

INFLUENCE OF ETHNIC IDENTITY AND PERCEIVED DISCRIMINATION ON
MALE GENDER ROLE CONFLICT'S IMPACT ON WELL-BEING

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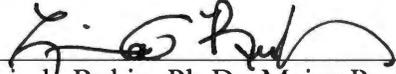
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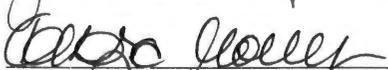
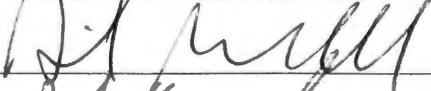
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To the Dean of the Graduate School:

I am submitting herewith a dissertation written by Candice A. Vinson entitled "Influence of Ethnic Identity and Perceived Discrimination on Male Gender Role Conflict's Impact on Well-Being." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Counseling Psychology.


Linda Rubin, Ph.D., Major Professor

We have read this dissertation and recommend its acceptance:


Department Chair

Accepted:


Dean of the Graduate School

DEDICATION

This dissertation is dedicated to my parents. Their love, generosity, and unending support have made all my accomplishments possible.

Mom, your presence and support in my life provide a foundation on which I stand during difficult times. I am continually amazed by your strength and touched by your dedication to me, family, and friends. My love for you is endless, as yours is for me.

Dad, you are missed more than I could ever have imagined. While I am saddened that you are not here to see my attainment of a Ph.D., I know that you were always proud of me and are with me in spirit to celebrate this moment.

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Finally, my friends and family have been such an important source of support in the writing of this dissertation and throughout my graduate education. Without their humor, insight, perspective, and care, this journey would have been infinitely more arduous. My life is better for having them in it.

ABSTRACT

CANDICE A. VINSON

INFLUENCE OF ETHNIC IDENTITY AND PERCEIVED DISCRIMINATION ON MALE GENDER ROLE CONFLICT'S IMPACT ON WELL-BEING

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The purpose of this study was to examine the role of men's ethnic identity and experiences of perceived discrimination (PD) on their levels of gender role conflict (GRC); additionally, the role of moderation by ethnic identity was considered by analyzing its impact on the relationship between GRC and well-being as well as GRC and PD. A group of 292 men of various ethnicities completed online measures of GRC, ethnic identity, PD, self-esteem, and satisfaction with life. Results showed that men with higher levels of GRC also had lower self-esteem and satisfaction with life. Men's levels of GRC were also found to be positively related to PD, such that higher levels of one were correlated with higher levels of the other. PD was unexpectedly found not to be related to self-esteem or satisfaction with life. Ethnic identity was positively related to self-esteem, but was unrelated to satisfaction with life. Ethnic identity was not found to act as a moderator in the relationships between GRC and well-being or between PD and well-being. The findings suggested that GRC remained a relevant factor in men's well-being, while the role of ethnic identity was less clear. Given the salience of ethnic identity in the lives of men of color and the potential for harmful effects of GRC and PD,

the need for continued exploration of these variables in research was discussed. Also, the implications for mental health practitioners in their work with men were discussed.

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CHAPTER I

INTRODUCTION

Despite the fact that men in the United States have died an average of five years earlier than women, have had higher rates of death than women for all 15 leading causes of death, and have completed suicide at a rate of four times that of women, health researchers have rarely asked what variables beyond that of biological sex might be responsible for this discrepancy in mortality (Courtenay, 2000c; Minino, Heron, Murphy, & Kocharek, 2007). Scholars in the area of the psychological study of men and masculinity, however, have been examining this question since the late 1970s and have posited that there may be aspects of the socialized male gender role that are lethal and contributing to men's poor health and shorter lives (Harrison, 1978). Social constructivists eschew the idea of gender as a biological imperative and instead conceptualize it as a verb, as something people do and enact through social transactions. Gender socialization serves to both instill messages regarding expected behaviors for each gender as well as enforcing conformity through negative consequences for defying those prescriptions (Payne, Swami, & Stanistreet, 2008).

Because traditional gender role norms are often overly restrictive and rigid, people may suffer from gender role conflict as they struggle to navigate the risks and rewards associated with enacting masculinity or femininity as defined by their society and culture (O'Neil, 2008). While both genders can experience this conflict, research indicates that

men are subject to much greater social pressure to conform to gender stereotypes than are women (Courtenay, 2000b; Payne et al., 2008). Also, research demonstrates that normative masculine beliefs and behaviors are more often associated with poor health and well-being, especially increased risk-taking, maintaining an appearance of invulnerability, decreased social support, violence, substance abuse, and belief in the inferiority of all things feminine (Courtenay, 2000b).

As men experience some negative consequences for meeting the requirements of the male gender role or for defying them, they may experience gender role conflict (GRC). This internal conflict may manifest as self-devaluation for perceived deficiencies or it may come from others who stifle men's capacity to reach their full human potential as a result of requiring unrealistic, demanding displays of masculinity (O'Neil, Helms, Gable, David, & Wrightsman, 1986). Four central domains to GRC for men have been identified by O'Neil et al. Restrictive Emotionality describes the difficulty men may have in expressing emotions, sometimes because of societal restrictions for doing so and other times because of a lack of awareness regarding emotional descriptors or ability to determine what they are feeling. Restrictive Affectionate Behavior Between Men involves the struggle men may have being open, either emotionally, cognitively, or physically, with other men. Success/Power/Competition is reflective of the normative masculine emphasis on utilizing competition and power in order to succeed. Conflict Between Work and Family Relations occurs because many men internalize the provider role as central to masculinity and consequently struggle to balance their work lives with leisure and family time (O'Neil et al.).

Men living in the United States are generally subject to gender socialization and potential GRC according to the dominant, majority culture's definition and requirements for masculinity; however, each man's experience of these messages will vary based on a variety of individual factors that can influence the impact of such socialization. One variable considered highly relevant is that of culture. Different ethnic groups emphasize different values regarding general behavior and often regarding specific behaviors as well, including culturally appropriate ways of enacting masculinity or femininity (Hunter & Davis, 1992; Lazur & Majors, 1995).

For example, African American cultures often emphasize communalism, emotional sensitivity, spirituality, humanism, and egalitarianism in families (Cazenave, 1984; Hunter & Davis, 1992; 1994; Wade 1995). These values are quite different from the more traditional masculine values of individualism, competition, restrictive emotionality, and male dominance. Latino(a) cultures often expect strength, dominance, and financial support for the family of Latino men (Baruth & Manning, 2006; Paniagua, 2005; Sue & Sue, 2007). The concept of machismo is often used to refer to typical, stereotypic expectations for Latino men and includes traits such as aggressiveness and dominance over women (Fragoso & Kashubeck, 2000). Asian male culture often emphasizes maintaining a prominent position in the family, group harmony, filial piety (Tang, 1997), hierarchical relationships, and emotional self-control (Kim, Atkinson, & Umemoto, 2000). Conforming to the expectations for men in the United States might prove especially stressful to those who highly identify with non-majority cultures whose

values conflict with those of the hegemonic, typical masculinity espoused by the dominant culture (Lazur & Majors, 1995).

Men from the same ethnic group might vary greatly in how much they identify with their culture and the degree to which they internalize and value the expectations of their culture over those of the dominant culture. Ethnic identity is used to describe this phenomenon and provides a way in which within-group differences can better be understood (Phinney, 1992). Assessing individuals' ethnic identity provides an understanding of the ways in which people who belong to the same ethnic group differ in their exploration of and commitment to that identity. Ethnic identity can act to decrease GRC in men for whom the exploration of and commitment to their ethnic group and its ideals serve to buffer the impact of conflict regarding gender roles. At the same time, being committed to the values of one group while trying to navigate a society with conflicting standards could likely be stressful and result in higher levels of GRC. The relationship between ethnic identity and GRC has been understudied and more research in this area is necessary to further elucidate the nature of different identities' impact on GRC.

Another culturally relevant variable that may impact GRC is men's experience of perceived discrimination (PD). Being a man of color in the United States often involves the experience of racial and ethnic discrimination. Such experiences may directly interfere with men's attempts to meet the standards set for men, including being the financial providers for their families given the restrictions that can result from institutional racism and circumstances resulting from historically racist treatment (Lazur

& Majors, 1995). The experience of PD may cause men to hesitate in defying the dominant masculinity because they might believe this action could lead to even more discrimination. No published study to date has directly assessed the relationship between PD and GRC in men.

Understanding men's experience of GRC and the variables that might affect it is important in light of the research that documents the negative psychological and physical impacts of GRC in men's lives and in the lives of others who suffer as a result. GRC has been linked to depression, anxiety, relationship distress, low self-esteem, substance abuse, and other negative outcomes (O'Neil, 2008). Another important goal of studying issues related to men and masculinity in general is that of increasing multicultural awareness and competence. There is some controversy over including the study of men as a domain of multiculturalism, especially when the concept of men as an oppressed group is raised (Liu, 2005). Based on the historical exclusion of women from psychological research and the persistence of maleness as superior and normative, many people react negatively to the suggestion that male gender roles act to oppress men and that the culture of masculinity should be studied just as the culture of women. Liu and many other authors in this area of study (i.e., Kaufman, 1994; Levant, 1996; Messner, 1997; O'Neil, 2002) argue that, while men certainly possess great privilege in U.S. society as a result of being male, they also suffer at times from the rigid roles required of them. Additionally, an exploration of male gender roles and awareness of how they contribute to sexism can help aid both genders through the relaxation of limitations set on men. Also, the relationship between traditional masculinity and heterosexism is strong

and the relaxation of restrictive masculinity would likely benefit gay, lesbian, bisexual, and transgendered individuals as well.

The purpose of the current study was to further examine the impact of men's ethnic identity on their levels of GRC. Additionally, this study sought to add to the literature regarding the role of men's PD on their levels of GRC. The ways in which GRC affected men's self-esteem and satisfaction with life was explored, and the variables of ethnic identity and PD were studied as to their possible roles as moderators of this relationship.

CHAPTER II

LITERATURE REVIEW

Men and Masculinity Ideology

The formal study of the psychology of men and masculinity is a relatively new area of scientific inquiry with initial efforts beginning in the late 1970s and more complete acceptance by the psychology community not occurring until the late 1980s (O'Neil, 2008). O'Neil (2002) shared his experience of pioneering efforts to study male gender role conflict and indicated that he had many difficult experiences, including lack of support in his university setting, people believing he was gay for being interested in men, people feeling threatened by the possibility that he might expose the system of patriarchy, and mixed reactions from feminist groups. He indicated the backlash from these women tended toward either outright dismissal or interest in the potential of studying men but with fear that O'Neil (2002) might have actually been attempting to defend and rationalize men's sexism and violence against women.

O'Neil (2002) and other authors in the area of men's studies defended their work as being exactly the opposite of intending to provide justification for sexism and violence. To the contrary, they indicated a desire to understand the causes of these behaviors in order to provide men with alternatives to the traditional masculinity forced upon them by the patriarchal system of the United States (O'Neil, 2002). Before

discussing further why studying masculinity might prove important, it will first be helpful to examine the concept of gender as it is most currently understood in the literature.

Social Constructivism and Gender

In the past, theories of gender often pointed to genetics as a biological imperative, such that gendered behavior and gender differences could be understood as products of people's genetic sex. Later, theorists acknowledged the role of socialization in gendered behavior, but described people as essentially passive, blank slates onto which masculine or feminine behavior was assigned. More recently, social constructivists conceptualized gender as something individuals do or enact rather than something that is biologically ascribed at birth (Payne et al., 2008).

Additionally, social constructivism posited that people are not simply passively subjected to socialization or conditioning, but rather they take an active role in "constructing and reconstructing dominant norms of femininity and masculinity" (Courtenay, 2000b, p. 6). It is argued that gender is not an entity residing within a person, but rather it exists within social transactions that are labeled masculine or feminine (Crawford, 1995). From this theoretical perspective, it is believed that people have agency, can exert power to produce effects in their lives, and engage in daily activities and behaviors with the goal of continually enacting demonstrations of gender (Courtenay, 2000b). Examples have included language (Crawford), sports (Messner & Sabo, 1994), crime (Messerschmidt, 1993), work (Connell, 1995), and sex (Vance, 1995). Finally, social constructivism eschewed the notion promoted previously by sex role

theories (e.g., Pleck, 1987) that innate psychological needs reside within people to display traits that are stereotypic of their gender.

Courtenay (2000c) both encouraged and cautioned researchers in studying gender differences. He expressed concern that such research could result in erroneous claims of causation based on associations between sex and beliefs or behaviors. Also, researchers could reinforce the concept of gender as two categorically distinct entities rather than fluid dimensions on which men and women are more similar than dissimilar. Focusing on differences between genders could also hide the many within-group differences between men and women. Courtenay did, however, agree with Crawford (1995) that the study of ways in which gender differences impact social experiences has the potential to greatly contribute to the understanding of constructivism as it relates to gender, illuminating what variables contribute to the creation of gender as a construct distinct from that of biological sex.

The Importance of Studying Masculinity

While being male in a patriarchal society affords men various privileges, research has consistently shown that many aspects of traditional masculine ideology are associated with negative consequences in the realms of physical and mental health. In 1978, Harrison presented a wealth of evidence that masculinity may be dangerous to men's health. Most notably, the rates of mortality for men in the industrialized world were consistently higher than for women. In the United States, men died an average of 5.2 years earlier than women (Minino et al., 2007). Men also have higher rates of death for all 15 leading causes of death (Courtenay, 2000c; Minino et al.). After adjusting for age,

men's death rate for heart disease has been twice that of women's and their death rate for cancer has been 1.5 as high as women's (Courtenay). Men completed suicide at a rate four times greater than women, and men age 20 to 24 died by suicide at a rate of six times that of women of the same age (NIMH, 2009).

According to Harrison (1978), two hypotheses can be offered for the differential in life expectancy between men and women. He identified the first as being a biogenetic perspective postulating that genetic factors were responsible. The second hypothesis involved a psychosocial perspective articulated in the belief that "lethal aspects of the male role" (Harrison, p. 66) were responsible for higher male mortality. Harrison's evaluation of the evidence for the two hypotheses led him to conclude that the psychosocial perspective best accounts for the discrepancy in life expectancy.

In the current literature on men and masculinity, authors have overwhelmingly pointed to this argument as well. It has been commonly argued and well supported that the documented differences in health between men and women can be understood through a social constructivist lens. While various factors, such as culture, socioeconomic status, and individual biology, contributed to the health and longevity of any individual person, health scientists have overwhelmingly supported the contention that health behaviors are the most important of all the factors (Courtenay, 2000c). The U.S. government created the U.S. Preventive Services Task Force (1996) to evaluate the research in this area, and they estimated that alterations to individual health practices could prevent 50% of all deaths. Research has consistently demonstrated that the strongest predictor of engaging in behaviors that promote health is being a woman

(Brown & McCreedy, 1986; Ratner, Bottorff, Johnson, & Hayduk, 1994). Higher rates of mortality in men certainly may be explained by their increased engagement in risky behaviors as well as making fewer healthy lifestyle choices as compared to women (Levant, Wimer, Williams, Smalley, & Noronha, 2009).

Social constructivism helped to explain the differences in health behaviors and beliefs between men and women. Just as language, work, or sports served as means to enact gender, health behaviors and beliefs were another form of currency for gendered transactions (Courtenay, 2000c). Social prescriptions for the male gender relating to health included lacking concern about health and well-being (Rosenstock, 1990), placing little importance on health knowledge (Boehm et al., 1993; Spilman, 1988), viewing men as stronger than women, shunning nurturance from others, developing smaller support systems and fewer close friendships than women (Kandrack, Grant, & Segall, 1991), and demonstrating an unwillingness to ask others for help (Courtenay, 1998; Rule & Gandy, 1994) in order to avoid loss of status and autonomy (Payne et al., 2008). Evidence has consistently pointed to the lack of social relationships as a risk factor for mortality, especially for men (Courtenay, 2000a; Shye, Mullooly, Feeborn, & Pope, 1995; Umberson, 1992). Even after controlling for health and other possible confounding factors, men with fewer social relationships increased their risk of death by two to three times as compared to men with higher levels of social relationships (Berkman, 1984).

Additionally, men adhering to social prescriptions relied on work to define themselves and developed a dependence on active engagement in intense stimulation of the senses (Courtenay, 2000c). When engaging in such behavior, these men fearlessly

confronted danger, while disregarding the risks and showing little consideration for their own safety. Similar to the commonly portrayed superhero, men saw themselves as invincible and lacking vulnerability, which is often associated with unhealthy and risky behaviors (Boehm et al., 1993; Courtenay, 2002b, 1998; Flynn, Slovic, & Mertz, 1994). These men struggled to identify or describe personal emotions or to find words for physical sensations. They likely considered physical violence as necessary in life. In this gendered view, men have not shown concern for their weight, diet, or hygiene and have not been interested in knowledge regarding healthy eating or nutrition. Finally, these men have adamantly avoided engaging in any behavior defined as feminine (Courtenay, 2000c).

The men in the description above would not have painted a picture of individuals who engaged in health conscious behaviors and would identify the type of person who might die at a young age due to accidents or preventable diseases. If men have indeed received such messages about dominant masculinity and have chosen to engage in this form of masculinity to avoid the consequences of opposing gendered prescriptions, it is imperative that researchers strive to better understand masculinity and the potentially harmful role it has played in the lives of men.

Also, research has indicated that the social pressure to endorse gender stereotypes has been comparatively greater for men than for women (Courtenay, 2000b; Payne et al., 2008). In the United States, there has been high agreement about what constituted typically masculine and typically feminine traits (Williams & Best, 1990). The costs of transgression of these traits have varied from being teased or ignored to being the victim

of physical aggression, even life-threatening violence. While women have suffered consequences for engaging in unfeminine and/or masculine behaviors, there has tended to be more flexibility for women in this realm than for men (Courtenay 2000c). Research indicated that boys were subjected to the rigid demands of their gender at an earlier age than were girls (Golombok & Fivush, 1994) and that they were seen far more negatively for breaking the rules of gendered behavior (Zucker, Wilson-Smith, Kurita, & Stern, 1995). Men may have been in a double-bind as they were caught between choices to either participate in a set of behaviors that has been shown to have great potential for harm or possibly to suffer rejection and violence for refusing to meet the requirements for their gender.

Finally, while there have been some researchers in the area of men and masculinity who have been working to increase awareness of the social construction of the male gender role and the ways in which it may have been harmful to men's health and well-being, Courtenay (2000a, 2000b, 2000c) repeatedly pointed out the persistence of the cultural belief that the stereotypical ways of doing masculinity are inherent to being male and occur naturally as a result of being biologically male. While research has repeatedly demonstrated the association between the male gender and poor health behaviors, risk-taking, violence, substance use, and other variables related to men's health, most researchers have failed to look beyond use of biological sex as an independent or control variable in order to assess what aspects of gender were impacting men's health. The question often left unanswered has been "what about gender, exactly, is at work?" (Kunkel, 1996, p. 294). Courtenay (2000b) indicated that one likely

mediating factor would be men's masculinity ideology; that is, where they fall on dimensions of traditional masculine beliefs. One reason for the resistance by some against examining men's health from a constructionist point of view has been the threat it posed to men's privilege, power, and authority in a society that currently works to uphold the construction of men as an ideal reference, leaving women to be viewed as inferior or deficient in comparison. To confront the poor health of men and the unhealthy nature of many traditionally masculine beliefs and behaviors would risk a loss of power that may be unacceptable, even at the risk of men's well-being (Courtenay, 2000b).

It is important, however, in a discussion of the risks to men that have resulted from negative aspects of the male gender role, to recognize that their privilege and power in both the patriarchal U.S. society and most of the world has continued to protect them from many very real dangers and health risks and that such privilege has not been afforded to women (Murphy, 2003). Because of women's lower social status and the commonly perpetuated "belief that women are the property of men" (p. 208), women have suffered inequities in reproductive and mental health and these inequities have often been attributed to gender inequities across the world, even by the World Health Organization (WHO; 1995).

While women have lived longer in the U.S., this trend has not held true for women in other countries. Additionally, women both in developing countries and in the United States have often had to contend with life circumstances that greatly decreased their quality of life, regardless of their average life expectancy. For example, the World Health Organization identified a "surfeit of depression and anxiety experienced by

women” (1995, p.2). Heise, Ellsberg, and Gottemoeller (1999) found global incidences of intimate-partner violence at rates of one in three women having been beaten, forced into sex through coercion, and subjected to severe emotional abuse. Depending on the country being examined, rates of incidence of violence have been found to be 10% to over 50% in some parts of the world.

In the United States, women have often had more privilege and power than in other developing countries and yet their picture of health and quality of life has often remained bleak (Murphy, 2003). It has been estimated that annually 1.5 million in the U.S. suffer physical abuse or rape at the hands of an intimate partner (Gazmarian et al., 2000). Across their lifetimes, one in three women has reported being hit, kicked, choked, or otherwise physically harmed by her sexual partners. Additionally, childhood sexual abuse has been reported by 27% of women in the U.S. and 15% have reported incidences of rape during their lifetime. As a result of these various incidences of violence, women have suffered physical injuries, increased risk of disability and chronic pain, unintended pregnancies, contracted HIV and other sexually transmitted infections, and have increased risk of substance abuse, depression, post-traumatic stress disorder, and other damaging mental health outcomes (Heise et al., 1999; Russo, Koss, & Ramos, 2000; WHO, 1999). The extreme consequences to women’s physical and mental health as a result of such violence cannot be ignored, and the reality has been that men have been overwhelmingly the perpetrators of such violence toward women (Murphy, 2003).

Moreover, gender norms and roles have been posited as one aspect responsible for these continued gender inequities (Murphy, 2003). While male gender roles have been

shown to have deleterious effects on men, as discussed previously, the gender norms in the U.S. have generally reflected a valuing of men over women and have generally resulted in discrepancies “between the sexes in power, autonomy, and well-being, typically to the disadvantage of females” (p. 205).

This brief and incomplete discussion of women’s endangered health has been offered to bring a balanced perspective to the conversation regarding the adverse impact of male gender roles on the health and well-being of men. It has been true that men have both prospered and suffered as a result of the expectations placed upon them in patriarchal society, and it would be irresponsible to ignore either the ways in which being male has been harmful to men or the ways in which being female has been harmful to women. Despite the many privileges and benefits bestowed upon men for being male, the current discussion will continue regarding the ways in which male gender roles and norms have had deleterious effects on men’s well-being.

Gender Role Conflict

One construct with potential to account for differences between men on various measures of health and well-being is that of gender role conflict. Gender role conflict (GRC) has been posited as a way of understanding the negative impact of gender role socialization, especially as it occurs in sexist, patriarchal societies. GRC has been defined as “a psychological state where gender roles have negative consequences or impact on a person or others” (O’Neil et al., 1986, p. 336). Both men and women can experience gender role conflict, but the focus of most study of GRC has been with men. O’Neil et al. indicated that GRC restricted men’s capacity to actualize their potential,

while also impeding others' potential through the enforcement of gender roles. GRC theory postulated that "rigid, restrictive, and sexist attitudes toward gender roles can cause negative consequences for men and others in multiple areas of life" (O'Neil, 2008, p. 366). Some men who have experienced GRC may have acted as the enforcers of traditional gender roles by devaluing and punishing those who resist gender role expectations and freely express themselves, despite norms and rules regarding gender. It can be difficult for individuals who have experienced constant devaluation to integrate such experiences into their daily lives without suffering intense emotions as a result, including anger, anxiety, low self-esteem, self-devaluation, and depression (O'Neil, 1981b).

Four dimensions made up a conceptual picture of GRC: cognitions, affective experience, behaviors, and unconscious experience (O'Neil et al., 1986). How men thought and felt about their gender roles as well as gender role dynamics beyond their conscious awareness impacted how they behaved, responded, and interacted both with others and themselves. Situational contexts in which men experienced GRC included: (a) transitions related to gender roles or facing developmental tasks across a lifetime, (b) deviations or violations of the normative masculine ideology, (c) attempts and/or failures to meet gender role norms, (d) internal conflict due to experiencing discrepancies between their real self-concepts and the ideal self-concepts created based on stereotypes of normative masculine ideology, (e) personal devaluation based on failure to meet norms of masculine ideology, and (f) experiencing devaluation, violation, and restriction from

others or perpetrating such toward others based on conformity to or deviation from masculine ideology norms (O'Neil, 2008).

O'Neil (2008) offered operational definitions of the intra- and interpersonal experiences of GRC. Devaluations were “negative critiques of self or others when conforming to, deviating from, or violating stereotypic gender role norms of masculinity ideology” (p. 363), which resulted in loss of stature, status, and positive regard. Restrictions occurred when people’s behavior was controlled, potential was limited, or human freedom was decreased. Violations involved victimization and abuse in which harm was inflicted upon oneself, toward others, or from others and often resulted in both physical and psychological pain. Gender role devaluations, restrictions, and violations directly negatively impact men’s lives in health, career, interpersonal, and family domains. GRC has been empirically linked to men’s anxiety, communication problems, depression, health problems, homophobia, intimacy, marital conflict, restricted emotionality, self-esteem, substance abuse, and violence toward women (O'Neil).

A central tenet of masculine socialization, ideology, and gender role norms has been the fear of femininity (O'Neil, 2008). It has been theorized that the driving force of fear of femininity resulted in the experience of conflict related to gender roles (David & Brannon, 1976; O'Neil, 1981a, b, 1982; O'Neil et al., 1986). O'Neil et al. created the Gender Role Conflict Scale to empirically validate the construct in such a way as to allow for the patterns of men’s GRC to be quantified and measured. Four patterns emerged in their study and efforts to quantify GRC. Restricted Emotionality (RE) represented the fear and restrictions men had toward expressing emotions as well as difficulty in knowing

and using words to express basic feelings. Restrictive Affectionate Behavior Between Men (RABBM) was defined as the struggle and restrictions related to being emotionally and cognitively open and available around other men by sharing thoughts and feelings as well as difficulty with physical touch between men. Success/Power/Competition (SPC) reflected personal attitudes regarding the role of competition and power in achieving success. Conflict Between Work and Family Relations (CBWFR) described the restrictive approach to balancing work/school commitments with family and friend relationships, often resulting in little leisure time or relaxation such that health problems, stress, and overwork occurred.

Summary

The costs of adhering to restrictive masculine gender roles can be severe for men in the United States. Consequences of following masculine ideology included destructive behaviors that damaged men's health, relationships, and well-being; however, there were also severe consequences for not conforming to societal constructions of gender, including ridicule, rejection, and even physical violence. An internal conflict that men may have suffered from in navigating the demands of hegemonic masculinity is that of gender role conflict, which left men vulnerable to a variety of negative outcomes, including personal effects such as depression or anxiety, as well as interpersonal effects, including the restriction of other individuals' capacity to reach their potential beyond the restrictions of gender role norms.

Race and Ethnicity

Race and ethnicity have had a controversial history in many ways, and in the field of psychology specifically, disagreement and difficulty have dominated as people struggled to conceptualize these important but elusive constructs. Race has been studied for decades as a potential explanatory variable for various individual characteristics, beliefs, and behaviors. There have been, however, many problems in the historical treatment of race as a variable in research. Most notably, and perhaps most disturbingly, was the exploitation of the variable in early work to justify and maintain racism and the majority culture's power over underrepresented groups (Markus, 2008).

History of Race

Markus (2008) discussed an incident in the 1970s that vividly represented the historical treatment of race in psychological study. James Jackson proposed the first national survey to represent Black Americans and received critique of the study for not planning to include a White comparison group. Critics insisted that the study would not be sound without the inclusion of this comparison group despite the historical exclusion of African American, Latino, Asian, and other ethnic groups as comparisons in studies of White individuals. These previous studies were considered robust and sound in their methodology, so why not Jackson's?

Markus (2008) explored and postulated what Jackson's internal process in response to the criticism might have been and imagined his concern at being asked to compare two ethnic groups who had historically very different levels of power and prestige and who certainly experienced disparities in access to resources and

opportunities. In studying two groups with such disparate histories, Jackson could have been helping to perpetuate the belief that the behavior of the dominant group was normative, while the behavior of the minority group was deficient. The inferiority of the underrepresented group would be the explanation for differences and a continuation of the justification of social rankings of Whites and Blacks would occur. Markus hypothesized that Jackson may have likely feared that the audiences of such a study would be “unlikely to recognize how the majority group creates and maintains the Black/White divide” (p. 655) and instead “fall back on the common just-so story that Blacks are inferior to Whites” (p. 655). Markus did not refute the usefulness of studying differences between racial and ethnic groups, but she did explicitly point out the potential danger of comparing two groups with vast differences in experienced levels of power and privilege, “especially when one has enjoyed its power and privilege at the expense of the other” (p. 655). When such comparisons are made, the historical context must be explicitly considered and included in interpretations of the findings.

Furthermore, the United States has a unique history regarding the use of race to classify individuals (Yee, Fairchild, Weizmann, & Wyatt, 1993). While the idea that racial groups differ on heritable traits has existed since at least the 16th century of European imperialism, a classification system based on race and “its persistence as a social issue in the United States has no parallel” (Yee et al., 1993, p. 1,132). In 1992, the Los Angeles riots spurred a British magazine, *The Economist*, to describe the U.S. as a nation “obsessed with race” (“Getting Along,” 1992, p. 13).

Markus (2008) concluded that conceptualizing race as a “fact of nature” (p. 657), rather than a socially constructed notion, seemed to have appeared in the 15th century as part of the Western desire to categorize and order the world. She noted that historians of ancient civilizations agreed that race or skin color was rarely used to differentiate between groups from other cultures. Rather, traits such as language and religion were crucial distinguishing aspects (Smedley & Smedley, 2005). Historically, “no significant social meanings were attached” (Smedley & Smedley, p. 18) to the physical differences of various groups as they were assimilated into other cultures through territorial expansion.

With the rise of the nation-state, however, racial and ethnic classifications increased in popularity as Europeans began viewing political conflicts as “reflections of different national characters” (Markus, 2008, p. 657). Notably, the Europeans studying the differences and organizing the classifications perceived the results as indicative of superior qualities in their own race, a useful finding for justifying the increasing dominance of other peoples by Europe. Also convenient was the conceptual fit of inherent biological differences with the popular notion that behavior was a product of individual internal attributes. Individuals’ actions were believed to result from autonomous internal states and dispositions, which were separate from the context of others’ thoughts and feelings and originated solely within the individual (Markus).

This theory resulted in holding people responsible for their actions with no consideration of the social context; therefore, people “can and should choose their own fates” (Markus, 2008, p. 656) and should choose “if and how race and ethnicity will

affect them” (p. 656). So if people claimed that race and ethnicity matter, they were subject to a host of charges, including a lack of self-determination and identification of weakness. In the U.S., after all, individuals should have been able to “pull himself [sic] up by his boot straps.” Ideas such as “the collective, the social, others, custom, culture, convention, superstition, sensitivity to social influence, adjustment to others, compliance, and conformity” (Markus, p. 656) all carried negative associations in Western culture. The discomfort that came from illuminating the relevance of connections to others and social influence often resulted in a preference for simply ignoring the concepts of race and ethnicity.

Avoidance of the topic was specifically present in the treatment of race post-World War II. The idea of race as biologically based became aversive because of the Nazi ideology and resulting outcomes, and steps were taken in hopes of avoiding such horrific actions from ever occurring again. For example, the United Nations Educational, Scientific, and Cultural Organization (UNESCO) made a statement in 1950 recommending replacement of the concept of race with the concept of ethnic group (Yee et al., 1993). People in the U.S. failed, however, to develop a new way of conceptualizing race and ethnicity and often simply evaded the topics completely (Markus, 2008). Scarr (1988) noted that many psychologists were reluctant to study race directly and would indirectly research it by deceptively excluding it from the design.

Race in Research

A discussion of the discriminatory handling of the concepts of race and ethnicity led to the other key problem in studying them: a lack of consensus on what they were

(Helms, Jernigan, & Mascher, 2005). Despite their frequent use in discussions of theory, research, and practice, there remained no clear, agreed upon definition of the terms race and ethnicity. While many authors ignored this issue and used the terms in ways that suited their interests or unknowingly encompassed their own biases (Helms et al.), some debate arose in the literature regarding the definitions and uses of these terms.

A consistent argument involved the arbitrary and imprecise nature of racial and ethnic categories (Phinney, 1996). Over 200 years ago, Carl Linnaeus created the name *Homo sapiens* to universally refer to the present human species and then categorized *Homo sapiens* into four races on based on phenotypic traits (Yee et al., 1993). Other biological taxonomists, however, have argued that only three or as many as 37 races exist. The considerable confusion and controversy led many to argue whether the concept was even useful (Yee et al).

Serious doubts about the biological reality of race emerged when geneticists began emphasizing the “small amount of real genetic differences among” races (.01%; Smedley & Smedley, 2005, p. 19). Smedley and Smedley’s examination of biological, anthropological, and other scientific disciplines’ study and discussion of race concluded in the finding that most scholars in these fields agreed regarding the failure of racial distinctions as a scientific concept; they were not “genetically discrete, are not reliably measured, and are not scientifically meaningful” (p. 16). Henry Louis Gates, an African American historian, asserted that “race as a meaningful criterion within the biological sciences, has long been recognized to be a fiction” (1986, p. 4). Many other authors of psychological literature writing on the topic of race have echoed his sentiment (Cokley,

2007; Helms & Talleyrand, 1997; Trimble, 2007), often with clear and specific inclusion of this notion in the title of the article, such as Smedley and Smedley's "Race as Biology is Fiction, Racism as a Social Problem is Real." Furthermore, data consistently supported the finding that there were more differences, both genetically and otherwise, between members of the same racial group than between racial groups (Zuckerman, 1990).

Defining Race

Typically, race has been defined in relation to observable physical characteristics, including skin color, eye color, hair color and type, head size and shape, and facial features (Zuckerman, 1990). At times, the term has also been used to distinguish the ancestral descent of individuals, such as European, African, or Asian (Phinney, 1996). An evolution in defining the term occurred, however, from solely including biological dimensions to including awareness of the social composition of the construct (Quintana, 2007). Quintana asserted that race was based on "perceived differences, or, more technically, the social distance between different racial groups" (p. 259). Cokley's (2007) definition of race included the role of humans in constructing it: "a *characterization* (italics added) of a group of people believed to share physical characteristics such as skin color, facial features, and other hereditary traits" (p. 225). By identifying race as something characterized, the act of defining it was highlighted as a human invention for social purposes rather than an innate biological trait that existed separate from its social meanings. Umaña-Taylor and Shin (2007) described race in a way that included the perceived purpose of its social construction: "race is a socially defined categorization system based loosely on physical characteristics, such as skin color, that serves to

maintain a sociopolitical hierarchy” (p. 178). Very recently, Markus (2008) offered a comprehensive definition of race, which spoke to all the aspects that others have highlighted in a way that wholly delineates the current status of race in the field of psychology:

Race is a dynamic set of historically derived and institutionalized ideas and practices that (1) sorts people into ethnic groups according to perceived physical and behavioral human characteristics; (2) associates differential value, power, and privilege with these characteristics and establishes a social status ranking among the different groups; and (3) emerges (a) when groups are perceived to pose a threat (political, economic, or cultural) to each other’s world view or way of life; and/or (b) to justify the denigration and exploitation (past, current, or future) of, and prejudice toward, other groups. (p. 654)

This definition not only identified that race was a non-biological social construction, but it also elucidated the purpose and consequence of the creation.

Defining Ethnicity

Ethnicity had a less controversial history than race (Cokley, 2007), but disagreement about its definition and usage abounded. Trimble reviewed the numerous definitions of ethnicity used by various authors and found that in its “broadest form, it refers to any differentiation based on nationality, race, religion, or language” (2007, p. 249). Helms and Talleyrand (1997), however, strongly argued against the inclusion of race in a definition of ethnicity. Their argument was specifically in response to Phinney’s (1996) advocating the combining of the two into one construct “because of the wide

disagreement on [race's] meaning and usage for psychology” (p. 918). Helms and Talleyrand posited that race was the concept with a clearer meaning, while “in American society at large, ethnicity seemingly has no real meaning apart from its status as a proxy for racial classification or immigrant status” (p. 1,246).

While many might disagree with their statement regarding ethnicity's meaning, it did seem a confounding act to collapse the two terms into one construct or to use one to define the other. The interchangeable use of the terms as if their meanings were the same has been problematic in the psychological literature and resulted in serious limitations in empirical investigation of race and ethnicity (Cokley, 2007; Trimble, 2007; Umaña-Taylor & Shin, 2007; Worrell & Gardner-Kitt, 2006). After noting the broadest definition found, Trimble offered a more specific one preferred by some theorists, which viewed ethnicity as “a collectivity within a larger society having real or putative common ancestry, memories of a shared historical past, and a cultural focus on one or more symbolic elements defined as the epitome of their peoplehood” (p. 249). Umaña-Taylor and Shin (2007) offered a more succinct definition with a similar essence: “ethnicity is based on cultural traditions and values that are transmitted across generations” (p. 178). Less succinct and more comprehensive was the definition offered by Markus (2008), which was highly parallel to the one given previously for race:

Ethnicity is a dynamic set of historically derived and institutionalized ideas and practices that (1) allows people to identify or to be identified with groupings of people on the bases of presumed (and usually claimed) commonalities including language, history, nation or region of origin, customs ways of being, religion,

names, physical appearance, and/or genealogy or ancestry; (2) can be a source of meaning, action, and identity; and (3) confers a sense of belonging, pride, and motivation. (p. 654)

This definition starkly contrasted the one given for race in that it offered a more positive connotation of the experience of belonging to a group for reasons that have not historically had as many negative consequences as those for race.

Comparing Race and Ethnicity

When defining and comparing race and ethnicity, Markus (2008) further identified a key difference between them based on people's experience of being identified as racial or ethnic. She pointed out that categorizing a group as racial has most often been done to draw attention to the power differences in the relationship between groups and may have resulted from one group declaring that another group is different (and typically inferior as well). Consequently, people designated as belonging to racial groups may have sought to dispute that they are different in any way from the group in power, while also fighting inferences about their collective behavior stemming from their race. On the other hand, the prevailing notions of ethnicity tended to emphasize differences in the ways people live, the meaning they make, and the values they hold. People categorized as belonging to a group called ethnic more often claimed the differences and agreed with generalized attributions regarding their group behavior (Markus). Both experiences, that is being identified as the member of a racial group and/or an ethnic group, had many consequences in the lives of those individuals. The psychological effects were of interest to researchers in the social sciences, and there have been vast

amounts of effort dedicated to determining what specific correlates exist with membership in a racial and/or ethnic group. Some of that research, as discussed previously, was used in harmful ways to justify the continuation of prejudice and discrimination, while other researchers were more likely actually seeking to understand the causes of different experiences between various groups.

Race and Ethnicity as Research Variables

There have been problems, however, with using race and ethnicity as independent variables in experimental research. The methods used to assign participants to racial groups often have been flawed, and they varied from study to study (Helms et al., 2005; Phinney, 1996; Zuckerman, 1990). Sometimes, researchers placed participants in groups based on their own assessment of what race the person was (Helms et al.) based on school records, physical appearance, last name, or some other means (Phinney). Other times, some method of self-identification was utilized in which the participants indicated to what group they belonged, although researchers still played a role in this case when they interpreted unclear responses or collapsed different answers into one category, which they defined to include various identifiers (e.g., putting Black, African American, and Caribbean respondents in one group). Phinney called for transparency on the part of researchers in fully reporting what methods were used to assign participants to racial or ethnic categories, including whether the option of bi- or multi-racial was offered as well as solicitation of parental race and/or ethnicity.

The seemingly greater issue, however, with the use of race as an independent variable was that it defied the general principles of the scientific method for defining

what an independent variable was (Helms et al., 2005). Helms et al. outlined four steps in defining an independent variable. First, a psychological phenomenon was observed, and the observer desired to explain further its existence, functioning, or traits. Second, a theory was either found or created and contained hypothetical constructs with the potential to elucidate and account for the psychological phenomenon. Next, the researcher conceptualized the selected construct as the independent variable. The final step was to operationally define the variable in a way that made sense within the confines of the chosen theory. Researchers then formulated hypotheses relating the independent variable to some dependent or outcome variable.

After presenting these parameters, Helms et al. (2005) showed how race or racial categories failed to meet the standards. First, racial categories fulfilled two roles by being both the “all-encompassing theoretical explanation of observed behavior (Step 2) as well as the independent variable (Step 3)” (p. 29). Furthermore, there was no theory-driven assigning of research participants to one category over another, which violated step four. Rather than a measurable, operationally-defined variable, the race variable became a representation of whatever the researchers implicitly believed about race. Their explanations of outcomes then became inferences of context if they endorsed environmental explanations of behavior or inferences of biology if they subscribed to a theory of biological bases of behavior. Consequently, “a variable that means everything means nothing” (Helms et al., p. 29).

Not only were racial categories not based on theory, but they were also not purposefully manipulated as required by experimental studies or measured through the

observable attributes or behaviors of the participants. Differences observed between groups on a dependent variable were explained by whatever theoretical orientation was preferred by the researcher. Highly circular reasoning resulted as between-group differences on the chosen phenomena occurred because the groups were different in some way (and the only answer provided was race). Despite findings that multitudinous demographic variables covaried with racial categories, researchers have continued to treat racial groups as homogeneous entities and ascribe people's belonging to the group as the cause of differences in their behavior, attitudes, and other traits when compared to another (usually the dominant) group (Phinney, 1996).

Summary

Race and ethnicity have a controversial history as people have exploited racial categories to maintain the power of those in the dominant position in society. While race was originally defined as a biological category, it has more recently been understood as a socially constructed domain with little use in psychological research. Racial and ethnic categories have not complied with the requirements for variables in experimental research. Further contributing to problems in racial and ethnic research was the lack of definition of the terms as well as using them interchangeably when their definitions actually differ. If race and ethnicity are to be discussed and used in research, it is imperative that researchers carefully choose which construct they are truly identifying and to which they are referring in order to strengthen the findings and prevent confusion.

Variables of Ethnic Experience

If there are differences between groups of people who are perceived as having traits that place them in a specific group referred to by many as racial, how can they be accounted for in a way that is more in line with the scientific method and current conceptualization of race and ethnicity as socially constructed entities? If the notion of innate characteristics is dismissed (and it is if race is socially constructed rather than biologically based), then there must be something contextual to explain the differences-- something in the experience of being identified and treated as a member of a racial or ethnic group struggling to gain equality and acceptance in a predominantly White society. Researchers have identified and focused on two central aspects of ethnic experience. The first was the degree of identification people have with their racial and/or ethnic group, which was referred to as racial or ethnic identity. The second was the experience of prejudice and discrimination resulting from membership in a specific racial and/or ethnic group.

Racial and Ethnic Identity

The process of defining race and ethnicity has been shown to be arduous and controversial and defining racial and ethnic identity was no different. Examining the use of the terms in the research literature revealed a confusion on the part of authors who used them interchangeably or who failed to define the terms at all (Worrell & Gardner-Kitt, 2006). While many books and articles about racial identity lacked a definition, Helms (1990) provided the following definition: “a sense of group or collective identity based on one’s *perception* that he or she shares a common racial heritage with a particular

racial group” (p. 3; emphasis in the original). Phinney (2003), one of the leaders in the study of ethnic identity, offered a thorough definition and explanation of ethnic identity as referring to “one’s identity or sense of self as a member of an ethnic group” (p. 63). She identified the construction of ethnic identity as a process that occurs as “individuals become aware of differences among ethnic groups and attempt to understand the meaning of their ethnicity within the larger setting” (p. 63). She also provided a definition of ethnic groups as “subgroups within a larger context that claim a common ancestry and share one or more of the following elements: culture, phenotype, religion, language, kinship, or place of origin” (p. 63).

Worrell and Gardner-Kitt (2006) pointed out that the similarity of the definitions of racial and ethnic identity would lead most scholars to agree “that the only distinguishing feature...lies in the choice of adjective used to describe the group--racial or ethnic” (p. 296). While the constructs were clearly overlapping, they were distinctive based on what they emphasize as the source of the identity; however, the similarity could be misleading and result in treatment of race and ethnicity as interchangeable terms. The problems with this error were: (1) “race is not ethnicity” (Helms & Talleyrand, 1997, p. 1,246); (2) there are fewer racial groups than ethnic groups; and (3) within ethnic groups, there are multiple racial groups (Worrell & Gardner-Kitt).

Because the criteria for being designated as a member of a racial group versus an ethnic group differed (e.g., skin color vs. country of origin), some argued that the results of designated membership in one may be different than the other (e.g., Helms & Talleyrand, 1997). For example, some characteristics were more visible than others and

may therefore be hidden or go unnoticed, resulting in the potential for varying effects on the individual. The concept of race may have had questionable merit as a scientific construct, but for groups such as African Americans, it had “real consequences for [their] life experiences and life opportunities...in the United States” (Sellers, Smith, Shelton, Rowley, & Chavous, 1998, p. 18).

Perhaps central to the understanding and defining of each construct was the way in which they have been studied and measured. Heims (2007) pointed out that the study of racial identity had largely focused on individuals’ reactions to racism, including internalized racism. Measures of racial identity were “designed to assess the differential impact of racial dynamics on individuals’ psychological development” (p. 236). The fundamental concept behind measurements of ethnic identity was the degree to which individuals have conformed to ethnic culture rather than how they have reacted to experiences of racism. Studies of ethnic identity have involved many aspects, including language, cultural traditions and practices, self-identification, attitudes toward one’s ethnic group and other groups, religious affiliation, social affiliation, and even endogamy (marrying within the limits of one’s cultural group; Phinney, 1992). Cokley (2007) delineated the appropriate uses of racial identity versus ethnic identity in a study: the former being of interest when researchers were examining “how individuals construct their identities in response to an oppressive and highly racialized society” (p. 225) and the latter being of interest when researchers were exploring “how individuals see themselves relative to their cultural beliefs, values, and behaviors” (p. 225).

Perceived Discrimination

Unfortunately, racial and ethnic discrimination have been common experiences for non-majority individuals in the United States (Kessler, Mickelson, & Williams, 1999; Landrine & Klondoff, 1996b). Worse, research has consistently shown associations between racial discrimination and diminished mental and physical health (Araujo & Borrell, 2006; Bhui et al., 2005; Brody et al., 2006; Greene, Way, & Pahl, 2006; Hwang & Goto, 2008; Williams, Neighbors, & Jackson, 2003; Williams & Williams-Morris, 2000). While some acts of discrimination were blatant and the intentions were clear, many times they occurred more subtly with the potential for the perceiver to be uncertain of the intent (Phinney, Madden, & Santos, 1998). Utsey, Ponterotto, Reynolds, and Cancelli (2000) offered the observation that “where racism is part of the cultural fabric of a society, it tends to be more insidious and less identifiable” (p. 79). Thus, discrimination can both occur without being perceived and be perceived where it did not occur.

In measuring the impact of racial and ethnic discrimination, researchers needed to be clear in distinguishing whether they were observing the effects of “objectively measurable events” (Phinney et al., 1998, p. 938) or of perceived discrimination (PD), which was the “individual interpretation of events as discriminatory” (p. 938). While there would likely be measurable deleterious effects in people’s lives from actual events of racial discrimination, empirical research involving experimental manipulation of people’s receipt of discrimination would be unethical (Fischer & Shaw, 1999). Almost any report of the experience of racial discrimination would have to be from memory on

the part of individuals being discriminated against and in most cases would be based on their memory and personal perceptions of the event.

While it would be preferable in some ways to find methods that allow the direct study of the impact of racial discrimination events on people's psychological health, studies of PD have been important in their own right as people's perceptions that they were the victims of discriminatory acts would be expected to have an impact nearly, if not equally, as strong as verifiably being the victims of discriminatory acts. Spencer (1999) and Harris-Britt, Valrie, Kurtz-Costes, and Rowley (2007) supported the use of self-report and measures of PD in examining the impact of discrimination because the "perception of an experience, not merely the experience" (Harris-Britt et al., p. 679) was highly influential. Research has also shown that personal evaluations of discrimination and their psychological ramifications were comparable to objective discriminatory acts (Kessler et al., 1999; Ruggiero & Taylor, 1995; Williams et al., 2003).

Impact of perceived discrimination on psychological functioning. Numerous studies have shown that PD was associated with negative outcomes, including general psychological distress (Broman, Mavaddat, & Hsu, 2000; Hwang & Goto, 2008; Landrine & Klonoff, 1996b; Moradi & Risco, 2006; Yip, Gee, & Takeuchi, 2008), depressive symptoms (Greene et al., 2006; Hwang & Goto, 2008; Nyborg & Curry, 2003; Prelow, Mosher, & Bowman, 2006; Simons et al., 2002; Szalacha, 2003), decreased self-esteem (Barry & Grilo, 2003; Fisher, Wallace, & Fenton, 2000; Harris-Britt et al., 2007; Nyborg & Curry, 2003; Phinney et al., 1998; Romero & Roberts, 2003; Verkuyten, 1998), higher negative affect (Yoo & Lee, 2005; 2008), decreased life satisfaction (Broman,

1997; Prelow et al., 2006; Seaton, Caldwell, Sellers, & Jackson, 2008; Yoo & Lee, 2005), lowered sense of mastery (Broman et al., 2000), higher state-trait anxiety (Hwang & Goto, 2008), homesickness in college students (Poyrazli & Lopez, 2007), lower perceptions of social support (Prelow et al., 2006), and even increased suicidality (Heacock, 1990; Hwang & Goto, 2008; Yoder, Whitbeck, Hoyt, & LaFromboise, 2006).

In adolescents, in addition to symptoms of psychological distress, PD has been associated with decline in academic performance (Stone & Han, 2004; Wong, Eccles, & Sameroff, 2003), increases in the number of friends who do not show an interest in school and who engage in problem behaviors (Wong et al.), decreased social competence (Grossman & Liang, 2008), increased conduct problems (Brody et al., 2006), and increased violent behaviors (Caldwell, Kohn-Wood, Schmeelk-Cone, Chavous, & Zimmerman, 2004). Based on these research findings, PD clearly has had far-reaching consequences in the lives of the victims of discrimination. The negative impact of PD is clearly of importance and researchers have sought to further explain how it relates to various negative outcomes by examining factors responsible for individual differences in responses to PD.

Individual differences in response to perceived discrimination. Because not everyone who experienced discrimination suffered from the same deleterious consequences, there were likely individual factors that buffered the impact of PD. Based on the potential for serious and damaging outcomes as a result of experiencing PD, there has been great interest in discovering what individual variables were involved in decreasing such harm. There existed a large amount of research examining the

relationship between racial, ethnic, and/or cultural identity and PD, and many of the findings supported the idea that these identities reduced the impact of PD on psychological well-being. While being a member of a disadvantaged group was related to factors that may lead to psychological distress (such as discrimination), there was growing evidence that aspects of people's culture and their strong identification with their culture acted as a buffer to racism-based distress (Whitbeck, McMorris, Hoyt, Stubben, & Lafromboise, 2002).

The rejection-identification model (Branscombe, Schmitt, & Harvey, 1999) was commonly used to understand the process in which the impact of PD is lessened through higher levels of racial and ethnic identity. Despite the potential for PD to greatly decrease self-esteem, studies consistently found few differences in the levels of self-esteem between members of stigmatized groups and members of the dominant group (Crocker & Major, 1989; Verkuyten, 2005). Branscombe et al.'s model posited that "attributing negative outcomes to prejudice across situations can simultaneously exert both positive and negative effects on well-being" (p. 135). Essentially, while PD would have a direct negative effect on well-being, it would also result in identification with the in-group, which protected individual self-esteem.

In forming their theory, Branscombe et al. (1999) built upon Crocker and Major's (1989) work that hypothesized ways in which membership in a stigmatized group protects self-concept or self-esteem. First, they proposed that attributing negative feedback to prejudicial attitudes rather than personal inadequacies serves a self-protective function. Second, use of in-group comparisons instead of out-group comparisons has

buffered the impact of PD on self-esteem. Finally, selective devaluation of performance dimensions on which the in-group fares poorly paired with selective valuing of traits at which they excel resulted in higher self-esteem despite experiences of PD. Branscombe et al. based their initial presentation of the rejection-identification model on previous theory as well as a study they conducted in which their findings supported their expectations that minority group identification would mediate positive effects of PD on well-being.

Racial and ethnic identity's buffering effects of perceived discrimination.

Armenta and Hunt (2009) used the rejection-identification model in studying the effects of PD on the self-esteem of Latino and Latina adolescents. In a sample of 80 students, they found support for the model as PD was positively related to self-esteem indirectly through strong ethnic group identification. Their findings were limited, however, by the use of a single item to assess PD. This limitation has been documented as a common detractor for many studies of PD (Kessler et al., 1999; Simons et al., 2002).

Mossakowski (2003) examined how the ethnic identity of Filipino(a) Americans influenced their ability to cope with discrimination. Ethnic identity was found to act as a buffer for depressive symptoms resulting from PD. The participants were 2,109 adult Filipino(a) Americans who took part in a large-scale epidemiological study.

Mossakowski's measure of PD was an everyday discrimination scale, including eight items ($\alpha = .86$) and assessing chronic unfair treatment. A potential limitation to this study, however, was the use of a PD measure that is not specifically assessing racially-based discrimination, but rather asked about discrimination in general.

Whitbeck et al. (2002) explored the relationships between PD, depressive symptoms, and traditional cultural practices in a group of 287 adult American Indians. Participation in traditional activities was used as a proxy for cultural identification and was assessed using measures of participation in powwow activities, knowledge and use of the tribal language, and an index of various other traditional activities. The final score for this measure ($\alpha = .74$) resulted from taking the mean of the three subscales. PD was measured with an unnamed ten-item scale ($\alpha = .89$). There was a strong positive relationship between PD and depressive symptoms in this sample. Participants who engaged in traditional cultural practices were less likely to experience depressive symptoms. Additionally, an interaction occurred between PD and traditional practices, such that individuals who reported above average participation in traditional practices were less susceptible to the negative impact of PD than were people who reported below-average levels of participation.

Romero and Roberts (2003) studied the impact of ethnic affirmation on the experience of PD among 881 Mexican American adolescents. They found that higher levels of PD were correlated with lower levels of self-esteem. Additionally, results showed that participants with higher levels of ethnic affirmation who reported high levels of PD had high levels of self-esteem compared to individuals who had lower levels of ethnic affirmation and high levels of PD. The measure of PD was a 10-item subscale ($\alpha = .87$) of a sociocultural stress scale designed to assess everyday life stressors.

Caldwell et al. (2004) studied the capacity for racial identity to act as a protective factor against performing violent behaviors in African American adolescents. They found

that the experience of racial discrimination was a strong factor in predicting violent behavior for the youth in their study. For males in the study, levels of racial centrality, the extent to which race was salient in how people defined themselves, buffered the impact of racial discrimination on the likelihood of committing violent acts. Specifically, racial discrimination was not related to violence for males with high levels of racial centrality. Racial discrimination was measured using a 20-item scale ($\alpha=.94$) asking about racial hassles experienced during the past year.

Wong et al. (2003) also explored the influence of ethnic identification and PD on variables of interest in groups of African American adolescents, specifically academic and psychological functioning. In their sample of 629 students, PD was significantly and negatively related to various factors related academic development, including declining grades, decreased academic motivation, and increased number of friends who were uninterested in school and behaved problematically. In regard to mental health, PD was significantly related to increased anger and depression as well as decreased self-esteem and psychological resiliency. Higher levels of ethnic identification were found to greatly reduce the magnitude of the negative impact on academic and psychological functioning. PD was measured with a three-item scale ($\alpha=.86$) regarding PD from peers and a five-item scale ($\alpha=.88$) regarding PD from teachers.

Jones, Cross, and DeFour (2007) examined the role racial identity attitudes played in moderating the impact of racist stress events on levels of depression in a sample of 118 African American women and 144 Caribbean women. They defined racist stress events as race-related contact between people and their environment that “emerge from the

multicultural identity attitudes were somewhat protective against the effects of racist stress events on levels of depression. Racist stress events were assessed by the Schedule of Racist Events (Landrine & Klonoff, 1996a), which measured experiences of racial discrimination over a lifetime, over the past year, and the degree to which these events were stressful. In this study, the researchers chose to eliminate the lifetime discrimination measure, leaving a 35-item scale ($\alpha = .92$).

Sellers and Shelton (2003) looked at the role of racial identity in impacting the relationship between PD and distress. They found that group identification alone was not sufficient in protecting people from the negative consequences of PD, but that the meaning placed on group membership (i.e., positive racial regard and racial centrality) was important in diminishing distress due to PD. Their measure of PD included the Daily Life Experience subscale, which was part of the Racism and Life Experiences scale created by Harrell (1994). This measure was an 18-item scale ($\alpha = .90$) appraising the frequency and impact of experiencing various racial microaggressions.

Additionally, the finding that ethnic identity buffered the effects of PD on well-being was expected given the abundance of research studies that have produced the finding that ethnic identity was positively correlated with various indices of well-being and positive mental health. Achievement of a strongly positive racial and/or ethnic identity has been positively associated with perception of hope regarding goal achievement (Jackson & Neville, 1998), internal locus of control (Martin & Nagayama-Hall, 1992), self-esteem (Cislo, 2008; DuBois, Burk-Braxton, Swenson, Tevendale, & Hardesty, 2002; Goodstein & Ponterotto, 1997; Martinez & Dukes, 1997; Phinney, Cantu,

& Kurtz, 1997; Phinney & Chavira, 1992), purpose in life (Martinez & Dukes, 1997), life satisfaction (Mokgatle & Schoeman, 1998; Neto, 1995; Outten, Schmitt, Garcia, & Branscombe, 2009), optimism (Roberts et al., 1999), self-efficacy (Arroyo & Zigler, 1995; Smith, Walker, Fields, Brookins, & Seay, 1999), and self-confidence (Martinez & Dukes, 1997).

It is important to note that while most studies have found ethnic identity to act as a buffer to the consequences of PD, some had findings that did not support such a relationship. Noh, Kaspar, Hou, Rummens, and Beiser (1999) examined the relationships between PD, depression, and coping in a group of Southeast Asian refugees living in Canada. This study produced two main contrary findings. An interaction between PD and ethnic identity resulted in a significant magnification of the relationship between PD and depressive symptoms, such that it appeared ethnic identity was not protective of PD's detrimental consequences to mental health. Another finding, however, showed that increased ethnic identity enhanced the coping mechanism called forbearance, a passive response to discrimination. This discovery was important in light of the finding that engaging in forbearance decreased the impact of PD on depressive symptoms. Noh et al. offered two significant limitations to the study. First, they used a single-item measure of PD. Second, their participants experienced a unique form of discrimination (dangerous escape from persecution) that may not be generalizable to other groups and would likely have different impacts than more subtle and/or chronic forms of discriminatory treatment.

Thompson (1996) examined the experience of PD among 200 African American adults. Participants were asked to recall one specific event that had occurred within the

Thompson (1996) examined the experience of PD among 200 African American adults. Participants were asked to recall one specific event that had occurred within the last six months in which they perceived they had experienced racism. They were then asked to refer to the incident when reporting the presence of subjective distress as measured by subscales of avoidance ($\alpha=.82$) and intrusion ($\alpha=.78$) symptoms. The measure of PD was the participant being asked to recall the event, write the story, and the story being rated by evaluators as to its severity (ranging from minor to moderate to major). In contrast to other studies' findings of the percentage of participants who reported having experienced racial discrimination, Thompson reported that only 33.8% of participants reported such experience within the last six months. Based on the findings of this study, racial identification did not mediate the impact of PD.

This study (Thompson, 1996) varied, however, from most other studies on this topic in its methodology. The method used to measure PD differed from other measures in that it used a subjective rating of intensity as its outcome variable. Also, it tapped the experiences of individuals based on one singular event rather than the more common approach of examining the accumulation of PD over time without focus on one incident. The measure of racial identity created by the author was also different than those used in most other studies of racial and ethnic identity. The specifics of this study may have explained the lack of finding for racial identity as a buffer against PD, but its findings were noteworthy as an exception to the majority of other similar literature.

Summary

Exploring the problems with race or ethnicity as a variable in research left the need for other ways to account for the unique experiences in the lives of people belonging to racial and ethnic groups. Ethnic identity and PD were identified as two key aspects in the lives of individuals. Ethnic identity could replace race or ethnicity as variables in research. PD could serve as an additional variable to further illuminate the impact of being a member of a minority racial or ethnic group in the U.S. Generally, findings indicated that PD had a greatly negative impact on various measures of psychological functioning and well-being, but achieving higher levels of ethnic identity often served to buffer this impact.

Gender Role Conflict and Ethnic Identity

The impact of ethnic identity on men's levels of GRC has been understudied, and consequently O'Neil (2008) described further evaluation of the ways in which diversity variables affect men's GRC as "one of the most crucial issues to be assessed in the psychology of men and Counseling Psychology" (p. 382). Previous studies have been mostly limited to White participants, which resulted in findings that may not be generalizable to men of color. If more research does not elucidate the ways in which men's gender roles and conflict with those roles vary by diversity variables, such as racial and ethnic identity, social class, nationality, religious orientation, and sexual orientation, then the fallacious assumption will be made that a single masculinity exists and that it is the masculinity of White, heterosexual, middle class, college-educated men in the U.S. (O'Neil). Wester, Vogel, Wei, and McLain (2006) pointed out that even at the time of

their study, little work had been done in the area of GRC and ethnic identity despite supposition by Pleck as early as 1981 that the “intersection of race and gender may cause minority men to be particularly vulnerable to gender role identity distress” (Wester et al., p. 419).

Hunter and Davis (1992) suggested that the focus on one traditional, generic form of masculinity should be replaced with attention to various meanings and ways of understanding manhood. Indeed, the social constructivist perspective discussed previously in this paper exemplified the idea that different groups of men may have had unique experiences of gender socialization based on specific cultural messages and definitions of masculinity. The dominant form of masculinity was but one iteration of the multiple masculinities enacted by men across situational contexts (Smiler, 2006). Of course, even with culturally specific messages regarding the ways to demonstrate masculinity, men in the United States will still be subject to the messages and demands of the dominant culture. Thus, it will be important to understand the ways in which men of color navigate the various, often conflicting, demands of their gender role (Lazur & Majors, 1995).

When summarizing and discussing the research, the term racial identity will be used when that is the construct identified in the study. In keeping with the conceptual approach presented above, when the term racial identity is not specifically identified in research studies, the term ethnic identity will be used.

African American Men

There have been six studies examining the role of racial identity among African American men as it relates to their experience of GRC. It has been postulated that as a result of racism, African American men were in a double bind as they were both expected to live up to gender ideals set as standard by White American men, while also being inhibited from reaching some aspects of what was required by traditional mainstream ideals for men (Wade, 1996). For example, the provider role was often considered central to the masculine ideal, but because of the history of slavery, oppression, and racism faced by African Americans, it was often more difficult for African American men to obtain and maintain employment suitable for filling this traditional male role. Studies have shown that African American men subscribed to both traditional and nontraditional aspects of the male gender role. African American men may have endorsed traditionally masculine traits such as providing for their family, ambition, aggression, and competitiveness, while also living according to less traditional male ideals such as communalism, emotional sensitivity, spirituality, humanism, and egalitarianism in families (Cazenave, 1984; Hunter & Davis, 1992, 1994; Wade 1995). At times, these nontraditional beliefs may have buffered African American men from GRC specific to being unable to maintain the provider role (Bowman, 1990), but there were likely also times in which these men experienced stress from the conflict in gender role expectations (Hunter & Davis, 1994).

The degree to which African American men used Whites or African Americans as their reference group for self-comparison would likely impact the ways in which they were affected by GRC (Franklin, 1987). As discussed previously in this paper, racial and

ethnic identity were similar but distinct constructs. When studying identity salience for African Americans, most researchers have relied upon the pioneering efforts in the study of racial identity created by Cross. He explicated a theory of African American racial identity development called nigrescence, in which he postulated that there are stages of identity that African Americans may move through as they continued to develop varying attitudes toward themselves as members of their racial group (Cross, 1991). It is generally theorized that until people of color had an experience that solidified the importance of race in their lives, they were more likely to use the majority culture as a reference group for self-comparison (Wester et al., 2006). Upon such crystallizing moments, often encounters with racism, people of color began to further explore and develop their racial identity as well as shift their reference group orientation to include racial aspects of themselves and others (Wester et al.).

Cross originally proposed a five-stage model depicting racial identity, but later revised it to a model including three clusters with more than one racial identity attitude subsumed in each cluster (Vandiver, Fhagen-Smith, Cokley, Cross, & Worrell, 2001). The first cluster was Pre-Encounter, which included individuals whose identity salience for race was low and/or individuals with anti-Black attitudes. The second cluster was Immersion-Emersion, which included individuals who engaged intensely in their culture while celebrating all things Afrocentric and/or individuals who endorsed anti-White attitudes and considered all things Eurocentric as evil. Finally, the third cluster is Internalization, which included individuals who have “put aside the anger and guilt of Immersion-Emersion and accept themselves as Blacks without romanticizing Blackness

or hating Whiteness (Vandiver et al., p. 179). Multiculturalism was central to this final stage as the salience of racial identity was paired with other central aspects of identity, such as gender, sexual orientation, ability status, religiosity, and class. Worell, Vandiver, and Cross (2000) developed a measure based on Cross's nigrescence model and named it the Cross Racial Identity Scale (CRIS). Research in this area often utilized their measure in order to operationalize the racial identity of participants.

Another commonly used measure in racial identity research of African Americans was developed by Parham and Helms (1981) and was called the Black Racial Identity Attitudes Scale (RIAS-B). This measure was also based on Cross's nigrescence model, but was designed to measure four of the original five stages. The stages included in the RIAS-B included Pre-encounter (idealizing the worldview of the White majority while disparaging the Black worldview), Encounter (a mix of positive feelings and confusion regarding racial issues as a result of adopting a Black worldview), Immersion-Emersion (using Blacks as a reference group with an external definition of Blackness), and Internalization (using Blacks as a reference group based on a personalized, internal definition and understanding of Blackness; Helms, 1990).

Finally, another measure of racial identity salience often used in research regarding African Americans was developed by Klonoff and Landrine (1994) and was originally called the African American Acculturation Scale (AAAS), but was revised to become the AAAS-R (2000) based on the authors' attempts to increase its reliability and validity as well as decreasing the number of items from 74 to 47. A brief version (Landrine & Klonoff, 1996a) of only 33 items was also created and used prior to the

revision. The scale differed from the CRIS and RIAS-B in that it was not based on Cross' stage theory of racial identity development, but rather it measured dimensions of African American culture and the degree to which persons endorsed a traditional cultural orientation or a more acculturated orientation. There were eight subscales in the AAAS-R, including religious beliefs and practices, preferences for things African American, interracial attitudes, family practices, health beliefs and practices, cultural superstitions, racial segregation, and family values.

These two measures of Black racial identity and the measure of African American acculturation have been central to the study of racial identity's relationship to GRC in African American men. Franklin's (1987) discussion of the differing results of African American men, using the African American community as a reference group versus the larger, dominant societal system, helped clarify the importance of assessing racial and ethnic identity in the study of African American men. He indicated that when the African American community was the reference group, there was less emphasis on polarization of gender roles and more promotion of a gender role that was less traditional than the one prescribed by American society. Historically, the African American culture minimized the concept of gender role polarization in an attempt to increase focus on African American unity; however, as African American men chose to utilize society's definition of masculinity, they often strayed from this historical value. Franklin believed the choice to adopt and emulate society's definitions of masculinity was often the catalyst for gender role conflict among African American men.

Wade (1996) examined the significance of African American men's racial identity on their GRC from the framework of Franklin's (1987) theory of Black men's reference groups as well as Helm's (1990) model of Black racial identity. Wade hypothesized that attempts to adhere to the Euro-American culture's norms for traditional masculinity as well as defining racial identity externally would be positively correlated with GRC. He found a positive relationship between GRC and Preencounter, Encounter, and Immersion/Emersion attitudes. Internalization, a more personally-defined identity, was not significantly correlated with GRC. In his discussion of the findings, Wade postulated that Black men who endorse Internalization attitudes likely also have a more internally defined masculinity, which could decrease their levels of GRC.

Laurent (1997) studied the role played by racial identity on levels of GRC and self-esteem in a sample of 193 adult African American males ranging in age from 18 to 65 years. To assess racial identity, Laurent used the brief version of the AAAS-R (Landrine & Klonoff, 1996a) prior to the most recent revision. A measure of African Self Consciousness was also utilized to better understand the role of culture. Laurent found that African American men who endorsed higher levels of African American racial and cultural identity also reported significantly higher self-esteem and lower levels of GRC than African American men who were less racially- and culturally-identified.

Lilly (1999) utilized measures of African American acculturation as well as racial and gender identity salience to understand the experience of GRC and its impact on psychological functioning. The sample included 80 African American male college students. Lilly also used the earlier brief version of the AAAS-R in addition to a race and

gender identity salience survey. Traditional African American religious acculturation and Black male identity salience both moderated the relationship between GRC and mental health, satisfaction with life, and self-esteem.

White (2002) examined the degree to which GRC and racial identity attitudes could predict attitudes toward professional psychological help seeking in a sample of 271 African American male college students. Using the CRIS (Vandiver et al., 2000) to assess racial identity, White found that men who endorsed a multicultural, inclusive racial identity also reported experiencing significantly lower Restrictive Emotionality and Conflict Between Work and Family than men whose responses were indicative of other racial identity categories. These men also indicated having more positive attitudes toward seeking professional psychological help than their counterparts in the study.

Carter, Williams, Juby, and Buckley (2005) investigated the potential for African American men's racial identity to act as a mediator between GRC and patterns of psychological symptoms. Further strengthening the findings of Wade (1996), the strong positive correlation between Pre-encounter status and three aspects of GRC (success, power, and competition; restrictive emotionality; restrictive affectionate behavior between men) suggested that relying on external definitions of racial identity, rather than identification with their own race and culture, likely increased African American men's GRC.

Wester et al. (2006) explored the intersection of racial identity, GRC, and psychological distress in a sample of 130 male college students who identified as Black, African, African American, or a combination of these three. The positive correlation

found between GRC and psychological distress was partially mediated in this sample by participants' racial identity. Specifically, men who endorsed attitudes conceptualized as self-hatred, also thought of as internalized racism, suffered from greater levels of GRC than men whose racial identity stemmed from positive regard for their cultural heritage. Wester et al. noted that they were surprised not to find any mediation effects on GRC from endorsing positive racial identity attitudes; however, they considered the definition of a mediator further and explained that the other categories of racial identity were more externally-focused than the internally-focused self-hatred category. Thus, it would be logical for the externally-focused racial identity attitudes to be less impactful on GRC, because GRC represented internal conflict based on internalized beliefs and attitudes about the costs of disobeying gender prescriptions.

In summary, the findings of these studies suggested that African American men suffered negative psychological outcomes as a result of GRC. It also seemed that their level of racial identity impacted the degree to which GRC had such an impact on them. Future studies will help increase understanding of the role played by racial identity in African American men's struggle with GRC.

Latino Men

Machismo is a term referring to culturally relevant behaviors of Latino men (Fragoso & Kashubeck, 2000). The definition of machismo varied as some authors attributed purely antisocial qualities typified by its description as "exaggerated aggressiveness and intransigence in male-to-female relationships" (p. 315). Others advocated for a more prosocial understanding of machismo that connoted concern for

those who cannot protect themselves (A. Ruiz, 1976), respect for others, virtuousness, behaving with dignity, and valuing physical strength and sexual attractiveness (R. Ruiz, 1981). Additional positive facets of machismo have been identified as being family oriented, proud, brave, interested in the welfare of their loved ones, hard working (Falicov), committed, responsible, self-confident, and assertive (Torres, Solberg, & Carlstrom, 2002). Finally, a softer and more emotional side of machismo has also been described as being affectionate, caring, tender, loving, and respectful of self and others (Abad, Ramos, & Boyce, 1974; De La Cancela, 1991; Falicov, 1998; Mirandé, 1997; Torres, 1998). More recently, a view has been offered that encouraged inclusion of multiple dimensions such that both positive and negative traits associated with machismo could be acknowledged. Casas, Wagenheim, Banchero, and Mendoza-Romero (1995) conceptualized machismo as less defined by the content of the ideology (although the content was clearly relevant) and more by the rigidity and extreme nature of the gender schema. The behaviors, beliefs, and attitudes resulting from this schema could be either positive or negative (Casas et al.).

One hypothesis as to why the antisocial definitions of machismo have been created was an incorrect translation of language such that machismo was misunderstood as being equal to chauvinism (Valdez, Baron, & Ponce, 1987). Valdez et al. maintained that the concept of machismo was better understood as aligning with chivalry, including behavior that can be described as generous, charitable, heroic, and courageous. With regard to that view, however, Torres et al. (2002) proposed a consideration of the construct of benevolent sexism. This concept has been defined as “as subjectively

favorable, chivalrous ideology that offers protection and affection to women who embrace conventional roles” (Glick & Fiske, 2001, p. 109) often reflecting a “kinder and gentler form of prejudice” (p. 109) toward women that has often been more socially acceptable and even denied as a form of sexism. Some aspects that have been proffered as examples of so-called positive traits of the traditional machismo ideology may in fact have been more aptly identified as additional ways in which such behavior has served to maintain the patriarchy and subordinate roles of women. While it may have been true that incorrect understandings of the concept of machismo have resulted from mistranslation and that machismo has contained positive aspects worthy of note, it may also have been true that some of those aspects may have required further examination to determine if they truly belong in the positive category.

Torres et al. (2002) offered another other important caveat to the discussion of machismo and gender roles in Latino men. The treatment of the ideology of machismo and the general perception of Latino men by U.S. society arguably has been a uniform, one-faceted, stereotyping, and even racist endeavor. The concepts attributed to the machismo ideology greatly overlapped with traits used to describe traditional masculinity in U.S. culture; however, the same traits have been given positive connotations when applied to White men, but have been described with negative implications in reference to Latino men (Mirandé, 1997). It may have been that Latino men have been stigmatized and discriminated against for behaving in ways for which White men have received praise, reward, and privilege in U.S. society (Torres et al.).

Similar to the struggles faced by African American men, Latino men may have experienced gender role conflict as a result of challenges resulting from racism and immigration-related difficulties (Fragoso & Kashubeck, 2000). Strength, dominance, and financial support for the family have all been socialized expectations of Latino men (Baruth & Manning, 2006; Paniagua, 2005; Sue & Sue, 2007), but ethnic discrimination could have prevented these men from meeting these cultural standards. Men who have immigrated from other countries, legally or illegally, often faced barriers to employment that could have increased their likelihood of experiencing gender role conflict.

Leka (1998) studied the role of machismo in influencing levels of GRC in a sample of 164 Hispanic male college students. Higher levels of machismo were found to be correlated with GRC and acculturative stress. Higher levels of familism were correlated with two patterns of GRC including Success/Power/Competition and Conflict Between Work and Family. While machismo and familism were not measures of ethnic identity per se, they did assess important constructs in the Latino culture and were likely to have been highly correlated with ethnic identity constructs.

Fragoso and Kashubeck (2000) conceptualized machismo as a way of measuring Mexican American men's ethnic identity and examined its relationship with GRC and mental health. The authors attempted to collect a sample that did not only consist of college students, given the need for more representative samples in studies of GRC (Heppner, 1995). They obtained responses from 113 Mexican American men, including both college students and community members, such that the group had an average age of 38.4 years and a range from 18 to 79 years. While higher levels of machismo and GRC

(especially RE) were correlated with increased depression and stress, there was not the expected interaction between the two in predicting psychological maladjustment.

Carter et al. (2005) studied the potential mediating role of racial identity on levels of GRC and their impact on distress. Racial identity was relevant in that men who were conflicted about the meaning of race in their lives or who had immersed themselves in their culture experienced more GRC. Racial identity was found to partially mediate the relationship between GRC and psychological symptoms such that it did not fully account for the correlation but was still significant enough not to be ignored. The findings in this sample were limited by its small size ($n = 41$) and the combining of Latino and Asian men into one group.

Torres Rivera (1995) looked at the level of ethnic identity in a sample of 84 Puerto Rican men living in Puerto Rico and determined that ethnic identity did not significantly account for variance in scores on any of the GRC subscales. The men who endorsed “mostly” to “very” on items assessing endorsement of Puerto Rican identity, however, exhibited significantly lower scores on three GRC subscales as compared to other Puerto Rican men and groups of men in the United States.

Silva (2002) studied GRC in groups of Latino men and Latina women enrolled in university coursework. While the men in the study reported higher levels of GRC than the women, overall they did not highly endorse behaviors and attitudes that would likely lead to problematic levels of GRC. Silva hypothesized that this group of Latino university students may have adhered to a more prosocial view of masculinity rather than the more derogatory version of machismo often assumed of Latino men. Their levels of

ethnic identity and acculturation as measured by the Scale of Ethnic Experience (Malcarne et al., 2006) did not significantly account for variations in levels of GRC.

While studies including Latino men have shown that generally the experience of GRC was correlated with negative psychological outcomes, the role of ethnic identity and acculturation was still unclear. It will be necessary to include Latino men in future studies in order to further elucidate the nature of ethnic identity as it may or may not impact their experience of GRC and the ways in which GRC negatively affects them psychologically.

Asian Men

Despite consisting of 52 different ethnic groups, Asian Americans have continued to be treated as a homogenous group by much of the U.S. (Shek, 2006). Of particular relevance to understanding their experience with GRC were the ways in which Asian American men have been negatively stereotyped in U.S. culture as effeminate and asexual (Chua & Fujino, 1999; Liu, 2002; Mok, 1998). In contrast, they have often been concurrently described as domineering and patriarchal (Chan, 2001; Cheng, 1996; Chua & Fujino). The ways in which Asian American men characterized masculinity converged with the typical U.S. male ideology in some ways and diverged in others. In one study, Asian American men described masculinity as behaving obediently and politely, while White men in the study prescribed to more traditional notions, such as dominance over women and avoidance of traits/behaviors associated with femininity (Chua & Fujino). Other expectations for Asian American men included maintaining a prominent position in the family, group harmony, filial piety (Tang, 1997), hierarchical relationships, and

emotional self-control (B. S. K. Kim, Atkinson, & Umemoto, 2001). Additionally, Asian American cultural values may have required that men avoid shame, conform to norms, defer to authority, show humility, value collectivism, and bring recognition to their families through achievement (B. S. K. Kim et al.).

Liu and Iwamoto (2006) studied the role played by adherence to traditional Asian values in a group of 192 Asian men on their levels of GRC as well as the impact of GRC on their psychological health as measured by a brief symptom inventory and a measure of self-esteem. The authors hypothesized that for Asian men, endorsement of specific Asian values would be more powerful in predicting GRC than racial identity had been in other studies. They indicated that many Asian values highly align with traditional Western masculinity expectations and would consequently be more relevant in understanding GRC in this group of men than their experience as racial beings or victims of racism. They found that scores on the Asian Values Scale more strongly predicted levels of GRC than did scores on a racial identity measure, as examined in a different study conducted by Liu in 2002. Men who more strongly endorsed Asian values in this 2006 sample (compared to the earlier sample) also experienced higher levels of GRC and as a result experienced psychological distress. A finding in this study that differed from traditional findings was that self-esteem scores were not negatively related to GRC scores. Liu and Iwamoto postulated that, while adhering to Asian values and experiencing GRC did result in distress, it may have been in line with what the men perceived as expected and appropriate and therefore did not negatively impact their self-esteem.

While Liu and Iwamoto (2006) did note that their measure of Asian Values seemed to more strongly predict GRC than did a measure of racial identity and acculturation, Kim, O'Neil, and Owen's (1996) findings provided additional relevant information to the role of racial identity in the lives of Asian men. In a sample of 125 Asian men, those who identified with the values of mainstream U.S. society were more likely to experience GRC related to power, competition, and success. Also, highly acculturated men reported less conflict related to restrictive emotionality than men who more strongly aligned with traditional Asian values. While RE was believed to be a traditional component of Western masculinity, it may be that the gender role expectations for this trait were even more rigid in Asian cultures such that acculturation actually reduced this conflict for Asian men.

Liu (2002) examined the ways in which experiences of racism and levels of racial identity did or did not mitigate experiences of GRC for a sample of 323 Asian male college students. While results suggested that experiences of racism and levels of racial identity modestly accounted for masculinity issues in the sample, the low variance accounted for in two hierarchical multiple regression analyses (14% and 13%) left Liu to hypothesize that other variables were accounting for more of the variance and would be more relevant in explaining GRC. This finding was commensurate with the findings of Liu and Iwamoto (2006) discussed previously.

Shek (2005) examined racial identity and GRC in a sample of 173 undergraduate Asian American men. Racial identity categories of conformity, immersion/emersion, and dissonance were all significantly positively related to GRC, both the total score and all

four subscale scores. Shek noted that these racial identity statuses could be considered the less mature of the statuses and therefore represented men who were struggling to understand who they were racially. Shek then commented that it would be logical that men who were conflicted about their racial identities and the expectations of them as Asian individuals might also have been experiencing conflict over their gender roles and what is expected of them as both Asian men and American men. Men in this sample who experienced GRC also suffered from decreases in self-esteem, illustrating that GRC can be detrimental for many Asian American men.

Overall, Asian American men's experiences of GRC seemed to be related to factors of cultural values, racial identity, and acculturation. More studies are needed to better understand the role played by these factors as well as the differences between Asian American men's GRC and other men's GRC.

Summary

Until recently, many of the studies contributing to the understanding of GRC utilized samples consisting mostly of White college students. Inclusion of other groups of men is vital to an understanding of the ways masculinity and GRC impact the lives of men of color as well as White men. The studies of GRC that have considered racial or ethnic identity have consistently found these variables to be related, but depending on the measure used and the group of men being studied, the findings have varied.

Perceived Discrimination and Gender Role Conflict

No studies to date have explicitly assessed the relationship between levels of PD and men's GRC; however, the literature and theory in the area of ethnic identity and GRC

offered evidence to support two compelling theories on the likely relationship between these two variables. As discussed previously, authors have speculated that the experiences of men of color in navigating the gender role demands of their culture along with the dominant culture created the possibility of increased gender role conflict and psychological distress (Lazur & Majors, 1995; Pleck, 1981; Wester et al., 2006). Given that these men had to manage not only the conflicting messages but also the racism and discrimination inherent in a society that continues to maintain the superiority of middle-to-upper-class, White, heterosexual masculinity, it would be logical that they may have struggled more with GRC as a result. If men were already experiencing GRC based on the differences inherent in the two identified ways of doing masculinity, experiences of perceived racial and ethnic discrimination might have made it difficult to choose to defy the standards of the dominant culture given that such action might result in even more discrimination experiences. Men might have believed that if they could enact gender in the way prescribed by the dominant culture, they might have received rewards for doing so or at least suffered less racial and ethnic discrimination.

Another possibility, however, is that the achievement of high ethnic identity could result in an enhanced understanding of gender identity as well, which could decrease gender role conflict. Identities intersect such that it would be difficult for men to explore what it means to be Black or White or Asian or Latino without also examining the meaning of gender and the ways in which these personal aspects of the self interacted (Jones, 2009). In doing so, men may have been able to reconcile the discrepancies between gender role demands and find an achieved identity encompassing various

aspects of ethnicity and masculinity. Also, studies have shown that ethnic identity often buffered the deleterious effects of PD on well-being so it is possible that men of color who had higher levels of ethnic identity would better navigate experiences of discrimination and of GRC.

Summary

No studies have explicitly studied the relationship of PD and GRC. There is a need to study PD as it impacts the formation of GRC as well as the ways in which it might buffer or exacerbate GRC's impact on well-being. While there were two identified theoretical possibilities for the relationship between PD and GRC, it was likely that under the majority of circumstances, men would struggle more with GRC as a result of experiencing PD because the risks of defying gender role norms would only add to the likelihood of increased discriminatory experiences.

Self-Esteem

Self-esteem has long been considered a fundamental and crucial component of mental health (e.g., Jahoda, 1958; Rogers, 1961; Taylor & Brown, 1988). According to Rosenberg (1979), people with high self-esteem considered themselves as having worth, and they had self-respect. Also, they both appreciated their strengths while also recognizing where they had room to grow and improve. Those with low self-esteem lacked self-respect and considered themselves "unworthy, inadequate, or otherwise seriously deficient" (p. 54). Self-esteem was considered to be divisible into two types: global and domain-specific (Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995). While domain-specific self-esteem related to individual aspects of a person, such as

athletic ability, academic success, or physical attractiveness, global self-esteem could be defined as "the level of global regard that one has for the self as a person" (Harter, 1993, p. 88) across domains. Individuals' thoughts, feelings, and actions were all impacted by their levels of self-esteem (Kling, Hyde, Showers, & Buswell, 1999). Self-esteem has been associated with many different variables, theoretically considered the cause, outcome, and/or buffer for a variety of psychologically-related areas of interest.

Gender and Self-Esteem

It is commonly believed that self-esteem issues were more central to women's lives than to men's, especially for adolescent girls; however, the findings have been mixed as to whether scientific evidence actually supported the belief that women have lower self-esteem (Kling et al., 1999). One potential explanation for men's higher self-esteem was that of gender roles. Many traits considered to be masculine have been repeatedly found to be positively associated with self-esteem, both in men and women (Marsh, Antill, & Cunningham, 1987; Orlofsky & O'Heron, 1987; Whitley, 1983). Displaying low self-esteem and lack of self-confidence violated the traditional male gender role and may have led to loss of power at work or in relationships (O'Neil, 2008). In contrast, women were often considered to be in violation of their gender role if they displayed self-confidence (Kling et al., 1999).

Self-Esteem and Gender Role Conflict

GRC has been hypothesized to result in lower self-esteem (O'Neil, 2008) and 13 studies have explicitly examined the relationship between these variables (Berko, 1994; Bursely, 1996; Cournoyer, 1994; Davis, 1988; Hayashi, 1999; Kim et al., 2006;

Jo, 2000; Laurent, 1998; Mahalik et al., 2001; Schwartz, Waldo, Bloom-Langell, & Merta, 1998; Sharpe, Heppner, & Dixon, 1995; Sharpe & Heppner, 1991; Swenson, 1998). In all but two studies, GRC was found to be negatively correlated to self-esteem (O'Neil). All four of the GRC patterns have been associated with lower self-esteem. Further strengthening the findings, this relationship has been found across groups of men, including African American, Japanese, Korean, Mexican American, and White American college men (O'Neil), suggesting that this finding was significant across cultures.

Satisfaction with Life

The area of positive psychology became one of interest in psychological research and sharply contrasted the focus many have had on negative emotionality and experience, such as depression or anxiety (Pavot & Diener, 2008; Seligman & Csikszentmihalyi, 2000). Researchers began to consider the role of positive emotionality on various outcomes rather than focusing more on negative outcome measures (Myers, 1992). Leading topics in this burgeoning body of research included the ways in which people experienced happiness and how to conceptualize a subjective sense of well-being. In developing an understanding of subjective well-being, theorists generally treated satisfaction with life as a multifaceted concept that included components of both a cognitive and affective nature (Diener, Suh, Lucas, & Smith, 1999).

A specific cognitive construct related to subjective well-being that has garnered much attention in the literature was that of satisfaction with life, defined by Pavot and Diener (2008) as “a cognitive and global evaluation of the quality of one’s life as a whole” (p.137). Of importance was that the construct was a personal evaluation based on

personally chosen criteria as opposed to those chosen as important by the researcher.

Individuals completing measures of satisfaction with life were able to choose the criteria by which they wanted to judge their satisfaction as well as assign weights to those criteria based on their importance to the individual. Life satisfaction differed from assessment of affect from moment-to-moment, such as level of happiness experienced by individuals at any given time or the degree to which they were experiencing pleasure from an activity.

In essence, the “good life is when a person experiencing it thinks it is, after reflecting on it” (Pavot & Diener, 2008, p. 141). These reflections of life satisfaction have been found to be based on information that was recurrently available to people as they actively evaluated their sense of global happiness, including romantic and family relationships, academic and work performance, job satisfaction, and moods and emotions in aggregate over a lifetime (rather than in a moment; Pavot & Diener; Schimmack, Diener, & Oishi, 2002). Schimmack et al. found that people were generally consistent in the types of information they utilized when asked to evaluate life satisfaction repeatedly over time; moreover, when the sources of those judgments changed, their reported levels of satisfaction with life were altered accordingly. While more transient factors, such as current mood, have been found to influence life satisfaction judgments, their influence has been found to be small when compared to more stable items, especially in survey situations (Eid & Diener, 2004).

Life satisfaction has been found to be a significant positive influence in important life domains, including mental health, physical health outcomes, quality of relationships, and work success (Pavot & Diener, 2008). Life satisfaction has been found to predict

reduced risk of suicide (Koivumaa-Honkanen, Honkanen, Viinamaeki, Heikkilae, Kaprio, & Koskenvuo, 2001). Physical health factors have been shown to be impacted by life satisfaction, such that risk factors for disease were decreased when levels of life satisfaction increase. For example, healthy women who reported higher levels of life satisfaction experienced a reduced risk of aortic calcification (Matthews, Owens, Edmundowicz, Lee, & Kuller, 2006).

Gender, Gender Role Conflict, and Life Satisfaction

In a study of gender differences in positive well-being, Wood, Rhodes, and Whelan (1989) found that women reported higher levels of life satisfaction than men. One way of understanding this finding was the greater number of social relationships in women's lives as well as increased awareness of and permission to experience emotional states. Plagnol and Easterlin (2008) found that women began adult life reporting more life satisfaction than men, but ended up reporting less satisfaction than men later in life. The reversal was thought to be accounted for by changes in two specific domains of life satisfaction: finances and family. Earlier in life, adult women reported more satisfaction than men on both family and financial matters. A reversal occurred over the life course such that women reported being less satisfied in these areas later in life.

The relationship between GRC and life satisfaction has not been explicitly measured; however, the negative impact of GRC on various domains of well-being would indicate that it is likely that GRC negatively impacts life satisfaction.

Summary

Assessing reported levels of life satisfaction provides useful information regarding the role variables play in impacting people's well-being. Focusing solely on negative affect left a gap in the research on what contributes to and impacts positive functioning. Although there was a dearth of research explicitly measuring GRC's impact on life satisfaction, the research consistently showed that GRC is associated with a variety of negative outcomes such that it would be plausible to expect GRC to be associated with a decrease in life satisfaction.

Concluding Summary

Research has suggested that men's experiences of GRC varied greatly for individual men based on specific aspects of their gender role socialization. These differences were often encapsulated in different cultural experiences and messages regarding the ways in which men were expected to demonstrate masculinity.

Race and ethnicity have often been ignored in research related to gender role norms. Based on evidence that the construct of race was arguably less scientific and biologically-based than previously believed, it has been posited that ethnic identity, the degree to which individuals identify with their ethnicity, offered a more meaningful option for measuring within-group and between-group differences related to culture. Experiences of PD are also an aspect of ethnic experience that could result in individual differences on various psychological outcomes.

Some researchers have studied the relationship between GRC and ethnic identity and suggested that higher levels of ethnic identity likely acted as a buffer on the impact of

GRC on variables, such as self-esteem and satisfaction with life. More research is required, however, to assess more extensively the nature of the relationship between GRC and ethnic identity.

A related variable, PD, has never been directly assessed as having the potential for impacting GRC and/or impacting the role GRC plays in well-being. Based on an understanding of related concepts and theory, it is likely that perceiving discrimination would make it even more difficult for men of color to defy the gender norms prescribed by the dominant culture, as this choice might result in increased discrimination and GRC. If men's experiences of GRC are not further understood in a cultural context, the dominant culture's experiences of manhood and masculine-related constructs will continue to be assumed to be representative of all men's experiences. This inexcusable omission of people of color has occurred for decades in psychological research and must be repaired so that the experiences of all individuals can be better understood and accounted for in planning to meet the needs of those struggling with potentially damaging internal conflict such as GRC (Delgado-Romero, Rowland, & Galvan, 2005).

Purpose of the Study

Although some research has examined the relationship between ethnic identity and GRC, more research was needed to understand the role ethnic identity played in altering the impact of GRC on variables of well-being, such as self-esteem and satisfaction with life. No studies have examined the role of PD as it might influence GRC and/or how it might impact GRC's influence on well-being. For the purpose of this study, ethnic identity rather than racial identity was the variable being explored. This

choice was made based on an understanding that people in various groups that can be considered both racial and ethnic in nature, as well as the collection of research findings related to cultural constructs specific to ethnic groups, rather than attempting to examine the dynamics of race and oppression. The discrimination experienced by members of ethnic groups other than the dominant majority group was included by assessing PD. Based on previous research regarding male gender role conflict, ethnic identity, perceived discrimination, self-esteem, and satisfaction with life, the following hypotheses were proposed, with stated differences achieving statistical significance.

- 1A. Men with higher levels of GRC would have lower levels of self-esteem and satisfaction with life.
- 1B. Ethnic identity would suppress the impact of GRC on levels of self-esteem and satisfaction with life.
2. Men with higher levels of ethnic identity would have lower levels of GRC.
3. Men with higher levels of PD would have higher levels of GRC.
- 4A. Men with higher levels of PD would have lower levels of self-esteem and satisfaction with life.
- 4B. Ethnic identity would suppress the impact of PD on levels of self-esteem and satisfaction with life.
5. Men with higher levels of ethnic identity would have higher levels of self-esteem and satisfaction with life.

CHAPTER III

METHOD

Participants

Participants in this study included 292 self-selected men living in the United States who were at least 18 years of age and used social networking sites and/or email. The researcher recruited men via direct advertising on Facebook.com and Myspace.com. Additionally, snowball sampling via the Internet was used as the researcher requested that participants and other community members refer qualified individuals to participate in the study by forwarding the participation information via email.

Although a total of 347 individuals began the survey, some participants ($n = 42$) chose to discontinue participation after submitting the first half of the survey and were excluded from further analysis. Because of the way the data was collected, it was not possible to examine potential differences between those who completed the study and those who chose not to do so. The researcher also excluded data collected from participants who identified as female ($n = 2$) and as not having been born and raised in the United States ($n = 11$). Of the remaining 292 participants, the reported mean age was 34.59 ($SD = 10.96$). The majority of participants identified as White ($n = 189$; 65%) with the next largest groups being African American ($n = 38$; 13%) and Hispanic/Latino ($n = 31$; 11%). Approximately half of the participants ($n = 153$; 52.4%) identified Texas as

the state in which they currently lived. Additional demographic characteristics of the sample appear in Table 1.

Table 1

Demographic Characteristics (N = 292)

| Variable | Frequency | % |
|-----------------------------------|-----------|------|
| Ethnicity | | |
| African American | 38 | 13.0 |
| Asian American | 8 | 2.7 |
| Caucasian | 189 | 64.7 |
| Hispanic/Latino | 31 | 10.6 |
| Native American/Alaskan Native | 6 | 2.1 |
| Native Hawaiian/Pacific Islander | 1 | 0.3 |
| Other | 1 | 0.3 |
| Bi/Multi-racial | 18 | 6.2 |
| Geographical Location | | |
| New England | 6 | 2.1 |
| Mid-Atlantic | 16 | 5.5 |
| East North Central | 18 | 6.2 |
| West North Central | 4 | 1.4 |
| South Atlantic | 36 | 12.3 |
| East South Central | 7 | 2.4 |
| West South Central | 161 | 55.1 |
| Mountain | 9 | 3.0 |
| Pacific | 35 | 12.1 |
| Sexual Orientation | | |
| Exclusively Heterosexual | 221 | 75.7 |
| Primarily Heterosexual | 19 | 6.5 |
| More Heterosexual than Homosexual | 6 | 2.1 |
| Bisexual | 5 | 1.7 |
| More Homosexual than Heterosexual | 1 | 0.3 |
| Primarily Homosexual | 9 | 3.1 |
| Exclusively Homosexual | 31 | 10.6 |

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| | | |
|--------------------------------------|-----|------|
| Relationship Status | | |
| Single | 79 | 27.1 |
| Domestic Partnership/Married | 132 | 45.2 |
| Widowed | 1 | 0.3 |
| Separated | 3 | 1.0 |
| Divorced | 9 | 3.1 |
| Political Ideology | | |
| Very Conservative | 14 | 4.8 |
| Conservative | 41 | 14.0 |
| Somewhat Conservative | 57 | 19.5 |
| Somewhat Liberal | 65 | 22.3 |
| Liberal | 70 | 24.0 |
| Very Liberal | 36 | 12.3 |
| Don't Know | 9 | 3.1 |
| Religious Affiliation | | |
| Agnostic | 48 | 16.4 |
| Atheist | 34 | 11.6 |
| Buddhist | 7 | 2.4 |
| Christian (Catholic) | 39 | 13.4 |
| Christian (Protestant) | 106 | 36.3 |
| Islamic | 1 | 0.3 |
| Jewish | 5 | 1.7 |
| Mormon/Church of Latter Day Saints | 5 | 1.7 |
| Pagan/Wiccan | 4 | 1.4 |
| Other | 43 | 14.7 |
| Religious/Spiritual Identity | | |
| Very Religious/Spiritual | 52 | 17.8 |
| Somewhat Religious/Spiritual | 106 | 36.3 |
| Slightly Religious/Spiritual | 62 | 21.2 |
| Not at all Religious/Spiritual | 68 | 23.3 |
| Don't Know | 4 | 1.4 |
| Education (Highest Degree Completed) | | |
| High School/GED | 36 | 12.3 |
| Technical or Trade School | 16 | 5.5 |
| Associates | 24 | 8.2 |
| Bachelors | 116 | 39.7 |
| Masters | 54 | 18.5 |
| Doctorate | 29 | 9.9 |
| Other | 17 | 5.8 |

Measures

Demographic Questionnaire

The demographic questionnaire was created by Adrienne Paulson (2008; see Appendix A) and assessed personal characteristics of the study's participants. The measure consisted of 10 items regarding their gender, age, country of origin, ethnicity, sexual orientation, geographic region, relationship status, political ideology, religious affiliation, degree of religiosity/spirituality, and education level.

Gender Role Conflict Scale (GRCS)

The GRCS (O'Neil et al., 1986; see Appendix B) was a 37-item measure of the cognitive, affective, and behavioral experiences of internal conflict related to gender roles in men. Responses were rated on a Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). The scale had four subscales: (a) Success, Power, and Competition (SPC); (b) Restrictive Emotionality (RE); (c) Restrictive Affectionate Behavior Between Men (RABBM); and (d) Conflict Between Work and Family Relations (CBWFR). To calculate subscale scores, the corresponding statements to each subscale were summed then divided by the number of statements in that subscale. Higher GRC subscale scores corresponded with higher conflict in that pattern of GRC.

As of O'Neil's extensive review of research utilizing the GRCS in 2008, more than 230 studies had been found that used the measure. The original study utilized principle components and common factor analysis with both orthogonal and oblique

rotations to determine the factor structure, which resulted in the four factors.

Additionally, 22 separate studies have examined the factor structure of the GRCS using factor analysis (O'Neil). Confirmatory factor analysis was used in eight studies to further advance understanding of and support for the originally proposed four factor structure.

The factor structure has repeatedly been supported both in traditional college student samples (Englar-Carlson & Vandiver, 2002; Moradi, Tokar, Schaub, Jobe, & Serna, 2000) as well as more diverse samples, including Asian American, Latino, and African American men (Pytluk & Casas, 1998), gay men (Simonsen, Blazina, & Watkins, 2000; Wester, Pionke, & Vogel, 2005), and internationally with men from Australia, Canada, Japan, Korea, and Sweden (Bjerke & Skillingstad, 2002; Hayashi, 1999; J. Kim, Hwong, & Ryu, 2003; Theodore, 1997). The GRCS demonstrated moderate factor intercorrelations, ranging from .35 to .68 (Moradi et al., 2000), indicating that each factor was measuring distinct but related constructs.

The internal consistency reliabilities of the factor structure have ranged from .70 to .91 across many samples, both of college students and in more diverse samples (O'Neil, 2008). Test-retest reliability has been examined over one-month periods and found to be stable, ranging from .72 to .86 across factors (O'Neil et al., 1986). Finally, the GRCS's convergent validity has been examined using other popular measures of masculinity-related constructs. Low to moderate correlations of .32 to .49 indicated the GRCS was related to these constructs, but was measuring a different one (O'Neil). In the

current study, the mean scores and reliability coefficients for each subscale of GRC were calculated as follows: Success/Power/Competition (mean = 3.59; $\alpha = .89$), Restrictive Emotionality (mean = 2.74; $\alpha = .88$), Restrictive Affectionate Behavior Between Men (mean = 2.69; $\alpha = .85$), and Conflict Between Work and Family Relations (mean = 3.52; $\alpha = .87$). The mean scores indicated only low to moderate levels of endorsement for each GRC construct in this sample. The reliability of each subscale was high in the current sample.

Scale of Ethnic Experience (SEE)

The SEE (Malcarne et al., 2006; see Appendix C) was a “multidimensional measure of ethnicity-related cognitive constructs that can be used across American ethnic groups” (p. 150). This instrument was a 32-item measure with responses provided on a Likert scale ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). The scale yielded four factors: (a) Ethnic Identity (degree to which people identify with their ethnic group), (b) Perceived Discrimination (beliefs regarding people’s perceptions that their ethnic group has been discriminated against in U.S. society), (c) Mainstream Comfort (degree to which people feel they are a part of mainstream U.S. society), and (d) Social Affiliation (people’s preference for associating with members of their own ethnic group). Rather than calculating a single score for the entire measure, each scale yielded its own score. Lower scores indicated greater endorsement with the specific construct being assessed by the particular subscale.

Concurrent validity of the SEE was assessed by recruiting students to complete the SEE and the Multi-Ethnic Identity Measure (MEIM; Phinney, 1992). Correlational analyses were used to assess the relationship between the SEE scales and the MEIM. For the total sample, there were significant correlations between the MEIM ethnic identity scale and all four SEE scales. As expected, the strongest relationship was between the MEIM and the SEE Ethnic Identity scale. Internal consistency coefficients for each subscale of the SEE ranged from .83 to .91 for the total sample. When calculated for separate ethnic groups, the internal consistency coefficients ranged from .76 to .91 across the subscales. Test-retest reliability at six weeks ranged from .77 to .86 for the total sample. In the current study, the internal consistency coefficients were calculated as .85 for Ethnic Identity and .92 for Perceived Discrimination, both demonstrating high reliability. The mean score for Ethnic Identity was 2.83 and for Perceived Discrimination was 3.2, each indicating only moderate levels of these constructs in the current sample.

Satisfaction with Life Scale (SWLS)

The SWLS (Diener, Emmons, Larsen, & Griffin, 1985; see Appendix D) was a five-item measure containing statements that individuals rated on a Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The five items were all keyed in a positive direction, so the five responses were simply added to arrive at a total score for the scale. The possible range of scores was therefore 5 to 35, with a score of 20 representing the neutral point on the scale. Scores between 5 and 9 indicated the

respondent was extremely dissatisfied with life, whereas scores ranging between 31 and 35 indicated the respondent was extremely satisfied with life. The SWLS was normed on a sample of college students and found to have good reliability ($\alpha = .87$, test retest $r = .82$). Over a thousand studies have utilized the SWLS as a measure of life satisfaction, and an abundance of evidence exists regarding its strong psychometric properties. The scale consistently demonstrated high internal consistency with coefficient alphas ranging from .79 to .89 (Pavot & Diener, 2008). In the current study, the internal consistency coefficient alpha was .88. The mean score for the current sample was 22.7, indicating the sample fell at a neutral point on the scale. This mean indicated that as a whole the sample was endorsing neither extreme dissatisfaction nor extreme satisfaction with life.

Many studies have explored the relation between the SWLS and clinical measures of distress. Blais, Vallerand, Pelletier, and Brière (1989) found a strong negative correlation ($r = -.72$) with the Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), and Arrindell, Meeuwesen, and Huyse (1991) found the SWLS to be negatively correlated ($r = -.55$) with all of the symptom dimensions of the Symptom Checklist-90 (Derogatis, 1977). Also, Larsen, Diener, and Emmons (1986) found the SWLS to be negatively correlated with a measure of negative affect. Finally, the SWLS has demonstrated a consistent single factor structure across studies that accounted for 66-77% of the variance (Arrindell et al.; Blais et al.; Diener et al., 1985; Pavot, Diener, Colvin, & Sandvik, 1991).

Rosenberg Self-Esteem Scale (RSES)

The RSES (Rosenberg, 1965; see Appendix E) was a ten-item measure that assessed global self-esteem. Individuals responded on a Likert scale ranging from 1 (*strongly agree*) to 4 (*strongly disagree*). The lower the final score, the higher the rating of self-esteem was for participants. The RSES has been widely used as a measure of self-esteem in numerous populations, including adolescent and adult samples ($\alpha = .88$; Whiteside-Mansell & Corwyn, 2003), eating disordered patients (Griffiths et al., 1999; Telch & Agras, 1994), crack cocaine users (Wang, Siegal, Falk, & Carlson, 2001), college students (Shevlin, Bunting, & Lewis, 1995; Thompson & Thompson, 1986), African American adults ($\alpha = .83$; Jones et al., 2007; Utsey et al., 2000), and an ethnically diverse sample of adolescents ($\alpha = .85$; Martinez & Dukes, 1997). The RSES has been found to be both a valid and reliable assessment tool. In two separate studies, reliabilities ranged from $\alpha = .77$ to $.88$ and test-retest correlations ranged from $r = .82$ to $.85$ (Rosenberg, 1965, 1989). Vispoel, Boo, and Bleiler (2001) found test-retest reliability to be as high as $.92$. Internal consistency scores have ranged from $.52$ to $.98$ across various studies (Vispoel et al.). Factor analytic studies support a single factor structure (Corwyn, 2000; Shevlin, et al.; Wang et al.) and negative correlations have been found between the RSES and body distortion, eating disorders (Griffiths et al.; Telch & Agras; Thompson & Thompson), depression (Gould, 1982), and other psychiatric disorders (Silverstone &

Salsali, 2003). In the current study, the internal consistency coefficient alpha was .87. The mean score for the current sample was 1.76, indicating moderate to high self-esteem.

Procedure

Data were collected in the form of an online questionnaire battery. Participation eligibility criteria were as follows: (a) male, (b) 18 years of age or older, (c) be able to read and write English, (d) born in the United States and lived in the United States for the majority of their lives, and (e) access to a computer and Internet as the data were being collected online.

Due to word limitations for advertisements set by Facebook.com and Myspace.com, the ad used to recruit participants was brief and only included limited information about the study. By clicking on the ad, participants were directed to the informed consent statement (see Appendix G) that further provided information including (a) a brief description of the study, including the eligibility criteria and approximate length of time expected to complete the survey; and (b) a statement of participants' chances to win a gift card. In the informed consent statement, participants had the opportunity to read a brief description of the study and were informed of their right to decline or discontinue participation at any time in the research process without negative consequence. Because of the anonymous nature of the study, participants did not sign the informed consent but instead indicated consent by completing and submitting the survey. At the end of the survey, participants were provided with the opportunity to request

additional information about the study when it was complete and contact numbers for the investigators.

To ensure confidentiality, web-based surveys were administered via an online data collection service called PsychData. This service has been used by the social science community to conduct secure Internet-based research. The service provided storage of confidential survey data on their secure computer servers. Contact information was gathered from participants who wanted to be included in the raffle via a second, separate survey. This process allowed identifying participant information to be gathered, stored, and maintained separately from research survey results. Participants were advised that their participation in the raffle drawing was optional and that answers on their questionnaires would not be connected to their identifying contact information.

Statistical Analysis

Hypothesis 1A-1B

Scores of each GRC subscale, self-esteem, and satisfaction with life were submitted to analysis with Pearson's Product-Moment Correlation Coefficient. A multiple correlation was conducted to examine the degree to which the four subscales of GRC as a whole contributed to scores of self-esteem and satisfaction with life. A partial correlation was conducted to analyze the impact of removing ethnic identity from the correlational analysis between GRC, self-esteem, and satisfaction with life. Both hypotheses were tested with $\alpha = .05$.

Hypothesis 2

Scores of ethnic identity and GRC were submitted to analysis with Pearson's Product-Moment Correlation Coefficient. The hypothesis was tested with $\alpha = .05$.

Hypothesis 3

Scores of PD and GRC were submitted to analysis with Pearson's Product Moment Correlation Coefficient. The hypothesis was tested with $\alpha = .05$.

Hypothesis 4A-4B

Scores of PD, self-esteem, and satisfaction with life were submitted to analysis with Pearson's Product-Moment Correlation Coefficient. A partial correlation was conducted to analyze the impact of removing ethnic identity from the correlational analysis between PD, self-esteem, and satisfaction with life. Both hypotheses were tested with $\alpha = .05$.

Hypotheses 5

Scores of ethnic identity, self-esteem, and satisfaction with life were submitted to analysis with Pearson's Product-Moment Correlation Coefficient. The hypothesis was tested with $\alpha = .05$.

CHAPTER IV

RESULTS

Gender Role Conflict (GRC), Self-Esteem and Satisfaction with Life

Hypothesis 1A stated that men's experience of GRC would affect both their self-esteem and their satisfaction with life. Specifically, the researcher predicted that men who endorsed higher levels of GRC would experience lower levels of self-esteem and satisfaction with life. A Pearson's Product-Moment Correlation Coefficient was calculated in order to examine the relationship between GRC and self-esteem and satisfaction with life. GRC has been conceptualized both as a total score and as consisting of four distinct but related factors rather than as a composite of scores so both the total score and each factor were submitted to the Pearson's Product-Moment Correlation Coefficient.

The GRC total score was significantly negatively related to both self-esteem and satisfaction with life. Success/Power/Competition was not significantly related to self-esteem or satisfaction with life. Restrictive Emotionality, Restrictive Affectionate Behavior Between Men, and Conflict Between Work and Family Relations were significantly negatively related to self-esteem and to satisfaction with life. Consequently, Hypothesis 1A was supported with the caveat that Success/Power/Competition was not significant on its own. See Table 2 for the relevant correlation coefficients.

Table 2

Correlations of Gender Role Conflict Factors with Men's Self-Esteem and Satisfaction with Life

| Variable | <i>Self-Esteem</i> | <i>Satisfaction with Life</i> |
|--|--------------------|-------------------------------|
| GRC Total | -0.24** | -0.16** |
| Success/Power/ Competition | -0.07 | -0.04 |
| Restrictive Emotionality | -0.31** | -0.19** |
| Restrictive Affectionate Behavior between Men | -0.21** | -0.16** |
| Conflict between Work And Family Relations | -0.18** | -0.10* |

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

A multiple correlation was conducted to examine the relationship between the four subscales of GRC and self-esteem and satisfaction with life when accounting for all four factors at once rather than each separately. Findings indicated that when each factor was controlled for in the relationship between all four factors of GRC and self-esteem, three factors, Success/Power/Competition, Restrictive Emotionality, and Conflict Between Work and Family Relations, remained as significant contributors. When each factor was controlled for in the relationship between all four factors of GRC and satisfaction with life, only the factor of Restrictive Emotionality remained as a significant contributor. These findings did not negate the acceptance of the hypothesis, but did add

additional information to more clearly understand under what conditions it was true. The findings of the multiple correlations suggested that while GRC was significantly negatively related to self-esteem and satisfaction with life, there are specific facets of the construct that contribute more to the relationship than others. See Tables 3 and 4 for the multiple correlation coefficients.

Table 3

Multiple Correlations of Self-Esteem and Factors of Gender Role Conflict

| Variable | B | SE B | β | t |
|--|-------|------|---------|---------|
| Success/Power/ Competition | -0.07 | 0.04 | -0.13 | -1.94* |
| Restrictive Emotionality | 0.16 | 0.04 | 0.31 | 4.01** |
| Restrictive Affectionate Behavior between Men | 0.00 | 0.04 | 0.01 | 0.08 |
| Conflict between Work And Family Relations | 0.06 | 0.03 | 0.15 | 2.33* |
| (Constant) | 1.35 | 0.12 | | 11.39** |

R = .34, R² = .11, Adj-R² = .10, SE = .48, F (4, 287) = 9.24, p<.001

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

Table 4

Multiple Correlations of Satisfaction with Life and Factors of Gender Role Conflict

| Variable | B | SE B | β | t |
|--|-------|------|---------|---------|
| Success/Power/ Competition | 0.12 | 0.10 | 0.08 | 1.16 |
| Restrictive Emotionality | -0.22 | 0.12 | -0.16 | -1.93* |
| Restrictive Affectionate Behavior between Men | -0.09 | 0.11 | -0.06 | -0.80 |
| Conflict between Work And Family Relations | -0.09 | 0.08 | -0.08 | -1.21 |
| (Constant) | 5.29 | 0.35 | | 15.15** |

R = .21, R² = .05, Adj-R² = .03, SE = .48, F (4, 287) = 3.34, p = .01
 **p < .05. p < .001.

**Ethnic Identity as a Moderator of Gender Role Conflict's Impact on Self-Esteem
and Satisfaction with Life**

The researcher predicted in Hypothesis 1B that ethnic identity would account for a significant amount of the relationship between GRC and self-esteem and satisfaction with life, such that when it was removed from the relationship there would no longer be a statistically significant correlation between them. A partial correlation was conducted to examine the potential moderating role of ethnic identity in the relationship between GRC (both as a total score and as subscale scores) and self-esteem and satisfaction with life.

The analyses showed that the relationship between GRC and self-esteem and satisfaction with life did not change when removing the influence of ethnic identity and was therefore not found to be a moderating variable. See Table 5 for a comparison of the Pearson's Product-Moment Correlations with the partial correlation coefficients.

Table 5

Correlations of Gender Role Conflict and Self-Esteem and Satisfaction with Life with Ethnic Identity Partialled Out

| Variable | SE Pearson | SE Partial | SWL Pearson | SWL Partial |
|--|------------|------------|-------------|-------------|
| GRC Total | -0.24 | -0.26 | -0.16 | -0.16 |
| Success/Power/ Competition | -0.07 | -0.09 | -0.04 | -0.04 |
| Restrictive Emotionality | -0.31 | -0.31 | -0.19 | -0.19 |
| Restrictive Affectionate Behavior between Men | -0.21 | -0.24 | -0.16 | -0.16 |
| Conflict between Work And Family Relations | -0.18 | -0.20 | -0.10 | -0.11 |

Gender Role Conflict and Ethnic Identity

The second hypothesis stated that men who had higher levels of ethnic identity would have lower levels of GRC. A Pearson's Product-Moment Correlation Coefficient was calculated in order to examine the relationship between GRC and ethnic identity. The

total score for GRC, Success/Power/ Competition, Restrictive Emotionality, and Conflict Between Work and Family Relations were not significantly correlated with ethnic identity. Restrictive Affectionate Behavior Between Men was significantly but weakly correlated with ethnic identity, but not in the proposed direction. All of the relationships with the exception of Restrictive Emotionality were positive correlations, while the hypotheses stated the relationships would be negative. Consequently, Hypothesis 2 was not accepted. See Table 6 for relevant correlation coefficients.

Table 6

Correlations of Gender Role Conflict with Ethnic Identity

| Variable | Pearson <i>r</i> |
|--|------------------|
| GRC Total | 0.08 |
| Success/Power/ Competition | 0.09 |
| Restrictive Emotionality | -0.02 |
| Restrictive Affectionate Behavior between Men | 0.07 |
| Conflict between Work And Family Relations | 0.11* |

* $p < .05$

Perceived Discrimination (PD) and Gender Role Conflict

The third hypothesis predicted that men who had higher levels of PD would have higher levels of GRC. A Pearson's Product-Moment Correlation Coefficient was calculated in order to examine the relationship between PD and GRC. As a total score, GRC was significantly positively related to PD. Success/Power/Competition, Restrictive Emotionality, and Restrictive Affectionate Behavior Between Men were not significantly related to PD. Conflict Between Work and Family Relations was significantly positively related to PD. Consequently, Hypothesis 3 was accepted with the caveat that three specific factors were not significant on their own. See Table 7 for relevant correlation coefficients.

Table 7

Correlations of Gender Role Conflict and Perceived Discrimination

| Variable | Pearson <i>r</i> |
|--|------------------|
| GRC Total | 0.10* |
| Success/Power/ Competition | 0.09 |
| Restrictive Emotionality | 0.02 |
| Restrictive Affectionate Behavior between Men | 0.09 |
| Conflict between Work And Family Relations | 0.11* |

* $p < .05$

Perceived Discrimination, Self-Esteem, and Satisfaction with Life

Hypothesis 4A stated that men's experience of PD would affect both their self-esteem and their satisfaction with life. Specifically, the researcher predicted that men with higher levels of PD would have lower levels of self-esteem and satisfaction with life. A Pearson's Product-Moment Correlation Coefficient was calculated in order to examine the relationship between PD and self-esteem and satisfaction with life. PD was not found to be significantly related to self-esteem, $r = .08$, $p = .09$ or satisfaction with life, $r = -.01$, $p = .48$. Consequently, Hypothesis 4A was not accepted.

Ethnic Identity as a Moderator of Perceived Discrimination's Impact on Self-Esteem and Satisfaction with Life

In Hypothesis 4B, the researcher predicted that ethnic identity would account for a significant amount of the relationship between PD and self-esteem and satisfaction with life, such that when it was removed from the relationship there would no longer be a statistically significant correlation between them. A partial correlation was used to examine the potential moderating role of ethnic identity in the relationship between PD and self-esteem and satisfaction with life. Removing the influence of ethnic identity on the relationship between PD and self-esteem and satisfaction with life did not significantly change the relationship and was therefore not found to be a moderating variable. Consequently, Hypothesis 4B was not accepted. See Table 8 for a comparison of the Pearson's Product-Moment Correlations with the partial correlation coefficients.

Table 8

Correlations of Self-Esteem and Satisfaction with Life with Perceived Discrimination with Ethnic Identity Partialled Out

| Variable | Pearson | Partial |
|------------------------|---------|---------|
| Self-Esteem | 0.08 | -0.03 |
| Satisfaction with Life | -0.01 | -0.01 |

Ethnic Identity, Self-Esteem, and Satisfaction with Life

The fifth hypothesis stated that men with higher levels of ethnic identity would have higher levels of self-esteem and satisfaction with life. A Pearson's Product-Moment Correlation Coefficient was calculated in order to examine the relationship between ethnic identity and self-esteem and satisfaction with life. Self-esteem was significantly positively related to ethnic identity, $r = .19, p < .01$. Satisfaction with life was not significantly related to ethnic identity, $r = .01, p = .43$. Consequently, Hypothesis 5 was accepted for self-esteem and rejected for satisfaction with life.

CHAPTER V

DISCUSSION

In the current study, the researcher examined the impact of male gender role conflict (GRC), ethnic identity, and perceived discrimination (PD) on men's well-being. Specifically, GRC, ethnic identity, and PD were all assessed to determine whether they influenced self-esteem and satisfaction with life. Also, the potential role of ethnic identity as having a moderating effect on the relationship between GRC and well-being and the relationship between PD and well-being were examined. The study's findings suggested that men who were struggling with male gender role conflict also suffered from lower self-esteem and decreased satisfaction with life, although some of the components of GRC were more impactful than others in this relationship. While ethnic identity was expected to be both related to GRC and to moderate the relationship between GRC, PD, and well-being, neither of these findings was supported in the current study. The study's findings suggested that men who were struggling with GRC as a whole were also experiencing PD. Also unexpected were the findings that, while PD was generally related to well-being, ethnic identity did not act as a moderator in the relationship between PD and self-esteem and satisfaction with life. Finally, it was expected that ethnic identity would be positively related to both self-esteem and satisfaction with life. The findings, however, only supported a weak relationship between ethnic identity and self-esteem and none with satisfaction with life.

Gender Role Conflict, Self-Esteem, and Satisfaction with Life

As a total score, GRC was significantly related to self-esteem and satisfaction with life. Three of the four patterns of GRC, including Restrictive Emotionality, Restrictive Affectionate Behavior Between Men, and Conflict Between Work and Family Relations, were also found to be significantly correlated with self-esteem and satisfaction with life. Success/Power/Competition was not found to be a significant contributing factor to these aspects of well-being. The total score and the three patterns that were related were in support of Hypothesis 1A.

These results supported earlier findings that experiencing GRC had a negative influence on variables of well-being, specifically self-esteem (Laurent, 1998; Mahalik et al., 2001; O'Neil, 2008). There had been no explicit study of the impact of GRC on satisfaction with life prior to the current study, but other studies (O'Neil, 1981b, 2008), examining the relationship between GRC and variables of well-being, such as depression, anxiety, and relationship distress, have found that higher levels of GRC have been correlated with higher levels of these deleterious variables, giving reason to expect such findings in this study.

The finding that Success/Power/Competition (SPC) did not significantly correlate with self-esteem and satisfaction with life was unexpected and in contrast with previous findings, in which all four patterns of GRC have been negatively related to these variables of well-being (O'Neil, 2008). The mean score of SPC in this sample was the highest of the four patterns, suggesting that it is a relevant construct for the group; however, it may have been that, while striving for success via power and competition can

cause conflict and distress in some men, the men in the current study were less negatively affected by such attitudes. It was possible that having such attitudes may even have been adaptive in their specific professions and relationships given the common expectation for such behavior in U.S. culture. It could also have been that the degree to which SPC negatively impacts men was dependent on how successful these men viewed themselves to be. If they felt successful in general, needs for power and competition may not have had the negative impact they have had in the lives of men who felt less successful. Based on their self-reported education levels, the sample was highly educated overall (68.1% held Bachelor's degrees or higher), which could have resulted in increased feelings of success for academic achievement as well as career success as a result of obtaining higher education. The overall means for self-esteem and satisfaction with life in the current sample suggested that generally the men had moderate to high levels of well-being. Perhaps, in a sample of men who were struggling more with self-esteem and satisfaction with life, findings regarding SPC would have been more similar to those found in previous studies.

Gender Role Conflict and Ethnic Identity

Ethnic identity was not found to moderate the relationship between GRC and self-esteem and satisfaction with life nor was it found to be significantly related to GRC, with the exception of a weak relationship with Restrictive Affectionate Behavior Between Men. These findings were in contrast to Hypothesis 1B and Hypothesis 2. The lack of significance contradicted the prediction, but also the one pattern of GRC, Conflict Between Work and Family Relations, that was weakly but significantly correlated was

found to be in the opposite direction of what the researcher expected. The findings suggested that for this sample ethnic identity was not an important variable in the experience of GRC and in the ways GRC impacted well-being.

These findings are in contrast to the majority of previous work examining the relationship between racial and ethnic identity and GRC (Carter et al., 2005; Laurent, 1997; Lilly, 1999; Wade, 1996; Wester et al., 2006; White, 2002); however, the most consistent findings of such a relationship have been in samples of African American men, while studies with Latino men and Asian American men have had more mixed results (Fragoso & Kashubeck, 2000; Leka, 1998; Liu, 2002; Shek, 2005; Silva, 2002). Also, the previous findings regarding identity and GRC in the groups of African American men were focusing on racial identity rather than ethnic identity and often used measures that determined the stages of racial identity rather than high or low scores of ethnic identity, as is the case in the measure used in the current study. It is possible that the measure used in the current study did not tap the most salient aspects of ethnic identity (i.e., stages of racial identity development, cultural components belonging to a specific ethnic group) for the men of color in the sample such that the role it played in their lives with regard to GRC was not apparent. The current sample included men of various ethnicities and examined their variation only on different levels of ethnic identity. As there were not enough participants in individual ethnic groups to compare differences across groups, it may be that the significance was not able to be measured for this sample of men.

Also, there were more White men than men of color in the sample, and the overall level of ethnic identity for all men was only moderate. Additionally, the meaning of

ethnic identity for White men was likely different than for men of color; while they may have endorsed moderate levels of ethnic identity as measured by the scale used in the current study, the meaning of such endorsement and the overall impact of it in their lives could conceivably have been very different than for the men of color. Being a member of a majority racial or ethnic group that holds special power and privilege in a society, as White people do in the U.S., brings a different understanding of the self as a racial or ethnic person. For example, White people generally have the privilege of denying the relevance of race and the continuing existence of racism (Cooks & Simpson, 2007). McLaren (1997) described this dynamic by defining Whiteness as “a refusal to acknowledge how white [sic] people are implicated in certain social relations of privilege and relations of domination and subordination” (p. 9). Additionally, White people often do not identify as having race or belonging to a racial or ethnic group (Miller & Fellows, 2007). Miller and Fellows identified many White individuals as having a “relative lack of the notion of race in their lives as compared to persons of color due to their position as members of the majority; they are less inclined to see their race as a reference group or even consider it a viable group at all” (p. 55). Also, while many White people do not consider themselves as having an ethnic identity or ethnic reference group, some White people identify with specific cultural groups, such as Irish Americans, Italian Americans, or German Americans. When answering questions about their ethnic identity, men in the current study were asked to and could have been mentally referencing these specific group memberships such that their answers resulted in higher endorsement of ethnic

identity than if they had been solely referring to the meaning of being White or considering White as their reference group.

The small positive correlation between Restrictive Affectionate Behavior Between Men and ethnic identity might have spoken to the differences in the meaning of ethnic identity achievement for White men as compared to men of color. Being more highly identified with their White ethnic identity might logically have resulted in endorsement of certain GRC patterns given that the traditional masculine ideology has been that of White men in the U.S. Finally, definition and measurement of racial and ethnic identity have been highly controversial in psychology research, as discussed previously in this paper. These findings in some ways further contribute to the confusion as to which construct should be measured and with what group.

Perceived Discrimination and Gender Role Conflict

PD was found to have a significant relationship with the total score of GRC, but with only one of the patterns of GRC, Conflict Between Work and Family Relations. These relationships, while statistically significant, were relatively weak. These findings supported Hypothesis 3 in that GRC was expected to be significantly and positively related to PD; however, the weak correlation and the lack of significance for each pattern of GRC indicated that more research is needed to fully understand the true nature of this relationship.

The current study was the first to examine the potential for a relationship between GRC and PD. The expected finding that struggling with discrimination would be related to men also struggling with gender roles and expectations was confirmed; however, it

was only a weak relationship that did not hold true for Success/Power/Competition, Restrictive Emotionality, or Restrictive Affectionate Behavior Between Men. Because there were no previous studies directly examining the relationship between GRC and PD, the researcher had to extrapolate from other theories in order to make a prediction about the relationship. As discussed previously in this paper, men of color have been subject to the struggle of navigating conflicting demands for men based on the expectations of the traditional masculine gender role of the majority and of their own culture, which has been theorized to increase GRC and distress in general (Lazur & Majors, 1995; Pleck, 1981; Wester et al., 2006). The current researcher speculated that men of color who experienced PD might therefore have chosen to attempt to stay within the traditional expectations in order to avoid further perceived discrimination or other negative consequences. Additionally, social cognitive career theory (Lent, Brown, & Hackett, 2000) posited that outcome expectations highly influence both interests and choices made by individuals regarding career and potentially other salient aspects of their lives. Given both the lack of role models for unconventional choices for men of color and their witnessing many negative experiences related to racist discrimination, it would make sense if they made more traditional choices in their careers or other realms of their lives in order to avoid further discrimination (Byars-Winston, 2006). While these theories might account for the current finding regarding a positive correlation between GRC and PD, more research is needed not only to understand the relationship but also to discover what might account for it.

Given the lack of significance for ethnic identity in the current sample, it may have been less surprising that PD was not highly significant. The average level of PD in the current sample suggested a moderate endorsement of having a sense of being discriminated against for being part of a specific ethnic group, despite the majority of the sample being White men; however, as with ethnic identity, the experience of perceiving ethnic discrimination likely has had a different impact on and meaning for White men than for men of color. In a sample of only men of color, for example, findings regarding PD's relationship to GRC may prove different. Also, the GRC pattern of Success/Power/Competition approached significance ($p = .05$ but not $p < .05$), and in a sample that had higher levels of PD, it is possible that a significant relationship would be found.

Understanding the finding that the GRC pattern of Conflict Between Work and Family Relations was related to PD is difficult given the lack of previous research as to the potential relationship between these variables. This pattern measured men's difficulty with balancing work/school commitments with family and friend relationships. It is possible that elements of discrimination in men's lives could contribute to a very real difficulty in balance, for example discrimination at work. If men are given fewer opportunities or less flexibility in their work environments, for example, it might result in challenges regarding balancing their work lives and time for family and leisure. Also, it is plausible that men could feel pressure to spend more time dedicated to their work, to the detriment of their home life, in order to overcome perceived racial discrimination as an obstacle to success. Steele and Aronson (1995) documented the concept of stereotype

threat and defined it as “being at risk of confirming, as self-characteristic, a negative stereotype about one's group” (p. 797). If men are aware of negative stereotypes regarding their ethnic group and have perceived that they might be the targets of discrimination at their place of employment, it would make sense that such an experience could result in difficulty balancing work and family responsibilities. More research is needed to fully understand what variables might contribute to this relationship.

Perceived Discrimination, Self-Esteem, and Satisfaction with Life

Men’s endorsement of PD was not significantly associated with their levels of self-esteem and satisfaction with life, which was contrary to the researcher’s fourth hypothesis. Furthermore, this finding greatly contradicted an abundance of previous research demonstrating the deleterious effects of PD on people’s well-being, including both self-esteem (Barry & Grilo, 2003; Fisher et al., 2000; Harris-Britt et al., 2007; Nyborg & Curry, 2003; Phinney et al., 1998; Romero & Roberts, 2003; Verkuyten, 1998) and satisfaction with life (Broman, 1997; Prelow et al., 2006; Seaton et al., 2008; Yoo & Lee, 2005). These previous studies, however, have all been with groups of participants that only included men of color, with the exception of Fisher et al. (2000). Fisher et al. included adolescent boys of various ethnicities, including White, and still found a significant negative correlation between PD and self-esteem, even when controlling for ethnicity. Given that the findings in these prior studies have almost exclusively been in groups of men of color, their results may be less generalizable to the current sample, although the Fisher et al. study did provide a basis for the hypothesis predicting that there would be a negative correlation between PD and self-esteem found in the current sample.

Reasons for the lack of significance in this sample may have been the differential meaning of PD in the lives of White men as compared to men of color. This finding was certainly surprising, although it may have indicated that the influence of PD on men's lives may not always have been as deleterious as shown in some prior studies, which could mean that resilience and the influence of other buffering factors would likely have been present and should be further explored in order to help improve the lives of those men who do suffer from PD. Additionally, researchers who fail to find significance for an expected finding may have missed or overlooked one or more variables that impact the phenomenon, contributing to the lack of significance. For example, perhaps male privilege neutralizes some of the effects of PD in the lives of men. Other potentially buffering variables could include hardiness, strong familial and/or social support, and socioeconomic status.

Ethnic Identity as a Moderator of Perceived Discrimination's Impact on Self-Esteem and Satisfaction with Life

Ethnic identity was not found to account for any relationship, or in the current study a lack of relationship, between PD and self-esteem and satisfaction with life. This finding is in contrast to Hypothesis 4B, which stated that a stronger sense of ethnic identity would decrease the anticipated negative impact of PD on self-esteem and well-being. As a result of the findings, ethnic identity was not identified as a moderating variable in the current study.

The lack of a buffering effect by ethnic identity in the relationship between PD and well-being contradicted most of the previous research. Many studies (Caldwell et al.,

2004; Jones et al., 2007; Mossakowski , 2003; Romero & Roberts, 2003; Sellers & Shelton, 2003; Whitbeck et al., 2002; Wong et al., 2003) have documented the role of ethnic identity in lessening the harmful impact of PD. In the current study, PD was not found to have a significant relationship with self-esteem and satisfaction with life, which could explain the lack of mediation by ethnic identity. Without the negative relationship to be moderated, it is logical that a moderator would not have played a role.

Ethnic Identity, Self-Esteem, and Satisfaction with Life

Men with higher levels of ethnic identity were also found to have higher levels of self-esteem. This finding, however, did not hold true for satisfaction with life, as ethnic identity was not significantly correlated with it. These findings, therefore, provided partial support for Hypothesis 5, which stated that a positive correlation would be found between ethnic identity and self-esteem, but not support for the second part of the hypothesis, which indicated that a positive relationship would be found for ethnic identity and satisfaction with life.

The finding that ethnic identity was positively associated with self-esteem was supportive of earlier findings that ethnic identity has been positively correlated with various aspects of well-being, including specifically self-esteem (Cislo, 2008; DuBois et al., 2002; Goodstein & Ponterotto, 1997; Martinez & Dukes, 1997; Phinney et al., 1997; Phinney & Chavira, 1992). It makes sense that people's achievement of a sense of pride in their ethnicity would translate into general pride and esteem for themselves as people.

The lack of support for the hypothesized relationship between ethnic identity and satisfaction with life was in contrast to some previous findings (Mokgatlhe & Schoeman,

1998; Neto, 1995; Outten et al., 2009). While it might have been expected that a variable that would impact self-esteem would also have impacted satisfaction with life given their moderate correlation in the current study ($r = .5$), it may also have been that there were other factors that were more influential in the development of life satisfaction than on self-esteem. Self-esteem and life satisfaction are both constructs that are impacted by a multitude of factors in people's lives, and while they are related as relevant measures of well-being, they are not the same, such that it follows logically that what impacted self-esteem in the current sample may not have impacted life satisfaction in the same sample. Self-esteem results from global evaluation of how people feel about themselves as individuals regarding their character, pride, integrity, and overall sense of being worthwhile human beings. Life satisfaction is less related to how people feel about themselves individually or characterologically and more about how they evaluate the path their lives have taken, the choices they have made, and their sense of having ended up in a place in life that matches what they desired for themselves. It may be that various other aspects of the participants' lives were more relevant to the development of life satisfaction than their ethnic identity, despite its salience for previous samples.

Additionally, it would make sense that men could have had both high self-esteem and high ethnic identity, but still have been dissatisfied with the choices they have made or the general direction of their life thus far. It would especially make sense for men of color for whom societal forces, such as institutionalized racism, may have impacted their lives beyond their control. These men could still have achieved positive self-esteem and ethnic identities, while having felt a general dissatisfaction with their lives.

Implications and Limitations

Implications for Theory

In general, it has been theorized that GRC in men may have resulted in decreased well-being (O'Neil et al., 1986). The current study's findings, which indicated that increased GRC was associated with decreased self-esteem and satisfaction with life, have extended the theory that men's lives may have been detrimentally impacted by their experience of GRC. Previous research has examined the negative impact of GRC on many aspects of well-being, but has never explicitly measured satisfaction with life as an outcome variable. The findings of the current study extended the theory regarding GRC's influence on well-being to include satisfaction of life as a variable that has been negatively impacted by GRC. A limitation of the previous GRC theory has been the focus on the impact of GRC without fully understanding what contributed to its formation. Given the current study's findings that GRC has continued to be associated with decreased well-being, future theorists would contribute to the further development of GRC theory by examining the variables responsible for the creation of GRC in men, rather than just its impact.

Theory regarding the role of ethnic identity in people's lives has often indicated that it has had a positive impact and that the achievement of a stable, positive sense of ethnic identity has been an important element in people's well-being (Phinney, 1992). The theory regarding ethnic identity and GRC has been more limited and has had mixed findings. While it has often been the case that ethnic identity was negatively associated with GRC (Carter et al., 2005; Laurent, 1997; Lilly, 1999; Wade, 1996; Wester et al.,

2006; White, 2002), in some groups of men this finding has not held true or has been mixed (Fragoso & Kashubeck, 2000; Silva, 2002). Also, the findings regarding the role of ethnic identity as a buffering agent between GRC and well-being have been mixed. The current study's findings, which indicated that GRC was not related to ethnic identity and that ethnic identity was not a buffering force between GRC and well-being, did not support the theory that ethnic identity would play a positive role in decreasing GRC or its impact on men's self-esteem and satisfaction with life. Future theorists may need to consider these findings in continued attempts to conceptualize GRC in the lives of men and the ways in which ethnic identity interacts with that experience. The many limitations of the current study, as discussed previously and again later in this paper, must also be considered, such that the theory may hold true for different groups of men and under different circumstances. Future theorists should continue to explore the contexts in which ethnic identity does have an impact on both the formation of GRC and the influence of GRC on well-being.

There has been no direct theory relating GRC and PD in previous literature. The current findings offered a beginning for future conceptualization of the relationship between these constructs. Based on the current findings, theorists may be able to offer conjecture that men who experience PD also experience higher GRC than men who do not suffer from PD. One implication for GRC theory is that one of the variables that may be responsible for variations in GRC is PD, and more research is needed to better define and support such theory.

Based on a wealth of prior studies' findings, the current theory regarding PD and well-being is that it negatively impacts variables of well-being, such as self-esteem and satisfaction with life (Barry & Grilo, 2003; Broman, 1997; Fisher et al., 2000; Harris-Britt et al., 2007; Nyborg & Curry, 2003; Phinney et al., 1998; Prelow et al., 2006; Romero & Roberts, 2003; Seaton et al., 2008; Verkuyten, 1998; Yoo & Lee, 2005). Many studies have also documented the theory that ethnic identity has alleviated this negative impact for many individuals (Caldwell et al., 2004; Jones et al., 2007; Mossakowski, 2003; Romero & Roberts, 2003; Sellers & Shelton, 2003; Whitbeck et al., 2002; Wong et al., 2003). While the current findings, which showed that PD was not associated with self-esteem and satisfaction with life and that ethnic identity did not act to change this relationship, did not support prior theory, these findings do not necessarily nullify what previously has been a well-documented phenomenon. It is likely that issues with the current sample, especially the inclusion of many White men, were responsible for the lack of support for this theory. Future theorists, however, would be advised to recognize the current findings and explore whether they might hold true for other groups as well, despite the generally supported finding that PD negatively impacts well-being. The theory could be enhanced by the addition of exceptions to this finding.

Ethnic identity was also presumed to be associated with well-being, specifically self-esteem and satisfaction with life. While some previous evidence has generally supported this theory (Cislo, 2008; DuBois et al., 2002; Goodstein & Ponterotto, 1997; Martinez & Dukes, 1997; Mokgathe & Schoeman, 1998; Neto, 1995; Outten et al., 2009; Phinney et al., 1997; Phinney & Chavira, 1992), the current findings did support the

positive relationship between ethnic identity and self-esteem, but did not support the positive relationship between ethnic identity and satisfaction with life. As discussed previously in this paper, it makes theoretical sense that both ethnic identity and self-esteem could be high while satisfaction with life could still be low. Satisfaction with life has been heavily researched and many theories have been developed regarding what contributes to its formation and maintenance in people's lives. It has clearly been shown to be a complicated construct and theorists must continue to explore its correlates as well as the ways in which it deviates from expectations.

In general, most of the theories regarding ethnic identity and PD have logically been related to the experiences of people of color. There have been some attempts to understand what the development of ethnic identity in White people means, but generally it has been understood that the influence of ethnicity has been different for people of color than for White people. Future theorists may want to consider further developing an understanding of the role of ethnic identity and perceived discrimination in the lives of White people and specifically in the lives of White men as these constructs relate to GRC.

Training and Practice Implications

Issues of diversity have gained attention in the field of counseling psychology as crucial elements in the ethical and effective treatment of mental health practitioners with clients (American Psychological Association, 2003; Arredondo & Perez, 2006; Smith, Constantine, & Dunn, 2006). Gender and the associated norms and expectations related to gender roles are relevant aspects of diversity in clients' lives and are important for

psychologists to understand (American Psychological Association, 2007). Given previous findings and the additional support from the findings in the current study regarding the negative impact of GRC on men's well-being, it becomes important for therapists to consider the role GRC may play in the lives of their male clients. Therapists can explore the meaning of being male with their clients and guide their clients in making more intentional choices about the ways in which they choose to adopt or not to adopt certain aspects of the traditional male gender role. It may prove beneficial to male clients to have their awareness of the issue of GRC raised such that they can work to counter the aspects that are not beneficial to their well-being and appreciate and increase the facets that enhance their well-being. Also, counseling psychology has traditionally placed a value on prevention as a relevant goal in the work done by psychologists (Munley, Duncan, McDonnell, & Sauer, 2004). As more is understood about what contributes to the formation of GRC and what can be done to decrease its impact on well-being, psychologists can better serve the community by engaging in preventive endeavors informed by relevant research findings.

Additionally, practitioners need to be aware of the various roles played by ethnic identity and experiences of PD in their clients' lives. This understanding must also be applied to an exploration of the ways GRC may differ for clients of color. It is known from previous research that PD has often had many negative effects on people's lives. This study examined the relationship between PD and GRC and posited that struggling with one of these constructs would have likely been related to struggling with the other. The finding that PD had a relationship with GRC indicated that it could be important for

practitioners to examine the ways in which struggling with each of these conflicts impacts the other and the lives of clients. While ethnic identity was not found to have a moderating effect between GRC and self-esteem and life satisfaction in the current sample, previous findings of ethnic identity's importance, as well as the current finding that ethnic identity was correlated with self-esteem, support the relevance of this construct in the lives of men of color and perhaps White men as well. Given the lack of support for ethnic identity as a moderating factor in the current study, it may be useful for therapists to further explore additional elements of clients' lives that could prove effective at decreasing GRC or at decreasing its negative impact on well-being.

Psychologists may also need to be aware of aspects of the male gender role that are likely to prevent men from seeking help, benefitting from therapy, remaining in therapy, or receiving effective treatment. For example, Mansfield, Addis, and Courtenay (2005) identified need for control and self-reliance as typical barriers to help seeking in men. Men who endorsed these barriers agreed with statements, such as "I would think less of myself for seeking help" (p. 100) or "it would seem weak to ask for help" (p. 100). Emotional control was another barrier identified and was exemplified by statements, such as "I'd rather not show people what I'm feeling" (p. 100) or "I wouldn't want to look stupid for not knowing how to figure this problem out" (p. 100). Consideration of such factors could improve the successfulness of therapy with male clients. For example, therapists who recognize the added barriers to the utilization of therapy for men, given the prohibitive nature of the male gender role regarding help seeking, might choose to highlight the view that doing so could be seen as a strength rather than a weakness. Also,

awareness of the barriers to help seeking for men could be used to develop and to implement outreach designed to encourage men to participate in therapy when they might not otherwise choose such an option. Further understanding of how such barriers might differ for White men and men of color could be an important consideration for practitioners as well.

Research Implications and Study Limitations

The current study contributed to the literature on GRC, ethnic identity, PD, self-esteem, and satisfaction with life for men. Findings that were supportive of those found in previous research included GRC's negative relationship with self-esteem and ethnic identity's positive relationship with self-esteem. New information was added as relationships were examined that had not been previously explored in prior research, including the presence of a positive correlation between GRC and PD as well as GRC's negative relationship with satisfaction with life.

The intent of the current study was to obtain a diverse sample of men from across the United States that varied in age, ethnicity, ethnic identity, geographic location, sexual orientation, and other important demographic characteristics. The researcher hoped that by utilizing the Internet to gather the data, a more diverse population of men would be able to participate as opposed to more traditional and commonly used methods in the GRC research, which often relied on easily accessible populations of White college students. While the sample did differ from the traditional college population sample in its mean age of 34.6, it was a somewhat homogenous group in other ways. The group was overall highly educated, heterosexual, and lived in Texas, limiting the generalizability

of the findings to groups who differ on these characteristics. Also, in an effort to control for differing gender role socialization across countries, the current study only examined the experience of men born and raised in the United States. It will also be important to understand the nature of GRC, ethnic identity, and PD in men from other countries and future research should examine these constructs in a variety of geographical locations. Not only would this research increase generalizability of findings, it could provide important information about ways to decrease GRC and its harmful impact. If some cultures were found to have less GRC, knowledge about what contributed to that decrease could be applied to societies in which GRC is more prevalent in order to benefit men struggling with the effects of GRC.

The current sample included a much larger number of White men (65%) than men of color. While the intent of the researcher was to obtain a large sample of men from various ethnic groups, a significantly larger number of White men responded to the survey. It may be that this occurrence was the result of more White men being reached by the advertising and snowball sampling methods or that more White men chose to participate in the study than did men of color. If the latter is true, the cause of the lack of participation by men of color cannot be obtained in the current sample. It would be helpful for future studies to consider alternate means of recruitment to increase the participation of men of color in order to better understand the role of GRC, ethnic identity, and PD in their lives. One option would be for researchers who have connections to specific communities to advertise the study specifically to those groups in ways that might be more accessible or better encourage participation than the

methodology used in the current study. An additional consideration is the previous abuse and exploitation of people of color at the hands of researchers in the past (e.g., Tuskegee experiments) and the ways such occurrences might decrease the willingness of people of color currently to participate in psychological research. This barrier could be overcome by a researcher's willingness to be a visible part of specific communities and time spent both gaining the trust of the group as well as explaining the ways in which they might benefit from the findings of the study.

While the utilization of Internet survey research has become increasingly popular and does provide certain benefits over other forms of recruitment, it also has many methodological limitations. While it provides access to a wide variety of people that researchers may not otherwise be able to recruit for participation, the cost of access to the Internet and use of a computer means that those who are on the Internet may have more financial means than those who are not. Research has documented inequities in Internet access based on income, education level, and ethnicity, such that lower income households, people with lower levels of education, and people who are ethnic minorities generally have less access to the Internet (Diaz et al., 2002; Monnier, & Carter, 2002; Peterson & Fretz, 2003; Ross et al., 2000). There also may be differences between groups of people who choose to spend time on the Internet and groups of people who do not, and these differences could be variables that might be relevant to the current study. While the protection of anonymity is in some ways stronger in Internet research, as compared to in-person research, that anonymity prevents the genuineness of responses from being known. This limitation can, however, apply to all research in which it is

difficult to ascertain to what degree the desire to acquiesce to social desirability impacts the authenticity of participants' responses. It may be that Internet research allows for a different kind of dishonest response than does in-person research. Also, social desirability could account for the lack of significance in certain findings, given that some participants may have felt uncomfortable answering honestly about sensitive topics (e.g., affectionate behavior between men or experiences of perceived discrimination). Future researchers could consider including a measure of social desirability to account for such a possibility.

There is always the possibility that people who choose to participate in research and people who choose not to participate in research differ in important ways that could affect the results of a study. Also, in any research, participants have the option to cease participation at any time they choose; however, it may be that Internet surveys provide an easier, more comfortable option to stop participating than in-person research, given that all people have to do is close their Internet browser window to exit the survey, if they so choose. Therefore, it may be that there were specific differences in responders and non-responders in the current study for which the researcher cannot account. Anecdotally, the researcher heard various times from the friends and family members of potential participants who began the study that their discomfort with questions specifically addressing aspects of GRC related to affectionate behavior between men and restrictive emotionality in sexual relationships was strong enough to cause them to discontinue their participation. As a result, the self-selection bias of those who were willing to complete the survey may have resulted in a sample that was different than a more generalizable

population of men in some ways. For example, if men who were experiencing levels of GRC to a degree that the discomfort with certain questions related to it was high enough to interfere with their participation chose to exit the survey, it could be that the actual presence of GRC is higher than what is suggested by the current study. The results for the four patterns of GRC suggested that the men in this sample overall were not endorsing highly distressing levels of conflict regarding gender roles, which may have been the result of those with higher levels not completing the study as well as other unknown variables that might have contributed to those levels.

The current study utilized correlational design and analysis, which excluded the possibility of making causal inference. Consequently, conclusions could not be made regarding the direction of the relationships between variables, only that relationships did or did not exist. Also, correlational analyses were neither able to provide nor rule out alternative explanations for the findings. While the current study attempted to rule out the moderating effect of the variable of ethnic identity, other confounding variables may have impacted the relationships between variables as well. As stated previously, stages of racial identity, male privilege, socioeconomic status, and social support are all potentially important aspects of men's lives that could be examined as possible moderators in the relationships considered in the current study.

Issues of measurement and instrumentation are commonly relevant limitations to a study's validity. While all of the measures in the current study had excellent reliability as demonstrated by their high reliability correlation coefficients, it may be that they were not adequately measuring the construct that they were designed to assess. While some of

the instruments have long histories of use in research, and consequently large bodies of evidence to support their validity, the scales used in the current study to measure ethnic identity and perceived discrimination were relatively new and have had less use in research documenting their ability to assess adequately the proposed constructs. While their reported validity and reliability were strong in the samples used by the creators of the scales, it may be that in other samples they do not measure what they were intended to measure.

Also, elements of the ways in which the questions are presented to participants can impact their responses. In the current study, as participants moved from measure to measure, the scales that were used to obtain responses varied, such that sometimes agreement was asked for by endorsing items to the left of a page, while other times it was asked for by endorsing items to the right of a page. While this aspect of the methodology could have been useful in preventing a response set in which participants began inattentively answering in one direction, it could also have been confusing to participants and resulted in unintentional responses in the opposite direction of their true feelings or experiences.

Another methodological limitation involved the way in which participants were allowed to identify their ethnic group. In the demographic portion of the survey, participants were forced to choose from designated ethnic categories rather than having a fill-in-the-blank option where they could specifically define their ethnic group. The wording of the ethnic identity measure, however, encouraged participants to reference their specific ethnic group and gave examples including Mexican American, Native

American, and Italian American. Inclusion of such examples might have resulted in White men referencing a more specific ethnic group with which they highly identified rather than the broader group of Caucasian or White. Without being able to know more specifically what group the White men were referencing, it was possible that the lack of significance for ethnic identity in the current study resulted from this lack of precision in measurement. In future studies, researchers would benefit from finding ways to more specifically ascertain to what ethnic group individuals are referring when answering questions about their ethnic identity. Another option would be to alter the directions from those originally given by the authors of the Scale of Ethnic Experience (Malcarne et al, 2006) and to ask participants to refer to the group to which they originally indicated belonging in the demographic questionnaire.

As discussed previously, the measurement of ethnic identity has consistently been controversial and complicated. Further research is necessary to better assess the usefulness of specific instruments as well as the salience of racial identity versus ethnic identity for various racial and ethnic groups. While the measure of ethnic identity in the current study had the benefit of being usable across ethnic groups, it may be that the construct of ethnic identity can be better assessed when using group-specific measures. Utilization of such measures eliminates the ability to compare findings across ethnic groups, but might provide important and more valid information about the role played by ethnic identity in men's experiences of GRC.

Conclusions

Male gender roles in the United States have often been shown to have a variety of deleterious effects on men's well-being. Additionally, messages about and expectations for gender roles differ at times across ethnic groups, such that men of varying ethnicities may have different experiences of conflict resulting from struggling with gender roles. In general, people suffer when forced to abide by restrictive, limiting rules about the ways in which they can behave, show affect, experience emotion, and express thoughts and opinions. The limitations to authenticity that result from arbitrary and often unhealthy gender role expectations have been seen to have a multitude of negative consequences. The more researchers can continue to understand what the effects of gender roles are and the ways in which they do not serve to support or enhance well-being, the more it may be possible for people to consider instituting change to previous expectations based on gender. Generally, a flexible range of options for the ways in which people can choose to respond to situations will likely increase well-being for both men and women. It may even be that as men are allowed more range and flexibility regarding what has previously been considered gendered behavior, masculinity may decrease as a privileged status such that the well-being of women increases and the oppression of women decreases.

Inclusion of participants of color in research as well as constructs, such as ethnic identity and perceived discrimination, will continue to be important in order to stop the perpetuation of the exclusion of people of color's experiences related to gender roles and various other relevant variables of interest. The intersection of multiple identities must

continue to be recognized such that people's experiences are no longer viewed as reflective of one aspect of their identity, but rather as a product of the unique result of many salient identities.

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APPENDIX A
Demographic Questionnaire

Please provide some basic demographic information by responding to the following items.

1. Gender (check appropriate one)

Male _____ Female _____

2. Age _____

3. Were you born and have lived most of your life in the United States? (choose one)

Yes _____ No _____

4. Please indicate your ethnicity (select all that apply)

- (a) African American
- (b) Asian American
- (c) Native Hawaiian/Pacific Islander
- (d) Caucasian
- (e) Hispanic/Latino
- (f) Native American/Alaskan Native
- (g) Other (Please specify) _____

5. Generally I consider myself to be: (select one)

- (a) Exclusively heterosexual
- (b) Primarily heterosexual
- (c) More heterosexual than homosexual
- (d) Bisexual
- (e) More homosexual than heterosexual
- (f) Primarily homosexual
- (g) Exclusively homosexual
- (h) Don't know

6. Please indicate your current relationship status: (select one)

- (a) Single
- (b) Committed relationship
- (c) Domestic Partnership/Married
- (d) Widowed
- (e) Separated
- (f) Divorced

7. By my own definition, I would consider myself to be: (select one)

- (a) Very conservative
- (b) Conservative
- (c) Somewhat conservative
- (d) Somewhat liberal
- (e) Liberal
- (f) Very liberal
- (g) Don't know

8. What state do you consider to be your home? _____

9. By my own definition, I would consider myself to be: (select one)

- (a) Very religious/spiritual
- (b) Somewhat religious/spiritual
- (c) Slightly religious/spiritual
- (d) Not at all religious/spiritual
- (e) Don't know

10. Please indicate your **HIGHEST** completed education level: (select one)

- (a) High school/GED
- (b) Technical or trade school training
- (c) Associate's Degree
- (d) Bachelor's Degree
- (e) Master's Degree
- (f) Doctoral Degree
- (g) Other _____

APPENDIX B

Gender Role Conflict Scale

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

| | | | | | | |
|----------|---|---|---|---|---|----------|
| Strongly | | | | | | Strongly |
| Agree | | | | | | 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 makes 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.

Strongly

Agree

6

5

4

3

2

1

Strongly

Disagree

-
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.
17. ___ Finding time to relax is difficult for me.
18. ___ Doing well all the time is important to me.
19. ___ I have difficulty expressing my tender feelings.
20. ___ Hugging other men is difficult for me.
21. ___ I often feel that I need to be in charge of those around me.
22. ___ Telling others of my strong feelings is not part of my sexual behavior.
23. ___ Competing with others is the best way to succeed.
24. ___ Winning is a measure of my value and personal worth.
25. ___ I often have trouble finding words that describe how I am feeling.
26. ___ I am sometimes hesitant to show my affection to men because of how others might perceive me.
27. ___ My needs to work or study keep me from my family or leisure more than would like.

Strongly

Agree

6

5

4

3

2

Strongly

Disagree

1

28. ____ I strive to be more successful than others.
29. ____ I do not like to show my emotions to other people.
30. ____ Telling my partner my feelings about him/her during sex is difficult for me.
31. ____ My work or school often disrupts other parts of my life (home, family, health leisure).
32. ____ I am often concerned about how others evaluate my performance at work or school.
33. ____ Being very personal with other men makes me feel uncomfortable.
34. ____ Being smarter or physically stronger than other men is important to me.
35. ____ Men who are overly friendly to me make me wonder about their sexual preference (men or women).
36. ____ Overwork and stress caused by a need to achieve on the job or in school, affects/hurts my life.
37. ____ I like to feel superior to other people.

APPENDIX C
Scale of Ethnic Experience

SEE

Every individual belongs to at least one ethnic group. Some commonly used names of ethnic groups are Asian, Latino, Caucasian, etc. While more specific examples are African American, Chinese American, Italian American, Native American, and Mexican American or Chinese, Italian, Mexican etc. The following items ask you to identify how you feel about your specific ethnic group(s).

DIRECTIONS: *Read each item and indicate how much you agree or disagree with the statement.*

SA=Strongly Agree A=Agree N=Neither D=Disagree SD=Strongly Disagree

1. Holidays related to my ethnicity are not very important to me.
2. Generally speaking, my ethnic group is respected in America.
3. My ethnic group has been treated well in American society.
4. Ethnicity was not important to my parents.
5. At a social gathering, I would feel most comfortable if the majority of the people there were members of my own ethnic group.
6. I feel like I belong to mainstream American culture.
7. My ethnic background plays a very small role in how I live my life.
8. I do not feel it is necessary to learn about the history of my ethnic group.
9. I'm what most people think of as a typical American.
10. I feel most comfortable talking about personal things with people from my own ethnic group.
11. I do not feel a part of mainstream American culture.
12. Ethnic pride is not very important to a child's upbringing.
13. My ethnic group does not have the same opportunities as other ethnic groups.

SA=Strongly Agree A=Agree N=Neither D=Disagree SD=Strongly Disagree

14. I have a strong sense of myself as a member of my ethnic group.
15. I think that friendships work best when people are from the same ethnic group.
16. I believe that my sense of ethnicity was strongly influenced by my parents.
17. I think of myself as a typical American.
18. I find it easiest to trust people from my own ethnic group.
19. I often have to defend my ethnic group from criticism by people outside of my ethnic group.
20. Being a member of my ethnic group is an important part of who I am.
21. Discrimination against my ethnic group is not a problem in America.
22. I prefer my close friends to be from my own ethnic group.
23. My parents gave me a strong sense of cultural values.
24. My ethnic group is often criticized in this country.
25. I believe that it is important to take part in holidays that celebrate my ethnic group.
26. In America, the opinions of people from my ethnic group are treated as less important than those of other ethnic groups.
27. When I was growing up, ethnicity played a very little part in our family life.
28. I understand how to get along well in mainstream America.
29. In my life, I have experienced prejudice because of my ethnicity.
30. I have taken time to learn about the history of my ethnic group.
31. I have not felt prejudiced against in American society because of my ethnic background.
32. The term "American" does not fit me.

APPENDIX D

Satisfaction with Life Scale

Instructions: Below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding. The 7 point scale is 1=strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = neither agree nor disagree, 5 = slightly agree, 6 = agree, 7 = strongly agree

1. In most ways, my life is close to my ideal.
2. The conditions of my life are excellent.
3. I am satisfied with my life.
4. So far I have gotten the important things I want in life.
5. If I could live my life over, I would change almost nothing.

APPENDIX E

Rosenberg Self-Esteem Scale

Instructions: Below is a list of statements dealing with your general feelings about yourself. Please mark the circle corresponding with how you feel about the statement.

Strongly Agree Agree Disagree Strongly Disagree

1. I feel that I'm a person of worth at least on an equal plane with others.
2. I feel that I have a number of good qualities.
3. All in all, I am inclined to feel that I am a failure.
4. I am able to do things as well as most other people.
5. I feel I do not have much to be proud of.
6. I take a positive attitude toward myself.
7. On the whole, I am satisfied with myself.
8. I wish I could have more respect for myself.
9. I certainly feel useless at times.
10. At times I think I am no good at all.

APPENDIX F

Facebook/Myspace Advertisement

Win \$25 Gift Card

Men 18 years or older needed to complete anonymous brief research survey on being male in the U.S. for chance to win \$25 gift card.

APPENDIX G

Informed Consent Statement

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: Influence of Ethnic Identity and Perceived Discrimination on Male Gender Role Conflict's Impact on Well-Being

Investigator: Candice Vinson, M.A.....cvinson@twu.edu 940/535-2521
Advisor: Linda Rubin, Ph.D.....lrubin@twu.edu 940/898-2317

Explanation and Purpose of the Research

You are being asked to participate in a research study for Ms. Vinson's dissertation at Texas Woman's University. The purpose of this research is to determine the ways in which identification with an ethnic group and/or experiences of perceived discrimination impact men's struggle with gender roles and their subsequent levels of well-being.

Description of Procedures

As a participant in this study you will be asked to spend twenty minutes or less of your time completing an anonymous online survey. The survey will ask you questions about your experiences as a man in the U.S. including your sense of belonging to an ethnic group and/or experiences of perceived discrimination. In order to be a participant in this study, you must be at least 18 years of age or older and be male, be able to read English, live in the United States, and have been born in the United States.

Potential Risks

Potential risks related to your participation in this study include fatigue and loss of time. To avoid fatigue, you may take break(s) during the survey if needed. Your loss of time will be compensated by the chance to win one of three \$25 Discover gift cards.

Another possible risk to you is the release of confidential information. Confidentiality will be protected to the extent that it is allowed by law. The survey is hosted on a secured, password protected, encrypted survey service website and a code entered by you, rather than your name, will be used to store your confidential data. There is a potential risk of loss of confidentiality in all email, downloading, and internet transactions. Only the principal investigator, the research advisor, and the statistics consultant will have access to any data that you give in response to survey questions. That information will be stored in a locked file cabinet in the principal investigators home office. Any identifiable information will be destroyed one year after the completion of this study. It is anticipated that the results of this study will be published in the investigator's dissertation as well as other research publications. However, no names or other identifying information will be included in any publication.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. Following the completion of the study, you will have the opportunity to enter a drawing for 1 of 3 \$25 Discover gift cards for your participation. If you would like to know the results of this study we will email them to you. You will have the opportunity to provide contact information after completion of the study in a manner that will not be connected to your responses in order to protect your confidentiality.

Questions Regarding the Study

If you have any questions about the research study you should ask the researchers; their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

Completion of the questionnaires will be considered your consent to participate.

Appendix H

Institutional Review Board Approval Letter



Institutional Review Board

Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378 Fax 940-898-3416
e-mail: IRB@twu.edu

April 23, 2010

Ms. Candice Vinson

Dear Ms. Vinson:

Re: Influence of Ethnic Identity and Perceived Discrimination on Male Gender Role Conflict's Impact on Well-Being

The above referenced study has been reviewed by the TWU Institutional Review Board (IRB) and appears to meet our requirements for the protection of individuals' rights.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. A copy of the approved consent form with the IRB approval stamp and a copy of the annual/final report are enclosed. Please use the consent form with the most recent approval date stamp when obtaining consent from your participants. The signed consent forms and final report must be filed with the Institutional Review Board at the completion of the study.

This approval is valid one year from April 23, 2010. According to regulations from the Department of Health and Human Services, another review by the IRB is required if your project changes in any way, and the IRB must be notified immediately regarding any adverse events. If you have any questions, feel free to call the TWU Institutional Review Board.

Sincerely,

Dr. Kathy DeOrnellas, Chair
Institutional Review Board - Denton

enc.

- cc. Dr. Dan Miller, Department of Psychology & Philosophy
- Dr. Linda Rubin, Department of Psychology & Philosophy
- Graduate School