

Linking Gender-Role Conflict to Nonnormative and Self-Stigmatizing Perceptions of Alcohol Abuse and Depression

Mariola Magovcevic and Michael E. Addis
Clark University

The aim of this study was to test the theoretical assumption that individuals adhering to proscriptive masculine roles may be more likely to have negative perceptions of mental health problems, which may lower their likelihood of help seeking (M. E. Addis & J. R. Mahalik, 2003). Participants were 120 undergraduate students who completed measures assessing negative perceptions (nonnormativeness and self-stigma) of alcohol abuse and depression and adherence to proscriptive gender roles. Both men and women who endorsed experiences and beliefs associated with proscriptive masculine gender roles were more likely to perceive problems negatively. Alcohol abuse was seen as more self-stigmatizing than depression, but no mean differences emerged in perceptions of normativeness. Findings have implications for the development of gender-sensitive interventions aimed at facilitating help seeking.

Epidemiological studies indicate that in any given year, 7.7% of men in the United States suffer from depression (Kessler et al., 1994) and 16.1% suffer from addictive disorders (Kessler et al., 1994). These prevalence figures become disconcerting when epidemiological data suggest that less than 20% of those with recent psychological problems seek help (Bourdon, Rae, Locke, Narrow, & Regier, 1992; Kessler et al., 1994, 1999). Further underscoring this problem are findings suggesting that women are twice as likely as men to seek help for their problems (Bland, Newman, & Orn, 1997; Kessler, Brown, & Broman, 1981; Leaf & Bruce, 1987). These findings also hold true when controlling for number and severity of problems (Kessler et al., 1981).

These consistent reports have inspired researchers to examine factors contributing to the reported sex differences in help-seeking prevalence. One important factor contributing to these differences may be the way individuals conceptualize and construct meanings of gender, which are shaped by cultural practices and

norms. Certain help-seeking behaviors may be in conflict with individuals' gender-specific roles. In fact, adherence to masculine gender roles has been related to negative attitudes toward help seeking (Good, Dell, & Mintz, 1989; Good & Wood, 1995).

One common conceptualization of men's adherence to masculine roles rests on the construct of gender-role conflict. *Gender-role conflict* is a psychological state that stems from negative consequences of masculine role socialization (O'Neil, 1981) and can be understood as a marker of individual differences in role adherence that are a result of the processes of social gendering. The Gender Role Conflict Scale (GRCS) consists of four subscales—Restrictive Emotionality; Success, Power, and Competition; Restrictive Affectionate Behavior Between Men; and Conflict Between Work and Family (O'Neil, Helms, Gable, David, & Wrightsman, 1986)—and has been related to negative attitudes toward professional help seeking and a lesser likelihood of seeking help from close others, such as family or friends (Good et al., 1989).

Research looking at gender-role conflict and help-seeking behaviors has confirmed that men adhering to proscriptive masculinity roles are less likely to seek help and more likely to have negative attitudes toward help seeking. To date, only one study has explored this link and has found that personality variables mediate the link between gender-role conflict and help-seeking

Mariola Magovcevic and Michael E. Addis, Department of Psychology, Clark University.

This project was supported in part by a grant from the Hiatt Foundation at Clark University.

Correspondence concerning this article should be addressed to Mariola Magovcevic, Department of Psychology, Clark University, 950 Main Street, Worcester, MA 01610. E-mail: mmagovcevic@clarku.edu

attitudes (Tokar, Fischer, Schaub, & Moradi, 2000). One purpose of this study is to further explore the particular pathways through which gender roles affect help-seeking behaviors. More specifically, we were interested in examining the relationships between individuals' adherence to proscriptive gender roles, as measured by the GRCS, and their negative perceptions of mental health problems, which have been shown to affect help-seeking behaviors (Deane & Chamberlain, 1994; Kushner & Sher, 1989; Nadler, 1990).

Gender Roles and Perceptions of Problems in Living

Adherence to traditional gender roles may affect how different people perceive particular mental health problems (Addis & Mahalik, 2003). Men who subscribe to more traditional gender roles may view their problems as signs of weakness, as feminine, and as less common among men. Men who place elevated emphasis on adhering to gender roles may believe that admitting to certain problems would be judged, looked down on, and stigmatized.

Similar mechanisms may be applicable to women who adhere to beliefs associated with masculine gender roles. Because of the changing emphasis in women's roles in society (e.g., more women in the workforce, higher levels of education), women may be more likely to adhere to what have traditionally been characteristics associated with the masculine role, such as success, competition, career achievement, and restrictive emotional expression, to succeed in a society that values these characteristics. Adherence to restrictive masculine gender roles has been related to negative health consequences for both men and women (Zamarripa, Wampold, & Gregory, 2003); consequently, it is possible that women who endorse experiences associated with masculine gender roles may be equally as likely to have negative perceptions of mental health problems.

Women who place emphasis on competition, power, success, work achievement, and restrictive emotionality may perceive mental health problems similarly to men. As a result, adherence to proscriptive gender roles may interact with basic social psychological processes, such as perceptions of stigma (Deane & Chamberlain, 1994; Kushner & Sher, 1989), normative-

ness, and ego-centrality (Nadler, 1990), that affect all people in potential help-seeking contexts (Addis & Mahalik, 2003).

Drawing from social psychological research on help seeking, Addis and Mahalik (2003) posited that individuals adhering to masculine gender roles may be more likely to perceive problems as being nonnormative ("others don't experience this"), ego-central ("this is a problem with a very important part of myself"), and stigmatizing. These negative perceptions may in turn affect the likelihood of help seeking. Studies have shown that people are more likely to seek help when they believe that the problem they are experiencing is normative (i.e., many other people experience it; Nadler, 1990). Similarly, when a task is perceived as ego-central (as a quality that is central to one's self-esteem, e.g., a test of intelligence), people seek help less often than when the same task is perceived as task oriented (e.g., completing a puzzle as a game; Butler & Neuman, 1995; Tessler & Schwartz, 1972).

Stigma concerns have also been related to decreased likelihood of help seeking (Komiya, Good, & Sherrod, 2000; Kushner & Sher, 1989, 1991). However, findings have been mixed, with some reporting more stigma concerns for women and others for men (Deane & Chamberlain, 1994; Johnson, 1987). Stigma concerns may account for women being less likely to enter alcohol treatment (Schober & Annis, 1996) and men being less likely to seek help for most other mental health problems (Bland et al., 1997; Kessler et al., 1981). These discordant findings in treatment prevalence, in addition to being related to sex bias in diagnosis and assessment of certain disorders (Potts, Burnam, & Wells, 1991; Turnbull, 1989) and lack of treatments geared toward the needs of each sex (McDonough & Russell, 1994; Turnbull, 1989), may also be a function of different degrees of stigma associated with gender-normative aspects of specific problems in living. More traditional men may perceive certain problems that are not appropriate to the masculine role (such as depression) as stigmatizing ("others will see me as weak;" Warren, 1983), whereas women may perceive problems such as alcohol abuse as more stigmatizing because heavy drinking is a less culturally accepted behavior in women (Blume, 1991; Gomberg, 1988; Waisberg & Stewart, 1988).

In summary, previous research has shown that people are least likely to seek help when the problem they are faced with is perceived as uncommon, stigmatizing, and as a reflection of their self-worth (ego-central). Extending this basic research to issues of gender, these self-threatening aspects of help-seeking behaviors may be even more pronounced in men, as cultural norms define both help seeking and mental health problems as more self-threatening for men than for women. Certain problems in living are also defined as more "masculine" or more "feminine." Depression, for example, may be a more acceptable problem for women, as they are socialized to express their feelings and to exhibit "weak" emotions, such as sadness. In contrast, alcohol abuse is more culturally appropriate to the masculine role (Isenhardt, 2001; Lemle & Mishkind, 1989), and men may be more likely than women to perceive it as acceptable.

In this study, we examined men's and women's negative perceptions of two specific problems in living: depression and alcohol abuse. These specific problems were chosen because of the anticipated sex and gender-role differences associated with them (Good & Wood, 1995; Schober & Annis, 1996). We hypothesized that (a) men, generally, would perceive depression more negatively than would women, and women would perceive alcohol abuse more negatively; (b) men who subscribed to more traditional gender roles would perceive depression more negatively than less traditional men, and there would be no such relationship for alcohol abuse; and (c) women who subscribed to more traditional masculine gender roles would perceive alcohol abuse as less negative than those women who were less traditional, and there would be no such relationship for depression.

Method

Participants

Participants were 120 students (60 men and 60 women) from a private university in the northeastern United States, with ages ranging from 17 to 31 years ($M = 19.9$ years, $SD = 1.98$). The racial distribution of the sample was as follows: 90% identified as

Caucasian, 2% identified as African American, 3% identified as Latino, and 6% identified as Asian.

Measures

The GRCS. The GRCS (O'Neil et al., 1986) is a measure of gender-role conflict, which is an outcome of restrictive gender-role socialization (O'Neil, 1981). It is a 37-item questionnaire that asks people to rate their agreement with particular statements on a 6-point Likert scale (1 = *strongly disagree*, 6 = *strongly agree*). There are two versions of the GRCS. One is for men (O'Neil et al., 1986), and the other is for women (Borthick, 1998). The items on the two scales are identical except that they are made sex-appropriate by substituting "women" for "men" in some items. The GRCS consists of four subscales: Restrictive Emotionality; Success, Power, and Competition; Conflict Between Work and Family; and Restrictive Affectionate Behavior Between Men (the Same Sex). Higher scores reflect greater degrees of gender-role conflict. The subscale scores are summed to create the total score. The test-retest reliability of the GRCS for men has been reported at .88, and the internal consistencies for the four factors range from .75 to .85 (O'Neil et al., 1986). The internal consistencies for the GRCS factors for women range from .81 to .86 (Borthick, 1998), and the overall alpha was found to be .89 (Newman, 1998). As one of the most widely used measures in masculinity research, the GRCS has strong evidence of construct and criterion validity (Thompson, Pleck, & Ferrera, 1992). The factorial, construct, and criterion validity of the subscales have been supported in recent psychometric analyses (Good et al., 1995).

The Perceptions of Problems in Living Questionnaire (PPL). We developed the PPL for the purposes of this study to tap into peoples' negative perceptions of mental health problems. Three specific constructs aimed at capturing negative perceptions of mental health problems (normativeness, ego-centrality, and stigma) were chosen on the basis of a review of the literature that indicated that these specific negative perceptions were related to both help seeking (Nadler, 1990, 1991) and gender-role so-

cialization (Addis & Mahalik, 2003). Six items were generated to capture each of the three constructs, yielding a total of 18 items. A typical item designed to capture ego-centrality is "A problem like this is not a measure of my personal value." A typical item hypothesized to capture normativeness is "I wouldn't be alone if I had this problem because many people experience it," and, finally, a typical item for the stigma construct is "I would be ashamed to admit to having this problem." Six of the items were reverse coded so that higher scores on all items indicated increased negative perceptions of mental health problems.

Two specific mental health problems (depression and alcohol abuse) were chosen as stimuli for responses to the PPL. A vignette following the symptom presentation and duration of each problem on the basis of the *Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition* (American Psychiatric Association, 1994) was created (adapted from Link, Phelan, Bresnahan, Stueve, & Pescolido, 1999), and participants were asked to imagine themselves in the specific situation. The directions for the PPL and the vignettes were as follows:

People react in a number of different ways when they experience problems in life. Please read the following paragraph carefully and imagine that you are experiencing this problem:

(alcohol abuse vignette)

During the past month you have started to drink more than your usual amount of alcohol. In fact, you have noticed that you need to drink twice as much as you used to get the same effect. Several times, you have tried to cut down, or stop drinking, but you can't. Each time you have tried to cut down you have become very agitated, sweaty and you couldn't sleep, so you took another drink. Your friends have complained that you are often hung-over, and have become unreliable—making plans one day, and canceling them the next.

(depression vignette)

For the past two weeks you have been feeling really down. You wake up in the morning with a flat heavy feeling that sticks with you all day long. You aren't enjoying things the way you normally would. In fact nothing gives you pleasure. Even when good things happen, they don't seem to make you happy. You push on through your day, but it is really hard. The smallest tasks are difficult to accomplish. You find it hard to concentrate on anything. You feel out of energy and out of steam. And even though you feel tired, when night comes you can't go to sleep. You feel pretty worthless and very discouraged. Your friends have noticed that you haven't been yourself for about the

last month and that you have pulled away from them. You just don't feel like talking.

After reading the vignette, the participants were asked to imagine that they experienced the problem and to rate their level of agreement with each PPL item on a Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

Procedure

Participants were recruited at the student center at the university and were offered \$5 for their participation. Participants were asked to fill out individually a packet consisting of the GRCS, PPL, and demographic questions. On completion of the questionnaires, the participants were asked to return them to the investigator. Participation was entirely voluntary and confidential, and the study and procedures were approved by the university's Institutional Review Board. A between-subjects design was used, where students were randomly assigned to fill out either the depression or the alcohol abuse version of the PPL. The PPL was factor analyzed, and a number of statistical tests (multivariate analyses of variance [MANOVAs], univariate analyses of variance [ANOVAs], and Pearson correlations) were conducted to assess mean differences and relationships among the variables.

Results

Initial Factor Analysis of the PPL

As discussed above, when generating items for the PPL, we identified three types of perceptions of problems that have been identified in the social psychological literature as being related to help-seeking attitudes and behavior: perceptions of normativeness, ego-centrality, and stigma. We considered that each of these examples of negative perceptions of problems may or may not be correlated with one another; it was possible that the items would cluster into a single factor or multiple factors. Thus, we began by conducting an exploratory factor analysis of the PPL items to condense item scores and determine how many factors underlie the variance in response to individual items.

The initial analysis yielded a four-factor solution with eigenvalues greater than 1 and accounted for 57.7% of the variance. On examination of the four-factor solution, Factors 3 and 4, which accounted for 18% of the variance, were excluded because of interpretative difficulty and their closeness to the elbow of the scree plot (Cattell & Vogelmann, 1977). Consequently, a two-factor solution was assumed to be the best approximation of the PPL's structure. A second analysis was performed with a specified two-factor solution. The resulting matrix was initially obliquely rotated to allow for the possibility of correlated factors. However, the solution was theoretically difficult to interpret. Consequently, the resulting two-factor solution was orthogonally rotated to increase the interpretability of the factors. After rotation, the two-factor solution accounted for 41% of the variance, was interpretable theoretically, and included 14 out of the original 18 items. Items were retained if they loaded at least .35 on one factor but did not load higher than .35 on both factors.

Factor 1 included 9 items, accounted for 26% of the variance, and tapped into perceptions of

self-stigma. The items initially developed to capture perceptions of stigma were items assessing how one would perceive oneself if faced with the specific problem (i.e., "I would be ashamed to admit to having this problem") and not how stigmatizing the individual perceives the problem to be in others. These items, combined with the ego-centrality items loading on this factor, appeared to tap into perceptions of self-stigma (negative perceptions of oneself). Factor 2 included 5 items, accounted for 15% of the variance, and tapped into perceptions of normativeness. The items, factor loadings, cross-loadings, internal consistency coefficients, and measures of central tendency are presented in Table 1.

Primary Results

We conducted a MANOVA to examine the hypothesis that gender, level of gender-role conflict, and type of problem would affect participants' perceptions of self-stigma and normativeness. For this analysis, scores on the Self-Stigma and Normativeness subscales of the PPL were the dependent variables and the partici-

Table 1
Perceptions of Problems in Living Questionnaire Factors, Items, Percentages of Variance, Means, Standard Deviations, and Internal Consistency Coefficients

Factor and item	% variance	α	<i>M</i>	<i>SD</i>	Factor loading	
					1	2
Factor 1: Self-Stigma (9 items)	26	.87	28.03	6.96		
I would be disappointed in myself for having this problem.			4.08	1.07	.73	-.07
I would be ashamed to admit to having this problem.			3.34	1.13	.61	.32
If I had this problem it would make me a less worthy person.			2.81	1.14	.67	.32
Others would think less of me if I had this problem.			3.11	1.08	.80	.14
Having a problem like this would mean I failed in some way.			3.18	1.14	.73	.20
If other people found out about this problem it could get me into trouble at work or at school.			2.97	1.13	.70	-.08
Having this problem would mean that there was something seriously wrong with a part of myself I highly value.			3.24	1.02	.66	.16
My family and friends might see me as a failure if I had this problem.			2.88	1.12	.66	.25
A problem like this is not a measure of my personal value.			2.42	1.06	.50	.25
Factor 2: Normativeness (5 items)	15	.66	11.69	3.30		
Even though everybody has hard times, most people don't have problems this bad.			2.40	0.10	.10	.41
If I had this problem I would be the only one I know who had it.			2.32	1.16	.18	.69
It would be easy to find others with the same problem to talk to.			2.51	0.98	-.06	.70
I wouldn't be alone if I had this problem because many people experience it.			2.21	0.98	.07	.67
Most people don't have problems like this.			2.25	0.97	.02	.57

part's gender, their scores on the GRCS (high or low, based on a median split), and the depression versus alcohol condition were the independent variables. No covariates were used in this analysis because demographic variables, such as age and income level, were not significantly correlated with any of the dependent variables.

The 2 (gender) \times 2 (high vs. low gender-role conflict) \times 2 (depression vs. alcohol) MANOVA revealed a significant effect for gender-role conflict (Wilks's $\Lambda = .03$, $F(2, 111) = 13.05$, $p < .01$, and alcohol versus depression (Wilks's $\Lambda = .70$), $F(2, 111) = 23.97$, $p < .01$). No significant effects for gender and no significant interactions emerged. The complete results of these analyses are presented in Table 2. They indicated that both gender-role conflict and the type of problem presented predicted participants' negative perceptions of alcohol abuse and depression.

Follow-up ANOVAs indicated that gender-role conflict was related to both perceptions of self-stigma, $F(1, 112) = 25.55$, $p < .01$, and normativeness, $F(1, 112) = 6.29$, $p < .05$. Examination of the mean differences indicated that individuals with higher gender-role conflict perceived both alcohol and depression as more stigmatizing and nonnormative. In contrast, the type of problem presented had an effect on individuals' perceptions of self-stigma, $F(1, 112) = 40.86$, $p < .01$, but not on perceptions of normativeness, $F(1, 112) = 0.23$, $p = .64$. The results of the ANOVAs are presented in Table 3.¹ An evaluation of the means indicated that alcohol was perceived as more self-stigmatizing

than depression, but no differences emerged in how normative alcohol and depression were perceived to be. The means and standard deviations for each dependent measure by level of each factor are also presented in Table 3.

Our results indicated that perceptions of self-stigma and normativeness were related to gender-role conflict for both men and women and that perceptions also differed depending on the type of problem presented. To further our understanding of the link between gender-role conflict, perceptions of self-stigma, and perceptions of normativeness, we performed correlations between the four gender-role conflict factors (Restrictive Emotionality; Success, Power, and Competition; Restrictive Affectionate Behavior Between Men [the Same Sex]; and Conflict Between Work and Family) and the Self-Stigma and Normativeness factors on the PPL for alcohol and depression separately. For an examination of the correlational analyses, see Table 4. Restrictive Emotionality was positively related to negative perceptions of both alcohol abuse and depression, whereas Success, Power, and Competition was positively related to perceptions of self-stigma but not nonnormativeness. Restrictive Affectionate Behavior Between Men was positively related to both self-stigmatizing and nonnormative perceptions of depression and only to nonnormative perceptions of alcohol abuse. Finally, Conflict Between Work and Family was positively related to self-stigmatizing perceptions of alcohol abuse. The variance explained by these correlations ranged from 0% between the Conflict Between Work and Family factor and perceptions of normativeness of alcohol abuse and 25% between Success, Power, and Competition and self-stigmatizing perceptions of depression.

Table 2
2 \times 2 \times 2 Multivariate Analyses of Variance, With Self-Stigma and Normativeness as Dependent Variables

Variable	Wilks's Λ	F
GRCS	.81	13.05***
Alcohol vs. depression	.70	23.97***
Gender	.99	0.08
GRCS \times Alcohol vs. Depression	.99	0.09
GRCS \times Gender	.99	0.05
Alcohol vs. Depression \times Gender	.99	0.47
GRCS \times Alcohol vs. Depression \times Gender	.99	0.40

Note. The *dfs* for the multivariate analyses of variance were 2, 111. GRCS = Gender Role Conflict Scale.
*** $p < .001$.

Discussion

This study was aimed at examining the relationships between gender, gender-role conflict,

¹ One reason for not using the ANOVA approach is the artificial constriction of the range of the GRCS scores. To test whether the ANOVA was obscuring significant relationships, we also conducted a multiple regression analysis using sex and type of problem as dummy variables and GRCS as a continuous variable. This analysis yielded the same results as the MANOVA and is available from the authors on request.

Table 3
Univariate Analyses of Variance, Means, and Standard Deviations of Dependent Variables as a Function of Gender-Role Conflict and Alcohol and Depression Conditions for Gender-Role Conflict and Alcohol Versus Depression Effects

Variable	Self-Stigma (Factor 1)			Normativeness (Factor 2)		
	<i>F</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>M</i>	<i>SD</i>
GRCS	25.54***			6.29*		
Alcohol vs. depression	40.86***			0.23		
High GRCS		3.36	0.67		2.48	0.71
Low GRCS		2.86	0.78		2.17	0.56
Alcohol		3.45	0.66		2.28	0.67
Depression		2.77	0.73		2.37	0.66

Note. The *dfs* for all analyses of variance were 1, 112. GRCS = Gender Role Conflict Scale; High GRCS = median and above-median scores on the GRCS; Low GRCS = below-median scores on the GRCS.

* $p < .05$. *** $p < .001$.

and negative perceptions of two specific problems: alcohol abuse and depression. The study was designed as an initial test of a gender-based social psychological model of men's help-seeking behavior that posits a link between adherence to restrictive masculine norms and negative perceptions of problems in living (Addis & Mahalik, 2003). The PPL was developed specifically for the purposes of this study as a measure of negative perceptions of mental health problems. The factor analysis of the measure yielded a two-factor solution that captured individuals' perceptions of normativeness and self-stigma. These two factors were consequently used as measures of negative perceptions.

In general, our results are consistent with the gender-based social psychological model of men's help-seeking behavior; adherence to re-

strictive masculine norms, as evidenced by higher scores on the GRCS, was associated with increased perceptions of nonnormativeness and self-stigma for both depression and alcohol abuse. Below, we consider the specific findings in more detail.

Contrary to our hypotheses, no sex differences emerged in perceptions of normativeness and self-stigma for either alcohol abuse or depression. Our results suggest that masculine gender roles bear some relationship to increased negative perceptions of depression and alcohol abuse, regardless of whether a person is male or female. This indicates that it is not a person's sex that determines the way that depression and substance abuse are perceived but rather adherence to certain socially valued norms for behavior (e.g., emotional stoicism, success, ambition). College-educated women may be more

Table 4
Correlations Between Gender Role Conflict Scale Factors, Self-Stigma, and Normativeness for Alcohol and Depression

Variable	1	2	3	4	5	6
1. Self-Stigma	—	.32*	.30*	.47***	.16	.45***
2. Normativeness	.46***	—	.36**	.17	.26*	.00
3. RE	.44***	.37**	—	.30*	.65***	.06
4. SPC	.49***	.24	.24	—	.26*	.42**
5. RABBM	.34**	.34**	.53***	.45***	—	.03
6. CBWF	.09	.10	.30*	.45***	.17	—

Note. Correlations for alcohol abuse appear above the diagonal; correlations for depression appear below the diagonal. $n = 60$ in all cases. RE = Restrictive Emotionality; SPC = Success, Power, and Competition; RABBM = Restrictive Affectionate Behavior Between Men (the Same Sex); CBWF = Conflict Between Work and Family.

* $p < .05$. ** $p < .01$. *** $p < .001$.

likely to have been socialized to adhere to masculine norms to succeed and excel in competitive academic environments. These findings may indicate that the gender-based social psychological model of men's help-seeking behavior may also be applicable to women who endorse characteristics associated with traditional masculine roles.

We also hypothesized that the type of problem one is faced with influences individuals' perceptions because of the sex-typed, socially attributed characteristics of specific mental health problems. Contrary to our hypothesis, alcohol abuse was perceived as more self-stigmatizing by both men and women, but no differences in perceptions of normativeness arose between the two problems. This finding is particularly interesting, as other studies (Link et al., 1999) have reported that depression, rather than alcohol abuse, is more frequently identified as a mental disorder and is more frequently stigmatized. Our findings may be attributable to the college-educated sample participating in our study for two reasons. First, alcohol abuse may be seen as a more self-stigmatizing problem because of the prevalence of drinking on college campuses. Being out of control in one's drinking may be seen as a shameful occurrence in this population, as alcohol consumption is often a normative and acceptable aspect of everyday life. At the same time, increasing awareness of depression and its treatment may reduce the perceived stigma in young educated populations. Second, the lack of the hypothesized interaction between sex and type of problem in perceptions of alcohol abuse and depression may again be attributable to the lack of sex differences in adherence to masculine roles. College-educated men and women may be more similar in their perceptions of specific problems because of the shared context in which these problems are viewed (e.g., prevalence of drinking on college campuses, existential angst as a normative developmental stage, as well as an emphasis placed on independence, competition, and success).

Further examination of our results indicated that the restrictive factors on the GRCS (Restrictive Emotionality and Restrictive Affectionate Behavior Between Men [the Same Sex]) were significantly correlated with both nonnormative and self-stigmatizing perceptions of depression and alcohol abuse. These findings are

consistent with previous research (Good & Wood, 1995) reporting the negative correlates of these restrictive factors. Emotional restrictiveness and stoicism may lower the probability of sharing thoughts and emotions with others, which would also decrease the likelihood of finding out that others may be suffering from the same problems. This would, in turn, increase perceptions of nonnormativeness and self-stigma.

Two other factors—Success, Power, and Competition and Conflict Between Work and Family—were related to perceptions of self-stigma but not to perceptions of normativeness. This finding may indicate that those individuals who place higher demands on themselves and greater value on achievement may be more likely to view mental illness as a weakness and as a reflection on their self-worth.

In summary, our results indicate that college-aged men and women perceive problems in living similarly. Perceptions of alcohol abuse and depression are affected by individuals' adherence to proscriptive masculine gender roles and by the type of problem that one encounters. These findings are consistent with the gender-based social psychological model of men's help-seeking behavior outlined by Addis and Mahalik (2003), who posited that men's use of mental health services is a function of how gendered norms and values affect reactions to, and perceptions of, problems in living.

At this point, our findings are only generalizable to a college-aged, educated, predominantly White sample. To further elucidate the relationship between gender roles and negative perceptions of problems in living, it is important to replicate these findings in a more diverse sample. In addition, the PPL was administered to individuals who were asked to imagine themselves in a specific situation (alcohol abuse or depression). The validity of this study could be improved by administering the PPL to individuals who do actually suffer from these disorders. In addition, there are some methodological limitations to this study. First, the GRCS, although a widely used and validated measure, only assesses a restricted range of gender roles. Consequently, future studies should assess a wider range of potentially proscriptive gender roles to gain a better understanding of the factors influencing negative perceptions of problems in living.

Second, the PPL was designed specifically for the purposes of this study, and the validity and reliability of this measure need to be further evaluated in future research. The internal consistency of the Normativeness factor was lower than optimal and could be improved by adding additional items and re-administering the PPL to improve reliability. In spite of these limitations, this study has made a first attempt at explaining the link between individuals' adherence to gender roles and negative perceptions of problems in living. Further understanding of the link between gender and perceptions of problems in living may elucidate the mechanisms that hinder help seeking. Awareness of these mechanisms will allow us to develop gender-sensitive interventions aimed at reducing the perceived stigma and nonnormativeness of certain problems in living. This may increase individuals' openness to seeking help and may decrease the overall stigma attached to mental health issues. Future research should test the hypothesized link with help-seeking behaviors to further explicate the relationship between individuals' adherence to masculine gender roles, negative perceptions of problems, and help-seeking behaviors.

References

- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the context of help seeking. *American Psychologist, 58*, 5–14.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Bland, R. C., Newman, S. C., & Orn, H. (1997). Help-seeking for psychiatric disorders. *Canadian Journal of Psychiatry, 42*, 935–942.
- Blume, S. B. (1991). Sexuality and stigma: The alcoholic woman. *Alcohol Health and Research World, 15*, 139–146.
- Borthick, M. J. (1998). Gender role conflict and suicidal ideation in an adolescent and young adult population: Age 18–24. (Doctoral dissertation, Tennessee State University, 1997). *Dissertation Abstracts International, 58*, 4437.
- Bourdon, K. H., Rae, D. S., Locke, B. Z., Narrow, W. E., & Regier, D. A. (1992). Estimating the prevalence of mental disorders in U.S. adults from the Epidemiological Catchment Area Study. *Public Health Reports, 107*, 663–668.
- Butler, R., & Neuman, O. (1995). Effects of task and ego achievement goals on help-seeking behaviors and attitudes. *Journal of Educational Psychology, 87*, 261–271.
- Cattell, R. B., & Vogelmann, S. (1977). A comprehensive trial of the scree and KG criteria for determining the number of factors. *Multivariate Behavioral Research, 12*, 289–325.
- Deane, F. P., & Chamberlain, K. (1994). Treatment fearfulness and distress as predictors of professional psychological help-seeking. *British Journal of Guidance and Counseling, 22*, 207–217.
- Gomberg, E. L. (1988). Alcoholic women in treatment: The question of stigma and age. *Alcohol and Alcoholism, 23*, 507–514.
- Good, G. E., Dell, D. E., & Mintz, L. B. (1989). Male role and gender role conflict: Relations to help-seeking in men. *Journal of Counseling Psychology, 36*, 295–300.
- Good, G. E., Robertson, J. M., O'Neil, J. M., Fitzgerald, L. F., Stevens, M., DeBord, K. A., et al. (1995). Male gender role conflict: Psychometric issues and relations to psychological distress. *Journal of Counseling Psychology, 42*, 3–10.
- Good, G. E., & Wood, P. K. (1995). Male gender role conflict, depression, and help seeking: Do college men face double jeopardy? *Journal of Counseling and Development, 74*, 70–75.
- Isenhardt, C. (2001). Men's issues in substance abuse treatment. In G. R. Brooks & G. E. Good (Eds.), *The new handbook of psychotherapy and counseling with men: A comprehensive guide to settings, problems, and treatment approaches* (pp. 246–262). San Francisco: Jossey-Bass.
- Johnson, M. E. (1987). Influences of gender and sex role orientation on help-seeking attitudes. *The Journal of Psychology, 122*, 237–241.
- Kessler, R. C., Brown, R. L., & Broman, C. L. (1981). Sex differences in psychiatric help-seeking: Evidence from four large-scale surveys. *Journal of Health and Social Behavior, 22*, 49–64.
- Kessler, R. C., McGonagle, K. A., Zhao, S., Nelson, C. B., Hughes, M., Eshelman, S., et al. (1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States. *Archives of General Psychiatry, 51*, 8–19.
- Kessler, R. C., Zhao, S., Katz, S., Kouzis, A. C., Frank, R. G., Edlund, M., et al. (1999). Past-year use of outpatient services for psychiatric problems in the National Comorbidity Survey. *American Journal of Psychiatry, 156*, 115–123.
- Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology, 47*, 138–143.
- Kushner, M. G., & Sher, K. J. (1989). Fear of psychological treatment and its relation to mental health services avoidance. *Professional Psychology: Research and Practice, 20*, 251–257.

- Kushner, M. G., & Sher, K. J. (1991). The relation of treatment fearfulness and psychological services utilization: An overview. *Professional Psychology: Research and Practice, 22*, 196–203.
- Leaf, P. J., & Bruce, L. M. (1987). Gender differences in the use of mental health-related services: A re-examination. *Journal of Health and Social Behavior, 28*, 171–183.
- LeMLE, R., & Mishkind, M. E. (1989). Alcohol and masculinity. *Journal of Substance Abuse Treatment, 6*, 213–222.
- Link, B. G., Phelan, J. C., Bresnahan, M., Stueve, A., & Pescolido, B. A. (1999). Public conceptions of mental illness: Labels, causes, dangerousness, and social distance. *American Journal of Public Health, 89*, 1328–1333.
- McDonough, R. L., & Russell, L. (1994). Alcoholism in women: A holistic, comprehensive care model. *Journal of Mental Health Counseling, 16*, 459–474.
- Nadler, A. (1990). Help-seeking behavior as a coping resource. In M. Rosenbaum (Ed.), *Learned resourcefulness: On coping skills, self-control, and adaptive behavior* (pp. 127–162). New York: Springer.
- Nadler, A. (1991). Help-seeking behavior: Psychological costs and instrumental benefits. In M. S. Clark (Ed.), *Prosocial behavior* (pp. 290–311). Newbury Park, CA: Sage.
- Newman, S. G. (1998). Self-silencing, depression, gender role, and gender role conflict in women and men. (Doctoral dissertation, Columbia University, 1997). *Dissertation Abstracts International, 58*, 6818.
- O'Neil, J. M. (1981). Male sex role conflicts, sexism, and masculinity: Psychological implications for men, women, and the counseling psychologist. *The Counseling Psychologist, 9*, 61–80.
- O'Neil, J. M., Helms, B. J., Gable, R. K., David, L., & Wrightsman, L. S. (1986). Gender-Role Conflict Scale: College men's fear of femininity. *Sex Roles, 14*, 335–350.
- Potts, M. K., Burnam, M. A., & Wells, K. B. (1991). Gender differences in depression detection: A comparison of clinical diagnosis and standardized assessment. *Psychological Assessment, 3*, 609–615.
- Schober, R., & Annis, H. M. (1996). Barriers to help-seeking for change in drinking: A gender-focused review of the literature. *Addictive Behaviors, 21*, 81–92.
- Tessler, R. C., & Schwartz, S. H. (1972). Help-seeking, self-esteem, and achievement motivation: An attributional analysis. *Journal of Personality and Social Psychology, 21*, 318–326.
- Thompson, E. H., Pleck, J. H., & Ferrera, D. L. (1992). Men and masculinity: Scales for masculinity ideology and masculinity-related constructs. *Sex Roles, 27*, 573–607.
- Tokar, D. M., Fischer, A. R., Schaub, M., & Moradi, B. (2000). Masculine gender roles and counseling-related variables links with and mediation by personality. *Journal of Counseling Psychology, 47*, 380–393.
- Turnbull, J. E. (1989). Treatment issues for alcoholic women. *Social Casework, 70*, 364–369.
- Waisberg, J., & Stewart, P. (1988). Gender role non-conformity and perceptions of mental illness. *Women and Health, 14*, 3–16.
- Warren, L. W. (1983). Male intolerance of depression: A review with implications for psychotherapy. *Clinical Psychology Review, 3*, 147–156.
- Zamarripa, M. X., Wampold, B. E., & Gregory, E. (2003). Male gender role conflict, depression, and anxiety: Clarification and generalizability to women. *Journal of Counseling Psychology, 50*, 333–338.

Received March 8, 2004

Revision received July 18, 2004

Accepted August 23, 2004 ■