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The influence of male gender role conflict on life satisfaction

Tracey Hancock

Edith Cowan University

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THE INFLUENCE OF MALE GENDER ROLE CONFLICT
ON LIFE SATISFACTION

By

Tracey Hancock
B.A.(Soc.), B.Psych.

A Thesis submitted in partial fulfilment of the requirements for the award of
Master of Psychology (Clinical)

At the Faculty of Community Services, Education and Social Sciences,
Edith Cowan University, Joondalup, Western Australia
ABSTRACT

This study examined the relationship between male gender role conflict and life satisfaction, once the effects of both psychological symptoms and recent traumatic life events were accounted for. The study comprised 100 male participants, 50 from a clinical sample and 50 from a non-clinical sample. Participants were aged between 19 and 70. Participants were asked to complete 4 questionnaires: the Gender Role Conflict Scale, the Satisfaction with Life Scale, the General Health Questionnaire (GHQ-28), and the Life Events Questionnaire. Results were obtained using standard and multiple regression analyses. Gender role conflict was found to impact on life satisfaction for both the clinical and normal sample groups. Age was predictive of gender role conflict in the normal sample but not the clinical sample. Older men were found to experience more issues with success, power and conflict than younger men in both sample groups. These findings may assist clinicians in the treatment of male clients. Through therapy men could gain greater insight into how they function in society. Such knowledge would provide them with the option of altering their behaviour patterns, and ultimately living more satisfying lives.
DECLARATION

I certify that this thesis does not, to the best of my knowledge and belief:

i. Incorporate without my acknowledgement any material previously submitted for a degree or diploma in any institution or higher education;

ii. Contain any material previously published or written by another person except where due reference is made in the text; or

iii. Contain any defamatory material
ACKNOWLEDGEMENTS

I would like to express my appreciation to all who supported and contributed to this research. In particular, I wish to thank Associate Professor Ed Helmes for being helpful, supportive, understanding and for being constantly available throughout the supervision period. I would also like to thank Dr David Castle for providing me with access to the psychiatric patients at Fremantle Hospital as well as Dr Mark Roonie for providing me this access to psychiatric patients at Bentley Health Service.
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CHAPTER ONE

1. Introduction

There is a growing body of literature which suggests that many men are grappling with their gender identity, and trying to gain a greater understanding of themselves and their roles in society (Mac An Ghaill, 1996; Pleck, 1993). This literature is widely read, and appears primarily in popular books and magazines. It is, however, based on scant empirical evidence (Connell, 1995), and consists predominantly of ideological statements. Such writings suggest that there have been various shifts in the male role over the years, and they chart these developments. Simple typologies have been described, for example, the fifties man, who was seen to be a "macho man", and whose main function was that of provider. He was aggressive, competitive and always in control (Graham, 1992). The early seventies and eighties saw the evolution of the "sensitive new age guy", who was better able to express vulnerability, compassion and closeness (Gilbert, 1992). This increased sensitivity, however, was often associated with a diminished sense of vitality, decisiveness and sexuality (Graham, 1992). The male gender role literature claims that today men are searching for new, more appropriate models of masculinity (Biddulph, 1995), suggesting that there are many men who want to change the boundaries of their lives and reshape their gender roles (Astrachan, 1986). It has even been suggested that men are caught in the middle of a painful transition in which "the traditional model of masculinity is crumbling' around them and modern expectations are vague and unnatural" (Moreland, 1980, p. 809). Some say this process has been heavily
influenced, if not forced by women adopting roles which traditionally fell within the male arena, such as that of breadwinner and provider (Cherlin & Walters, 1981; McBroom, 1987). All of these factors appear to have led to males feeling increasingly confused about their gender role.

1.1 Male Gender Role

The term gender role has been defined as "behaviours, expectations, and role sets defined by society as masculine or feminine which are embodied in the behaviour of the individual man or woman and culturally regarded as appropriate to males or females" (O'Neil, 1981a, p. 203). Both the traditional male and traditional female gender role received a great deal of attention in the seventies with the growth of the women's movement, where it was claimed that these roles resulted in the subordination of women and the hierarchy of power among men (Connell, 1995). The female gender role was seen as oppressive and a means of preventing women from achieving their full potential. Such restrictions were seen as unreasonable and unfairly placed upon women (Sharpe, Heppner & Dixon, 1995). However, it was not until the late seventies and early eighties that people began to consider that such socialised gender roles might also be restrictive for men (Wade, 1998). Some writers suggested that male socialisation was the primary cause of men's physical and emotional problems and that such problems were derived from conflicting or unmanageable social expectations (Connell, 1995). Areas in which writers felt men had difficulty included: developing friendships with other men, maintaining relationships with
women and balancing their work and leisure time (O’Neil, Helms, Gable, David, & Wrightsman, 1986; O’Neil, Good & Holmes, 1995). These ideas led to extensive research being conducted into the influence of the traditional male gender role on men (Pleck, Sonenstein & Klu, 1994).

One of the earliest researchers was Joseph Pleck (1981), who developed the theory that masculinity was a cultural construction, created from the expectations of social forces such as parents, teachers, peers and the media about what constituted masculinity (Pleck, 1981). According to Pleck’s theory boys are taught from a young age what is acceptable and unacceptable masculine behaviour. The acceptable behaviour is then reinforced through praise and the unacceptable is punished through criticism. Hence, men are conditioned to accept these norms rather than inheriting them as a natural part of the male condition. Pleck spent considerable time studying the male gender role, and men’s attitudes towards it. One of the earliest studies Pleck and his colleagues conducted (Thompson, Grisanti & Pleck, 1985) looked at the relationship between college men’s attitudes toward the male role and 4 theoretical descriptions of the role. These 4 descriptions were labelled: 1) No Sissy Stuff: This referred to the type of man who avoided anything classified as feminine, and who perceived displays of emotional vulnerability as a weakness. 2) The Big Wheel: This depicted men as being successful breadwinners who needed status in order to be respected and admired. 3) The Sturdy Oak: This defined men as being "the strong silent type" able to handle any situation. These
men would handle problems on their own, be reluctant to reveal any aspect of their personality to others, and would avoid displays of weakness at all cost.  
4) Give'Em Hell: This referred to the type of man that considered adventure, danger and violence to be of paramount importance, with any man not willing to take risks being perceived as dull. Pleck et al. (1985) predicted that men who endorsed a more traditional view of the male gender role would support certain theoretical views more than others would. They felt these men would be more homophobic, avoid disclosing to their friends, and have an asymmetrical decision-making power with their partners. The results of the study supported their theory.  

Other researchers such as Snell, Belk and Hawkins (1986) focused on the amount of distress the male role caused men. They focused on whether restrictive emotionality, inhibited affection and a preoccupation with success increased men's vulnerability to the effects of stressful life experiences. They found that such aspects of the traditional male gender role were associated with elevated distress in men who had a recent history of stressful life experiences.  

Many of these early studies supported the notion that rigid adherence to the traditional male gender role often led to unhealthy consequences for both men and those closest to them (Eisler, 1998). In particular it "limited their potential to be fully functioning human beings" (O'Neil, 1982, p. 6).
1.2 Male Gender Role Conflict

The negative consequences of the male gender role have been associated with the term gender role conflict (O'Neil et al., 1986). Gender role conflict is said to occur when "rigid, sexist, or restrictive gender roles, learned during socialisation, result in personal restriction, devaluation, or violation of others or self" (O'Neil, 1990, p. 25). Many problems including substance abuse, social isolation, depression, anger and alexityhymia are thought to be associated with male gender role conflict (Blazina & Watkins, 1996; O'Neil, & Good, 1997; Good, Dell & Mintz, 1989; Tokar, Fischer, Schaub & Moradi, 2000; Brooks-Harris, Heesacker & Mejia-Millan, 1996). O'Neil (1981a, 1981b, 1982) theorises that the process by which men are socialised into the traditional male gender role results in a fear of femininity. This fear is so great that men are thought to adopt gender role patterns that restrict their roles and behaviour in order to remain stereotypically masculine, thereby avoiding the risk of being, or appearing to be feminine (Mahalik, Courmoyer, DeFranc, Cherry, & Napolitano, 1998; O'Neil, 1981a). Many men base their personal worth on how closely they resemble the traditional male gender role. Society also reinforces this role by expecting men to be strong, successful, tough, independent, courageous, competitive and invincible (O'Neil, 1982). The pressure to uphold and embody these characteristics also creates gender role conflict.
1.3 Measurement of Male Gender Role Conflict

Given that men vary in the extent to which they adopt, endorse and are affected by the traditional gender role, as well as the degree to which they experience gender role conflict (Mintz & O'Neil, 1990), it is important to be able to measure the precise amount of conflict men are experiencing at any given period in time. O'Neil et al. (1986) designed such a scale, known as the Gender Role Conflict Scale (GRCS), based on aspects of behaviours in which gender role conflict can develop. These included: limited emotional expression; limited ability to be affectionate and demonstrative; homophobia; a tendency to be controlling and competitive, along with a strong desire for power; an obsession with achievement and success and finally; a tendency to neglect health and therefore develop more serious health care problems (O'Neil et al., 1986; Good et al., 1989). O'Neil et al. (1986) reduced these various aspects into four factors on the GRCS. The first factor is called Success, Power and Competition. This measures the emphasis a man places on achievement, especially within the work arena, as well as his desire for authority and control (O'Neil, 1981a, 1981b). The second factor is Restrictive Emotionality, which refers to a man's difficulty with disclosing emotions, along with the level of discomfort he experiences when others express their emotions (Wisch, Mahalik, Hayes, & Nutt, 1995; Bruch, Berko, & Haase, 1998). Restrictive Affectionate Behaviour between Men is the third factor, and is seen as an index of how comfortable a man is with demonstrations of caring amongst men (O'Neil et al., 1986). Finally, Conflict between Work & Family Relations is the fourth factor, which refers to the level of
distress a man experiences when the pressures of work impact on either his personal or family life (Cournoyer & Mahalik, 1995; Wisch & Mahalik, 1999; O'Neil, 1981a, 1981b).

Thompson, Pleck and Ferrera (1992) believe that the measurement of gender role conflict allows "a better prediction of men's actual behaviours than do other masculinity measures" (1992, p. 598). They also feel that it provides an important connection between societal norms of the traditional male role and men's own adaptations to their role. They feel that the GRCS is quite different to other measures of masculinity such as the Macho Scale (Villemez & Touhey, 1977), the Brannon Masculinity Scale (Brannon & Juni, 1984), the Male Role Norms Inventory (Levant, Hirsch, Celentano, Cozza, Hill, MacEachern, Marty, & Schnedeker, 1992), the Male Role Attitudes Scale (Pleck et al., 1994) and the Attitude Toward Masculinity Transcendence Scale (Moreland & Van Tuinen, 1978), all of which assess beliefs and attitudes about men or masculinity in a general manner, without addressing how men feel about their own gender orientation (Thompson et al., 1992). These instruments tend to focus on the male role rather than on male gender role conflict. The GRCS, therefore is quite different because it measures not only the degree to which males endorse characteristics of the traditional male role, but also the level of discomfort or distress violation of these norms actually creates within them (Thompson et al., 1992; Betz & Fitzgerald, 1993). Hence, the GRCS provides a clear measure of men's current experience of gender role conflict. Other researchers such as
Sharpe and Heppner (1991) also support this notion, stating that the GRCS is more focused than other instruments, and that it should assist in the exploration of the traditional male gender role in terms of its negative impacts on men.

1.4 Research on Male Gender Role Conflict

Research on male gender role conflict is still in the early stages of development and more research needs to be conducted before generalisations can be made about gender role conflict. The following areas have been explored thus far:

Gender role conflict and psychological well-being

Numerous studies have been conducted on the relationship between male gender role conflict and psychological health and well-being (O'Neil et al., 1995; Eisler, & Blalock, 1991; Grimmel & Stem, 1992). Sharpe and Heppner (1991) examined gender role conflict in relation to a broad range of psychological well-being measures. They found that gender role conflict was negatively related to almost all of the measures, which included the Coopersmith Self-Esteem Inventory, the STAI-Trait Anxiety subscale, the Beck Depression Inventory, the Miller Social Intimacy Scale and the Austin Contentment/Distress measure.

Blazina and Watkins (1996) found that the gender role conflict subscales of Success, Power and Competition and Restrictive Emotionality were related to multiple domains of male students' psychological well-being. They found that
men with high Restrictive Emotionality scores were more anxious, more angry and more likely to have personality types resembling those of chemical drug abusers. They also discovered that men with high scores on the Success, Power and Competition factor had higher levels of anger and alcohol abuse. It is clear, therefore, that psychological distress is displayed in many different forms. This notion is supported by Cook (1990), who postulates that gender role conflict actually impacts both on what is experienced as problematic, along with the ways in which this distress is manifested.

Several studies have found that depression correlated with all the four subscales of the GRCS (Good, Roberston, Fitzgerald, Stevens, Bartels, 1995; Good and Mintz, 1990; O'Neil & Good, 1997; Sharpe & Heppner, 1991). For example, Good and Wood (1995) found that college men who possessed a high level of gender role conflict were more likely to experience depression than those with a lower level.

Gender role conflict and help-seeking

Many men are taught that seeking help and support from others demonstrates that they are weak, vulnerable and potentially incompetent (Robertson & Fitzgerald, 1992). Researchers have therefore attempted to examine the impact of such beliefs on the help-seeking process. Good et al. (1989) examined men's attitudes towards the male role and factors associated with gender role conflict, in order to determine the impact such conflict had on
their help-seeking attitudes and behaviours. They found that traditional attitudes about the male role, such as concern about expressing emotions, and concern about expressing affection towards other men, were significantly related to negative attitudes towards seeking professional help.

Wisch et al. (1995) explored the impact of gender role conflict on men's attitudes towards seeking help after they had watched either a counselling session that focused on feelings, or a counselling session that focused on cognitions. They found that the men who had high gender role conflict scores, and had been exposed to the counselling session which focused on feelings, were the least likely to display a willingness to seek psychological help. Wisch et al. (1995) felt this unwillingness to seek help was related to feelings of discomfort that were generated by the discussion of emotion in the counselling session.

**Gender role conflict and age**

Various studies have examined the relationship between gender role conflict patterns and age. Cournoyer (1994) examined the differences in gender role conflict between undergraduate men aged 17-22 and middle-aged men aged 36-45. He found that the undergraduate men were experiencing more conflict about success, power and competition, but that the older men were more conflicted about work and family responsibilities. These results were replicated by Cournoyer and Mahalik (1995); who also conducted a study into the nature of gender role conflict in both young and middle-aged men. Middle-aged men were
less conflicted about success, power and competition, but more conflicted about work and family responsibilities. The two groups did not differ on either the Restrictive Emotionality or Restrictive Affectionate Behaviour between Men subscales. Gender role conflict factors were related to the psychological well-being of both groups. Mendelson (1988) compared gender role conflict patterns between undergraduate and adult engineers. He used three age cohorts: 17-22, 22-28, and 28-30, and found that men aged between 22-28 had considerably less gender role conflict as compared to the other two cohorts. The 28-30 group were found to experience more restrictive emotionality issues than the 22-28 cohort. These findings suggest that the type of gender role conflict a man experiences is related to both his age and life stage. The shift in attitudes towards the male role, which has occurred in the last 20 years, could account for these age related trends.

Stilson, Owen and O’Neil (1991) also looked at gender role conflict in men from three age groups (22-27, 28-32, 33-39). They did not find any differences between the age groups on any of the gender role factors. These results are considerably different from the findings of the previous three studies. Such results could be attributed to the relatively small sample size of 134 men, or because there was not an adequate representation of older men in the study.
Gender role conflict and life satisfaction

Life satisfaction is defined as "a global judgment of a person's quality of life according to one's own criteria" (Shin & Johnson, 1987; Pavot & Diener, 1993). A thorough review of the literature, covering over 300 journal articles, revealed that apparently no research has been conducted into the relationship between gender role conflict and life satisfaction. The only study which appears to have come close to this concept was conducted by Ramanaiah, Detwiler and Byravan (1995), who looked at the relationship between Bern's sex role typology and life satisfaction. Their research was based on Bern's theory (1974) that androgynous people are more flexible and better adjusted than traditionally masculine or feminine people, because they possess a wide range of masculine and feminine traits and skills. Bern felt that androgynous people also experience greater levels of life satisfaction. Ramanaiah and her colleagues' (1995) hypothesis was, therefore, that androgynous people would be more satisfied with their lives than those of other sex role orientations. Their hypothesis was supported in their male sample, but not their female sample. Androgynous men reported a greater satisfaction with their lives than men with a masculine-type orientation.
1.5 The Present Study

1.5.1 Rationale

While research has shown that gender role conflict can vary according to age, there has been no attempt to examine the relationship between gender role conflict and life satisfaction. The present study follows on from Ramanaiah and her colleagues' (1995) research, by exploring the relationship between life satisfaction and gender role conflict in men. The aim of the study is to determine whether men experiencing gender role conflict are also experiencing lower levels of life satisfaction.

Many of the studies on gender role conflict to date have focused on college samples rather than clinical samples (Kim, O'Neil, & Owen, 1996; Stilson et al., 1991). Hence, there is little understanding of the impact of gender role conflict on clinical samples. This research will therefore look at the relationship between male gender role conflict and life satisfaction in both a clinical and a non-clinical sample.

It has been suggested that men at different ages may experience gender role conflict in different ways. As previously mentioned much of the research on gender role conflict has been conducted on college-aged men aged from 18-22. Little research has been conducted on older men's experience of gender role conflict, aside from the four studies mentioned earlier. Some theorists suggest that men modify their views of gender as they age. This process often begins in
mid-life, when the illusions of masculine stereotypes are exposed as shallow and no longer serve as an adequate yard stick (O'Neil & Egan, 1992). Given the conflicting nature of the findings to date, the current study will also explore the effects of age on gender role conflict.

The present study is therefore an attempt to determine whether there is a relationship between gender role conflict and life satisfaction for men. Since factors such as the presence of psychological symptoms, and/or the experience of recent traumatic events are also likely to influence life satisfaction, they will be measured separately and their effects controlled statistically. The impact of gender role conflict on men's current satisfaction with their lives will then be measured. The study will also examine whether age affects the type of gender role conflict men experience and finally all of these issues will be explored in relation to both a clinical and a normal sample group, and the results compared.

1.5.2 Research Hypotheses

The hypotheses of this study are:

1. It is expected that both psychological symptoms and recent traumatic life events will influence men's current level of satisfaction with their lives. It is also expected that, when the effects of psychological symptoms and recent traumatic life events on life satisfaction are accounted for, gender role conflict will add to the predictability of life satisfaction.
2. It is expected that age will also be predictive of gender role conflict, whereby younger men will experience different types of gender role conflict to those of older men. It is predicted that younger men will have higher scores on the Success, Power and Competition subscale of the GRCS. It is expected therefore, that the Success, Power and Competition subscale will show a negative slope when regressed with age for both the normal and clinical samples.
CHAPTER TWO

2. Method

2.1 Participants

A total of 100 men participated in this study, forming two sample groups: a normal sample, and a clinical sample. Each sample group comprised fifty men. Prior to any participants being approached, this study was examined and approved by the Ethics Committee of the School of Psychology at Edith Cowan University.

Normal Sample

Male friends and colleagues of the researcher were asked to participate in the study. These men were all from the population of Perth, Western Australia.

Clinical Sample

This sample was from the psychiatric units of two hospitals: Fremantle Hospital and Bentley Health Service in Western Australia. Permission to access patients was obtained from each hospital's ethics committee. Once hospital ethics had been approved, permission to approach patients was obtained from various psychiatrists.

Participants ranged in age from 19 to 70; Table 1 shows the breakdown of participants in each age group for both samples and Table 2 shows their demographic characteristics.
Table 1.

Distribution of Ages and Percentage of Sample in Each Age Group, for Both Normal and Clinical Samples

<table>
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Demographic Characteristics of Participants for both Normal and Clinical Samples

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<td>Primary</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Secondary</td>
<td>3</td>
<td>6</td>
<td>41</td>
<td>82</td>
</tr>
<tr>
<td>Tertiary</td>
<td>38</td>
<td>76</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 000</td>
<td>7</td>
<td>14</td>
<td>33</td>
<td>66</td>
</tr>
<tr>
<td>20-40 000</td>
<td>13</td>
<td>26</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td>40-60 000</td>
<td>11</td>
<td>22</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>over 60 000</td>
<td>19</td>
<td>38</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>50</td>
<td>100</td>
<td>48</td>
<td>96</td>
</tr>
<tr>
<td>Gay</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Bisexual</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Out of those who were approached, approximately 1 in 3 were willing to complete the questionnaires. A record was made of the number of questionnaires actually handed out, and from this number it was determined that there was an overall response rate of 85%. However, 10 of the questionnaires were returned incomplete, therefore reducing the usable return rate to 77%.

2.2 Measurement Instruments

Participants were asked to complete four questionnaires: the Gender Role Conflict Scale, the Satisfaction with Life Scale, the General Health Questionnaire, and the Life Events Inventory (see Appendix A).

*The Gender Role Conflict Scale (GRCS).*

This scale was developed to assess patterns of gender role conflict in men (O'Neil et al., 1986). It comprises of four subscales: 1) Success, Power and Competition, 2) Restrictive Emotionality, 3) Restrictive Affectionate Behaviour between Men and 4) Conflicts between Work & Family Relations. Participants are instructed to rate the 37 items on a 6-point Likert scale. Responses range from (1) strongly disagree to (6) strongly agree. High scores imply that participants have high levels of gender role conflict and fear femininity.

O'Neil et al. (1986) found that the 4 scales had alpha coefficients ranging from .75 to .85. The study also examined the reliability of the scales over a four week period using the test-retest method. The results for each scale were: Success, Power and Competition, $r = .84$; Restrictive Emotionality, $r = .76$;
Restrictive Affectionate Behaviour Between Men, \( r = .86 \) and for Conflicts Between Work & Family Relations, \( r = .86 \) (O'Neil et al., 1986).

**The Satisfaction with Life Scale (SWLS).**

This scale measures global life satisfaction (Diener, Emmons, Larsen & Griffin, 1985). It consists of 5 items which are rated on a 1-7 Likert scale with (1) meaning strongly disagree and (7) strongly agree. The scale has a two-month test-retest reliability of .82 and an alpha coefficient of .87. In addition, the scale correlates with other measures of subjective well-being (Diener et al., 1985; Pavot & Diener, 1993).

**The General Health Questionnaire (GHQ-28)**

This questionnaire was designed to assess psychological distress, and to detect minor psychiatric disorders (Goldberg & Williams, 1988). It comprises of 28 questions, which participants rate according to how their health has been over the past few weeks. Items are scored on a 0-3 scale with (0) meaning not at all, and (3) much more than usual. The scale has 4 factors: 1) somatic symptoms, 2) anxiety and insomnia, 3) social dysfunction, and 4) severe depression (Cleary et al, 1982). It has been reported that the scale has a correlation score of .43 with the lifetime version of the Schedule for Affective Disorders and Schizophrenia (Cleary et al., 1982).

A study examining the split-half reliability of the GHQ was conducted using 853 completed questionnaires. The results yielded a coefficient of .95 (Goldberg
& Williams, 1988). In addition, other studies have reported alpha coefficients ranging from .82 to .93 (Goldberg & Williams, 1988). The GHQ-28 has been found to correlate with other interview measures of morbidity such as the Clinical Interview Schedule (.76) and the Present State Examination (.83). Robinson and Price (1982) administered the GHQ-28 to 103 patients who had strokes eight months apart. They reported a test-retest correlation of .90.

Life Events Inventory (LEI).

This questionnaire lists 67 desirable and undesirable events. The events were derived from an Australian urban population, and each scaling was consistent across the socioeconomic groups in the population (Tennant & Andrews, 1976). It was designed to explore the relationship between the quality of the life event experience and the onset of illness (Tennant & Andrews, 1976). The inventory provides both a life change and a life distress score. This study will focus on the distress score, since it relates more closely to the hypotheses under investigation.

In this study seven questions were omitted from the inventory because they were specifically related to women. Some additional changes were made to the inventory to make it more applicable to both population groups who resided in Perth; question 49 was changed from "you moved to Sydney from overseas" to "you moved to Perth", as were questions 50 "you moved to Sydney from elsewhere in Australia", and 51 "you moved house in Sydney".
Question 5 made reference to one’s wife or husband, so the word husband was omitted because the inventory was only being given to males (participants were able to record their sexual preference in the demographic section of the questionnaire). The word partner was added so that the inventory would also apply to men in defacto relationships.

Question 9 “you married” was changed to “you got married recently or moved in with your partner”. In questions 10, 11, 12, 13, 16, 28 and 30 the words “wife/husband” were changed to “partner”. In question 14 the words “marital difficulties” were changed to “relationship difficulties” and in questions 15 and 16 the words “extra-relationship affair” were added to “extra-marital affair” e.g. “you began an extra-marital or extra-relationship affair”. Finally question 17 “you have been divorced” was changed to “you have been divorced or ended a defacto relationship”.

Demographic Information

Participants were asked a variety of demographic questions, which were included on the last page of the questionnaire (see Appendix A). Demographic information included: age, number of children, education level, employment status, marital status, income and sexual orientation.
2.3 Procedure

*Normal Sample*

As already mentioned male friends and colleagues of the researcher were asked to complete the questionnaire. Each questionnaire included a description of the study (see Appendix B) and a pre-paid envelope addressed to the researcher. Participants were also provided with extra copies, which they were asked to give to male friends and family members. Once they had completed the questionnaires they either returned them directly to the researcher or posted them to her.

*Clinical Sample*

Upon arrival, the researcher approached a psychiatric nurse on duty, requesting that they assist her in approaching patients. She explained the research to the nurse, after which the nurse made an assessment on the suitability of the patients on the ward, ruling out those who were openly psychotic, recovering from a drug episode, deeply depressed, aggressive or suicidal. Those patients deemed capable of participating were then approached at either morning tea or lunch breaks by the researcher and then by the nurse. The study was briefly explained to them, and they were then asked if they would mind participating. Patients were also provided with a written description of the study (see Appendix C and D). Patients from Fremantle Hospital were required to sign a consent form, as requested by the hospital's ethics committee (see Appendix E). Patients were informed that they were under no obligation to
participate, and that they could withdraw at any stage. The researcher then collected the questionnaires when they had finished.
CHAPTER THREE

3. Results

3.1 Data Screening

Prior to analysis, the data were screened to determine the accuracy of data entry, presence of outliers, and to ensure that the assumptions for linear regression were met. No significant outliers were found and all the assumptions required for a linear regression were met.

3.2 Reliability of Measures

Table 3 displays the means, standard deviations and internal reliability scores for each measure in the normal sample and Table 4 does the same for the clinical group. The majority of the alpha coefficients obtained from both samples are sufficiently high for the scales to be considered reliable for use. The figures for the GRCS factor scales are all item means.

Table 3.
Means, Standard Deviations and Cronbach Alpha Reliability Coefficients for the Normal Sample

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean</th>
<th>SD</th>
<th>Alpha Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRCS (Items 1-37)</td>
<td>135.94</td>
<td>20.98</td>
<td>.66</td>
</tr>
<tr>
<td>- Factor 1</td>
<td>3.67</td>
<td>0.63</td>
<td>.72</td>
</tr>
<tr>
<td>- Factor 2</td>
<td>3.90</td>
<td>0.98</td>
<td>.66</td>
</tr>
<tr>
<td>- Factor 3</td>
<td>3.55</td>
<td>1.07</td>
<td>.83</td>
</tr>
<tr>
<td>- Factor 4</td>
<td>3.59</td>
<td>1.46</td>
<td>.12</td>
</tr>
<tr>
<td>SWLS</td>
<td>17.10</td>
<td>1.46</td>
<td>.81</td>
</tr>
<tr>
<td>GHQ-28</td>
<td>63.36</td>
<td>8.62</td>
<td>.70</td>
</tr>
<tr>
<td>LEI-</td>
<td>195.32</td>
<td>163.22</td>
<td>n/a</td>
</tr>
</tbody>
</table>
Table 4.
Means, Standard Deviations and Cronbach Alpha Reliability Coefficients for the Clinical Sample

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean</th>
<th>SD</th>
<th>Alpha Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRCS (items 1-37)</td>
<td>120.52</td>
<td>33.15</td>
<td>.76</td>
</tr>
<tr>
<td>- Factor 1</td>
<td>3.67</td>
<td>1.04</td>
<td>.84</td>
</tr>
<tr>
<td>- Factor 2</td>
<td>3.10</td>
<td>1.02</td>
<td>.76</td>
</tr>
<tr>
<td>- Factor 3</td>
<td>2.87</td>
<td>1.45</td>
<td>.88</td>
</tr>
<tr>
<td>- Factor 4</td>
<td>3.78</td>
<td>2.37</td>
<td>.30</td>
</tr>
<tr>
<td>SWLS</td>
<td>23.198</td>
<td>8.10</td>
<td>.86</td>
</tr>
<tr>
<td>GHQ-28</td>
<td>88.50</td>
<td>18.80</td>
<td>.85</td>
</tr>
<tr>
<td>LEI</td>
<td>263.48</td>
<td>171.29</td>
<td>N/A</td>
</tr>
</tbody>
</table>

3.3 Preliminary Analyses

Table 5 shows the correlations amongst predictor variables for the normal sample. The highest correlation was between the GHQ-28 and the SWLS (p<0.001). The lowest significant correlation was found between age and the SWLS (p<0.05).

Table 6 shows the correlations amongst the predictor variables for the clinical sample. The highest correlations were between 1) the GHQ-28 and the SWLS (p<0.001) and 2) the LEI and age (p<0.001). The lowest significant correlations were between the LEI and the SWLS (p<0.05), and age and the SWLS (p<0.05).
### Table 5.
Correlations of Analysis Variables of the Normal Sample

<table>
<thead>
<tr>
<th></th>
<th>SWLS</th>
<th>LEI</th>
<th>Age</th>
<th>GHQ-28</th>
<th>Factor1</th>
<th>Factor2</th>
<th>Factor3</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEI</td>
<td></td>
<td>-.018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.265</td>
<td></td>
<td>.027</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GHQ-28</td>
<td>.567</td>
<td>-.090</td>
<td>.273</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factor1</td>
<td>.043</td>
<td>.007</td>
<td>.338</td>
<td>.110</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factor2</td>
<td>-.045</td>
<td>.063</td>
<td>-.174</td>
<td>-.043</td>
<td>.131</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factor3</td>
<td>-.106</td>
<td>.074</td>
<td>-.314</td>
<td>-.123</td>
<td>.085</td>
<td>.650</td>
<td>***</td>
</tr>
<tr>
<td>Factor4</td>
<td>-.430</td>
<td>.050</td>
<td>.043</td>
<td>-.444</td>
<td>.040</td>
<td>.087</td>
<td>-.138</td>
</tr>
</tbody>
</table>

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

### Table 6.
Correlations of Analysis Variables of the Clinical Sample

<table>
<thead>
<tr>
<th></th>
<th>SWLS</th>
<th>LEI</th>
<th>Age</th>
<th>GHQ-28</th>
<th>Factor1</th>
<th>Factor2</th>
<th>Factor3</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEI</td>
<td>.303</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.279</td>
<td>.433</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GHQ-28</td>
<td>.539</td>
<td>.245</td>
<td>.227</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factor1</td>
<td>-.010</td>
<td>.230</td>
<td>.233</td>
<td>.033</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>-.015</td>
<td>-.389</td>
<td>.293</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factor3</td>
<td>.174</td>
<td>-.054</td>
<td>-.054</td>
<td>-.177</td>
<td>.290</td>
<td>.525</td>
<td>***</td>
</tr>
<tr>
<td>Factor4</td>
<td>.017</td>
<td>-.185</td>
<td>-.201</td>
<td>.002</td>
<td>.122</td>
<td>.278</td>
<td>.290</td>
</tr>
</tbody>
</table>

* $p<.05$  ** $p<.01$  *** $p<.001$
3.4 Hierarchical Regression Analyses

Hierarchical regression analyses were used to determine whether there was a relationship between gender role conflict and life satisfaction, once the effects of recent life events and other psychological symptoms had been accounted for. The independent variables in the first step were recent life events (LEI), psychological symptoms (GHQ-28) and age. The second step involved the addition of the 4 male gender role conflict factors. These steps were performed separately for each sample. After the second step, with all the independent variables in the equation, the normal sample had a multiple R of .628 ($F(7,42) = 3.914, p<0.002$), and the clinical a multiple R of .593 ($F(7,42) = 3.256, p<0.007$).

Table 7 shows the unstandardised regression coefficients (B), the standardised regression coefficients (Beta), R square and significance levels ($p$) at each of the 2 steps for the normal sample. At step one, the variables predicted a significant amount of the variance in the SWLS scores. In step two, R square increased significantly with the addition of the 4 factors. An examination of all variables entered into the equation indicates that the GHQ-28 is the best predictor of life satisfaction (Beta 0.538).

Table 8 shows the unstandardised regression coefficients (B), the standardised regression coefficients (Beta), R square and significance levels ($p$) at each of the 2 steps for the clinical sample. At step one, the variables predicted
Table 7.
Hierarchical Regression Analysis for the Normal Sample

<table>
<thead>
<tr>
<th>Predictor Variables</th>
<th>B</th>
<th>Beta</th>
<th>R square</th>
<th>R square change</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEI</td>
<td>.001</td>
<td>.028</td>
<td>.335</td>
<td>.335</td>
<td>.000</td>
</tr>
<tr>
<td>GHQ-28</td>
<td>.374</td>
<td>.538</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.053</td>
<td>.117</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factor 1</td>
<td>-.471</td>
<td>-.050</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factor 2</td>
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<td>.100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factor 3</td>
<td>-.603</td>
<td>-.107</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factor 4</td>
<td>-1.170</td>
<td>-.285</td>
<td></td>
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</tbody>
</table>

Table 8.
Hierarchical Regression Analysis for the Clinical Sample

<table>
<thead>
<tr>
<th>Predictor Variables</th>
<th>B</th>
<th>Beta</th>
<th>R square</th>
<th>R square change</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEI</td>
<td>.006</td>
<td>.138</td>
<td>.331</td>
<td>.331</td>
<td>.000</td>
</tr>
<tr>
<td>GHQ-28</td>
<td>.207</td>
<td>.480</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.087</td>
<td>.111</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>Factor 1</td>
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</tr>
<tr>
<td>Factor 3</td>
<td>-.495</td>
<td>-.089</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factor 4</td>
<td>.368</td>
<td>-.108</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
a significant amount of variance in the SWLS scores. In step two, with the addition of the 4 factors, there was also a significant increase in R square. The GHQ-28 was the best predictor of life satisfaction for this sample as well (Beta 0.480).

3.5 Standard Regression Analyses

Standard regression analyses were used to determine whether a relationship existed between age and gender role conflict. No relationship was found in either the normal sample ($F(1, 48) = 0.382, p<0.846$) or the clinical sample ($F(1, 48) = 0.015, p<0.904$).

Standard regression analyses were also used to determine whether the different types of gender role conflict (4 GRCS factors) were age related. An age related trend was found in the normal sample ($F(4, 45) = 3.412, p<0.016$), but not in the clinical sample ($F(4, 45) = 1.426, p<0.241$).
CHAPTER FOUR

4. Discussion

4.1 Findings

The present study extends findings on gender role conflict in terms of its impact on men's satisfaction with their lives, once the effects of recent life events and other psychological symptoms have been accounted for. The findings will now be discussed in relation to each sample group.

Normal Sample

The hypothesis that a relationship would exist between gender role conflict and life satisfaction was supported. As the level of gender role conflict in the normal sample increased, the level of life satisfaction decreased. This result is consistent with the body of research on gender role conflict and well-being.

A strong relationship was found between psychological symptoms and life satisfaction. While one would expect this to be the case, the actual way these symptoms influenced the men was at odds with the expectations of the hypotheses. It appears that as men's symptoms increased so did their level of satisfaction with their lives. It may be that people experiencing psychological distress lack insight, which could account for these results. Alternatively it may be that a phenomenon observed in the quality of life literature known as response shift has occurred. Response shift is a general process in which a person alters their expectations of life to fit with a change in circumstances, e.g.
physical illness (Sprangers & Schwartz, 1999). This results in individuals evaluating their new situation in more positive terms than an outsider would expect. It is a commonly observed finding that disabled and disadvantaged groups report surprisingly high levels of satisfaction with their lives (Sprangers & Schwartz, 1999). Another possible explanation for these results is that the men are using a defence mechanism known as denial. A key feature of the traditional male role is to deny that there are any problems, despite evidence to the contrary.

Interestingly, out of all the variables studied, the presence of psychological symptoms as reflected in the GHQ-28 scores was also the best predictor of life satisfaction.

The second hypothesis, that age would be predictive of gender role conflict, was not supported. These results are consistent with those of Stilson et al. (1991), who did not find any significant differences between men’s age and their experience of gender role conflict. A strong relationship was, however, found in the normal sample between age and the Success, Power and Competition subscale but, instead of experiencing less conflict with age, as was predicted, older men actually experienced more conflict. Given that this sample is made up of professional men on a reasonable income, it could be that the middle aged men of the sample based their level of life satisfaction on external factors, such as career, success, and the possession of material goods e.g.
expensive car/home. The pressure to maintain and improve on such external factors could explain why they continue to experience conflict in areas related to success, power and competition. It is common to see middle aged men suffering from extreme levels of stress and anxiety, but still claiming to be satisfied with their lives. Moreover, they associate these symptoms with being successful. The lack of job security in today's society could also exert more pressure on these men. Finally, it is important to note that the results of this study may have been influenced by the low number of men in each age bracket (approximately 10), as well as the small overall sample size (50). In addition, the findings of other studies were based on American College students, whereas the current study consisted mainly of professional men aged between 19 and 70 of Australian origin.

Clinical Sample

The results in the clinical sample also supported the hypothesis that there would be a relationship between gender role conflict and life satisfaction, once the effects of recent life events and other psychological symptoms have been accounted for. This sample also demonstrated a strong relationship between psychological symptoms and life satisfaction, with the presence of psychological symptoms being the best predictor of life satisfaction. These findings therefore, like those of the normal sample, imply that as the number of symptoms increased, so did the patients' level of life satisfaction. It cannot be determined
from the present data whether these results are due to either a lack of insight, denial or the response shift phenomenon, which was described earlier.

Findings from this sample showed a strong connection between the experience of recent life events and age. The older psychiatric patients were more likely to have encountered a greater number of traumatic life events than the younger patients. There was also a connection between recent life events and life satisfaction, suggesting that patients who had experienced a greater number of recent stressful life events reported greater levels of satisfaction with their lives. The cause of this remains uncertain, but does suggest an area for further research.

The second hypothesis, that age would be predictive of gender role conflict, was not supported. These results, like the normal samples, are consistent with those of Stilson et al. (1991). No age related trends were identified in the clinical sample in terms of the type of gender role conflict men experienced at various ages. This differs from the findings of other researchers such as Cournoyer (1994), Cournoyer and Mahalik (1995) and Mendelson (1988), who all identified age related trends. The results of the current study could be attributed to the uneven representation of men in each age category, with most of the sample falling in either the 21-30 cohort, or the 31-40 cohort, along with the small overall sample size (50).
The Measures

This study used the GRCS, a well known measure for research into the construct of male gender role conflict. However, there were lower internal reliability results in the present study than in other studies (O'Neil et al., 1986). The results were nevertheless adequate for all the GRCS subscales, except for the Conflict Between Work and Leisure subscale (factor 4), which had a very low alpha level in both sample groups (normal sample: 0.12, clinical: 0.30). Such low alpha scores could be due to the rather short length of the scale (only 6 items), unlike the other scales, which had between 8 to 13 items. A study by Good, O'Neil, Stevens, Roberston, Fitzgerald, DeBord and Bartels (1995), also raised concerns about the reliability of the Conflict Between Work and Family Relations subscale.

The Satisfaction with Life Scale continued to be a reliable measure. It had high internal reliability scores for both sample groups, which were consistent with the scores reported by Pavot and Diener (1993), as well as those by Diener and his colleagues (1985). The GHQ-28 also had high internal reliability scores for both sample groups, which were similar to those reported by Goldberg and Williams (1988).

The LEI was difficult to assess in terms of reliability, given its nature as an event checklist. No studies of its reliability have been reported by Tennant and Andrews (1976), the designers of the inventory, or any other researchers.
Nevertheless, the inventory was designed for an Australian population, which is one of the reasons it was chosen for the current study above other life events measures.

4.2 Limitations of the Research

One of the limitations of this study was the low number of participants in each sample group. It is possible that this could have affected the results, particularly those related to age. The study would also have benefited from having a larger number of participants in each age cohort, as well as a more even age representation across cohorts, especially within the clinical sample. This would have assisted in the process of establishing whether men at different ages experience different types of gender role conflict. The researcher was aware of this issue at the time of data collection and spent 9 months collecting data in an attempt to gain a greater distribution of ages. She found however, that both psychiatric wards tended to have a greater number of younger men admitted at any period of time. Through consultation with clinical nurses, she learned that there was a high prevalence of young men experiencing Drug-Induced Psychosis and therefore being admitted to psychiatric wards. This relates to another limitation of the study, that being the lack of formal screening for certain psychiatric conditions, namely hallucination and delusions, which might impair patients' ability to accurately complete the questionnaires. An attempt was made to control for this factor by only approaching those patients deemed fit to complete the questionnaires by the clinical nurses. However, the
acquisition of patient diagnoses would have resulted in a more reliable method of screening. This, in turn, highlights another potential limitation of the study. The results of the clinical sample may not be generalisable to other clinical populations, since the exact breakdown of patients suffering from various psychiatric conditions is unknown.

There are notable differences between the current study's sample groups and other samples reported in the literature, which may account for the different results concerning age and gender role conflict. For example, other studies such as Cournoyer (1994) and Mendelson (1988) used college samples rather than clinical samples. Nevertheless, it is important to recognise that the current study used a different sample group in an attempt to expand on the narrow and somewhat limited view that college samples produce.

4.3 Further Research

It is recommended that this relatively new area of male gender role conflict and its impact on men's lives be explored further. Researchers should continue to use the GRCS, given that it provides a clear measure of men's current experience of gender role conflict, and is more focused than other instruments. It is recommended that future studies enlist a larger number of participants in both normal and clinical sample groups, with a focus on an even distribution of participants in each age group. Psychiatric patients should also be screened for
psychotic or delusional disorders, and each patient’s diagnosis should be recorded.

4.4 Conclusion

The results of this study indicate that gender role conflict does impact on men’s satisfaction with their lives. It is important to note that this was true for both the clinical and normal samples. No research to date has examined the impact of male gender role conflict on clinical populations. Additional research should be conducted on clinical populations, given the benefits such knowledge could have in terms of their treatment plans.

This study did not shed any light on how gender role conflict affects men at different ages. Additional studies need to be conducted before any clear trends can be identified. Nevertheless, the awareness that gender role conflict impacts on men’s satisfaction with their lives is an important finding with broad ramifications, particularly within the counselling arena. Such knowledge could assist clinicians in the treatment of their male clients. Client awareness could be raised through the identification of gender role values and the associated thought patterns. Exploration of gender related issues would provide men with a greater understanding of how they function in society, as well as the option of altering such patterns and ultimately living more satisfying lives.
REFERENCES


MALE GENDER ROLE QUESTIONNAIRE

TRACEY M. L. HANCOCK

PSYCHOLOGY DEPARTMENT

EDITH COWAN UNIVERSITY
This list of questions specifically relates to the male gender role.

In the space to the left of each question below, please write the NUMBER which most closely represents the degree to which you Agree or Disagree with that question.

There is no right or wrong answer to the question; your own reaction is what is asked for.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

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.
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 behaviour.
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.
Below are five statements about life satisfaction that you may Agree or Disagree with.

Using the NUMBERED DESCRIPTORS below, please indicate your response to each statement by placing the appropriate number on the line preceding that statement. Please be open and honest in your responding.

NUMBERED DESCRIPTORS:

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Slightly agree</th>
<th>Neither agree nor disagree</th>
<th>Slightly disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

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.

Taken from J. W. O'Neil (1986). Unpublished manuscript, University of Ct.

27. _____ My needs to work or study keep me from my family or leisure more than I would like.
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 preferences (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.

Taken from J. W. O'Neil (1986). Unpublished manuscript, University of Ct.
Listed below are a number of questions under 11 major headings about various life events.

Please TICK in the space to the left of the question if that life event has happened to you.

HEALTH

1. ___ You had a minor illness or injury, like one needing a visit to a doctor, or a couple of days off work.
2. ___ You had a serious illness, injury or operation needing hospitalization or a month or more off work.
3. ___ A close relative had a serious illness (from which they did not die).
4. ___ Your wife had a child or you adopted a child.

BEREAVEMENT

5. ___ Your wife or partner died.
6. ___ A child of yours died.
7. ___ A close family member died (e.g. parent, brother, etc.)
8. ___ A close family friend or relative died (e.g. Aunt, Uncle, Grand-mother, Cousin, etc.).

FAMILY AND SOCIAL

If you are or were married, or live or have lived, with a long term partner:

9. ___ You got married recently.
10. ___ There has been increasing serious arguments with your partner.
11. ___ There has been a marked improvement in the way you and your partner are getting on.
12. ___ You have been separated from your partner for more than a month because of relationship difficulties.
13. ___ You have been separated from your partner for more than a month (for reasons other than relationship difficulties).
14. ___ You have got back together again after a separation due to relationship difficulties.
15. ___ You began an extra-marital or extra-relationship affair.
16. ___ Your partner began an extra-marital or extra-relationship affair.
17. ___ You have been divorced or ended a defacto relationship.
If you have or had children:

18. _____ A child of yours became engaged.
19. _____ A child of yours married with your approval.
20. _____ A child of yours married without your approval.
21. _____ A child of yours left home for reasons other than marriage.
22. _____ A child of yours entered the armed services.

If you are single:

23. _____ You became engaged or began a "steady" relationship.
24. _____ You broke off your engagement.
25. _____ You broke off a "steady" relationship.
26. _____ You had increasing arguments or difficulties with your fiancee or steady girlfriend.

FRIENDS AND RELATIVES

27. _____ A new person came to live in your household (apart from a new baby).
28. _____ There has been a marked improvement in the way you get on with someone close to you (excluding partner).
29. _____ You have been separated from someone important to you (other than close family members).
30. _____ There has been a serious increase in arguments or problems with someone who lives at home (excluding partner).
31. _____ There have been serious problems with a close friend, neighbour or relative not living at home.

EDUCATION

32. _____ You started a course (e.g. University, Tech, College, Business College, apprenticeship or other occupational training course).
33. _____ You changed to a different course.
34. _____ You completed your training program.
35. _____ You dropped out of your training program.
36. _____ You studied for, or did, important exams.
37. _____ You failed an important exam.
38. ___ You have been unemployed and have been seeking work for a month or more.
39. ___ Your own business failed.
40. ___ You were sacked.
41. ___ You retired.
42. ___ You were downgraded or demoted at work.
43. ___ You were promoted.
44. ___ You began to have trouble or disagreements with your boss, supervisor or fellow workers.
45. ___ You had a big change in the hours you worked.
46. ___ You had a big change in the people, duties or responsibilities in your work.
47. ___ You started a completely different type of job.
48. ___ You had holidays for a week or more.

MOVING HOUSE

49. ___ You moved to Perth from overseas.
50. ___ You moved to Perth from elsewhere in Australia.
51. ___ You moved house in Perth.

FINANCIAL AND LEGAL

52. ___ You had moderate financial difficulties.
53. ___ You had a major financial crisis.
54. ___ You are much better off financially.
55. ___ You were involved in a traffic accident that carried serious risk to the health or life of yourself or others.
56. ___ You had minor difficulties with the police or the authorities (which has not required a court appearance, e.g. divorce, debt, custody etc.).
57. ___ You had more important problems with the police or the authorities (leading to a court appearance).
58. ___ You had a jail sentence or were in prison.
59. ___ You were involved in a civil law suit (e.g. divorce, debt, custody, etc.).
60. ___ Something you valued or cared for greatly was stolen or lost.
I would like to know if you have any present medical complaints – not those that you have had in the past. I would also like to know how your general health has been over the past few weeks.

Please answer each question by ticking the box which you think most closely applies to you.

Have you recently...

1a. been feeling perfectly well and in good health?

2a. been feeling in need of a good tonic?

3a. been feeling run down and out of sorts?

4a. felt that you are ill?

5a. been getting any pains in your head?

6a. been getting a feeling of tightness or pressure in your head?

7a. been having hot or cold spells?

8b. lost much sleep over worry?

9b. had difficulty in staying asleep once you are off?
Have you recently...

10b. felt constantly under strain?
   - Not at all  □
   - No more than usual  □
   - Rather more than usual  □
   - Much more than usual  □

11b. been getting edgy and bad tempered?
   - Not at all  □
   - No more than usual  □
   - Rather more than usual  □
   - Much more than usual  □

12b. been getting scared or panicky for no good reason?
   - Not at all  □
   - No more than usual  □
   - Rather more than usual  □
   - Much more than usual  □

13b. found everything getting on top of you?
   - Not at all  □
   - No more than usual  □
   - Rather more than usual  □
   - Much more than usual  □

14b. been feeling nervous and strung-up all the time?
   - Not at all  □
   - No more than usual  □
   - Rather more than usual  □
   - Much more than usual  □

15c. been managing to keep yourself busy and occupied?
   - More so than usual  □
   - Same as usual  □
   - Rather less than usual  □
   - Much less than usual  □

16c. been taking longer over the things you do?
   - Quicker than usual  □
   - Same as usual  □
   - Longer than usual  □
   - Much longer than usual  □

17c. felt on the whole you were doing things well?
   - Better than usual  □
   - About the same  □
   - Less well than usual  □
   - Much less well  □

18c. been satisfied with the way you've carried out your task?
   - More satisfied  □
   - About same as usual  □
   - Less satisfied than usual  □
   - Much less satisfied  □

19c. felt that you are playing a useful part in things?
   - More so than usual  □
   - Same as usual  □
   - Less useful than usual  □
   - Much less useful  □
20c. felt capable of making decisions about things?

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
</table>

21c. been able to enjoy your normal day-to-day activities?

<table>
<thead>
<tr>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less so than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
</table>

22d. been thinking of yourself as a worthless person?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
</table>

23d. felt that life is entirely hopeless?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
</table>

24d. felt that life isn't worth living?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
</table>

25d. thought of the possibility that you make away with yourself?

<table>
<thead>
<tr>
<th>Definitely not</th>
<th>I don't think so</th>
<th>Has crossed my mind</th>
<th>Definitely has</th>
</tr>
</thead>
</table>

26d. found at times you couldn’t do anything because your nerves were too bad?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
</table>

27d. found yourself wishing you were dead and away from it all?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
</table>

28d. found that the idea of taking your own life kept coming into your mind?

<table>
<thead>
<tr>
<th>Definitely not</th>
<th>I don't think so</th>
<th>Has crossed my mind</th>
<th>Definitely has</th>
</tr>
</thead>
</table>

Thank you for your cooperation.
Before answering the questionnaires, I need to ask you some general questions about yourself.

Please PRINT the details about your age, gender, and the number of children you have in the spaces provided, and then TICK the appropriate box about your level of education, work details, marital status, income, and sexual orientation.

**PERSONAL DETAILS:**

Age ___ Gender ___ Number of Children ___

Level of Education: Primary □ Secondary □ Tertiary □ (please specify degree)__________

**WORK DETAILS:**

Student: Secondary □ Tertiary □ TAFE □ Other □ (please specify)__________

Occupation (please specify) __________ Unemployed □ Other □ (please specify)__________

**MARITAL STATUS:**

Married □ Widowed □ Defacto □ Separated □ Divorced □

Single □ If you are single, are you currently in a relationship? Yes □ No □

**INCOME (per year):**

Up to $20,000 □ $20,000 - $40,000 □ $40,000 - $60,000 □ Over $60,000 □

**SEXUAL ORIENTATION:**

Heterosexual □ Gay □ Bisexual □ Transexual □ Transvestite □
Dear participant,

This study is being conducted as part of my Master of Psychology degree at Edith Cowan University. The purpose of this study is to ask about men’s perceptions of their role in society. I would be grateful for your assistance.

As a participant in this study I would like you to complete the attached questionnaire. Your participation is entirely voluntary. If you agree to participate, please be aware that you are free to withdraw that participation at any stage or to decline to complete any part of the material.

The information obtained from you will be treated in the strictest confidence, and will remain anonymous. There is no need for you to record your name or any other information that could identify you. The results will be analysed in group form only with the possibility of being published.

If you feel any discomfort and feel you would like additional assistance, there are a number of agencies you can contact. One such agency is the Samaritans on 9381 5555 or Crisis Care on 9325 1111.

If you agree to participate, I will leave a copy of the booklet with you to fill out at your convenience. Upon completion, please seal it in the envelope provided, and you can return it in the replied paid envelope or I will return to collect it at a convenient time.

Should you wish to find out about the results of the study, please feel free to write to me requesting a summary at the address below.

Should you have any queries regarding this project please feel free to contact me, or my University supervisor on the numbers below.

Yours sincerely,

Tracey Hancock

Dr Rosie Rooney
Department of Psychology
Edith Cowan University
100 Joondalup Drive 6027
9400 5728
Dear participant,

This study is being conducted as part of my Master of Psychology degree at Edith Cowan University. It has been approved by the Ethics Committee at the Bentley Health Service. The purpose of this study is to ask about men’s perceptions of their role in society. I would be grateful for your assistance.

As a participant in this study I would like you to complete the attached questionnaire. Your participation is entirely voluntary. If you agree to participate, please be aware that you are free to withdraw that participation at any stage or to decline to complete any part of the material.

This study is independent of your treatment, hence if you choose not to participate in this study, your treatment will not be affected in any way.

The information obtained from you will be treated in the strictest confidence, and will remain anonymous. There is no need for you to record your name or any other information that could identify you. The results will be analysed in group form only with the possibility of being published.

Should you wish to find out about the results of the study, please feel free to write to me requesting a summary at the University address below.

If you have any concerns about this study, or if you require further information, please do not hesitate to contact me, or my University Supervisor.

Yours sincerely,

Tracey Hancock

Dr Ed Helmes
Department of Psychology
Edith Cowan University
100 Joondalup Drive 6027
9400 5555

Correspondence regarding any concerns about this project may also be directed to Ms Melita Brown, Chairperson, Bentley Health Services Ethics Committee, Bentley Health Services, PO BOX 158, BENTLEY WA 6012.
Dear participant,

This study is being conducted as part of my Master of Psychology degree at Edith Cowan University. It has been approved by the Fremantle Hospital Ethics Committee.

The purpose of this study is to ask about men’s perceptions of their role in society. I would be grateful for your assistance.

As a participant in this study I would like you to complete the attached questionnaire. Your participation is entirely voluntary. If you agree to participate, please be aware that you are free to withdraw that participation at any stage or to decline to complete any part of the material.

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Yours sincerely,

Tracey Hancock

Dr Ed Helmes
Department of Psychology
Edith Cowan University
100 Joondalup Drive 6027
9400 5555
CONSENT FORM

THE INFLUENCE OF MALE GENDER ROLE CONFLICT
ON LIFE SATISFACTION

Patient's Name: .................................. Date of Birth: ..........................

1. I agree entirely voluntarily to take part in Male Gender Role Conflict study. I am over 18 years of age.
2. I have been given full explanation of the purpose of this study, of the procedures involved and of what will be expected of me. The doctor has explained the possible problems which might arise as a result of my participation in this study.
3. I agree to inform the supervising doctor of any unexpected or unusual symptoms I may experience as soon as possible.
4. I understand that I am entirely free to withdraw from the study at any time and that this withdrawal will not in any way affect my future standard or conventional treatment or medical management.
5. I understand that the information in my medical records is essential to evaluate the results of this study. I agree to the release of this information to the research staff and the clinical trial staff on the understanding that it will be treated confidentially.
6. I understand that I will not be referred to by name in any report concerning this study. In turn, I cannot restrict in any way the use of the results which arise from this study.
7. I have been given and read a copy of this consent form and information sheet.

Signature by patient

Signed: .............................

Date: .............................

Signature by doctor

Signed: .............................

Date: .............................