Gender Role Conflict and Psychological Distress: The Role of Social Support

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Recent theoretical work in the psychology of men suggests that the negative consequences associated with traditional male gender roles might be lessened for men who experience a sense of social support. However, little research exists exploring how men adaptively utilize social support. Using a sample of 396 male participants, this study explores whether social support mediates or moderates the relationship between gender role conflict and psychological distress. Results demonstrate that social support acts as a mediator only between Restricted Emotionality and psychological distress as well as Restricted Affectionate Behavior Between Men and psychological distress. Furthermore, social support moderated only Restricted Affectionate Behavior Between Men and psychological distress.

Keywords: gender role conflict, social support, men, psychological distress

During a boy's development, society teaches him culturally embedded standards of masculinity inherent to gender role conflict (GRC; Levant, 2001), such as (a) toughness and aggression in the absence of other coping styles (e.g., Levant, 2001); (b) the restriction of emotional expression, despite the fact that emotional experience is just as intense for men as for women (e.g., Heesacker et al., 1999; Kiselica, 2001; Wester, Vogel, Pressly, & Heesacker, 2002); and (c) independence and self-reliance to the exclusion of collaborative efforts (e.g., Kiselica, 2001). Indeed, Brooks (2001) described how the "male chorus" (p. 207), consisting of a young boy's family members, peers, and cultural models, teach him a confusing combination of characteristics (e.g., strength, independence, achievement) that may be adaptive in one situation (e.g., work, school) while at the same time maladaptive in another (e.g., relationships, collaborative efforts).

The result of this developmental process is some men's subscription to a strict "code of masculinity" (Pollack & Levant, 1998, p. 1), regardless of the interpersonal and intrapersonal consequences. Although there are many theories to describe this process (e.g., Smiler, 2004), the construct of male GRC (O'Neil, Helms, Gable, David, & Wrightsman, 1986) stresses the importance of understanding how traditionally socialized male gender roles conflict with situations that may require nontraditional behaviors, such as developing an adaptive balance between work and interpersonal relationships (Brooks, 1998). GRC is "a psychological state in which socialized gender roles have negative consequences on the person or others" (O'Neil, Good, & Homes, 1995, p. 155) resulting from the competition between rigid, sexist, or overly restrictive male gender roles and incompatible situational demands.

Empirical investigation demonstrates four patterns of GRC (O'Neil et al., 1995). The first, Success, Power, and Competition (SPC), examines the degree to which men are socialized to focus on personal achievement and obtaining authority through competitive, as opposed to collaborative, methods. The second pattern, Restricted Emotionality (RE), discusses the degree to which men are taught to avoid verbally expressing their emotions in certain situations. The third pattern, Restricted Affectionate Be-

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havior Between Men (RABBM), explores how men are socialized to have difficulties expressing their tender feelings and thoughts with other men. Finally, the fourth pattern, Conflict Between Work and Family Relationships (CBWFR), discusses the degree to which men struggle with balancing work, school, and family relationships, as well as responsibilities. Indeed, research using various samples of men demonstrates that the experience of all four GRC patterns has been positively correlated with men's increased (a) depression (Good & Mintz, 1990); (b) anxiety (Sharpe & Heppner, 1991); (c) sexual aggression (Levant & Brooks, 1997); and (d) levels of distrust, detachment, inhibited, and hostile behaviors (Mahalik, 1996). Additionally, all four GRC patterns correlate with heterosexual men's decreased (a) measures of self-esteem (Sharpe & Heppner, 1991), (b) marital satisfaction (Campbell & Snow, 1992), (c) likelihood of seeking psychological help (Good, Dell, & Mintz, 1989; Robertson & Fitzgerald, 1992), and (d) emotional expressiveness (O'Neil et al., 1986; Stillson, O'Neil, & Owen, 1991).

Blazina, Eddins, Burridge, and Settle (2007) postulate that many of these consequences are the result of a relational failure in the lives of men, which leads to the development of a masculine self characterized by emotional distance, avoidance of intimacy, and a defensive style of moving away from others (see Blazina et al., 2007, for discussion). Indeed, Jolliff and Horne (1999) remarked that "one of the more poignant issues men deal with is the lack of friendship" (p. 11) and that for many men their developmental trajectory excluded trusting relationships that over time produced "an emptiness of friendship" (p. 11). They went on to propose a model of adaptive masculine development (Jolliff & Horne, 1999; see also Horne, Jolliff, & Roth, 1996) in which they assert that it is through healthy trusting relationships that men develop an adaptive sense of masculinity. Blazina et al. (2007) describe this as a mature interdependence, developed through relationships with others and rooted in an "emotional attunement that facilitate[s] its growth" (2007, p. 50). Certainly, the extant literature in developmental psychology has established the importance of such healthy, trusting relationships for children (see Parke, Ornstein, Rieser, & Zahn-Waxler, 1994, for review). However, we were unable to locate any empirical exploration of how young adult men's social relations are related to their ability to adapt to the socialized male gender role messages they experience. Such work would seem necessary, given how some research (e.g., Ackerman, 1993) has described many men living a more traditional male gender role, and potentially experiencing GRC, as lonely, stoic, and more inclined to avoid interpersonal relationships by keeping to themselves (see also Hawley, 1993).

Social Support and Health Functioning

In a substantial body of literature that has accumulated over the past 25 years, researchers have evaluated the relations among stressful life events, social support—defined as "the process whereby people manage social resources . . . to enhance and compliment their personal resources for meeting demands and achieving goals" (Vaux, 1992, p. 194), and psychological health variables. Indeed, the extant literature on perceived social support strongly suggests that social support mediates the links between stressful life events and psychological consequences such as anxiety, depression, and behavioral distress (Russell & Cutrona, 1991) for a variety of populations. Higher levels of social support have also been linked to diverse variables such as resilience and recovery factors in posttraumatic stress disorder (e.g., King, King, Fairbank, Keane, & Adams, 1998) and adherence to medication for the treatment of HIV disease (e.g., Simoni, Frick, & Huang, 2006). The primary explanation that has emerged is that social support serves a protective role primarily during times of stress by enhancing adaptive coping behavior (Cutrona & Russell, 1987).

Despite the potential positive effects of social support, it remains unclear whether it plays an adaptive role for men experiencing the consequences of the traditional male gender role socialization. In a related vein, Osborne (2004) recently demonstrated that social support partially mediated the relationship between male GRC (O'Neil et al., 1986) and a desire to seek psychological help. In effect, men with greater GRC experienced a greater willingness to seek psychological help if they also experienced a sense of social support. Hill and Donatelle (2005), however, demonstrated that for older

men increased adherence to the socialized male gender role limited their perceptions of available social support, potentially by restricting their appreciation of the benefits of close relationships. Similarly, Hetzel (1998) demonstrated negative correlations between gender role variables and social support, as well as positive correlations between gender role variables and psychological distress.

A better understanding of the interplay of gender role variables, social support, and psychological distress is needed. We were unable to locate any published research exploring this concept in general, let alone specific investigations into social support from a GRC perspective. The purpose of this research, therefore, is to explore the possible role that social support plays in the relationship between male GRC and psychological distress. Three possible outcomes exist; first, from the perspective of Horne, Jolliff, and Roth (1996) and the extant literature on social support, one could hypothesize that perceived social support serves to mediate the negative consequences associated with all four of the patterns of male GRC. In essence, levels of social support might be a more adequate explanation of any relationship between the SPC, RE, RABBM, and CBWFR patterns and subsequent psychological distress than the four patterns independently.

Second, because of variations within the traditional male gender role (e.g., O'Neil, in press; Wester, in press), the degree to which those gender roles differentially reinforce the importance of social support, and the nature of one's socialized experiences, it is equally possible that social support would moderate any relationship between the four patterns of GRC and psychological distress. In effect, SPC, RE, RABBM, and CBWFR would have differential effects for men depending on their level of social support. Third, although it would seem unlikely, we do acknowledge that men may exhibit smaller social support networks as compared to women (e.g., Dwyer & Cummings, 2001; Wohlgemuth & Betz, 1991), and those men endorsing traditionally masculine values report a decreased perception of social support (Burda & Vaux, 1987; Hill & Donatelle, 2005). It is also possible that social support would have no effect on the relationship between the four patterns of GRC and psychological distress.

Hypothesized Model

We conceptualized social support as a mediating variable based on our interpretation of the extant literatures on both social support and GRC. Baron and Kenny (1986) characterize mediation as a case in which a variable, such as social support, functions as a "generative mechanism through which a focal independent variable [such as the male gender role] is able to influence the dependent variable of interest" (p. 1173; see also Frazier, Tix, & Barron, 2004). Mediation occurs when an external variable such as social support better explains a relationship between a predictor, male GRC, and an outcome, psychological distress (e.g., Frazier et al., 2004). As such, and consistent with the extant literature on social support, our primary hypothesis is that social support serves as a vehicle through which SPC, RE, RABBM, and CBWFR affect psychological distress.

Alternatively, we also tested a competing hypothesis— that social support would moderate the relationship between the four patterns of GRC and psychological distress. Baron and Kenny (1986) describe a moderator effect "as an interaction between a focal independent variable and a factor that specifies the appropriate conditions for its operation" (p. 1174). Moderation occurs when a variable changes either the direction or the strength of any relationship between a predictor variable and an outcome variable. In essence, moderation is an interaction in which the effect of one variable (male gender role socialization) on the outcome variable (psychological distress) depends on the level of another variable, in this case social support. When this is the case, male gender role socialization would have differential effects for men depending on their level of social support. Said more specifically, moderated relationships are those in which a variable (such as social support) predicts an outcome (such as psychological distress) via an interaction with an independent variable (such as SPC, RE, RABBM, or CBWFR) when the main effects of both social support and each pattern of GRC are controlled. In the case of this research, therefore, the inclusion of social support would alter the strength of any relationship between SPC, RE, RABBM, and CBWFR and psychological distress such that there would be differing levels of distress

depending on the nature of a man's social support (see Frazier et al., 2004, for review).

Method

Participants

Participants were 396 male undergraduate students enrolled in psychology classes at a large Midwestern university. Most participants were freshmen (194; 49%), followed by sophomores (104; 26%), juniors (56; 14%), and seniors (38; 10%). Participants were predominantly Caucasian American (353; 89%), followed by Asian American (14; 3.5%), African American (9; 2.3%), biracial or multiracial (7; 1.8%), and Hispanic American (6; 1.5%).

Measures

GRC. We sample the GRC of the participants using the Gender Role Conflict Scale (GRCS; O'Neil, et al., 1986), which is a measure of men's reactions to the inconsistent and unrealistic gender role expectations they face. It consists of 37 items divided into four subscales: Success, Power, and Competition (SPC; 13 items), Restrictive Emotionality (RE; 10 items), Restrictive Affectionate Behavior Between Men (RABBM; 8 items), and Conflict Between Work and Family Relations (CBWFR; 6 items). Sample items include the following: "Moving up the career ladder is important to me," "Hugging other men is difficult for me," and "My needs to work or study keep me from my family and leisure more than I would like." Respondents rate their agreement with each item on a 6-point Likert-type scale (1 = *strongly agree* to 6 = *strongly disagree*). The scale is reverse scored, so that higher scores indicate greater degrees of conflict resulting from an overadherence to that specific aspect of the male role. For this study, SPC evidenced a coefficient alpha of .89, RE a coefficient alpha of .87, CBWFR a coefficient alpha of .81, and RABBM a coefficient alpha of .85.

Principal components factor analysis, conducted during scale development on samples of Euro-American men, indicated that the GRCS taps four factors corresponding to the four subscales, which accounted for a combined 36% of the total variance (O'Neil et al., 1986, 1995). Validity of the GRCS has been established

through positive correlations between its scores and scores on measures of masculinity (Sharpe & Heppner, 1991), interpersonal rigidity (Mahalik, 1996), traditional attitudes toward the male role (Good & Mintz, 1990), depression (Good & Mintz, 1990), anxiety (Sharpe & Heppner, 1991), and sexual aggression (Kaplin, 1992/1993). Further, the average alpha across studies for the GRCS total score was .88 (Good et al., 1995; O'Neil et al., 1995).

Social support. We sampled social support with the Social Provisions Scale (SPS; Cutrona & Russell, 1987). The SPS is a 24-item measure designed with six subscales in mind: Attachment, Social Integration, Reassurance of Worth, Reliable Alliance, Guidance, and Opportunity for Nurturance. However, researchers have generally used the total score because of both conceptual and correlational overlap between these subscales; a practice we adhered to in this research, using the total scores to assess overall respondents' perceptions of the quality of their social support network. Each item is rated on a Likert-type scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Half of the items are reversed scored so that higher scores reflect greater perceptions of a strong social support network. A sample item is "There are people I can depend on to help me if I really need it." The internal consistency (.85 to .92) and test–retest (.84 to .92) reliability found across studies have been adequate. The SPS has also been found to correlate with other measures of social support (Cutrona & Russell, 1987). In the present study, the coefficient alpha for the total score was .91.

Psychological distress. Psychological distress was measured using the Outcome Questionnaire 10.2 (OQ; Lambert et al., 1998), which is a self-report instrument sensitive to changes in psychological distress over short periods of time. The OQ is a 10-item instrument, consisting of a symptom list that is designed to provide a standardized measure of symptom severity and overall functioning appropriate for collegians. Items address commonly occurring problems across a wide variety of disorders. There is a 5-point response scale (0 = *never*, 1 = *rarely*, 2 = *sometimes*, 3 = *frequently*, 4 = *almost always*). Validity has been demonstrated through correlations between the OQ and measures of depression, anxiety, and self-esteem (Lambert et al., 1998) as well as attachment anxiety and avoidance (Wei, Russell,

Mallinckrodt, & Vogel, 2007). Higher values indicate more reported symptoms. An internal consistency (coefficient alpha) of .93 has been reported, with retest reliability over 3-week intervals ranging from .78 to .84 (Lambert et al., 1998). For the sample used in this study, the OQ evidences a coefficient alpha of .88.

Procedure

Before data collection began, approval for the study was obtained from the university's institutional review board. Students were informed that participation was voluntary and anonymous. They were told that the procedure would involve answering questions regarding social support, gender roles, and psychological functioning. After completing an informed consent sheet, participants received a packet containing each of the aforementioned measures as well as some demographic questions. After they finished the questionnaire, participants were debriefed and then dismissed. They received extra credit in their psychology class for their participation.

Results

Preliminary Analyses

Descriptive statistics. Means, standard deviations, and ranges for all dependent measures are listed in Table 1.

Table 1
Means, Standard Deviations, and Ranges for Study Variables

Measure	M	SD	Range
OQ	1.4	6.60	3.2
SPS	3.3	0.43	2.0
RE	3.4	0.95	5.0
RABBM	3.7	1.10	5.0
CBWFR	3.6	1.00	4.2
SPC	4.1	.910	4.6

Note. OQ = Outcome Questionnaire; SPS = Social Provision Scale; RE = Restricted Emotionality subscale of the Gender Role Conflict Scale; RABBM = Restricted Affectionate Behavior Between Men subscale of the Gender Role Conflict Scale; CBWFR = Conflicts Between Work and Family Relations subscale of the Gender Role Conflict Scale; SPC = Success, Power, and Competition subscale of the Gender Role Conflict Scale.

Demographic variables. To explore the possibility that the demographic characteristics of the participants needed to be included in our planned mediation analyses, we conducted corrected (.05/13) correlations between the participants' scores on the dependent measures and the participants' self-reported age, marital status, year in school, and ethnicity. None of the aforementioned correlations reached statistical significance. Therefore, we did not include demographic variables in further analyses.

Hypotheses

Mediation. We began by testing our primary hypothesis that social support would mediate the relationship between each of the four patterns of male GRC and psychological distress. Baron and Kenny (1986) described three conditions required for testing the mediating effects of variables on the relation between a predictor and an outcome variable. Briefly, the predictors (four GRCS subscale scores) and criterion (OQ score) variables must be correlated; the predictors (four GRCS subscale scores) and the proposed mediating variable (SPS score) must be correlated; and then the correlation between the criterion variable (OQ score) and the predictor variable (GRCS subscale scores) decreases either fully or partially when the mediator is entered into the model. We used hierarchical regression modeling to compare models.

Given that the GRCS subscales are typically not used to create a sum score and that factor analytic studies of the GRCS consistently confirm a four-factor solution (e.g., O'Neil, in press), we performed the analysis with each of the four subscales separately, for a total of four separate model comparisons. Specifically, we created a simple regression model including only the GRC subscale predicting psychological distress and then created a model with the GRC subscale and social support (as the potential mediator) predicting psychological distress. We then looked to see whether the difference between these models was significant. Given that suppression can occur within mediation models causing the bivariate correlations to be nonsignificant, we also examined the model including the mediator for all four GRC subscales, regardless of whether the bivariate correlation was not significant. We examined the standardized re-

gression coefficients and associated *t* tests for the GRC and social support variables, as well as the ΔR^2 and associated *p* values to determine whether the predictive value of the GRC subscale became nonsignificant after social support was entered into the model, which would suggest full mediation, or whether the predictive value of the GRC subscale remained significant or decreased, which would suggest no or partial mediation.

When examining the first criterion for mediation, namely a significant bivariate correlation between the criterion and predictor variable (see Table 2), we found that three of the four GRC subscales met such criteria, having a significant correlation with psychological distress (OQ): RE, $r(392) = .267$, $p < .001$; RABBM, $r(392) = .118$, $p = .019$; and CBWFR, $r(392) = .250$, $p < .001$. There was not, however, a significant bivariate relationship between psychological distress and SPC, $r(392) = .006$, $p = .910$. Given that the Baron and Kenny (1986) approach does not adequately allow for suppression mediation, a model comparison between SPC predicting psychological distress and SPC and social support predicting psychological distress was still performed. Within this model, social support significantly predicted psychological distress, $t(391) = -16.41$, $p < .001$, $\beta = -.641$, however SPC continued to demonstrate no significant predictive value for psychological distress, $t(391) = 1.3$, $p = .194$, $\beta = .051$, despite social support continuing to be significantly correlated with psychological distress, $r(392) = -.637$, $p < .001$. As a result, following the Baron and Kenny (1986) approach for tests of mediation, no further analyses were indicated for SPC.

When exploring the significance of the GRC subscale after adding social support to the model, we found evidence for mediation for some of the GRC subscales but not all (see Table 3). Specifically, after social support was added into the regression model, results indicated that RE did not account for a significant amount of the variance in psychological distress, $t(391) = 1.086$, $p = .278$, $\beta = .045$, suggesting that social support totally mediated the effect of RE on psychological distress. Additionally, after social support was entered into the regression model predicting psychological distress from RABBM, findings suggested that social support completely mediated the relationship between RABBM and psychological distress, $t(391) = -.258$, $p = .985$, $\beta = -.001$. Contrary to the findings with the other subscales, however, after social support was entered into the model predicting psychological distress from CBWFR, evidence for mediation was not found. Specifically, both social support and CBWFR predicted a significantly unique amount of the variance in psychological distress, $t(392) = 5.1$, $p < .001$, $\beta = .25$, and $t(391) = 4.24$, $p < .001$, $\beta = .163$, respectively.

Moderation. We next tested the possibility that social support would moderate the male GRC–psychological distress relationship. According to Baron and Kenny (1986), to test for moderation, the interaction of the moderator and the predictor variables (social support and GRC, respectively) needs to account for a statistically significant amount of criterion variable (psychological distress) variance when the main effects of both the predictor variables (male GRC) and the moderator variable (social support) are controlled. Hence, moderation was found when the interaction terms accounted for a statistically significant amount of criterion variance beyond that explained by the predictor (male GRC) or the moderator (social support).

We tested this using a hierarchical multiple regression (e.g., Venter & Maxwell, 2000) with

Table 2
Bivariate Correlations Between GRC Subscale and SPS Scores

GRC subscale	SPS total score	*p*
Restricted emotionality	.267	<.001***
Restricted affectionate behavior between men	.118	.019**
Conflict between family and work relations	.250	<.001***
Success, power, and competition	.006	.910

Note. GRC = Gender Role Conflict; SPS = Social Provision Scale.
** $p < .01$. *** $p < .001$.

OQ scores as the criterion. To control for collinearity of variables with their interaction terms, centered versions of each variable were calculated, and interaction terms based on the centered GRC and social support variables were entered into a regression model with the centered GRC subscale and the centered social support variable. To control for the main effects of the GRC subscale and social support, both predictor variables were added to the equation before the interaction term. Significant interaction terms after the effects of the predictors were accounted for would suggest a moderated effect of the GRC and social support on the psychological distress, such that the relationship between the psychological distress variable and GRC would depend on the value of social support.

Baron and Kenny's (1986) conditions for moderation were not totally satisfied; social support did not moderate the relationship between RE and psychological distress, $t(390) = .874$, $p = .383$, $\beta = .035$; CBWFR and psychological distress, $t(390) = -.429$, $p = .668$, $\beta = -.017$; or SPC and psychological distress, $t(390) = -.274$, $p = .784$, $\beta = -.011$. Social support, however, did moderate the relationship between restricted affectionate (RE) behavior and psychological distress, $t(390) = 2.047$, $p = .041$, $\beta = .086$.

Discussion

As found in other areas of the literature, the four different domains of GRC were found to differentially predict psychological distress. Overall, evidence for the mediation of social support between GRC and psychological distress was found for two of the elements of GRC, namely RE and RABBM. Given that those two dimensions of GRC coincide with Jolliff and Horne's (1999) view of male relationships as potentially distant and empty, it appears that the deleterious effect of increased restricted emotionality and affectionate behavior between men may be accounted for by lower levels of social support. As such, men who scored highly on RE and RABBM subscales of GRC likely had poorer levels of social support accounting for their increased psychological distress.

These findings are consistent with the extant literature on social support, in that an increased sense of social support seems to be directly and indirectly associated with psychological distress (e.g., Russell & Cutrona, 1991). They are also consistent with the extant literature on GRC, one aspect of which O'Neal (in press) was recently reviewed as the behavioral consequences of men's socialized male gender roles—or specifically how men interact, or do not interact, with others based on their sense of masculinity. Blazina (e.g., Blazina, 2001; Blazina et al., 2007), taking a more analytical psychology approach, describes how many traditionally socialized men avoid activities that may seem feminine (such as, perhaps, seeking social support) to enhance their masculine identity. Although this study did not directly address such a process from this perspective, its findings seem to support such a view. Further research is certainly needed.

It is interesting to note that social support did not mediate the relationship between GRC and psychological distress for the SPC and CBWFR dimensions . Specifically, high levels of SPC did not predict psychological distress in this sample of college-aged men. Perhaps in a college setting, behaviors associated with SPC are not negative but instead are adaptive aspects of male socialization. As such, high levels of SPC did not predict distress in this population, making investigations of the impact of social support less relevant. Some researchers (e.g., Wester & Lyubelsky, 2005; Wester & Vogel, 2002) suggest that the predictive relationship between GRC and psychological distress shrinks in situations where the socialized male gender role serves an adaptive function. Given that such socialized male behaviors may not be at odds with the academic environment, our finding that SPC predicted a decrease in social support and psychological distress is understandable. Further research is required to clarify the nature of this relationship.

The CBWFR dimension of GRC and psychological distress remained significant independent of the predictive value of social support. As such, this suggests that there are unique elements of the conflict between work and home commitments that predict increased psychological distress independent of social support. It may be the case, therefore, that a man experiencing tensions between work and family commitments might experience a decrease in his social support network a result of (a) trying to cope with that distress by withdrawing from

social situations and working harder and (b) the withdrawal of social support secondary to his decreased availability. Although social support can potentially alleviate some of the distress associated with CBWFR, decreases in the social support network associated with higher levels of CBWFR prohibit social support from fully mediating the link between it and psychological distress. The extant literature in this psychology of men and masculinity is clear; a documented coping mechanism in dealing with the consequences of the socialized male gender role is to withdraw from existing social connections and, in essence, work harder at being male rather than reach out for personal or psychological help (e.g., Brooks, 1998; Mahalik, Cournoyer, DeFranc, Cherry, & Napolitano, 1998). This potentially produces a vicious circle, in which increased adherence to the male gender role produces more psychological distress and increased isolation, which in turn leads to more isolation in pursuit of the male gender role and increased psychological distress.

Less support was found for the role of social support as a moderator between the dimensions of GRC and psychological distress. Specifically, although social support did not moderate the relationship between SPC, RE, CBWFR, and psychological distress, it did moderate the relationship between RABBM and psychological distress. The inclusion of social support seemed therefore to change the strength of the predictive value of RABBM, such that there seemed to be differing levels of distress depending on the nature of a man's social support network. Overall, future studies must be done to clarify the moderating effect of social support on RABBM.

Given that social support can largely impact the relationship between restricted emotional expression and negative psychological outcomes, interventions aimed at increasing appropriate male social support could have far-reaching implications for the general health of men (Stanton et al., 2000). Researchers and clinicians can now develop ways to increase perceived social support for men, through such methods as socially sanctioned interactions, social skills training, and socialization consistent with male perspectives (Burda & Vaux, 1987). Furthermore, it may be the case that therapeutic interventions to increase a male client's perceived sense of social support or to draw directly upon a man's social support network could decrease certain negative consequences associated with GRC without having to directly address gender-related behaviors. Social support could be seen as stress inoculation, in which both the support offered as well as the opportunity to engage in coping activities while enjoying this support serve to reduce the overall impact of stress on the individual. Such techniques have potentially useful implications for reaching men who are suspicious of psychotherapy. This may prove to be more palatable to male clients than a direct challenge to their sense of male gender role ideals and may allow the therapeutic relationship to develop apace with symptom reduction so as to lay the groundwork for directly addressing GRC variables later in the work.

All told, our findings suggest that social support plays a role in reducing the negative consequences associated with certain aspects of GRC. It may be the case that a social support network provides a man with a safe environment in which he can grow beyond the socialized male gender role constraints—a conclusion supported by the extant finding that men endorsing traditionally masculinity reported a decreased perception of social support (e.g., Burda & Vaux, 1987). However, some limitations of this study need to be noted. Our use of collegians prevents us from making far-reaching comments regarding the role of social support across the life span. Given the developmental changes often experienced by both younger and older men, future research should consider replicating our work with men of differing age groups. Furthermore, our sample did not report any significant psychological distress. Even though we were able to demonstrate full mediation in terms of RE and RABBM, it may be the case that a more distressed sample would have a different need for, and therefore a different reaction to, social support. Also, given the possibility that our use of collegians precipitated a situational artifact regarding the relationship between SPS, social support, and psychological distress, future research should consider exploring these variables in contexts not noted for supporting traditionally socialized male gender role behaviors. The role of social desirability should be explored, as should the role of cultural variables; the limited diversity of our sample makes it difficult to generalize our findings

to men of color. Indeed, it may be the case that men from cultures that place a higher value on interpersonal and social support would evidence a different pattern of findings.

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