Summarizing 25 Years of Research on Men's Gender Role Conflict Using the Gender Role Conflict Scale : New Research Paradigms and Clinical Implications

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• **Major Contribution**

Summarizing 25 Years of Research on Men's Gender Role Conflict Using the Gender Role Conflict Scale

New Research Paradigms and Clinical Implications

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This article reviews 232 empirical studies that used the Gender Role Conflict Scale (GRCS) over the past 25 years (1982-2007). The article introduces the gender role conflict (GRC) construct using past definitions and theoretical models. The research findings for diverse men are summarized and studies related to men's intrapersonal, interpersonal, and therapeutic lives are analyzed. The empirical support, criticism, and challenges to the gender role conflict research program are reviewed. A contextual research paradigm with seven domains is presented and 18 research questions and two research models are discussed to foster more moderation and mediation studies on men's GRC. A new diagnostic schema to assess men's GRC in therapy and during psychoeducational interventions is discussed. The research review concludes that GRC is significantly related to men's psychological and interpersonal problems and therefore an important construct for psychologists and other helping professionals.

INTRODUCTION

The study of men's gender roles has not received much scientific attention in the history of psychology. Men's gender roles were conspicuously absent in the psychological literature until the late 1970s and not fully accepted in psychology until the 1980s. Very little was known about how men's gender role socialization contributes to their psychological and emotional problems. Over the past three decades, slowly but systemically, men's studies and the psychology of men have emerged as important areas for scientific inquiry and clinical intervention (Addis & Mahalik, 2003; Blazina, 2003; Brooks & Good, 2001a, 2001b; Cochran & Rabinowitz, 2000; Eisler, 1995; Englar-Carlson & Stevens, 2006; Harrison, 1978; Horne & Kiselica, 1999; Kilmartin, 2007; Kindlon & Thompson, 1999; Levant & Pollack, 1995; Lewis & Pleck, 1979; Liu, 2005; Mahalik, J. R., Locke, B. D., Ludlow, L. H.,

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Diemer, M. A., Scott, R. P., Gottfried, M. et al., 2003; O'Neil, 1981a, 1981b, 1982; O'Neil, Good, & Holmes, 1995; Pleck, 1981, 1995; Pleck & Brannon, 1978; Pollack, 1999; Rabinowitz & Cochran, 2002; Rochlen, 2005; Scher, Stevens, Good, & Eichenfield, 1987; Skovholt, Gormally, Schauble, & Davis, 1978; Smiler, 2006; Wade & Gelso, 1998).

Counseling Psychology was one of the first American Psychological Association divisions to recognize the importance of the psychology of men. A special issue of *The Counseling Psychologist* (*TCP*), titled *Counseling Men*, introduced men's issues to Counseling Psychology (Skovholt et al., 1978). The goal of this special issue was to "contribute to understanding male roles and the ways human services professionals can promote the growth of men" (Skovholt et al., 1978, p. 2).

This historic issue of *TCP* was followed by a publication (O'Neil, 1981a) that Betz and Fitzgerald (1993) described as influential in explaining the restrictiveness of men's gender roles. The manuscript presented a conceptual model of how men's psychological problems are related to masculine gender role conflicts. In addition, 40 gender role conflict patterns that men learn during gender role socialization were presented. Furthermore, it was hypothesized that men are oppressed by rigid gender role socialization processes (i.e., sexism) that limit them from being fully functioning human beings. The model established men's gender role conflict (GRC) as a research and clinical area in Counseling Psychology (Betz & Fitzgerald, 1993; Enns, 2000). The final pages of the manuscript called for empirical research that "would allow counseling psychologists to speak to the public more authoritatively on the dangers of restrictive sex-role socialization for men, women, and children" (O'Neil, 1981a, p. 76).

Over the past 25 years, Counseling Psychology has responded to this call for research on GRC. More than 230 studies have been completed on

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I dedicate this special issue to the memory and life of my friend, mentor, and colleague, Thomas Mayo Magoon (1922-2005). Tom introduced me to the scientific method and Counseling Psychology, but more important, he taught me what real men and professionals are really about: "If you start with the premise that tomorrow ought to be better than today, then you work out some way to contribute to make it better" (Magoon, 1969). This paper was presented as part of the symposium *Gender Role Conflict Research: Empirical Studies and 20-Year Summary* J. M. O'Neil & G. E. Good (co-chairs) held at the annual convention of the American Psychological Association, Chicago, August 23, 2002. The author appreciated the helpful reviews of earlier versions of this paper by Lily Alpert, Jim Mahalik, Andy Smiler, Matt Breiding, Chris Blazina, Connie Bedan, Lainie Hiller, H. Jane Rogers, and Marina C. O'Neil. The Gender Role Conflict Research Program is now summarized online in 24 informational files for researchers' use. The address is http//web.uconn.edu/joneil/. Correspondence should be addressed to James M. O'Neil, School Counselor Education and Counseling Psychology Program, Department of Educational Psychology, Unit 2064, Neag School of Education, University of Connecticut, Storrs, CT 06269-2064. E-mail and requests to use the GRCS can be sent to James.O'Neil@uconn.edu.

men's GRC using the Gender Role Conflict Scale (GRCS; O'Neil, Helms, Gable, David, & Wrightsman, 1986). In 1995, the *Journal of Counseling Psychology* published a special section on men's GRC including two empirical studies and a scholarly critique (Cournoyer & Mahalik, 1995; Good et al., 1995; Heppner, 1995). This large database has been evaluated by experts in the psychology of men and women (Betz & Fitzgerald, 1993; Enns, 2000; Good, Heppner, DeBord, & Fischer, 2004; Good, Wallace, & Borst, 1994; Heppner, 1995; Moradi, Tokar, Schaub, Jome, & Serna, 2000; O'Neil & Good, 1997; Rogers, Abbey-Hines, & Rando, 1997; Thompson & Pleck, 1995; Tokar, Fischer, Schaub, & Moradi, 2000).

My goal in this article is to present a review of the GRC research program. Summaries of the first 50 studies have been published (O'Neil et al., 1995; O'Neil & Good, 1997), but no review of the entire research program has been completed. This review of men's GRC is important for several reasons. First, research reviews of men's psychological problems have been lacking in literature and those that have been published have been based on small numbers of studies (Good et al., 1994; O'Neil et al., 1995; O'Neil & Good, 1997). This article summarizes men's GRC by evaluating many empirical studies, published over a 25-year period. Second, what has been lacking is a comprehensive review of empirical studies that assess whether GRC relates to men's mental health problems. Empirical research has not fully confirmed that men's psychological problems relate to conflicts with their socialized gender roles. Little is known about how men's gender roles relate to depression, anxiety, violence, suicide, poor health care, homophobia, academic failure, bullying, racial and ethnic oppression, and dysfunctional relations with women, men, and children. These problems negatively affect the quality of people's lives and the overall "soul of our society." A third reason for this review is that the causes of men's GRC are largely unknown. Little is known about how GRC develops in boys' lives and how it is lived out over the adult life span. Furthermore, diagnostic models are needed to assess GRC in therapy and when creating preventive programs for boys and men. Finally, summaries of the GRC studies are needed to guide future research paradigms on men. Enns (2000) discussed GRC as an important area for future research in Counseling Psychology, but particular areas to study have not been specified. Integrative research reviews that delineate future research directions are needed in the coming decades. New ideas and more expansive measures of GRC are also needed. I challenge readers to improve the GRC construct through future research, therapeutic interventions, and preventive programming.

Given the large number of studies, the review has a prescribed structure and is sequentially organized. The 10 goals of this research summary are to (1) provide an overview of the GRC research program including background,

theoretical foundations, and the conceptual models; (2) describe the GRCS and its psychometrics properties; (3) describe the methods of locating, analyzing, and synthesizing the GRC studies; (4) summarize the diversity research on men's GRC; (5) summarize major findings on men's GRC in three contexts: intrapersonal, interpersonal, and therapeutic; (6) report the current criticism and challenges to the GRC research program; (7) summarize how well the empirical research supports the GRC theory proposed in the early 1980s; (8) discuss seven contextual domains and 18 research questions related to men's GRC; (9) present two contextual research paradigms that can guide future moderation and mediation studies; and (10) present a diagnostic schema for practitioners to use with men in therapy and during psychoeducational interventions.

GOAL 1: TO PROVIDE AN OVERVIEW OF THE GRC RESEARCH PROGRAM INCLUDING BACKGROUND, THEORETICAL FOUNDATIONS, AND THE CONCEPTUAL MODELS

Background of the GRC Research Program

In the early 1980s, a series of theoretical papers established a rationale for measuring men's GRC (O'Neil, 1981a, 1981b, 1982) using information from the men's liberation movement and the psychology of women (Garnets & Pleck, 1979; Goldberg, 1977; Pleck & Brannon, 1978). This theorizing resulted in conceptual models of men's GRC that depicted gender role socialization as an interaction of environmental and biological factors that promote certain masculine values (the masculine mystique) and the fear of femininity (O'Neil, 1981a, 1981b, 1982, 1990; O'Neil et al., 1986). GRC was hypothesized to result from this gender role socialization and to be experienced in men's interpersonal, career, family, and health lives. In all, 40 gender role conflicts were identified to underscore the critical psychological issue in men's lives and to promote more empirical research (O'Neil, 1981a).

The 40 GRC patterns were condensed into a conceptual model that explained the negative outcomes of restrictive gender role socialization for men in the United States. The model hypothesized six theoretical patterns of GRC that relate to men's gender role socialization and the fears of femininity (O'Neil, 1981a, 1981b, 1982, 1990). The patterns of GRC included (a) restrictive emotionality; (b) health care problems; (c) obsession with achievement and success; (d) restrictive sexual and affectionate behavior; (e) socialized control, power, and competition issues; and (f) homophobia.

With this model, the theoretical premises of GRC were established, but empirical data and scientific tests were needed to validate the construct. Consequently, the Gender Role Conflict Scale was developed to quantify the patterns of men's GRC. The GRCS was subsequently published (O'Neil et al., 1986) and has been extensively used over the past 25 years.

Gender Role Conflict: Theoretical Foundations and Operational Definitions

The theoretical foundations and definitions of GRC and the related concepts of gender role strain and masculinity ideology are defined in this section. The definition of GRC has evolved from a series of theoretical statements and the empirical studies completed (O'Neil, 1981a, 1981b, 1982, 1990, 2006; O'Neil & Egan, 1993; O'Neil et al., 1986, 1995; O'Neil & Fishman, 1992; O'Neil, Fishman, & Kinsella-Shaw, 1987; O'Neil & Good, 1997; O'Neil & Nadeau, 1999). GRC is defined as a psychological state in which socialized gender roles have negative consequences for the person or others. GRC occurs when rigid, sexist, or restrictive gender roles result in restriction, devaluation, or violation of others or self (O'Neil et al., 1995). The ultimate outcome of GRC is the restriction of a person's human potential or the restriction of another person's potential. GRC is operationally defined by four psychological domains, numerous situational contexts, and three personal experiences. The domains, contexts, and experience of GRC represent the complexity of GRC in people's lives and each is defined in the following paragraphs.

The psychological domains of GRC imply cognitive, affective, unconscious, or behavioral problems caused by socialized gender roles learned in sexist and patriarchal societies. The four domains of GRC include cognitive—how we think about gender roles; affective—how we feel about gender roles; behavioral—how we act, respond, and interact with others and ourselves because of gender roles; and unconscious—how gender role dynamics beyond our awareness affect our behavior and produce conflicts (O'Neil et al., 1986, 1995). Furthermore, GRC occurs in situational contexts when men (a) experience a gender role transition or face difficult developmental tasks over the life span (O'Neil & Egan, 1992a, 1992b; O'Neil et al., 1987, 1995; O'Neil & Fishman, 1992); (b) deviate from or violate gender role norms of masculinity ideology (Levant et al., 1992; Mahalik, Locke, et al., 2003; Pleck, 1981, 1995); (c) try to meet or fail to meet gender role norms of masculinity ideology; (d) experience discrepancies between their real self-concepts and their ideal self-concepts, based on gender role stereotypes and masculinity ideology (Garnets & Pleck, 1979; Liu, Rochlen, & Mohr, 2005); (e) personally devalue, restrict,

or violate themselves for failing to meet masculinity ideology norms (O'Neil, 1990; O'Neil et al., 1995); (f) experience personal devaluations, restrictions, and violations from others for conforming to or deviating from masculinity ideology (O'Neil, 1981b, 1990; O'Neil et al., 1995); and (g) personally devalue, restrict, or violate others because of their deviation from or conformity to masculinity ideology norms (O'Neil, 1990; O'Neil & Egan, 1993).

The complexity of these situational contexts can be reduced to four categories: (a) GRC caused by gender role transitions, (b) GRC experienced intrapersonally (within the man), (c) GRC expressed toward others interpersonally, and (d) GRC experienced from others (O'Neil, 1990). Gender role transitions are events in a man's gender role development that alter or challenge his gender role self-assumptions and consequently produce GRC or positive life changes (O'Neil & Egan, 1992b; O'Neil et al., 1987; O'Neil & Fishman, 1992). Examples of gender role transitions are entering school, puberty, getting married, becoming a father, or losing one. GRC in an intrapersonal context is the private experience of negative emotions and thoughts when experiencing gender role devaluations, restrictions, and violations. GRC expressed toward others occurs when men's gender role problems result in devaluing, restricting, or violating someone else. GRC from others occurs when someone devalues, restricts, or violates another person who deviates from or conforms to masculinity ideology and norms.

The personal experience of GRC constitutes the negative consequences of conforming to, deviating from, or violating the gender role norms of masculinity ideology. Three personal experiences of GRC (devaluations, restrictions, and violations) are operationally defined. Gender role devaluations are negative critiques of self or others when conforming to, deviating from, or violating stereotypic gender role norms of masculinity ideology. Devaluations result in lessening of personal status, stature, or positive regard. Gender role restrictions occur when confining others or oneself to stereotypic norms of masculinity ideology. Restrictions result in controlling people's behavior, limiting one's personal potential, and decreasing human freedom. Gender role violations result from harming oneself, harming others, or being harmed by others when deviating from or conforming to gender role norms of masculinity ideology. To be violated is to be victimized and abused, causing psychological and physical pain. According to GRC theory, gender role restrictions, devaluations, and violations have a direct negative impact on men's interpersonal, career, family, and health lives (O'Neil, 1981a, 1981b, 1982, 1990; O'Neil & Egan, 1993; O'Neil et al., 1995; O'Neil & Nadeau, 1999). Furthermore, the cognitive, affective, behavioral, and unconscious domains of GRC relate to men's problems with depression, anxiety, self-esteem, homophobia, restricted emotionality, communication problems, intimacy, marital conflict, violence

toward women, health problems, and substance abuse. The empirical question is whether any research shows that GRC relates to these negative consequences for men.

Pleck's gender role strain paradigm and men's GRC. Joseph Pleck's gender role strain model (Garnets & Pleck, 1979; Pleck, 1981) was a primary stimulus in conceptualizing men's GRC. His model explains how restrictive gender roles can be detrimental to psychological health. The gender role strain paradigm (Pleck, 1995) also provides another theoretical vantage point to review research on men's GRC. Over the years, Pleck's gender role strain paradigm has been theoretically related to GRC by numerous authors (J. A. Hayes & Mahalik, 2000; Mahalik, 1999a; Pleck, 1995; Silverstein, Auerbach, & Levant, 2002; Thompson & Pleck, 1995; Thompson, Pleck, & Ferrera, 1992). However, GRC's relationship to gender role strain has not been explicitly explained. For the purposes of this review, the patterns of men's GRC are defined as negative outcomes of gender role strain. *Strain* as a noun and *strained* as an adjective convey a person's pressure, tension, and constriction but do not specifically convey attitudes or behavioral outcomes. The patterns of GRC have been hypothesized as observable outcomes of gender role strain (J. A. Hayes & Mahalik, 2000). In this way, the GRC patterns are defined as concrete outcomes of gender role strain that can be understood and measured.

Pleck's gender role strain paradigm has been explained in two separate statements (Pleck, 1981, 1995). In the early statement, Pleck specified 10 gender role strain propositions that relate to GRC. These propositions stated that gender roles are defined by gender role stereotypes, are contradictory and inconsistent, and are violated by many individuals. Pleck also hypothesized that violating gender role stereotypes is common and can lead to social condemnation and negative evaluations from others. Furthermore, he posited that overconformity to the stereotypes has more severe consequences for males than females but that prescribed gender roles are psychologically dysfunctional for both sexes in their work and family roles.

Pleck also hypothesized that male role strain is related to masculinity ideology and a cofactor of GRC (Pleck, 1995; Pleck, Sonenstein, & Ku, 1993; Thompson & Pleck, 1995). *Masculinity ideology* refers "to beliefs about the importance of men adhering to culturally defined standards for male behavior" (Pleck, 1995, p. 19). Masculinity ideology involves "the individual's endorsement and internalization of cultural belief systems about masculinity and male gender, rooted in the structural relationships between the sexes" (Pleck, 1995, p. 19). GRC is a cofactor of masculinity ideology because restrictive gender role values can have negative consequences for men and be dysfunctional in their interpersonal relationships. By definition, the negative outcome of adhering to or deviating from culturally defined and restrictive

masculinity ideologies is the experience of GRC. Furthermore, internalizing rigid masculinity ideologies can produce distorted gender role schemas (Mahalik, 1999a, 2001a; O'Neil & Nadeau, 1999) and patterns of GRC that are potentially damaging to men and others.

Pleck's second theoretical statement included three subtypes of male gender role strain: discrepancy strain, trauma strain, and dysfunction strain (Pleck, 1995). Discrepancy strain suggests that stereotypic gender role standards exist and that individuals attempt to conform to them in varying degrees. Pleck (1995) hypothesized that "not conforming to these standards has negative consequences for self esteem and other outcomes reflecting psychological well-being because of negative social feedback as well as internalized negative self judgments" (p. 13). This hypothesis suggests that nonconformity to masculinity ideology can result in feeling bad about oneself (gender role self-devaluations) because of negative judgments from others. The theoretical link between discrepancy strain and GRC has not been previously established. Discrepancy strain and GRC occur simultaneously when men try to conform or fail to conform to expected gender role norms. Failure to conform to these gender role norms can produce devaluations from others, self-devaluations, and attempts to compensate for the discrepancies through hypermasculine behaviors. Discrepancy strain and GRC can also cause cognitive distortions about masculinity and exaggerated masculine behavior (macho behavior). Initial attempts to empirically assess discrepancy strain have been made (Liu et al., 2005; Nabavi, 2004), and therefore this form of strain holds promise in explaining how GRC is activated.

Gender role trauma strain results from traumatic experiences during men's gender role socialization that can have serious negative consequences (Pleck, 1995). Gender role trauma has not been fully conceptualized in the literature, but theorists have discussed boys' separation from mothers and having absent fathers as traumatizing (Levant, 1995; Pollack, 1992). The conceptual link between gender role trauma strain and GRC has also not been fully established. It is hypothesized that GRC can be traumatizing to boys and men during gender role socialization. Men as victims of sexism (O'Neil, 1991) have been a politically volatile topic, particularly in the context of how sexism systematically victimizes women in our society. Nonetheless, there is an emerging discussion of men as victims (Brooks & Good, 2001a) and how gender role socialization can be traumatizing (Lisak, 2001). How trauma and masculine socialization interact is now being discussed without the political sensitivities of the past. Therefore, Pleck's trauma strain and how it relates to GRC is likely to be an important topic in the future decades.

Dysfunction strain is Pleck's third subtype and implies that the fulfillment of gender role norms can have negative consequences. Pleck (1995) indicated that the "fulfillment of gender role standards can have negative

consequences because the behavior and characteristics these standards prescribe can be inherently dysfunctional in the sense of being associated with negative outcomes either for the male himself or for others" (pp. 16-17). This is what early Men's Liberation writers meant when they discussed the "hazards of being male" (Goldberg, 1977) or that the "male gender role may be dangerous to your health" (Harrison, 1978). Pleck's dysfunction strain has the most theoretical relevance to GRC because this subtype implies negative outcomes from endorsing restrictive gender role norms.

Theoretical Summary of Men's GRC

Men's psychological problems can be conceptualized using GRC theory, Pleck's gender role strain paradigm, and the concept of masculinity ideology. The patterns of GRC are defined in four domains, numerous situational contexts, and three personal experiences and by dysfunction strain (Pleck, 1995). GRC theory hypothesizes that rigid, restrictive, and sexist attitudes toward gender roles can cause negative consequences for men and others in multiple areas of life. GRC is hypothesized to occur cognitively, emotionally, behaviorally, and unconsciously and include personal experiences of gender role restrictions, devaluations, and violations. GRC has direct implications for men's and women's interpersonal, career, family, and health lives and can produce negative consequences for men personally and interpersonally. Pleck's concepts of discrepancy, trauma, and dysfunction strain and masculinity ideology have theoretical relevance in explaining GRC. Furthermore, it is hypothesized that "men are also oppressed by a rigid sex role socialization process (i.e., sexism) that limits their potential to be fully functioning, androgynous whole human beings" (O'Neil, 1981a, p. 62). Whether the word *oppressed* is an appropriate term to describe men's problems with their socialized gender roles is still a political and empirical question. Endorsements or objections to describing men as oppressed or victims of sexism (O'Neil, 1991) cannot be addressed without reviewing the empirical evidence and theoretical models of GRC.

The Gender Role Conflict Model: Four Patterns of GRC

The initial testing of the six theoretical patterns of GRC mentioned earlier produced four empirically derived patterns of men's GRC (O'Neil et al., 1986). Figure 1 shows these four patterns, the GRC model, and the major concepts of GRC theory (O'Neil, 1981a, 1981b, 1982). A brief overview of these concepts is given here (for more detail on the theory, see O'Neil et al., 1995; O'Neil & Nadeau, 1999). In the center of Figure 1, men's gender role socialization and the masculinity ideology and norms are shown as conceptually

related to men's fear of femininity. As described earlier, masculinity ideology and norms are primary values and standards that define, restrict, and negatively affect boys' and men's lives (Levant et al., 1992; Mahalik, Locke, et al., 2003; Pleck, 1995; Pleck et al., 1993; Thompson & Pleck, 1995). The fear of femininity consists of strong, negative emotions associated with stereotypic feminine values, attitudes, and behaviors. These fears are learned in early childhood when gender role identity is being shaped by parents, peers, and societal values. Men's conscious and unconscious fears of femininity have existed in the theoretical literature for many years (Blazina, 1997, 2003; Boehm, 1930; Freud, 1937; Hays, 1964; Horney, 1967; Jung, 1953, 1954; Lederer, 1968; Levinson, Darrow, Klein, Levinson, & McKee, 1978; Menninger, 1970; Norton, 1997). Men's fears about appearing feminine are theoretically linked to the four patterns of GRC. Figure 1 shows these four patterns of GRC, namely, Success/Power/Competition (SPC), Restrictive Emotionality (RE), Restrictive Affectionate Behavior Between Men (RABBM), and Conflict Between Work and Family Relations (CBWFR). These four patterns are the empirically derived patterns of GRC (O'Neil et al., 1986) and the primary topic of this research review. The GRCS assesses these four patterns using 37 items that assess the restrictiveness of men's gender roles. This research review summarizes the empirical research over the past 25 years on these four patterns of men's GRC in three contexts: intrapersonally, interpersonally, and therapeutically.

RE is defined as having restrictions and fears about expressing one's feelings as well as restrictions in finding words to express basic emotions. RABBM represents restrictions in expressing one's feelings and thoughts with other men and difficulty touching other men. The third factor, SPC, describes personal attitudes about success pursued through competition and power. CBWFR reflects experiencing restrictions in balancing work, school, and family relations resulting in health problems, overwork, stress, and a lack of leisure and relaxation.

Finally, on the outside of Figure 1 personal and institutional sexism and gender role conflict and strain are shown as an overarching reality that shapes men's lives. Sexism is any attitude, action, or institutional structure that devalues, restricts, violates, or discriminates against a person or group because of biological sex, gender roles, or sexual orientation. Sexism is the social, political, economic, and personal expression of patriarchy in women's and men's lives. This part of the model implies that sexist structures in society and men's gender role socialization are directly related to men's GRC. The model in Figure 1 is the primary way to summarize the theoretical premises of men's GRC and to explain how to measure it using the GRCS.

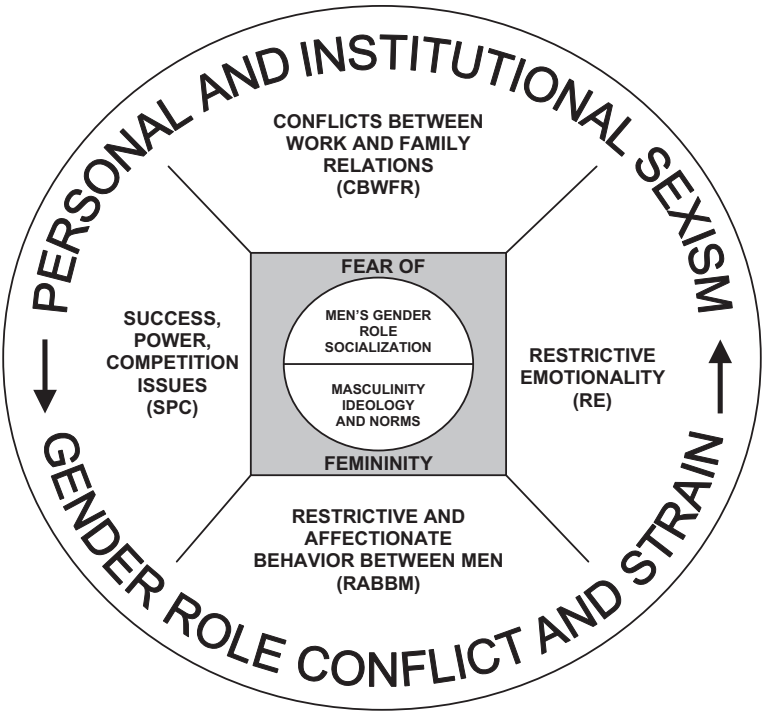

FIGURE 1 Gender Role Conflict Model: Patterns of Men's Gender Role Conflict
SOURCE: Modified from O'Neil, Good, and Holmes (1995).

GOAL 2: TO DESCRIBE THE GRCS AND ITS PSYCHOMETRIC PROPERTIES

The Gender Role Conflict Scale

Over the past 25 years, GRC has been assessed through the Gender Role Conflict Scale (O'Neil et al., 1986). The GRCS was developed through item generation and reduction, content analysis of items, factor analysis, and tests of reliability. First, 85 items were generated to assess the hypothesized six patterns of GRC (O'Neil, 1981b, 1982). All items were responded to using a Likert scale of *strongly disagree* (1) to *strongly agree* (6), with higher scores on the GRCS indicating greater degree of conflict regarding the GRC factors. Principle components and common factor analysis with both orthogonal and oblique rotations were used to determine

the best simple structure of the observed factors for the items (O'Neil et al., 1986).

The factor analyses resulted in a 37-item scale with four factors rather than the six original factors (see Figure 1). The scale dimensions included SPC (13 items; e.g., "I worry about failing and how it affects my doing well as a man"), RE (10 items; e.g., "I have difficulty expressing my tender feelings"), RABBM (8 items; e.g., "Affection with other men makes me tense"), and CBWFR (6 items; e.g., "My work or school often disrupts other parts of my life: home, health, or leisure"). Subscale scores are calculated by adding up the subscale items and dividing by the number of items in that subscale. Some researchers have used the total GRCS score by adding up all GRCS items and dividing by 37.

The GRCS items are theoretically related to the psychological domains, personal experiences, and situational contexts of GRC in the following ways (O'Neil, 1990, 2003; O'Neil et al., 1995). Of the items, 62% assess men's personal experience of GRC. In all, 18 items assess gender role restrictions and 5 items assess gender role devaluations and violations. All the items but 1 assess GRC within the man, and 78% of the items have an interpersonal context. Only 4 items assess GRC caused by others and only 1 item assesses GRC expressed toward others. There is a good mix of items across the cognitive, affective, and behavioral domains of GRC. The GRCS has 11 cognitive items, 15 affective items, and 20 behavioral items. In all, 6 items overlap in the affective-behavioral domain. No unconscious items are part of the GRCS.

What does the GRCS really measure? Three of four GRCS factors (RE, RABBM, and CBWFR) have direct relationships to the operational definitions of GRC. The GRCS is a measure of men's gender role restrictions with RE, RABBM, and CBWFR. To a much lesser extent, the GRCS measures devaluations and violations but only with five items. SPC is a masculinity ideology/norms factor that more indirectly assesses GRC by measuring personal attitudes about success pursued through competition and power. The GRCS items assess GRC primarily within the man intrapersonally and in an interpersonal context. The GRCS has an equal mix of items relating to men's thoughts, feelings, and behaviors that result in negative psychological outcomes.

The relationship between Pleck's three strain subtypes and GRCS is critical to explain. Discrepancy and trauma strain are not testable using the GRCS. Researchers have implied that GRCS measures discrepancy strain (Levant, 1996; Pleck, 1995), but the GRCS items are incongruent with this kind of assessment. Furthermore, GRC is probably traumatic for some boys and men, but the GRCS does not assess trauma strain as defined by Pleck. However, the GRCS does measure Pleck's dysfunction strain. The hypothesis that prescribed gender roles (masculinity ideology) are psychologically dysfunctional

and lead to personal and interpersonal conflict can be tested using the GRCS. The four factors of the GRCS (SPC, RE, RABBM, and CBWFR) measure prescribed aspects of men's gender roles that are potentially dysfunctional for men, women, and families. The empirical question is whether research documents that GRC significantly relates to men's psychological dysfunctions.

Reliability, validity, and psychometrics of the GRCS. Many researchers have studied the factor structure of the GRCS. In fact, 22 separate factor analyses have been completed on the GRCS to document its factorial validity. Overall, factor analyses of the GRCS with U.S. college students have shown the scale to have construct validity (Braverman, 1990; Englar-Carlson & Vandiver, 2002; Gale, 1999; Good et al., 1995; Kratzner, 2003; Moradi et al., 2000; O'Neil et al., 1986; Rogers et al., 1997; Rogers & Rando, 1997). The factor intercorrelations are moderate with intercorrelations ranging from .35 to .68 (Moradi et al., 2000), implying that the factors are related to each other but are separate entities.

Researchers have suggested using confirmatory factor analysis to strengthen the GRC model conceptually and give greater support for the subscales (Betz & Fitzgerald, 1993). Eight studies have used confirmatory factor analyses in verifying the four-factor structure (Englar-Carlson & Vandiver, 2002; Faria, 2000; Good et al., 1995; Hernandez, Sanchez, & Liu, 2006; Kratzner, 2003; Moradi et al., 2000; Rogers et al., 1997; Wester, Pionke, & Vogel, 2005). There has been some controversy with how the confirmatory factor analyses have been interpreted. For example, Rogers and his colleagues (1997) found support for Good et al.'s (1995) four-factor model but questioned whether the Good et al. confirmatory factor analysis met the conventional criteria for acceptable model-fit data. They recommended that certain items be rewritten or dropped to make the GRCS more pure and to improve the goodness-of-fit indices. A third group of researchers questioned both Good et al.'s and Rogers et al.'s results, indicating that these studies did not consider how the value of fit indexes were influenced by indicator-per-factor (p/f) ratios (Moradi et al., 2000). In their study, Moradi et al. (2000) used rationally and randomly derived parceling procedures. Strong support was found for the structural validity of the GRCS and the researchers concluded that the original four-factor model could be used with confidence. Overall, these important confirmatory factors analyses support the four-factor model as initially hypothesized (O'Neil et al., 1986).

Another criticism of the GRCS has been the lack of factorial validity studies on diverse samples from various racial, ethnic, and socioeconomic groups as well as men who are gay, physically challenged, or from other countries (Good et al., 1995; Heppner, 1995; Moradi et al., 2000). Heppner

(1995) critiqued the GRCS and argued that "additional examination of the factor structure across diverse samples and cultures offers a great deal of potential for increasing the understanding of the universality of GRC as well as for stimulating theory development about human nature in general" (p. 21). Furthermore, researchers have recommended testing the structural validity of the GRCS on underresearched samples such as African Americans, Latinos, gay men, and bisexual men (Moradi et al., 2000).

Since these critiques, the GRCS has been factor analyzed using diverse samples of men living in the United States and all over the world. The GRCS has been factor analyzed for samples of Hispanic, African American, and Asian American men (Pytluk & Casas, 1998), gay men (Simonsen, Blazina, & Watkins, 2000; Wester et al., 2005), airline pilots (Chamberlin, 1993), women (Borthick, 1997; Borthick, Knox, Taylor, & Dietrich, 1997), adult men (Lontz, 2000), and adolescent boys (Blazina, Pisecco, & O'Neil, 2005). Furthermore, the GRCS has been factor analyzed with men from Australia, Portugual, Korea, Japan, Sweden, Germany, Canada, and Indonesia (Bjerke & Skyllingstad, 2002; Chartier, Graff, & Arnold, 1986; Faria, 2000; Gulder, 1999; Hayashi, 1999; J. Kim, Hwong, & Ryu, 2003; Nauly, 2003; Theodore, 1997). With all of these diverse samples, researchers have found a similar factor structure to the initial study of men's GRC (O'Neil et al., 1986). The variance explained in these factor analyses across the studies ranges between 32% and 52%. In a few of these studies, less than perfect replication of the factor structure was found but only minor differences were reported. In all cases, the researchers reported that the psychometric qualities of the GRCS were acceptable for use with their samples. Unfortunately, only three studies on diverse men have employed a confirmatory factor analysis. Two studies were with older gay men (Hernandez et al., 2006; Wester et al., 2005) and one with Portuguese men (Faria, 2000). Additional confirmatory factor analyses need to be done on the GRCS with diverse samples.

The internal consistency reliabilities of the factor structure of the GRCS have been tested in many studies across diverse populations. Overall, the internal consistencies for college students have ranged from .70 to .89. These reliabilities have not varied very much from the first tests of reliability back in the early 1980s (Good et al., 1995; O'Neil et al., 1986). The internal consistency tests for diverse groups have also demonstrated good to acceptable reliabilities. The range of reliabilities for the four factors has been .71 to .91 for men from Korea, Germany, Canada, Taiwan, and Sweden as well as American men who are gay, African American, Asian American, and Hispanic. Social desirability tendencies of the GRCS have been low and practically insignificant (Fischer & Good, 1997; Good et al., 1995; Kang, 2001;

Mendelson, 1988; Senn, Desmarais, Verberg, & Wood, 2000). Test–retest reliabilities have been assessed in two studies over a 1-month period (Faria, 2000; O'Neil et al., 1986). In both studies, reliabilities ranged between .72 and .86 across the four factors, indicating that the GRCS is stable over this time period. There has been little research directly assessing the state/trait dimensions of the GRCS. The scale has been significantly correlated with measures of state anxiety, the situational dynamics of couple's interactions, and also more stable personality traits. Future research could assess the degree that GRC has state and trait dimensions.

The convergent validity of the GRCS has been studied using the following popular masculinity measures: Masculine Gender Role Stress Scale (MGRS; Eisler & Skidmore, 1987), Brannon Masculinity Scale (BMS; Brannon & Juni, 1984), Masculine Role Norms Scale (MRNS; Thompson & Pleck, 1986), Male Role Norm Inventory (MRNI; Levant et al., 1992), Conformity to Masculine Norm Inventory (CMNI; Mahalik, Locke, et al., 2003), and Reference Group Identity Dependence Scale (RGIDS; Wade & Gelso, 1998). All of these measures have been significantly correlated with the GRCS with median *r*s ranging between .32 and .49. These significant correlations suggest that the GRCS is related to these masculinity scales, but the low to moderate correlations suggest that the GRCS measures a different construct. The divergent validity of the GRCS has been studied by correlating the GRCS with measures of sex role egalitarianism and homophobia. Three of the four GRCS factors (SPC, RE, and RABBM) correlated negatively with sex role egalitarianism (Englar-Carlson & Vandiver, 2002), and three studies found either SPC, RE, or RABBM significantly correlated with homophobia (Kassing, Beesley, & Frey, 2005; Tokar & Jome, 1998; Walker, Tokar, & Fischer, 2000).

Summary of the GRCS

Research results indicate that the GRCS has good construct validity based on many factor analyses and tests of reliability and validity from varied samples. From the correlational data, the GRCS appears to have convergent validity with commonly used masculinity measures and discriminant validity with sex role egalitarianism and homophobia. The validity data indicate that the GRCS assesses a distinct construct from other masculinity measures and relates to measures of masculinity ideology (Pleck, 1995), masculine norms (Mahalik, Locke, et al., 2003), gender role stress (Eisler, 1995), and reference group identity (Wade & Gelso, 1998). In the following sections, the process of summarizing the GRC research is described and the studies using the GRCS are reviewed.

GOAL 3: TO DESCRIBE THE METHODS OF LOCATING, ANALYZING, AND SYNTHESIZING THE GRC STUDIES

The literature search followed a defined method, and specific strategies were employed to locate and synthesize the research on men's GRC. The review focused on two clearly formulated questions: (a) Does GRC significantly relate to men from different races, ethnicities, nationalities, ages, and sexual orientations and (b) does GRC significantly relate to men in intrapersonal, interpersonal, and therapeutic contexts? These questions were formulated based on the studies completed and the past GRC theory (O'Neil, 1981a, 1981b, 1982; O'Neil et al., 1995). A systematic strategy was employed to locate all the GRCS studies. First, studies were identified from a release form that researchers signed to use the GRCS. A yearly solicitation of these researchers and presenters of GRC research at American Psychological Association conventions was implemented from 1995 to the present. In addition, computer searches from 1980 to the present in PsychINFO, Dissertation Abstracts, and ERIC were implemented to locate any other GRCS studies. Published and unpublished studies that were both quantitative and qualitative were included in the review to provide the most comprehensive summary of the research program.

The analysis of the studies followed a prescribed process. The research studies were read and numerical counts were made to determine the demographics of the studies by race, age, sexual orientation, and nationality. In addition, the number of published and unpublished studies, dissertations, and convention presentations was calculated. Following this, the studies were then read again to determine the vital information on sample characteristics, measures used, hypotheses tested, statistical method employed, results, and any limitations to the study. This vital information was transferred to a single sheet, summary abstract. Abstracts were then sorted into various groupings to facilitate the analysis and summarization of the findings. Separate sorts were implemented for (a) major dependent variables related to the intrapersonal, interpersonal, and therapeutic contexts; (b) diversity categories of race, age, nationality, sexual orientation, and socioeconomic status (SES); and (c) statistical methods using simple correlations, canonical correlations, multiple regressions, factor analyses, and structural equation modeling. Additional sortings within these three areas were also made. Written summaries of each sorting were completed to establish the current status of the research.

The groupings with multiple studies became the primary areas of the literature review. These groupings included the categories of nationality, race, sexual orientation, class, and age and dependent variables related to men's GRC in intrapersonal, interpersonal, and therapeutic contexts. The number

of statistically significant relationships between the four GRC patterns (SPC, RE, RABBM, CBWFR) and any dependent variable (i.e., depression, anxiety) was summarized for analysis on a single sheet grid. The probability level for all studies was $p < .05$ or lower. The number of studies reporting significant relationship between GRCS and dependent variables was recorded to determine whether there was evidence of significance relationships between GRC and dependent variables. In addition, studies were summarized that used canonical correlations, multiple regressions, and structural equation modeling techniques to assess moderators or mediators of GRC.

Criteria for excluding studies related to both conceptual and methodological issues. No independent ratings from others were made to exclude studies. In all, 17 studies were excluded from the review. Only 3 studies relating to the major dependent variables were excluded from the review. These 3 studies had a major limitation (i.e., sample size of 26, no valid or reliable dependent measures, confusing methodology and interpretation of the data). All 3 of these excluded studies found positive results with GRC, but the results could not be understood with certitude. The other 14 studies were excluded because they (a) used a sample that was extremely narrow or peripheral to the overall goals of the review (i.e., Filipino marketers of medical products' GRC) or (b) studied topics conceptually outside the scope of the literature review (i.e., military science students GRC vs. nonstudent GRC).

More than 230 separate studies have used the GRCS, and 105 of these studies have been published in the psychological literature. Of the total studies, 150 have been doctoral dissertations and more than 142 studies have been presented at the annual American Psychological Association convention since 1982. A majority of the studies have been completed on White, heterosexual college students, but in the past 8 years, studies have begun to focus more on diverse samples. In all, 31 studies have been completed on adult men older than 30, 23 studies on non-White minority men, and 8 studies on older gay men. There have been 17 studies assessing age differences in GRC from boyhood to retirement. Also, 5 studies have been completed on adolescent boys using the new Gender Role Conflict Scale for Adolescents (GRCS-A; Blazina, Cordova, Pisecco, & Settle, 2007; Blazina et al., 2005), and 3 studies have been completed on retired men's GRC (Graham & Romans, 2003; Lontz, 2000; W. G. Hill & Donatelle, 2005). The GRCS has been translated into 14 languages, and 41 studies have been completed on men in 19 foreign countries including 7 in Canada, Korea, and Australia; 3 in Germany; 2 in Indonesia, Ireland, and England; and single studies in Hungary, Columbia, Portugal, Taiwan, Poland, Russia, Japan, Tasmania, Costa Rica, Sweden, South Africa, and Malta. The GRC Research

Program Web page summarizes all the GRC studies completed in 24 informational files for researchers (http://web.uconn.edu/joneil/).

GOAL 5: TO SUMMARIZE THE DIVERSITY RESEARCH ON MEN'S GRC

Masculinity and GRC are multidimensional constructs affected by many political, racial, ethnic, age, class, religious, and sexual orientation variables. Thompson et al. (1992) indicated "we are largely unfamiliar with how age, generation, sexual orientation, class, race, and ethnicity differentially structure the form and content of men's lives and the standards of masculinity to which they adhere" (p. 602). A coherent, multicultural approach to men's diversity does not exist in the psychology of men. Consequently, the studies on diverse men are critical because they provide information on how GRC relates to a wide spectrum of men in and outside of the United States. In the following sections, reviews of the research are presented on international men, African American men, Asian American men, and older gay men. In addition, GRC's relationship to class, socioeconomic status, and age is discussed.

International Men

The international studies have shown that GRC is not just an American phenomenon. In nearly every international study, researchers have found some significant relationship between GRC and a psychological variable. A brief summary of the international studies is reported for each pattern of GRC (SPC, RE, RABBM, CBWFR).

RE has significantly predicted lower self-esteem for Englishmen (Ross, 2004; Tate, 1998), hopelessness for Irishmen (Birthistle, 1999), and fearful attachments for Maltese men (Cachia, 2001). RE has also significantly varied by age for both English and Australian men (Tate, 1998; Theodore & Lloyd, 2000). SPC has been shown to be significantly greater for Russian men than American men (O'Neil, Owen, Holmes, Dolgopolov, & Slastenin, 1994), significantly predicted rape myths for Canadian men (Senn et al., 2000), and predicted more traditional gender role values for German men (Gulder, 1999). RABBM has significantly predicted less expressive behavior for Indonesian men (Horhoruw, 1991), traditional gender role values for German men (Gulder, 1999), and hostility toward women for Canadian men (Chartier et al., 1986). CBWFR has been correlated with decreased well-being and increased substance abuse for Australian men (Gough, 1999). Combinations of different GRC patterns have significantly correlated with negative attitudes toward help seeking (Tsai, 2000); problems with coping

(Birthistle, 1999; Wester, Kuo, & Vogel, 2006); lower self-esteem, depression, marital dissatisfaction, and anxiety (J. Kim, Hwang, & Choi, 2005; Jo, 2000; Kang, 2001); and alexithymia (Hayahsi, 1999) for Taiwanese, Irish, Chinese Canadian, Korean, and Japanese men, respectively. Too few studies exist in each country to make any generalities, but research does indicate that GRC is a relevant international construct.

African American Men

Researchers have studied both college age and adult African American men's GRC. African American male college students' GRC has been significantly correlated with lower self-esteem, higher anxiety and depression (Lily, 1999), psychological distress (Carter, Williams, Juby, & Buckley, 2005; Wester, Vogel, Wei, & McLain, 2006), and negative attitudes toward help seeking (A. M. White, 2002). Adult African American men's GRC has been significantly correlated with greater depression, low self-esteem, marital dissatisfaction, hopelessness (Laurent, 1998), and greater feelings of disrespect from others (Brewer, 1998). Three canonical correlation studies have shown that African American adult men's GRC is complex and relates to multiple variables, including class and social position (Brewer, 1998; Stillson, O'Neil, & Owen, 1991), depression, low self-esteem, hopelessness (Brewer, 1998; Laurent, 1998), and African American identity (Laurent, 1998).

How racial identity relates to GRC has been an important area explored by researchers (A. M. White, 2002; Carter et al., 2005; Laurent, 1998; Lily, 1999; Wade, 1996; Wester, Vogel, et al., 2006). GRC has been significantly related to numerous racial identity categories and attitudes (Carter et al., 2005; Lily, 1999; Wade, 1996; Wester, Vogel, et al., 2006). For example, Black men with high African American cultural identity report significantly lower GRC and higher self-esteem (Laurent, 1998). Furthermore, the relationship between GRC and indices of psychological functioning has been found to be moderated by traditional African American religious acculturation and Black male identity salience (Lily, 1999). African American men who have a multicultural, inclusive racial identity report significantly lower RE and CBWFR and more positive attitudes toward help seeking (A. M. White, 2002). Two studies have found that higher GRC significantly correlates with preencounter states of racial identity, defined as the idealization of Whites and White culture and the denigration of Blacks and Black culture (Carter et al., 2005; Wade, 1996). Two studies have found that racial identity either partially or fully mediates the effects of GRC on psychological stress for African American men (Carter et al., 2005; Wester, Vogel, et al., 2006). Wester, Vogel, et al. (2006) concluded that Black men's internalized racism (self-hatred) mediates the relationship between GRC and psychological stress. Based on their results,

Carter et al. (2005) found that the degree to which Black men endorse the norms of the dominant White culture influences the extent to which GRC impacts psychological symptoms. The overall results of these collective studies suggest that African American men's GRC is significantly related to negative psychological outcomes and racial identity categories.

Hispanic/Latino Men

Six studies have assessed Hispanic or Latino men's GRC (Carter et al., 2005; Fragoso & Kashubeck, 2000; Leka, 1998; Schwartz, Waldo, Bloom-Langell, & Merta, 1998; Silva, 2002; Torres Rivera, 1995). Two studies have found that Mexican American men's stress significantly relates to three of the four patterns of GRC, with SPC and RE being the most consistent predictors (Fragoso & Kashubeck, 2000; Leka, 1998). In addition, higher levels of machismo and RE have been significantly associated with higher levels of depression and stress, but the interaction of machismo and GRC has not predicted stress or depression (Fragosa & Kashubeck, 2000). How acculturation affects Hispanic/Latino men's GRC has been examined in four studies. All of the patterns of GRC have been significantly correlated with lower acculturation, with SPC being the strongest predictor (Leka, 1998; Schwartz et al., 1998). In two other studies, acculturation and ethnic identity issues were not related to GRC with Hispanic/Latino men (Silva, 2002; Torres Rivera, 1995). In summary, the studies suggest that Hispanic/Latino men's GRC is related to negative psychological outcomes but the role of acculturation is less clear.

Asian American Men

Five studies have assessed Asian American men's GRC (E. J. Kim, O'Neil, & Owen, 1996; Liu, 2002b; Liu & Iwamoto, 2006; Shek, 2005; Vu, 2000). Asian American men's GRC has significantly correlated with Asian cultural values, with SPC being the most significant predictor (Liu & Iwamoto, 2006). Using a mixed sample of Asian Americans, E. J. Kim et al. (1996) found that men who reported greater acculturation reported significantly less RE and more SPC than less acculturated men. Liu (2002b) also assessed a mixed sample of Asian American men and found that racial identity attitudes of confusion, ethnocentrism, and integration related to significantly greater GRC. The relationship of GRC to Asian American men's self-esteem has produced contradictory results. One study found no relationship between self-esteem and GRC (Liu & Iwamoto, 2006). In another study, RE, RABBM, and CBWFR were significantly related to

lower self-esteem for Asian American men, and racial identity attitudes of conformity, dissonance, and immersion also significantly correlated with the four patterns of GRC (Shek, 2005). As with the previous diversity groups, Asian American men's GRC appears to relate to cultural, acculturation, and racial identity factors (Shek, 2005, 2006).

Older Gay Men

Older gay men's GRC has been assessed in eight studies (Ervin, 2003; Jones, 1998; Naranjo, 2001; Sanchez, 2005; Simonsen et al., 2000; W. D. Shepard, 2001; Van Hyfte & Rabinowitz, 2001; Wester et al., 2005). Studies have found older gay men's GRC to be significantly related to lower intimacy (Van Hyfte & Rabinowitz, 2001), greater depression and anxiety (Jones, 1998; Simonsen et al., 2000; W. D. Shepard, 2001), less relationship satisfaction (Wester et al., 2005), negative coping styles and attitudes toward help-seeking attitudes (Jones, 1998; Simonsen et al., 2000), homonegativity and less psychological well-being (Ervin, 2003), and negative identity and attitudes about "outness" regarding gay sexual orientation (Sanchez, 2005). Simonsen et al. (2000) used canonical correlation and found that gay men with greater SPC and CBWFR tended to be more angry, anxious, and depressed. Combinations of RE, CBWFR, and homonegativity have also been significantly associated with gay men's decreased psychological well-being (Ervin, 2003). Studies have found that single gay men compared to gay men in coupled relationships report significantly greater RE and RABBM (D. S. Shepard, 2002; Wester et al., 2005) and higher levels of anger and anxiety and lower self-esteem (D. S. Shepard, 2002). Three studies have found that heterosexual men report significantly more RE, RABBM, and SPC than gay men (Naranjo, 2001; W. D. Shepard, 2001; Van Hyfte & Rabinowitz, 2001). On the whole, the results of these studies indicate that older gay men's GRC relates to similar psychological problems as straight men, but gay men report significantly less GRC than heterosexual men.

Class and Socioeconomic Status

Class and socioeconomic status have been the least explored of all diversity variables. Only one study has examined SES and men's GRC (Stillson, 1988). The results indicated that the low SES men reported significantly more GRC than high SES men and as educational and occupational status increased, men's GRC decreased. Theoretical analyses and empirical study of how class relates to men's GRC is a potential growth area for the

psychology of men. Important social class models have been proposed (Liu, 2002a; Liu, Ali, et al., 2004; Liu, Soleck, Hopps, Dunston, & Pickett, 2004), but these ideas have not been tested empirically. How class and GRC interact need to be examined in the context of race, ethnicity, sexual orientation, and other diversity variables.

Age and GRC

How GRC develops in men's lives is not understood because of a lack of longitudinal research. Cross-sectional studies assessing age differences and GRC have been completed (Birthistle, 1999; Brewer, 1998; Burke, 2000; Cournoyer & Mahalik, 1995; Gough, 1999; Heath, 2005; Laurent, 1998; Leka, 1998; Mahalik, Locke, Theodore, Cournoyer, & Lloyd, 2001; Mendelson, 1988; Pytluk & Casas, 1998; Ross, 2004; Stillson et al., 1991; Theodore, 1998; Theodore & Lloyd, 2000; Wade, 1996; Wester et al., 2005). Two studies found no significant differences or mixed results in assessing age differences and the patterns of GRC (Mendelson, 1988; Stillson et al., 1991). Seven other studies have found age differences with GRC (Cournoyer & Mahalik, 1995; Gough, 1999; Heath, 2005; Mahalik et al., 2001; Ross, 2004; Theodore & Lloyd, 2000; Wester et al., 2005). Six studies have shown that older men compared to college age men report significantly less SPC and RABBM (Brewer, 1998; Burke, 2000; Gough, 1999; Heath, 2005; Leka, 1998; Pytluk & Casas, 1998). Two studies of American and Australian college and adult men found similar results for SPC and CBWFR (Cournoyer & Mahalik, 1995; Theodore & Lloyd, 2000). In both studies, college men reported significantly more SPC and less CBWFR than middle-aged men. In another study, gay men in their early 20s reported significantly more RABBM and SPC than gay men older than 30 (Wester et al., 2005). One of the most striking conclusions across all of the studies is that RE showed no significant age differences across the different age groupings.

GRC studies on different age groups are beginning to appear. Five studies with adolescent boys have been completed using the Gender Role Conflict Scale for Adolescents (Blazina et al., 2005; 2007). RE, RABBM, and CBWFR have significantly predicted boys' family stress and problems with conduct, anger, and emotions (Blazina et al., 2005; Cadenhead & Huzirec, 2002; Soublis, 2003; Watts & Borders, 2005). In one of the only qualitative studies, research has shown that adolescent boys report all four GRC patterns and that GRC is a developmental process started in adolescence (Watts & Borders, 2005). More research needs to be completed, but the initial findings indicate that GRC is related to adolescent boys' emotional and familial experiences.

On the other end of the life span, retired men's GRC has been investigated in three studies (Graham & Romans, 2003; W. G. Hill & Donatelle, 2005; Lontz, 2000). Graham and Romans (2003) found that as RE, RABBM, and CBWFR decreased, retirement satisfaction increased, but unexpectedly, higher SPC predicted significantly greater retirement satisfaction. This may suggest that aspects of GRC negatively affect retirees but also that SPC may have some positive impact after retirement. Using canonical correlations and multiple regressions, Lontz (2000) found that retired men's SPC, RABBM, and CBWFR significantly predicted antifemininity and that RE and CBWFR significantly predicted lower satisfaction with life. Research has also shown that older men with GRC limit their perception of social support and their appreciation of supporting relationships (W. G. Hill & Donatelle, 2005). In sum, the research on age and GRC indicates that men are conflicted with their gender roles across the life span but in different ways. No research has documented how GRC develops or how it changes over different developmental periods and during gender role transitions.

Summary of Diversity Studies on Men's GRC

The few studies on GRC and race, ethnicity, age, class, sexual orientation, and nationality do not provide a comprehensive picture of how diverse men experience their gender roles. Even with this limitation, there is evidence that GRC is significantly related to critical psychological variables for men across diversity groups. GRC significantly relates to depression, stress, anxiety, and self-esteem across the categories of male diversity. Furthermore, 10 studies found GRC relates to such issues as racial identity, racial reference group, African American consciousness, and acculturation. These initial studies suggest that GRC complexly interacts with racial, ethnic, and cultural beliefs. In fact, racial identity and acculturation appear to affect men's GRC in numerous racial groups. Men who are less acculturated and who identify mainly with the dominant culture experience greater GRC. African American, Asian American, and Hispanic/Latino American men report racial identity, and acculturation issues not only relate to GRC but have moderating and mediating effects. In all, 9 studies showed that GRC was moderated or mediated by racial, ethnic, and acculturation factors. How GRC relates to White men's racial identity and privileged status has unfortunately gone unexplored.

Both heterosexual and older gay men experience GRC, but gay men report significantly less RE and RABBM. Differences in GRC between gay and straight men may relate to gay men's different socialization experiences with homophobia and the formation of sexual identity in a heterosexist society. Gay men may experience GRC in different ways and at

earlier developmental points than straight men. No research exists on these developmental questions, but accepting a gay sexual identity while living in a heterosexist culture may force gay men to examine their GRC more proactively and resolve it earlier.

The preliminary age differences in GRC probably relate to different demands and developmental tasks faced by boys and older men. Furthermore, as men age, there may be opportunities to resolve GRC by recognizing the futility of restrictive gender role attitudes and behaviors. Younger men report significantly more SPC and RABBM than older men, but the age differences regarding RE and CBWFR are less clear. The lack of difference in RE across ages may suggest that emotional restriction may not be easily moderated by time or experience. In short, RE may be a more difficult GRC pattern for men to confront and change.

No GRC research has been completed on Native American or Pacific Islander men, younger gay men, or bisexual men, and only single studies exist on injured men (Good et al., 2006), immigrants (Wester, Kuo, et al., 2006), and transgendered people (M. White, Wester, & McDonough, 2006). No studies have been implemented in China, South America, and Arab or Middle Eastern countries. Differences between single, married, divorced, remarried, and widowed men's GRC have rarely been tested. Studies of class differences in GRC, class by race interactions, class by ethnicity interactions, and class by sexual orientation interactions are also conspicuously absent in the literature. Research on these topics is needed to understand the complexity of GRC in the context of poverty, classism, racism, heterosexism, and ethnocentrism.

The results of the GRC studies on diversity are mainly speculative at this point, but the past research does point to important topics to be pursued in the future. For example, are there GRC differences across the races and nationalities, and, if so, are they related to different racial, ethnic, and cultural values related to gender roles? Do the effects of different political systems (e.g., capitalism and socialism) as well as ethnic and family values contribute to different degrees of GRC for men in different countries? Exactly how does GRC relate to racial identity, family and cultural values, racism, ethnocentrism, and acculturation for men of color and immigrants? How these social, political, ethnic, and family factors relate to GRC needs to be explored with future research. Knowledge about how men's gender roles vary by race, ethnicity, nationality, and sexual orientation has evolved slowly in the psychology of men. The assumption that a single masculinity exists (i.e., White, middle class, heterosexual, American) is erroneous, shortsighted, and biased. Race, class, age, ethnicity, sexual orientation, religious orientation, nationality, and other variables are assumed to affect men's experience of GRC. Exactly how these diversity variables affect men

is one of the most crucial issues to be assessed in the psychology of men and Counseling Psychology.

GOAL 5: TO SUMMARIZE MAJOR FINDINGS ON MEN'S GRC IN THREE CONTEXTS: INTRAPERSONAL, INTERPERSONAL, AND THERAPEUTIC

Major Findings: GRC in an Intrapersonal Context

In this section, research is reviewed on how men experience GRC internally or as an intrapersonal reality. The empirical research is reviewed on how SPC, RE, RABBM, and CBWFR relate to men's internal experience of (a) depression, anxiety, stress, and psychological well-being; (b) self-esteem, alexithymia, shame, alcohol/substance use and abuse, and personality; and (c) other important areas of men's internal functioning with gender roles. The research reviewed expands our knowledge on the psychological and emotional correlates of men's GRC. Men's internal experience of their masculinity has been inadequately explained in the psychological literature. Psychodynamic theorists have described men's problems as the femininity complex (Boehm, 1930), dread of women (Horney, 1932), repudiation of femininity (Freud, 1937), and masculine protest and inferiority (Adler, 1936). These concepts have emphasized psychoanalytic and unconscious dynamics of masculinity and differ significantly from the social constructionist perspectives of gender role strain and stress (Eisler, 1995; Pleck, 1995). From its inception, GRC theory has emphasized both social constructionist and unconscious-intrapsychic frameworks to explain how men learn masculinity ideologies and experience fears about femininity (O'Neil, 1981b, 1982, 1990, 2006). Therefore, GRC is assumed to be learned from the larger patriarchal system in schools and families but also experienced as an unconscious phenomenon in terms of the fear of femininity. The following sections are limited to a summary of research on men's conscious self-report of GRC.

Depression, anxiety, stress, and psychological well-being. In the late 1990s, men's depression finally came "out of the closet" in society and psychology. Biases about men's emotions (Heesacker et al., 1999) are likely the reason that no major books were written on men and depression until the late 1990s. Recently, both popular and scholarly books in the psychology of men have discussed men's depression (Cochran & Rabinowitz, 2000; Lynch & Kilmartin, 1999; Real, 1997). Cochran and Rabinowitz (2000) indicated that "it is remarkable and disconcerting, that so little

attention has been devoted to men's suffering from depression" (p. xvi). How GRC specifically relates to depression lacks a full theoretical explanation, but empirical research in this vital area has been extensive for the past 15 years.

In all, 27 studies have assessed GRC's relationship to depression (Blazina & Watkins, 1996; Brewer, 1998; Burke, 2000; Bursley, 1996; Coonerty-Femiano, Katzman, Femiano, Gemar, & Toner, 2001; Cournoyer & Mahalik, 1995; D. S. Shepard, 2002; Fragoso & Kashubeck, 2000; Good & Mintz, 1990; Good, Robertson, Fitzgerald, Stevens, & Bartels, 1996; Good & Wood, 1995; Hayahsi, 1999; J. Kim, Choi, Ha, & O'Neil, 2006; Jo, 2000; Jones, 1998; Kang, 2001; Kelly, 2000; Magovcevic & Addis, 2005; Mahalik & Cournoyer, 2000; Mertens, 2001; Newman, 1997; Peterson, 1999; Sharpe & Heppner, 1991; Sharpe Heppner, & Dixon, 1995; Simonsen et al., 2000; Tate, 1998; Theodore, 1997). Only 3 studies have failed to show any significant relationship between depression and GRC (Bursely, 1996; Good et al., 2004; Sharpe, Heppner, & Dixon, 1995). All of the patterns of GRC have significantly correlated with depression, and RE has been the most consistent predictor. An important diversity trend was evident in the depression studies. GRC and depression were empirically linked across diverse racial (Brewer, 1998; Fragoso & Kashabeck, 2000; Good et al., 1996), sexual orientation (Jones, 1998; Simonsen et al., 2000), and cross-cultural samples of men (Hayashi, 1999; Jo, 2000; Kang, 2001; Tate, 1998; Theodore, 1998; Theodore & Lloyd, 2000). Men who were White, African American, Hispanic, and gay as well as men from Great Britain, Korea, Japan, and Australia all reported that depression was significantly associated with the four GRC patterns. The studies provide substantial evidence that men's restrictive gender roles relate to men's depression. Men who restrict their feelings, restrict their affections toward other men, and struggle with work and family conflicts report significantly greater depression. Likewise, restrictive attitudes toward success through competition and control significantly predicted male depression. These GRC findings are from samples of diverse men, and therefore the results have important implications for helping depressed men.

Anxiety, stress, and men's gender roles have been conceptually linked because fears about meeting masculinity norms can be stressful. How men's gender roles relate to stress has been conceptualized with the masculine gender role stress paradigm and empirically tested using the Masculine Gender Role Stress Scale (MGRSS; Eisler, 1995; Eisler & Skidmore, 1987). The research reviewed indicates that GRC has a significant relationship to men's anxieties and stress. Of 15 studies, 12 have found GRC to be significantly correlated with men's anxiety (Blazina & Watkins, 1996; Burke, 2000; Bursely, 1996; Cournoyer & Mahalik, 1995; F. Davis,

1988; Hayashi, 1999; Jo, 2000; Jones, 1998; Kang, 2001; Mertens, 2000, 2001; Sharpe & Heppner, 1991; Theodore & Lloyd, 2000). In addition, stress has been significantly correlated with all the patterns of GRC in 9 studies (Fragoso & Kashubeck, 2000; Good et al., 1996, 2004; Hetzel, 1998; Hetzel, Davenport, & Brooks, 1998; J. A. Hayes & Mahalik, 2000; Kratzner, 2003; Leka, 1998; Van Delft, 1998). GRC has also been correlated with physical and psychological strain (Stillson, 1988), global levels of psychological stress (Hetzel et al., 1998), competition/comparison strain, physical inadequacy, and performance failure (Davenport, Hetzel, & Brooks, 1998). Insignificant findings between GRC and stress have also been found. Good et al. (2004) used structural equation modeling and found that GRC was not strongly associated with psychological stress and that GRC and problem-solving attitudes did not mediate psychological stress. The authors suggested that the negative findings may be due to an idiosyncratic sample or the use of more sophisticated statistical methods that reduced measurement error.

The overall evidence indicates that GRC is significantly related to men's anxieties and provides support for Eisler's hypotheses that men's gender roles are stressful. What factors moderate and mediate the relationship between GRC and anxiety has been rarely tested. In the sole study to address this topic, Olsen (2000) failed to find that anxiety and GRC interacted with anger. How, when, and why men experience anxiety from GRC can only be determined by more complex research designs.

GRC has been defined as the opposite of psychological well-being because restrictive gender roles result in devaluations, restrictions, and violations of the man and others (O'Neil, 1990; O'Neil et al., 1995). The relationship between GRC and psychological well-being has been assessed in three studies. Sharpe and Heppner (1991) found that college students' RE, RABBM, and CBWFR were correlated with poor psychological well-being, but with adult men this relationship existed only for RE (Sharpe et al., 1995). Tokar, Fischer, and Schaub (1998) found that men who reported greater psychological well-being were less likely to report concerns with RE and CBWFR. These three studies provide initial evidence that GRC and poor psychological well-being are related.

Self-esteem, alexithymia, shame, alcohol/substance use and abuse, and personality. Self-esteem is a positive impression of oneself that includes self-respect and positive self-regard. Men carefully conceal not feeling good about themselves because it can threaten their power in relationships and at work. Low self-esteem has been hypothesized as a negative outcome of GRC and gender role strain (O'Neil, 1981a; Pleck, 1995). In all, 13 studies have assessed GRC's relationship to self-esteem (Berko, 1994; Bursely,

1996; Cournoyer, 1994; F. Davis, 1988; Hayashi, 1999; J. Kim et al., 2006; Jo, 2000; Laurent, 1998; Mahalik et al., 2001; Schwartz et al., 1998; Sharpe et al., 1995; Sharpe & Heppner, 1991; Swenson, 1998). Of the 13 studies, 11 have shown a negative relationship between GRC and positive self-esteem (Berko, 1994; Bursley, 1996; Cournoyer, 1994; F. Davis, 1998; Hayashi, 1999; J. Kim et al., 2006; Jo, 2000; Laurent, 1998; Mahalik et al., 2001; Schwartz et al., 1998; Sharpe & Heppner, 1991). All of the GRC patterns have been found to be significantly related to low self-regard. Moreover, positive self-esteem has been negatively correlated with GRC across five diversity groups including White college American, Japanese, Korean, African American, and Mexican American men. This finding suggests that the relationship between GRC and poor self-esteem has cross-cultural and racial significance. The overall results provide strong evidence of a significant relationship between men's GRC and low self-esteem. Future research should investigate more complex questions. For example, only 1 study (J. Kim et al., 2006) has assessed what moderating and mediating variables affect men's self-esteem. Furthermore, whether GRC causes men's lower self-esteem or whether lower self-esteem causes GRC deserves future study. In addition, investigating the situational conditions that activate men's GRC and low self-esteem is an important contextual issue.

Alexithymia and shame have been related to men's GRC, but the theoretical relationship has been vague and unclear. Alexithymia is the inability to describe one's feelings in words (Levant, 1995). Shame is a powerful emotion that involves personal devaluation, fragmentation of the self, and sometimes personality disorganization. Shame was not theoretically linked to men's GRC in the early conception of the theory (O'Neil, 1981a, 1981b, 1982). This was a significant omission because shame has emerged as an important part of understanding men's problems and personal development (Krugman, 1995; Schenk & Everingham, 1995). Four studies have assessed GRC's relationship to shame (D. Thomson, 2005; McMahon, Winkel, & Luthar, 2000; Segalla, 1996; Thompkins & Rando, 2003). In these studies, all the patterns of GRC significantly correlated with shame, with RE and CBWFR being the most strongly correlated. Furthermore, shame proneness has been shown to mediate the relation between GRC and depression (D. Thomson, 2005).

Five studies have found that GRC and alexithymia are significantly related, with RE being the most consistent predictor (Berger, Levant, McMillan, Kelleher, & Sellers, 2005; D. S. Shepard, 2002; Eicken, 2003; Eicken & Boswell, 2002; Fischer & Good, 1997; Hayashi, 1999). Fischer and Good (1997) found that RE predicted unique variance in alexithymia and that RABBM predicted unique variance with difficulty in identifying and describing feelings. In one of the first published Japanese studies using a

modified GRCS (Hayashi, 1999), all four of the patterns of GRC significantly correlated with alexithymia. Overall, these studies suggest that GRC is related to both alexithymia and shame, but exactly how they interact with masculinity ideology and negative male behavior has gone untested.

The theoretical premise linking substance abuse and masculinity is that substances may temper gender role expectations and help manage conflict from restricted gender roles (Capraro, 2000; Isenhart, 2001; Lemle & Mishkind, 1989). In all, 11 studies have assessed the relationship between men's GRC and substance use and abuse. Of those, 4 studies found no relationship between GRC and alcohol use/abuse (Bauman, 1998; C. M. Moore, 1993; Generali, 2002; Serna, 2004), but in 7 other studies significant relationships between GRC and use/abuse of substances were found (Blazina & Watkins, 1996; Fahey, 2003; Kang, 2001; Korcuska & Thombs, 2003; McMahon et al., 2000; Monk & Ricciardelli, 2003; Peterson, 1999). The overall results of these studies indicate that problems with increased alcohol use or substance abuse are significantly related to SPC, RE, and RABBM.

Researchers have studied how GRC relates to personality in 11 studies. Studies have found that GRC significantly relates to personality styles and types (Cortese, 2003; Schwartz, Buboltz, Seeman, & Flye, 2004), models of personality (Fischer, 2007; Kratzner, 2003; Serna, 2004; Sipes, 2005; Tokar et al., 2000), ego identity (Arnold & Chartier, 1984; Chartier & Arnold, 1985; Rounds, 1994), and authoritarianism (Chamberlin, 1993). In addition, 5 studies have found that GRC significantly relates to the five-factor model of personality (Fischer, 2007; Kratzner, 2003; Serna, 2004; Sipes, 2005; Tokar et al., 2000), and 2 other studies found that low ego identity significantly relates to higher GRC and lower intimacy (Arnold & Chartier, 1984; Chartier & Arnold, 1985). Furthermore, GRC has been significantly correlated with personality styles of neuroticism, introversion, extraversion, openness, agreeableness, aggressiveness, narcissism, and dependency (Cortese, 2003; Kratzner, 2003; Schwartz, Buboltz, et al., 2004). How GRC relates to positive and negative aspects of men's personality is still unclear. The recent reemergence of personality psychology (McAdams & Pals, 2006) and integrative principles to study personality may provide frameworks to examine how GRC contribute to personality problems, development, and change.

Other studies on men's internal functioning. Other important areas of GRC have been investigated but with fewer studies than those mentioned in the previous sections. Three studies found that men with a more internally/spiritually focused religious orientation have significantly less GRC (Jurkovic & Walker, 2006; Mahalik & Lagan, 2001; Reiman, 1999). These studies suggest that GRC may affect spiritual development and religious

processes. Six studies found that either RE, RABBM, and SPC were significantly related to problematic coping methods (Bergen, 1997; Birthistle, 1999; Jones, 1998; Stanzione, 2005; Strom, 2004; Wester, Kuo, et al., 2006). These results imply that men's GRC is related to dysfunctional ways of coping, but exactly how this occurs is unclear from the research. Two studies found SPC significantly relates to the drive for muscularity (McConville, 2004; McCreary, Saucier, & Courtenay, 2005), and another study found that self-assertive entitlement mediated the relationship between RE and CBWFR and body esteem (Schwartz, Higgins, & He, 2003; Schwartz & Tylka, in press). These three studies suggest that GRC is related to men's body image. Low- and high-risk health groups have been significantly differentiated by GRC (Courtenay & McCreary, in press), and SPC has been significantly related to both state and trait anger (Blazina & Watkins, 1996; Olsen, 1997). Studies have also assessed GRC's relationship to self-destructiveness, hopelessness, and suicide. RE has significantly predicted men's chronic self-destructiveness (Naranjo, 2001) and hopelessness (Birthistle, 1999; Brewer, 1998), implying that unexpressed emotion may have severe negative outcomes. GRC has also been significantly correlated to suicidal probability (Borthwick, 1997; Borthick et al., 1997), and suicidal men have reported significantly more GRC than nonsuicidal men (Houle, 2004). Furthermore, the effects of GRC on suicidal behavior have been found to be mediated by mental state, help-seeking behaviors, and social support (Houle, 2005; Houle, Mishara, & Chagnon, in press). Two studies have assessed how GRC relates to problem-solving attitudes (Heppner, Witty, & Dixon, 2004), and in both studies RE was significantly related to problem-solving attitudes of approach-avoidance and low problem-solving confidence (Chamberlin, 1993; Good et al., 2004). Collectively, these studies on men's internal functioning indicate that GRC is positively associated with important issues in men's lives, but more studies are needed on each topic.

Summary of research on GRC in intrapersonal context. The overall results of the studies reviewed earlier indicate that GRC is significantly correlated with numerous psychological problems for men. These results expand our understanding of men's internal experience of GRC and move us beyond the mere psychodynamic explanations of men's problems described decades ago (Adler, 1936; Boehm, 1930; Freud, 1937; Horney, 1932). The research indicates that GRC is related to depression, anxiety, low self-esteem, stress, and many other psychological experiences that can have a negative impact on men's lives. The results indicate that GRC is significantly correlated with depression and low self-esteem across diverse racial, sexual orientation, and cross-cultural samples. This could suggest that depression, self-esteem, and GRC are experienced in a similar way across

these diverse groups. However, no research has compared depression, self-esteem, and GRC across these groups to see if differences actually exist. Furthermore, no research has assessed whether there might be other contextual factors that may differentially affect these different groups of men's GRC. In other words, it is unclear how contextual factors like racial and ethnic identity, age, sexual orientation, and the situational demands of being a man affect how GRC interacts with psychological outcomes. Given that depression, anxiety, stress, and low self-esteem have all been significantly related to GRC, a critical question is whether GRC causes these problems or whether these problems cause GRC. What third variables affect the degree of GRC in men's lives is mainly unknown. Future research should move beyond correlational designs to answer these more complex questions about what variables moderate and mediate GRC. How does GRC interact with untested variables such as loss, marital conflict, failure, health problems, sexual dysfunction, violence, and homophobia in determining problems such as depression, anxiety, and low self-esteem? Answers to these kinds of questions could expand the GRC research program in significant ways and help create more effective preventive interventions for boys and men.

Major Findings: GRC in an Interpersonal Context

Men's GRC has been hypothesized to negatively impact others (J. A. Hayes & Mahalik, 2000; O'Neil, 1981a, 1981b, 1982; O'Neil & Egan, 1993; Pleck, 1995) and contribute to problems such as poor parenting, marital conflicts, homophobia, antigay attitudes, sexual harassment, and violence toward women (O'Neil & Nadeau, 1999). In this section, research is summarized on the negative outcomes of men's GRC in an interpersonal context. The research is reported in five separate sections: (a) overall interpersonal functioning, attachment, and fathering; (b) marital satisfaction, family dynamics, and couples' GRC; (c) men's intimacy, self-disclosure, and friendships; (d) stereotyping, attitudes toward women, egalitarianism, homophobia, and racial bias; and (e) men's interpersonal and sexual violence toward women.

Overall interpersonal functioning, attachment, and fathering. The hypothesis that GRC restricts men's interpersonal behavior and relates to hostility has been tested by Mahalik (2000). He found that SPC significantly predicted rigid and dominant interpersonal behavior and that RE and RABBM were significantly related to hostile and rigid interpersonal exchanges. Other studies indicate that RE has been significantly associated with problems with sociability and intimacy (Sharpe et al., 1995), a lack of interpersonal competence/closeness, and less intimate self-disclosure

(Berko, 1994; Bruch, Berko, & Haase, 1998). Both RE and RABBM have been significantly correlated to shyness (Berko, 1994; Bruch, 2002; Bruch et al., 1998) and greater emotional inexpressiveness (Davenport et al., 1998). Research has shown that RE both mediates the effects of shyness in terms of interpersonal competence and serves as a mediator of intimate self-disclosure (Bruch et al., 1998). Furthermore, four studies have shown that men's GRC relates to women's depression, anxiety, and marital satisfaction (Breiding, 2004; Breiding & Smith, 2002; Celentana, 2000; Rochlen & Mahalik, 2004). Collectively, these studies imply that GRC relates to deficits and problems that affect men's interpersonal functioning.

Boys' attachment problems and GRC have been conceptualized in the context of disidentification with the mother, the fragile masculine self, and a traumatic abrogation of the early holding pattern (Blazina, 2001; Blazina & Watkins, 2000; Pollack, 1995). Researchers have argued that early parent–son dynamics impact male bonding and that GRC relates to problems with attachment, separation, individualization, disidentification, and conflictual independence (Blazina & Watkins, 2000; DeFranc & Mahalik, 2002; Fischer & Good, 1998; Schwartz, 2001; Schwartz, Waldo, & Higgins, 2004). Attachment to parents and GRC has been investigated in 11 studies (Blazina & Watkins, 2000; Cachia, 2001; Covell, 1998; DeFranc & Mahalik, 2002; Fischer, 2007; Fischer & Good, 1998; James, 2006; Napolitano, Mahalik, & Kenny, 1999; Schwartz, 2001; Schwartz, Waldo, et al., 2004; Selby, 1999). All the patterns of men's GRC have significantly correlated with attachment to both mothers and fathers. Of the studies, 6 used either canonical correlations or structural equation modeling to assess GRC's relationship to attachment (Blazina & Watkins, 2000; DeFranc & Mahalik, 2002; Fischer, 2007; Fischer & Good, 1998; Napolitano et al., 1999; Selby, 1999). Complex and significant findings were found between GRC and measures of attachment, separation, individuation problems (Blazina & Watkins, 2000), attachment quality (Fischer, 2007), attachment styles (Cachia, 2001; Schwartz, Waldo, et al., 2004; Selby, 1999), perceptions of father's GRC (DeFranc & Mahalik, 2002), conflicts with mothers (Fischer & Good, 1998), and identity development (Napolitano et al., 1999). For example, with a sample of college men, Blazina and Watkins (2000) found that as GRC increases, so do problems of attachment, separation, and individuation with parents. In another study, higher levels of SPC, RE, and RABBM were significantly related to fearful and avoidant attachment styles (Cachia, 2001). Overall, these initial studies suggest that GRC is related to complex interpersonal dynamics related to attachment and separation from parents. These results have implications for understanding how GRC affects boys' psychological development in families and may be relevant to parent education programs.

How GRC relates to men's perception of their fathers has been studied. Men who perceived their fathers and themselves to have less GRC reported closer attachments to and less psychological separation from both parents (DeFranc & Mahalik, 2002). One other study found that drug-dependent men's RE was significantly associated with a restricted definition of fathering (McMahon et al., 2000). Other studies have found nonsignificant or mixed results when studying GRC's relationship to father mutuality (Marrocco, 2001), sex offenders' father–son relationships (Gullickson, 1993; Todryk, 1999), and attachment to parents (Covell, 1998; Swenson, 1998). In sum, attachment and fathering are significantly related to GRC, but the results are difficult to interpret because of few well-developed theories on how early bonding and gender role socialization interrelate.

Marital satisfaction, family dynamics, and couples' GRC. GRC's relationship to marital satisfaction and family life has been assessed in six studies (Alexander, 1999; Brewer, 1998; Campbell & Snow 1992; Leka, 1998; Scott, 2001; Sharpe et al., 1995). Four studies have found that each of the GRC patterns negatively correlate with marital satisfaction (Alexander, 1995; Brewer, 1998; Campbell & Snow, 1992; Sharpe et al., 1995). Furthermore, three studies have found that RE negatively relates to dyadic adjustment and that SPC significantly related to low relationship satisfaction (Breiding, 2005; Brewer, 1998; Campbell & Snow, 1992). Two studies assessed minority men's martial satisfaction and family issues. African American men who experience RE, RABBM, and CBWFR report significantly less marital satisfaction and cohesion in their relationships (Brewer, 1998), and Mexican American men who emphasize the family reported significantly more CBWFR and SPC (Leka, 1998).

Family dynamics have been assessed in the context of men's GRC. Alexander (1999) found that RE significantly related to parenting dissatisfaction and a lack of parenting self-efficacy. In addition, he found that when men's RE increased, fathering self-efficacy and fathering satisfaction decreased. Furthermore, college men's RE, RABBM, and CBWFR have been significantly correlated with family conflict, avoidance, and enmeshment/disengagement as well as decreased cohesion with both parents (Scott, 2001). From these studies, the research indicates that men's GRC significantly relates to family dynamics, but exactly how this occurs requires future research.

In the past 7 years, researchers have conducted studies on how men's GRC relates to couple dynamics and psychological functioning (Breiding, 2003, 2004; Breiding & Smith, 2002; Celentana, 2000; Rochlen & Mahalik, 2004). SPC, RE, RABBM, and total GRC score have significantly related to decreased marital adjustment, lower daily marital happiness,

greater depressive symptomatology, and greater negative affect for both men and women (Breiding, 2003, 2004; Breiding & Smith, 2002; Celentana, 2000). Two studies have assessed how women's perception of men's GRC relates to the women's relationship satisfaction and psychological health (Breiding & Smith, 2002; Rochlen & Mahalik, 2004). Wives' assessments of husbands' GRC significantly correlated with wives' decreased marital adjustment and happiness, increased depressive symptomatology, and negative affect (Breiding & Smith, 2002). Furthermore, women's reports of their partners' high RE and SPC significantly predicted less relationship satisfaction, greater depression, and anxiety (Rochlen & Mahalik, 2004). In addition, women's report of partners' lower RABBM predicted women's greater depression and anxiety. One interpretation of this finding is that when men indicate no conflict with showing affection toward other men, it may raise women's concerns about the man's sexual orientation and manifest as greater anxiety and depression.

Two studies have assessed how GRC actually affects couple's interactions and dynamics. Husbands' GRC has been significantly related to increased levels of reported spousal criticism (Breiding, 2003). Furthermore, in this same study, husbands' criticism mediated the relationship between husbands' GRC and wives' marital adjustment and depressive symptoms. In another study, husbands with high GRC engaged in hostile behaviors during marital interactions and more important, husbands' hostility mediated the relationship between husbands' GRC and wives' marital adjustment (Breiding, 2004). These studies indicate that men's GRC affects couple dynamics negatively, adversely affects women's psychological functioning, and relates to men's hostility during marital interactions. Future research with couples could explore how GRC relates to other marital problems like emotional abuse and the epidemic rates of violence against women (Harway & O'Neil, 1999; O'Neil & Harway, 1997; O'Neil & Nadeau, 1999).

Men's intimacy, self-disclosure, and male friendship. Men struggle with intimacy and self-disclosure with women and other men because of their gender role socialization. GRC has been hypothesized to restrict men's intimacy, self-disclosure, and male friendships. Nine studies have found a negative relationship between intimacy and GRC for both college age and adult men (Chartier & Arnold, 1985; Cournoyer & Mahalik, 1995; Fisher & Good, 1997; Good et al., 1995; Lindley & Schwartz, 2006; Sharpe et al., 1995; Sharpe & Heppner, 1991; Theodore & Lloyd, 2000; Van Hyfte & Rabinowitz, 2001). Two studies have assessed men's GRC and self-disclosure. Higher levels of GRC have significantly predicted lower self-disclosure (Berko, 1994). and lower RE and CBWFR have significantly predicted greater self-disclosure (Swenson, 1998). RABBM has been significantly

correlated with unexpressive behavior with Indonesian men (Horhoruw, 1991), and RE, RABBM, and SPC have been significantly related to American men's lack of intimacy and male friendship (Sileo, 1996). From the results of these initial studies, GRC significantly relates to men's lack of intimacy, self-expressions, and connection with other men.

Stereotyping, attitudes toward women, egalitarianism, homophobia, and racial bias. Research has assessed GRC's relationship to men's attitudes toward women, egalitarianism, homophobia, and racial bias. One or more patterns of GRC have significantly correlated with men's traditional attitudes toward women (Blazina &Watkins, 2000; D. T. Robinson & Schwartz, 2004; Jacobs, 1996; R. Mintz & Mahalik, 1996; Wood, 2004), sex role stereotyping (Rando, Rogers, & Brittan-Powell, 1998), and stereotypic beliefs about men's emotions (Heesacker et al., 1999). Three studies have found that low sex role egalitarianism relates to significantly higher GRC for both college and high school students (Addelston, 1995; Englar-Carlson & Vandiver, 2001; Tokar et al., 1998). Overall, these studies indicate that stereotypic thinking about women correlates with men's GRC. Limited research exists on how GRC relates to biases toward racial and ethnic groups, gay/lesbian/bisexual/transgendered persons, and other oppressed groups. In one study, White males' RABBM and SPC significantly correlated with negative attitudes toward African Americans (D. T. Robinson & Schwartz, 2004). Seven studies have found SPC, RE, and RABBM significantly related to homophobic and antigay attitudes (Kassing et al., 2005; Lindley & Schwartz, 2006; Rounds, 1994; Schwartz, Tylka, & Hood, 2005; Van Hyfte, 1999; Walker et al., 2000; Wilkinson, 2004). Overall, these studies suggest that men's GRC significantly relates to stereotypic and negative thinking about women, nonheterosexuals, and African Americans.

Men's interpersonal and sexual violence toward women. Betz and Fitzgerald (1993) reviewed men's issues in their review of diversity in Counseling Psychology. They identified male violence against women as a missing variable in the men's studies research:

> In reviewing this work, however, we are struck by the absence of any serious discussion of what could arguably be considered the most problematic aspect of the male role: the socialization of male violence. Conspicuous by its absence is any sustained attempt to analyze and intervene in what can only be considered one of the most serious social problems of our age—male violence against women. (p. 361)

Now, 15 years later, there is some evidence that the psychology of men has been responding to Betz and Fitzgerald's critique (Brooks & Silverstein,

1995; Harway & O'Neil, 1999; Jakupcak, Lisak, & Roemer, 2002; Mendoza & Cummings, 2001; O'Neil & Egan, 1993; O'Neil & Harway, 1997; O'Neil & Nadeau, 1999; T. M. Moore & Stuart, 2005). In all, 22 studies have assessed how GRC relates to men's negative or violent attitudes toward women. Specifically, GRC has been significantly correlated with sexually aggressive behaviors and likelihood of forcing sex (Kaplan, 1992; Kaplan, O'Neil, & Owen, 1993; Serna, 2004), abusive behaviors and coercion (Schwartz et al., 1998; Senn et al., 2000), dating violence (Harnishfeger, 1998), hostile sexism (Covell, 1998; Schwartz et al., 2005), hostility toward women (Rando et al., 1998; Senn et al., 2000; Serna, 2004), rape myth acceptance (Kassing et al., 2005; Rando et al., 1998; Serna, 2004; T. L. Davis, 1997), positive attitudes toward and tolerance for sexual harassment (Covell, 1998; Glomb & Espelage, 2005; Jacobs, 1996; Kearney, King, & Rochlen, 2004), and self-reported violence and aggression (Amato, 2006; Chase, 2000; Cohn & Zeichner, 2006; Johnston, 2005). M. S. Hill and Fisher (2001) conducted a mediation study and found that masculine gender role components (including SPC, RABBM, and CBWFR) significantly predicted general male entitlement, which in turn predicted sexual entitlement, which finally predicted rape-related criterion variables. The results indicated that general and sexual entitlement completely or partially mediated the links between masculinity and rape-related variables. Finally, studies have shown that high versus low levels of RE and RABBM significantly differentiate coercive from noncoercive men (Senn et al., 2000), sexually aggressive college men from nonaggressive men (Rando et al., 1998), and domestic abusers from nonviolent men (Wall & Walker, 2002). The empirical results of studies linking GRC to men's violation of women are sobering. Collectively, the studies imply that GRC is significantly related to thoughts, attitudes, and behaviors that are abusive and violent toward women.

Summary of research on men's GRC in an interpersonal context. The overall results indicate that GRC significantly relates to dysfunctional patterns in men's relationships, including interpersonal restrictions, attachment problems, and marital dissatisfaction. Furthermore, couples' dynamics, family interaction patterns, and problems with intimacy and self-disclosure have all been significantly related to GRC. A consistent pattern of significant findings suggests that GRC is related to negative interpersonal problems for men and others. Moreover, the studies indicate that GRC is related to restrictive and negative attitudes toward women, gays, and in one study, racial minorities. Even more striking and disturbing is that GRC has been significantly correlated with positive attitudes toward sexual harassment, rape myths, hostile sexism, and self-reported sexual and dating violence toward

women. The results suggest that GRC significantly relates to dysfunctional and dangerous interpersonal outcomes for men and others. The research supports what feminists have communicated for years about how restrictive gender roles are potential mental health issues for both men and women.

At the present time, few studies explain why GRC occurs and how it operates in both male and female relationships. No studies have assessed how men's GRC impacts other men. Exactly how and what kind of male and female interaction activates GRC is unknown. Documenting the interpersonal triggers of men's GRC needs to be pursued in future research. For example, the research does not explain how conforming to or deviating from masculine norms produces GRC in relationships. How the cognitive and emotional restrictions of GRC result in men's behavioral conflicts with others needs to be investigated. Many studies indicate that GRC is significantly related to attitudes that are dysfunctional, but only a few studies have correlated GRC with actual destructive or violent behavior toward others (Amato, 2006; Breiding, 2003, 2004; Breiding & Smith, 2002; Johnston, 2005; Kaplan et al., 1993). Behavioral outcomes studies need to establish that GRC results in negative outcomes for men, women, and children. More quantitative research is needed in this area, but well-designed qualitative research may also uncover the complexity of the interpersonal dynamics of GRC.

Major Findings: GRC in a Therapeutic Context

Recommendations for doing therapy with men have recently included the fragile masculine self (Blazina, 2001), men's cognitive distortions (Mahalik, 1999a), masculinity scripts (Mahalik, Good, & Englar-Carlson, 2003), men's depression (Cochran & Rabinowitz, 2003), clinical practice with men (Rochlen, 2005), men's emotional behavior (Wong & Rochlen, 2005), men's psychotherapy (Englar-Carlson, 2006; Mahalik, 1999a, 1999b; Rabinowitz & Cochran, 2002), case studies of men's therapies (Englar-Carlson & Stevens, 2006), and training counselors of men (Wester & Vogel, 2002). These publications cite GRC as a relevant therapeutic construct when doing therapy with men. However, even though they cite research to support their recommendations, a limited amount of research actually exists on men's therapy. Moreover, how to effectively help men in therapy has not been studied for very long, and neither has it been a research priority. The research on GRC in a therapeutic context is reviewed in the following sections: (a) clients' and therapists' GRC, (b) help-seeking attitudes and preferences for help, and (c) career development and psychoeducational interventions with men.

Clients' and therapists' GRC. Only eight clinical studies have assessed whether clients' GRC relates to psychological problems (Burke, 2000;

Coonerty-Femiano et al., 2001; Cusack, Deane, Wilson, & Ciarrochi, 2006; Good et al., 1996; J. A. Hayes & Mahalik, 2000; Mertens, 2000; Noyes, 2004; Van Delft, 1998). Two studies found that male counseling center clients' GRC significantly related to psychological distress including problems with hostility, compulsiveness, social discomfort, paranoia, psychoticism, obsessive-complusivity, and interpersonal sensitivity (Good et al., 1996; J. A. Hayes & Mahalik, 2000). Four other studies found that clients experience more RE and RABBM than nonclients (Burke, 2000; Coonerty-Femiano et al., 2001; Mertens, 2000; Van Delft, 1998). Clients' RE has been found to be inversely related to perception of treatment helpfulness but not to help-seeking intentions or therapeutic bond (Cusack et al., 2006). In one study, clients who experienced sexual abuse reported significantly greater RE and CBWFR than nonabused clients (P. Thomson, 1995). In one of the only process and outcome studies, Noyes (2004) found that GRC did not significantly relate to dropping out of therapy or predict rates of improvement in therapy. The research on clients' GRC comes primarily from college counseling center clients and suggests that GRC is significantly related to mental health problems.

Therapists' GRC and their clinical judgments of male clients have been studied in two studies (M. M. Hayes, 1985; Wisch & Mahalik, 1999). Therapists with high RABBM reported significantly less liking of male clients, less empathy with nontraditional male clients, and more maladjustment for nontraditional male clients (M. M. Hayes, 1985). Therapists reporting SPC and RABBM had significantly less liking for, empathy with, and comfort with male clients and were less willing to see clients who were homosexuals, angry, but not sad (Wisch & Mahalik, 1999). Furthermore, therapists with significantly less RABBM were more comfortable seeing a homosexual client and reported better prognosis for him in therapy. In both of these studies, RABBM related to therapists' feelings and thoughts about clients who were nontraditional or homosexual. These studies suggest that training may be necessary to help some therapists resolve their RABBM and biases about men who deviate from masculinity ideology.

Studies have assessed GRC's relationship to men's defenses, treatment fearfulness, perceptions of counselors, expectations about counseling, and therapy supervision (Englar-Carlson, 2001; Englar-Carlson & Vandiver, 2001; Schaub & Williams, 2007; Wester, Vogel, & Archer, 2004; Wisch, Mahalik, Hayes, & Nutt, 1995). A study assessing GRC's relationship to men's psychological defenses found that SPC, RE, and RABBM were significantly related to immature and neurotic defenses (projection, denial, and isolation) and that men who reported SPC and RE reported defenses that are turned against others (Mahalik, Cournoyer, DeFranc, Cherry, & Napolitano, 1998). GRC has also significantly predicted treatment fearfulness (Englar-Carlson & Vandiver, 2001), and men with higher GRC have

rated counselors as significantly less expert and trustworthy (Wisch et al., 1995). GRC has also been found to significantly relate to men's expectations about counseling. Men who reported RE, RABBM, and SPC had significantly higher expectations that counselors would be an expert therapist and lower expectations of taking responsibility during the counseling process (Schaub & Williams, 2007). In one of the only studies on supervisory relationships and GRC, male supervisees who reported high RE reported significantly lower self-efficacy as counselors than supervisees with low RE (Wester et al., 2004). The studies reviewed provide preliminary information on clients' and therapists' GRC and should be expanded to more process and outcome research on men's therapy.

Help-seeking attitudes and preference for help. The relationship between help seeking and men's GRC was first conceptualized by Glenn Good back in the late 1980s. Since his landmark dissertation (Good, Dell, & Mintz, 1989), research on help seeking and GRC has become an important knowledge area for therapists. Addis and Mahalik's (2003) *American Psychologist* manuscript has recently brought men's help seeking to mainstream psychology. In all, 19 studies have assessed how men's help-seeking attitudes relates to GRC (A. M. White, 2002; Blazina & Marks, 2001; Blazina & Watkins, 1996; Bursley, 1996; Cortese, 2003; Englar-Carlson, 2001; Englar Carlson & Vandiver, 2001; Good et al., 1989, 2006; Good & Wood, 1995; James, 2006; Lane & Addis, 2005; Mendoza & Cummings, 2001; Osborne, 2004; Robertson & Fitzgerald, 1992; Segalla, 1996; Simonsen et al., 2000; Tsai, 2000; Wisch et al., 1995). All but 1 study (Mendoza & Cummings, 2001) has found the patterns of GRC to be significantly related to negative attitudes toward seeking psychological help. A significant relationship between GRC and help-seeking attitudes has been found across diverse groups of men, including adult men (Cortese, 2003), Taiwanese men (Tsai, 2000), Costa Rican men (Lane & Addis, 2005), Canadian men (James, 2006), gay men (Simonsen et al., 2000), African American men (A. M. White, 2002), men with serious injuries (Good et al., 2006), and White male college students (Blazina & Marks, 2001; Blazina & Watkins, 1996; Bursley, 1996; Englar-Carlson & Vandiver, 2001; Good et al., 1989; Good & Wood, 1995; Lane & Addis, 2005; Osborne, 2004; Segalla, 1996). These results suggest that GRC and negative attitudes about help seeking are related to men across different ages, nationalities, races, sexual orientations, and special health circumstances. The stigma of seeking help because of masculinity conflicts appears to be a universal problem for the samples assessed.

Three studies have assessed GRC and men's preferences for seeking help using counseling brochures (Blazina & Marks, 2001; Robertson &

Fitzgerald, 1992; Rochlen, McKelley, & Pituch, 2006). Robertson and Fitzgerald (1992) found that men reporting high GRC were significantly more likely to prefer a nontraditional counseling brochure (i.e., describing workshops or classes) over a direct service counseling brochure. This result implies that men with high GRC were more comfortable with services outside of therapy. Rochlen et al. (2006) found that men with low GRC rated "Real Men. Real Depression" brochures as more appealing and effective than men in two other conditions. Men have also been tested using three different treatment brochures describing individual therapy, a psychoeducational workshop, and a support group (Blazina & Marks, 2001). Men reporting high GRC had negative reactions to all three treatment formats, and power dynamics were significantly related to men's treatment preferences and negative help-seeking attitudes.

In summary, there is considerable evidence that GRC is significantly related to negative attitudes about seeking help. Whether these help-seeking results explain why men are only a third of all therapy clients is a critical question. What is also unclear from these studies is whether distortions of masculine norms and experiencing GRC actually inhibit men from seeking help. These distortions and the patterns of GRC need to be identified if the barriers to help seeking (Mansfield, Addis, & Courtenay, 2005) are to be eliminated for men with GRC.

Career development and psychoeducational interventions. How GRC relates to men's career attitudes and behaviors has been one of the least researched areas. The lack of research is ironic because men's work has been defined as primary to male identity and self-worth. Four studies have assessed how GRC relates to men's career attitudes and needs (Dodson & Borders, 2006; Jome & Tokar, 1997; Rochlen, Blazina, & Raghunathan, 2002; Rochlen & O'Brien, 2002). Two of these studies indicate that men with GRC report greater career counseling stigma, decreased willingness to engage in career counseling, and greater needs for self-clarity, career information, and assistance with career indecisiveness (Rochlen et al., 2002; Rochlen & O'Brien, 2002). In addition, GRC appears to be more evident with career traditional men and also to predict career choice traditionality (Jome & Tokar, 1997; Tokar & Jome, 1998). The lack of research on GRC and men's careers makes it a primary area for theorists and researchers to pursue in future.

Whether psychoeducational interventions can change socialized GRC related to emotions, control, and success is an important therapeutic question. In all, 11 studies have used the GRCS to evaluate interventions on parenting, rape prevention, spouse abuse, sexual harassment, and dating violence with diverse groups of men who were divorced, alcoholic, or undergraduates. In

addition, 5 studies have used the GRCS to assess change from a structured program. Australian fathers enrolled in a parenting program reported no difference in GRC immediately after the program, but SPC was significantly lower 8 weeks later (McAnulty, 1996). T. L. Davis and Liddell (2002) evaluated a socialization-focused rape prevention program and found that men with lower GRC reported a significantly greater comprehension of consent and more liberal attitudes toward women. The effects of a sexual harassment tolerance training program indicated that college men who had lower SPC reported a greater reduction of harassment tolerance (Kearney et al., 2004). A 4-week group intervention to prevent dating violence demonstrated that RE can be significantly decreased and healthy entitlement can be increased (Schwartz, Magee, Griffin, & Dupuis, 2004).

Whether GRC can be changed because of a specific treatment has been also tested. There are some positive and mixed results with these studies. A 10-week GRC resolution intervention for Mexican American spouse abusers was tested and RABBM and RE were significantly decreased for the treatment compared to the control group (Schwartz & Waldo, 2003). Gertner (1994) assessed the impact of a one-semester men's studies course and found a significant decrease in RE for the treatment versus control groups. Maton, Anderson, Burke, Hoover, and Mankowski (1998) assessed the Mankind Project and found significant decreases in the participants' SPC, RABBM, and RE 1 month later. Evaluation research has also found that college men can learn about GRC and recognize the merits of seeking assistance to resolving it (Braverman, O'Neil, & Owen, 1992). Three studies found no significant effects in changing GRC of college men (Brooks-Harris, Heesacker, & Mejia-Millan, 1996), divorced men (Nahon, 1992), and alcoholics (C. M. Moore, 1993).

Summary on GRC in a therapeutic context. How GRC relates to the therapeutic processes is just now emerging as a critical area of research. An important finding is that GRC significantly relates to male clients' psychological distress and problems. The research has not assessed whether clients' problems are related to GRC and if so, how. Furthermore, no research exists on how to treat GRC in therapy, and therefore evaluated interventions are needed. There is some early evidence that GRC relates to men's treatment fearfulness, help-seeking attitudes, psychological defenses, and perceptions of counselors. Two studies suggest possible clinical biases of therapists who have GRC, and another study suggests supervisees' GRC affects their self-efficacy. Assessment of clients', therapists', and supervisees' GRC should be a fertile area for future clinical research. The significant relationships between attitudes toward help seeking and GRC are critical for therapists to recognize given the consistent findings across race, age, sexual orientation,

and nationality. GRC's significant relationship with negative help-seeking attitudes makes conceptual sense. For many men, expressing feelings and vulnerabilities and giving up some power and control may be violations of their masculinity ideology and could be threatening to their male identity. Therapists can use the help-seeking findings to facilitate men's adjustment in therapy and to be more vigilant to premature terminations. Furthermore, therapists can increase their skills of treating GRC by reading Mahalik's scholarly papers on GRC and men's depression (Mahalik & Cournoyer, 2000), cognitive distortions (Mahalik, 1999a), and interpersonal psychotherapy with men (Mahalik, 1999b, 2001a, 2001b; Mahalik & Cournoyer, 2000). Case studies of men in therapy (Blazina, 2004; Englar-Carlson & Stevens, 2006; Mahalik, 1999a; O'Neil, 2006) and three recent books (Brooks & Good, 2001b; Pollack & Levant, 1998; Rabinowitz & Cochran, 2002) are clinically important information for therapists. Finally, a diagnostic schema for assessing GRC in therapy with men is proposed later in this article for practitioners to consider.

GOAL 6: TO REPORT THE CURRENT CRITICISM AND CHALLENGES TO THE GRC RESEARCH PROGRAM

The previous criticism of the GRC research program is summarized in this section. Some of the criticism can be answered directly and some require future research and scholarly exchange. The challenges to the GRC research program are categorized in the following ways: (a) programmatic critiques, (b) personality and GRC, (c) the GRCS as a measure of conflict, and (d) the validity of the CBWFR factor for men.

Critics have identified important limitations to the overall GRC research program. First, researchers have argued that third variables explaining GRC's relationship to psychological problems have gone unidentified (Good et al., 2004). Furthermore, researchers have recommended that more complex models be devised to explain how GRC is experienced (Enns, 2000; Good et al., 2004; Tokar et al., 2000). Moderator and mediator studies have been suggested to determine precisely how GRC affects psychological maladjustment (Heppner, 1995). In addition, the research program has been criticized for failing to assess GRC longitudinally and not identifying development tasks and contextual demands that interface with men's gender role socialization (Enns, 2000; Heppner, 1995). Researchers have also noted that GRC's impact on others has been studied infrequently (Rochlen & Mahalik, 2004) and the similarities and differences between men's and women's GRC have gone unexplored (Enns, 2000; Zamarippa, Wampold, & Gregory, 2003). Finally, the GRCS has been criticized for

only measuring limited behavioral domains and not assessing areas such as sexuality, performance, homophobia, and health issues (Thompson & Pleck, 1995). All these criticisms have merit and support the development of a more complex GRC research model that is contextual.

Another area of critique has been how GRC relates to overall personality. Tokar et al. (2000) stated that previous GRC theory implies that GRC is distinct from global personality traits. No theoretical statements have been previously made about GRC's relationship to personality. Nonetheless, Tokar et al. (2000) hypothesized that GRC resulting from socialization, enculturation, or political motives is significantly related to personality. The possible interaction of GRC and personality makes theoretical sense. Tokar et al. (2003) hypothesized that personality mediates the link between GRC and mental health variables and their empirical results support this hypothesis. They concluded that GRC, compared to personality, explains very little variance in men's mental health variables. Furthermore, they indicated that the prediction of men's problems from GRC may have less to do with culturally transmitted gender role ideology than with men's core biologically based dispositions. The attribution of men's problems to a biological source is likely to be a point of contention. Two other studies have assessed whether personality mediates the relationships between GRC and other variables. Serna (2004) found similar results to Tokar et al.'s research. All significant relationships between men's GRC and sexually aggressive attitudes were completely or partially confounded by personality. Finally, Fischer (2007) found that personality (neuroticism, agreeableness, conscientiousness) mediated the effects between parental relationship quality and GRC.

Research has also shown that GRC may be distinct from personality. Sipes (2005) tested three models of GRC and personality in predicting men's interpersonal problems: personality is distinct from GRC, personality subsumes GRC, or personality interacts with GRC. She found that GRC was related to but distinct from personality. Both GRC and personality contributed unique variance in predicting men's interpersonal problems. These results differ from Tokar et al.'s (2000) results in that in Sipes's investigation, GRC contributed unique variance in explaining men's interpersonal problems. Questions about how GRC relates to personality are likely to be answered with more explicit theory and research on how personality and GRC relate to each other.

Another area of critique is whether the GRCS really measures conflict (Betz & Fitzgerald, 1993). Researchers have also questioned whether the GRCS implies conflict rather than states it directly. The critics are probably correct in arguing that some of the GRCS items could have been written to more directly assess conflict. Betz and Fitzgerald's (1993) criticism is appropriate for the SPC factor. The majority of the SPC items do not directly assess

men's GRC. Only 2 of 13 SPC items use conflict terminology and only 2 items reflect gender role devaluations. SPC is therefore defined as a masculine norms/ideology factor that more indirectly assesses GRC by measuring personal attitudes about success pursued through competition and power. This definition is also supported by previous empirical research indicating SPC is correlated with masculinity ideology (Walker et al., 2000). Future researchers should acknowledge that SPC assesses masculinity ideology/norms and is a more indirect assessment of GRC.

However, the items of the three other GRCS factors (RE, RABBM, and CBWFR) use conflict terminology and convey the negative consequences of men's gender roles. Of the GRCS items, 26 (70%) have direct conflict words (O'Neil, 2003). All of the items for RE and CBWFR use conflict terms and 75% of the RABBM items have conflict terminology. Furthermore, 62% of the items assess gender role devaluations, restrictions, or violations as operationally defined areas of conflict. In addition, two recent studies have provided empirical support that the GRCS is a measure of men's conflict using dream analysis and real and ideal levels of GRC (Liu et al., 2005; Rochlen & Hill, 2005). Evidence that the GRCS factors are related to conflict is apparent from the many studies in this review indicating that GRC is significantly related to anxiety, depression, low self-esteem, violence, and other interpersonal problems.

The last area of criticism concerns doubts about the validity of the CBWFR factor. Low correlations between masculinity measures and CBWFR have raised questions about whether it theoretically relates to the male role and whether it is unique to just men (Good et al., 1995; Jome & Tokar, 1997; Walker et al., 2000). CBWFR defines gender-related problems for both sexes, but exactly how this occurs is an open empirical question. These criticisms may have merit, but as reported in this review, considerable research shows that CBWFR is related to men's anxiety, stress, shame, and marital dissatisfaction. Predictive and discriminate validity studies on adult samples have been recommended to determine whether the CBWFR subscale measures men's GRC (Heppner, 1995). These recommendations are appropriate for clarifying what CBWFR really measures.

GOAL 7: TO SUMMARIZE HOW WELL THE EMPIRICAL RESEARCH SUPPORTS THE GRC THEORY

Despite the criticism of the GRC research program, the research to date indicates positive support for the four patterns of men's GRC. In this section of the paper, the GRC models, definitions, and hypotheses are discussed in the context of the research reviewed. Overall, the research provides support for parts of the GRC model developed in the early 1980s. The hypothesis

that men experience GRC in major domains of life was supported in three of five areas of men's lives. The research indicated that GRC significantly relates to men's psychological problems, is experienced in an interpersonal context, and has relevance for men's home and family life. Little research has assessed how GRC relates to men's career development and work behaviors, and no research has tested how men's GRC relates to physical health.

The psychological domains of GRC (cognitive, affective, behavioral, and unconscious) have mixed empirical support. Support exists relating GRC to men's cognitive and affective processes. The affective aspects of GRC are evident from significant correlations with men's reports of anxiety, depression, homonegativity, negative identity, anger, and low self-esteem. The cognitive aspects of GRC are evident by significant correlations with traditional attitudes toward women, stereotyping, antigay attitudes, homophobia, and low sex role egalitarianism. In the behavioral domain, significant correlations exist between GRC and hostile behavior, spousal criticism, sexually aggressive behaviors, and health risk behaviors. The unconscious domain of GRC has gone unexplored. In addition, the situational contexts of GRC have been supported by research indicating that GRC is related to intrapersonal processes (within the man) and in an interpersonal context in families and couple relationships (Alexander, 1999; Breiding, 2003, 2004; Breiding & Smith, 2002; Rochlen & Mahalik, 2004; Scott, 2001). There is also positive evidence for men's personal experiences of GRC (gender role devaluations, restrictions, and violations). Men's GRC relates to gender role restrictions through depression, alexithymia, problems with intimacy and self-disclosure, and negative attitudes toward help seeking. Self-devaluations are evident in that GRC relates to low self-esteem, homonegativity, depression, and shame. The research also indicates that GRC relates to men's potential to restrict, devalue, or violate others. These restrictions, devaluations, and violations of others are apparent from GRC's relationship to positive attitudes toward sexual harassment, homophobia, antigay attitudes, sexual coercion, hostility toward women, rape myths, and violence against women.

Earlier in the paper, GRC was discussed in the context of the gender role strain paradigm, specifically, the gender role dysfunction strain concept (Pleck, 1981, 1995). The data on the four patterns of GRC provide rather substantial support for Pleck's gender role dysfunctional strain concept. GRC significantly relates to areas of dysfunction that have negative consequences for men and others. SPC, RE, RABBM, and CBWFR have been significantly related to psychologically dysfunctional symptoms of depression, anxiety, anger, alexithymia, low self-esteem, stress, shame, marital dissatisfaction, homonegativity, homophobia, and negative attitudes and behaviors toward women.

There were three discernable diversity trends in the research reviewed earlier: (a) Depression and GRC significantly correlated for men across

racial, sexual orientation, and cross-cultural samples; (b) negative help-seeking attitudes significantly correlated with GRC for diverse groups of men including White college students, adult men, older gay men, African American men, and Taiwanese men; and (c) self-esteem negatively correlated with GRC for men across different races and nationalities. GRC appears to be relevant to men outside the United States in many different countries. In nearly every international study, a GRC pattern was related to a significant issue in men's lives. These international findings are tentative, but the results do suggest that GRC may transcend the American culture.

Overall, the empirical research provides support for the GRC constructs developed 25 years ago. There is now considerable empirical research indicating that men's psychological problems relate to conflict with their socialized gender roles. The criticism and challenges to the GRC research program and the positive research findings support new directions for future research. More elaborate GRC theory and research paradigms are needed to understand how GRC is experienced over the life span and how to create therapeutic interventions for men. The previous research supports new contextual domains, hypotheses, and research paradigms on men's GRC. Among these new research directions is the development of more complex moderator and mediator studies of men's GRC.

GOAL 8: TO DISCUSS SEVEN CONTEXTUAL DOMAINS OF GRC AND 18 MODERATOR AND MEDIATOR RESEARCH QUESTIONS

Moderator and Mediator Studies and Men's GRC

According to the correlational research, GRC is significantly related to both intrapersonal and interpersonal variables. One of the primary limitations of the past research has been the simplicity of the correlational studies. Complex relationships between independent, dependent, and intervening variables (moderators and mediators) have not been frequently tested. Only 23 studies have assessed how moderators affect GRC and only 14 studies have examined the mediators of men's GRC. Currently, too little research exists on the moderators and mediators of men's GRC to develop a robust theory explaining how gender roles negatively affect men and others. Heppner (1995) stated the need for moderator and mediator studies when he indicated "it would be most informative to examine more complex relationships between gender role conflict and psychological maladjustment by investigating moderating and mediating relationships" (p. 20).

To assess moderators and mediators, the contextual dimensions of men's GRC need to be more fully developed. Both developmental and social psychologists indicate that the study of gender roles needs to be contextual (Eckes & Trautner, 2000; Smiler, 2004; Trautner & Eckes, 2000). Smiler (2004) indicated "future researchers must begin to examine the influence of contextual factors, including verification of the assumptions of the invariance of an individual's masculine behavior across settings" (p. 25). Contextualism is defined by how human experience is shaped by many factors operating in concert with each other (Ford & Lerner, 1992; Lerner, 1992). A contextual analysis implies studying people in real-life situations and the dynamic interaction between individuals and the multiple contexts in which they live. Knowledge is obtained by assessing the interplay between the person and the environment. Contextualism is concerned with how ecological factors dynamically operate to shape experience and how biological, cultural, psychological, interpersonal, spiritual, political, and social contexts affect behavior.

Therefore, future research needs to assess GRC contextually because gender roles are activated by many personal, societal, racial, cultural, political, religious, and situational contingencies (Deaux & Majors, 1987). Men's GRC has been previously assessed in three contexts: intrapersonal, interpersonal, and therapeutic. These contextual dimensions represent only a partial framework to understand men's GRC and need to be expanded to include more comprehensive domains. The critical contextual questions are: How, when, and why does GRC occur? To answer these contextual questions moderator and mediator studies are needed. What contextual variables moderate and mediate men's GRC need to be specified and research questions need to be tested. In the next sections, seven contextual domains and 18 related research questions about men's GRC are discussed to establish a theoretical foundation for developing more moderation and mediation studies.

Seven Contextual Domains and 18 Research Questions of Men's GRC

The seven contextual domains of men's GRC are based on the research reviewed in this article and the previous research and theory in the psychology of men. The domains include (a) age, developmental stage, resolving developmental tasks, and gender role transitions; (b) family interaction patterns, interpersonal situations, and peer relationships; (c) masculinity ideology, norms, and conformity; (d) psychological and physical health variables; (e) men's diversity—race, ethnicity, culture, class, religious, and sexual orientation as well as identity issues related to these categories; (f) vulnerability variables related to violence, oppression, and abuse; and (g) methods to help men

resolve GRC through therapy and psychoeducational and preventive interventions. The seven domains provide an expanded theoretical basis for understanding the potential moderators and mediators of men's GRC. To operationalize the seven contextual domains, 18 moderator and mediator research questions are enumerated in Table 1. These research questions can be pursued in the future and are described in the following sections.

Age, developmental stage, resolving developmental tasks, and gender role transitions. Developmental perspectives on how gender roles affect human functioning over the life span have not been fully conceptualized (Smiler, 2004). Heppner (1995) noted, "At this point counseling psychologists know very little about gender role conflict across the lifespan or about gender role conflict within specific developmental issues like the midlife crisis" (p. 67). Moreland (1980) discussed age and change in adult gender roles and concluded that (a) men at different periods have different conceptions of masculinity, (b) men question and evaluate their gender standards during different periods and transitions, and (c) men experience stress associated with evaluation of gender role standards and age norms. These premises provide a vantage point for assessing how age and developmental stage affect boys' and men's GRC. There has been some research indicating specific age differences in GRC for men across the life cycle. As shown in Table 1, Research Questions 1 through 3 indicate that age, developmental stage, resolution of developmental tasks, and gender role transitions either moderate or mediate GRC. What moderates and mediates GRC can be studied during different developmental periods or ages, in the context of developmental tasks, and during critical gender role transitions. These research questions imply that at certain ages, during developmental stages, tasks, and transitions, men may experience high or low GRC that can affect dysfunctional behavior as well as potential for positive growth and change. Other questions imply that developmental mediators affect GRC as predictors. In other words, facing and resolving developmental tasks and going through gender role transitions may mediate how GRC is experienced in the context of psychological, interpersonal, and therapeutic outcomes in men's lives.

Family interaction patterns, interpersonal situations, and peer relationships. The second contextual domain broadens our understanding of GRC in families, with peers, and in various interpersonal contexts. The research indicates that GRC significantly relates to interpersonal processes, family issues and attachment, and peer relationships (Beatty, Syzdek, & Bakkum, 2006; Syzdek, Beatty, & Kellom, 2005). Research Questions 4 through 6 in Table 1 imply that family interaction patterns, interpersonal relationships,

TABLE 1: Moderator and Mediator Research Questions for Seven Contextual Domains of Gender Role Conflict (GRC)

Domain 1: Age, developmental stage, resolving developmental tasks, and gender role transition

1. Does age, developmental stage, or gender role transitions moderate men's and boys' GRC?
2. Do gender role transitions mediate GRC in terms of problems outcomes for boys and men?
3. Does resolving developmental tasks or failure to complete them moderate or mediate GRC for boys or men?

Domain 2: Family interaction patterns, interpersonal situations, and peer relationships

4. Do family interaction patterns, interpersonal situations, and peer relationships moderate or mediate GRC in terms of negative problem outcomes for boys, men, and others?
5. Do families' racial, ethnic, class, religious, and cultural values moderate or mediate GRC in terms of negative problem outcomes for boys, men, and others?
6. Do intimacy, friendships, work relationships, marital conflicts, parenting, and sexual functioning moderate and mediate GRC in terms of negative outcomes for boys, men, and others?

Domain 3: Masculinity ideology, norms, and conformity

7. Do masculinity ideology/norms moderate or mediate GRC in terms of negative problem outcomes for boys, men, and others?
8. Does conformity to masculinity ideology/norms or violation of them moderate or mediate GRC?

Domain 4: Psychological and physical health variables

9. Does psychological and physical health problems moderate or mediate GRC for boys, men, and others?

Domain 5: Men's diversity: race, ethnicity, culture, class, religious, and sexual orientation; Men's diversity: racial, ethnic, cultural, class, religious, and sexual identity

10. Do race, ethnicity, culture, class, religion, and sexual orientation moderate GRC in terms of problem outcomes for boys, men, and others?
11. Do internally and externally defined racial, ethnic, cultural, class, religious, and sexual identities moderate or mediate GRC in terms of problem outcomes for boys, men, and others?
12. Does acculturation to status quo norms (White, middle class, heterosexual, capitalist) moderate or mediate problems outcomes for boys, men, and others?

Domain 6: Vulnerability variables related to violence, oppression, and abuse

13. Does vulnerability to committing acts of violence, oppression, abuse, or discrimination moderate or mediate GRC in terms of negative outcomes for boys, men, and others?
14. Does being a victim of oppression (racism, classism, ageism, sexism, ethnocentrism, and heterosexism) moderate or mediate GRC in terms of traumatic outcomes for boys, men, or others?
15. Does being a victim of violence moderate or mediate GRC in terms of traumatic outcomes for boys, men, and others?

Domain 7: Methods to help men resolve GRC through therapy and psychoeducational and preventive interventions

16. Do different methods of helping (techniques, theoretical approaches) moderate or mediate GRC in terms of positive outcomes for boys and men in therapy and during psychoeducational programs?
17. Do clients' and therapists' qualities, attitudes, and behaviors moderate or mediate GRC in terms of positive outcomes for boys and men in therapy?
18. Do different kinds of preventive interventions with GRC and different ways of marketing these programs moderate or mediate whether the services are used and are effective with boys and men?

and peer relationships may moderate GRC in terms of intrapersonal, interpersonal, and therapeutic outcomes. The research questions also imply that the family, relationships, and peers may mediate how GRC is experienced in the context of intrapersonal, interpersonal, and therapeutic outcomes. These research questions significantly expand the assessment of the relational aspects of GRC interpersonally and in families. Furthermore, Research Question 5 emphasizes how family diversity (racial, class, ethnic, religious, and cultural values) affects GRC in terms of outcome variables. Also, this contextual domain implies that interpersonal interaction in families, intimate and sexual relationships, friendships, work relationships, and parenting roles may moderate or mediate boys' and men's GRC in terms of outcomes. How GRC and interpersonal dynamics affect children, partners, friends, and work relationships has gone largely unexplored. Research is needed in this interpersonal/familial domain because little is known about how GRC develops in families and whether it is transmitted intergenerationally.

Masculinity ideology, norms, and conformity. The third domain indicates that masculinity ideology, norms, and conformity moderate and mediate GRC. Research Questions 7 and 8 are supported by theory from the gender role strain paradigm (Pleck, 1995) and conformity to and endorsement of masculine norms (Levant et al., 1992; Mahalik, Locke, et al., 2003). No study has assessed whether conformity to masculinity ideology moderates or mediates GRC in terms of outcome variables. Research could assess whether conforming to or violating masculine norms affects the degree of GRC or mediates GRC in terms of outcomes like self-esteem, anxiety, depression, and other interpersonal variables. Qualitative research may first need to identify situational areas where boys and men violate or conform to masculine norms. Measuring violation of masculinity ideology may require new psychometric measures, and controlled laboratory studies may be needed so that conformity and violation can be simulated.

Psychological and physical health variables. The fourth contextual domain includes one research question on how psychological and physical health problems moderates and mediates GRC and the intrapersonal and interpersonal outcomes in men's lives. How men's psychological and physical health variables moderate or mediate GRC has been a neglected area of research. Many of the empirical studies reviewed support further examination of how psychological problems moderate and mediate GRC. The most comprehensive summary of how gender roles relate to men's health problems has been completed by Will Courtenay (Courtenay, 2000a, 2000b, 2000c, 2002). His important health agenda for men included more than 30 male behaviors that increase men's risk of disease, injury, and death (Courtenay, 2000a). Risk

factors from Courtenay's list include (a) use of health and dental services and frequency of check-ups; (b) obesity, eating habits, diet, and sleep problems; (c) stress, exercise, hypertension, and heart disease; (d) sexual dysfunctions and sexually transmitted diseases; (e) self-examination for cancer, prostate cancer tests, and monitoring cholesterol levels; (f) alcohol/drug/tobacco use, reckless risk taking, and sport injuries; and (g) suicide, violence toward others, or being a victim of violence. All of these physical health areas could be studied contextually with men's GRC. Research on men's physical and emotional health is a critical area for the psychology of men and Counseling Psychology to pursue over the coming decades.

Men's diversity: Race, ethnicity, culture, class, religion, sexual orientation and identity. The fifth contextual domain addresses how diversity variables moderate or mediate GRC. Research Question 10 states that race, ethnicity, culture, class, religion, and sexual orientations moderate GRC in terms of outcomes variables. Second, research Question 11 states that internally and externally defined racial, ethnic, cultural, class, religious, and sexual identities mediate GRC in terms of outcome variables. These diversity variables have gone mostly unexplored in the psychology of men, and how they moderate or mediate GRC is mostly unknown. Research Question 12 addresses how acculturation to status quo affects men's GRC. This topic has implications for immigrants or anyone who feels marginalized by the larger economic system or systematically discriminated against because of race, class, ethnicity, or sexual orientation. As reported earlier, seven studies have found race and acculturation to moderate GRC (A. M. White, 2002; E. J. Kim et al., 1996; Fragosa & Kaskubeck, 2000; Laurent, 1998; Lily, 1999; Shek, 2005; Wade, 1996), and two studies have found mediating effects of racial identity on GRC (Carter et al., 2005; Wester, Vogel, et al., 2006). These studies represent a promising but limited database to explain the complexity of how diversity variables moderate and mediate men's GRC.

Vulnerability variables related to violence, oppression, and abuse. Male vulnerability is an emotional and cognitive state in which a man feels emasculated, weak, inferior, unmanly, worthless, shameful, or feminine. Vulnerability can develop when striving to meet or failing to meet gender role norms of masculinity ideology. Vulnerability can also develop from experiencing oppression or discrimination; being poor, unemployed, or feeling lower class; becoming addicted, hopeless, or chronically ill; and having no purpose, confidence, or positive identity. Furthermore, vulnerability can result from being harassed or bullied; experiencing physical, psychological, or sexual victimization; or experiencing personal or institutionalized oppression (racism,

classism, ethnocentrism, homophobism, and ageism). Vulnerability is sometimes masked as defensiveness to avoid being seen as weak or to decrease the chance of being humiliated, shamed, or personally attacked. Other outcomes of vulnerability include depression, anxiety, personal rigidity, low self-esteem, inadequate empathy for others, and interpersonal violence.

Research Questions 13 through 15 relate men's vulnerability and GRC to (a) discriminating against, abusing, or being violent toward others; (b) being personally victimized by others; and (c) being victimized by institutional oppression. The previous research has correlated men's GRC with negative, abusive, or violent attitudes toward women and others. Research has not assessed how vulnerability to committing acts of violence is moderated or mediated by GRC (Research Question 13). Some research suggests that gender role–conflicted men are more violent and abusive than other men (Rando et al., 1998; Senn et al., 2000; Wall & Walker, 2002). What is unknown is how this violence moderates or mediates GRC in terms of psychological outcome variables. Another important question is whether vulnerable males with GRC are discriminatory, biased, and oppressive toward others. Do sexist, racist, ethnocentric, homophobic, and classist men have greater GRC than other men?

Research Question 14 relates to situations in which men are personal victims of oppression from racism, sexism, classism, ethnocentrism, and heterosexism. Victims are hypothesized to be more vulnerable to GRC and traumatic outcomes related to being oppressed. How oppression moderates or mediates GRC and emotional and physical health is an important question. Personal oppression is emasculating because it threatens a man's masculine identity and denies him human rights and confidence to succeed in life. No research has correlated men's GRC with being a victim of societal discrimination or oppression. Research could explore whether GRC relates to being a victim and if so, exactly how.

The third area of male vulnerability relates to being a victim of emotional abuse or physical violence. Research Question 15 focuses on: Does being a victim of violence relate to GRC and if so, how does any trauma moderate or mediate men's GRC in terms of negative psychological outcomes? GRC, trauma strain (Pleck, 1995), and conforming to masculinity ideology (Mahalik, Locke, et al., 2003) are theoretically linked with this vulnerability question. Victimizing experiences that may mediate or moderate GRC include sexual abuse, homophobic threats, bullying, physical or emotional harassment, physical assault, child abuse and neglect, war experiences, serious accidents, and other traumatizing events. How abuse and trauma moderate or mediate GRC in terms of psychological well-being is a critical area for future research.

Methods to help men resolve GRC through therapy and psychoeducational and preventive interventions. The last contextual domain raises research questions about the efficacy of therapeutic interventions to moderate or mediate success and failure when trying to help men (Research Questions 16 through 18). Assessing how to help men resolve GRC in therapy or in preventive interventions should be high-priority areas for future research. Research Question 16 asks, What specific therapeutic interventions moderate or mediate successful helping of men? Therapy research needs to focus on both clients' and therapists' GRC (L. Mintz & O'Neil, 1990). Little is known about which client and therapist qualities and attitudes help change GRC (Research Question 17). How do clients' perceptions of therapists and their expectancies of therapy moderate or mediate GRC in the therapy process? Do gender role–conflicted or biased therapists moderate or mediate the possibility that GRC can be remediated?

Increased experimentation is also needed with preventive and psychoeducational programs for men (Research Question 18). What gender role curriculum is effective, under what conditions, with different groups of men, who have different patterns of GRC, with what positive outcomes? Research could assess whether men's attitudinal change about GRC translates to behavioral changes over different time periods. Finally, research needs to assess how to market therapeutic services to men who are gender role conflicted (Rochlen et al., 2006; Rochlen & Hoyer, 2005). What public relations approaches and media campaigns moderate and mediate the likelihood that men use therapeutic services and are helped by them? Exploring what method effectively moderates or mediates men's GRC and decreases the barriers to their help seeking (Mansfield et al., 2005) is a critical question for the marketers of men's services.

GOAL 9: TO PRESENT TWO CONTEXTUAL RESEARCH PARADIGMS THAT CAN GUIDE FUTURE MODERATION AND MEDIATION STUDIES

In this section, the previous correlational research and seven contextual domains of GRC are synthesized into new research paradigms. Contextual research paradigms are proposed to guide future research on men's GRC and encourage more complex research designs. The contextual research paradigm is depicted by two conceptual diagrams shown in Figures 2 and 3. The predictor, moderator, mediator, and outcome variables of men's GRC are shown in these diagrams and represent the programmatic areas for future research with men's GRC.

Figure 2 shows the predictive, moderating, and outcome variables related to men's GRC. The purpose of Figure 2 is to help researchers generate prediction and moderator studies using the past research and theory. The top left arrow in Figure 2 shows the GRC predictors (SPC, RE, RABBM, CBWFR) relating to outcomes in the three GRC contexts shown in the top rectangles. These GRC contexts are the same research areas reviewed throughout this paper and include (a) GRC in an intrapersonal context, (b) GRC in an interpersonal context, and (c) GRC in a therapeutic context.

Prediction studies assess the variables to which GRC is significantly related. As shown in Figure 2, GRC patterns (SPC, RE, RABBM, and CBWFR) have predicted 88 outcome variables shown in the three contextual rectangles. The overall prediction question is: What demographic, psychological, physiological, racial, cultural, social, familial, interpersonal, or situational variables significantly predict men's GRC? Prediction studies are needed with contextual variables as part of the overall process of explaining what moderates and mediates GRC.

Moderators assess when or for whom a variable most strongly predicts or causes an outcome variable (Frazier, Tix, & Barron, 2004). Moderation variables affect the direction and/or the strength of a relation between independent variables (predictors) and a dependent or criterion variable (outcome; Baron & Kenny, 1986). Moderation effects explain interaction effects or how one variable depends on the level of others. Figure 2 depicts how moderator studies can be conceptualized. The longer arrow on the left in Figure 2 shows the seven GRC moderators affecting the relationship between the four GRC predictors (SPC, RE, RABBM, and CBWFR) and the outcome variables in the three GRC contexts (intrapersonal, interpersonal, and therapeutic). The seven moderators of men's GRC are the contextual domains discussed in the previous sections: (a) age, developmental stage, resolving developmental tasks, and gender role transitions; (b) family interaction patterns, interpersonal situations, and peer relationships; (c) masculinity ideology, norms, and conformity; (d) psychological and physical health variables; (e) men's diversity: race, ethnicity, culture, class, religious and sexual orientation, and related identity issues; (f) vulnerability variables related to violence, oppression, and abuse; and (g) methods to help men resolve GRC through therapy and preventive/psychoeducational interventions.

Moderator studies assess how variables contribute to fluctuations of high and low GRC. The overall moderator question is: How do demographic, psychological, physiological, racial, religious, cultural, social, familial, interpersonal, or situational variables significantly affect the direction and strength of GRC in predicting psychological outcomes for boys, men, and others? In other words, what contextual factors and situational contingencies differentiate

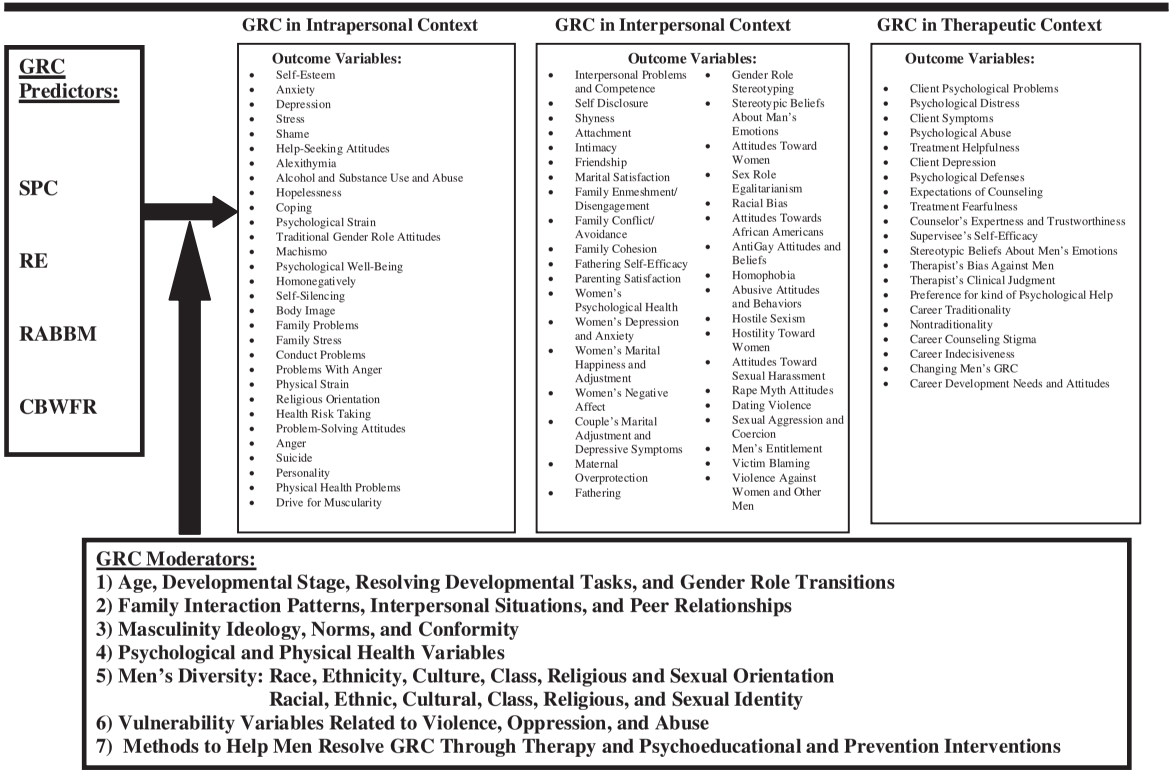

FIGURE 2 Gender Role Conflict (GRC) Predictor Variables, Outcomes Variables in Three Contexts With Seven Moderators

NOTE: SPC = Success, Power, and Competition; RE = Restrictive Emotionality; RABBM = Restrictive Affectionate Behavior Between Men; CBWFR = Conflict Between Work and Family Relations.

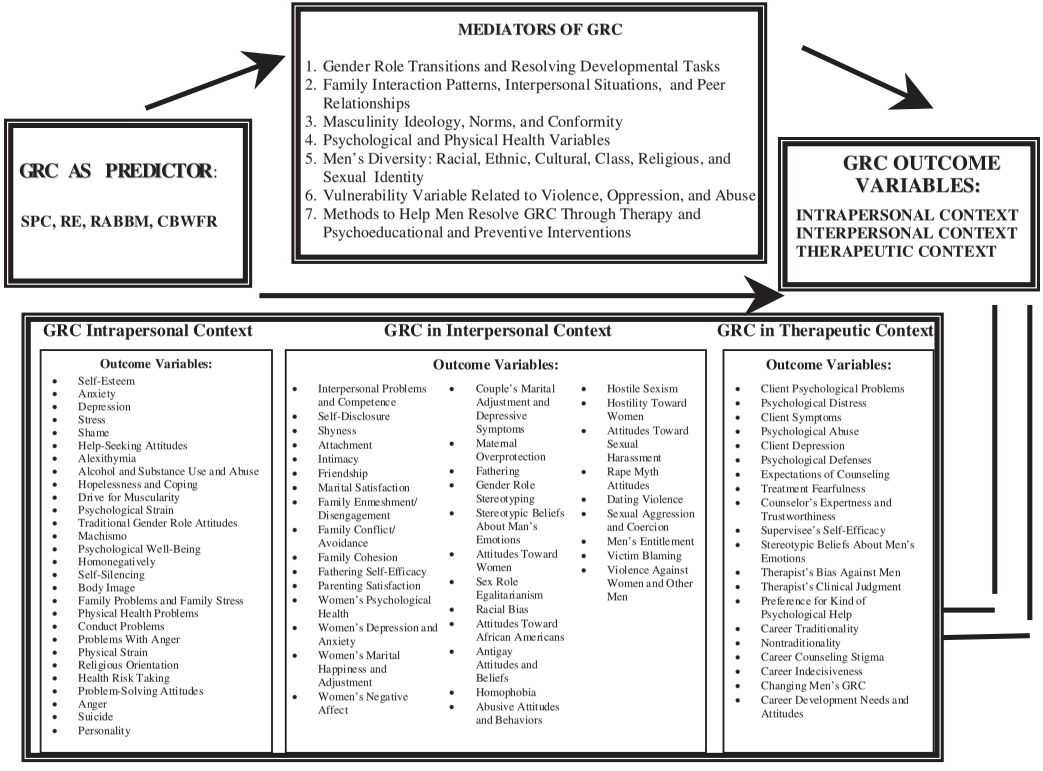

FIGURE 3 Gender Role Conflict (GRC) as Predictor, Seven Mediators of GRC, and Outcome Variables in Three Contexts

NOTE: SPC = Success, Power, and Competition; RE = Restrictive Emotionality; RABBM = Restrictive Affectionate Behavior Between Men; CBWFR = Conflict Between Work and Family Relations.

those men who experience negative effects of GRC from those who do not? For moderation studies, theoretical rationales for hypothesized interactions are needed before creating hypotheses (Frazier et al., 2004). The previous elaborations on the seven contextual domains provide an initial theoretical rationale for assessing GRC moderator effects. Furthermore, 23 studies have found GRC to be moderated by different variables. These previous studies and the correlational data reported in this review provide initial empirical justification for testing the moderators of men's GRC shown in Figure 2.

Mediator variables assess how and why one variable predicts or causes an outcome variable. Mediators assess the mechanism whereby a predictor influences an outcome and the underlying change process. Simply, mediators are the mechanisms through which an effect occurs. Figure 3 shows how mediator studies can be conceptualized. The overall research question is: How do mediation variables explain relationships between GRC and outcome variables? The figure shows the GRC predictors (SPC, RE, RABBM, and CBWFR) in the upper left rectangle directly related to the seven mediators (top center rectangle) and also related to the outcome variables in the far right and the large bottom rectangle. The mediators of GRC are the seven contextual domains defined earlier. The question captured by Figure 3 is: How and why does GRC cause men's psychological problems and what variables mediate the relationship between GRC and those problems? In other words, do demographic, psychological, physiological, racial, religious, cultural, social, familial, social, interpersonal, and situational variables relate to GRC in producing negative outcomes for men and second, what variables mediate GRC in terms of these outcomes?

There is both empirical and theoretical justification for the mediational research paradigm shown in Figure 3. For mediation analyses, predictors need to be significantly related to outcome variables (Frazier et al., 2004). As this research review has shown, SPC, RE, RABBM, and CBWFR have been significantly correlated with the 88 outcome variables in the large rectangle in Figure 3 (see the longer arrow in the middle of Figure 3 for this relationship). Presumed predictors must also be theoretically related to the mediators (Frazier et al., 2004). Men's GRC has been empirically or theoretically related to the proposed mediators as shown in Figure 3 (see shorter arrow in the upper left corner).

In summary, researchers can use Table 1 and Figures 2 and 3 to generate predictor, moderating, and mediating hypotheses for their own studies. What is a predictor, moderator, mediator, or outcome variable of GRC can be formulated by researchers using both the empirical and theoretical literature? The seven contextual domains in Figures 2 and 3 represent future programmatic areas of research for men's GRC.

Research methods to implement the contextual research paradigm. The contextual research paradigm just described needs to employ diversified research methods. First, quantitative studies need to use multiple regression and structural equation modeling to assess moderator and mediator effects of GRC (Frazier et al., 2004). The previous research cited in this review and the outcome variables in Figures 2 and 3 provide a good starting place for researchers to conceptualize their studies. Second, qualitative and case studies of men's GRC are needed. The quantitative research provides direction for future qualitative research and case studies. Only a few case studies have been completed on men's GRC (Blazina, 2004; Gale, 1999; O'Neil, 2006; O. V. Robinson, 2006; T. L. Davis, 2002; Watts & Borders, 2005; Yeh, 2005). Intensive interviews and qualitative analyses could pose questions that quantitative methods have not addressed. How, when, and why men become gender role conflicted could be assessed with qualitative research. Good examples of qualitative research methods are available and well suited for future GRC research with men (Auerbach & Silverstein, 2003; Silverstein et al., 2002). Third, experimental and laboratory studies on men's GRC are needed (Cohn & Zeichner, 2006). Some research questions are difficult to study without controlling the environmental setting. For example, laboratory studies could assess men's GRC and physiological functioning. No research exists on GRC and men's physiological responses. Psychophysiological research uses autonomic measures such as electrocardiogram, electrodermal activity (skin conductance), sweat responses, and skeletomotor activity (Tomarken, 1999). Psychophysiological research could measure unique reactions to situational and contextual GRC that is impossible with paper-and-pencil instruments. Men's GRC and psychophysiological reactions to verbal conflicts with women and other men could be tested in situations where there is conformity, nonconformity, or discrepancy with masculinity norms or ideology. In addition, controlled experimental studies are needed to document how GRC is activated by others and expressed toward others. Fourth, research studies need to employ behavioral measures when assessing men's GRC in various situational contexts. Most of the previous studies have used self-report attitudinal or affective measures. Only four studies have assessed actual behaviors. Behaviors that could be assessed include eating, sexual dysfunctions, problem solving, help seeking, contraceptive use, health care compliance, physiological responses, and violence. Another important step with the GRC research program is to conduct a meta-analysis of the completed studies. This review summarizes the number of studies and variables that have significantly correlated with GRC. This kind of review does not reveal the effect sizes for the correlational studies. A meta-analysis would provide a statistical assessment of the effect sizes for the dependent variables where there are multiple stud-

ies. Finally, the contextual study of GRC depends on more explicit theory to support the next wave of GRC research. Theoretical frameworks to better understand men's GRC are developing (Addis & Mahalik, 2003; Blazina, 1997, 2001, 2004; Brooks & Good, 2001b; Horne & Kiselica, 1999; Kilmartin, 2007; Levant et al., 1992; Levant & Pollack, 1995; Liu, 2005; Liu et al., 2005; Mahalik, 1999a, 1999b; Mahalik et al., 1998; Pleck, 1995; Rabinowitz & Cochran, 2002; Wade & Gelso, 1998; Wester, 2008) and should be integrated with the research as it accumulates over the decades.

GOAL 10: TO PRESENT A DIAGNOSTIC SCHEMA FOR PRACTITIONERS TO USE WITH MEN IN THERAPY AND DURING PSYCHOEDUCATIONAL INTERVENTIONS

Limitations exist when making therapeutic recommendations based on the reviewed studies. The research has been primarily with nonclients, outside of clinical settings, and not focused on counseling processes and outcomes. The research has not assessed how GRC affects clients during therapy, nor has it documented very many evidenced-based interventions to help men resolve it. However, even with these limitations, the research findings do support some recommendations for therapy with men. The most convincing evidence for practitioners is that GRC significantly relates to men's psychological and interpersonal problems. SPC, RE, RABBM, and CBWFR significantly correlated with men's depression, anxiety, intimacy problems, marital satisfaction, lower self-esteem, negative attitudes toward help seeking, as well as significant interpersonal and familial problems. There is also empirical evidence that GRC relates to dysfunctional and dangerous attitudes toward women and others. Furthermore, six clinical studies found clients' GRC significantly relates to psychological distress. These results suggest that GRC should be assessed during men's therapy. In the following section, a diagnostic schema to assess men's GRC is proposed for therapists working with men.

Diagnostic Schema to Assess Men's GRC

Clinically oriented researchers suggest that the culture of therapy is often incongruent with men's masculinity ideology (Rochlen, 2005). This incongruence may require special assessments of men during therapy. Two diagnostic schemas to assess men's GRC have been previously published (O'Neil, 1990, 2006) and are now expanded using the GRC research findings and the knowledge in the psychology of men. Figure 4 shows a diagnostic schema with seven GRC assessment domains, including (a) therapist's

self-assessment; (b) diversity and oppression; (c) men's defenses; (d) men's emotionality and restrictive emotionality; (e) men's distorted cognitive schemas about masculinity ideology; (f) men's patterns of GRC and gender role devaluations, restrictions, and violations; and (g) men's needs for information, psychoeducation, and preventive programs. The purpose of the diagnostic schema is to help therapists make assessments of men and better conceptualize clinical interventions in therapy and when preparing psychoeducational interventions.

Therapist's self-assessment. In the first assessment domain, therapists assess their own knowledge and biases about men. Therapists can assess how much knowledge they have about the psychology of men and the psychological consequences of restrictive gender roles. No standard curriculum currently exists on what therapists should know when doing therapy with men. Until such a curriculum exists, therapists should consult with primary sources on doing therapy with men (Brooks & Good, 2001b; Cochran & Rabinowitz, 2003; Englar-Carlson & Stevens, 2006; Horne & Kiselica, 1999; Lynch & Kilmartin, 1999; Mahalik, 1999b; Pollack & Levant, 1998; Rabinowitz & Cochran, 2002; Rochlen, 2005). Furthermore, this research review supports doing gender role assessments (Brown, 1986; Englar-Carlson, 2006) of men's GRC using nonthreatening structures that emphasize men's strengths (Good, Gilbert, & Scher, 1990; Good & Mintz, 2001). Another critical area is assessing biases toward men. Therapists' biases against men have been documented (Robertson & Fitzgerald, 1990) but not widely studied. Two studies have shown that therapists' GRC significantly relates to having less liking for nontraditional and homosexual men (M. M. Hayes, 1985; Wisch & Mahalik, 1999). Stereotyping and having biases against men are probably as frequent as they were with women in the 1970s (Brodsky & Holroyd, 1975) and therefore need to be monitored and assessed during therapy. Assessing biases when doing therapy include three interrelated processes: therapists' self-assessment of their biases about men, assessing client biases, and monitoring transference and countertransference issues between therapist and client. This first assessment domain encourages therapists to have sufficient knowledge about the psychology of men and to assess how stereotypes and biases might affect the therapy process.

Assessing men's diversity and oppression. This research review supports assessing men's GRC contextually across diversity variables. Recognizing how GRC interacts with race, class, age, religion, ethnicity, sexual orientation, and cultural values is critical. Studies have found that racial identity,

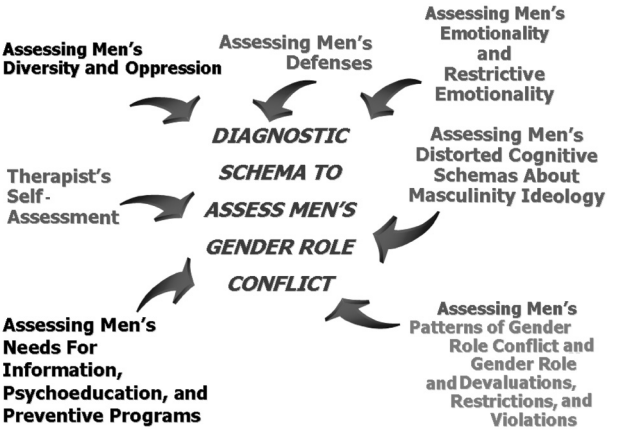

FIGURE 4 Diagnostic Schema to Assess Men's Gender Role Conflict

ethnicity, and acculturation moderate and mediate GRC. How these diversity variables affect the therapeutic process is still relatively unknown. Recommendations have been made to extend American Psychological Association's multicultural guidelines (American Psychological Association, 2003) to men's GRC and the psychology of men (Liu, 2005; Wester, 2008). These recommendations have given GRC "a multicultural face" by encouraging therapists to use knowledge about racial and cultural psychology (Carney & Kahn, 1984; Carter, 2005a, 2005b; Sue, Arrendondo, & McDavis, 1992) when doing therapy with men.

This multicultural thrust needs to be reinforced by emphasizing the social/political oppression of men. Men's GRC needs to be understood in the context of sexism, racism, classism, ethnocentrism, heterosexism, and any other oppression. Wester (2008) raised important questions for therapists working with men of different races, ethnicities, and sexual orientations. Building on his central points, therapists should reflect on these additional questions when doing therapy with men: (a) Do my stereotypic beliefs about men affect my therapeutic judgment with men who differ from me in terms of race, class, age, sexual orientation, nationality, or ethnicity? (b) Do men who deviate from traditional male stereotypes affect my judgment about their health or psychopathology? (c) Are my expectations, assessment processes, and therapeutic approaches different when treating men from different races, classes, sexual orientations, and ethnicities?

(d) Is it important to assess male clients' racial, cultural, or sexual identity in the context of their presenting problem? (e) Is it important to assess male clients' experience of racism, sexism, classism, ethnocentrism, heterosexism, or any other form of oppression? Answers to these questions can enable the therapist to understand GRC in the context of men's diversity and oppression.

Assessing men's defenses. Assessing GRC may activate men's psychological defenses particularly if the man is rigid, fragile, or in pain. Men can deny, project, and rationalize their depression, anxiety, and relationship problems. Only one study has correlated GRC to defense mechanisms (Mahalik et al., 1998), but masculine socialization has been conceptualized as a defensive process for decades (Blazina, 1997; Boehm, 1930; Jung, 1953; Levinson et al., 1978; O'Neil & Nadeau, 1999; Pollack, 1995). Assessing men's defenses raises numerous therapeutic issues. First, therapists can assume that men's defensiveness relates to protecting their gender role identity, dealing with threat, and avoiding devaluations and emasculation (O'Neil & Nadeau, 1999). Defensiveness may serve various functions for male clients that therapists can actively assess. For example, defensiveness can mediate difficult and powerful emotions, help men cope with fears about appearing feminine or being emasculated, and help men defend against perceived losses of power and control. These defensive functions could be important vantage points to understand men in therapy. Furthermore, therapists can recognize that men's defensiveness can produce restrictions in thought and behavior, emotional and cognitive distortions, overreactions, cognitive blind spots, and increased potential for restriction and devaluations of others (O'Neil & Nadeau, 1999). One approach to working with men's defense mechanisms is to define and discuss them in therapy. Working with men's defenses can open up new psychological space and facilitate greater self-processing and problem solving (Heppner et al., 2004). The therapist's role is to help men understand their defensiveness and find more functional ways to process their thoughts and emotions during therapy.

Assessing men's emotionality and restrictive emotionality. Men have problems with emotions when feelings are viewed as feminine, weak, and not part of being human. The assessment of men's emotionality in therapy has substantial support from the research reviewed. RE significantly correlates with lower self-esteem, anxiety, depression, stress, shame, marital dissatisfaction, and negative attitudes toward women and gay men and many other interpersonal restrictions.

Recommendations for assessing emotionality are related to recent critiques of men's emotions (Heesakaer et al., 1999; Heesacker & Prichard, 1992; Wester, Vogel, Pressly, & Heesacker, 2002; Wong, Pituch, & Rochlen, 2006; Wong & Rochlen, 2005). These papers challenge the stereotypes about male emotionality (Heesaker et al., 1999), suggest few differences may exist between male and female emotionality (Wester et al., 2002), and imply that men express feelings in nonverbal ways (Wong & Rochlen, 2005). Overall, therapists need to know that "men's emotional behavior is not a stable property but a multidimensional construct with many causes, modes, and consequences" (Wong & Rochlen, 2005, p. 62). Researchers are beginning to integrate the science of emotions with the study of masculinity and explain the many possible causes of emotional behavior (Wong et al., 2006). Reconceptualizing, understanding, and honoring men's diverse ways of expressing emotions is one of the most important issues for therapists.

The GRC research reviewed indicates that RE is significantly related to men's problems with intimacy, self-disclosure, attachment, male friendships, and problems in interpersonal relationships. These results can be useful to therapists when working with men who are uncomfortable with emotions during therapy. Therapists can explain that RE is primarily a socialized problem, emanating from sexist attitudes about men and emotions, and learned in families, schools, and in our larger society. Clients can explore how their RE was learned rather than conclude that it is just some personal deficit that cannot be changed. The costs of being emotionally restricted can be explained in terms of stress, depression, anxiety, and serious health problems. How men have lost their emotional potentials can be explored. Men can recognize that their "lost emotionality" may not have been their choice or fault but recognize regenerating emotion and passion in their lives is their responsibility.

Therapists can become experts in helping men develop emotional vocabularies and ways of expressing feelings. Men tend to hide emotions (Cochran & Rabinowitz, 2003), and therefore therapists can assume that some male clients may understate the personal pain in their lives. When men are emotionally restricted, one approach is to focus on their strengths of rational thought and behavioral action. Affirming a man's strength can be important in developing trust and solidifying the therapeutic alliance. An affirmation of strength, however, may not be enough to help men with their deep pain and suffering. Many times emotional discharge and the release of pain are prerequisites for effective problem solving (Heppner et al., 2004). Therefore, the assessment and nurturing of men's emotional intelligence is a primary task for the therapist of men.

Assessing men's distorted cognitive schemas about masculinity ideology. Men's distorted cognitive schemas relate to men's psychological problems and therefore are important for therapists to assess (Mahalik, 1999a, 2001a; O'Neil & Nadeau, 1999). Cognitive schemas about masculinity are how men think about gender roles in the context of masculinity ideology, norms, and conformity (Levant et al., 1992; Mahalik, Locke, et al., 2003; Pleck, 1995; Thompson et al., 1992). Distorted cognitive schemas are exaggerated thoughts and feelings about masculinity ideology in a man's life (O'Neil & Nadeau, 1999). Distorted cognitive schemas develop when men experience pressure, fear, or anxiety about meeting or not meeting stereotypic notions of masculinity. Primary areas where schemas are distorted include power, control, success, sexuality, emotionality, affection, and self-reliance. The research indicates that GRC is significantly related to depression, anxiety, stress, low self-esteem, and shame and these problems can make men vulnerable to cognitive distortions.

The relationship between cognitive distortions and GRC is theoretically and empirically undeveloped. However, assessing clients' cognitive distortions related to SPC, RE, RABBM, and CBWFR is recommended. Mahalik (1999a, 2001a) specified four steps in helping men with their distorted cognitions, including (a) assessing the specific areas of men's cognitive distortion; (b) educating men to how cognitions, feelings, and behaviors are interrelated; (c) exploring the illogical nature and accuracy of the cognitive distortions; and (d) modifying the biased distortions with more rationality. These steps provide a useful framework for working with distorted cognitive schemas and GRC. Exploring and resolving men's distortions about the meaning of therapy, strength, and help seeking can enhance the therapeutic alliance and set the stage for emotional release and effective problem solving.

Assessing men's patterns of GRC and gender role devaluations, restrictions, and violations. The assessment of men's patterns of GRC (SPC, RE, RABBM, CBWFR) as part of the therapy process has strong support from the research. Direct questioning of the client's understanding of his masculine identity and gender roles is one way to assess GRC. In addition, the GRCS and the Gender Role Conflict Checklist (O'Neil, 1988) have been used as diagnostic tools in therapy (O'Neil, 2006; Robertson, 2006), in workshops (O'Neil, 1996, 2000; O'Neil & Roberts Carroll, 1988), and academic classes (O'Neil, 2001). The direct assessment of GRC can help clients develop a gender role vocabulary that can help them understand their psychological problems. Identifying GRC patterns can also stimulate emotional disclosure about the personal experience of being a man.

The research indicates that GRC is significantly related to men's gender role self-restrictions, self-devaluations, and dysfunctional outcomes with

others. The personal experience of gender role devaluations, restrictions, or violations can be assessed during therapy. How clients personally experience GRC can be understood by sensitive listening and through probing questions that help men understand their gender role journeys (O'Neil, 1996; O'Neil, & Egan, 1992a; O'Neil, Egan, Owen, & Murry, 1993; O'Neil & Roberts Carroll, 1988). One of the primary roles for the therapist is to listen to the client's story about being a man, interpret the story from a gender role perspective, and provide support for making healthy change.

Assessing men's need for information, psychoeducation, and prevention programs. Many men need factual information about restrictive gender roles to understand how GRC affects their lives. Good and Mintz (2001) indicated that "such a focus on education and information may be especially useful for the male client . . . it plays into the stereotypic male strength of rationally examining information" (p. 594). Printed information on how GRC is related to men's psychological problems can be given to clients. Clients can read about men's issues outside of therapy using books that can help men reexamine their gender roles (Goldberg, 1977; Levant & Kopecky, 1995; Lynch & Kilmartin, 1999; Real, 1997). The therapist can prepare clients for these readings and consider the best time to share them to promote therapeutic gain. In one case study (O'Neil, 2006), the combination of having the client read about GRC and assess it in his life resulted in a breakthrough point in the therapy.

Many men can solve their problems outside of therapy if safe environments are created to explore their problems. These environments and psychoeducational interventions can be developed by mental health professionals. The creation of preventive and psychoeducational interventions for men with GRC is highly recommended. Only a handful of preventive programs have been empirically tested, but some do reveal that men can change their GRC and dysfunctional attitudes about gender roles (Gertner, 1994; Kearney et al., 2004; McAnulty, 1996; Schwartz, Magee, et al., 2004; Schwartz & Waldo, 2003; T. L. Davis & Liddell, 2002). Preventive interventions for males of all ages are recommended, including elementary, middle, and high school students and even older men who have retired. Furthermore, GRC concepts could be integrated into divorce and parent education programs and specific programs for men who are violent or sexually aggressive. Changing strongly socialized attitudes about gender roles may require potent interventions over extended periods of time. The critical question is whether attitudinal change really translates to long-term behavioral change. Furthermore, how to attract men to these psychoeducational programs may require creative advertising as the research indicates that titles and formats can activate negative attitudes about help seeking (Blazina & Marks, 2001;

Robertson & Fitzgerald, 1992; Rochlen et al., 2002; Rochlen, McKelley, & Pituch, 2006). Assessing how men's defenses and resistance may be activated before and during these programs can be critical in the overall effectiveness of these interventions.

Diagnostic schema's implications for training. The diagnostic schema can help therapists conceptualize their interventions with men using the GRC research and knowledge in the psychology of men. The seven assessment domains have important implications for training psychologists and other helping professionals. In this journal 25 years ago, I stated that "required coursework, seminars, and specific units in established curricula are needed to sensitize counselors in training to the problems that may occur due to restrictive notions of masculinity and femininity" (O'Neil, 1981a, p.76). This recommendation now has strong empirical support. Unfortunately, survey research indicates that training in the psychology of men was not proactively implemented over the decades (Mellinger & Liu, 2006). Furthermore, the research indicates that formalized training in the psychology of men is important to counseling psychologists but limited in terms of courses offered and available practicum experiences (Mellinger & Liu, 2006). Maybe the early GRC theory (O'Neil, 1981a, 1981b, 1982) without empirical evidence lacked credibility with trainers in Counseling Psychology. The GRC research reviewed in this article supports making the psychology of men a training priority in Counseling Psychology and other mental health training programs. One promising way to promote this priority is to conceptualize competencies in helping men as a critical multicultural issue (Liu, 2005; Wester, 2008). The unanswered question for the future is: What curriculum and skills should be taught to therapists and those practitioners implementing preventive programs for men? These training issues are being discussed (O'Neil, 2004a, 2004b; O'Neil, Addis, Kilmartin, & Mahalik, 2004; Wester & Vogel, 2002), but ultimately training standards for boys and men will need to be integrated with multicultural competencies and applied to accreditation guidelines for American Psychological Association counselor training programs and internships. Furthermore, these standards and competencies need to be integrated with the wealth of knowledge, research, and experience developed in the psychology of women over the past three decades.

A FINAL WORD AND INVITATION

The research reviewed indicates that GRC is related to psychologically negative effects for men and others. The "hazards of being male" (Goldberg,

1977) is no longer a mere title of a once popular paperback. Harrison's (1978) warning that the "male gender role may be dangerous to your health" has empirical support. Whether men are oppressed by sexism or are victims of it because of restrictive gender roles still cannot be determined fully by the current research. Maybe these earlier questions about men being oppressed or being victims are much less important today than in previous decades when men's issues were marginalized and considered insignificant. More significant questions need to be asked now. The questions are: How do we actively improve men's and boys' lives, educate the public to the psychology of men and women, and eliminate the epidemic of men's violence toward others?

One future direction for improving men's lives is to conceptualize healthy aspects of men's gender roles. Patterns of positive masculinity need to be derived so that boys and men can learn alternatives to sexist attitudes and behaviors that reflect GRC. The GRC research program would then shift to identifying what constitutes "healthy masculinity." This means identifying men's strengths like responsibility, courage, altruism, resiliency, service, protection of others, social justice, positive fathering, perseverance, generativity, and nonviolent problem solving. This shift moves away from what is wrong with men to identifying the qualities that empower men to improve human life and society. Empirical data on healthy masculinity could help correct the common misperception that research on the psychology of men is about documenting what is wrong with men.

Moreover, greater efforts are needed to inform the public about how men, women, boys, and girls are all potentially harmed by restrictive and sexist gender roles. Eventually, changes will be needed at the societal level in terms of how gender roles and sexism are understood interpersonally, socially, and politically. Within psychology and throughout society, resistance, confusion, and defensiveness still exist about gender roles. Many people are still unconscious of the negative effects of GRC and sexism that violate human rights. Individuals suffer in silence or unconsciously project their anger onto others, sometimes with violent outcomes. Sexism and GRC need to be understood as inhumane and not worth the capitalist rewards promised by patriarchal structures.

More vigorous dialogues among psychologists are needed on sexism and other forms of oppression. The costs of silence and inaction are great to humankind. Much more work is needed to develop a more expansive theory of the men's GRC. My hope is that future researchers and theoreticians can improve the GRC construct with more focused research, more robust operational definitions, activism, and dialogues that promote social justice for both sexes. How to conceptualize and empirically derive the patterns of women's GRC is a critical area. Alliances between the psychology of men and the psychology of women could be strengthened with increased knowledge on how women's GRC develops in families, schools, and interpersonal

relationships. Alliances are also needed with people of color, members of different classes and ethnicities, and gay, lesbian, bisexual, and transgendered people if GRC is to be understood in the context of societal injustice, discrimination, and oppression.

Finally, the hundreds of researchers and their mentors cited in this review are fully recognized for their many contributions to the GRC research program over the past 25 years. A quick perusal of the references identifies those many researchers who have significantly contributed to this research program. These researchers deserve much of the credit for how this database has developed over the years. Moreover, 75% of the GRC studies completed and 77% of the journal publications have been authored by counseling psychologists or their students. These high percentages indicate that Counseling Psychology has been the most significant contributor to the knowledge about men's GRC and has responded to earlier calls for research on men's psychological problems (O'Neil, 1981a, 1981b; O'Neil et al., 1995). An invitation is offered to future researchers and practitioners to create more knowledge on how GRC is complexly interwoven in our lives. Through this knowledge, honest dialogue, and more research, we can change patriarchal and sexist structures that victimize men, women, and children.

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