

**The Report Committee for Jeffrey Harlan Sellers
Certifies that this is the approved version of the following report:**

**Gender Role Conflict and College Men:
An Introductory Guide for Counselors**

**APPROVED BY
SUPERVISING COMMITTEE:**

Supervisor:

Aaron Rochlen

Alissa Sherry

**Gender Role Conflict and College Men:
An Introductory Guide for Counselors**

by

Jeffrey Harlan Sellers, B.S.Adv.

Report

Presented to the Faculty of the Graduate School of

The University of Texas at Austin

in Partial Fulfillment

of the Requirements

for the Degree of

Master of Education

The University of Texas at Austin

May 2011

Dedication

To Mom, Dad and Krissy--

my dear family who always encouraged me to think differently.

Abstract

Gender Role Conflict and College Men: An Introductory Guide for Counselors

Jeffrey Harlan Sellers, M.Ed.

The University of Texas at Austin, 2011

Supervisor: Aaron Rochlen

Many young men struggle with mental health issues including depression, anxiety, substance abuse and suicide. Further research has shown that many men have an aversion to help seeking, placing them at greater risk for unresolved mental health issues. In the past thirty years, the Gender Role Conflict framework and related research has emphasized the impact of societal gender roles on men's psychological problems. Higher education counselors who are familiar with Gender Role Conflict theory and related research will have a potentially useful skill set in counseling male students. This document overviews the Gender Role Conflict paradigm and highlights the most relevant literature for college counselors. Further, practical ideas are offered to help guide counselors in their work with college males, and suggestions for future research are also provided.

Table of Contents

Introduction.....	1
Section I: Gender Role Conflict Defined.....	5
Section II: Exploring Problems: The Costs and Consequences of GRC	10
Section III: Exploring Solutions: Practical Suggestions for College Counselors	20
References.....	37
Vita	67

Introduction

As they struggle in adapting to the college experience, many young men encounter mental health challenges. In a national research survey conducted by the American College Health Association, 39% of college males reported feeling overwhelming anxiety within the previous 12 months. Twenty-six percent experienced depression so severe they found it difficult to function. Six percent of college men said they had seriously considered suicide within the past 12 months (ACHA, 2008). Suicide is the third leading cause of death for males age 18-24 (National Vital Statistics System, 2007). Moreover, college-aged men between the ages of 18-24 are six times more likely to complete a suicide than women in the same age group (see Pollack, 1998a, 1998b, 2001a, 2001b). Clearly, a large number of young men experience difficulty in this highly stressful yet formative time in their lives.

One theoretical model frequently used in studying the mental health of college men is O'Neil's Gender Role Conflict paradigm (O'Neil, 1981). Gender Role Conflict (GRC) theory suggests that men experience psychological distress due to restrictive societal expectations based on their gender. GRC concepts derive from Gender Role Socialization theory, which emphasizes cultural and societal influences on gender role constructions (Wong & Rochlen, 2008). For example, traditional masculinity values such as need for control, emotional restriction and independence, are largely emphasized and enforced by friends, family and the media. Yet these same values are hypothesized to result in distress in men (O'Neil, 1981). GRC can be defined as a psychological state in

which restrictive gender roles result in the devaluation of self or others (O'Neil, Good, & Holmes, 1995). Although there are many different theories on masculine gender roles (Juni, Rahamim, & Brannon, 1985; Smiler, 2006; Thompson & Pleck, 1986), GRC theory is currently the dominant paradigm in the field in terms of influence and research conducted. Almost thirty years after GRC was first outlined by O'Neil, over 300 empirical studies have investigated the influence of GRC on men's lives (O'Neil, 2008). A majority of such inquiries have used college-aged participants, which gives counselors a large literature base to explore GRC in the 18 to 24 age range.

To research the effect of gender roles on men's mental health, O'Neil developed the Gender Role Conflict Scale (GRCS), which helped define common patterns of GRC (O'Neil, Helms, Gable, David, & Wrightsman, 1986). O'Neil and colleagues proposed that four factors generally underlie gender role conflicts: (a) Success, Power, and Competition; (b) Restrictive Emotionality; (c) Restrictive Affectionate Behavior Between Men; and (d) Conflict Between Work and Family (O'Neil et al., 1986). These four subscales of GRC have been verified in subsequent investigations (Good, Robertson, O'Neil, Fitzgerald, Stevens, Debord, 1995). College counselors can use the considerable GRCS research base to better understand the life problems of male clients.

Scholars hypothesize that GRC can lead to increased psychological distress (O'Neil, 1981). A substantial amount of GRC literature has found strong relationships between GRC and distress in college males. High levels of GRC have been linked to increases in men's depression (Good & Wood, 1995; Sharpe & Heppner, 1991), anxiety (Cournoyer & Mahalik, 1995; Davenport, Hetzel & Brooks, 1998; Stillson, 1988),

alcohol abuse (Blazina & Watkins, 1996) and even suicidal risk (Borthick, 1997; Borthick, Knox, Taylor, & Dietrich, 1997; Houle, 2005; Houle, Mishara, & Chagnon, 2007). Other research has outlined how those in relationships with traditional men can be endangered. Studies suggest that men with high levels of GRC have increased sexual aggression (Kaplan, O'Neil & Owen, 1993), more sexual harassment tolerance (Glomb & Espelage, 2005; Jacobs, 1996; Kearney, King, & Rochlen, 2004) and are more likely to become violent with women (O'Neil & Nadeau, 1999). Studies such as these provide a sobering illustration of how traditional masculinity ideals can harm not only the men who experience GRC, but also those around them.

Ideally, distressed male students would seek professional help to help manage their life problems. However, men tend to avoid help seeking, as they enter counseling about half as much as women (Courtenay, 1998; Mansfield, Addis, & Courtenay, 2005; Pederson & Vogel, 2007). Moreover, studies suggest that GRC men hold more negative attitudes towards help seeking than other men (Blazina & Marks, 2001; Levant, Wimer, Williams, Smalley, & Noronha, 2009; Mansfield et al., 2005). Men's underutilization of mental health services is one of the most consistent findings in the help seeking literature (McKelley & Rochlen, 2007), with this pattern holding true across various age groups, nationalities, and ethnic and racial backgrounds (see Addis & Mahalik, 2003). In light of this considerable help seeking disparity, several scholars have highlighted the facilitation of men's help seeking as the most crucial intervention in men's counseling (Brooks, 1998; Good, Thomson, & Brathwaite, 2005; Levant & Pollack, 1995; Real, 1997). Furthermore, the evidence suggests that the men who are most at-risk for psychological

distress are also the least likely to seek counseling (Good & Wood, 1995). Good and Wood (1995) described this phenomenon as a “double-bind” that places traditionally masculine men at increased risk for unresolved psychological problems. To address men’s help-seeking aversion some suggest we change men’s mental health marketing (Blazina & Marks, 2001; Rochlen & Hoyer, 2005; Schaub & Williams, 2007) while others assert that counselors alter therapy for men (Brooks, 1998; Brooks, 2010; Levant, 1990; Levant & Pollack, 1995; Good et al., 2005).

Importantly, while the research on GRC is extensive, there is a need to consolidate the relevant research into an introductory guide for college counselors who know little about the GRC paradigm. This document is intended to address such a need. Counselors who are familiar with GRC theory, frameworks and the GRCS measurement tool will have an added skill set in their work with male college students. The main aim of this report is to provide an overview of the GRC literature and to offer concrete suggestions on how counselors can work with men who experience conflict on the GRC subscales. Barriers to men’s help seeking will also be discussed, along with ideas on how to address this dilemma. Additionally, this report will highlight gaps in the literature and offer suggestions for future research. GRC concepts will be overviewed in three sections: Section I: Gender Role Conflict Defined, Section II: Exploring Problems: The Costs and Consequences of GRC, and Section III: Exploring Solutions: Practical Suggestions for College Counselors.

Section I. Gender Role Conflict Defined

Theoretical Origins

The study of men's gender roles grew out of the feminist psychology movement of the 1960s and 1970s (O'Neil, 1981; Pleck, 1981). As women fundamentally challenged traditional patriarchal wisdom and power, masculinity scholars began questioning the traditional societal expectations that accompany manhood. Yet it wasn't until the early 1980s that male gender role study became widely accepted by the psychological community (O'Neil, 2008). In 1981, psychologist Jim O'Neil published a document that was described as largely influential in conceptualizing the restrictiveness of men's gender roles (Betz and Fitzgerald, 1993). The manuscript presented a conceptual model of the relationship between men's psychological problems and masculine gender role conflicts.

Gender Role Conflict (GRC) theory is derived from a gender role socialization approach to masculinity studies. In contrast with other theories that emphasize biological gender differences, Gender Role Socialization theory emphasizes the role of social forces on men's lives, such as family, friends and the media (Wong & Rochlen, 2008). According to Gender Role Socialization theory, the cultures in which we live assign gendered expectations to both men and women that affect their attitudes and behaviors

(Pleck, 1981, 1995). GRC refers to specific consequences of masculine role socialization that have a negative impact on men's lives.

O'Neil's Definition of GRC

GRC is defined as a psychological state in which restrictive gender roles result in the devaluation of self or others (O'Neil et al., 1995). By existing in sexist, patriarchal societies, men receive constant messages about an idealized, but unattainable, concept of manhood. Theoretically, conflict arises out of the discrepancy between men's real selves and their ideal selves based on gender role stereotypes and masculine ideology (Garnets & Pleck, 1979; Liu, Rochlen, & Mohr, 2005). GRC theory hypothesizes that gendered expectations result in cognitive, affective and behavioral problems in men (O'Neil, 2008).

To help illustrate how societal factors might engender harmful masculine ideas, let us discuss one particularly salient theme in GRC. Traditional men's difficulty with expressing emotion is central to many GRC issues (Brooks, 1998; Levant, 2001; Robertson, 2001). They tend to reject emotional expressiveness and vulnerability, presumably to avoid appearing weak or feminine (O'Neil et al., 1986). For example, a man may desire to emotionally connect with his partner, but hold back his feelings for fear he would violate traditional masculine norms. Following a Gender Role Socialization view, such emotional withholding would have been largely influenced by a man's family members, peers, and the media. In this example, the man could experience GRC as

psychological distress due to the incongruence between the man he wants to be (unfeeling, independent) and the man he actually is (feeling, interdependent) (Pleck, 1981).

The Gender Role Conflict Scale

The Gender Role Conflict Scale (GRCS) is a research measure developed to assess the degree to which men experience conflict related to traditionally masculine norms (O'Neil et al., 1986). The GRCS has been the main psychometric used in the history of GRC research (O'Neil, 2008). For over 25 years, the measurement tool has been used to determine the degree of GRC men experience in different areas of their lives. The scale was developed through item generation and reduction, content analysis of items, factor analysis, and tests of reliability. Factor analyses of initial gender role assessments resulted in a 37-item scale with items that relate to four GRC theoretical dimensions or subscales (O'Neil, 2008). Familiarity with the GRCS will help counselors conceptualize the masculinity-related struggles of male college students.

The Four Subscales of GRC

In developing the GRCS, O'Neil and colleagues identified four general patterns of gender role conflict: (a) Success, Power, and Competition; (b) Restrictive Emotionality; (c) Restrictive Affectionate Behavior Between Men; and (d) Conflict Between Work and

Family Relations (O'Neil et al., 1986). The factor of Success, Power and Competition (SPC) is a measure of men's emphasis on achievement, desire for authority and control, and the struggle against others for personal gain. Restrictive Emotionality (RE) refers to men's rejection of emotional expressiveness and vulnerability. Restrictive Affectionate Behavior Between Men (RABBM) is an index of a man's discomfort with, and avoidance of, expressions of caring between men. The fourth domain, Conflict Between Work and Family Relations (CBWFR), includes men's experience of being overworked and stressed in balancing work responsibilities with relationship roles. Conflicts related to these four patterns of GRC are assessed by the GRCS and have been verified in subsequent studies (Good et al., 1995; Hayes & Mahalik, 2000).

Fear of the Feminine

An additional way to define GRC is by considering how masculinity norms are expressed in relation to femininity. Fear of femininity is defined as a strong, negative emotion associated with feminine attitudes, values and behaviors (O'Neil, 1981). From the very beginnings of GRC study, men's fear of femininity was thought to have direct relevance to GRC (O'Neil, 1981). O'Neil hypothesized that men may not voice their own potentials and expression of human needs to avoid appearing in any way feminine (O'Neil et al., 1986). However, difficulties can arise because the messages men receive about what is masculine or feminine are often confusing, contradictory or unattainable (Hayes & Mahalik, 2000). In a study of college men, participants both recognized and

valued the need for self-expressions that lie outside the boundaries of what is seen as masculine. Yet, fears or concerns about being perceived as feminine or gay made it difficult for the participants to embrace emotional expression (Davis, 2002). This study is an illustration of how fear of femininity can contribute to confusion around gender roles and expressiveness. Conflicts men experience as a result of gender role restrictions is theorized to result in psychological distress. The relevant literature will be overviewed in Section II.

Section II. Exploring Problems: The Costs and Consequences of GRC

The purpose of Section II is to summarize some of the most important research topics in GRC study, with a particular focus on common issues in the higher education setting. Extensive GRC research has been conducted on the male college student population, but for the sake of brevity, this section will focus on six of the most salient themes for counselors: Psychological Distress and Anxiety, Depression, Suicide, Drug and Alcohol Abuse, Interpersonal and Relationship Problems, and Aversion to Help Seeking.

Psychological Distress and Anxiety

Early GRC theory postulated that men's masculine socialization resulted in negative effects on their mental well being (O'Neil, 1981). Many studies have supported this hypothesis by linking higher GRC levels to increased psychological distress in college men (Cournoyer & Mahalik, 1995; Good & Mintz, 1990; Good, et al., 1995; Hayes & Mahalik, 2000; Houle, 2007; Liu et al., 2005; Sharpe & Heppner, 1991; Shepard, 2002; Wester, Christianson, Vogel, & Wei, 2007; Zamarripa, Wampold, & Gregory, 2003). Many college men experience anxiety in college related to their careers, relationships, finances and academic achievement. In fact, in a national research survey conducted by the American College Health Association, 39% of college males reported

an overwhelming anxiety within the previous 12 months (ACHA, 2008). Several studies suggest that college men who rigidly subscribe to masculine gender roles experience increased levels of anxiety (Cournoyer & Mahalik, 1995; Sharpe and Heppner, 1991; Zamarippa, et al., 2003). Importantly, much research highlights the subscale of Restricted Emotionality as the strongest predictor of psychological distress in men (Cournoyer & Mahalik, 1995; Good et al., 1995; Good, Robertson, Fitzgerald & Stevens, 1996; Sharpe & Heppner, 1991; Shepard, 2002). In summary, college men with higher GRC scores appear to experience greater levels of distress than men with lower reported levels.

Depression

Male depression is a central concern for students, parents, counselors and anyone involved in the higher education experience. A national research survey conducted by the American College Health Association found that 26% of college men experienced depression so severe they found it difficult to function and 6% said they had seriously considered suicide within the past 12 months (ACHA, 2008). Attempting to understand and effectively treat depression in male college students is therefore a high priority for college counselors.

Masculinity scholars have conducted much research on how gender roles influence men's depression. All four subscales of GRC have been significantly correlated with male depression, with Restricted Emotionality being the strongest predictor (Blazina & Watkins, 1996; Cournoyer & Mahalik, 1995; Good & Mintz, 1990; Good et al., 1996;

Liu et al., 2005; Mahalik & Cournoyer, 2000; Sharpe & Heppner, 1991; Shepard, 2002). The literature suggests that higher RE scores lead to increased self-dislike, and more feelings of failure, guilt, and pessimism (Shepard, 2002; Liu, et al., 2005). Mahalik and Cournoyer (2000) found that men who scored higher on GRC measures experienced more negative self-talk that likely contributed to depression in participants. Evidence suggests strong correlations between higher GRC scores and lower self-esteem (Cournoyer & Mahalik, 1995; Sharpe and Heppner, 1991). Additionally, Liu, Rochlen and Mohr (2005) found that depressive feelings in college men were related to perceptions about their real and ideal gender role selves. Gender roles seem to have a considerable relationship to the experience of depression in college men. College counselors must consider how GRC variables might influence male clients with depression.

Several theorists have emphasized differences in how depression is expressed in men. Scholars argue that men's reluctance to talk about their emotions can lead to "covert depression" or "masked depression" that is often exhibited through substance abuse or acting out behavior (Brooks, 2010; Cochran & Rabinowitz, 2002; Real, 1997). Men who have been socialized to adhere to traditional gender norms often experience a denial or camouflage of depressive symptoms due to their discomfort with vulnerability (O'Neil, 1981; O'Neil, et al., 1986). In this way traditional masculinity insidiously puts men at risk for depression and also masks the depression, should it actually develop (Lynch & Kilmartin, 1999; Real, 1997). Therefore, men with depression may be statistically underrepresented, particularly individuals with more traditional gender role values

(Shepard, 2002). College counselors must keep in mind that depression is often expressed differently in male students, particularly those with more gender role conflicts.

Suicide

Men in the general population have a significantly higher completed suicide rate than women (Courtenay, 1998). However, college age men have an especially high suicidal risk; six percent of college men have considered suicide within the past 12 months (ACHA, 2008). Men between the ages of 18 and 24 complete suicide at a rate six times that of women in the same age group (see Pollack, 1998a, 1998b, 2001a, 2001b). Moreover, suicide is the third leading cause of death for males age 18-24 (National Vital Statistics System, 2007). The considerable gender discrepancy in completed suicide rates of college age men is a serious cause for concern.

Few studies have explored a direct relationship between GRC and suicidal behavior. Some literature suggests that men who rigidly adhere to traditional masculine expectations are at a higher risk for suicide than men who do not (Borthick, 1997; Borthick et al., 1997; Houle, 2004; Houle et al., 2007). Research relating GRC with higher depression would seem to support such an association (Shepard, 2002; Liu et al., 2005) as major depression is the mental disorder most commonly associated with suicide. Houle, Mishara and Chagnon (2007) highlighted how GRC variables can undermine one's mental state and discourage help seeking and social support. Indeed, the role of social support is crucial in ameliorating suicidal behavior in depressed individuals

(Houle, 2005; Houle et al., 2007; Sokero, Melartin, Rytsälä, Leskelä, Lestelä-Mielonen, & Isometsä, 2003). However, traditionally masculine men don't rely on social support as much as other men, potentially leaving them vulnerable to psychological distress (Shepard, 2002; Wester et al., 2007). Although connections between masculinity variables and suicidal risk appear to exist, more information is needed. Future research should attempt to clarify how gender roles might contribute to men's suicidal ideation and behavior.

Drug and Alcohol Abuse

Alcohol abuse, substance abuse and the associated problem behaviors (ie. drunk driving, unsafe sex, violence) are central problems on every college campus. Although illicit drug use is a concern for students (Courtenay, 1998), alcohol is the most frequently used drug among college youth (Presley, Leichliter, & Meilman, 1998). The negative impact of alcohol on the lives of college students is staggering. In 2001 college drinking was associated with approximately 600,000 injuries, almost 500,000 instances of unprotected sex, 97,000 sexual assaults, and 700,000 physical assaults (Hingson, Heeren, Winter, & Wechsler, 2005). Additionally, in 2005 approximately 1,825 college students died from alcohol related causes (Hingson, Zha, & Weitzman, 2009).

Some scholars suggest that drinking alcohol is primarily a male domain: male dominated, male identified, and male centered (Johnson, 1997). Indeed, men outnumber women in virtually every measurable category of drinking behavior, including

prevalence, consumption, frequency of drinking and intoxication, incidence of heavy and problem drinking, alcohol abuse and alcoholism (Berkowitz & Perkins, 1987; Lemle & Mishkind, 1989; McReary, Newcomb, & Sadave, 1999; Weschler, Deutsch, & Dowell, 1995). College counselors must consider the possible role of alcohol use and abuse in their work with male clients.

Several studies suggest that traditional gender role views are related to increased alcohol and substance use in young men (Blazina & Watkins, 1996; Courtenay, 1998; Huselid & Cooper, 1992; Liu & Iwanmoto, 2007; Tager & Good, 2005). One study demonstrated a relationship between SPC and increased reports of alcohol abuse (Blazina & Watkins, 1996). Another inquiry found conformity to masculine gender role norms to be linked with increased binge drinking (Liu and Iwanmoto, 2007). Such reports support the assertion that young men perceive alcohol consumption as a highly masculine activity (Blazina & Watkins, 1996; Huselid & Cooper, 1992). Additionally, research has correlated traditionally masculine beliefs with increased drug use, including marijuana, cocaine and tobacco (Courtenay, 1998; Courtenay, McCreary, & Merighi, 2002; Liu & Iwanmoto, 2007; Tager & Good, 2005). Male college students who rate high on GRC variables may therefore have an increased likelihood of substance use or abuse.

Interpersonal and Relationship Problems

GRC is theorized to hinder a man's ability to create and maintain meaningful relationships (O'Neil, 1981). Research generally supports this notion, suggesting that

traditionally masculine socialization experiences do not provide men with the relationship skills required to be good partners, coworkers or parents (Bergman, 1995, Good & Sherrod, 1997; Good et al., 2005). Higher GRC scores have been linked to a lower capacity for intimacy in several studies (Cournoyer & Mahalik, 1995; Fischer & Good, 1997; Rochlen & Mahalik, 2004; Sharpe & Heppner, 1991). Men with GRC are also more likely to be interpersonally rigid, cold, distant and controlling (Mahalik, 2000). Such attitudes can lead to increased interpersonal conflict, violence or socially irresponsible behavior in men (Brooks & Silverstein, 1995; Franchina, Eisler, & Moore, 2001; O'Neil, 1990). Moreover, women who are in relationships with more traditional men report increased depression, anxiety and less marital satisfaction than spouses of less traditional men (Breiding, 2004; Breiding & Smith, 2002; Celentana, 2000; Rochlen & Mahalik, 2004).

Poor relationship skills and a lack of social intimacy can have deleterious effects on social support systems for college men. High RE scores in male students may suggest a lack of human contact and exchange of emotions with people. Emotionally restricted men often lack the opportunity to obtain normalization of their feelings from others (Shepard, 2002). Wester et al. (2007) found that men who measured higher on RE and RABBM subscales had poorer levels of social support, leading to increased psychological distress. Alternatively, social support was found to ameliorate some of the negative psychological consequences of GRC (Wester et al., 2007). Given that social support can largely impact the relationship between restricted emotional expression and negative

psychological outcomes, interventions aimed at increasing appropriate male social support could have far-reaching implications for college men (Wester et al., 2007).

The interpersonal struggles of GRC men can potentially endanger around them. Stronger subscriptions to traditional masculinity have been linked to increased hostility toward women (Rando et al., 1998; Senn et al., 2000), and greater sexual harassment tolerance (Glomb & Espelage, 2005; Jacobs, 1996; Kearney et al., 2004). Moreover, studies have associated GRC with men's sexually aggressive behavior (Kaplan et al., 1993), and even violence towards women (O'Neil & Nadeau, 1999). Good et al. (1995) found that certain masculine values (eg. disdain for homosexuals, interpersonal dominance, etc.) were powerful and consistent predictors of sexual violence-supporting beliefs and behaviors. Other research has found men's traditional views of gender roles related to attitudes supportive of date rape (Truman, Tokar, & Fischer, 1996) and rape myth acceptance (Davis & Liddell, 2002). Research in this area provides a sobering perspective at how traditional masculinity beliefs could relate to dangerous interpersonal behaviors. College counselors should consider the increased likelihood of relationship problems in their work with GRC men.

Aversion to Help Seeking

College men would ideally seek counseling when experiencing psychological distress or relationship problems. Unfortunately, research has consistently shown that traditionally masculine men hold more negative attitudes towards help seeking than other

men (Blazina & Marks, 2001; Good & Wood, 1995; Mansfield et al., 2005). Indeed, all four GRC subscales have been linked to increased negative attitudes about seeking counseling (Blazina & Watkins, 1996; Good, Dell, & Mintz, 1989; Good & Wood, 1995; Levant et al., 2008; Mansfield et al., 2005; Wisch, Mahalik, Hayes, & Nutt, 1995). Men's underutilization of mental health services is one of the most consistent findings in the help seeking literature (McKelley & Rochlen, 2007) with this pattern holding true across various age groups, nationalities, and ethnic and racial backgrounds (see Addis & Mahalik, 2003).

Many have theorized about how traditional masculinity values might influence men's underutilization of mental health services. Some scholars emphasize how men's fear of the feminine (eg. vulnerability) drives their lack of help seeking (Brooks, 1998; Blazina & Watkins, 2000; O'Neil, 1981). Others highlight that many of the tasks associated with seeking help, such as relying on others, admitting a need for help, or recognizing and labeling an emotional problem, conflict with the messages men receive about self-reliance, physical toughness, and emotional control (Good et al., 1989; Levant & Pollack, 1995; Mahalik, Good, & Englar-Carlson, 2003; Real, 1997).

Several inquiries have been conducted to understand the complex reasons that traditional men avoid seeking help. Mansfield et al. (2005) developed the Barriers to Help Seeking Scale to explore the multidimensionality of men's help seeking aversion. Preliminary studies confirm the complexity of masculinity variables on men's help seeking decision-making. For example, some men don't seek counseling because they want to maintain independence while others avoid vulnerable situations (Mansfield et al.,

2005). Similarly, Pederson and Vogel (2007) emphasized the importance of contextual masculinity variables on help seeking, such as men's avoidance of difficult emotions, discomfort with self-disclosure and their levels of counseling self-stigma. Those with higher GRC may fear judgment around help seeking (Chandra & Minkovitz, 2006; Mahalik et al., 2003) or a greater self-stigma (Magovcevic and Addis, 2005; Pederson & Vogel, 2007) that limits their willingness to try counseling. Studies such as these can help college counselors conceptualize how and why GRC men tend to avoid therapy.

Because masculinity-related constructs are empirically associated with both clinically relevant issues and a reluctance to use psychological services, men are at compounded risk for unresolved psychological problems (Good & Mintz, 1990; Good & Wood, 1995). Good and Wood (1995) termed this risk a "double bind," and urged college counselors to be proactive in order to overcome this phenomenon. Some insist that counselors reconsider how they market mental health services to men (Pederson & Vogel, 2007; Rochlen & Hoyer, 2005). Others assert that therapy interventions should be altered to better align with masculine socialization (Blazina & Marks, 2001; Brooks, 1998; Levant, 1990; Levant & Pollack, 1995; Mahalik et al., 2003). In Section III, practical suggestions are offered on how college counselors can anticipate and adjust for help seeking aversion in male students.

Section III. Exploring Solutions: Practical Suggestions for College Counselors

While familiarity with the relevant literature is useful in conceptualizing the role of GRC in men's work, counselors also need practical ideas on how to approach therapy with college men. The purpose of Section III is to give college counselors concrete suggestions on how they can overcome common challenges with traditionally masculine college men. There are myriad methods, theories and directions counselors should consider in college men's work. Although an all-inclusive review is outside the scope of this report, some basic suggestions can bolster a counselor's skill set in working with masculinity-related issues. The material will be broken into six parts: Reaching Outside the Office, Building the Therapeutic Alliance, Anticipating Negative Feelings and Low Expectations of Therapy, Anticipating Counter-transference Issues and Intervention Suggestions Based on GRC Subscales.

Reaching Outside the Office

Masculinity scholars have increasingly called for non-traditional therapies to counteract men's help-seeking aversion. Examples include online counseling (Rochlen, Land, & Wong, 2004), activity-oriented approaches (Rabinowitz, 2002; Rabinowitz & Cochran, 2002) and support groups (Blazina & Marks, 2001). Presentations with a psycho-education format have been cited as another potentially useful intervention in

reaching more traditional men (Addis & Mahalik, 2003; Brooks, 2010; Levant, 1990). Psycho-education techniques offer college counselors a way to address GRC-related issues in a more male-friendly environment than traditional counseling (Good & Wood, 1995; Hayes & Mahalik, 2000; Levant, 1990). For example, men are less comfortable with the emotional disclosure of therapy and respond positively to more structured, cognitive interventions (Blazina & Marks, 2001; Levant, 1990; Schaub & Williams, 2007; Wilcox and Forrest, 1992; Wisch et al., 1995). The literature also shows that traditional men often prefer help that is offered in the form of workshops, classes and seminars (Robertson & Fitzgerald, 1992). College men may also find psycho-education interventions more palatable because of their familiarity and comfort with the educational environment, contrasting with that of the therapy room.

Psycho-education presentations are a potential way for counselors to broach masculinity-related issues (Addis & Mahalik, 2003; Brooks, 2010; Levant, 1990). Workshops can focus on issues particularly relevant to college men such as alcohol awareness, relationship issues, sexual ethics, and anger management (Capraro, 2000; Davis & Laker, 2004; Davis & Wagner, 2005). By infusing presentations with a gender awareness perspective, facilitators can raise awareness of the downsides to the traditional male role (Good & Mintz, 1990; O'Neil, 2001). Moreover, presenters have the opportunity to address men's counseling stigma and work to facilitate help seeking in young men (Pederson & Vogel, 2007). Psycho-education is one technique that answers the call for alternative, non-traditional counseling interventions that are more congruent with masculine socialization (Addis & Mahalik, 2003).

Another potential way to reach men who are averse to help seeking is to change how counseling is marketed. Entering therapy has frequently been described as being in direct conflict with the culture of traditional masculinity (Brooks, 1998; Mahalik et al., 2003). The challenge of marketing mental health to counseling-resistant men has been outlined and discussed in the literature (Blazina & Marks, 2001; Robertson and Fitzgerald, 1992; Rochlen, Blazina, & Raghunathan, 2002; Rochlen & Hoyer, 2005; Rochlen, McKelley, & Pituch, 2006; Rochlen & O'Brien, 2002a). In a study of undergraduate men, Robertson and Fitzgerald (1992) found that brochures of counseling services could be made more appealing to men when the verbiage was changed. For example, men who scored higher on GRC measures preferred terms such as “classes,” “workshops” and “seminars” over “personal counseling.” Recent studies suggest that undergraduates with higher GRC respond more positively to counseling marketed as structured and with clearly defined goals (Blazina & Marks, 2001; Rochlen & O'Brien, 2002b). Moreover, Rochlen et al. (2002) found that college men who reviewed descriptive brochures had an improvement in help seeking attitudes, including increased perceived value and decreased stigma towards counseling. Apparently, the way that counseling is marketed to men can have a considerable impact on perceptions of its potential utility.

Building the Therapeutic Alliance

There are many different theories as to how therapy could be conducted with men who endorse traditional gender roles. Yet the literature suggests that specific theoretical approaches and intervention techniques are far less important in therapy than the therapeutic relationship itself (Lambert & Ogles, 2004; Norcross, 2005). Research indicates the therapeutic alliance as the single best predictor of therapy outcomes (Bachelor & Horvath, 1999; Messer & Wampold, 2002; Wampold, 2000). Unfortunately, because of their aversion to help seeking, their discomfort with vulnerability and challenges with emotional expression, men with higher GRC scores can be difficult to align with in therapy (Addis & Mahalik, 2003; Good et al., 2005; Mahalik et al., 2003; Englar-Carlson & Stevens, 2006). For college counselors, building a therapeutic alliance with GRC men will be a difficult but crucial step in working towards successful therapy outcomes (Good & Mintz, 2001).

Scholars offer diverse ideas on how to build counseling alliances with traditional men. Several thinkers suggest adopting a more structured, didactic style of interaction early in therapy (Addis & Mahalik, 2002; Brooks, 2010; Rabinowitz & Cochran, 2002; Schaub & Williams, 2007; Wester et al., 2007; Wisch et al., 1995). By paralleling masculine socialization at first, counselors can help relieve client anxiety and focus on building rapport. As the therapeutic alliance strengthens, working on emotional expressiveness can become a more realistic area of focus. Some scholars also promote a positive psychology approach with traditional men. In the positive psychology theory, counselors build rapport by emphasizing the benefits of traditional manhood such as loyalty, honor, humor and being a provider (Englar-Carlson & Stevens, 2006; Kiselica &

Englar-Carlson, 2010; Mahalik et al., 2003). Once a therapeutic alliance is established, traditionally male clients will likely be more open to questioning their gender role conflicts (Englar-Carlson & Stevens, 2006; Kiselica & Englar-Carlson, 2010; Mahalik et al., 2003).

One of the most useful techniques in building an alliance with traditional men is to have an upfront discussion early in therapy about the incongruence between masculine socialization and the culture of therapy (Brooks, 1998; Good et al., 2005; Englar-Carlson & Stevens, 2006). Men with higher GRC levels often enter counseling assuming it will be too “feminine” for them (Brooks, 1998, 2010). These fears are not entirely unfounded. Being in therapy asks men to be willing to ask for help, to express vulnerable feelings, and to give up control—concepts that contrast with traditional male values (Addis & Mahalik, 2003; Englar-Carlson & Stevens, 2006; Mahalik et al., 2003; Real, 2002). Additionally, exploring the unacceptability of emotional expression in relationship to traditional masculinity may be necessary before an unburdening of emotions can occur (Shepard, 2002). By exploring the social forces of gender role expectations, even an emotionally restricted male client can have an improved prognosis (Schaub & Williams, 2007). When traditionally masculine men have the opportunity to explore how socialization experiences restrict their expression, they can experiment with more adaptive ways of interacting and obtain insight into their presenting concerns (Englar-Carlson & Stevens, 2006).

Anticipating Negative Feelings and Low Expectations of Therapy

Working with traditionally masculine men presents unique challenges for college counselors. Two particularly important considerations in counseling college men include their negative feelings and low expectations of therapy. When traditional men end up in a college counseling office, they usually do not feel good about it (Englar-Carlson & Stevens, 2006; Shepard, 2002). Often they only enter therapy when they feel there is no alternative; few men seek counseling because they subscribe to its life-enhancing qualities (Englar-Carlson & Stevens, 2006). Additionally, men who measure higher on GRC scales feel more self-stigma about entering therapy (Magovcevic and Addis, 2005; Pederson & Vogel, 2007) and often do not think it will be helpful for them (Schaub & Williams, 2007). When counselors identify clients with higher GRC subscriptions, they may need to reframe therapy as a process more appealing to traditionally masculine sensibilities. Counseling can be described as requiring “courage” and “strength.” One might describe therapy as a form of leadership, of educational benefit, helpful to significant others, and useful in developing more effective ways for clients to live their lives. Male students with higher GRC should be commended for trying to create change and take responsibility for one’s life (Englar-Carlson & Stevens, 2006). By touting the merits of therapy in ways that link with traditional masculine values (usefulness, courageousness, etc.) college counselors are more likely to sell men on therapy.

College men with higher GRC scores often hold relatively unrealistic expectations of therapy (Schaub & Williams, 2007). In a study of undergraduate males, those with

traditional gender role views had higher expectations of the counselor's role in therapy and lower expectations of taking personal responsibility during the counseling process (Schaub & Williams, 2007). College counselors should therefore consider the increased likelihood of unrealistic therapy expectations in men with masculinity-related conflicts. When therapists identify male students with traditional gender role values, they can attempt to modify counseling expectations to increase the chance for a positive therapeutic alliance. Mahalik et al. (2003) recommended that therapists first identify therapy expectations and either correct those that are erroneous or change the structure of therapy to be more congruent with male values. Further, by discussing potential treatment goals, counselors can model an egalitarian relationship as opposed to putting male client in a "one-down" position from the outset (Englar-Carlson & Stevens, 2006).

Anticipating Counter-transference Issues

In working with GRC college men, issues around counter-transference are particularly salient. Research suggests that different GRC variables (such as SPC or RE) alter the therapy process (Schaub & Williams, 2007) and can equate to interpersonal behaviors that elicit negative, troublesome responses in therapists (Mahalik, 2000). Because of their strong aversion to help seeking, traditional men tend to act out their psychic pain with substance abuse, violence, sexual preoccupation and emotional withdrawal (Brooks, 1998). As a result, they may end up in therapy only after displaying behaviors likely to provoke some distaste in counselors (Brooks, 2010). Moreover, GRC

men often present a defensive or resistant interpersonal style that therapists find vexing (Mahalik et al., 1998; Mahalik, 2000). To prepare for counter-transference issues, scholars have recommend that counselors examine their personal stereotypes on doing therapy with men (Good et al., 2005; Mahalik et al., 2003). As opposed to taking resistance as a personal affront, counselors can also use motivational interviewing techniques to “roll with resistance” in GRC clients (Miller, Rollnick, & Conforti, 2002). College counselors should consider the adaptive utility of defensiveness in male clients and not automatically classify such behavior as pathological (Brooks, 2010; Good et al., 2005; Liu, 2005). Scholars assert that an examination of biases is crucial in discovering blind spots that could inhibit a counselor’s effectiveness in working with GRC men (Brooks, 2010; Good et al., 2005; Liu, 2005). Therapists who are prepared for counter-transference challenges and who monitor their personal reactivity will be more likely to align with GRC college men in session (Brooks, 2010; Good et al., 2005; Scher, 2001).

Intervention Suggestions Based on GRC Subscales

The literature on GRC and college men’s mental health is considerable. However, research is extremely limited on specific interventions that are effective in treating masculinity-related problems (Good & Sherrod, 2001; Good et al., 2005; O’Neil, 2008). Considering the four GRC subscales can be a useful frame for considering specific interventions for working with men with different core conflicts or GRC-related themes that are salient.

Restrictive Emotionality (RE)

College counselors will be able to identify men with RE challenges by recognizing the difficulties and fears they have in emotional expression (O'Neil et al., 1986). Men with RE have trouble identifying basic emotions and finding words to express them. Although some argue that emotional restriction in men is somewhat normative, the literature connects the RE subscale with many life problems, such as higher levels of depression (Cournoyer & Mahalik, 1995; Good & Mintz, 1990; Good et al., 1996), increased anxiety (Blazina & Watkins, 1996) and greater fear of intimacy (Cournoyer & Mahalik, 1995; Fischer & Good, 1997; Good et al., 1995).

There are several ways counselors can help facilitate emotional expression with RE college men. When clients discuss their emotions, counselors can watch for signs of anxiety and normalize them (Robertson, 2001). Students with RE issues may have trouble describing their emotions, as fear of vulnerability can leave them unable to articulate their feelings. Supplying a list of words of common affective states can help facilitate emotional communication in therapy (Robertson, 2001). Research suggests that expressive writing activities could be especially useful for emotionally restricted men (Wong & Rochlen, 2008). Clients who have difficulty verbalizing their feelings could potentially benefit from affective exploration through the non-verbal medium of writing. Additionally, there is evidence pointing to online therapy as a potential alternative for RE

men (Rochlen et al., 2004). Clients with higher levels of RE seem to find online therapies more appealing than a traditional face-to-face counseling interaction.

Helpful suggestions for RE clients can also be found in the literature on male alexithymia. Alexithymia literally means “without words for emotions,” and scholars have used the term to describe men’s constriction in emotional functioning (Levant, 1992; Levant et al., 2006). In his proposal on Normative Male Alexithymia, Levant (1992) asserted that powerful societal influences inhibit most men from accessing and communicating their inner feelings. Clients with RE likely experience this expressive inability more profoundly than other men. Levant and colleagues (Levant, 2001; Levant & Kelley, 1989; Levant & Kopecky, 1995) developed a psycho-educational Alexithymia Reduction Treatment (ART) that counselors can adopt with RE clients. Participants are guided through exercises in sessions and through homework that help increase awareness of their emotional experiences. Through practice, RE men can learn how to interpret and cope with their emotions while interacting with others on a more emotional level (Levant et al., 2009). In a study on college men in counseling, participants demonstrated significant reductions in alexithymia with ART from pre-test to post-test (Levant et al., 2009). Based on this study, ART may be a useful intervention model to help ameliorate problems related to RE.

Restrictive Affectionate Behavior Between Men (RABBM)

Those who score high on the RABBM subscale experience restrictions in touching men or expressing their thoughts and feelings with other men. Men in this subgroup may view touching or embracing other men as inappropriate for heterosexual males. Fear of violating these restrictive gender role assumptions can lead to loneliness and social isolation. Scholars classify RABBM male friendships as overly “distant” and “empty” (Joliff and Horne, 1999; Wester et al., 2007). Men who have RABBM-related conflicts are often emotionally isolated and receive very little positive support from relationships (Rabinowitz, 1998). Thus, for male clients who experience distress around their restrictive attitudes towards other men, a supportive men’s group may be helpful.

There are several reasons why group therapy could be a useful intervention for RABBM men in college. A growing area of research generally supports group therapy as an effective intervention for men (Andronico, 1996; Brooks, 1998; Nahon & Lander, 2008; Rabinowitz, 1991, 2001). Scholars note that men are socialized toward participating in all-male group organizations such as little leagues or fraternities where members receive support and work to achieve common goals (Andronico, 1996; Brooks, 1998; Rabinowitz, 2001). For traditionally masculine men, a group scenario may therefore be more palatable than individual therapy. Men's therapy groups build on the support that men can uniquely give each other (Brooks, 1998). Because they share similar physical bodies, socialization, and relational perspectives, men often feel a different kind of support with men than with women (Rabinowitz, 2001). Without women in the group, clients are forced to deal with learned homophobia and other masculine values that contribute to their social discomfort with men (Rabinowitz & Cochran, 1987).

Facilitators of men's groups can also consider incorporating an exercise or physical challenge in group therapy sessions. Recent studies suggest that men's groups with a physical activity component encourage a sense of togetherness and sharing that participants find particularly poignant (Kiselica, Englar-Carlson, Horne, & Fisher, 2008; Mortola, Hiton, & Grant, 2008; Scheinfeld, Rochlen & Buser, 2011). Men's groups have the potential to provide a corrective emotional experience for men who have been culturally alienated from each other (Blazina & Marks, 2001; Brooks, 1998).

By participating in a men's therapy group, an RABBM man can acquire new patterns of behavior and work towards building his social support network (Rabinowitz, 2001). College men who learn to let go of detrimental aspects of traditional masculinity, such as homophobia or interpersonal dominance, are better equipped to make friends and find more authentic, nurturing social groups (Good et al., 2005; Brooks, 1998). Social support has been suggested as a crucial factor in ameliorating psychological distress in GRC men, including suicidal behavior (Houle, 2005; Houle et al., 2008; Sokero et al., 2003; Wester et al., 2007). Moreover, researchers have emphasized the importance of developing social support for traditional men; such interventions could have far-reaching implications for men's mental health and well being (Wester et al., 2007). In summary, connecting RABBM clients to a men's therapy group could be a crucial step in helping to reformat a client's maladaptive social behaviors.

Success, Power, and Competition (SPC)

The subscale of Success, Power and Competition refers to men's emphasis on achievement and dominance in their lives. Men with higher levels of SPC often have maladaptive interpersonal behaviors, causing their relationships to suffer. Male students in this subgroup are also more likely to be socially uncomfortable, cold, mistrustful, detached and hostile (Mahalik, 2000; Mahalik et al., 2003; Pollack, 1995). SPC men have an increased tendency towards interpersonal dominance and control (Mahalik, 2000). They are also more likely to be paranoid (Good et al., 1996) and exhibit more immature psychological defenses (Mahalik et al., 1998). The attitudes and behaviors of SPC men often result in decreased intimacy with others (Cournoyer & Mahalik, 1995).

An SPC college student may end up in therapy because of relationship problems due to rigid behavioral patterns. SPC men often feel they have to "be in charge," be smarter or physically stronger than other men and demonstrate power by defeating others (Mahalik, 2001). Some SPC men might be controlling with significant others and experience relationship problems as a result. Because interpersonally dominant men display a rigid, narrow range of interpersonal behaviors, they can end up alienated from potential social supports (Keiser, 1983; Mahalik, 2001). Psychological distress resulting from isolation can result in increased maladaptive relating. College counselors have an opportunity to intervene in this vicious circle (Brooks, 2010) with SPC men.

A potentially useful intervention for socially dominant clients is the Interpersonal Therapy (IPT) model (Kieser, 1983; Leary, 1957). IPT may be particularly well suited to SPC problems because it places maladaptive interpersonal patterns at the center of treatment planning (Mahalik, 2001). In IPT sessions, counselors invariably get pulled into

the same discomfort that others feel while interacting with socially dominant clients. Interpersonal styles of SPC men will likely manifest in counseling, including blaming others for problems, working hard to prove they are right or attacking the therapist for not quickly “fixing” their problems (Mahalik, 2001). When feeling angered by a client’s interpersonal rigidity, therapists can work to maintain a friendly, warm, trusting interactive style. By responding in ways that differ from social norms, counselors offer SPC clients an opportunity to experiment with underdeveloped interpersonal behaviors (Mahalik, 2001). The IPT model could be a good fit for college men in counseling because it is short-term and present-oriented (Brooks, 2010). In disrupting and examining self-defeating social patterns, counselors can assist clients in learning more adaptive styles of relating (Kieser, 1988).

Conflict Between Work and Family Relations (CBWFR)

College men who measure highly on the GRC subscale of CBWFR have difficulty achieving balance in their lives, particularly with respect to work and school. Traditional men associate what they do as a central part of their identity (Heppner & Heppner, 2001). An over-emphasis on achievement can lead to problems with significant others and time management issues (Robertson, 2001). Counselors are encouraged to assess the degree to which clients’ work and school ambitions are interfering with other life domains (Good & Mintz, 1990). Students who are undecided about their career

choice also face problems. Themes of autonomy and familial expectations frequently arise from career exploration or indecision (Robertson, 2001).

For students who are struggling with CBWFR-related issues, career counseling could be a useful intervention. Research suggests that traditional men experience less stigma around didactic, practical styles of career counseling (Rochlen & O'Brien, 2002a). Men with higher GRC scores indicate a preference for structured, goal-oriented career counseling approaches over more integrative, affective methods (Rochlen & O'Brien, 2002b). Clients in this subgroup would likely find the traditional person-environment-fit model of career counseling more palatable (Rochlen & O'Brien, 2002a) as compared to more emotional, non-structured approaches.

Alternative career counseling interventions for CBWFR men are also worth considering. Research suggests that most adult clients who present career-related issues in counseling also experience psychological distress, such as depression or anxiety (Multon, Heppner, Gysbers, Zook, & Ellis, 1998). By integrating career issues into a holistic approach to working with men, major and career issues can be seen as just one part of a broader picture of how male clients are functioning (Heppner and Heppner, 2001). Counselors can also consider integrating male gender role awareness into career counseling. Masculinity-related issues frequently come up when exploring work themes with men. Discussing how gendered societal messages influence a client's work identity could lead to a fruitful discussion around career values and goals (Heppner and Heppner, 2001).

Conclusion

The GRC literature is helpful in preparing college counselors for the challenge of working with traditionally masculine men. However, there are some limitations to the current base of research. A majority of the studies referenced have used white, middle-class, hetero-sexual college men as participants. Although there has been a recent increase in GRC study on diverse groups (eg. Liu & Iwamoto, 2007; Shepard, 2002; Wester, Vogel, Wei, & McLain, 2006; Wester, Pionke, & Vogel, 2005), further study is necessary on how GRC variables interact with diversity themes. Mental health practitioners require better data on how factors such as race, ethnicity, religious background, sexuality, nationality, social class and differing levels of ability play into one's gender role values (O'Neil, 2008). As college campuses increasingly diversify, counselors need to better understand the risk factors and treatment opportunities of different groups of men in college.

Despite these limitations, the field of GRC study provides counselors with much insight on how gender roles can affect the lives of young men. The costs and consequences of restrictive gender roles are considerable with strong correlations being drawn between GRC and anxiety, depression, substance abuse and sexual violence. Importantly for counselors, high GRC scores are also associated with an increased aversion towards help seeking, placing many men at increased risk for unresolved mental health issues. These considerations have profound implications for college counselors working with traditional men. Yet the research points to various methods counselors can

use to address these issues. Psycho-educational interventions and marketing techniques can be used to help reduce counseling stigma. Adjustments and adaptations of therapies allow counselors to better align with college men therapeutically. Additionally, practical intervention suggestions based on GRC subgroups help counselors and clients approach masculinity-related problems with a sense of direction and purpose. Although working with traditionally masculine college students presents special challenges, counselors who are familiar with GRC theory, frameworks and research will have an added skill set to guide their work with college men.

References

- Addis, M., & Mahalik, J. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, 58(1), 5-14.
- American College Health Association. American College Health Association-National College Health Assessment II: Reference Group. Executive Summary Fall 2008. Baltimore: American College Health Association; 2009.
- American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist*, 58, 377-402.
- Andronico, M. P. (Ed.). (1996). *Men in groups: In-sights, interventions, and psychoeducational work*. Washington, DC: American Psychological Association.
- Bachelor, A., & Horvath, A. (1999). The therapeutic relationship. In M. A. Hubble, B. L. Duncan, S. D. Miller, M. A. Hubble, B. L. Duncan, S. D. Miller (Eds.) , *The heart and soul of change: What works in therapy* (pp. 133-178). Washington, DC US: American Psychological Association.

- Berger, J. M., Levant, R. F., McMillan, K. K., Kelleher, W., & Sellers, A. (2005). Impact of gender role conflict, traditional masculinity ideology, alexithymia, and age on men's attitudes toward psychological help seeking. *Psychology of Men and Masculinity, 6*, 73-78.
- Bergman, S. J. (1995). Men's psychological development: A relational perspective. In R. Levant & W. Pollack (Eds.), *A new psychology of men* (pp. 68-90). New York: Basic.
- Berkowitz, A. D., & Perkins, H. W. (1987). Recent research on gender differences in collegiate alcohol use. *Journal of American College Health, 36*, 123-129.
- Betz, N. E., & Fitzgerald, L. (1993). Individuality and diversity: Theory and research in counseling psychology. *Annual review of Psychology, 44*, 343-381.
- Blazina, C., Eddins, R., Burrige, A., & Settle, A. G. (2007). The relationship between masculinity ideology, loneliness, and separation-individuation difficulties. *The Journal of Men's Studies, 15*, 101-109.
- Blazina, C., & Marks, L. (2001). College men's affective reactions to individual therapy, psychoeducational workshops, and men's support group brochures: The influence

- of gender-role conflict and power dynamics upon help-seeking attitudes.
Psychotherapy: Theory, Research, Practice, Training, 38(3), 297-305.
- Blazina, C., & Watkins, C. (1996). Masculine gender role conflict: Effects on college men's psychological well-being, chemical substance usage, and attitudes towards help-seeking. *Journal of Counseling Psychology*, 43(4), 461-465.
- Blazina, C., & Watkins, C. E. (2000). Separation/individuation, parental attachment, and male gender conflict: Attitudes toward the feminine and the fragile masculine self. *Psychology of Men and Masculinity*, 1, 126-132.
- Borthick, M. J., (1997). Gender role conflict and suicidal ideation in an adolescent and young adult population: Age 18-24-year-old (Doctoral dissertation, Tennessee State University, 1997). *Dissertation Abstracts International*, 58, 4437.
- Borthick, M. J., Knox, P. L., Taylor, J. R., & Dietrich, M. S. (1997, August). Gender role conflict and suicidal probability: Age 18-24 years. Paper presented at the American Psychological Association, Chicago.
- Breiding, M. J. (2004). Observed hostility and observed dominance as mediators of the relationship between husbands' gender role conflict and wives' outcomes. *Journal of Counseling Psychology*, 51, 429-436.

Breiding, M. J., & Smith, D. A. (2002, August). Male gender role conflict affects wives' marital adjustment. Paper presented at the meeting of the American Psychological Association, Chicago.

Brooks, Gary R. (1998). *A New Psychotherapy for Traditional Men*. San Francisco: Jossey-Bass Publishers.

Brooks, Gary R. (2010). *Beyond the Crisis of Masculinity: A Transtheoretical Model for Male-Friendly Therapy*. Washington, D.C.: American Psychological Association.

Brooks, G. R., & Silverstein, L. B. (1995). Understanding the dark side of masculinity: An interactive systems model. In R. F. Levant, W. S. Pollack, R. F. Levant, W. S. Pollack (Eds.), *A new psychology of men* (pp. 280-333). New York, NY US: Basic Books.

Capraro, R. L. (2000). Why college men drink: Alcohol, adventure, and the paradox of masculinity. *Journal of American College Health*, 48(6), 307-315.

Celentana, M. A. (2000). Men's gender role adherence, relational partner's psychological well-being, and constructivist measures of intimacy (Doctoral dissertation, Miami University, 2000). *Dissertation Abstracts International*, 61, 5555.

Chandra, A., & Minkovitz, C. S. (2006, May 26). Stigma starts early: Gender differences in teen willingness to use mental health services. *Journal of Adolescent Health*, 38, [Online exclusive] 754.e1–754.e8.

Cochran, S.V. & Rabinowitz, F.E. (2002). Recommendations for clinicians concerning psychotherapy with men. *Clinician's Research Digest, Supplemental Bulletin*, 26, 1-2.

Cournoyer, R.J., & Mahalik, J.R. (1995). Cross-sectional study of gender role conflict examining college-aged and middle-aged men. *Journal of Counseling Psychology*, 42, 11–19.

Courtenay, W. H. (1998). College men's health: An overview and a call to action. *Journal of American College Health*, 46, 6.

Courtenay, W. H., McCreary, D. R., & Merighi, J. R. (2002). Gender and ethnic differences in health beliefs and behaviors. *Journal of Health Psychology*, 7, 219-231.

Davenport, D. S., Hetzel, R. D., & Brooks, G. R. (1998, August). Concurrent validity

- analysis of two measures of gender role strain. Paper presented at the annual meeting of the American Psychological Association, San Francisco.
- Davis, T. L. (2002). Voices of gender role conflict: The social construction of college men's identity. *Journal of College Student Development*, 43(4), 508-521.
- Davis, T. L., & Laker, J. (2004). Connecting men to academic and student affairs programs and services. In G. E. Kellom (Ed.), *Developing effective programs and services for college men* (pp. 47-57). New Directions for Student Services No. 107. San Francisco: Jossey-Bass.
- Davis, T. L., & Liddell, D. L. (2002). Getting inside the house: The effectiveness of a rape prevention program for college fraternity men. *Journal of College Student Development*, 43(1), 35-50.
- Davis, T. L., Wagner, R. (2005). Increasing men's development of social justices attitudes and actions. In Reason, R.D., Broido, E. M., Davis, T.L., & Evans, N.J. (eds.) *New directions for student services: Developing social justices allies*. San Francisco: Jossey-Bass.
- Eisler, R., Franchina, J., Moore, T., Honeycutt, H., & Rhatigan, D. (2000). Masculine

- gender role stress and intimate abuse: Effects of gender relevance of conflict situations on men's attributions and affective responses. *Psychology of Men & Masculinity*, 1(1), 30-36.
- Englar-Carlson, M., & Stevens, M. (Eds.). (2006). *In the room with men: A casebook of therapeutic change*. Washington, DC: American Psychological Association.
- Fischer, A. R., & Good, G. E. (1997). Masculine gender roles, recognition of emotions, and interpersonal intimacy. *Psychotherapy*, 34, 160 –170.
- Franchina, J. J., Eisler, R. M., & Moore, T. M. (2001). Masculine gender role stress and intimate abuse: Effects of masculine gender relevance of dating situations and female threat on men's attributions and affective responses. *Psychology of Men and Masculinity*, 2, 34 – 41.
- Garnets, L., & Pleck, J. (1979). Sex role identity, androgyny, and sex role transcendence: A sex role strain analysis. *Psychology of Women Quarterly*, 3(3), 270-283.
- Gidycz, C., Warkentin, J., & Orchowski, L. (2007). Predictors of perpetration of verbal, physical, and sexual violence: A prospective analysis of college men. *Psychology of Men & Masculinity*, 8(2), 79-94.

- Glomb, S. M., & Espelage, D. L. (2005). The influence of restrictive emotionality in men's emotional appraisal of sexual harassment: a gender role interpretation. *Psychology of Men and Masculinity*, 6, 240-253.
- Good, G. E., Dell, D. M., & Mintz, L. B. (1989). Male Role and Gender-Role Conflict: Relations to Help-Seeking in Men. *Journal of Counseling Psychology*, 36, 295-300.
- Good, G. E., Heppner, P. P., DeBord, K. A., & Fischer, A. R. (2004). Understanding men's contribution of problem solving appraisal and masculine role conflict. *Psychology of Men and Masculinity*, 5, 168-179.
- Good, G., & Mintz, L. (1990). Gender role conflict and depression in college men: Evidence for compounded risk. *Journal of Counseling & Development*, 69(1), 17-21.
- Good, G. E., & Mintz, L. B. (2001). Integrative therapy for men. In G. R. Brooks, G. E. Good, G. R. Brooks, G. E. Good (Eds.) , *The new handbook of psychotherapy and counseling with men: A comprehensive guide to settings, problems, and treatment approaches, Vol. 1 & 2* (pp. 582-602). San Francisco, CA US: Jossey-Bass.
- Good, G., Robertson, J., Fitzgerald, L., & Stevens, M. (1996). The relation between

- masculine role conflict and psychological distress in male university counseling center clients. *Journal of Counseling & Development*, 75(1), 44-49.
- Good, G.E., Robertson, J.M., O'Neil, J.M., Fitzgerald, L.F., Stevens, M., Debord, K.A., (1995). Male gender role conflict: Psychometric issues and relations to psychological distress. *Journal of Counseling Psychology*, 42, 3-10.
- Good, G.E., & Sherrod, N. (1997). Men's resolution of non-relational sex across the lifespan. In R. Levant & G. Brooks (Eds.), *Men and sex: New psychological perspectives* (pp. 182-204). New York: Wiley.
- Good, G., Thomson, D., Brathwaite, A. (2005). Men and Therapy: Critical Concepts, Theoretical Frameworks, and Research Recommendations. *Journal of Clinical Psychology*, 61 (6), 699-711
- Good, G.E., & Wood, P.K. (1995). Male gender role conflict, depression, and help seeking: Do college men face double jeopardy? *Journal of Counseling and Development*, 74, 70 -75.
- Hayes, J., & Mahalik, J. (2000). Gender role conflict and psychological distress in male counseling center clients. *Psychology of Men & Masculinity*, 1(2), 116-125.

Heppner, M. J., & Heppner, P. (2001). Addressing the Implications of Male Socialization for Career Counseling. In G. E. Good, G. R. Brooks, G. E. Good, G. R. Brooks (Eds.), *The new handbook of psychotherapy and counseling with men: A comprehensive guide to settings, problems, and treatment approaches* (Rev. & abridged ed.) (pp. 172-185). San Francisco, CA US: Jossey-Bass.

Herbert, J. (1998). Therapeutic effects of participating in an adventure therapy program. *Rehabilitation Counseling Bulletin*, 41(3), 201-216.

Hingson, R., Heeren, T., Winter, M., & Wechsler, H. (2005). Magnitude of alcohol-related mortality and morbidity among U.S. college students ages 18–24: Changes from 1998–2001. *Annual Review of Public Health*, 26, 259–279.

Hingson, R., Zha, W., & Weitzman, E. R. (2009). Magnitude of alcohol-related mortality and morbidity among U.S. college students ages 18–24: Changes from 1999–2005. *Journal of Studies on Alcohol and Drugs*, Supp, 16, 12–20.

Houle, J. (2005). Help seeking, social support and masculine gender role conflict in men who attempted suicide. Unpublished doctoral dissertation, University of Quebec at Montreal, Canada.

Houle J., Mishara B., & Chagnon F. (2007) An empirical test of a mediation model of the

- impact of the traditional male gender role on suicidal behavior in men. *Journal of Affective Disorders*, 107, 1, Pages 37-43.
- Huselid R. F., & Cooper M. L. (1992) Gender roles as mediators of sex differences in adolescent alcohol use and abuse. *Journal of Health and Social Behavior*, 33, 348-362.
- Jacobs, J. R. (1996). Psychological and demographic correlates of men's perceptions of and attitudes toward sexual harassment (Doctoral dissertation, University of Southern California, 1996). *Dissertation Abstracts International*, 57, 3826.
- Johnson, A. G. (1997). *The Gender Knot: Unraveling our Patriarchal Legacy*. Philadelphia: Temple University Press.
- Jolliff, D., & Horne, A. M. (1999). Growing up male: The development of mature masculinity. In A. M. Horne & M. S. Kiselica (Eds.), *Handbook of counseling boys and adolescent males* (pp. 3–24). Thousand Oaks, CA: Sage.
- Juni, S., Rahamim, E., & Brannon, R. (1985). Sex role development as a function of parent models and oedipal fixation. *Journal of Genetic Psychology*, 146(1), 89-99.
- Kaplan, R., O'Neil J. M., & Owen S., (1993, August). Sexist, normative and progressive

masculinity and sexual assault: Empirical research. In J. M. O'Neil (Chair),
Research on men's sexual assault and constructive gender role interventions.
Symposium conducted at the meeting of the American Psychological Association,
Toronto, Canada.

Kearney, L., King, E. B., & Rochlen, A. B. (2004). Male gender role conflict, sexual
harassment tolerance, and efficacy of a psychoeducative training program.
Psychology of Men and Masculinity, 5, 72-82.

Kieser, D. J. (1983). The 1982 interpersonal circle: A taxonomy for complementarity in
human transactions. *Psychological Review, 90*, 185-214.

Kieser, D. J. (1988). *Therapeutic metacommunication*. Palo Alto, CA: Consulting
Psychologists Press.

Kiselica, M. S., & Englar-Carlson, M. (2010). Identifying, affirming, and building upon
male strengths: The positive psychology/positive masculinity model of
psychotherapy with boys and men. *Psychotherapy: Theory, Research, Practice,
Training, 47*(3), 276-287.

Kiselica, M. S., Englar-Carlson, M., Horne, A. M., & Fisher, M. (2008). A positive

- psychology perspective on helping boys. In M. S. Kiselica, M. Englar-Carlson, & A. Horne (Eds.), *Counseling troubled boys* (pp. 31– 48). New York: Routledge.
- Lambert, M. J., & Ogles, B. M. (2004). The efficacy and effectiveness of psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 139-193). New York: Wiley.
- Leary, T. (1957). *Interpersonal diagnosis of personality*. New York: Ronald Press.
- Lemle, R., & Mishkind, M. E. (1989). Alcohol and masculinity. *Journal of Substance Abuse Treatment, 6*, 213–222.
- Levant, R. F. (1990). Psychological services designed for men: A psychoeducational approach. *Psychotherapy, 27*, 309-315.
- Levant, R. (1992). Toward the reconstruction of masculinity. *Journal of Family Psychology, 5*, 379 – 402.
- Levant, R. F. (2001). Desperately seeking language: Understanding, assessing, and treating normative male alexithymia. In W. Pollack, & R. F. Levant (Eds.), *The new handbook of psychotherapy and counseling with men: A comprehensive guide to settings, problems, and treatment approaches, Vol. 1 & 2* (pp. 424-443).

San Francisco: Jossey-Bass.

Levant, R. F., Good, G. E., Cook, S. W., O'Neil, J. M., Smalley, K., Owen, K., & Richmond, K. (2006). The normative Male Alexithymia Scale: Measurement of a gender-linked syndrome. *Psychology of Men & Masculinity*, 7(4), 212-224.

Levant, R. F., & Kelly, J. (1989). *Between father and child: How to become the kind of father you want to be*. New York: Viking.

Levant, R. F., & Kopecky, G. (1995). *Masculinity reconstructed*. New York: Plume.

Levant, R.F., & Pollack, W.S. (1995). *A new psychology of men*. New York: Basic.

Levant, R., Wimer, D., Williams, C., Smalley, K., & Noronha, D. (2009). The relationships between masculinity variables, health risk behaviors and attitudes toward seeking psychological help. *International Journal of Men's Health*, 8(1), 3-21.

Liu, W. (2005). The Study of Men and Masculinity as an Important Multicultural Competency Consideration. *Journal of Clinical Psychology*, 61(6), 685-697.

Liu, W. M., & Iwamoto, D. K. (2007). Conformity to masculine norms, Asian values,

- coping strategies, peer group influences and substance use among Asian American men. *Psychology of Men & Masculinity*, 8, 25-39.
- Liu, W., Rochlen, A., & Mohr, J. (2005). Real and Ideal Gender-Role Conflict: Exploring Psychological Distress Among Men. *Psychology of Men & Masculinity*, 6(2), 137-148.
- Locke, B., & Mahalik, J. (2005). Examining Masculinity Norms, Problem Drinking, and Athletic Involvement as Predictors of Sexual Aggression in College Men. *Journal of Counseling Psychology*, 52(3), 279-283.
- Lynch, J., & Kilmartin, C. (1999). *The Pain Behind the Mask: Overcoming Masculine Depression*. New York: Haworth Press.
- Magovcevic, M., & Addis, M. E. (2005). Linking gender-role conflict to nonnormative and self-stigmatizing perceptions of alcohol abuse and depression. *Psychology of Men & Masculinity*, 6, 127–136. Relationship to masculine gender role conflict in college men. *Psychology of Men & Masculinity*, 5, 143–146.
- Mahalik, J. R. (2000). Men's gender role conflict as predictors of behavior on the interpersonal circle. *Journal of Social and Clinical Psychology*, 19, 276 –292.

- Mahalik, J. R. (2001). Interpersonal Psychotherapy for Men. In G. E. Good, G. R. Brooks, G. E. Good, G. R. Brooks (Eds.) , *The new handbook of psychotherapy and counseling with men: A comprehensive guide to settings, problems, and treatment approaches*. San Francisco, CA US: Jossey-Bass.
- Mahalik, J. R. & Cournoyer, R. J. (2000). Identifying gender role conflict messages that distinguish mildly depressed men from non-depressed men. *Psychology of Men and Masculinity*, 1, 109-115.
- Mahalik, J., Cournoyer, R., DeFranc, W., Cherry, M., & Napolitano, J. (1998). Men's gender role conflict and use of psychological defenses. *Journal of Counseling Psychology*, 45(3), 247-255.
- Mahalik, J. R., Good, G. E., & Englar-Carlson, M. (2003). Masculinity scripts, presenting concerns, and help seeking: Implications for practice and training. *Professional Psychology: Research and Practice*, 34, 123-131.
- Mahalik, J. R., Locke, B. D., Ludlow, L. H., Diemer, M. A., Scott, R. P. J., Gottfried, M., et al. (2003). Development of the Conformity to Masculine Norms Inventory. *Psychology of Men and Masculinity*, 4, 3-25.
- Mansfield, A., Addis, M., & Courtenay, W. (2005). Measurement of Men's Help Seeking:

- Development and Evaluation of the Barriers to Help Seeking Scale. *Psychology of Men & Masculinity*, 6(2), 95-108.
- McCreary, D. R., Newcomb, M. D., & Sadave, S. (1999). The male role, alcohol use, and alcohol problems. *Journal of Counseling Psychology*, 6(1), 109-124.
- McKelley, R., & Rochlen, A. (2007). The practice of coaching: Exploring alternatives to therapy for counseling-resistant men. *Psychology of Men & Masculinity*, 8(1), 53-65.
- Messer, S.B., & Wampold, B.E. (2002). Let's face the facts: Common factors are more potent than specific therapy ingredients. *Clinical Psychology: Science and Practice*, 9, 21-25.
- Miller, W.R., Rollnick, S., & Conforti, K. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford.
- Mortola, P., Hiton, H., & Grant, S. (2008). Bam! Boys advocacy and mentoring. New York: Routledge. *Addiction and Recovery*, 2(2-4), 68 -96.
- Multon, K. D., Heppner, M. J., Gysbers, N. C., Zook, C. E., & Ellis, C. (1998).

Relationship of personal adjustment outcomes to process in career counseling. In D. Luzzo (Chair), Career counseling process and outcome research. Symposium conducted at the annual meeting of the American Psychological Association, San Francisco.

Nahon, D., & Lander, N. R. (2008). Recruitment and engagement in men's psychotherapy groups: An integrity model, value-based perspective. *International Journal of Men's Health*, 7, 218 –236.

National Vital Statistics System (2007). National Center for Health Statistics, Health Data Interactive, www.cdc.gov/nchs/hdi.htm. Accessed on April 10, 2011.

Norcross, J. C. (2005). Lose Not Our Moorings: Commentary on McWilliams (2005). *Psychotherapy: Theory, Research, Practice, Training*, 42(2), 152-155.

O'Neil, J. M. (1981). Patterns of Gender Role Conflict and Strain. *Personnel and Guidance Journal*, 60, 203-210.

O'Neil, J. M. (1990). Assessing men's gender role conflict. In D. Moore & F. Leafgren (Eds.), *Men in conflict: Problem solving strategies and interventions* (pp. 23-38). Alexandria, VA: American Association for Counseling and Development.

O'Neil, J.M. (2001). Promoting men's growth and development: teaching the new psychology of men using psychoeducational philosophy and interventions. In G.R. Brooks & G.E. Good (Eds.) *The new handbook of psychotherapy and counseling with men: A comprehensive guide to settings, problems, and treatment approaches*. San Francisco, CA US: Jossey-Bass.

O'Neil, J. M. (2008). Summarizing 25 Years of Research on Men's Gender Role Conflict Using the Gender Role Conflict Scale. *The Counseling Psychologist*, 36(3) 358-445.

O'Neil, J. M., Good, G. E., & Holmes, S. (1995). Fifteen years of theory and research on men's gender role conflict: New paradigms for empirical research. In R. Levant & W. Pollack (Eds.), *The new psychology of men* (pp. 164-206). New York: Basic Books.

O'Neil, J. M., Helm, B., Gable, R., David, L., & Wrightsman, L. (1986). Gender Role Conflict Scale (GRCS): College men's fear of femininity. *Sex Roles*, 14, 335-350.

O'Neil, J. M. & Nadeau, R. A. (1999). Men's gender-role conflict, defense mechanism, and self-protective defensive strategies: Explaining men's violence against

- women from a gender-role socialization perspective. In M. Harway & J. M. O'Neil (Eds.), *What causes men's violence against women?* (pp. 89-116). Thousand Oaks, CA: Sage.
- Pederson, E. L., & Vogel, D. L. (2007). Male gender role conflict and willingness to seek counseling: Testing a mediation model on college-aged men. *Journal of Counseling Psychology, 54*(4), 373-384.
- Phinney & Ong (2007). Conceptualizations and Measurement of Ethnic Identity: Current Status and Future Directions. *Journal of Counseling Psychology, 54*(3), 271-281.
- Pleck, J. (1981). *The Myth of Masculinity*. Cambridge, MA: MIT Press.
- Pleck, J. H. (1995). The gender role strain paradigm: An update. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 11–32). New York: Basic Books.
- Pollack, W. S. (1995). No man is an island: Toward a new psychoanalytic psychology of men. In R. F. Levant & W. S. Pollack (Eds.), *The new psychology of men* (pp. 33-67). New York: Basic Books.
- Pollack, W. S. (1998a). *Real Boys: Rescuing our sons from the myth of boyhood*. New York: Random House.

- Pollack, W. S. (1998b). Mourning, melancholia, and masculinity: Recognizing and treating depression in men. In W.S. Pollack & R.F. Levant (Eds.). *New psychotherapy for men* (pp. 147-166). New York: Wiley.
- Pollack, W. S. (2001a). New psychoanalytically treatment models for adult and young adult men. In G. R. Brooks & G. E. Good (Eds.) *The new handbook of psychotherapy and counseling with men* (pp. 527-543). San Francisco: Jossey Bass.
- Pollack, W. S. (2001b). Suicide among adolescents [Forward]. In J. Portner (Ed.) *One in thirteen* (pp. vii-xii). Beltsville, MD: Robins Lane Press.
- Presley, C.A., Leichliter, J.S., & Meilman, P.W. (1998). Alcohol and drugs on American college campuses: A report to college presidents, third in a series, 1995, 1996, and 1997.
- Rabinowitz, F. (1991). The male-to-male embrace: Breaking the touch taboo in a men's therapy group. *Journal of Counseling and Development*, 69, 574 –576.
- Rabinowitz, F.E. (1998). Psychotherapy with depressed middle aged men: A grief based

- model. *Society for the Psychological Study of Men and Masculinity Bulletin*, 3, 16-17.
- Rabinowitz, F. E. (2001). Group therapy for men. In G. R. Brooks & G. E. Good (Eds.). *The new handbook of psychotherapy and counseling with men: A comprehensive guide to settings, problems, and treatment approaches*. San Francisco, CA US: Jossey-Bass.
- Rabinowitz, F. E. (2002). Utilizing the body in therapy with men. *Society for the Psychological Study of Men and Masculinity Bulletin*, 8, 12–13.
- Rabinowitz, F.E. & Cochran, S.V. (1987). Counseling men in groups. In M. Scher, M. Stevens, G. Good & G. Eichenfield, (Eds.), *The Handbook of Counseling and Psychotherapy with Men*. (pp. 51-67) Beverly Hills: Sage Publications.
- Rabinowitz, F., & Cochran, S. V. (2002). *Deepening psychotherapy with men*. Washington, DC: American Psychological Association.
- Rando, R., Rogers, J., & Brittan-Powell, C. (1998). Gender role conflict and college men's sexually aggressive attitudes and behavior. *Journal of Mental Health Counseling*, 20(4), 359-369.

Real, T. (1997). *I Don't Want to Talk About It: Overcoming the Secret Legacy of Male Depression*. New York: Simon & Schuster.

Real, T. (2002). *How can I get through to you? Reconnecting men and women*. New York: Scribner.

Ridley, C. R., & Kleiner, A. J. (2003). Multicultural counseling competence: History, themes, and issues. In D. B. Pope-Davis, H. L. Coleman, L. K. Hardin, W. M. Liu, & R. L. Toporek (Eds.), *Handbook of multicultural competencies: In counseling & psychology* (pp. 3-20). Thousand Oaks, CA: Sage.

Robertson, J. M. (2001). Counseling Men in College Settings. In G. E. Good, G. R. Brooks, G. E. Good, G. R. Brooks (Eds.), *The new handbook of psychotherapy and counseling with men: A comprehensive guide to settings, problems, and treatment approaches* (Rev. & abridged ed.) (pp. 70-87). San Francisco, CA US: Jossey-Bass.

Robertson, J. M., & Fitzgerald, L. F. (1992). Overcoming the masculine mystique: Preferences for alternative forms of assistance among men who avoid counseling. *Journal of Counseling Psychology*, 39, 240-246.

Rochlen, A. B., Blazina, C., & Raghunathan, R. (2002). Gender role conflict, attitudes

- toward career counseling, career decision-making, and perceptions of career counseling advertising brochures. *Psychology of Men & Masculinity*, 3(2), 127-137.
- Rochlen, A. B., & Hoyer, W. D. (2005). Marketing mental health to men: Theoretical and practical considerations. *Journal of Clinical Psychology*, 61, 675– 684.
- Rochlen, A. B., Land, L. N., & Wong, Y. J. (2004). Male restrictive emotionality and evaluations of online versus face-to-face counseling. *Psychology of Men & Masculinity*, 5, 190 –200.
- Rochlen, A., & Mahalik, J. R. (2004). Women’s perceptions of male partner’s gender role conflict as predictors of psychological well-being and relationship satisfaction. *Psychology of Men and Masculinity*, 5, 147-157.
- Rochlen, A. B., McKelley, R. A., & Pituch, K. A. (2006). A preliminary exploration of the Real Men: Real Depression campaign. *Psychology of Men & Masculinity*, 7(1), 1–13.
- Rochlen, A.B., & O’Brien, K.M. (2002a). Men’s reasons for and against seeking help for

- career-related concerns: A preliminary investigation. *The Journal of Men's Studies*, 11, 55– 64.
- Rochlen, A.B., & O'Brien, K.M. (2002b). The relation of male gender role conflict and attitudes toward career counseling to interest in and preferences for career counseling styles. *Psychology of men and masculinity*, 3, 9–21.
- Saunders, S. (1993). Applicants' experience of the process of seeking therapy. *Psychotherapy: Theory, Research, Practice, Training*, 30(4), 554-564.
- Schaub, M., & Williams, C. (2007). Examining the relations between masculine gender role conflict and men's expectations about counseling. *Psychology of Men and Masculinity*, 8, 40-52.
- Scheinfeld, D. E., Rochlen, A. B., & Buser, S. J. (2011). Adventure therapy: A supplementary group therapy approach for men. *Psychology of Men & Masculinity*, 12(2), 188-194.
- Scher, M. (2001). Male therapist, male client: Reflections on critical dynamics. In G. E. Good, G. R. Brooks, G. E. Good, G. R. Brooks (Eds.) , *The new handbook of psychotherapy and counseling with men: A comprehensive guide to settings,*

problems, and treatment approaches. Vol. 1 & 2 (pp. 719-733). San Francisco, CA US: Jossey-Bass.

Schwartz, J. (2001, January). Attachment styles: Relationship to gender role conflict in male college students. *Dissertation Abstracts International*, 62.

Senn, C. Y., Desmarais, S., Verberg, N., & Wood, E. (2000). Predicating coercive sexual behavior across the lifespan in a random sample of Canadian men. *Journal of Social and Personal Relationships*, 17, 95-113.

Sharpe, M.J., & Heppner, P.P. (1991). Gender roles, gender-role conflict, and psychological well-being in men. *Journal of Counseling Psychology*, 38, 323–330.

Shepard, D. S. (2002). A negative state of mind: Patterns of depressive symptoms among men with high gender role conflict. *Psychology of Men & Masculinity*, 3(1), 3-8.

Smiler, A. (2006). Conforming to masculine norms: Evidence for validity among adult men and women. *Sex Roles*, 54(11-12), 767-775.

Sokero, T., Melartin, T. K., Rytsälä, H. J., Leskelä, U. S., Lestelä-Mielonen, P. S., &

- Isometsä, E. T. (2003). Suicidal Ideation and Attempts Among Psychiatric Patients With Major Depressive Disorder. *Journal of Clinical Psychiatry*, 64(9), 1094-1100.
- Stillson, R. W. (1988). Gender role conflict in adult men: A study of predictive variables (Doctoral dissertation, University of Connecticut, 1998). *Dissertation Abstracts International*, 50, 366.
- Sue, D. W., Arrendondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development*, 70, 477-486.
- Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life. *American Psychologist*, 62, 271-286.
- Tager, D., & Good, G. E. (2005). Italian and American masculinities: A comparison of masculine gender role norms. *Psychology of Men & Masculinity*, 6(4), 264-274.
- Thompkins, C., & Rando, R. (2003). Gender role conflict and shame in college men. *Psychology of Men & Masculinity*, 4(1), 79-81.

- Thompson, E., & Pleck, J. (1986). The structure of male role norms. *American Behavioral Scientist*, 29(5), 531-543.
- Truman, D. M., Tokar, D. M., & Fischer, A. R. (1996). Dimensions of masculinity: Relations to date rape supportive attitudes and sexual aggression in dating situations. *Journal of Counseling & Development*, 74(6), 555-562.
- Wampold, B.E. (2000). Outcomes of individual counseling and psychotherapy: Empirical evidence addressing two fundamental questions. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (4th ed., pp. 711–739). New York: Wiley.
- Wechsler, H., Deutsch, C., Dowdell, G. (1995). Too many colleges are still in denial about alcohol abuse.
<http://www.hsph.harvard.edu/cas/test/articles/chronicle2.shtml>
- Wester, S. R., Pionke, D. R., & Vogel, D. L. (2005). Male gender role conflict, gay men, and same-sex romantic relationships. *Psychology of Men and Masculinity*, 6, 195-208.
- Wester, S., Christianson, H., Vogel, D., & Wei, M. (2007). Gender role conflict and psychological distress: The role of social support. *Psychology of Men & Masculinity*, 8(4), 215-224.

Wester, S. R., Vogel, D. L., Wei, M., & McLain, R. (2006). African American men, gender role conflict, and psychological stress: The role of racial identity. *Journal of Counseling and Development*, 84, 419-429.

Wexler, David B. (2009). *Men in Therapy: New Approaches for Effective Treatment*. New York: W. W. Norton & Co.

Wheeler, J., George, W., & Dahl, B. (2002). Sexually aggressive college males: empathy as a moderator in the “Confluence Model” of sexual aggression. *Personality & Individual Differences*, 33(5), 759.

Wilcox, D. W., & Forrest, L. (1992). The problems of men and counseling: Gender bias or gender truth?. *Journal of Mental Health Counseling*, 14(3), 291-304.

Wisch, A., Mahalik, J., Hayes, J., & Nutt, E. (1995). The impact of gender role conflict and counseling technique on psychological help seeking in men. *Sex Roles*, 33(1-2), 77-89.

Wong, Y. J., & Rochlen, A. B. (2008). Re-envisioning Men's Emotional Lives:

Stereotypes, Struggles, and Strengths. In S. Lopez's (Ed.) *The positive psychology perspective series* (pp. 149-163). Santa Barbara, CA: Greenwood Publishing Group.

Wong, Y., & Rochlen, A. (2009). Potential benefits of expressive writing for male college students with varying degrees of restrictive emotionality. *Psychology of Men & Masculinity*, 10(2), 149-159.

Zamarripa, M. X., Wampold, B. E., & Gregory, E. (2003). Male gender role conflict, depression, and anxiety: Clarification and generalizability to women. *Journal of Counseling Psychology*, 50(3), 333-338.

Vita

Jeffrey Harlan Sellers was born in Austin, TX on November 16, 1980. After completing his work at Austin High School, he entered The University of Texas at Austin in 1999. He earned the degree of Bachelor of Science in Advertising in 2003. The following years he was employed as an academic advisor at High Tech Institute in Orlando, FL. In 2009, he began his graduate work at The University of Texas at Austin.

Permanent address: 6501 Boleynwood Dr.

Austin, TX 78745

This report was typed by the author.