hopes to identify the extent to which masculine variables and coping styles contribute to psychological distress, and the implications of these findings for the development of effective clinical interventions.

1.9 Research Questions

1. What are the correlative relationships among conformity to masculine role norms, gender role conflict, coping styles and psychological distress?

2. Do coping variables or measures of conformity to masculine role norms and gender role conflict predict psychological distress in the sample of men?

3. What is the relationship between the coping responses men choose in response to a vignette depicting psychological distress and the coping responses that they recommend to the hypothetical individual (Jason) depicted in the vignette?

4. What is the relationship between men's coping to psychological distress and the barriers they perceive might prevent them from responding constructively to an episode of psychological distress?

1.10 Hypotheses

It is hypothesised that

- Adherence to norms of Dominance, Self-Reliance and Emotional Control will be associated with psychological distress.
- There will be an association between Restricted Emotionality and psychological distress.
- Adherence to norms of Self-Reliance will be associated with Problem Solving Coping.
- Adherence to norms of Dominance and Emotional Control will be associated with Avoidant Coping styles.
- Restricted Emotionality will be associated with Avoidant Coping

In sum, it is hypothesised that both coping styles (avoidant and problem solving) will be associated with psychological distress, but in different ways. Problem solving coping and psychological distress will share an inverse relationship; in contrast, avoidant coping which will share a positive relationship with psychological distress. Furthermore, the two coping variables (avoidant and problem solving) will account for more variation in psychological distress than the masculine variables (conformity to masculine norms and gender role

conflict).Thus, the hypothesis regarding coping is that it would better predict psychological distress than the masculinity variables.

With reference to the types of coping styles that our sample of men will recommend to other men, it is hypothesised that active; problem solving styles of coping will be suggested. However, the men in the sample are likely to choose more avoidant coping styles as their individual responses to the vignette.

Chapter 2: Methodology

Men adhere to masculine gender role norms in diverse ways due largely to differences in the social and cultural gender socialisation processes they may have experienced. In order to examine the relationship between gender variables and coping with psychological distress a correlational study of the relationships among conformity to masculine role norms, gender role conflict, coping style and psychological distress was conducted among a convenience sample of men in New Zealand. Ethics Approval was granted for this study by the Waikato University Psychology Research and Ethics Committee.

2.1 Study Sample

A total of 80 males from the local Hamilton population were recruited for this study through the Waikato University intranet, poster advertising at cultural organisations, sports clubs, Waikato Institute of Technology campus, community health centres, university counselling services, local cultural networks (Maori groups, Pacific groups) and The Salvation Army Church Group. The study sample was restricted to men who were 18 years and over and currently living in New Zealand. (See Appendix G for an example of the recruitment poster). An incentive was offered to the men to motivate them to sign up as participants for this study. All participants were put into a draw to win $50 worth of MTA (Motor Transport Association) gift vouchers. The participants were screened for this study at the recruitment stage following their agreement to participate in the study. An information sheet outlining the details of the study and the nature of the survey was sent to all prospective participants as part of the recruitment process. (See Appendix H for an example of the information sheet).

<u>Consent to Participate</u>

Consent was acquired from participants following agreement from the men to participate in the study (See Appendix I for an example of the Consent Form). Since this study aimed to asses men's accuracy in identifying an episode of psychological distress (mild depression), this information was withheld from the participants at the recruitment stage. The participants were informed that the

study was examining men's attitudes and wellbeing through the information sheet provided prior to them taking the survey. Once the respondents had completed the survey form for this research, they were sent a debriefing sheet outlining all the aims of the study. The debriefing sheet was sent to participants on receipt of a completed survey. (Refer to Appendix J for an example of the Debriefing Form).

Demographic Characteristics of Participants

The participants surveyed in this study were predominantly young adult men with a small percentage who were middle aged and some older men. The age composition was as follows: 62.5% were 18-29 years, 13.8% were between the ages of 30-39 years, 10% were between the ages of 40-49 and 6.3% were between 50-59 years. The sample also included a small percentage (7.5%) of older men between the ages of 60-79 years. The ethnic composition of the sample was predominantly New Zealand European (78.8%) with a small percentage of Asian (6%) and Maori (2.5%) participants. Men who endorsed the "Other" category of ethnicity included males of part-Maori or part Pacific Island ethnicity, Malaysian, African and European ethnicity and comprised of 11.3% of the sample.

2.2 Instruments and Materials

The Conformity to Masculine Gender Role Norms Inventory –CMNI (Mahalik et. al., 2003) was used to assess the extent to which an individual does or does not conform to the actions, thoughts and feelings that reflect masculine norms in western industrial society (Cohn, 2001). In the current study the CMNI was used to measure the extent to which men adhere to a range of traditional masculine norms. The CMNI is a self-report instrument which contains 94 items and each item is rated on a 4-point Likert scale (0 = *strongly disagree* to 3 = *strongly agree).* Respondents are required to indicate the degree to which they agree with the items. The 94 items measure the affective, cognitive and behavioural components of conformity. Items are grouped into 11 subscales: Winning, Emotional Control, Risk-Taking, Violence, and Power over Women, Dominance, Playboy, Self-Reliance, Primacy of Work, and Disdain for Homosexuals and Pursuit of Status. Higher scores on the total CMNI score and subscales indicate greater endorsement of traditional masculine norms. (Refer to

Appendix D for example questions). Internal consistency estimates for the total scale score were good and reported as .94 and alpha coefficients for each of the subscales ranged from .71 to .92. Upon initial validation, test-retest estimates were .95 for the total CMNI score and ranged from .51 to .96 among the 11 subscales. Mahalik et al. (2003) reported good convergent validity for the CMNI to the *Gender Role Conflict Scale* (O 'Neil et al, 1986), *Brannon Masculinity Scale* (Brannon & Juni, 1984) and the *Gender Role Stress Scale* (Eisler & Skidmore, 1987). Convergent validity was established with measures of sexism scales and divergent validity was established with measures of masculine and feminine traits (Smiler, 2006). Men also reported higher mean CMNI total scores than women (Mahalik et al., 2003).

In the present study three of the 11 subscales comprising of 21 items were used: Emotional Control, Self-Reliance and Dominance, as these three subscales were reported to be associated with depression and psychological distress (Mahalik et al., 2003, Sydek & Addis, 2010). Items on the Emotional Control subscale assess adherence to social norms pertaining to keeping emotions 'hidden'. The Self-Reliance subscale assesses men's conformity to social norms which indicate that men should utilise their own resources and handle their problems on their own. The Dominance subscale pertains to the idea of masculine men having autonomy and control.

The Gender Role Conflict Scale (GRCS, 'O Neil et al., 1986) was used to measure men's reactions to the tensions between traditionally socialised male gender roles and situational demands. The GRCS is a self-report measure which consists of 37 statements which comprise of four subscales: Success, Power and Competition (SPC), Restrictive Emotionality (RE), Restrictive Affectionate Behaviour between Men (RABBM) and Conflict between Work and Family Relations (CBWFR). Participants were required to rate the extent to which they agree or disagree with each of the statements on a six-point Likert-type scale where 6 = *strongly agree* and 1 = *strongly disagree*. Higher scores on the GRCS indicated gender role conflict and stronger endorsement of traditional North American male role norms (Refer to Appendix E for example questions). A total score of gender role conflict was obtained by adding the aggregate of each of the subscales. In this study the scores of two of the subscales: Restricted Emotionality (RE) and Success, Power and Competition (SPC) were used to represent an

aggregate measure of the participants' gender role conflict. The Restricted Emotionality subscale measures the conflict which arises from men revealing, expressing and talking about their emotions: ("I have difficulty expressing my tender feelings; I have trouble finding words that describe how I feel"). The Success, Power and Competition subscale measures the conflict that arises from the belief that men need to have career success and achievement to be valued.

Psychometric evaluation of the *Gender Role Conflict Scale* has reported excellent factor stability, good internal consistency and freedom from a socially desirable response bias (Good, O' Neil, Fitzgerald, DeBord & Braverman (1995). The average reliabilities across 11 studies for the four subscales were reported as .86 for Success, Power and Competition (SPC), .84 for Restrictive Emotionality (RE), .84 for Restrictive Affectionate Behaviour Between Men and .80 for conflict Between Work and Family Relations (CBWFR) (O'Neil, 1995). Test-retest reliability over a 4-week period ranged from .72 to .86 (O' Neil, 1986). Furthermore, convergent validity was demonstrated across several measures of masculine conflict (Good et al, 1995) and reliability has been shown across age (Theordore & Lloyd, 2000) and ethnicity ('O Neil, 2008) which makes this a robust measure to use.

*The Depression, Anxiety, Stress Scale (*DASS 21) was used to measure the participant's current level of psychological functioning. This is a 21-item (short version) self-report measure of anxiety, depression and stress, based on the 42-item version developed by Lovibond and Lovibond (1995). Each item describes a symptom of depression, anxiety or stress. Participants were required to indicate the frequency at which they have experienced each symptom, within the past two weeks. They were required to indicate their choice on a four-point Likert- type scale where 0= *Did not apply at all, 1=applied to me to some degree, or some of the time, 2= applied to me a considerable degree, or a good part of the time, 3=applied to me* very much, or most of the time. (Refer to Appendix F for an example of this measure).The DASS has been reported to show adequate convergent and discriminant validity with the *Beck Depression Inventory* (r=.74) and *Beck Anxiety Scale* (r=.81). Reliability assessed using Cronbach's alpha for depression, anxiety and stress scales was reported to be .91, .84 and .90 respectively. The DASS was developed and has norms based on a non-clinical

sample of Australian students, which offers support for the use of this measure for this study.

The Brief COPE which is a shortened version of the *COPE Inventory* (Carver, Scheier & Weintraub, 1989) was used to assess different dimensions of active/problem solving and avoidant coping styles in the sample of men. The Brief COPE (Carver, 1997) consists of 28 items which measure 14 conceptually different coping reactions. The coping reactions/scales are computed as follows: Self-distraction, Adaptive Coping, Denial, Substance Use, Use of Emotional Support, Use of Instrumental Support, Behavioural Disengagement, Venting and Positive Reframing (Carver, 1997). Respondents were required to indicate how frequently they used each strategy on a scale from 0 (I haven't been doing this at all) to 3 (I've been doing this a lot) (Refer to Appendix B for an example of this measure).

Items on the scale may be used in 3 formats. One is a dispositional or trait-like version in which the respondents report the extent to which they engage in the behaviours listed on the item list. The second version is a time-limited version in which the respondent is asked to report on the period of time up to the present that they were actually experiencing each item. In contrast the third version is also a time limited version in which the respondent indicates the degree to which they have been experiencing each item during a period up to the present. These three formats differ in their verb forms: the dispositional format is present tense, the second version (situational-past format) is past tense and the third format is past tense progressive (I am ….) or present perfect [I have been….]{Carver, 1997).

For this study the items were framed according to the third version; in a situational and prospective format. Despite the fact that the scales are only two items each, their reliabilities were acceptable; all have been reported to exceed .60 except Venting, Denial and Acceptance. Cronbach's alpha for the other scales ranged from .64 to .82. These results are supportive of the internal reliability of the abbreviated scales (Carver, 1997). Carver advises that researchers may use all 14 scales of the Brief COPE or choose a selected few to use. He also emphasises that researchers may create their own second-order factors such as problem-focused, emotion-focused and avoidance coping from among the scales using the factors as predictors (Carver, 1997).

For this study men's coping behaviour was examined by using Problem Solving and Avoidant Coping styles. Gender socialisation theory argues that men might be more likely to cope with stress by denying problems or avoiding it and concealing their emotions (Tamres et al., 2002). Research has supported this view of men being more likely than women to confront a problem directly or avoid or deny the stressor (Perlin & Schooler, 1978; Stone & Neale, 1984). Furthermore, though men have been reported to be associated more with restricting emotional expressiveness and have a reluctance to disclose negative emotions to others, they are not typically associated with emotion focussed coping styles (Tamres et al., 2002). Since this study was focused on coping styles exclusively in men rather than across gender, and due to the empirical support for an association between men and Problem Solving and Avoidant Coping styles, these coping styles were used.

The Brief COPE subscales were aggregated to form two composite scales Problem Solving and Avoidant Coping as suggested by Crockett, Iturbide, Stone, McGinley, Raffaelli & Carlo, 2007). Problem Solving Coping comprised of nine items reflecting problem solving, planning, active coping and reframing: e.g. "I'll take direct action to make the situation better". Avoidant Coping comprised of nine items reflecting behavioural disengagement, mental disengagement/self – distraction, denial and substance use: e.g. "I'll turn to work or other activities to take my mind off things".

2.3 Procedure

The men in this study had to read and complete a questionnaire comprising of a series of questions relating to adherence to masculine gender role norms, gender role conflict and recent levels of anxiety, stress and depressive symptoms. The questionnaire also included a short vignette called *Jason's Story.* The participants were required to read the vignette describing Jason experiencing a mild episode of depression and then respond to two open ended questions about Jason's symptoms and how he should respond to them. The purpose of these open ended questions was to explore men's attitudes in relation to coping with psychological distress. These questions were also used to assess lay diagnoses and symptom recognition in these men. The vignette was also used as a primer to

assess the participants coping styles, when faced with an episode of mild depression. They were required to indicate how they might respond, if they were to experience symptoms similar to that which Jason was experiencing. The Brief COPE (Carver, 1997) offered several coping mechanisms which they could choose as ways to respond. The men were also asked to identify some perceived barriers to addressing psychological difficulties... They were given some forced choice response options and could also offer their own responses (Refer to Appendix E for a copy of the vignette). The research questionnaire was made available to the participants in an electronic format, accessible via a web-link and also in a paper printed format.

2.4 Overview of Data Analysis

On completion of the computation of the participants' scores into SPSS all the variables were checked for missing data values. The variables were then checked for assumptions of normality using Shapiro-Wilks Tests, which has been recommended to use when the sample size is below 100 participants (Coakes, Steed & Dzidic, 2006, p.57). Two of the variables Psychological Distress and Avoidant Coping did not meet assumptions. The scores of these variables were transformed into natural logs in order to meet assumptions for the test of normality (Field, 2009, p.155). A test of homogeneity of variance was used to check for the normal distribution of the data. A test for homoscedasticity was conducted to check if the spread of residual scores at each point along each predictor was constant (Field, 2009, p.149).

A correlation was used to explore the relationships among the masculinity variables (conformity to masculine role norms and gender role conflict), coping styles (Problem Solving Coping and Avoidant Coping) with psychological distress. A stepwise multiple regression was also used to answer the research question; whether masculine variables or coping would predict psychological distress in masculine norm conforming men. In this regression analysis the three groups of independent variables; coping styles, conformity to masculine role norms and gender role conflict were represented by subscale scores. Avoidant Coping and Problem Solving Coping represented coping styles while Emotional Control, Dominance and Self-Reliance represented the conformity to masculine

role norms. The gender role conflict variables included in this regression were represented by Success, Power, Competition and Restricted Emotionality. A sum total of each participant's subscale scores on the conformity to masculine role norms inventory and subscale scores on the gender role conflict scale were used as aggregate scores to represent these two masculine variables in the regression. Furthermore, the total DASS score was used as a continuous variable to represent the outcome variable psychological distress. During the hierarchical regression the two coping variables were included in the first step of the regression model. This was followed by the total gender role conflict score into the second step of the model. The third step of the regression included the total conformity to masculine role norms score. Each new variable was added by forced entry into the regression model (Field, 2009, p. 222).

The open questions that were included in this questionnaire were analysed using open coding. Open coding is a form of qualitative analysis that pertains specifically to the naming and categorising of phenomena through close examination of the data. During open coding the data are broken down into discrete parts, closely examined, and compared for similarities and differences, and questions are asked about the phenomenon as reflected in the data (Searle, 2004, p.35). The data is also systematically coded or segmented into aggregated units according to the precise descriptions of the content of each of the data segments. The segments are then organised according to codes or categories, according to the content characteristics of each segment (Coffey & Atkinson, 1996, p.50). In this way the data may be examined for its key themes. For this study each of the participant's responses on the open questions was coded to match the two coping styles of interest in this study i.e. Avoidant Coping and Problem Solving coping. The participants' responses to the questions regarding perceived barriers to addressing their psychological difficulties was also analysed using open coding and segmenting, to identify the major themes in the participant's responses.

Chapter 3: Results

3.1 Descriptive Results

Results of the descriptive statistics indicated that the men in the sample had experienced mild levels of psychological distress. The mean scores on the DASS subscales indicated that on average the men in the sample had experienced mild levels of psychological distress in the two weeks before they completed the measure of psychological distress (Table 1 indicates the descriptive statistics).

Table 1.

Descriptive Statistics of Sample Across all the Measures

Measures	Sample (N)	Range	Mean	STD Dev
CMNI				
Emotional Control	77	16	16.7	3.3
Dominance	79	11	6.0	1.9
Self-Reliance	77	11	8.6	2.2
GRCS				
Success, Power, Competition	78	55	54.9	11.7
Restricted Emotionality	75	45	31.9	9.8
DASS				
Depression	78	42	11.6	10.2
Anxiety	79	34	7.3	7.4
Stress	78	36	12.9	8.0
Psychological Distress	76	112	32.2	23.2
Problem Solving Coping	79	20	25.9	4.7
Avoidant Coping	79	21	18.9	4.7

3.2 Correlation Results

Correlations among Conformity to Masculine Role Norms, Gender Role Conflict and Coping styles with psychological distress.

Psychological distress (DASS total) was significantly correlated with Emotional Control ($r=.279$, $p=.008$) and Self-Reliance ($r=.395$, $p<.01$). These results confirmed the hypothesis that self-reliant masculine norm conforming men, who place a high value on controlling emotional expression, may be more likely to experience psychological distress. The correlation between Dominance and

psychological distress was not significant (r=.201, p=.430). Correlations amongst the self-report measures are shown in Table 2.

Of the two gender role conflict subscales that were examined in this study (Restricted Emotionality and Success, Power, Competition) a significant association was only found between Restricted Emotionality and psychological distress, r=.338, P= <.002.

Both coping styles: Problem Solving Coping and Avoidant Coping Styles were significantly associated with psychological distress. Problem Solving Coping was negatively correlated to psychological distress (Problem Solving Coping r=-.471, p<.01) in contrast to Avoidant Coping, which was positively correlated with psychological distress r=.235, p=.021.

There were also significant associations found amongst the masculinity variables. Emotional Control and Dominance were correlated significantly with each other, r=.207, p=.036. Self-Reliance was significantly associated with both of the conformity to masculinity norm subscales, Dominance, r=.193, p=.05 and Emotional Control, r=.593, p=<.01, as well as the gender role conflict variables Success, Power, Competition, r=.247, p=.02 and Restricted Emotionality, r=.404, p=<.01.

Table 2.

Results of the Correlations Amongst Masculinity Variables, Gender Role Conflict Variables and Psychological Distress

	D	SR	SPC	RE	PSC	AVC	PSYCD
Emotional Control	.207*	.593**	.286**	.679*	-.162	.125	.279**
Dominance		.193*	.445**	.014	-.083	.246*	.021
Self-Reliance			.247*	.404**	-.547**	.263*	.395**
Success, Power, Competition				.261*	-.052	.210*	.174
Restricted Emotionality					-.270	.062	.338**
Problem Solving Coping						-.253	-.471**
Avoidant Coping							.235*

<u>Correlations of Conformity to Masculine Role Norms and Gender Role Conflict with Coping Styles</u>

Avoidant coping was positively correlated to the Dominance and Self-Reliance subscales, Dominance (r=.246, p=.015) and Self-Reliance (r= .263, p=011). In contrast, there was no significant association between the Emotional

Control subscale and Avoidant Coping ($r=.125$, $p=.141$). There was also a significant association found between only one of the three masculinity subscales and Problem Solving Coping, Self-Reliance $r=-.457$, $p=<.01$.

On considering the two gender role conflict subscales that were examined in this study (Success, Power, Competition and Restricted Emotionality) and their relationship with coping styles, there was a significant association found between Success, Power, Competition and Avoidant Coping, $r=.210$, $p=.033$. This suggests that men who experience gender role conflict in relation to conforming to masculine norms of Success, Power, Competition (i.e. pertaining to excelling competitively in order to gain personal achievement, and individual success), may be more likely adopt avoidant coping styles. No significant association was found between Restricted Emotionality and Avoidant Coping ($r=.062$, $p=.301$). However, there was an inverse and significant relationship found between Restricted Emotionality and Problem Solving Coping $r=-.270$, $p=.010$. This suggests men who experience gender role conflict as a result of feeling conflicted about expressing their emotions freely, may be less likely to adopt active, problem solving coping styles to address their psychological difficulties.

There were also significant associations found amongst the masculinity variables. Emotional Control and Dominance were correlated significantly with each other, $r=.207$, $p=.036$. Self-Reliance was significantly associated with both of the conformity to masculinity norm subscales, Dominance, $r=.193$, $p=.05$ and Emotional Control, $r=.593$, $p=<.01$, as well as the gender role conflict subscales Success, Power, Competition, $r=.247$, $p=.02$ and Restricted Emotionality, $r=.404$, $p=<.01$.

Amongst the gender role conflict variables there were significant associations between Success, Power, Competition and Restricted Emotionality, $r=.261$, $p=.01$. Success, Power, Competition was also significantly associated with the conformity to masculinity role norms subscales: Emotional Control, $r= .286$, $p=0.10$, Dominance, $r=.445$, $p=<.01$ and Self-Reliance, $r=.247$, $p=.02$. These results suggest that men who conformed to masculinity norms of Self-Reliance are likely to value ideals of autonomy, self-sufficiency, dominance and control and would more likely engage in a high degree of emotional regulation.

3.3 Regression Results

A stepwise multiple regression was used to answer the second research question whether masculine variables or coping styles will predict psychological distress in masculine norm conforming men. In this regression analysis there were three groups of independent variables: coping styles, conformity to masculine role norms and gender role conflict. Avoidant Coping and Problem Solving Coping represented the coping styles while Emotional Control, Dominance and Self-Reliance represented the conformity to masculine role norms. The gender role conflict variables included in this regression were represented by Success, Power, Competition and Restricted Emotionality. The sum total of the chosen subscales for the gender conflict scale and the conformity to masculine role inventory was used in this regression. Furthermore, the total DASS score represented psychological distress as a continuous outcome variable.

Results of the multiple regression indicated that Avoidant Coping and Problem Solving Coping accounted for 31.2% of the variance of the outcome variable (Psychological Distress). $F=10.674$, $p=<.01$. When the gender role conflict variables were entered into the model they accounted for an extra 6.1% of the variance in psychological distress, $F= 9.137$, $p=<.01$.Conformity to masculine role norms accounted for an added 9.8% of the variance of psychological distress, $F=10.023$, $p=<.01$

In total the masculine variables (conformity to masculine role norms and gender role conflict) accounted for only 15.9% of the variance of psychological distress scores in comparison to coping styles which accounted for twice as much of the variance.

Table 3.

Regression Model Summary

Model	**R**	**R^2**	**Adjusted R^2**	**Std Error of the Estimate**
1. Problem Solving & Avoidant Coping	.559[a]	.312	.283	.29769
2 .Gender Role Conflict Scale	.611[b]	.373	.333	.28724
3. Conformity to Masculine Role Norms	.686[c]	.471	.424	.26680

Table 4.

Multiple Regressions Predicting Psychological Distress

	B	SE	β	t	Sig
Constant	1.645	.699		2.352*	023
Problem Solving	-.032	.009	-.439	-3.622***	.001
Avoidant Coping	.301	-.187	.200	1.610	-.114
Total GRCS	.009	.002	.466	3.501***	.001
Total CMNI	-.008	.003	-.390	-2.884**	.006

Note: n= 76 R^2 =.471 F=10.02 *** p=<0.01 *p=< 05 **p=<.01

<u>Coping Styles Recommended by the Participants</u>

The men in the sample were asked to recommend strategies which Jason (the individual in the vignette) should use to address his psychological difficulties. They were expected to produce an open question response to suggest possible coping behaviours that Jason should use to address his difficulties. Their responses were subsequently coded according to the two coping styles under consideration; Avoidant and Problem Solving Coping. Analysis of the results indicated 83% of the responses that the men recommended were of a Problem Solving Coping style while 17% of the responses were Avoidant Coping strategies. The following examples represent some of responses that were coded

as Problems Solving strategies: "he should deal with his problems", "ask for help from a professional" or "trusted friends and family members", seek help through counselling", "be proactive and make changes to improve his situation". Examples of Avoidant Coping styles that were recommended are: "go to the pub" and "have a drink", "harden up", "try to slow down" and "take things as they come"," bottle it up as failure is not an option".

Results of Coping Styles and Perceived Barriers to Addressing Psychological Difficulties (Force Choice Options)

The men were required to answer some forced choice options to a question regarding potential barriers which might prevent them from taking action to address their psychological difficulties. Analysis of the responses indicated that the most commonly barriers endorsed by the men were: experience of shame (63%), lack of money (50%), and not knowing where to access professional help (38%). In addition, 16% of the men indicated that having a previous bad experience with a mental health service was a likely barrier for them in taking action to address their psychological distress. It was surprising to find that only 3% of the sample indicated loss of mana/pride as a potential barrier to taking action to address their psychological difficulties. They represented a mature group of males (between the 50-59 and 60-69 years of age).

Table 5.

Results of Open Questions

Coping Styles Recommended n (%)	
Problem Solving Coping	14(17%)
Avoidant Coping	66(83%)
Barriers which might prevent men from addressing psychological difficulties (Forced Choice Options)	
Shame/Embarrassment/Whakama	42(63%)
Lack of money	40(50%)
Not knowing where to access help	30(38%)
Had previous bad experience with a health service provider	13(16%)
Loss of pride/mana	2 (3%)
Recognition of Symptoms (mild depression) from vignette	
N (%) Sample which confirmed symptoms	54(68%)

Coping Strategies and 'Other' Perceived Barriers to Addressing Psychological Difficulties Suggested by Participants

Some of the men in the sample (65%) suggested alternate barriers which they perceived might prevent them from addressing psychological difficulties. Open coding was used to analyse the suggestions of other barriers men believed might prevent them from taking action to deal with their psychological distress. The most prominent themes which emerged from the qualitative analysis were apathy (9.9%) and fear of negative evaluation (7.7%). Other themes which appeared to share equal importance to the men were sense of hopelessness, minimising difficulties or avoiding it, reluctance to take advice from others, reluctance to disclose experiencing psychological difficulties, lack of recognition of symptoms and lack of knowledge of accessibility to services. The men suggested these perceived barriers at a rate of 5.8% responses.

The sample of men expressed "feared feelings of failure and being negatively evaluated by family members for failing to uphold their responsibilities of work, study and rent expenses." Some men suggested that the need for secrecy, not wanting others to know what they were experiencing and feeling unwilling to share what they were experiencing with others, as potential barriers to them addressing their difficulties. The display of resoluteness and inflexibility in their thinking and an acknowledgement of being reluctant to take advice from others, with respect to taking action to address psychological difficulties, were also suggested as potential barriers. Some men used terms like stubbornness, pigheadedness and having to be "convinced by others" to listen and take their advice", to describe this potential barrier. Furthermore, some men held the belief that requesting help from others would seem like a violation of their masculine values of self-reliance and independence. "I'd feel like I'd taken the easy way out-relying on other people to solve my issues." Feelings of hopelessness, feeling defeated by their problems and holding the belief that they could not do anything about their difficulties, and that it might be too late to ask for help, were also indicated by the men as potential barriers to taking action to address their difficulties.

Themes of apathy were suggested most often as an 'other' perceived barrier to addressing psychological difficulties. Furthermore, a lack of intrinsic motivation, laziness, minimizing the problems, and engaging in avoidant

behaviour, with the hope that the difficulties would pass were also listed by the men. A lack of recognition that they might be experiencing psychological distress and that it might be serious was a further barrier that was suggested. Aspiring to perfectionist ideals and setting high personal standards were other potential barriers to taking action to address psychological difficulties. “Hating to make mistakes and being wrong”, and experiencing ‘shame and anger’ were also cited as barriers. The list of the potential barriers suggested by the men in this sample highlighted some important masculine attitudes and beliefs, and negative cognitions which might be influencing these men’s responses and ways of coping with psychological difficulties.

With respect to the research question regarding the accuracy of men in recognising an episode of psychological distress such as mild depression, 68% of the men in the sample gave an accurate recognition. They listed anxiety, stress, and depression as some explanations of the symptoms Jason was experiencing. A few men listed “burnout” and “life” as explanations to Jason’s symptoms. The men were also asked to indicate if they had ever experienced symptoms similar to the individual in the vignette and 68% of the participants responded “yes” to this question.

Table 6.

Emerging Themes of Other Perceived Barriers to Addressing Psychological Difficulties

Main Themes	% of Participants Suggesting Other Barriers N=52
Apathy	9.6%
Fear of Negative Evaluation	7.7%
Sense of Hopelessness	5.8%
Minimising difficulties or avoiding it (hoping it to pass)	5.8%
Reluctant to take advice from others (resolute thinking)	5.8%
Reluctance to disclose	5.8%
Lack of recognition of symptoms	3.9%
Lack of knowledge of accessibility of services	3.9%

Chapter 4

4.1 Discussion

The main findings of the correlations between the masculine variables and psychological distress indicated that psychological distress was significantly associated with Emotional Control and Self-Reliance though the correlations were relatively weak. These results confirmed the hypothesis that men who endorse norms of self-reliance may be more likely to have an association with psychological distress. We can infer from these findings that high scores for endorsement of Self-Reliance would be associated with high scores of psychological distress, as represented by the DASS scores. These results support previous empirical studies which reported that masculine conforming men who place great value on self-control, personal strength, stoicism and power, may be intolerant of depressive symptoms (Warren, 1983).

Self-Reliant men are less likely to address their psychological difficulties, and cope on their own, in spite of experiencing difficulties. They reportedly delay seeking medical attention unless seriously ill or suffering from intense pain (O' Brien, Hunt & Hart, 2005). Some masculine conforming men have also been reported to mask their psychological difficulties with maladaptive behaviours such as ignoring symptoms, alcohol abuse or over-working (Brownhill et al., 2005). Furthermore, it has also been reported in the help-seeking literature that men are less likely to utilize mental health services, which may result in their difficulties remaining untreated. This could make them more vulnerable to poor health outcomes or exacerbate symptoms of psychological distress, if they already exist.

Other researchers have reported that men who conform to masculine stereotypes cited threat to their sense of autonomy as a prime reason for not accessing mental health services (Mansfield, Courtney & Addis, 2005). Self-reliant men might experience loss of status or control when they choose to disclose that they might be experiencing psychological difficulties, or when they request help for their psychological problems (Möller-Leimkühler, 2002). They may view the experience of depression as a weakness, as it contradicts the power and strength that is ascribed to the idealised male role (Oliffe et al, 2010; Chuick

et al., 2009). To acknowledge psychological difficulties may be regarded as violations of traditional masculine scripts. Since violations of masculine roles have also been reported to be severe for some men (Levant, 1992; Krugman, 1991, Moss-Rascusin et al., 2010) it might be difficult for them to admit experiencing psychological distress. Furthermore, to access health services for psychological difficulties may come at a cost to men who endorse masculine norms of Self-Reliance. It would signal breaking of gender rules, and may also be accompanied by shame and a perception of being ostracised, for not being "one of the boys" (Berdahl, 2007).

If disclosure of experiencing psychological distress were a problem for men who endorse norms of Self-Reliance, then it could be argued that an inverse relationship should have been expected between Self-Reliance and psychological distress. However, this study yielded a positive significant correlation between these two variables, which suggests that the sample of men who endorsed norms of Self- Reliance, may not have had difficulty in acknowledging that they were experiencing psychological distress.

A weak but significant positive association was also found between Emotional Control and psychological distress and confirmed the hypothesis regarding the association between these two variables. These findings indicate that an increase in endorsement of norms of Emotional Control would be associated with an increase in psychological distress for the men in the sample. Empirical evidence in support of this association has shown that men, who conformed to norms of Emotional Control, were socialised to hide their emotional experiences, and handle their problems on their own. They were also more likely to cover up painful experiences and create a facade of control (Rochlen et al, 2010). Furthermore, emotional restriction has also been found to be the strongest predictor of psychological distress in both clinical and non-clinical samples (Cournoyer & Mahalik, 1995).

This study did not find a relationship between dominance, need for control and psychological distress. The Dominance subscale is related to men's need to be in control of situations and take charge of things. It is possible that the psychological distress that the men in the study were experiencing was related to other contextual or life stressors, rather than adherence to norms of dominance. It is also possible that being seen as dominant or exerting masculine dominance was

not of importance to these men. To be “always in charge" and “getting one’s own way” may not have been salient for the men, which predominantly comprised of young undergraduate students. Furthermore, such men may have limited power within the context of their academic environment to exercise masculine dominance. Dominance within their academic environment would more likely be related to the individual’s academic achievements and his professional rank, rather than adherence to gender role norms. A further explanation for the lack of a significant relationship between the Dominance subscale and psychological distress is the possibility that this subscale was not a good measure of conformity to dominant values in this sample of men.

The men’s self –report measures also shed light on the association between gender role conflict and psychological distress. The significant correlation between Restricted Emotionality and psychological distress confirmed the hypothesis of the detrimental effects of withholding emotional expressiveness. These results are consistent with past research findings which reported Restricted Emotionality being predictive of psychological distress (Cournoyer & Mahalik, 1995) and also associated with depressive symptoms (Good & Mintz, 1990). It is possible that suppressing emotions may have made the men in the sample vulnerable to psychological distress. It might also be the case that experiencing psychological distress led the men to doubt the extent to which they were meeting socialised masculine ideals. They may also have experienced negative attributions of self, such as pessimism, self-doubt and low self-esteem. It is likely that their self-doubt and negative attributions may have exacerbated existing symptoms of psychological distress.

Research on the negative effects of emotional suppression (inexpressiveness) has reported detriments to health such as immune system inhibition (Consedine et al., 2002). Furthermore, it has been reported that conflict between an individual’s own expressive style (which may be incongruent with social ideals) and the socialised norms for emotional expression, may lead to detrimental health effects such as psychological distress (King & Emmons, 1990; Wong & Rochlen, 2005). Such empirical evidence supports the proposal of a relationship between emotional restriction and gender role conflict which might arise as a result of men not being able to meet socially prescribed norms of emotional expression. Thus, the psychological distress which was experienced by

the men in the sample could also be attributed to gender role conflict which the men may have experienced as a result of feeling conflicted about expressing their emotions.

The results also indicated no significant relationship between Success, Power, Competition and psychological distress. The Success, Power, Competition subscale measures the gender role conflict that arises from the high value that men place on success and winning (Shepard, 2002). It addresses men's focus on personal achievement and individual success. An example of this is the Western cultural belief that men should excel competitively as opposed to collaboratively (Webster, Vogel & Kuo, 2006). Since there was no significant relationship between these two variables, it appears that the experience of gendered conflict as a result of striving for success, power and competition may not be associated with the psychological wellbeing of the men in the sample. Similar findings were reported in a study of gender role, gender role conflict and psychological wellbeing in a sample of male undergraduate students (Sharpe & Heppner, 1991). The authors suggested that being focused on success, power and competition may not be related to a younger sample of undergraduate men's psychological wellbeing. They posited that a sample of older men, who may be experiencing career burnout, and who may feel unsuccessful in their careers, may experience a greater degree of gender-role conflict around success, power and competitiveness. This might result in a stronger relationship between Success, Power, Competition and psychological distress (Heppner & Sharpe, 1991).

It is likely that a similar explanation may apply to our sample, since a large proportion of the men consisted of young undergraduate university students. It is also possible that the lack of a significant relationship between success, power, competition and psychological distress in our sample of men, may have been due to the items of this subscale being related to career advancement and financial success, which may not have been of salience to our sample of young men. For example, "moving up the career ladder is important to me" and "I sometimes define my personal value by my career success" may not have been issues of immediate importance to younger students, who were yet to embark on a career and experience vocational success.

There were also significant associations found amongst the masculinity variables. Emotional Control and Dominance shared weak but significantly

associations with each other, (R^2 = .042). Self-Reliance was significantly associated with both of the conformity to masculinity norm subscales, Dominance (R^2=.037) and Emotional Control (R^2= .351), as well as the gender role conflict subscales Success, Power, Competition (R^2= .061) and Restricted Emotionality (R2=.163). The strength of the correlations between Self=Reliance and Emotional Control and Restricted Emotionality suggests that the men in the sample who endorsed adherence to norms of Self-Reliance were more likely to control their emotions and experience gender role conflict as a result of restricted emotional expressiveness.

The correlations between the coping variables and psychological distress indicated that Avoidant Coping was positively associated with psychological distress. In contrast, Problem Solving Coping had a negative correlation with psychological distress. These findings confirmed the hypotheses regarding the association between these coping variables and psychological distress. The strength of the correlations between these two coping styles with psychological distress appeared to be greater for Problem Solving Coping than for Avoidant Coping, (R^2=.055 for the association between Problem Solving Coping and psychological distress in comparison to R^2 = ·221 for the relationship between Avoidant Coping and psychological distress). However, the inverse relationship between Problem Solving Coping and psychological distress suggests that men who endorsed more Problem Solving styles of coping would be associated with lower levels of psychological distress. We can also infer from these findings that the psychological distress of the men in the sample was more likely to be associated with Avoidant Coping styles.

These findings are consistent with the literature which has indicated that Avoidant Coping has been associated with long term detriments to an individual's psychological wellbeing (Felsten, 2007; McNamara, 2000; Dyson & Renk, 2006). It is important to note that there was a modest correlation between Avoidant Coping and psychological distress (p=.235) which could be attributed to the fact that Avoidant Coping encompasses a variety of strategies, some which may be adaptive, such as behavioural distraction.

The study also aimed to explore the associations between conformity to masculine role norms and coping styles. Dominance and Emotional Control were expected to correlate with Avoidant Coping, and the third subscale, Self-Reliance,

was expected to correlate with Problem Solving Coping. The findings indicated that Dominance and Self-Reliance shared significant relationships with Avoidant Coping. It was surprising to find that there was no significant relationship between Emotional Control and Avoidant Coping in our sample of men, which suggests that controlling the expression of emotions, was not significantly related to Avoidant Coping styles for these men. A significant but inverse association was found between Self-Reliance and Problem Solving coping. Taken together, these findings suggest that men who are high on Self-Reliance will tend to have higher scores on Avoidant Coping, and lower scores on Problem Solving coping, than men who are lower on Self-Reliance. These findings are surprising as masculine conforming men have been reported to be associated more often with problem-focussed coping styles in gender related studies of coping.

Theories of coping have suggested that men are more task-oriented and assertive and therefore more likely to adopt active coping strategies when faced with difficulties. Gender-related research has also reported the association of Problem Solving Coping styles more often with men. However, gender socialisation theory has suggested that men may be associated with two opposite types of coping behaviours; Problem Solving Coping and Avoidant Coping (Tamres, et al., 2002). It argues that men are likely to address a problem directly and are also more likely to cope with stress by denying problems or avoiding it and concealing their emotions (Tamres et al., 2002).

Empirical findings have supported this view of men being more likely than women to confront a problem directly or avoid or deny the stressor (Perlin & Schooler, 1978; Stone & Neale, 1984). Since significant associations were found among the masculine variables and both Avoidant and Problem Solving coping styles, the findings of this study add support to this view of men’s diverse ways of coping behaviour with a stressor. It is also possible that this diversity of coping may be due to other factors such as context, culture and ethnicity, age, sexual orientation and other demographic factors. Furthermore, these diverse ways in which men cope with psychological distress may be a reflection of the different ways in which men ‘enact’ masculinity. Social constructivist perspectives of masculinity emphasise the view of a multiplicity of masculinity, which might be a plausible reason for the variability in men’s coping with psychological distress.

In considering the two gender role conflict subscales that were examined in this study (Success, Power, Competition and Restricted Emotionality) and their relationship with coping styles, there was an association found between Success, Power, Competition and Avoidant Coping. This suggests that men, who experience gender role conflict with regards to striving for individual success and power through competitiveness, may be more likely to choose Avoidant Coping strategies, to possibly mitigate the negative effects of this conflict. For men who may believe they are failing to meet the socially prescribed masculine roles of achieving success, there would be an increased likelihood of engaging in Avoidant Coping.

Researchers have reported that some aspects of Avoidant Coping may have positive benefits for psychological wellbeing (Noelen-Hoeksema & Morrow, 1993). They reported that people who ruminated when depressed experienced longer and more severe periods of depression, whereas people who distracted themselves when depressed experienced relief from their depressive symptoms. Studies of adolescents and adults have also suggested that the use of distraction (i.e. the deliberate focusing on neutral or pleasant thoughts or engaging in activities that divert attention in more positive directions) can attenuate depressive episodes (Nolen-Hoeksema, Morrow & Fredrickson, 1993). Furthermore, gender related beliefs on coping were reported in a study of coping styles, gender roles and depression during early adolescences. In this study, both girls and boys were surveyed on their coping styles and beliefs on choice of coping by gender. The findings of this study indicated that coping scripts were more rigid for boys than girls, and that boys endorsed the use of distraction more than rumination. The adolescent girls in the study suggested that boys would be more likely to use distraction rather than ruminative coping styles, and suggested the opposite coping choices for girls. The authors proposed that adolescent boys and girls appeared to hold implicit beliefs of the gendered ways in which boys and girls would cope with psychological difficulties (Broderick & Korteland, 2002). Perhaps the use of some avoidant coping strategies such as distraction may be a male socialised process which arises early during the developmental years and may sometimes protect men from experiencing psychological distress such as depression

Men's coping choices may have been influenced by gender related beliefs and attitudes, and this may help to explain the pattern of correlations found in this study. An examination of the responses to the vignette highlighted some interesting discrepancies in coping styles, beliefs and attitudes towards the experience of psychological distress. The men suggested different coping responses for the hypothetical other (Jason) and than for themselves

They suggested different coping strategies (mostly problem-focused) for the hypothetical other (Jason) than they said they would use themselves. 83% of the responses recommended were Problem Solving coping responses in comparison to 17% which were Avoidant Coping strategies. In contrast, the men's individual coping choices included both Problem Solving Coping and Avoidant Coping styles. From the results of this study it was clear that the majority of men were aware of the benefits of using active coping mechanisms to directly and effectively deal with psychological distress in comparison to the use of avoidant coping responses (Crockett, Iturbide, Stone, McGinley, Raffaelli & Carlo, 2007). Despite this acknowledgement of the usefulness of problem solving strategies, the men were more likely to endorse Avoidant Coping strategies when asked what they would actually do in a situation of distress.

The discrepancy between the recommended coping styles and individual coping choices could be a reflection of the possible barriers men might expect to encounter if they chose Problem Solving Coping strategies. Endorsing such coping strategies might entail an acknowledgement of experiencing psychological distress, having to seek professional help and having to engage in more overt behaviours such as emotional expressiveness, to address the psychological difficulties. These actions might threaten the strength and stoicism which is typically associated with masculinity and act as a barrier to taking active coping action.

The open questions which were proposed to our sample of men yielded rich data regarding the barriers they expected might prevent them from addressing their psychological difficulties. An emergent theme from the men's responses highlighted a strong association between self-reliance, and the belief that an individual had to cope with problems on his own. Some of the men acknowledged a reluctance to request help from others for their psychological difficulties, due to feeling that they might be violating masculine values of self-reliance and

independence. An example of this is represented by the comment; "I'd feel like I'd taken the easy way out-relying on other people to solve my issues." Still others suggested as barriers fearing feelings of failure, and being negatively evaluated by family members, for not upholding their responsibilities of work and study. The barriers suggested by the men were consistent with previous qualitative research findings on the experiences of depression in masculine conforming men. Researchers reported that depression was viewed by the men as a masculine weakness and contravened the rationality and robustness expected of masculine conforming men. These men believed that they were expected to remain silent and uncomplaining about their emotional problems (O'Brien et al., 2007). Thus, the themes which emerged from the analysis of the qualitative data provided some insight into how conformity to masculine role norms such as self-reliance and emotional control may influence the men's coping behaviours.

Since a large proportion of the sample (63%) listed shame or embarrassment as a barrier to address their psychological distress, it can be inferred that this might be a key reason which might prevent these men from taking direct action to address their difficulties. These men might find it difficult to adopt Problem Solving Coping strategies such as seeking help from others to address their psychological difficulties. Asking for advice from others might violate their masculine values of self sufficiency and independence (Cochran & Rabinowitz, 2000). Furthermore, significant correlative relationships amongst the masculinity variables: emotional control and dominance and between dominance and self-reliance suggest that the men in the sample who endorsed dominant masculine ideals, are likely to engage in a high degree of emotional restriction. These men may value the strong, silent, stoic ideals of traditional masculinity, and may regard the expression of emotion as a sign of weakness (Warren, 1983). They might opt to choose avoidant coping styles to deal with their psychological difficulties, in order to avoid experiencing shame or embarrassment from admitting to the experience of psychological distress. Since shame appeared to be a significant barrier for a large proportion of the men in the sample, it might play an important role in shaping how these men cope with psychological difficulties. It may be suggested that these men might hold the belief that they would be violating traditional masculine norms, if they admit experiencing psychological

difficulties. Thus, shame and fear of experiencing significant embarrassment may be the product of the men's perceptions of such transgressions of masculine norms.

It must be acknowledged, though, that there is a general tendency to stigmatise mental illness in modern societies. Furthermore, to feel shame and be subject to stigma for experiencing psychological difficulties is not limited to men, nor is it exclusive to fear of violating masculine norms. Stigma has been defined as a "mark" or label which sets an individual apart from others, and links the labelled person to undesirable characteristics. Since the stigmatised individual becomes negatively labelled by others in society, they may experience rejection and social isolation (Link, Struening, Rahav, Phelan & Nuttbrock, 1997). It is possible that the men in the sample may expect to experience shame if they were to be labelled with a psychological illness. They may therefore choose non-disclosure of experiencing psychological difficulties, for fear of experiencing social isolation and rejection from other people.

The men in the sample also listed other potential barriers to taking action to address their psychological difficulties, including a fear of being negatively evaluated by other people and family members, and fear of feeling like a failure for not upholding their responsibilities. They also acknowledged a reluctance to listen and take advice from others, being resolute, inflexible in their thinking, and stubborn. Some of the men also held the belief that requesting help from others might reflect a violation of their values of self-reliance and independence. "I'd feel like I was taking the easy way out-relying on other people to solve my problems" aptly expresses how seeking assistance might threaten these men's autonomy and faith in their ability to function independently.

Lack of finances and lack of knowledge of where to access help were also listed as barriers. The men also indicated that that they might engage in avoidant behaviour and minimise the seriousness of the problem in the hope that their psychological difficulties might pass. These findings were consistent with results from a previous study which also found factors such as self-reliance, minimizing problems, need for emotional control and concrete barriers such as lack of finances, health insurance and the lack of knowledge about the sorts of help available, were barriers to men's help-seeking (Mansfield, Addis & Courtney, 2005). Furthermore, the study also reported convergent validity of the factors of the Barriers to the Help-Seeking Scale (BHSS) with the Gender Role Conflict

Scale lending support to the view that specific barriers in the BHSS may be related to gender-role conflict (Mansfield et al., 2005). Due to the similarity of findings of this study and the Mansfield one (Mansfiel et al., 2005), it is plausible to suggest that the perceived barriers which the men expect to experience, may well be associated with the gendered conflict which might arise when these men perceive themselves to be violating socialised masculine norms.

Analysis of the men's qualitative responses also indicated apathy to be the most common theme (in the 'other' category) suggested by the participants as a perceived barrier to addressing psychological difficulties. Apathy implies being indifferent to a situation or problem and may be associated with minimising the experience of psychological difficulties. If men in the sample adopted an indifferent attitude to their psychological distress and discounted the seriousness of their experiences, then they might have been inclined to adopt more Avoidant Coping strategies to the psychological distress. A small proportion of the sample (4%) recommended that the individual in the vignette should "toughen up" and accept his situation. In addition, when the men were asked to identify what the individual in the vignette was experiencing, 5% of them suggested that he was undergoing normal life experiences. It might be suggested that some comments made by the men in the sample such as "its life", "toughen up and "bottle it up as failure is not an option" might imply that these men held the perception that men are expected to adopt an attitude of resignation to their situation and accept their psychological difficulties with resoluteness and as a normal part of the male role. It must be emphasised though that these responses represent only a minority of respondents.

At least 50% of the men surveyed in this study listed a lack of money and 38% of the men cited "not knowing where to access help" as perceived barriers to them addressing their psychological difficulties. This was surprising to note, given that the university campus offers free student health services to all university students. Perhaps the largely first year undergraduate students in our sample might not have been fully orientated to the range of student services and facilities available to them; hence their lack of knowledge of health availability.

It was surprising to find that only 3% of the sample indicated loss of pride as a potential barrier to taking action to address their psychological difficulties. They represented a mature group of males (between the 50-59 and 60-69 years of

age). It is likely that masculine pride might be more prevalent in older males. In a study of perceptions of psychiatric services held by older African-American men, it was reported that the men associated seeking mental health psychotherapy with weakness and diminished pride (Gary & Lewis, 2010). A Korean study of underutilisation of mental health services by Asian men also reported that mature men cited pride as a perceived barrier to seeking help for mental health problems (Shin, 2002). It is unclear whether the perception of diminished pride might be a result of age or cultural factors or other variables yet to be identified. It must be emphasised though that diminished pride was suggested by a minority of men in this study. Furthermore, this study of masculinity and psychological distress was not examined in terms of demographic variables such as age and ethnicity and these variables were not controlled in the correlations. Therefore, the interpretations of these findings need to be done with caution. Perhaps the inclusion of demographic factors into study designs might be a useful direction for future studies of masculinity. In sum, the responses to the open questions collected from the men in the study provided a useful means of elucidating the men's thinking about psychological difficulties and about their perceived barriers to addressing such problems.

The statistical analysis of the data suggests that strict adherence to masculine norms and the experience of gender role conflict appears to be significantly associated to the men's attitudes and beliefs and their ways of coping with psychological distress. We can infer from the associations between self-reliance and emotional control and psychological distress that the masculine conforming, self-reliant men in the sample may have been more likely to have chosen to deal with their psychological difficulties on their own, and to have withheld their emotional expression. They were likely to have refrained from seeking help for their difficulties for fear of the negative consequences which might have accompanied violation of masculine role norms. Strict adherence to masculine norms of self-reliance is synonymous with masculine strength, power and stoicism. Thus, experiencing psychological distress would have been incompatible with these independent, self-reliant men's persona (Warren, 1983).

From the analysis of the qualitative data that was collected in this study, it appears that coping responses may be linked to perceived beliefs regarding the violation of masculine role norms and other perceived barriers related to

socialised gender scripts. Shame emerged as a most common barrier which would prevent these men from addressing their psychological difficulties. A large proportion (63%) of the men acknowledged perceptions of embarrassment or experiencing shame for admitting to experiencing psychological difficulties. It is possible that they may have held beliefs that admitting to experiencing psychological difficulties might imply that they were not living up to the socialised male codes. Rather than experience shame and embarrassment or receive negative feedback from other men, men may avoid dealing with their difficulties. Apathy was also a prominent barrier for the men in taking steps to address psychological difficulties.

In sum, the correlation findings from this study taken together with the men's subjective responses to the open questions suggest significant associations between some aspects of conformity to masculine role norms, gender role conflict and psychological distress. These findings suggest that a relationship may exist between how men define themselves within their masculine roles in society, and how they may cope with psychological distress. The findings also suggest that masculine conforming men may experience gender role conflict associated with perceived violations of socialised masculine codes. Masculine conforming men may subscribe to norms of Self-Reliance and Emotional Control and enact stoicism, power and emotional restriction. However, it has been suggested that some of these masculinity conforming men may feel conflicted to adhere to some social prescriptions of masculinity, such as emotional control, and may feel the need to express their emotions freely. However, the costs for being emotionally expressive may be high for the masculine conforming men. Researchers have reported that masculine conforming men who experience a mismatch between their individual masculine ideals and the socialised ideals may experience a psychological strain which they referred to as gender role conflict. Such conflict has been reported to be associated with psychological distress and maladaptive behaviours in men.

Strict conformity to masculine role norms and the experience of gender role conflict might be implicated in the trajectory to men's experience of psychological distress. Thus, how a man experiences psychological difficulties such as depression may be associated with how he perceives his male role within his culture and society, and how he chooses to enact the male gender role since

being depressed or acknowledging the experience of psychological distress would seem un-masculine for men who strictly conform to masculine role norms (Branney & White, 2008). Thus, gender role and conformity to masculine role norms may be a regulator of male attitudes and behaviour and be an important factor to consider when examining the experience of psychological distress in men.

Results of the multiple regression indicated that Avoidant Coping and Problem Solving Coping accounted for 31.2% of the variance of the outcome variable (Psychological Distress). Gender role conflict accounted for an additional 6.1% of the variance and conformity to masculine role norms accounted for an added 9.8% of the variance of psychological distress. The gender variables help to explain psychological distress over and above what is explained by coping strategies alone. Furthermore, the results of these correlations together with the research that has been presented on the role of gender role socialisation, gender-related health beliefs, the coping styles chosen by the sample of men and their experience of psychological distress considered collectively suggest that the relationship between masculinity variables and psychological distress might not be linear. This contrasts with past findings published by researchers who reported linear correlations between gender role conflict with psychological distress and depression (Addis & Mahalik, 2003, Good et al., 1995). Coping styles may be considered as a third variable which might better explain the experience of psychological distress in masculine conforming men. There has been strong empirical evidence to support the association between coping styles and psychological distress.

Avoidant Coping has been shown to mediate the association between masculine role stress and work satisfaction (McCleary & Sadava, 1995). Problem Solving Appraisal (which has been defined as self-appraisal of one’s ability to resolve problematic situations) when compared with conformity to masculine role norms, has also been reported to be predictive of psychological distress (Heppner et al., 2004). Avoidant coping styles have also been shown to have some adaptive value, such as the use of distraction to mitigate the effects of psychological distress.

Although this research has found that coping style may be predictive of psychological distress in this sample of men, there is also evidence to support the view that conformity to masculine role norms and the experience of gendered conflict may be linked with the way men cope with psychological distress. Strict conformity to masculine role norms has been associated with the development of gender-related schemas, beliefs and attitudes of masculine self-definition which influences choice of coping. The manner in which an individual chooses to cope with his psychological difficulties (i.e. in active, direct, problem solving ways or through indirect, avoidant coping styles) might mitigate or exacerbate his psychological symptoms. Therefore, though masculine variables might not be directly linked to the manifestation of psychological distress, it might be prudent to give cognisance to men's strict adherence to masculine scripts and to concepts such as Gender Role Conflict, when exploring the unique and individual ways in which men cope with Psychological Distress.

It must be noted that in considering the combined amount of variance that coping and masculine variables accounted for with respect to Psychological Distress it was just under half of the total variance. There was still 52.9% of variance in psychological distress that was unaccounted for. This might have been due to other factors such as personality traits (Tokar et al., 2000), cognitive biases, and negative attributions of self (Mahalik & Cournoyer, 2000), which have also been implicated in the trajectory to psychological distress. Alternatively, psychological distress may have been due to other factors such as the nature of the stressor or biological predispositions of the individual which include heredity, genetics and biological factors.

Although this study has shown that masculinity may be significantly associated with psychological wellbeing in masculine norm conforming men, there were also significant associations found between coping styles and psychological distress. Previous research has also indicated the mediatory effects of coping strategies which may be enhancing or detrimental to psychological wellbeing. Thus, coping styles are also important variables to consider when examining psychological distress in men. Exploring how men's health-related beliefs and coping choices are shaped and influenced by gender role socialisation and adherence to masculine norms might help to gain a better understanding of

how psychological distress manifests in masculine conforming men, and how these men experience and cope with their psychological difficulties.

4.2 Clinical Implications

This study sheds some light on how men may be experiencing psychological distress, as a result of their gendered social roles. It has helped in gaining some understanding of the relationship between masculine role norms with psychological distress. The most important aspect to take from these research findings is to determine how to facilitate the use of these findings into clinical practice; what clinicians may do to assist masculine conforming men to work through their gender-related beliefs and their influence on coping styles, in order to mitigate the effects of their psychological difficulties.

It has been suggested that clinicians could conduct an initial gender assessment to determine the client's level of masculine endorsement and whether gender role conflict is present and problematic for the client (Fragoso & Kashubeck, 2000). Other researchers have suggested that therapists need to be educated about the relationship between gender-related issues and psychological health (Good et al., 1995; Robertson & Fitzgerald, 1990). It might also be useful to integrate a motivational interviewing component (Miller & Rollnick, 1991) into the clinical assessment, which would allow clinicians to encourage their masculine conforming male clients to think about the pros and cons of strictly adhering to specific masculine norms (Iwamoto et al., 2010).

Clinicians could also focus on the perceived barriers which prevent men from addressing their psychological difficulties. Apathy, inflexible, resolute thinking, minimising the problems and shame may be the focus of such interviews. Furthermore, the value of psycho educational efforts in disseminating information on masculinity and gender role, and the detriments of strict adherence to some masculine role scripts such as self-reliance and emotional control could be a valuable proactive way of openly conversing about these sensitive gender issues. This might also be a way of facilitating the normalisation of the expression of emotions for men. Furthermore, it might be useful for psycho educational efforts to redefine masculine ideals such as self-reliance and dominance. They could associate these masculine norms with more positive, adaptive coping mechanisms such as seeking out a health professional for one's psychological difficulties and

portray the masculine man to be one who has “mantrol” i.e. being a man who is synonymous with being in control of his situation and life and feeling confident to access help.

The concept of “mantrol” was coined to refer to the ‘staunch Kiwi man” engaging in manly activities such as playing cricket, hunting, barbecuing and skateboarding (“Ad urges males to drive with mantrol” (Katie Chapman, 2010). These images have been used by the New Zealand Land Transport Agency to portray men being in control of situations such as driving a motor vehicle in a safe manner. The term and images have been used in a national television advertisement promoting sober driving amongst young male drivers. The essential message of this advertising campaign appears to tap into the masculine ideology of young New Zealand men, being independent and striving to be in “control of situations”.

Since research has indicated that avoidant coping is associated with psychological distress such as depression, it might be useful to assess the clients’ use of non-adaptive coping strategies. Furthermore, the clinician could ask the client to reflect on his current coping strategies and assess how these strategies may have been influenced by gender role conflict or the strict endorsement of masculine role norms. Since research has indicated the benefits of problem solving strategies, in mediating the effects of psychological distress in masculine conforming men, it would be beneficial to incorporate some active coping strategies that are congruent with the client’s lifestyle; i.e. participating in sports or sporting events with friends or identifying friends with whom the client may be comfortable to talk about his problems (Iwamota et al., 2010).

Since the long term effects of strict adherence to some aspects of masculinity such as emotional suppression has reportedly led to detrimental effects on psychological wellbeing (Cournoyer & Mahalik, 1995) it would prudent to identify preventative strategies which may be implemented to enable clinicians better understand men who are experiencing psychological difficulties, as a result of their strict adherence to masculine ideology. It would also be useful to explore and develop specific coping strategies aimed at meeting the demands associated with various aspects of Gender Role Conflict. Furthermore, clinicians could determine the repertoire of coping responses which men have available to them for use in addressing their psychological difficulties. Past research has

indicated that men use fewer coping strategies to deal with psychological difficulties, in comparison to women, and that they are inclined to engage in avoidant coping due to a lack of adequate resources to deal with stressors in more direct and efficacious ways (Felsten, 1998). Clinicians could teach more adaptive coping mechanisms to such men in the hope of them gaining more resources to deal with their psychological difficulties.

4.3 Limitations of Study & Directions for Future Research

This study has highlighted the relationships between masculine variables and coping style with psychological distress in a sample of New Zealand men. It has contributed to a better understanding of how conformity to masculine norms might influence the way men cope with psychological distress. However, these results must be interpreted with caution, as there were some limitations to the study. The sample used in this survey was nonclinical and was comprised of predominantly European New Zealanders, who were university students. Although the sample comprised of a large proportion of male university students, the sample was not representative of the university population, as the recruitment was done largely amongst students at the undergraduate level of tertiary studies. Thus, it would be inappropriate to generalise these findings to other populations, including minority groups and people suffering from clinical levels of depression and anxiety. Future studies should utilise a community sample of men which includes age and ethnic groups in proportions which are more representative of the New Zealand population. Using a broad cross-sectional sample may also yield insights regarding inter-generational beliefs about masculinity, health-related attitudes and coping styles.

Since the factors associated with traditional male gender roles are culturally specific, and affected by class and education, it would be prudent to also include demographic variables such as socioeconomic status; educational level and vocation/career information in future research designs (Mahalik, Cournoyer, DeFranc, Cherry & Napolitano, 1998). Future studies may also consider examining the relationship of masculinity variables and psychological distress longitudinally, to determine how masculine attitudes change over time,

and how these changes might influence men's experiences and coping with psychological distress. Some researchers have reported that some aspects of masculinity may be more salient to some men at different stages in their life development (age-related), such as the conflict between work and family and success, power, competition (Sharpe & Heppner, 1991). Furthermore since masculinity is a socially constructed and culture-bound concept, it might also be useful to examine it across diverse ethnic populations.

The relationships reported between masculine variables, coping styles and psychological distress were correlations rather than causal associations; therefore conclusions about these relationships must be qualified accordingly. Although the study yielded useful information about the relationship between masculinity variables and men's coping with psychological distress, it did not test the mediating and moderating effects of these variables and how they may have related to the stress-coping paradigm (Baron-Kenny, 1986). It might be useful to test these effects in future research to gain a clearer idea of how coping might operate as a third variable, in the relationship between masculinity and psychological distress; i.e. whether it might buffer or exacerbate the effects of strict conformity to masculine role norms.

The responses collected from participants were acquired through self-report which may have been subject to various types of error and bias responding. Using this method of data collection also makes it difficult to distinguish between individuals who are denying the existence of psychological problems and those who are psychologically healthy (Shedler, Mayman & Manis, 1993). Furthermore, forced choice questionnaires may limit the collection of more in-depth, subjective, free responses or reasons which may justify the men's endorsement of masculine norms or coping styles. Though some open questions were included in the survey, they pertained only to men's perceived barriers to addressing psychological difficulties. It might have been useful to have posed some open questions to the men regarding their gender roles of self, their perceptions of the idealised male scripts, whether they believe they are living up to these ideals, and to what extent these views and beliefs might have been affecting their psychological wellbeing. Alternatively, it would have been useful to have interviewed a few of the men to glean richer data on the role of masculine variables and its influence on their experiences and coping with psychological distress.

There were also some limitations in the psychometric measures chosen for this study. The total scores of DASS represented psychological distress, based on the assumption that a total measure of the three DASS subscales (Depression, Anxiety and Stress) would be representative of this psychological phenomenon. However, it could be argued that these measures are very general, global measures of psychological difficulties which reveal little information about the specific aspects of psychological distress (i.e. depressive or anxiety symptoms) which the men may have been experiencing, and how it may have been associated with the endorsement of masculinity and coping with psychological distress. It may be more useful to use standard measures of specific psychopathologies such as the Beck Depression Inventory (BDI II) and the Beck Anxiety Inventory (BAI) to assess the psychological difficulties and their relation to gender roles. A further problem with the measures that were used pertained to issues of construct sensitivity. All existing measures of masculinity constructs are not designed to be sensitive to the contextual influences on social learning (Addis, Mansfield & Syzdek, 2010). It has been suggested that the masculine measures used asked respondents to describe themselves in general terms and to ascribe a single score (rating) to describe the level of adherence to or endorsement of the construct (Addis, Mansfield & Syzdek, 2010). The assumption was that the scores would represent these men's level of endorsement to a norm, based on the single score. However, it may be argued that men may display multiple potentialities for a particular masculine norm, and that these potential responses may vary across contexts. This view is in keeping with the social constructionist view of masculinity; that men may display a multiplicity of masculinities across different contexts (Wetherell & Edley, 1999). Therefore, relying solely on single scores to assess men's endorsement of masculine norms might be limiting. This further highlights the need to include a qualitative component of information gathering into future research designs, when examining the concept of masculinity.

Another limitation of this study was the creation of second order coping styles such as Avoidant Coping and Problem Solving Coping which were used to assess the men's coping with psychological distress. Although this approach was consistent with recommendations by Carver (1997) and Crockett and colleagues (2007), who suggested that that two composite scales may be used to represent Avoidant and Problem Solving Coping styles, it may be argued that creating and

using second order coping styles was limiting. It may prevent the collection of specific coping responses and the ability to distinguish between the different forms of coping (that comprised the composite scales) that might have been used by the men in response to their psychological distress. It may be useful to use the Brief COPE (Carver, 1997) with all its 14 subscales in its entirety in future research studies, to be able to distinguish among the subtle ways in which men may cope with psychological distress.

Another limitation of this study was that it did not include emotion-focussed coping in the correlation design. While it was argued that Avoidant Coping and Problem Solving Coping have been reported to be associated more often with men than women, much of the existing research on masculinity has reported many aspects of emotional control and expression to be linked with the endorsement of masculine role norms. Furthermore, the social constructivist paradigm posits that men may enact masculinity in diverse ways implying that men may cope in different ways with psychological distress. Since men may cope in diverse ways with psychological distress and emotional restriction is an important aspect of conforming to masculine scripts, this might warrant an examination of emotion-focussed coping as a variable in the trajectory of psychological distress.

The conclusions regarding the four constructs that were explored in this study were restricted to the instruments that were used to operationalise these constructs. Perhaps the use of alternate instruments may have led to different relations amongst the constructs. A further issue with the masculinity measures used was that they have been designed for use on American men and include norms to which North American men have been socialised to endorse. Although both the Conformity to Masculinity Role Norms Scale and the Gender Role Conflict Scale have been validated and showed good reliability across age and ethnicity, most of these studies have been conducted in the US and amongst Asian Americans and Mexican men. Since masculinity is a culture and context bound construct it might be argued that the masculine measures used in this study might not have been accurate enough to tap into the unique ways in which New Zealand men define themselves and enact masculine ideals. Apart from a few studies conducted amongst Australian men; there have been no studies to date conducted amongst New Zealand men using these constructs. It might therefore be useful to

have more studies of this nature which might enable the validation of these masculine measures in assessing New Zealand men's adherence to masculine role norms. Although there were some inherent problems with the measures that were used in this study, the existing measures have demonstrated good reliability & validity across diverse populations and can be used as general proxies for the individual differences in masculinity and coping measures endorsed and enacted by men.

4.4 Conclusion

The purpose of this study was to understand men's coping with psychological distress within the context of masculinity. It explored the relationships between conformity to masculinity role norms, gender role conflict and coping with psychological distress. The main findings from this study were that some aspects of conformity to masculinity, such as the strict adherence to norms of self-reliance and emotional control were associated with higher levels of psychological distress. This study also found that some men may struggle to meet socialised masculine ideals and may experience gendered conflict as a result of not meeting these masculine ideals. One such gender role conflict that was found in the study was the association between restricting emotional expressiveness and the experience of psychological distress.

This study also explored the relationship between coping styles, masculine variables and psychological distress and found that both Avoidant Coping and Problem Solving Coping had a significant association with psychological distress. Avoidant Coping was positively associated with psychological distress in contrast to an inverse association between Problem Solving Coping and psychological distress. The findings highlighted the benefits of using active, direct coping strategies such as Problem Solving in mitigating the effects of psychological distress.

Results of the multiple regression indicated that coping styles in comparison to the gender variables accounted for more than half of the variance of the outcome variable (psychological distress) and was a better predictor of psychological distress in the sample of men. Furthermore, the gender variables helped to explain psychological distress over and above what is explained by coping strategies alone.

This study also compared the qualitative responses that men recommend to the hypothetical individual (Jason) in the vignette, to their own responses to the vignette. The findings indicated that the men recommended the use of mostly active, problem solving coping responses but endorsed more avoidant coping styles for themselves

It was interesting to note that most of the men in the sample accurately identified that the hypothetical individual in the vignette was experiencing depression. This suggests that the men in the sample did not lack the ability to accurately recognise psychopathology such as depression, as has been suggested by some researchers. Furthermore, since most of the men suggested active coping responses to the individual in the vignette, as a means of addressing his psychological difficulties, it implies that these men were quite aware of the benefits of dealing constructively with stressors. However, it is likely that gender-related beliefs and attitudes of masculinity may have played a role in shaping the coping styles of the men in the sample. The struggle and conflict these men may experience as a result of violating socialised masculine norms may influence their coping responses.

Although this research findings and previous research have reported significant associations between masculine variables (such as gender role conflict and conformity to masculine role norms) with psychological distress, it should be noted that the relationship between these constructs and psychological distress is not linear. It cannot be assumed that masculine variables are directly associated with the experience of psychological distress since this study has found that coping accounted for more than half of the variance accounted for by the gender variables. Coping may therefore be considered as a possible third variable in the trajectory of psychological distress.

The value of this study was that it highlighted some important relationships between masculine variables, coping styles and psychological distress. It has illustrated how gender related beliefs (strict adherence to masculine norms) are associated with coping choices and how perceived violations of socialised masculine scripts may be implicated to men's maladaptive coping responses to psychological difficulties. Clinicians can draw on these findings to tailor interventions to address the gender role conflict that these men may be experiencing. This study has also highlighted some directions for future research.

Although the findings of this study may not be generalised to the general population, it has provided some useful information of how New Zealand men may be enacting their gender roles and masculine identity. It also highlighted how these variables may be shaping such men's gender related schema, health beliefs and their implications in the manifestation of psychological difficulties. The participant's responses pertaining to barriers to address psychological difficulties also provided some useful insight on these men's gender role conflicts and 'other' perceived barriers, some of which appear to be unique to the socialised male role. It may therefore be suggested that further research on the way in which masculine variables influence men's coping styles might yield useful data on how these men manifest and experience psychological distress, and how they might choose to cope with it. Furthermore, clinicians might use such data to assist these men work through the conflict, stress and psychopathology which might be a consequence of strict conforming to the socialised masculine roles.

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Appendix A

Jason's Story

Instructions

Read the following vignette about our hypothetical person Jason and answer the questions which follow.

Jason has been feeling really 'down'. There seems to be so many problems; money, relationships, study/work. Things are getting on top of Jason who feels like escaping from it all. It all seems too much to cope with. Jason is desperate to do well and for things to improve, but just can't concentrate anymore. Jason lays awake at night worrying about things and when morning comes around feels unable to face the day.

1.1 What do you think Jason is experiencing?

____

____

1.2 What do you think Jason should do about how he feels?

____

____

Now imagine that **you** are going through the same experiences of Jason – (feeling like Jason). Use the rating scale to indicate the most likely response you would take.

Appendix B

The following questions represent the items of the Brief COPE (Carver, 1997) used in the questionnaire, and follow from the vignette.

If I were feeling like Jason, then I am likely to:

1. Turn to work or other activities to take my mind off things
2. Concentrate my efforts on doing something about the

3. situation I'm in.
4. Say to myself "this isn't real"
5. Use alcohol or other drugs to make myself feel better.
6. Get emotional support from others
7. Give up trying to deal with my situation.
8. Take action to make the situation better.
9. Refuse to believe that it has happened
10. Say things to let my unpleasant feelings escape
11. Get help and advice from other people.
12. Use alcohol or drugs to help me get through my situation.
13. Try to see my situation in a different light, to make it seem more positive.
14. Criticize myself
15. Try to come up with a strategy about what to do.
16. Get comfort and understanding from someone
17. Give up the attempt to cope.
18. Look for something good in what is happening.
19. Make jokes about my situation
20. Do something to think about it less, such as going to the movies, watching TV, reading, daydreaming, sleeping or shopping.
21. Accept the reality of the fact that it has happened.
    Express my negative feelings
22. Try to find comfort in my religious or spiritual beliefs
23. Try to get advice or help from other people about what to do.
24. Learn to live with it

25. Think hard about what steps to take.
26. Blame myself for things that happened
27. Pray or meditate
28. Make fun of the situation.

Rating Scale:

1 Won't do this at all
2 Will do this a little bit
3 Will do this sometimes
4 Will do this a lot

Appendix C:

Example of the questions related to Perceived Barriers to Addressing Psychological Difficulties & Recognition of Depressive Symptoms.

What things (if any) might prevent you from taking any action to the situation?

(Circle your responses – one or more will be accepted)

A. I wouldn't know where to go
B. I'd feel embarrassment, shame or whakama
C. lack of money
D. I've had a bad experience with help services in the past
E. I would feel loss of pride or mana
F. What else might prevent you from taking action to the situation?

____

____

____

Have you ever experienced what Jason has been feeling?

Yes/No

Appendix D

Example of the Conformity to Masculine Norms Inventory (Mahalik et al., 2003) items used in this survey.

This page contains a series of statements about how people might think, feel or behave. The statements are designed to measure attitudes, beliefs and behaviours associated with roles. **Thinking about your own actions, feelings and beliefs,** please indicate how much you personally agree or disagree with each statement. By circling SD for Strongly Disagree, D for Disagree, A for Agree or SA for Strongly Agree to the left of the statements. You should give the responses that most accurately describe your personal actions, feelings and beliefs. It is best if you respond with your first impression when answering.

Rating Scale:

SD – Strongly Disagree   D- Disagree   A- Agree   SA- Strongly Agree

	Statement				
1.	It is best to keep your emotions hidden	SD	D	A	SA
2.	In general, I will do anything to win	SD	D	A	SA
3.	If I could, I would frequently change sexual partners	SD	D	A	SA
4.	If there is going to be violence , I find a way to avoid it	SD	D	A	SA
5.	It is important that people think I am heterosexual	SD	D	A	SA
6.	In general I must get my way	SD	D	A	SA
7.	Trying to be important is the greatest waste of time	SD	D	A	SA
8.	I am often absorbed with my work	SD	D	A	SA
9.	I will only be satisfied when women are equal to men	SD	D	A	SA
10.	I hate asking for help	SD	D	A	SA
11.	Taking dangerous risks helps me to prove myself	SD	D	A	SA
12.	In general, I do not expend a lot of energy trying to win at things	SD	D	A	SA
13.	An emotional bond with a partner is the best part of sex	SD	D	A	SA
14.	I should take every opportunity to show my feelings	SD	D	A	SA
15.	I believe that violence is never justified	SD	D	A	SA
16.	Being thought of as gay is not a bad thing	SD	D	A	SA
17.	In general, I do not like risky situations	SD	D	A	SA
18.	I should be in charge	SD	D	A	SA

Appendix E

An example of the Gender Role Conflict (Good et al., 1995) items which were used in this survey.

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

Strongly Agree					Strongly Disagree
6	5	4	3	2	1

1. _______ Moving up the career ladder is important to me.

2. _______I have difficulty telling others I care about them.

3. _______Making money is part of my idea of being a successful man.

4. _______Strong emotions are difficult for me to understand.

5. _______I sometimes define my personal value by my career success.

6. _______Expressing feelings make me feel open to attack by other people.

7. _______I evaluate other people's value by their level of achievement and success.

8. _______Talking (about my feelings) during sexual relations is difficult for me.

9. ______ I worry about failing and how it affects my doing well as a man.

10. ______I have difficulty expressing my emotional needs to my partner.

11. ______Doing well all the time is important to me.

Appendix F

An example of the Depression Anxiety Stress Scale – (21 item) (Lovibond & Lovibond, 1995).

DASS21 Name: Date:

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

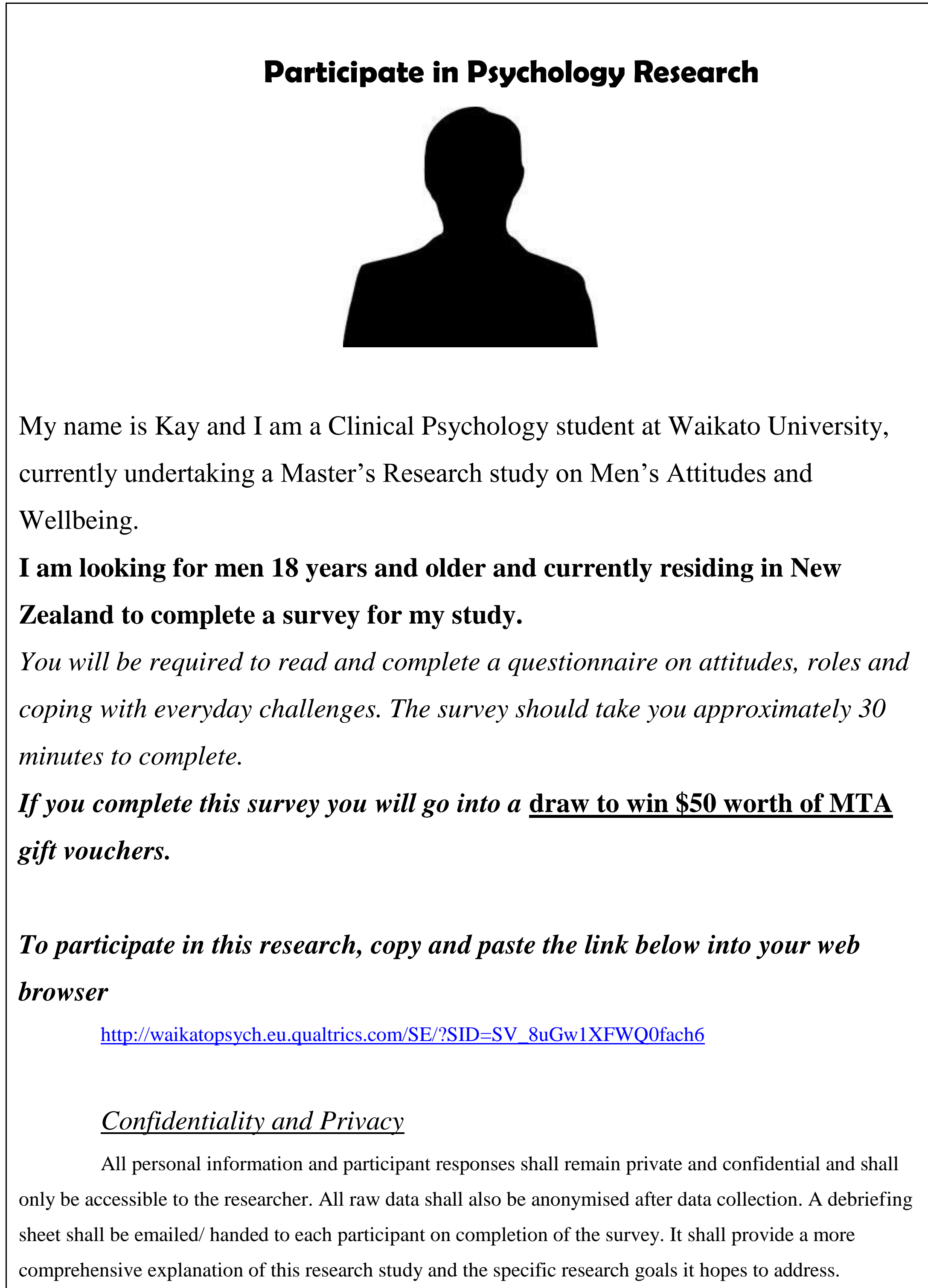
The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of time
3 Applied to me very much, or most of the time

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg, in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3

Appendix G

An example of the poster used to recruit participants for this study.



Participate in Psychology Research

My name is Kay and I am a Clinical Psychology student at Waikato University, currently undertaking a Master's Research study on Men's Attitudes and Wellbeing.

I am looking for men 18 years and older and currently residing in New Zealand to complete a survey for my study.

You will be required to read and complete a questionnaire on attitudes, roles and coping with everyday challenges. The survey should take you approximately 30 minutes to complete.

If you complete this survey you will go into a draw to win $50 worth of MTA gift vouchers.

To participate in this research, copy and paste the link below into your web browser

http://waikatopsych.eu.qualtrics.com/SE/?SID=SV_8uGw1XFWQ0fach6

Confidentiality and Privacy

All personal information and participant responses shall remain private and confidential and shall only be accessible to the researcher. All raw data shall also be anonymised after data collection. A debriefing sheet shall be emailed/ handed to each participant on completion of the survey. It shall provide a more comprehensive explanation of this research study and the specific research goals it hopes to address.

Appendix H

Men's Attitudes & Wellbeing Information Sheet

The purpose of this study is to gather information on men's attitudes, roles and responses to everyday challenges.
I am looking for volunteers to participate in this study. To meet the criteria to participate in this study you must:

- Be male and over 18 years in age
- Be currently living in New Zealand

  What is required of participants?

Participants will be required to read and complete the questionnaire. The questionnaire has a series of statements about attitudes, roles and how you handle everyday challenges for example, "doing well all the time is important to me". Participants will be required to rate each of the statements on the questionnaire using the appropriate rating scale as a guide. They will also be given a short paragraph called Jason's Story to read and answer a few questions about Jason's experiences.
How long will the survey take to complete? Approximately half an hour
Confidentiality and Privacy
All the personal information and participants responses shall remain private and confidential and shall only be accessible to the researcher. All raw data shall be anonymised after the data has been collected. No names that identify the participants shall be included in any of the data analysis or research findings. The questionnaires shall be destroyed at the end of this study. Email addresses shall only be used to communicate with the participants to arrange access to survey information, summary of findings and collect the prize.
This research has been reviewed and approved by the University of Waikato Ethics Review Committee. If you have any concerns about this study or the research procedures do not hesitate to contact the convener of the Research and

Ethics Committee (Dr Lewis Bizo, phone, 838 4466 ext 6402 or email lbizo@waikato.ac.nz
A debriefing sheet shall be emailed/handed to each participant providing a more comprehensive explanation of this research study and the specific research goals it hopes to address.

If you complete this survey you will go into a draw to win $50 worth of MTA gift vouchers.

(To take part in this research you must contact the researcher by either email or mobile)

Researcher: Kay Moodley

Appendix I

Consent Form

Researcher's Copy

Research Project: Men's Attitudes & Wellbeing Survey

Name of Researcher: Kay Moodley

Name of Supervisors: Dr Jo Thakker/Dr Carrie Barber

I have received an information sheet about this research project or the researcher has explained the study to me. I have had the chance to ask any questions and discuss my participation with other people. Any questions have been answered to my satisfaction.

I agree to participate in this research project and I understand that I may withdraw at any time. If I have any concerns about this project, I may contact the convenor of the Research and Ethics Committee (Dr Lewis Bizo, phone: 07-838 4466 ext 6402 or 07-856 0095, e-mail lbizo@waikato.ac.nz).

Name of
Participant___________________________Signature___________________Date______

Cut here--

Participant's Copy

Research Project: Men's Attitudes & Wellbeing Survey

Name of Researcher: Kay Moodley

Name of Supervisors: Dr Jo Thakker/Dr Carrie Barber

I have received an information sheet about this research project or the researcher has explained the study to me. I have had the chance to ask any questions and discuss my participation with other people. Any questions have been answered to my satisfaction.

I agree to participate in this research project and I understand that I may withdraw at any time. If I have any concerns about this project, I may contact the convenor of the Research and Ethics Committee (Dr Lewis Bizo, phone: 07-838 4466 ext 6402 or 07-856 0095, e-mail lbizo@waikato.ac.nz).

Name of
Participant___________________________Signature___________________Date________

Appendix J

<u>Men's Attitudes & Wellbeing Debriefing Sheet</u>

Thank you for participating in this survey. Your contributions and responses are valued and will enhance our understanding of men's gender attitudes, roles and responses to everyday challenges.

<u>Purpose of this study</u>

This research hopes to find out how conformity to masculine gender role norms and the conflict that arises from gender roles, correlates with men's experience and coping with depressive symptoms.

<u>Research Goals:</u>

The first research goal is to determine what the unique and shared contributions of masculinity are to depressive symptoms in a sample of New Zealand men. Our second research question is to determine the correlation between men's adherence to masculine gender role norms, depressive symptoms and coping styles. The final research question is to determine whether there is a significant relationship between men's adherence to masculine gender role norms and their ability to accurately recognise of an episode of depressive symptoms.

We chose to provide information about our research goals at the end of the questionnaire to enable us to assess whether participants would be able to correctly identify that Jason (from the vignette *Jason's Story*) was experiencing an episode of mild depression.

<u>Free Counselling Services/Useful Information</u>

If you have found that answering this questionnaire has caused you emotional distress and feel the need to access free counselling services or more information about depression, then please refer to the information listed below.

- Lifeline – 0800 543 354 (to access a 24 hour free telephone counselling service)
- University of Waikato Student Counselling Services – 07 838 4242 (for Waikato University students).
- www.depression.org.nz
- www.mentalhealth.org.nz/page/28-welcome
- www.thelowdown.co.nz

<u>Research Findings</u>:

The findings from this study shall be available through the University of Waikato Library Research Commons as well as through the Psychology Office based at the Faculty of Arts & Social Sciences (University of Waikato). If you would like a summary of the research findings to be emailed to you, please send an email to the researcher to action this request. Kay Moodley.

We appreciate your participation in this research and your contributions to gaining a better understanding of masculinity and how it influences men's coping with depressive symptoms.

Thank You