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Gender role conflict, attachment style, interpersonal problems, and help-seeking
in
adult men

By

Shamus D. James



A thesis submitted to the Faculty of Graduate Studies and Research in partial
fulfillment of the requirements for the degree of Master of Education
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Abstract

This study examined male gender role conflict, attachment style, interpersonal problems and attitudes toward seeking psychological help. A non-clinical population of 80 adult men responded to an advertisement placed in various locations around a large Canadian university campus. Participants completed four self-report measures: the Gender Role Conflict Scale, Adult Attachment Style Questionnaire, Inventory of Interpersonal Problems Scale, and Attitudes Toward Seeking Professional Psychological Help Scale. Correlational and regression analyses revealed that Restricted Affectionate Behaviour Between Men predicted less positive attitudes toward seeking psychological help for men. Three types of insecure attachment (Discomfort with Closeness, Relationships as Secondary, and Need for Approval) also predicted less positive attitudes toward seeking psychological help for men. Secondary hypotheses were supported suggesting a strong relationship among male gender role conflict, men's attachment styles, and men's experience of interpersonal problems.

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To my family, thank you for giving me the solid foundation of love and stability that has enabled me to confidently approach all tasks in life. To my wife, Guylaine, thank you for making my life wonderful and exciting.

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INTRODUCTION

It has been well established in the literature that males and females differ in psychological help seeking (Bowen & Richman, 1991; Bringle & Byers, 1997; Butcher, Rouse, & Perry, 1998; Doss, Atkins, & Christensen, 2003). Specifically, it has been demonstrated that women have more positive attitudes toward seeking individual therapy than do men and that women actually comprise two thirds of the clientele at mental health centers and in private treatment (Butcher et al., 1998; Chesler, 1972; Doss et al., 2003). Yet, men do not differ from women in the amount of unhappiness they report or number of psychological symptoms experienced (Chesler, 1972; Kessler, Brown, & Broman, 1981).

Several reasons have been posited for male reluctance to attend therapy. Most commonly, researchers have suggested that male gender role socialization might relate to male reluctance to seek professional psychological help (Good, Dell, & Mintz, 1989; Robertson & Fitzgerald, 1992). Male gender role socialization in general refers to the way men learn and adhere to societal definitions of what it means to be a man (Addis & Mahalik, 2003). Indeed, Robertson & Fitzgerald (1992) found that men with more traditional gender role attitudes expressed more negative attitudes toward individual counselling. Yet, other researchers have discovered that men's psychological help seeking attitudes are predicted by what they describe as gender role conflict (O'Neil, Helms, Gable, David, & Wrightsman, 1986). Gender role conflict represents a refinement of gender role socialization, and has been defined as "a psychological state where gender roles have negative consequences or impact on the person or others" (O'Neil et al., 1986, p.336). Gender role conflict arises when men are unable to meet the

sometimes unrealistic and contradictory demands of the traditional male gender role.

The link between gender role conflict and negative attitudes toward seeking psychological help in men has generally been supported (e.g. Addis & Mahalik, 2003). However, some research has highlighted the idea that only certain components of gender role conflict are related to men's attitudes toward seeking psychological help (e.g. Good & Wood, 1995), and further research is warranted.

Several studies have also demonstrated that male gender role conflict is linked with measures of psychological maladjustment (eg. Cournoyer & Mahalik, 1995; Good & Wood, 1995). Gender role conflict has been linked with lower self-esteem (Sharpe & Heppner, 1991), higher anxiety (Cournoyer, 1994), greater levels of depression (Good & Wood 1995), greater levels of substance abuse (Blazina & Watkins, 1996), and higher levels of stress (Sharpe, 1993). The apparent link between gender role conflict and psychological maladjustment highlights an emerging paradox within the literature. That is, gender role conflict appears to be related to psychological maladjustment and at the same time presents as an inhibiting factor for men when it comes to seeking help for psychological issues.

One area that has only recently drawn some attention is the relationship between men's gender role conflict and interpersonal functioning. While interpersonal problems are among the most common complaints reported by clients who seek counselling (Horowitz, 1979), very little research has sought to directly explore the connection between male gender role conflict and interpersonal problems. Mahalik (1996) found that college men's gender role conflict correlated with extreme interpersonal behaviour such as being cold, detached, and socially inhibited. Other researchers found that higher

levels of gender role conflict were negatively associated with intimacy and close male relationships (Fischer & Good, 1995; Sharpe & Heppner, 1991; Sielo, 1995). One focus of this study will be to formally explore the relationship between gender role conflict and men's self-reported levels of interpersonal problems.

While gender role conflict has been associated with interpersonal problems, no research has explored the relationship between men's interpersonal problems and psychological help seeking. Some research concerning psychological problems in general has supported the idea that a person's increased experience of psychological problems relates to increased help seeking behavior (Halgin, Weaver, Edell, & Spencer, 1987). Halgin et al. (1987) found that in a population of both male and female college students, greater levels of depression were associated with greater help seeking intentions. However, Kessler et al. (1981) found that men and women differ with regard to psychological problem recognition. They suggested that women are considerably more likely than men to recognize emotional problems when they exist. More specifically, they revealed that while men were able to identify symptoms associated with depression and low levels of well being, they were significantly less likely than women to view these symptoms as problematic. Of particular interest in this study, is whether men who report symptoms of interpersonal problems, as a specific class of psychological problems, will be more or less likely to report favorable attitudes toward seeking psychological help.

Another area that has begun to receive some attention is the relationship between gender role conflict and adult attachment style (Blazina & Watkins, 2000; Blazina 2001). Blazina and Watkins (2000) revealed that male gender role conflict was negatively

correlated with secure attachment to the mother and the father. Blazina (2001) suggested that future research might explore the relationship between gender role conflict and attachment using an alternate measure of adult attachment. This study will serve that purpose. As well, this study will examine the relationship between adult attachment style and men's attitudes toward seeking psychological help. To date, there have been no studies seeking to directly investigate whether help seeking attitudes among men are predicted by attachment styles.

In sum, past research on male reluctance to seek psychological help has focused on gender role socialization, and more specifically, gender role conflict. Relatively little research has investigated how men's interpersonal problems, as a specific class of psychological problems, relates with male gender role conflict and men's psychological help seeking behaviour. Further, researchers have only begun to explore the relationship between male gender role conflict and adult attachment styles, and no research has sought to examine the effect of male adult attachment style and attitudes toward psychological help seeking. As such, the present study is designed to explore the relationships among male gender role conflict, men's interpersonal problems, and men's adult attachment styles and how each construct predicts men's attitudes toward seeking psychological help.

LITERATURE REVIEW

Gender and Help Seeking

There has long been a stereotype that men are generally reluctant to ask for help when they experience a problem. This stereotype has been applied to men in a variety of situations ranging from asking for directions to going to the medical doctor (Tudiver & Talbot, 1999). Although this stereotype has typically been perpetuated by anecdotal evidence, several studies have indeed reported that males are generally less likely to seek help than are women (Cheatham, Shelton, & Ray, 1987; Johnson, 1987; Neighbours & Howard, 1987).

Specifically, studies have consistently revealed that men are more reluctant to seek help from mental health professionals than are women (Bringle & Byers, 1997; Bowen & Richman, 1991; Butcher et al., 1998). Men are less likely to seek help for problems as diverse as depression, marital problems, and stressful life events (Bringle & Byers, 1997; Butcher et al., 1998). Male reluctance to seek help is evident across cultures as well (Gim, Atkinson, & Whiteley, 1990; Kunkle, 1990; McCarthy & Holliday, 2004). Kessler et al., (1981) conducted an analysis of four surveys examining sex differences in psychiatric help seeking and found that women sought help at a higher rate than men even though emotional problems were comparable. Doss et al. (2003) revealed that in the process of seeking marital therapy, females were found to rate higher in consideration of treatment and treatment seeking.

One proposed reason for male reluctance to seek psychological help relates to men's attitudes. Several studies suggest that men not only seek psychological help less often, but also hold less favorable attitudes toward seeking psychological services

(Fischer & Turner, 1970; Leong & Zachar, 1999; Kessler et al., 1981). Komiya, Good, and Sherrod (2000) found that compared to women, men possess more closed attitudes toward help seeking, perceive more stigma associated with counseling and report less severe psychological symptoms. Leong and Zachar (1999) also found that men, when compared with women, held more negative views of psychological help seeking. Men were found to lack in recognition of need for help, expressed less confidence in practitioners, and were more interpersonally closed. The challenge posed to researchers now is to more fully explore the factors that might contribute to men's attitudes toward seeking psychological help and ultimately to address male reluctance to seek help for psychological concerns.

Gender Role Socialization

Various social, interpersonal and personality factors affect a man's decision to seek professional counseling (Cusack, Deane, Wilson, & Ciarrochi, 2004; Mahalik, 1996). Preconceptions or beliefs about counseling, attitudes of family or friends toward counseling, the ability or desire to disclose feelings and experiences, along with the immediacy of interpersonal difficulties are all factors that influence a person's decision to seek help (Addis, & Mahalik, 2003; Cusack et al., 2004; Mahalik, 1996). Yet, all of these factors are also influential for women and do not fully address why men are specifically more reluctant to seek help for psychological concerns.

There is a growing body of research that proposes male reluctance to seek out professional psychological help may be related to gender role socialization (Addis & Mahalik, 2003; Good & Wood, 1995; Wisch, Mahalik, Hayes, & Nutt, 1995). Gender role can be described as different attitudes and behaviors, defined by society, about what

it means to be a male or a female (O'Neal et al., 1986). It is suggested that values, norms, and ideologies such as emotional control and self-reliance are part of male gender role socialization. O'Neil (1981) called this the masculine mystique. Through the process of socialization, many men may internalize the messages that power, dominance, competition, individuality, and control are essential to a masculine identity. Further, men may believe that to reveal emotions or vulnerabilities is a sign of femininity and should be avoided.

To better facilitate understanding of the masculine mystique, Mahalik, Good, and Englar-Carlson (2003) have summarized seven stereotypical masculine scripts associated with male gender role socialization. First, a man is supposed to be strong and silent. The strong and silent script suggests that a man ought to be stoic and in control of his feelings. Next, the tough-guy script. The tough-guy script suggests that a man be aggressive, fearless, and invulnerable. Third, the give-em-hell script speaks also to male aggression and violence, and often highlights male aggression as an instrument for problem solving. The fourth masculine script is the playboy script. This script relates to the strong messages men receive concerning sexual prowess. That is, that a man's worth is in some way measured by his sexual conquests. This attitude also relates to messages that a man ought to be emotionally detached in relations with others. The fifth masculinity script is the homophobic script. When one of the main messages of the masculine identity is not to be female, it is not surprising that characteristics that are potentially associated with homosexuality, such as any intimate connection with other men, is discouraged. As such, the homophobic script may serve to stifle emotional expression between men for fear that one might be viewed negatively. Men are also

socialized to adopt the winner script. The winner script implies that a man be competitive and successful. Men are rewarded for achievement and advancement, not restraint and complacency. Finally, men are encouraged to act out the independent script. The independent script suggests that men should go it alone, and less reliance is placed on seeking help or support from others.

It is suggested that these masculinity scripts define stereotypical male gender roles, and might be in conflict with help seeking behaviors (Addis & Mahalik, 2003; Mahalik, et al., 2003). Indeed, Robertson and Fitzgerald (1992) found that men who expressed opinions that were consistent with more traditional masculine attitudes were less willing to seek counseling than men who endorsed less traditional masculine socialization attitudes. Good et al. (1989) concluded that as men's roles became less traditional, their attitudes toward help seeking became more positive. It makes intuitive sense why men might be reluctant to seek psychological help given that help seeking may come into conflict with societal definitions of what it means to be a traditional male. Indeed, most forms of psychological help involve a certain degree of emotional expression and interpersonal vulnerability. Yet, according to the traditional male gender role model, emotional expression and interpersonal vulnerability seem to be virtually taboo.

Gender Role Conflict

Through the process of socialization, many men may internalize the message that adherence to the stereotypical masculinity scripts is essential to a masculine identity. Further, men may believe that to deviate from the traditional gender role is a sign of vulnerability or femininity and should be avoided. Yet, for men, the demands of a

prescribed gender role may be virtually impossible at times, resulting in psychological strain. Taken literally, traditional masculine gender role scripts appear to set men up for internal conflict. While men may experience emotions and feel vulnerable, they may also feel that to express their emotions or to reveal their vulnerability would go against what society deems as manly. As a result, men may restrict their emotional expression and attempt to hide their vulnerabilities resulting in psychological strain and restriction of their human potential.

O'Neil et al. (1986) have defined the inherent conflict between men's gender role socialization and psychological well being and termed it gender role conflict. Gender role conflict represents a significant paradigm shift in the conceptualization of the relationship between gender role and psychological well being. Gender role conflict has been defined as "a psychological state where gender roles have negative consequences or impact on the person or others" (O'Neil et al., 1986, p.336). Gender role conflict arises when men are unable to meet the sometimes unrealistic and contradictory demands of the traditional male gender role. Gender role conflict can be thought of as negative feelings like shame and anxiety that men may experience due to endorsement of what society defines as feminine roles (O'Neil et al., 1986).

An example of gender role conflict might involve the paradoxical situation where a man feels he is defined by financial success, and as such strives for this success at the expense of familial relations. In this example, the man may desire better relations with his family, but may feel conflicted by the perception that to divert his attention from making money reduces his value as a man. Another example involves the cliché that men do not cry. While crying can be a healthy emotional expression, many men may

feel that to do so is unmanly, and as a result, emotional expression may be inhibited. Both examples highlight the internal conflict that becomes salient when a man attempts to balance the societal expectation of what it means to be a man against natural human needs for interpersonal attachment and emotional expression.

Formal assessment of gender role conflict began with O'Neil et al.'s (1986) development of the gender role conflict scale (GRCS) as an empirically derived tool for measuring the patterns of gender role conflict experienced by men. Using factor analysis, four patterns of gender role conflict were defined: Success, Power, and Competition (SPC); Restrictive Emotionality (RE); Restrictive Affectionate Behaviour Between Men (RABBM); and Conflict Between Work and Family Relations (CBWFR) (O'Neil et al., 1986). The Success, Power and Competition factor measures the level of emphasis a man places on achievement in the work or school setting. The SPC factor also measures the level of emphasis a man places on control over others and competition with others for personal gain. Restrictive Emotionality reflects a man's discomfort with expressing emotions around others and a man's belief that withholding emotions is expected male behaviour. Restrictive Affectionate Behaviour Between Men is a measure of discomfort with emotional expression specifically with other men, and has also been referred to as the homophobia scale. Finally, Conflict Between Work and Family Relations is a measure of stress men experience due to the trade off between succeeding in work or school and the demands of family life. Using the gender role conflict paradigm, one focus of this research is to explore the relationship between gender role conflict and men's reluctance to seek help for psychological concerns.

Gender Role Conflict and Attitudes Toward Psychological Help Seeking

There is a select body of literature that has consistently linked male gender role conflict with less positive attitudes toward seeking psychological help (e.g. Good & Wood, 1995; Wisch et al., 1995). However, there is some discrepancy concerning which gender role conflict factors (i.e. RE, RABBM, CBWFR, and SPC) are most salient for men's psychological help seeking attitudes. Good et al. (1989) found that when gender role conflict sub-scales were examined, negative help seeking attitudes were significantly and positively related only to the Restrictive Emotionality and Restrictive Affectionate Behavior Between Men sub-scales. Robertson and Fitzgerald (1992) also found that negative attitudes toward help seeking were related to Restrictive Emotionality, but were also related to higher ratings on the Success, Power, and Competition sub-scale of GRCS. Blazina and Watkins (1996) similarly found that the Restrictive Emotionality and the Success, Power, and Competition sub-scales were significantly related to negative attitudes toward help seeking. Good and Wood (1995) revealed that gender role conflict accounted for one quarter of the variance in men's scores on attitudes toward seeking professional psychological help. Specifically, Good and Wood (1995) found that three types of gender role conflict accounted for the variance: Success, Power and Competition, Restrictive Emotionality, and Restricted Affectionate Behavior Between Men. However, when gender role conflict was split into restriction related (RE and RABBM) and non-restriction related (SPC and CBWFR) factors, only the restriction related factors were found to be significantly predictive of men's attitudes (Good and Wood, 1995). Finally, in a recent unpublished dissertation, Cortese (2003) found that the

restriction related factors of the GRCS were most highly correlated with negative attitudes toward psychological help seeking in men.

In a related line of research, two of the studies also explored the relationship between male gender role conflict and attitudes toward different types of psychological services. Robertson and Fitzgerald (1992) found that men who reported higher levels of gender role conflict were more likely to endorse psychological help seeking after viewing a cognitively oriented counseling session when compared to men who viewed an emotion oriented counseling session. Using gender role conflict total scores, Wisch et al. (1995), classified men simply as either high or low in gender role conflict. They found that men experiencing higher levels of gender role conflict expressed more negative attitudes toward seeking psychological help in general. Further, Wisch et al. (1995) found that men who were high in gender role conflict expressed significantly less positive attitudes toward counselling after viewing an emotion-focused counselling video when compared with men who viewed a cognition-focused counselling video. For men who were in the low gender role conflict group, type of counselling video resulted in no significant differences (Wisch et al., 1995).

Gender Role Conflict and Psychological Well-being

Gender role conflict has also been empirically linked to greater psychological distress in men. This highlights a potential paradox for men. That is, those who are gender role conflicted may be in greatest need of psychological help, yet at the same time be the least likely to seek help. Good, Robertson, O'Neil, Fitzgerald, Steves, DeBord et al. (1995) found that male gender role conflict in a clinical sample was positively and significantly related to psychological distress. Specifically, the researchers found the

Restrictive Emotionality sub-scale of the GRCS to be the best predictor of distress level as measured by the Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1983).

Blazina and Watkins (1996) found that select sub-scales of the GRCS were related to measures of psychological well-being. The Success, Power, and Competition sub-scale was related to trait anger and more specifically, the Angry Reaction type. The Angry Reaction type was defined as a person's propensity for anger based on reactions to perceived criticism or unfair treatment. Men who were more gender role conflicted in the Success, Power, and Competition sub-scale of the GRCS were more prone to respond with anger to perceived criticism. Success, Power, and Competition also related to increased alcohol usage. The Restrictive Emotionality sub-scale of the GRCS was found to relate significantly with both trait anger, and trait anxiety in men.

Conversely, Sharpe and Heppner (1991) noted that three out of four sub-scales of the GRCS were related to psychological well-being, with Success, Power, and Competition not being related. Specifically, they found that men who scored higher in gender role conflict, reported greater levels of anxiety and depression with lower self-esteem, and greater difficulty with intimacy.

Mahalik, Cournoyer, DeFranc, Cherry, and Napolitano (1998) studied the relationship among gender role conflict in men and psychological defense mechanisms. They found that Success, Power, and Competition, Restrictive Emotionality, and Restrictive Affectionate Behaviour Between Men were all correlated to immature psychological defenses such as turning against objects and projection. Turning against objects and projection are both externally focused and aggressive means for dealing with conflict.

Cournoyer and Mahalik (1995) found that middle-aged men and college-aged men highlighted different sub-scales of the GRCS as salient. Middle-aged men reported more conflict in the area of family relations whereas college-aged men reported more conflict over Success, Power, and Competition. The two groups did not differ when it came to Restrictive Emotionality or Restrictive Affectionate Behavior Between Men. The researchers also found that greater gender role conflict and especially Restrictive Emotionality were related to greater depression, greater anxiety, more problems with intimacy, and lower self-esteem.

Good and Wood (1995) found that the relationship among male gender role conflict, psychological well-being, and help seeking is perhaps more complicated than others have thought. Good and Wood (1995) separated the GRCS into Restriction-Related and Achievement Related sub-scales. They accomplished this by applying a technique called latent variable modeling. Initially, they specified GRC as a single construct using the four sub-scales of the GRCS as indicator variables. However, GRC was found to be best modeled as two latent variables rather than one. The two variables that emerged were labeled Restriction Related factors, and Achievement Related factors. The Restriction related factors were represented by the Restrictive Emotionality and the Restrictive Affectionate Behaviour Between Men sub-scales of the GRCS. The Achievement Related factors were represented by the Success, Power, and Competition, and Conflict Between Work and Family Relations sub-scales of the GRCS. Good and Wood (1995) found that 25% of the variance in help seeking was attributed to the Restriction-Related sub-scales. However, depression was unrelated to the Restriction-Related sub-scales. Interestingly, the Achievement-Related sub-scales explained 21% of

the variance in depression, but were unrelated to men's help seeking attitudes. This research is quite telling and may account for the variability in findings using the GRCS where only certain sub-scales have been related to either help seeking or psychological well-being.

Interpersonal Problems

The study of interpersonal problems has a long history dating back to the 1940's and 1950's (Horney, 1945; Leary, 1957; Sullivan, 1953). Since that time, many interpersonal models have emerged, evolved, and guided theory, practice, and research. However, in 1979, Horowitz began a research program designed to systematize the study of interpersonal theory and to further aid in assessment of interpersonal problems (Horowitz, 1979).

Horowitz (1996) suggests that interpersonal theory is based on two postulates derived from Leary's (1957) work. First, interpersonal behaviours can be described along two axes: horizontal and vertical. The horizontal axis has been described as affiliation or nurturance and ranges from cold or detached behaviour to friendly or loving behaviour. The vertical axis has been described as dominance or power, and ranges from dominating behaviour to submissive behaviour. Any behaviour emitted by a person can be said to fall somewhere along either the horizontal or vertical axes, or somewhere in between. For example, a person could emit a dominant-friendly behaviour, which would be high on the vertical axis and high on the horizontal axis, and this might be classified as assertive. Conversely a person could emit a submissive-cold behaviour, which would be low on the vertical axis and low on the horizontal axis, and this might be classified as withdrawn.

The second postulate, according to Horowitz (1996), suggests that two interacting people will evoke specific behaviours from each other based on each person's particular interpersonal style. Horowitz (1996) suggests that behaviours on the dominance/power axis invite reciprocal reactions, whereas behaviours on the affiliation/nurturance axis invite similar reactions. For example, someone who is dominant is said to invite a reciprocal submissive behaviour from another. This reaction is said to be complementary if indeed a dominant person encounters a submissive person. However, if a dominant person interacts with another dominant person, tension may arise. Conversely, someone who emits a friendly or nurturing behaviour, is said to invite similar friendly or nurturing behaviour from another. As such, any interpersonal exchange represents a complex interaction of behaviours that tend to evoke either complementary or similar behaviours from another.

Interpersonal problems result when a person becomes stuck in an interpersonal pattern (Horowitz, Rosenberg, & Bartholomew, 1993). For example, a person who exhibits a friendly-submissive behaviour tends to elicit advice giving and support from others. In turn, support and advice giving invites continued submissiveness. As a result, a vicious cycle emerges that serves to trap the person into submissive behaviour. An interpersonal problem is experienced when the submissive person becomes frustrated with the enduring pattern, but is unable to break the cycle. Horowitz (2004) suggests that frustration can result when a person's interpersonal style is in conflict with their motives. For example, a person who fears rejection may unwittingly withdraw from others as a means of self-protection, yet withdrawal invites others to withdraw, which ultimately frustrates the person's true motive which is a desire for closeness. Horowitz (1996)

asserts that constricted interpersonal patterns can leave a person feeling like they are too submissive, or too domineering, for example, and often report their interpersonal problems in the form “It is hard for me to (do something desired)” or “I (do something undesired) too much” (p. 285).

Identification of Interpersonal Problems

To better aid in the assessment and study of interpersonal problems, Horowitz, Rosenberg, Baer, Ureño, and Villaseñor (1988) developed the Inventory of Interpersonal Problems (IIP). Development of the scale began in 1979 when Horowitz began to identify repeated patterns of interpersonal problems discussed by patients presenting for therapy. Eventually, eight sub-types of interpersonal problems were identified based on where a person falls with respect to the horizontal axis (affiliation) and the vertical axis (dominance). The eight sub-types described are: Domineering/Controlling, Vindictive/Self-Centered, Cold/Distant, Socially Inhibited, Nonassertive, Overly Accommodating, Self Sacrificing, and Intrusive/Needy. The eight sub-types reflect an individual’s self-perception in relation to a series of interpersonal questions. For example, a person might rate themselves as too aggressive toward other people and would subsequently score higher on the Domineering/Controlling sub-scale.

Interpersonal Problems and Gender Role Conflict

Several studies have revealed a relationship between male gender role conflict and interpersonal constructs in general (Cournoyer & Mahalik, 1995; Good et al., 1995; Fisher & Good, 1995; Sharpe & Heppner, 1991; Sielo, 1995). Cournoyer & Mahalik (1995) found that in both college and middle aged men, intimacy was negatively correlated with Restrictive Emotionality. That is, men who reported greater emotional

restriction, also reported less intimacy in their relationships. Fischer & Good (1995) also reported that intimacy was negatively correlated with Restrictive Emotionality. Good et al. (1995) found that Restrictive Emotionality and Restrictive Affectionate Behaviour Between Men both correlated positively with fear of intimacy. Sharpe & Heppner (1991) found that Restrictive Emotionality, Conflict Between Work and Family Relations, and Restrictive Affectionate Behaviour Between Men all correlated negatively with what they describe as affiliative well-being. Sielo (1995) found that men's intimacy and close relationships were negatively correlated with Success, Power, and Competition, Restrictive Emotionality, and Restrictive Affectionate Behaviour Between Men. Mahalik (1996) found that the Restrictive Emotionality sub-scale of the GRCS was related to hostile-submissive behaviour, mistrust, being cold, being detached, and being inhibited. Mahalik (1996) also found that Restrictive Affectionate Behaviour Between Men was related to the hostile-dominant and hostile-submissive types of interpersonal styles. Further, Conflict Between Work and Family Relations was related to the submissive, friendly, and hostile interpersonal styles, and Success, Power, and Competition was related to dominance and hostility. It makes sense that gender role conflict and interpersonal problems are related. Interpersonal problems tend to be the result of maladaptive interpersonal patterns and gender role conflict is defined by rigid interpersonal attitudes associated with traditional male gender roles.

Interpersonal Problems and Psychological Help Seeking

There is considerable research suggesting that interpersonal problems are salient among people who present for therapy, and there are approaches to therapy totally focussed on improvement of interpersonal functioning (e.g. Horowitz, 1979; Weissman, Markowitz, & Klerman, 2000). Yet, there is no research investigating whether men's interpersonal problems of one kind or another engender negative attitudes toward seeking psychological help prior to entering therapy.

Mahalik (1999) suggests that men who adhere to the traditional masculine profile tend to present as dominant, emotionally distant, and inflexible. Further, it has been found that dominant and hostile interpersonal styles are more difficult to treat than are submissive and affiliative interpersonal styles (Horowitz et al., 1988; Horowitz et al., 1993). These findings have implications for the present study. Specifically, while male gender role conflict patterns of dominance and emotional distance appear to be related to both interpersonal problems and poor treatment outcomes, there is a lack of research investigating whether types of interpersonal problems in men engender negative attitudes prior to entering therapy.

Attachment Theory

Attachment theory has been a powerful and well studied field since its initial formulation by researchers such as Bowlby (1982) and Ainsworth, Blehar, Waters, & Wall (1978). The basis of attachment theory is that children need the experience of a close, safe, and continuous relationship with their caregiver in order to foster healthy emotional development. According to Bowlby (1982), the attachment system is biologically based and results in infant behaviours such as clinging, sucking, following,

and crying or smiling. The main purpose of infant attachment behaviours, according to Bowlby, is for comfort and safety.

Based upon early attachment experiences, Bowlby proposed that children construct what he described as internal working models. Bowlby suggested that children develop two types of internal working models: a model of self and a model of others. An internal working model of the self represents the child's view of what he or she is like (i.e. I am lovable, or I am not lovable). Whereas an internal working model of the other represents the child's view of what they can expect from others (i.e. loved ones are trustworthy or loved ones are not trustworthy). If a child's caregivers are consistent in their emotional availability, then the child is likely to develop a secure attachment. Secure attachment results in an internal working model defined by a sense of self worth, confidence, and trust that others will be there when needed. If a child's caregivers are inconsistent in their emotional availability, then the child is likely to develop insecure attachment. Insecure attachment results in an internal working model defined by withdrawal from others, and mistrust that others will be there when needed.

While Bowlby can be credited with conceptualizing attachment theory, it was Ainsworth et al. (1978) who began the field of attachment measurement. Ainsworth et al. (1978) began by studying the behaviour patterns of mothers and their 12-month-old children. The researchers constructed and made observations of what they dubbed the Strange Situation. During the Strange Situation, mothers would be separated from their children for a short period, and then reunited a while later. Ainsworth et al. (1978) noted certain characteristic behaviours in the children. The researchers found that infants who were securely attached became mildly upset when their mothers left and showed signs of

missing her during her absence. When mother returned, securely attached infants greeted her enthusiastically, and then returned to play. It was suggested that for these securely attached infants, the mother was a safe base with whom they needed to reconnect before returning to an exploration of their environment. Mothers of securely attached infants were observed to be tender, contingent in face to face interaction, and sensitive to infant signals. In contrast, some infants were angry, upset, and anxious when the mother left, and upon her return, were unable to return to play. These infants were described as insecure-ambivalent. Mothers of insecure-ambivalent infants were not rejecting, but were inept in holding, non-contingent in face to face interactions, and unpredictable. Finally, Ainsworth et al. (1978) observed infants described as insecure-avoidant. Insecure-avoidant infants did not cry during separation, they continued to focus on toys rather than on the mother, and actively avoided or ignored the mother upon return. Mothers of insecure-avoidant infants rejected their children's attachment seeking behaviour, and were especially averse to touching their children.

Since the time of Ainsworth et al. (1978), measurement of attachment styles, and terminology for attachment categories has evolved. An exhaustive review of attachment theory is not within the scope of this document, so I will focus on a brief review of adult attachment and assessment, as it is salient to this study.

Adult Attachment

Attachment theory, while initially studied in infants, has increasingly been studied in adults. Indeed, according to Bowlby, the internal working model of self and others is established in childhood, but remains part of adult personality and as such continues to colour relations with others as well as influence emotional coping. Hazan and Shaver

(1987) were among the first researchers to suggest that Bowlby's theory of infant attachment could be applied to adult romantic relationships. According to Hazan and Shaver, the emotional bond that develops between adult romantic partners is partly a function of the same motivational system (i.e. the attachment behavioral system) that gives rise to the emotional bond between infants and their caregivers. Hazan and Shaver noted that infants and caregivers and adult romantic partners share features such as engaging in close, intimate, bodily contact; feeling safe and secure when the other is nearby; feeling insecure when the other is inaccessible; and engaging in "baby talk." Based on these parallels, Hazan and Shaver argued that adult romantic relationships, like infant-caregiver relationships, are attachments, and that romantic love is a property of the attachment behavioral system.

To test their initial hypotheses, Hazan and Shaver (1987) proposed a forced choice measure based on the idea that infant-mother attachment styles are paralleled in adult romantic relationship styles. Participants were asked to read a description of what it means to be either secure, avoidant, or anxious/ambivalent. Then, participants were asked to pick which description suits them. Hazan and Shaver found that the distribution of attachment styles was similar to that found in infancy: 60% described themselves as secure, 20% described themselves as avoidant, and 20% described themselves as anxious-resistant.

Following Hazan and Shaver's (1987) seminal research, an abundance of research has indeed supported the notion that attachment styles are evident in adults and the adult attachment paradigm has proven a valuable tool for conceptualizing adult personality styles (e.g. Bartholomew & Horowitz, 1991; Feeney & Noller, 1991; Simpson, 1990).

Measurement of Adult Attachment

While Hazan and Shaver's (1987) research has been fundamental to the study of adult attachment, researchers have been quick to point out that the forced choice measure has limitations (Feeney & Noller, 1996). Specifically, given that participants must choose one of three proposed attachment styles, there is a problem of mutual exclusivity. It is unlikely that people fit perfectly into one attachment description or another. As well, researchers have questioned the three-attachment style model suggesting that it may not allow for the variability in attachment patterns found in adults (Bartholomew and Horowitz, 1991; Feeney, Noller, & Hanrahan, 1994).

Bartholomew and Horowitz (1991) proposed four attachment styles based on Bowlby's original conceptualization of internal working models of self and other. The four attachment styles are based on a two by two matrix in which a person is classified as either having a positive or negative view of self and a positive or negative view of others. In other words, a secure individual would express a positive view of self and other, whereas a dismissing person would have a positive view of self and negative view of other. A person with a negative view of self and negative view of other would be considered fearful, while a person with a negative view of self with positive view of other would be considered preoccupied with relationships, but worried about self value. One advantage of this new method of assessing adult attachment was that participants were able to rate themselves on a separate 7 point scale for each attachment style thus accounting for the fact that people do not fit perfectly into one specific style or another.

Still, it has been argued that Bartholomew and Horowitz's (1991) conceptualization is limited by the four attachment styles, and the current trend in adult

attachment assessment has focused on Likert-type questionnaires developed through factor analysis (Brennen, Clark, & Shaver, 1998). Based on past adult attachment research, Feeney et al. (1994) developed The Attachment Style Questionnaire, which was used in this study. Feeney et al. (1994) contend that their measure is better suited with younger populations who may have little or no actual experience of intimate romantic attachments. Feeney et al. (1994) used the four attachment styles defined by Bartholomew and Horowitz (1991) to construct questionnaire items. Sixty-five items were originally administered to 470 university students. Using principal-component analysis, they identified both three and five factor solutions. The five-factor solution accounted for more of the variance (43.3%) and, as such, was adopted. The five factors identified were Confidence, Discomfort with Closeness, Need for Approval, Preoccupation with Relationships, and Relationships as Secondary. Feeney et al. (1994) suggest that confidence represents secure attachment, and that each of the other four factors represents a particular aspect of insecure attachment. Discomfort with Closeness is similar to Hazan and Shaver's (1987) description of avoidant attachment. Need for Approval is similar to Bartholomew and Horowitz's (1991) fearful and preoccupied groups. The Preoccupation with Relationships factor involves over reliance on others to fulfill dependency needs and is like Hazan and Shaver's (1987) category of anxious/ambivalent. Finally, the Relationships as Secondary factor is consistent with the dismissing style which is a type of self protection through emphasis on achievement and independence rather than on relationships (Bartholomew & Horowitz, 1991). The questionnaire items on the Preoccupation with Relationships and Need for Approval

scales represent attitudes to the self, whereas the Discomfort with Closeness and Relationships as Secondary scales represent attitudes to others.

Attachment Style and Interpersonal Problems

Adult attachment, in general, regardless of the measurement tool used, has been related with several measures of adult psychological functioning including individual and interpersonal problems. Insecure attachment has been associated with greater levels of depression, and anxiety (Simonelli, Ray, & Pincus, 2004; Wei, Heppner, & Mallinckrodt, 2003), poor emotional regulation (Bouthillier, Julien, Dubé, Bélanger, & Hamelin, 2002), negative affect (Simpson, 1990), emotional distress and nervousness (Collins, 1996), and general symptoms of distress (Lopez, Mitchell, & Gormley, 2002). Further, insecure attachment has been positively linked to interpersonal problems (Gallo, Smith, & Ruiz, 2003; Horowitz et al., 1993; Wei, Vogel, Ku, & Zakalik, 2005).

It is expected that attachment style and interpersonal problems will be related on some dimensions, given that the two constructs overlap to a degree. Horowitz (1996) points out that interpersonal problems often reflect a conflict between a person's desire to behave a certain way, and a feared consequence of that behaviour. People are likely to develop their interpersonal style based on previous learning in relations with others. As such, people who learn to distrust others are likely to avoid contact, which is similar to the insecure/avoidant attachment style. Indeed, Horowitz et al. (1993) found that different attachment styles in adults were found to correspond to different types of interpersonal problems. They used Bartholomew and Horowitz's (1991) conception of attachment styles based on a two by two matrix including positive and negative views of self and other (see attachment section above). They found that people with a dismissing

attachment style seemed to exhibit a number of problems in the cold/hostile realm of interpersonal problems. Participants with a preoccupied/anxious attachment style tended to fall within the overly expressive octant of interpersonal problems. Finally, those who adopted a fearful attachment style experienced relatively more interpersonal problems in the unassertive and social inhibition octants of the interpersonal circumplex.

Gallo et al. (2003) sought to specifically examine whether interpersonal problems were related to attachment styles. They found that attachment dimensions fit well into the interpersonal circumplex. Adult attachment security corresponded with a warm and dominant interpersonal style. Avoidant attachment styles were related to the hostile submissive quadrant of the circumplex. Further, avoidant attachment was related to interpersonal problems to a greater degree than the anxious attachment style suggesting that avoidance is a more interpersonal attachment style, where as anxiety is more closely related to the working model of the self.

Most recently, Wei et al. (2005) found that attachment anxiety and avoidance contributed to negative affect and interpersonal problems through different mood regulation strategies. Attachment anxiety and interpersonal problems were specifically mediated by emotional reactivity, whereas attachment avoidance and interpersonal problems were mediated by emotional cutoff. Emotional reactivity is conceptualized as hypersensitivity, emotional flooding, and emotional lability. Emotional cutoff is conceptualized as a deactivation of emotions and is represented by feeling threatened by intense emotional experiences. Overall, the research has demonstrated that the measures of attachment and measures of interpersonal problems are linked, while highlighting that future research is needed to further explore these relationships.

Attachment Style, Gender Role Conflict, and Psychological Help Seeking

Researchers have only begun to explore the relationships among attachment styles, gender role conflict, and psychological help seeking in men. Blazina and Watkins (2000) found that Restrictive Emotionality was negatively correlated with attachment to both the mother and the father. In a later study, Blazina (2001) studied the relationship between male gender role conflict, attachment, and separation/individuation difficulties. Blazina (2001) found that gender role conflict was significantly and negatively correlated with parental attachment when attachment was measured in terms of parental alienation, trust, and communication. Further, Blazina (2001) revealed that gender role conflict correlated significantly with separation/individuation difficulties including: differentiation, splitting, and relationship problems. That is, gender role conflicted men had difficulties forming firm boundaries between self and others, tended to split parts of the self into dichotomies of bad and good, and were more conflicted in relationships over issues of separation and individuality.

Blazina and Watkins (2000) and Blazina (2001) both called for more research into the relationships among attachment issues and gender role conflict in men. Further, there has been no research investigating the relationship among adult attachment styles in men and attitudes toward seeking psychological help. However, it seems plausible that men who report insecure attachments would also be less likely to seek interpersonal help for psychological concerns.

Rationale for the Current Study

Past research has focused on the effects of male gender role socialization, and more specifically, on gender role conflict, as possible contributors to male reluctance to seek psychological help. Yet, it appears that male reluctance to seek help is complicated. While some researchers have pointed to the fact that men do not differ when it comes to psychological symptoms, others suggest that men may be less likely to recognize psychological symptoms as problems warranting professional help. Relatively little research has investigated how men's interpersonal problems, as a specific class of psychological problems, relates with male gender role conflict and men's psychological help seeking behaviour. Further, researchers have only begun to explore the relationship between male gender role conflict and adult attachment styles, and no research has sought to examine the effect of male adult attachment style on attitudes toward psychological help seeking.

The present study is designed to explore the relationships among male gender role conflict, men's interpersonal problems, and men's adult attachment styles and how each construct predicts men's attitudes toward seeking psychological help. Additional information concerning the salience of men's attachment styles and interpersonal problems as they relate to gender role conflict and attitudes toward seeking psychological help may serve to enrich our understanding of appropriate ways to offer psychological services to men.

Research Hypotheses

The following hypotheses were examined in the present study:

Hypothesis 1:

Men who report higher levels of gender role conflict, especially higher levels of Restrictive Emotionality and Restrictive Affectionate Behaviour Between Men, will report less favourable attitudes toward seeking psychological help.

Hypothesis 2:

Men who endorse insecure styles of attachment will report less favourable attitudes toward seeking psychological help.

Hypothesis 3:

Men who report higher levels of interpersonal problems in the Dominant/Controlling, Vindictive/Self-Centred, and Cold/Distant octants of the IIP will report less favourable attitudes toward seeking psychological help.

Hypothesis 4:

Men who report higher levels of gender role conflict will endorse insecure attachment styles.

Hypothesis 5:

Men who report higher levels of gender role conflict will report higher levels of interpersonal problems.

Hypothesis 6:

Men who endorse insecure attachment styles will report greater levels of interpersonal problems.

METHODS

Participants

Participants were 80 adult male volunteers. All but two participants were university students. The two non-students were alumni.

The mean age of participants was 23 years ($SD=7.9$) with a range of 18 to 70 years. The sample was made up of: 3 African Americans/Canadians (3.8%), 2 Hispanic/Latino (2.5%), 21 Asian/Pacific Islander (26.3%), 5 Middle Eastern (6.3%), 38 Caucasian (47.5%), and 11 other (13.8%). The other category consisted mostly of Eastern European respondents.

With regard to self-reported income, participants reported their annual familial income levels as: less than 20,000 (7.5%), 20,000-40,000 (7.5%), 40,000-60,000 (26.3%), 60,000-100,000 (30%), 100,000-200,000 (22.5%), and greater than 200,000 (5%). One respondent did not report familial income.

The plurality of participants reported their highest level of education as three years of university (36.3%). The remaining participants reported their highest level of education as: High School (7.5%), 1 year of university (10%), 2 years of university (20%), Bachelor's degree (23.8%), and Doctorate (2.5%).

Religious affiliations were: Jewish (1.3%), Protestant (26.3%), Atheist (5%), Buddhist (3.8%), Agnostic (5%), Catholic (23.8%), Muslim (8.8%), Nothing (25%) and Other (1.3%).

With regard to past experience with psychological counselling, 81.3% said they had not received counselling, and 18.8% said they had received counselling. 90% of participants reported having never taken medications for a mental health issue.

The majority of participants reported themselves as heterosexual (93.8%), with the remaining participants reporting themselves as either homosexual or bisexual.

Procedure

Posters were placed in and around campus buildings at a large Canadian university. Posters requested volunteers to participate in a research study involving men's thoughts. The posters offered a ten-dollar incentive to fill out four questionnaires requiring approximately 20 to 30 minutes. Participants responded by email or phone and were offered a choice of times to meet with the researcher to fill out the questionnaires. When participants met the researcher, they were given a package consisting of a demographic sheet and four questionnaires to be completed in the testing room at that time. Participants completed the questionnaires in confidence and were provided a debriefing form and given the opportunity to learn more about the study by contacting the principal researcher. Upon completion of the questionnaires, participants were given ten dollars as a token of appreciation and thanked for their time.

Measures

Gender Role Conflict Scale

Gender role conflict was measured using the Gender Role Conflict Scale (GRCS; O'Neil, et al., 1986) (Appendix A). The GRCS is a self-report measure that contains 37 items that assesses men's thoughts and feelings about their gender roles. Participants reported the degree to which they agreed or disagreed with statements using a six-point Likert-type scale ranging from strongly agree (6) to strongly disagree (1). The GRCS provides an overall GRCS score as well as the following four sub-scales: Success, Power, and Competition (SPC) (13 items-e.g. "Moving up the career ladder is important

to me,” “Being smarter or physically stronger than other men is important to me”); Restrictive Emotionality (RE) (10 items-e.g. “I have difficulty expressing my tender feelings,” “Strong emotions are difficult for me to understand”); Restrictive Affectionate Behavior Between Men (RABBM) (8 items-e.g. “Being very personal with other men makes me feel uncomfortable,” “Hugging other men is difficult for me”); and conflict Between Work and Family Relations (CBWFR) (6 items-e.g. “My needs to work or study keep me from my family or leisure more than I would like,” “I feel torn between my hectic work schedule and caring for my health”).

O’Neil et al. (1986) determined reliability using Cronbach’s alpha (alphas ranged from .72 to .85) with a test-retest reliabilities after a 4-week interval ranging from .72 to .86. Specifically, internal consistency reliabilities for the four sub-scales were: Success, Power, and Competition (.85), Restrictive Emotionality (.82), Restrictive Affectionate Behavior Between Men (.83), and Conflicts Between Work and Family Relations (.75). Test-retest reliabilities for the four sub-scales were: Success, Power, and Competition (.84), Restricted Emotionality (.76), Restrictive Affectionate Behavior Between Men (.86), and Conflicts Between Work and Family Relations (.72). While total score reliabilities were not reported in the original study (O’Neil et al., 1986), other studies have reported good internal consistency for the total scale. Good et a. (1995) reported total internal consistencies across three sample to be .88, .90, and .89 with sub-scale reliabilities ranging from .74 to .88. Good and Wood (1995) found internal consistency alphas ranging from .78 to .88.

Studies have generally found adequate construct validity and verified the factor structure for the GRCS (Betz & Fitzgerald, 1993; Braverman, 1990; Chamberlin, 1994;

Good et al., 1995; Thompson, Pleck, & Ferrera, 1992). Betz and Fitzgerald (1993) and Good et al. (1995) both found a factor structure consistent with O'Neil et al.'s (1986) study. Good et al. (1995) also found the GRCS to be free from socially desirable response bias. The construct validity and heuristic value of the GRCS have been supported by Betz and Fitzgerald (1993) and Thompson et al. (1992). Chamberlin (1994) found the GRCS to be valid in an adult population suggesting validity outside of a strictly college population.

Attitudes Toward Seeking Psychological Help

Men's attitudes toward seeking psychological help was measured using the Attitudes Toward Seeking Professional Psychological Help: Short Form (ATSPPH; Fischer & Farina, 1995) (Appendix B). The shortened form was derived from Fisher and Turner's (1970) original 29-item scale. While some of the items were modified from the original scale, scores from the shortened version correlated .87 with the original scale (Fischer & Farina, 1995).

The Attitudes Toward Seeking Professional Psychological Help: Short Form consists of 10 items which load onto one factor producing a single score representing the participant's core attitude. Participants were required to rate each statement according to a Likert-type scale consisting of agree (3), partly agree (2), partly disagree (1), and disagree (0). Example items include: "I would want to get psychological help if I were worried or upset for a long period of time," "The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts."

The internal consistency reliability (Cronbach's alpha) was .84 across the 10 items of the shortened version, and test-retest after one month was .80 (Fischer & Turner,

1995). Later, Komiya and Eells (2001) found a coefficient alpha of .75 using the Attitudes Toward Seeking Professional Psychological Help: Short Form. Vogel & Wester (2003) reported a reliability coefficient of .83 for the short form.

Construct validity for the ATSPPH scale has also been supported. In Fischer & Turner's (1970) original study, the ATSPPH was found to discriminate between those who had experience with a mental health professional and those who had not. Known groups validity was also found for the shortened version of the ATSPPH where the scale discriminated between those who had sought professional help and those who had not (Fischer & Farina, 1995). The ATSPPH has also been found to discriminate among males and females with males consistently indicating less positive attitudes toward help seeking (e.g. Fischer & Farina, 1995; Leong & Zachar, 1999; Kessler et al., 1981).

Attachment Style Questionnaire

To assess adult attachment styles, the Attachment Style Questionnaire was used (ASQ; Feeney et al., 1994) (Appendix C). The Attachment Style Questionnaire is a 40 item self-report inventory meant to assess respondents' adult attachment styles. Respondents were asked to rate themselves on a 6 point Likert-type scale consisting of totally disagree (1), strongly disagree (2), slightly disagree (3), slightly agree (4), strongly agree (5), and totally agree (6). The ASQ consists of the following five subscales: Confidence (Con.) (8 items-e.g. "Overall I am a worthwhile person," "I am easier to get to know than most people"); Relationships as Secondary (Ras) (7 items-e.g. "Doing your best is more important than getting on with others," "My relationships with others are generally superficial"); Need for Approval (NforA) (7 items-e.g. "It's important to me that others like me," "I find it hard to make a decision unless I know

what other people think”); Discomfort with Closeness (DwithC) (10 items-e.g. “I find it hard to trust other people, “I find it difficult to depend on others”); and Preoccupation with Relationships (PwithR) (8 items-e.g. “It’s very important to me to have a close relationship, “I worry a lot about my relationships”).

Feeney et al. (1994) determined reliabilities using Cronbach’s alphas. Coefficient alphas were .80 for Confidence, .84 for Discomfort with Closeness, .79 for Need for Approval, .76 for Preoccupation with Relationships, and .76 for Relationships as Secondary. Test-retest reliabilities over a 10-week period were .74 for both Confidence and Discomfort with Closeness, .78 for Need for Approval, .72 for Preoccupation with Relationships, and .67 for Relationships as Secondary. Strodl and Noller (2003) found internal consistencies of .86 (confidence and need for approval), .74 (relationships as secondary), .83 (preoccupation with relationships), and .87 (discomfort with closeness).

The validity of the ASQ has been supported by good correlations with previous measures of attachment. Namely, the five factors identified by Feeney et al. (1994) have correlated with Hazan and Shaver’s (1987) forced choice attachment styles. Cluster analysis also revealed relationships between the ASQ and Bartholomew and Horowitz’s (1991) four-group categorization of attachment styles. Feeney et al. (1994) also provided evidence that perceptions of family intimacy, democratic parenting, and low levels of family conflict are associated with Confidence (i.e. secure attachment). With regard to personality variables, Feeney et al. (1994) found that extroversion related with Confidence and to low levels of Discomfort with Closeness. As well, it was noted that the ASQ did not correlate with the Lie scale of the Eysenck Personality Questionnaire (EPQ; Eysenck & Eysenck, 1975).

Inventory of Interpersonal Problems

In order to assess respondents' level of interpersonal problems, the Inventory of Interpersonal Problems (64 item) questionnaire was used (IIP; Alden, Wiggins, & Pincus, 1990; Horowitz et al., 1988). The IIP is a self-report questionnaire designed to identify a person's most notable interpersonal difficulties. The IIP is a form created by Alden et al. (1990) based on Horowitz et al.'s. (1988) 127-item Inventory of Interpersonal Problems. Respondents were asked to rate themselves on a 5-point Likert-type scale ranging from: not at all (0), a little bit (1), moderately (2), quite a bit (3), and extremely (4). Two types of items are included within the total scale: interpersonal behaviors that are "hard for you to do" (e.g., "It is hard for me to be assertive with another person"), and interpersonal behaviors that "you do too much" (e.g., "I open up to people too much). The IIP is made up of eight sub-scales each represented by eight items to form the 64 item full questionnaire. Each of the eight sub-scales describes a different interpersonal theme: Domineering/Controlling (e.g., "It is hard for me to take instructions from people who have authority over me"), Vindictive/Self-Centered (e.g., "I want to get revenge against people too much"), Cold/Distant (e.g., "I keep other people at a distance too much"), Socially Inhibited (e.g., "It is hard for me to socialize with other people"), Nonassertive (e.g., "It is hard for me to let other people know what I want"), Overly Accommodating (e.g., "I am too easily persuaded by other people"), Self-Sacrificing (e.g., "I am affected by another person's misery too much"), and Intrusive/Needy (e.g., "I want to be noticed too much").

Alden et al. (1990) calculated total and sub-scale Cronbach's alphas based on raw scores. The reliability coefficients for the sub-scales and total were as follows:

Domineering/Controlling (.77), Vindictive/Self-Centered (.80), Cold/Distant (.81), Socially Inhibited (.85), Nonassertive (.85), Overly Accommodating (.82), Self-Sacrificing (.76), and Intrusive/Needy (.72). In a later study, Alden and Bieling (1996) found sub-scale alphas ranging from .72 to .85. Total scale reliabilities have been found to fall within the .91 to .96 range (Alden et al., 1990; Wei et al., 2005).

The validity of the IIP has been demonstrated by process and outcome studies of psychotherapy (e.g. Horowitz et al. 1993). That is, the IIP was found to be sensitive to patient's reported reduction in interpersonal problems after having received therapy. Sub-scales of the IIP have also been found to correlate with other self-report measures that describe self-image. For example, Gilbert, Allan, and Gross (1995) found that the Nonassertive scale correlated with a statements representing submissive behaviours (e.g. "I agreed I was wrong even though I knew I wasn't"). Goldberg (1992) found that extraversion correlated with the IIP dimensions of affiliation and dominance. Using the Personality Disorder Examination (PDE; Loranger, 1988) and the Millon Clinical Multiaxial Inventory-II (MCMI-II; Millon, 1980), Soldz, Budman, Demby, & Merry (1993a) found that there was a close relationship between personality disorders and certain sub-scales of the IIP. Tracey, Rounds & Gurtman (1996) investigated the relationship between the Brief Symptom Inventory (BSI; Derogatis & Spencer, 1982) and the IIP, and found a correlation between overall scores for those measures. Tracey et al. (1996) also confirmed the existence of the eight-factor structure of the IIP, which is consistent with Alden et al.'s (1990) results.

RESULTS

This chapter presents (a) an explanation of the treatment of missing data; (b) descriptive analyses; (c) correlational analyses; and (d) multiple regression analyses.

Treatment of Missing Data

Examination of the data revealed that very few data points were missing across the four questionnaires. If one or two items of a sub-scale or any measure were left blank, the mean insertion method was used (Roth, Switzer & Switzer, 1999). The mean insertion method consisted of calculating the mean sub-scale score for any given participant, and then inserting the mean score where data were missing. On the Gender Role Conflict Scale, two participants left 3 and 4 items blank within the Restrictive Emotionality sub-scale, and these sub-scale scores and subsequent total scores for the GRCS were not included in the analysis.

Descriptive Analyses

The means, standard deviations and alphas for all scales and sub-scales used are presented in Tables 1 through 4. The means obtained for the GRCS were comparable to other samples found in the literature (Table 1). Good et al. (1995) reported overall means of 139.84 (SD = 22.43) and 147.05 (SD = 24.30) in two separate samples. While the present sample appears somewhat lower overall, (M = 130.88, SD = 22.57), considering the standard deviation, this is not likely significant. With regard to sub-scales, there is very little discrepancy between this sample and others (within half a standard deviation) with the exception of the RABBM scale. The mean for RABBM in this sample is 25.75 (SD = 7.87), which is somewhat lower than those found in other studies. Good et al. (1995) reported means for RABBM as 31.93 (SD = 8.64) and 34.23

(SD = 8.72) in two samples. Blazina and Watkins (1996) found the mean for RABBM to be 30.61 (SD = 9.31) in a college sample. Yet, Mahalik et al. (1998) found a mean of 28.31 (SD = 9.30) for RABBM in a sample of primarily university students. These comparisons may indicate that the participants in the present sample were less conflicted in the area of RABBM suggesting they were more comfortable with affection between men. However, observed differences are within one standard deviation, and may not be significant. The reliability coefficients for the GRCS in the present sample were all .80 or higher suggesting good reliability.

The means for each of the five factors of the ASQ are not uniformly higher or lower than other samples, yet there are some differences when sub-scales are examined separately (Table 2). When considering the original study by Feeney et al. (1994), sub-scales were comparable to the present study falling roughly within a half a standard deviation. As well, the means in the present study follow a similar pattern as those found in the Feeney et al. (1994) study, with the highest mean scores found for the Discomfort with Closeness scale and the lowest scores found for the Relationships as Secondary scale. In an Italian comparison of clinical and non-clinical participants, it was found that non-clinical participants were higher in confidence and lower with respect to the four insecure attachment scales (Fossati et al., 2003). The present study is similar to the non-clinical sample except for the Relationships as Secondary scale, which was elevated in the present sample and more similar to the clinical population in the Fossati et al. (2003) study. This effect may be due to the fact that this sample is an all male sample, and in the Fossati et al. (2003) study, regardless of whether they were in the clinical or non-clinical sample, males scored higher on the Relationships as Secondary scale. Indeed,

Montebarocci, Codispoti, Baldaro, and Rossi (2004) found that males and females in a college sample also significantly differ on the Relationships as Secondary scale with males scoring higher. Overall, the present sample appears to be similar to other non-clinical samples with a slight elevation in the Relationships as Secondary scale perhaps due to an all male sample in this case. Reliability coefficients for the ASQ show moderate, but acceptable alphas averaging .75 overall.

When compared with means and standard deviations found in other college student samples, the scores for this sample are somewhat higher across all scales of the IIP (Table 3). Saffrey, Bartholomew, Scharfe, Henderson, and Koopman (2003) found a total IIP mean score of 74.88 (SD = 26.24) in a male college sample, which is compared with a mean score of 84.33 (SD = 29.65) in the present sample. This difference is less than half a standard deviation. More importantly, the present sample matches the Saffrey et al. (2003) sample when the spread is considered. That is, scores in both samples are elevated for the socially inhibited, nonassertive, overly accommodating, and self-sacrificing sub-scales. Again, differences are well within a half a standard deviation. In a 75% clinical sample, Puschner, Bauer, Horowitz and Kordy (2005) found all scores to be higher than in the present sample. The total IIP mean score in the Puschner et al. (2005) sample was 98.53 with notable elevations across the nonassertive, overly accommodating, and self-sacrificing sub-scales. Puschner et al. (2005) did not report the standard deviation for the total mean, but sub-scale standard deviations ranged from 4.96 to 7.23, which is consistent with the present study. Overall, it appears that IIP mean scores in the present sample are slightly elevated when compared with a college sample, and considerably lower when compared with a mostly clinical sample. Reliability

coefficients range from .72 for the vindictive/self-centered sub-scale to a total scale alpha of .92 suggesting adequate to good reliability overall.

The mean score for the ATTSPH scale in the present sample ($M = 15.15$, $SD = 5.91$) is almost identical to that found in the original Fischer and Farina (1995) study (Table 4). Fischer and Farina (1995) reported a mean and standard deviation of 15.46 and 6.00 respectively in a sample of college males. These data are in contrast to the mean found in a mixed male and female college sample used by Vogel and Wester (2003). Vogel and Wester found a mean of 26.9 ($SD = 5.3$) which is considerably higher than the present sample and the original Fischer and Farina (1995) study. It should be noted that females tend to report more positive attitudes toward psychological help seeking than males (e.g. Doss et al., 2003; Leong & Zachar, 1999), and this may account for the discrepancy among the samples. The reliability coefficient for the ATTSPH was .81 in the present sample and represents adequate reliability.

Table 1

Univariate Statistics and Reliability for the Gender Role Conflict Scale (GRCS)

Variable	N	Min.	Max.	Mean	Std. D	Alpha
GRCS Total	78	54.00	168.00	130.88	22.57	.88
GRCS SPC	80	18.00	74.00	51.78	11.24	.87
GRCS RE	78	12.00	48.00	30.82	8.37	.83
GRCS RABBM	80	8.00	43.00	25.75	7.87	.82
GRCS CBWFR	80	9.00	35.00	22.41	6.03	.80

Note. GRCS = Gender Role Conflict Scale; Sub-scales of the GRCS = SPC-Success, Power and Competition, RE-Restricted Emotionality, RABBM-Restricted Affectionate Behavior Between Men, CBWFR-Conflict Between Work and Family Relations (O'Neil, Helms, Gable, David, & Wrightsman, 1986).

Table 2

Univariate Statistics and Reliability of the Adult Attachment Style Questionnaire (ASQ)

Variable	N	Min.	Max.	Mean	Std. D	Alpha
R as S	80	8.00	30.00	19.18	5.06	.70
N for A	80	12.00	36.00	24.74	5.20	.69
D with C	80	20.00	53.00	36.14	6.79	.79
P with R	80	18.00	42.00	29.06	5.54	.71
Confidence	80	16.00	47.00	33.05	6.14	.84

Note. ASQ = Adult Attachment Style Questionnaire; Attachment Styles = Relationships as Secondary (R as S), Need for Approval (N for A), Discomfort with Closeness (D with C), Preoccupation with Relationships (P with R), Confidence (Feeney, Noller, & Hanrahan, 1994).

Table 3

Univariate Statistics and Reliability for the Inventory of Interpersonal Problems (IIP)

Variable	N	Min.	Max.	Mean	Std. D	Alpha
IIP Total	80	10.00	146.00	84.33	29.65	.92
Dom./Controlling	80	.00	26.00	7.96	5.17	.75
Vin./Self-Centred	80	.00	21.00	8.21	4.79	.72
Cold/Distant	80	.00	22.00	9.21	5.57	.77
Socially Inhibited	80	.00	30.00	11.36	6.56	.87
Nonassertive	80	.00	31.00	12.61	6.75	.86
Overly Accommodating	80	2.00	32.00	13.09	6.62	.84
Self Sacrificing	80	1.00	27.00	12.30	6.21	.84
Intrusive/Needy	80	.00	25.00	9.58	4.99	.81

Note. IIP Total = Inventory of Interpersonal Problems-64 item; Sub-scales of the IIP =

Domineering/Controlling, Vindictive/Self-Centred, Cold/Distant, Socially Inhibited, Nonassertive, Overly Accommodating, Self Sacrificing, Intrusive/Needy (Alden, Wiggins, & Pincus, 1990).

Table 4

Univariate Statistics and Reliability of the Attitudes Toward Seeking Psychological Help-Short Form (ATTSPH)

Variable	N	Min.	Max.	Mean	Std. D	Alpha
ATTSPH Total	80	3.00	29.00	15.15	5.91	.81

Note. ATTSPH = Attitudes Toward Seeking Psychological Help-Short Form (Fischer & Farina, 1995)

Correlational Analyses

Pearson correlations were computed to determine the extent to which gender role conflict, interpersonal problems, attachment styles and attitudes toward seeking psychological help were associated (Tables 5-10). Results are examined according to the hypotheses put forward.

Hypothesis 1:

Men who report higher levels of gender role conflict, especially higher levels of Restrictive Emotionality and Restrictive Affectionate Behaviour Between Men, will report less favourable attitudes toward seeking psychological help.

This hypothesis was partially supported (Table 5). There was a significant negative correlation between the total score for the GRCS and the ATTSPH scale ($r(78) = -.263, p < .05$). Further analysis revealed that, among sub-scales of the GRCS, the RABBM scale was the only scale found to correlate significantly with the ATTSPH scale ($r(78) = -.292, p < .01$) (Table 5). While RE did not reach significance, ($r(78) = -.198, p < .082$), it was close suggesting that with increased power, this variable might have reached significance. It should also be noted that the only cases removed from the analyses were cases with missing data in the RE sub-scale, and this may have compromised the power of this variable as well.

Hypothesis 2:

Men who endorse insecure styles of attachment will report less favourable attitudes toward seeking psychological help.

This hypothesis was partially supported (Table 6). While Confidence (secure attachment) was not correlated with attitudes toward help seeking, three of the four

insecure attachment styles were correlated with attitudes toward help seeking: Relationships as Secondary ($r(80) = -.238, p < .05$), Need for Approval ($r(80) = -.255, p < .05$), and Discomfort with Closeness ($r(80) = -.258, p < .05$). Men who reported insecure attachment styles were less likely to express a positive attitude toward seeking psychological help.

Hypothesis 3:

Men who report higher levels of interpersonal problems in the Dominant/Controlling, Vindictive/Self-Centred, and Cold/Distant octants of the IIP will report less favourable attitudes toward seeking psychological help.

This hypothesis was not supported in this study (Table 7). None of the IIP subscales or total IIP scores correlated significantly with the ATTSPH.

Hypothesis 4:

Men who report higher levels of gender role conflict will endorse insecure attachment styles.

Gender role conflict and attachments styles were found to be strongly correlated (Table 8). GRCS total scores correlated positively with all four insecure attachment styles and negatively with the secure attachment style: Relationships as Secondary ($r(78) = .592, p < .01$), Need for Approval ($r(78) = .400, p < .01$), Discomfort with Closeness ($r(78) = .397, p < .01$), Preoccupation with Relationships ($r(78) = .371, p < .01$), and Confidence ($r(78) = -.371, p < .01$). Increased gender role conflict was associated with insecure attachment styles, and the more confident a man rated himself, the less likely he was to experience gender role conflict.

Hypothesis 5:

Men who report higher levels of gender role conflict will report higher levels of interpersonal problems.

This hypothesis was partially supported (Table 9). When total IIP and total GRCS scores were compared, there was a weak correlation ($r(78) = .239, p < .05$). However, sub-scale analysis revealed that CBWFR was the only scale that correlated with the total IIP score ($r(80) = .376, p < .01$). This suggested that men who experienced conflict between the demands of work/school and family relations also experienced interpersonal problems. Men who scored high in CBWFR, experienced themselves as overly accommodating ($r(80) = .358, p < .01$), self sacrificing ($r(80) = .297, p < .01$), somewhat socially inhibited ($r(80) = .247, p < .05$), and somewhat intrusive/needy ($r(80) = .230, p < .05$). For a complete picture of the various correlations among sub-scales of the GRCS and the IIP, refer to Table 9. Overall, it was evident that specific sub-scales of the GRCS were correlated with specific types of interpersonal problems as measured by the IIP.

Hypothesis 6:

Men who endorse insecure attachment styles will report greater levels of interpersonal problems.

This hypothesis was supported (Table 10). The total IIP score was significantly negatively correlated with the secure attachment style ($r(80) = -.403, p < .01$). This suggested that more confident men reported fewer interpersonal problems. Conversely, three of the four insecure attachment styles correlated positively with interpersonal problems: Need for Approval ($r(80) = .596, p < .01$), Discomfort with Closeness ($r(80) =$

.453, $p < .01$), Preoccupation with Relationships ($r(80) = .452, p < .01$). For a complete picture of the various sub-scale correlations, refer to Table 10. Overall, these findings suggested that men who were insecurely attached were also likely to report interpersonal problems.

Table 5

Correlation Matrix for the Gender Role Conflict Scale (GRCS) and Attitudes Toward Seeking Psychological Help (ATTSPH)

Variable	1	2	3	4	5	6
1. GRCS Total	1.00	.740**	.662**	.646**	.580**	-.263*
2. GRCS SPC	.740**	1.00	.209	.248*	.266*	-.160
3. GRCS RE	.662**	.209	1.00	.302**	.296**	-.198
4. GRCS RABBM	.646**	.248*	.302*	1.00	.191	-.292**
5. GRCS CBWFR	.580**	.266*	.296**	.191	1.00	-.053
6. ATTSPS	-.263*	-.160	-.198	-.292**	-.053	1.00

Note. GRCS = Gender Role Conflict Scale; Sub-scales of the GRCS = SPC-Success, Power and

Competition, RE-Restricted Emotionality, RABBM-Restricted Affectionate Behavior Between Men,

CBWFR-Conflict Between Work and Family Relations (O'Neil, Helms, Gable, David, & Wrightsman,

1986). ATTSPH = Attitudes Toward Seeking Psychological Help-Short Form (Fischer & Farina, 1995).

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

Table 6

Correlations Among Attachment Styles (ASQ) and Attitudes Toward Seeking Psychological Help (ATTSPH)

<u>Variable</u>	<u>R as S</u>	<u>N for A</u>	<u>D with C</u>	<u>P with R</u>	<u>Confidence</u>
ATTSPH	-.238*	-.255*	-.258*	-.023	.071

Note. ASQ = Adult Attachment Style Questionnaire; Attachment Styles = Relationships as Secondary (R as S), Need for Approval (N for A), Discomfort with Closeness (D with C), Preoccupation with Relationships (P with R), Confidence (Feeney, Noller, & Hanrahan, 1994). ATTSPH = Attitudes Toward Seeking Psychological Help-Short Form (Fischer & Farina, 1995).

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

Table 7

Correlations Among Inventory of Interpersonal Problems (IIP) and Attitudes Toward Seeking Psychological Help (ATTSPH)

Variable	ATTSPH
IIP Total	.048
Dom./Controlling	.105
Vin./Self-Centred	.167
Cold/Distant	.008
Socially Inhibited	.033
Nonassertive	.017
Overly Accommodating	-.079
Self Sacrificing	-.015
Intrusive/Needy	.065

Note. ATTSPH = Attitudes Toward Seeking Psychological Help-Short Form (Fischer & Farina, 1995). IIP

Total = Inventory of Interpersonal Problems-64 item; Sub-scales of the IIP = Domineering/Controlling, Vindictive/Self-Centred, Cold/Distant, Socially Inhibited, Nonassertive, Overly Accommodating, Self Sacrificing, Intrusive/Needy (Alden, Wiggins, & Pincus, 1990).

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

Table 8

Correlation Matrix for the Gender Role Conflict Scale (GRCS) and Attachment Style Questionnaire (ASQ)

Variable	R as S	N for A	D with C	P with R	Confidence
GRCS Total	.592**	.400**	.397**	.396**	-.371**
GRCS SPC	.615**	.223*	.230*	.226*	-.066
GRCS RE	.306**	.358**	.276*	.146	-.377**
GRCS RABBM	.329**	.185	.334**	.295**	-.364**
GRCS CBWFR	.201	.305**	.222*	.415**	-.177

Note. GRCS = Gender Role Conflict Scale; Sub-scales of the GRCS = SPC-Success, Power and

Competition, RE-Restricted Emotionality, RABBM-Restricted Affectionate Behavior Between Men,

CBWFR-Conflict Between Work and Family Relations (O'Neil, Helms, Gable, David, & Wrightsman,

1986). ASQ = Adult Attachment Style Questionnaire; Attachment Styles = Relationships as Secondary (R

as S), Need for Approval (N for A), Discomfort with Closeness (D with C), Preoccupation with

Relationships (P with R), Confidence (Feeney, Noller, & Hanrahan, 1994).

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

Table 9

Correlation Matrix for the Gender Role Conflict Scale (GRCS) and Inventory of Interpersonal Problems (IIP)

Variable	GRCS Total	SPC	RE	RABBM	CBWFR
IIP Total	.254*	.092	.251*	.044	.382**
Dom./Controlling	.148	.260	-.061	-.036	.206
Vin./Self-Centred	.345**	.355**	.176	.220	.098
Cold/Distant	.337**	.095	.459**	.218	.167
Socially Inhibited	.348**	.042	.422**	.257*	.247*
Nonassertive	.055	-.021	.201	-.067	.277*
Overly Accommodating	.070	-.074	.170	-.129	.358**
Self Sacrificing	-.062	-.116	-.056	-.158	.297**
Intrusive/Needy	.042	.047	-.074	-.035	.230*

Note. GRCS = Gender Role Conflict Scale; Sub-scales of the GRCS = SPC-Success, Power and

Competition, RE-Restricted Emotionality, RABBM-Restricted Affectionate Behavior Between Men,

CBWFR-Conflict Between Work and Family Relations (O'Neil, Helms, Gable, David, & Wrightsman,

1986). IIP Total = Inventory of Interpersonal Problems-64 item; Sub-scales of the IIP =

Domineering/Controlling, Vindictive/Self-Centred, Cold/Distant, Socially Inhibited, Nonassertive, Overly

Accommodating, Self Sacrificing, Intrusive/Needy (Alden, Wiggins, & Pincus, 1990).

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

Table 10

Correlation Matrix for the Attachment Style Questionnaire (ASQ) and Inventory of Interpersonal Problems (IIP)

<u>Variable</u>	<u>R as S</u>	<u>N for A</u>	<u>D with C</u>	<u>P with R</u>	<u>Confidence</u>
IIP Total	.135	.578**	.440**	.432**	-.414**
Dom./Controlling	.272*	.161	.361**	.389**	-.160
Vin./Self-Centred	.361**	.250*	.494**	.353**	-.357**
Cold/Distant	.387**	.402**	.490**	.182	-.570**
Socially Inhibited	.190	.517**	.451**	.378**	-.689**
Nonassertive	-.066	.509**	.206	.217	-.264*
Overly Accommodating	-.114	.464**	.111	.193	-.064
Self Sacrificing	-.172	.320**	.124	.262*	.001
Intrusive/Needy	-.109	.199	.047	.250*	.033

Note. ASQ = Adult Attachment Style Questionnaire; Attachment Styles = Relationships as Secondary (R as S), Need for Approval (N for A), Discomfort with Closeness (D with C), Preoccupation with Relationships (P with R), Confidence (Feeney, Noller, & Hanrahan, 1994). IIP Total = Inventory of Interpersonal Problems-64 item; Sub-scales of the IIP = Domineering/Controlling, Vindictive/Self-Centred, Cold/Distant, Socially Inhibited, Nonassertive, Overly Accommodating, Self Sacrificing, Intrusive/Needy (Alden, Wiggins, & Pincus, 1990).

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

Predicting Attitudes Toward Seeking Psychological Help

A hierarchical regression procedure was used to test how the factors functioned together as predictors of men's attitudes toward seeking psychological help. There were four factors from two measures found to correlate with attitudes toward seeking psychological help: Restrictive Affectionate Behaviour Between Men (GRCS), Discomfort with Closeness (ASQ), Relationships as Secondary (ASQ), and Need for Approval (ASQ). Prior to regression analysis, the data were checked for confirmation of several statistical assumptions. Tabachnick & Fidell (1996) suggest that data meet the assumptions of linearity, multicollinearity, normality, and absence of outliers. Graphical and output analyses revealed that all assumptions were met for regression analysis.

Initially, the attachment measures (i.e. Relationships as Secondary, Need for Approval, and Discomfort with Closeness) were analyzed alone to test their power to predict men's attitudes toward seeking psychological help (Table 11). The attachment measures accounted for 10.7% ($F_{\text{change}}(3, 76) = 3.02, p = .035$) of the variance in men's attitudes toward seeking psychological help.

Next, hierarchical regression was used to determine how the attachment measures (i.e. Relationships as Secondary, Need for Approval, and Discomfort with Closeness) functioned with Restrictive Affectionate Behaviour Between Men in predicting men's psychological help seeking attitudes (Table 12). In the first step, Restrictive Affectionate Behaviour Between Men was entered into the regression analysis. Alone, this variable accounted for 8.5% ($F_{\text{change}}(1, 78) = 7.26, p = .009$) of the variance in men's help seeking attitudes. In the second step, the attachment variables (i.e. Relationships as Secondary, Need for Approval, and Discomfort with Closeness) were introduced to the regression

model. Together, all four variables accounted for 14.3% ($F_{\text{change}}(4, 75) = 3.12, p = .020$) of the variance in men's attitudes toward seeking psychological help. However, with Restrictive Affectionate Behaviour Between Men accounted for, the attachment variables no longer reached significance ($F_{\text{change}}(3, 75) = 1.68, p = .178$). These data suggest that Restrictive Affectionate Behaviour Between Men may have mediated the relationship between the attachment variables and men's attitudes toward seeking psychological help.

Table 11

Hierarchical Regression Analyses for Attachment Variables Predicting Men's Attitudes Toward Seeking Psychological Help (N = 80)

Variable	B	SE B	β
Step 1			
Relationships as Secondary	-.180	.143	-.154
Need for Approval	-.195	.142	-.172
Discomfort with Closeness	-.088	.120	-.101

Note. $R^2 = .107$ for Step 1 ($ps = .035$).

Table 12

Hierarchical Regression Analyses for Variables Predicting Men's Attitudes Toward Seeking Psychological Help (N = 80)

Variable	B	SEB	β
Step 1			
Restrictive Affectionate Behaviour Between Men	-.219	.081	-.292
Step 2			
Relationships as Secondary	-.126	.144	-.108
Need for Approval	-.188	.140	-.165
Discomfort with Closeness	-.050	.120	-.057

Note. $R^2 = .085$ for Step 1; $\Delta R^2 = .058$ for Step 2 ($ps = .178$).

DISCUSSION

The primary purpose of this study was to identify variables relevant to men's attitudes toward seeking psychological help. A secondary aim was to explore the relationships among gender role conflict, attachment styles, and interpersonal problems in men.

Correlational analyses revealed that three of four insecure attachment styles were associated with men's attitudes toward seeking psychological help (i.e. Relationships as Secondary, Need for Approval, and Discomfort with Closeness). Regression analyses revealed that the three attachment variables predicted men's psychological help seeking attitudes when entered alone. As well, regression analyses revealed that Restrictive Affectionate Behaviour Between Men predicted men's attitudes toward seeking psychological help when entered alone. However, when the three attachment measures were entered into the regression equation after controlling for Restrictive Affectionate Behaviour Between Men, the attachment variables were no longer significant. This suggests that Restrictive Affectionate Behaviour Between Men may be mediating the relationship between attachment and men's attitudes toward seeking psychological help. Surprisingly, interpersonal problems were not found to correlate with men's attitudes toward seeking psychological help.

With respect to the secondary aim, adult attachment styles were found to correlate significantly with gender role conflict. As well, several gender role conflict sub-scales were found to correlate with specific types of interpersonal problems reported by men in this sample. Attachment styles were also highly correlated with interpersonal problems.

Together, these data highlight a significant relationship among men's attachment styles, gender role conflict, and experience of interpersonal problems.

As hypothesized, there was a negative correlation between gender role conflict and men's attitudes toward seeking psychological help. While the total gender role conflict score was significant, further analysis showed that Restrictive Affectionate Behaviour Between Men accounted for this effect. Regression analysis revealed that RABBM accounted for 8.5% of the variance in predicting men's attitudes toward seeking psychological help. That is, men who were less comfortable with affectionate behaviour between men, were also less positive about seeking psychological help. While it is surprising that other gender role conflict sub-scales did not reach significance, these results are not completely inconsistent with past research. Good et al. (1989) found that Restrictive Emotionality and Restrictive Affectionate Behaviour between men were correlated with attitudes toward psychological help seeking, but that Success, Power, and Competition and Conflict Between Work and Family Relations were not. In a later study Good and Wood (1995) split the gender role conflict scale into restriction related (RE and RABBM) and non-restriction related (SPC and CBWFR) factors. Again, they found that the restriction related factors of the GRCS were more influential in predicting men's attitudes toward seeking psychological help. Closer analysis of Good and Wood's (1995) results also revealed that RABBM was the most highly correlated factor followed by RE. Indeed, in this study, Restrictive Emotionality did not reach significance ($r(78) = -.198, p=.08$), but was close and might have reached significance given a larger sample size. In a recent unpublished dissertation, Cortese (2003) also found that the restriction related factors of the GRCS were most highly correlated with men's attitudes toward

psychological help seeking, and like this study, RABBM emerged as the primary factor predicting men's psychological help seeking attitudes when entered into a regression analysis. As well, in a recent published study, Berger, Levant, McMillan Kelleher, and Sellers (2005) found that Restrictive Affectionate Behaviour Between Men was the only sub-scale of the GRCS that significantly predicted men's help seeking attitudes. Further, Berger et al. (2005) found that Rejection of Homosexuals, which is a sub-scale of the Male Role Norms Inventory-Revised (MRNI-R; Levant & Fischer, 1998) accounted for 10.63% of the variance in men's psychological help seeking attitudes. It is interesting to note that Restrictive Affectionate Behaviour Between Men has also been called the Homophobia scale by O'Neil et al. (1986). Together, these data suggest that men's fears of homosexuality may be important when understanding male reluctance to seek psychological help.

It was hypothesized that men who endorsed insecure attachment styles would be less positive about seeking psychological help. This hypothesis was partially supported. Specifically, Discomfort with Closeness, Relationships as Secondary and Need for Approval, were all negatively correlated with attitudes toward seeking psychological help, but Preoccupation with Relationships was not.

One possibility for the attachment findings is that Discomfort with Closeness, Relationships as Secondary and Need for Approval all represent a similar construct closely related to avoidance of close emotional relationships, while Preoccupation with Relationships represents a desire to engage in close emotional relationships (Feeney et al., 1994). Feeney et al. (1994) described the Relationships as Secondary factor as consistent with a dismissing style where individuals protect themselves against hurt and

vulnerability by avoiding relationships. Discomfort with Closeness is defined by Feeney et al. (1994) as difficulty trusting others in new relationships and is most closely related to the avoidant attachment style described by Hazan and Shaver (1987). Given that therapy involves forming a new intimate care-giving relationship, it is not surprising that men who are uncomfortable with closeness and men who view relationships as of secondary importance to other things would also avoid entering a therapeutic relationship. As well, Discomfort with Closeness and Relationships as Secondary were strongly correlated with Restrictive Affectionate Behaviour Between Men. Restrictive Affectionate Behaviour Between Men has been described as a reluctance to engage in close emotional relationships with other men (O'Neil et al., 1986). These data suggest that an underlying factor predicting men's reluctance to seek psychological help may be avoidance of entering into potentially threatening close emotional relationships. It is also possible that some men are especially avoidant of entering into close emotional relationships with other men.

Need for Approval appears to relate with men's attitudes toward therapy in a unique fashion. Need for Approval was not correlated with Restrictive Affectionate Behaviour Between Men or Relationships as Secondary, but was correlated with Discomfort with Closeness. One hypothesis is that men who rate high in Need for Approval will avoid situations where there is a potential for rejection. Feeney et al. (1994) stated that Need for Approval, while representing dependency needs, is closely related to Bartholomew and Horowitz's (1991) category of fearful attachment. People in the fearful attachment category are said to desire close emotional relationships, but are reluctant to get close for fear of being rejected (Bartholomew & Horowitz, 1991). As

such, it makes sense that men who are high in Need for Approval would avoid seeking psychological help and would also be uncomfortable with closeness.

Surprisingly, men's interpersonal problems were virtually unrelated to their attitudes toward seeking psychological help. This is particularly puzzling given that interpersonal problems were associated with adult attachment styles and adult attachment styles were associated with men's help seeking attitudes. As well, there is considerable research to suggest that insecure attachment styles are highly predictive of interpersonal problems (Gallo et al., 2003; Horowitz et al., 1993; Wei et al., 2005). So, we are left to wonder why interpersonal problems did not predict men's psychological help seeking in this study.

One possibility is that the Inventory of Interpersonal Problems and the Attachment Style Questionnaire may have tapped into different anxieties. Specifically, it is possible that the Inventory of Interpersonal Problems provided a greater reflection of problems with existing interpersonal relations and was less sensitive to men's deep anxieties about entering into a new care-giving relationship. Indeed, theoretical development of the Attachment Style Questionnaire was based upon deep childhood anxieties surrounding intimate care giving relationships with others (Feeney et al., 1994). The Inventory of Interpersonal Problems, however, was developed based upon actual interpersonal concerns expressed by clients who have attended therapy, and may not be sensitive to the specific fear of entering into a new care-giving relationship (Horowitz, 1991).

While the above findings continue to puzzle, there is evidence to suggest that measures of psychological problems may not be the best predictor of help seeking intentions in men (Bringle & Byers, 1997; Robertson & Fitzgerald, 1992). That is, the

Inventory of Interpersonal Problems may have reflected symptoms of interpersonal problems, but the participants may not have viewed these symptoms as problems warranting psychological help. This hypothesis is consistent with the literature. Kessler et al. (1981) found that men and women differ with regards to psychological problem recognition. They suggested that women are considerably more likely than men to recognize emotional problems when they exist. More specifically, they revealed that while men were able to identify symptoms associated with depression and low levels of well being, they were significantly less likely than women to view these symptoms as problematic. Bringle and Byers (1997) found that when considering the possibility of marriage counselling, males only considered abuse and threat of divorce as significant enough to warrant counselling. In contrast, females indicated that they would seek help for problems such as drugs, depression, communication problems, conflict, child rearing concerns, jealousy, extramarital affairs, and stress. Bringle and Byers (1997) suggested that these findings highlight the tendency of men to minimize the need for outside intervention until a certain problem threshold is reached.

In addition, Robertson and Fitzgerald (1992) put forth the idea that men would report a willingness to seek therapy if the problem warrants it. This finding is relevant to this study suggesting that the way help seeking questionnaires are worded may be influential. That is, certain questions that ask men to speculate whether they would seek psychological help should a problem arise might not discriminate among men who would consider help seeking given their present state of being (e.g. "If I believed I was having a mental breakdown, my first inclination would be to get professional attention; Fischer & Farina, 1995). It is quite likely that men could respond to such questions based upon an

idea of what they believe is a “mental breakdown” and that this speculation would be quite unrelated to their ratings of actual interpersonal problems. This theory is supported by Butcher et al. (1998). Butcher et al. (1998) found that men were less willing to endorse psychological help seeking in general, but when asked if they would be willing to seek psychological help “should a need arise,” (p.105), they were just as willing to endorse help seeking attitudes as women.

In summary, with respect to the primary aim of this study, there were several central findings. The Restrictive Affectionate Behaviour Between Men scale of the GRCS was found to predict men’s help seeking attitudes. As well, three types of insecure attachment (ie. Relationships as Secondary, Need for Approval, and Discomfort with Closeness) were also predictive of men’s help seeking attitudes. When entered into a regression analysis, it appears that Restrictive Affectionate Behaviour Between Men may have mediated the relationship between the attachment variables and men’s attitudes toward seeking psychological help. It was suggested that insecurely attached men may be reluctant to enter into potentially vulnerable, close, emotional, care-giving relationships, and this might be the factor underlying men’s help seeking attitudes. Specifically, men might be reluctant to enter into a close care-giving relationship with another man. While interpersonal problems did not predict men’s help seeking attitudes, it was suggested that the IIP might have reflected men’s experience of interpersonal problems, but not their deep anxieties about entering into new care-giving relationships, yet this finding is still puzzling.

With regard to the secondary aim of this study, there were some interesting relationships observed among male gender role conflict, men’s attachment styles, and

men's interpersonal problems. Not surprisingly, men's attachment styles and interpersonal problems were found to correlate. Generally speaking, all four insecure attachment styles were found to positively correlate with greater levels of interpersonal problems. These data suggest that insecurely attached men also experience greater levels of interpersonal problems. Conversely, the secure attachment style (confidence) negatively correlated with four of eight interpersonal problem sub-scales as well as the total interpersonal problems index score. This finding suggests that securely attached men experience fewer interpersonal problems. These findings are highly consistent with past research (e.g. Gallo et al., 2003; Horowitz et al., 1993; & Wei et al., 2005). One note of caution is suggested when interpreting these results. There is considerable concept overlap between interpersonal problems and adult attachment styles as measured using self-report questionnaires. It is not surprising that the Discomfort with Closeness attachment style is highly correlated with the Cold/Distant type of interpersonal problem as both represent similar constructs. Yet, these findings still represent further evidence for the consistent link between attachment theory and interpersonal theory.

The more novel contribution of these findings to research on men's issues is that male gender role conflict has now been correlated both with adult attachment styles and interpersonal problems. As hypothesized, it was found that all four insecure attachment styles were positively correlated with gender role conflict. The secure attachment style was found to negatively correlate with gender role conflict. In other words, insecurely attached men reported greater levels of gender role conflict while securely attached or confident men experienced less conflict over their gender role. This connection provides considerable support in a relatively new area of research. Indeed, the present findings are

consistent with Blazina and Watkins (2000) who found that Restrictive Emotionality was negatively related with secure attachment to the mother and father. The present findings have also provided additional support relating gender role conflict and attachment using a measure of adult attachment not used before.

It was also found that men high in gender role conflict reported more interpersonal problems. This finding is consistent with past research where gender role conflict has been found to relate to psychological problems in general (e.g. Blazina & Watkins, 1996; Good & Wood, 1995; Good et al., 1995). As well, this finding is consistent with past research where gender role conflict has been associated with specific interpersonal variables such as intimacy (e.g. Cournoyer & Mahalik, 1995; Fischer & Good, 1995). Yet, this finding is unique as no studies have directly studied the relationship among gender role conflict and interpersonal problems in such a robust fashion. That is, rather than a single measure such as intimacy, the inventory of interpersonal problems provides data relating to several types of interpersonal problems. Most notably, men who scored high in Success, Power, and Competition rated themselves as Vindictive and Self-Centred. Men who scored high in Restrictive Emotionality rated themselves as Cold/Distant, and Socially Inhibited. Men who scored high in Conflict Between Work and Family Relations endorsed submissive interpersonal styles such as lack of assertion, being overly accomodating, being too self sacrificing, and being too intrusive and needy.

In summary, with respect to the secondary aim of this study, there is evidence to suggest that men who rate themselves high in gender role conflict are more likely to be insecurely attached and to also to experience more interpersonal problems.

Limitations

Limitations of the present study must be acknowledged. This study employed correlational and regression analyses that only reflected associations and predictions, therefore no causal relations among the variables could be established. A controlled experimental design would have allowed for causal relationships among the variables to be determined. As well, future research designs might involve more advanced statistical analyses (i.e. structural equation modeling) to better assess the complex relationships among the variables studied.

This study also used self-report measures and it is possible that demand characteristics may have influenced the data. Participants knew that the researcher was a male psychology student and might have been influenced by this fact when considering their attitudes toward seeking psychological help. While participants were not required to place their names on the research packages filled out, they were instructed to return the packages to the researcher personally. It is possible that a better design might have involved asking participants to drop the packages into a box, to engender a greater sense of anonymity.

Another limitation of this study involves the participants' past experiences with counselling. In this sample, 19% of participants reported that they had received psychological counselling in the past. Several studies have pointed to the fact that past experience with a mental health professional is predictive of more positive attitudes toward seeking psychological help in the future (e.g. Doss et al., 2003; Halgin et al., 1987; Vogel & Wester, 2003). As such, it is possible that participants' past experience in this sample could have moderated the effects of the variables studied. Future research

might look at a pure sample of participants who have had no experience with a mental health professional in order to control for this effect.

Delimitations

Participants were primarily university students and as such, the findings may not generalize to other populations. It is quite possible that university students in general are well adjusted and reasonably positive about seeking psychological help. As well, since participation was voluntary, it is possible that the very factors acting to inhibit men from attending therapy would restrict them from volunteering. It would be interesting to explore the same issues with males representing wider populations in society.

Due to the fact that this was an all male sample by design, it is important to note that no comparisons can be made concerning gender differences. It is recognized that the findings presented here might well be similar in a population of female participants. Future research might explore whether attachment variables, for instance, would relate to help-seeking attitudes in a female population.

Given that a quantitative approach was used in this study, there are several delimitations. It is acknowledged that any conclusions reached regarding gender role conflict, attachment styles, interpersonal problems, or men's attitudes toward help seeking are restricted by the tools used to operationalize the constructs. A qualitative approach might offer participants the opportunity to speak in more depth concerning their attitudes and beliefs around the issues being investigated providing a depth of understanding not realized here.

Directions for Future Research

While there is considerable evidence to suggest that gender role socialization is a significant factor affecting men's attitudes to help seeking, one area of research that has received little attention involves evolutionary theories of psychology. It is possible that men are biologically designed to avoid appearing vulnerable. This possibility seems relevant in light of the present findings where avoidance of entering into close emotional relationships appears to be a significant factor influencing men's help seeking attitudes. There are many possibilities for research informed by evolutionary theory. One possibility would be to explore whether females are more or less attracted to males who display signs of vulnerability. Further, a careful design might determine whether help-seeking is perceived as a sign of vulnerability. Another possibility would be to have participants rate the relative status or power of men depicted as either seeking psychological help or not seeking psychological help. It would also be fruitful to examine whether females are influenced by avoidance related attachments to the same degree as are men. This type of research might help to explain why avoidance factors are especially salient when it comes to men's help seeking attitudes.

Finally, given the fact that interpersonal problems were not found to predict men's psychological help seeking intentions, it is suggested that more research be conducted in this area. Specifically, researchers might explore a female population to determine if interpersonal problems are predictive of psychological help seeking intentions. Another possibility might be to explore the relationships between men's help seeking intentions and other measures of psychological distress.

Clinical Implications

The primary aim of this study was to determine factors relevant to men's help seeking intentions. In light of the findings, there are several direct clinical implications for practitioners working with men. As well, there are several implications for society in general.

Research has established that men do benefit from counselling, and men who have attended counselling are inclined to rate it positively (Doss et al., 2003; Guillebeaux, Storm, & Demaris, 1986; Halgin et al., 1987). There is also research to suggest that men who are considering therapy, seek the advice of others including friends who have attended counselling, and positive reports are influential (Guillebeaux et al., 1986). As such, it is important that when men do make it into therapy, practitioners strive to be aware of and sensitive to the specific needs that might be unique to men.

It has been suggested that when counselling men, therapists might approach their clients from a multicultural perspective (Robertson & Fitzgerald, 1992; McCarthy & Holliday, 2004). Specifically, since all men are not the same, it might be useful for a therapist to spend some time determining the extent to which their clients adhere to the typical masculine role or how relevant gender role conflict appears to be for any given client. McCarthy & Holliday (2004) cited that psychotherapists tend to operate in the realm of emotions and insight, and this may not be the language of male clients. As such, they suggest that therapists be willing to adjust to their male client's mode of interaction. It is possible that cognitive therapy or solution focused therapy might feel more congruent for men who conform to more traditional gender roles. Indeed, to meet the needs of any distinct population, no one would suggest that the population should

change to meet the counselling style, and the same should be true for the male population.

It is important for counsellors to recognize that when men present for therapy, they might still be in the precontemplation stage (Doss et al., 2003). Men in the precontemplation stage are likely involved in a feeling out process where they will decide whether to continue with therapy or not. It is important in the early phase of the therapeutic relationship that counsellors take the time to address men's apprehensions about entering into therapy. Guillebeaux et al. (1986) even suggested that in couples and family sessions, the therapists should concentrate initially on talking more to the man.

In the present study, it was found that men who endorse negative working models of others held less favourable views toward seeking psychological help. Lopez et al., (1998) pointed out that persons with negative working models of others are more likely to evaluate the early part of counselling as negative and are more prone to prematurely terminate therapeutic relationships. Therefore, it seems especially important that counsellors take the time early in the counselling process to address men's ambivalence about therapy. Specifically, counsellors should be attuned to the fact that male clients might be apprehensive about entering into a close emotional relationship. One way to address men's potential fears or ambivalence is to create an atmosphere where discussion of the therapist's trustworthiness or dependability is encouraged, and men's wariness might be acknowledged and accepted as normal.

In the discussion, I proposed that men might be less inclined to seek help for psychological concerns due to avoidance of appearing or feeling vulnerable. It is suggested that steps be taken to leave men with a feeling of control over the counselling

situation. Blazina and Watkins (1996) suggested that gender role conflicted men may be more sensitive to the power shift that takes place when they enter therapy, thus resulting in a feeling of vulnerability, and a greater likelihood of termination. It is suggested that counsellors be especially sensitive to the power shift men may feel when entering into a therapeutic relationship and to bring this issue into discussion early in the relationship.

Men may also feel that to enter a therapeutic situation will necessitate emotional expression. Public education could be important to inform men that not all forms of therapy involve emotional expression, and that there are alternatives that focus on problem solving, technical competence, and achievement orientation. This might serve to leave men with the feeling that they can choose the type of therapy that they are comfortable with, and that they have control over the level of emotional expression involved in therapy.

It has also been suggested that framing mental health services as consultations, coaching, or seminars may help alleviate the negative stigma that many men may associate with the terms psychotherapy or counselling (e.g. Komiya et al., 2000; Robertson & Fitzgerald, 1992). Public education via popular media is also important to reduce the stigma associated with psychological help seeking. Mark McGuire's (Major League home run record setter) open acknowledgement that he greatly benefited from psychotherapy is an example of media that can serve to support the idea that seeking help is not a sign of weakness. Indeed, Addis and Mahalik (2003) highlighted that many men want to know whether their problems are normal.

Others have suggested that men be better informed of the symptoms of psychological distress, and that one way to reduce the threat to self for men is to focus on

battling the symptoms (Good & Wood, 1995; Halgin et al., 1987). Seeking psychological help can be presented as a wise and powerful way to address personal challenges, and not as a sign of weakness.

The findings of the present study suggest a link between insecure attachment, gender role conflict and help seeking intentions in men. As such, it is suggested that public education continue to focus on the importance of consistent and care-giving parents. Parents who instill in their sons a sense that others are dependable and trustworthy are likely to raise a generation of men who are confident enough to accept help from others when needed.

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Appendix A

Sample Items: Gender Role Conflict Scale (GRCS)

Instructions: In the space to the left of each sentence below, write the number which most closely represents the degree that you Agree or Disagree with the statement. There is no right or wrong answer to each statement; your own reaction is what is asked for.

Strongly Agree						Strongly Disagree
6	5	4	3	2	1	

1. ____ Moving up the career ladder is important to me.
2. ____ I have difficulty telling others I care about them.
3. ____ Verbally expressing my love to another man is difficult for me.
4. ____ I feel torn between my hectic work schedule and caring for my health.
5. ____ Making money is part of my idea of being a successful man.
6. ____ Strong emotions are difficult for me to understand.
7. ____ Affection with other men make me tense.
8. ____ I sometimes define my personal value by my career success.
9. ____ Expressing feelings makes me feel open to attack by other people.
10. ____ Expressing my emotions to other men is risky.
11. ____ My career, job, or school affects the quality of my leisure or family life.
12. ____ I evaluate other people's value by their level of achievement and success.
13. ____ Talking (about my feelings) during sexual relations is difficult for me.
14. ____ I worry about failing and how it affects my doing well as a man.
15. ____ I have difficulty expressing my emotional needs to my partner.
16. ____ Men who touch other men make me uncomfortable.

Appendix B

Sample Items: Attitudes Toward Seeking Psychological Help (ATTSPH)

Instructions: In the space to the left of each sentence below, write the number which represents whether you Agree, Partly Agree, Partly Disagree, or Disagree.

Agree 1	Partly Agree 2	Partly Disagree 3	Disagree 4
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1. _____ If I believed I was having a mental breakdown, my first inclination would be to get professional attention.
2. _____ The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.
3. _____ If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.
4. _____ There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears *without* resorting to professional help.
5. _____ I would want to get psychological help if I were worried or upset for a long period of time.

Appendix C

Sample Items: Attachment Style Questionnaire (ASQ)

Show how much you agree with each of the following items by rating them on this scale: 1 = totally disagree; 2 = strongly disagree; 3 = slightly disagree; 4 = slightly agree; 5 = strongly agree; or 6 = totally agree.

Totally Disagree	Strongly Disagree	Slightly Disagree	Slightly Agree	Strongly Agree	Totally Agree
1	2	3	4	5	6

1. _____ Overall I am a worthwhile person.
2. _____ I am easier to get to know than most people.
3. _____ I feel confident that other people will be there for me when I need them.
4. _____ I prefer to depend on myself rather than other people.
5. _____ I prefer to keep to myself.
6. _____ To ask for help is to admit that you're a failure.
7. _____ People's worth should be judged by what they achieve.
8. _____ Achieving things is more important than building relationships.
9. _____ Doing your best is more important than getting along with others.
10. _____ If you've got a job to do, you should do it no matter who gets hurt.
11. _____ It's important to me that others like me.
12. _____ It's important to me to avoid doing things that others won't like.
13. _____ I find it hard to make a decision unless I know what other people think.
14. _____ My relationships with others are generally superficial.
15. _____ Sometimes I think I am no good at all.
16. _____ I find it hard to trust other people.

Appendix D

Sample Items: Inventory of Interpersonal Problems (IIP)

Instructions: In the space to the left of each sentence below, write the number which most closely represents how you feel.

Not At All	A Little Bit	Moderately	Quite a Bit	Extremely
0	1	2	3	4

Part I – It is hard for me to...

1. _____ trust other people.
2. _____ say “no” to other people.
3. _____ join in on groups.
4. _____ keep things private from other people.
5. _____ let other people know what I want.
6. _____ tell a person to stop bothering me.
7. _____ introduce myself to new people.
8. _____ confront people with problems that come up.
9. _____ be assertive with another person.
10. _____ let other people know when I’m angry.
11. _____ make a long-term commitment to another person.
12. _____ be another person’s boss.
13. _____ be aggressive toward someone when the situation calls for it.
14. _____ socialize with other people.
15. _____ show affection to people.

Part II – The following are things that I do too much.

40. _____ I fight with other people too much.
41. _____ I feel too responsible for solving other people’s problems.
42. _____ I am too easily persuaded by other people.
43. _____ I open up to people too much.
44. _____ I am too independent.
45. _____ I am too aggressive toward other people.
46. _____ I try to please other people too much.
47. _____ I clown around too much.
48. _____ I want to be noticed too much.
49. _____ I trust other people too much.
50. _____ I try to control other people too much.
51. _____ I put other people’s needs before my own too much.

Appendix E

Participant Demographic Questionnaire

Instructions: For this section, please provide some personal information about yourself for the purposes of describing the sample used for this study. Answer all questions that you feel comfortable answering. All information is strictly confidential. Thank you.

1. Age _____ years
2. What is your ethnic background? (mark all that apply)
 - _____ African American/Canadian (Black)
 - _____ Aboriginal
 - _____ Hispanic/Latino
 - _____ Asian/Pacific Islander
 - _____ Middle Eastern
 - _____ Other (specify) _____
3. The combined annual income of my parents is...
 - _____ Less than \$20,000
 - _____ \$20,000-\$40,000
 - _____ \$40,000-\$60,000
 - _____ \$60,000-\$100,000
 - _____ \$100,000-200,000
 - _____ Greater than \$200,000
4. What is your highest level of education?
 - _____ Elementary
 - _____ High School
 - _____ 1 Year of University
 - _____ 2 Years of University
 - _____ 3 Years of University
 - _____ Bachelor's Degree
 - _____ Master's degree
 - _____ Doctorate
5. What is your sexual orientation?
 - _____ Heterosexual
 - _____ Homosexual
 - _____ Bisexual
 - _____ Other (specify) _____
6. What is your religious affiliation?

_____ Jewish	_____ Hindu	_____ Catholic
_____ Protestant	_____ Buddhist	_____ Muslim
_____ Atheist	_____ Agnostic	_____ Nothing
7. Have you ever had any type of professional psychological counselling?

_____ yes _____ no
8. Have you ever taken medication for a mental health issue?

_____ yes _____ no