5-13-2016

The Relationship Among Normative Male Alexithymia, Gender Role Conflict, Men's Non-romantic Relationships With Other Men, and Psychological Well-being

Onurkan Guvensel

ACCEPTANCE

This dissertation, THE RELATIONSHIP AMONG NORMATIVE MALE ALEXITHYMIA, GENDER ROLE CONFLICT, MEN'S NON-ROMANTIC RELATIONSHIPS WITH OTHER MEN, AND PSYCHOLOGICAL WELL-BEING, by KAN GUVENSEL, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree, Doctor of Philosophy, in the College of Education and Human Development, Georgia State University.

The Dissertation Advisory Committee and the student's Department Chairperson, as representatives of the faculty, certify that this dissertation has met all standards of excellence and scholarship as determined by the faculty.

_____
Andrea L. Dixon, Ph.D.
Committee Chair

_____
Catherine Y. Chang, Ph.D.
Committee Member

_____
Gregory L. Brack, Ph.D.
Committee Member

_____
Brian J. Dew, Ph.D.
Committee Member

_____
Date

_____
Brian J. Dew, Ph.D.
Chairperson, Department of Counseling and Psychological Services

_____
Paul A. Alberto, Ph.D.
Dean
College of Education and Human Development

AUTHOR'S STATEMENT

By presenting this dissertation as a partial fulfillment of the requirements for the advanced degree from Georgia State University, I agree that the library of Georgia State University shall make it available for inspection and circulation in accordance with its regulations governing materials of this type. I agree that permission to quote, to copy from, or to publish this dissertation may be granted by the professor under whose direction it was written, by the College of Education and Human Development's Director of Graduate Studies, or by me. Such quoting, copying, or publishing must be solely for scholarly purposes and will not involve potential financial gain. It is understood that any copying from or publication of this dissertation which involves potential financial gain will not be allowed without my written permission.

_____

Kan Guvensel

NOTICE TO BORROWERS

All dissertations deposited in the Georgia State University library must be used in accordance with the stipulations prescribed by the author in the preceding statement. The author of this dissertation is:

Kan Guvensel
Department of Counseling and Psychological Services
College of Education and Human Development
Georgia State University

The director of this dissertation is:

Andrea L. Dixon, Ph.D
Department of Counseling and Psychological Services
College of Education and Human Development
Georgia State University
Atlanta, GA 30303

CURRICULUM VITAE

Kan Guvensel

ADDRESS: 2888 Alston Dr. SE
Atlanta, GA 30317

EDUCATION:

Ph.D. 2016	Georgia State University Counselor Education and Practice
Ed.S. 2011	Georgia State University Professional Counseling
M.S. 2010	Georgia State University Professional Counseling
B.A. 2004	Delta State University Finance

PROFESSIONAL EXPERIENCE:

2015-present	Counseling and Disability Specialist Savannah College of Art and Design, Atlanta, GA
2014-present	Mental Health Counselor Optimal Life, LLC, Decatur, GA
2013-2014	Doctoral Counseling Intern Savannah College of Art and Design, Atlanta, GA
2011-2013	Psychotherapist Heartwork Counseling Center, Atlanta, GA
2010-2012	Counselor Life University, Marietta, GA
2009-2010	Counseling Intern Life University, Marietta, GA

PRESENTATIONS AND PUBLICATIONS:

Guvensel, K., Dixon, A. L., Parker, L. K., McDonald, C. P., & O'Hara, C. (2015). International relevance and applicability of United States-based marriage and family therapy training in Turkey. *Contemporary Family Therapy, 37*(4), 426-441.

Guvensel, K., McDonald, P., & Smith, J. (2013). A Viewers Guide to Group Work: Leading in the Here and Now: Instructors' Manual. *A publication by the Association for Specialists in Group Work (ASGW).*

Guvensel, K., Dixon, A. L., & McDonald, C. P. (2015, October). *Internationalization and the clinical applicability of the United States-based counselor training cross-nationally.*

Presented at the Association for Counselor Education and Supervision (ACES) 2015 National Conference, Philadelphia, PA.

McDonald, C. P., **Guvensel, K**., & Chang, C. (2015, October). *Racial mislabeling experiences in multiracial people: A phenomenological study*. Presented at the Association for Counselor Education and Supervision (ACES) 2015 National Conference, Philadelphia, PA.

McDonald, C. P., Chang, C. Y., **Guvensel, K**., Smith, J. A., Viehl, C., Golubovic, N., Rumsey, A., & Murphy, T. (2015, March). *A new model: Using a research team to promote excellence, professional identity, and advocacy in counseling,* Presented at the American Counseling Association (ACA) Conference, Orlando, FL.

McDonald, C. P., & **Guvensel, K.** (2014, October). *Labels and multiracial identity: A discussion of the current research findings.* Presented at the Southern Association for Counselor Education and Supervision (SACES) 2014 Regional Conference, Birmingham, AL.

Viehl, C., McDonald, C. P., **Guvensel, K**., & Smith, J. (2014, June). *Multicultural supervision: Intersection of identities.* Presented at the Licensed Professional Counselors Association of Georgia (LPCAGA) 26th Annual Convention and Regional Conference, Atlanta, GA.

Guvensel, K., Dixon, A. L., McDonald, C. P., & Smith, J. (2013, October). *Globalization of counseling: Toward internationalizing the counseling research, training, and practice.* Presented at the Association for Counselor Education and Supervision (ACES) 2013 National Conference, Denver, CO.

McDonald, C. P, **Guvensel, K**., O'Hara, C. & Chang, C. (2013, October). *Experiences of multiracial individuals: Racial mislabeling and the effects thereof.* Presented at the Association for Counselor Education and Supervision (ACES) 2013 National Conference, Denver, CO.

Guvensel, K., Paige, M., & Viehl, C. (2013, June). *Counselor impairment: Recognizing the signs of and coping with compassion fatigue, vicarious traumatization, and burn out.* Presented at the Licensed Professional Counselors Association of Georgia (LPCAGA) 25th Annual Convention and Regional Conference, Savannah, GA.

Guvensel, K., Paige, M., & Viehl, C. (2013, February). *Counselor impairment: Recognizing the signs of and coping with compassion fatigue, vicarious traumatization, and burn out.* Presented at the 7th Annual Counseling Graduate Student Conference, Columbia, SC.

PROFESSIONAL SOCIETIES AND ORGANIZATIONS

2012-Present	Association for Multicultural Counseling and Development
2012-Present	Association for Counselor Education and Supervision
2012-Present	Chi Sigma Iota International
2010-Present	American Counseling Association
2009-Present	Licensed Professional Counselors Association of Georgia

THE RELATIONSHIP AMONG NORMATIVE MALE ALEXITHYMIA, GENDER ROLE CONFLICT, MEN'S NON-ROMANTIC RELATIONSHIPS WITH OTHER MEN, AND PSYCHOLOGICAL WELL-BEING

by

Kan Guvensel

Under the Direction of Andrea L. Dixon, Ph.D.

ABSTRACT

Normative Male Alexithymia (NMA; Levant 1992) and Gender Role Conflict (GRC; O'Neil, 2008) have emerged in the literature as empirically supported masculinity-based constructs that could be possible predictors of men's psychological well-being. Moreover, several researchers examined the impact of masculinity in the contexts of men's romantic relationships. Yet, there exists a paucity of research that investigates the intersection of the GRC, NMA, and men's friendships, and psychological well-being of men. The purpose of this study was to examine the triadic relationship of GRC, NMA, and men's friendships with other men; and the impact of this triadic relationship on men's psychological well-being. The researcher collected survey data from 216 participants who identified as male. Data collection included responses to demographic questionnaires, Normative Male Alexithymia Scale (NMAS; Levant et al., 2006), Gender Role Conflict Scale (GRCS; O'Neil et al, 1986), Network of Relationships Questionnaire- Relationship Qualities Version (NRI-RQV; Buhrmester, 1992; Buhrmester & Furman, 2008), and the scales of Psychological Well-Being (SPWB; Ryff, 1989). Bivariate correlations revealed significant correlations among all four variables. NMAS scores yielded a small positive correlation (Cohen, 1988) with the NRI-RQV discordant scales scores ($r = .202$, $p < .01$), and a moderate negative correlation (Cohen, 1988) with the total full scale scores of PWB ($r = -.427$, $p < .01$). NRI-RQV discordant had a strong negative correlation (Cohen, 1988) with total scores of PWB ($r = -.517$, $n = 216$, $p < .01$). GRCS had a small negative correlation (Cohen, 1988) with the total scores of PWB full scales ($r = -.166$, $n = 216$, $p < .05$). The moderation analysis indicated that GRC significantly moderated the effect of NMA on men's PWB scores ($\Delta R^2 = .073$, F (1,212) = 20.795, $p < .001$). High levels of NMA and friendship discords factored in as the best predictor of men's PWB, and accounted for the 37% variation in overall PWB

scores with an effect size of $f^2 = .60$. Clinical implications for mental health counselors are discussed based on the study's results; limitations of the study and future directions are provided.

INDEX WORDS: Masculinity, Alexithymia, Gender role conflict, Friendships, Well-being

THE RELATIONSHIP AMONG NORMATIVE MALE ALEXITHYMIA, GENDER ROLE CONFLICT, MEN'S NON-ROMANTIC RELATIONSHIPS WITH OTHER MEN, AND PSYCHOLOGICAL WELL-BEING

by

Kan Guvensel

A Dissertation

Presented in Partial Fulfillment of Requirements for the

Degree of

Doctor of Philosophy

in

Counselor Education and Practice

in

Counseling and Psychological Services

in

the College of Education and Human Development

Georgia State University

Atlanta, GA
2016

DEDICATION

To Kate.

The best part of everyday…

ACKNOWLEDGMENTS

I would like to thank my committee members, Dr. Gregory L. Brack, Dr. Catherine Y. Chang, and Dr. Brian J. Dew for their contributions and feedback throughout this project. I would like to thank my advisor and dissertation chair, Dr. Andrea L. Dixon for her endless support not only in this study but also throughout my doctoral studies. Dr. Dixon, I am forever grateful for your encouragement and direction. I would also like to recognize Dr. Franco Dispenza for his invaluable assistance in the planning stages of this study.

I would like to thank my family for their unconditional love and support. Adnan, Sevinc, and Gizem, although there is an ocean that separates us, I feel your endless love every day. For all that you taught me, I thank you all.

I also would like to acknowledge and thank Banks Guvensel. Banks, you helped me more ways than you will ever know, buddy. Our never-ending peaceful morning walks are the best support and self-care there is.

The last but not least, I would like to thank my friend, my love, my wife, my life partner, Jeanne Guvensel. Jeanne, I am forever thankful for your love and support since 2008 when I first started graduate school. You stuck by my side through all the ups and downs of this journey. Without you, I could not even be a counselor, let alone earn a doctorate degree. There are no words that could convey how much I appreciate you and your support. I love you.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1

IMPACT OF MASCULINITY IDEOLOGIES ON MEN'S RELATIONSHIPS AND PSYCHOLOGICAL WELL-BEING

Theoretical Framework

The psychological needs of men have received extensive theoretical and empirical attention by scholars over the past four decades. Some critics contend that due to the historical hegemony of men as researchers and research subjects, male gender is studied as a representative of humanity as a whole, and therefore, all psychology is the psychology of men (Levant, 2011). Yet, the rapidly changing dynamics of societies has led men to play roles that may contradict with their traditional masculine ideologies, and the difficulties associated with such changes create significant problems for men, women, children, and society (Levant & Pollack, 1995). Levant and Pollack (1995) argued that a gender specific examination of men is required to ease the crisis and bewilderment caused by these new pressures of nurturing children, communication of one's inner feelings, and shared familial duties, thereby providing men with a new sense of direction.

From the 1930s to 1980s, the predominant theoretical model that explained and studied masculinity was the Gender Role Identity Paradigm (Levant, 2004). In this biological and essentialist view of masculinity, men were theorized to have an innate psychological need to have a gender-role identity, and ideal personality development was dependent on the successful formulation of such identity (Levant & Kopecky 1995; Levant, 2004). The optimal satisfaction of this need led to ideal masculine gender role identity, which is determined by the extent to which men are able to embrace their traditional gender roles entirely (Levant, 1992). In this process, men's failure to achieve such identity was theorized to cause homosexuality, negative attitudes toward women, and hyper masculinity (Levant, 2004).

In response to this historical view of masculinity, a new theoretical conceptualization of men emerged in the early 1980s with Joseph Pleck's (1981) seminal book of *The Myth of Masculinity*. Presented as the Gender Role Strain Paradigm of masculinity, this new conceptualization shifted the historical perception of gender roles from biological ones to psychologically- and socially-constructed entities. The strain paradigm postulates that masculinity is a varying ideology, and the ideals of manhood may differ based on culture, race/ethnicity, sexual orientation, and historical eras (Levant, 2004; Pleck, 1995). This paradigm perceives the cultural expectations of masculine standards and gender role socialization processes to have negative effects on the healthy functioning of men. Viewing masculinity as a more complex and even a problematic construct, the strain paradigm specifically involve ten different propositions: "(1) gender roles are operationally defined by gender role stereotypes and norms, (2) gender role norms are contradictory and inconsistent, (3) the proportion of individuals who violate gender norms are high, (4) violating gender norms leads to social condemnation, (5) violating gender norms leads to negative psychological consequences, (6) actual or imagined violation of gender norms leads to individuals to over-conform to them, (7) violating gender norms has more severe consequences for males than females, (8) certain characteristics prescribed by gender role norms are psychologically dysfunctional, (9) each gender experiences gender role strain in its paid work and family roles, and (10) historical change causes gender role strain" (Pleck, 1981, p. 9).

In his update to the original theory, Pleck (1995) placed masculinity ideology in the center of the gender role strain paradigm. This ideology refers to the internalized beliefs about the importance of conforming to culturally expected standards of male behavior. Masculinity ideology being inherent and implicated in each category, Pleck reorganized his ten original

postulations into three distinct strain categories, through which he addressed the impact of adherence to the traditional gender role socialization on men's functioning and behavior. The three categories are: (1) male gender role discrepancy, (2) male gender role trauma, and (3) male gender role dysfunction.

Male Gender Role Discrepancy

The first of the three strain categories is termed male gender role discrepancy. According to Pleck (1995), gender roles involve standards and expectations that men fit or do not fit to varying degrees. The deviation of men's behaviors from the culturally expected norms constitutes the gender role discrepancy. Discrepancy occurs when men fail to meet their own internalized and traditional ideals of manhood (Levant, 2011). Men's self-esteem and psychological well-being is often dependent on the degree to which men conform to these masculine ideologies and cultural norms, because failure to conform causes internalized self-judgments and social condemnation (Pleck, 1995). Because gender roles are contradictory and inconsistent, the violations of such roles are quite high (Levant, 1992). In addition, males experience this discrepancy more than females (Pleck, 1981; 1995). An example of this discrepancy can be observed in the Western society, in which young men are expected to be successful in sports, and any inadequacy in the athletic performance will culminate in unfavorable social feedback for young men. Another example of this discrepancy can be observed in the limitations of Western men's emotional expressiveness. Overt expressions of emotions are viewed as unmanly in the Western society, and empirical evidence suggests that men who restrict their emotions based on gender role socialization report higher degrees of depression, struggle at work, and experience more frequent family conflicts (O'Neil, 2008). Yet, such expectations are merely social constructions and do not posit a contradiction to a universal

masculine norm. A multicultural examination of masculinity ideologies supports this position and concludes that the ideal of masculinity varies based on cultural influences such as gender, race, marital status, nationality, sexual orientation, and disability status (Levant & Richmond, 2007).

For instance, researchers from one study compared masculinity ideologies among African American and European American college students, and reported that African American students adhered to masculinity ideologies in a more traditional fashion than European American students (Levant & Majors, 1997). In another study, researchers examined the same construct comparing African American students from the rural southern part of the United States to those from the Northeastern and Mid-Atlantic parts of the United States (Levant, Majors, & Kelly, 1998). Researchers concluded that the degree of endorsement to traditional masculinity was moderated by the geographic region of residence, with the rural southern sample adhering to more traditional ideologies than their Northeastern and Mid-Atlantic counterparts. Comparing these two studies, it is reasonable to conclude that the moderating variable between the students in these studies and the endorsement of masculinity ideologies was not race, but rather culture as evidenced by the subgroup variations (Levant, Majors, & Kelly, 1998). These findings support the theoretical assumption of gender role strain theory that masculinity and gender roles are not biologically based, but rather socially and psychologically constructed.

Male Gender Role Trauma

The second strain category that emerged in Pleck's (1995) update to his original theory of gender roles is the trauma strain. This strain category suggests that men who grew up in social environments, in which traditional masculinity ideologies were strictly endorsed, experienced male gender role socialization processes with traumatic consequences (Levant, 1996; 2011;

Pleck, 1995). Outdated expectations of men to avoid expressing their emotional states (Levant, 1992), to refrain from presenting any trait or behaviors that could be categorized as feminine (Pleck, 1995), and to evade becoming fully and equally involved with their spouses in raising children and managing households have traumatic impacts on men's functioning, emotional health, and interpersonal relationships (Levant, 1992). The trauma strain provided a new direction in understanding the impact of masculine gender role socialization (Pleck, 1995), and it served as the theoretical framework to examine certain groups of men such as ethic minority men (Lazur & Majors, 1995), gay men (Sánchez, Westefeld, Liu, & Vilain, 2010), and veterans (Brooks, 1990) who are reported to have more severe experiences with gender role strain (Levant, 2011).

Male Gender Role Dysfunction

The final category of gender role strain is male gender role dysfunction. According to Pleck (1995), the major premise of this subtype is that "the fulfilment of gender role standards can have negative consequences because the behaviors and characteristics these standards prescribe can be inherently dysfunctional, in the sense of being associated with negative outcomes either for the male himself or others" (p. 16-17). In other words, adhering to traditional masculinity ideologies strictly can lead to problematic effects in men intrapersonally and/or interpersonally because such ideologies are innately dysfunctional. A significant negative consequence of this strain in men is evident because restrictive gender roles are reported be associated with higher levels of depression and lower levels of self-esteem in men (O'Neil 2008). Moreover, Mahalik (2000) reported that adhering strictly to the stereotypical gender roles such as restrictive emotionality in men leads to interpersonally hostile and rigid behavior, which has a substantially negative impact on men's interpersonal relationships.

The gender role strain paradigm, which constitutes the theoretical framework of the current study, has received much empirical support over the past three decades. It transformed the assumptions about masculinity and gender roles, which were believed to be biologically rooted and historically invariant until the early 1980s (Levant, 1996). This new view of masculinity positioned the influence of culture and socialization process in the center of gender roles, and explained masculinity as a multifaceted and problematic concept while questioning the functionality of traditional male gender norms (Levant, 1996).

Several bodies of masculinity-based investigations utilized the gender role strain paradigm as a theoretical framework. One promising line of research was O'Neil's (1986) Gender Role Conflict (GRC) construct, the emergence of which was predicated upon male gender role dysfunction subtype of the gender role strain paradigm (O'Neil, 2008). Another valuable line of research involved the Normative Male Alexithymia (NMA) construct (Levant 1992) and the development of this construct was stimulated by the gender role trauma subtype of the gender role strain paradigm. These two masculinity ideology-based constructs, GRC and NMA, appear promising as possible predictors of men's psychological well-being (PWB).

PWB is defined and measured by the degree to which a person optimally functions in six empirically derived components of psychological well-being: (1) autonomy, (2) environmental mastery, (3) personal growth, (4) positive relations with others, (5) purpose in life, and (6) self-acceptance (Ryff, 2014). Although several scholars have claimed that masculinity ideologies have a negative impact on men's PWB (O'Neil, 2008; Saxena, Dubey, & Pandey, 2011; Wolfram, Mohr, & Borchert, 2008), the groups of researchers utilized different definitions and measures of PWB and the studies that employed a specific PWB measure were limited in number. Thus, the precise impact of the gender role strain paradigm-derived constructs such as

GRC and NMA on the aforementioned six key elements of well-being (Ryff, 2014) has yet to be a focus of research.

Gender Role Conflict

GRC, which is defined as "a psychological state in which socialized gender roles have negative consequences for the person and others" (O'Neil, 2008, p. 362), has the most pertinence to Pleck's (1995) gender role dysfunction strain (O'Neil, 2008). This is because GRC is an individualized and multidimensional concept, and it occurs when restrictive, rigid, and sexist gender roles culminate in the restriction, violation, and/or devaluation of self or others (O'Neil et al., 1995). Learned and idealized gender role standards generate dysfunctional perceptions, expectations, and behaviors in the self and in others resulting in the limitation of a person's potential and in the devaluation of others who do not conform to the traditional gender roles. GRS is individualized in the sense that how men learn, experience, and internalize gender roles from childhood to adulthood are idiosyncratic based on individuals' culture, class, age, sexual orientation, and ethnic differences (O'Neil et al., 1995). GRC is also multidimensional as it has four psychological domains, various situational contexts, and three personal experiences (O'Neil, 2008).

The psychological domains of GRC are cognitive, emotional, unconscious, and behavioral. According to the GRC theory, these four overlapping and complex domains result in problems caused by gender role socializations experienced mostly in sexist and patriarchal societies (O'Neil et al., 1986; O'Neil et al., 1995). The cognitive domain includes men's internalized perceptions about gender roles (O'Neil, 2008), and it originates from the limiting and undifferentiated ways men think about masculinity/femininity including gender stereotypes (O'Neil et al., 1995). The emotional domain refers to how men feel about gender roles (O'Neil,

2008), and it implies that gender role-conflicted men experience internal confusion and turmoil about masculine and feminine gender roles (O'Neil et al., 1995). The behavioral domain pertains to our actions, responses, and expectations from self, intrapersonally, and of others, interpersonally. It is likely that the more rigid and undifferentiated perception and feelings one has regarding gender roles, the more rigid, sexist, and restrictive one will act and expect others to behave. The unconscious domain refers to the extent to which gender role dynamics impacts men's behavior and generates conflict beyond their awareness (O'Neil, et al., 1986). These four domains operate simultaneously in men's lives (O'Neil et al., 1995), and this complexity poses unique challenges in the assessment and the resolution of GRC.

Situationally, examples of how GRC occurs include, but are not limited to, when men: (1) violate, deviate from, or fail to meet gender role standards emanated from masculinity ideologies such as crying in public or wearing a pink shirt (Mahalik, et al., 2003; O'Neil, 2008); (2) experience a discrepancy between their actual and ideal self-concepts resulted from their desire to adhere to masculinity ideologies (Liu, Rochlen, & Mohr, 2005); (3) restrict their behaviors and emotions as a result of a strong desire to abide by the perceived gender role norms (O'Neil, 2008); (4) violate or devalue themselves or others for deviating from or failing to meet perceived gender role standards (O'Neil, 2008; O'Neil et al., 1995); and (5) feel violated or devalued by others for deviating from or failing to meet perceived gender role standards. Men are also likely to experience GRC during developmental milestones such as entering school, puberty, getting married, or becoming a parent as well as losing a parent (O'Neill, 2008).

The three personal experiences of GRC emanate from the negative outcomes of conforming to, diverging from, or violating traditional gender role norms, and are gender role devaluations, restrictions, and violations (O'Neil, 2008). O'Neil postulates that devaluations are

undesirable critiques of self and others with respect to masculinity ideologies, and culminate in diminished positive regard for the self or others (2008). Moreover, "gender role restrictions occur when confining others or oneself to stereotypic standards of masculinity ideology. Restrictions result in controlling people's behavior, limiting one's personal potential, and decreasing human freedom" (O'Neil, 2008, p.363). Violations are the derivatives of harming self or being harmed by others as a result of diverging from traditional gender norms, and result in physical or pain (O'Neil, 2008). Considering these psychological domains, contextual, and personal experiences of GRC, it is reasonable to assume that GRC has direct implications for men's intrapersonal functioning, mental health, and PWB as well as for intrapersonal relationships with friends, family, and intimate partners.

Four Patterns of Gender Role Conflict

The examination of the GRC model revealed four empirically-derived patterns (O'Neil et al., 1986): (1) Success, Power, and Competition Issues (SPC); (2) Restrictive Emotionality (RE); (3) Restrictive Affectionate Behavior between Men (RABBM); and (4) Conflicts between Work and Family Relations (CBWFR) (O'Neil et al., 1995). In the center of these four patterns, there lies men's fear of femininity, which consists of "strong, negative emotions associated with stereotypic feminine values, attitudes, and behaviors" (O'Neil, 2008, p. 367). As indicated, the fear of femininity in men results from traditional gender role socializations and men's desire to conform to masculinity ideologies, and it has been hypothesized to be a unifying and underlying foundation of each of the GRC patterns (O'Neil, 2008; O'Neil et al., 1986; O'Neil et al., 1995).

SPC pertains to men's attitude toward success, which derives from persistent worry about personal achievement, wealth, and career accomplishment (O'Neil et al., 1995). These attitudes are often pursued through competition by asserting one's power, dominance, and agency onto

others (O'Neil, 2008; O'Neil et al., 1995). RE is defined as enduring difficulty in and fears about expressing one's emotions (O'Neil, 1995). It also includes a limited ability in finding words for basic emotions (O'Neil, 2008). The third pattern, RABBM, manifests in restrictions in men's emotional and cognitive expression with other men; it also represents limitations in men's ability to touch other men (O'Neil, 2008). CBWFR denotes difficulties in balancing familial relationships and school or work resulting in stress, overwork, lack of relaxation and health problems in men (O'Neil et al., 1995). These four empirically generated patterns have been the foundational premise on which GRC allows for the examination of the impact of restrictive gender roles on men's intrapersonal functioning, interpersonal relationships, and PWB for the past thirty years (O'Neil, 2008).

Gender Role Conflict and Men's Intrapersonal Functioning

Empirical researchers that examined how GRC relates to men's interpersonal functioning mainly focused on GRC's impact on depression, stress, anxiety, and self-esteem in men. Over the past fifteen years, researchers in ten studies focused on the relationship GRC and depression (Burke, 2000; Fragoso & Kashubeck, 2000; Good, Heppner, DeBord, & Fischer, 2004; Kang, 2001; Magovcevic & Addis, 2005; Mahalik & Cournoyer, 2000; Mertens, 2000; Shepard, 2002; Simonsen, Blazina, & Watkins, 2000; Szymanski & Ikizler, 2013). Among these ten, in only two studies researchers reported non-significant relationships between GRC and depression in men. Szymanski and Ikizler (2013) tested the relationship between GRC and depression in 203 sexual minority men, and concluded that GRC patterns of RE and SPC were not significantly related to depression in sexual minority men. Moreover, Good et al., (2004) investigated GRC's impact on three aspects of psychological distress measured by depression, anxiety, and dissatisfaction with social support in men. Researchers indicated that GRC accounted for only 1% of men's

experience of psychological distress and depression was buffered by men's problem solving appraisal.

On the other hand, Kang (2001) examined the GRC experiences among Korean college men and concluded that all four patterns of GRC were significantly correlated with men's scores on the Center for Epidemiologic Studies-Depression Scale (CES-D). Likewise, Merten's (2000) comparison of GRC in depressed versus non-depressed medical populations revealed statistically significant differences between these two groups on depression measures. The researchers found that there is a strong association between GRC and higher levels of risk for depression (Merten, 2000). Simonsen, Blazina, and Watkins (2000) examined GRC and certain aspects of gay men's psychological experience. The authors suggested that lower scores on GRC scale led to a more positive view of seeking psychological help and fewer reported symptoms of anger, anxiety, and depression. Likewise, Shepard (2002) concluded that higher levels of ER on the GRC scale led to higher numbers of depressive symptoms such as self-dislike, feelings of failure, guilt, and pessimism. Mahalik and Cournoyer (2000) compared depressed versus non-depressed college-aged and middle-aged men on their endorsement of individual gender role conflict items. The results indicated that depressed men scored higher in each of the four GRC patterns in the sample tested then non-depressed men. These results have important implications; restriction of emotionality and pervasive concerns and attitudes toward success through control and competition were strong predictors of depression in men (O'Neil, 2008). In addition, men who refrain from emotional engagement with other men and men who experience more family and work conflicts report higher levels of depression (O'Neil, 2008).

A large body of evidence links GRC to men's stress and anxiety. A thorough review of empirical studies, in which researchers assessed the relationship between GRC and anxiety,

revealed a significant positive correlation between the elevated levels of GRC and anxiety experienced by men (Blazina & Watkins, 1996; Cournoyer & Mahalik, 1995; Jones, 1998; Kang, 2001; Mertens, 2000; Sharpe & Heppner, 1991; Theodore & Lloyd, 2000; Zamarripa, Wampold, & Gregory, 2003). Authors failed to report a significant relationship between GRC and anxiety in only one study, and concluded that GRC was accounted for 1% of men's psychological distress, which was measured by depression, anxiety, and dissatisfaction with social support (Good et al., 2000). Stress was also found to be significantly positively correlated with all four patterns of college-aged men's GRC (Fragoso & Kashubeck, 2000; Good et al., 1996, 2004; Hayes & Mahalik, 2000; Hetzel, 1998; Kratzner, 2003), which supports the hypothesis that men's experience with gender roles and masculinity ideologies are stressful (O'Neil, 2008). Moreover, positive self-esteem, which is operationally defined as favorable impressions of oneself often characterized by positive self-regard (O'Neil, 2008), has been negatively correlated with all four patterns of GRC in several studies that examined the relationship between these two variables (Kim, Choi, & Hwang, 2008; Laurent, 1998; Mahalik et al., 2001; Schwartz,Waldo, & Daniel, 2005; Sharpe & Heppner, 1991). Consequently, the negative impact of the higher levels of GRC on men's intrapersonal functioning is undeniable as evidenced by the large body of empirical studies conducted over the past three decades.

Gender Role Conflict and Men's Interpersonal Functioning

The negative impact of GRC on men's interpersonal functioning has been studied in three major areas: (1) men's attachment, intimate and family relationships; (2) men's interpersonal attitude toward others; and (3) men's friendships. For example, Schwartz, Waldo, and Higgins (2004) examined the relationship between GRC and attachment in men, and indicated that men with secure attachment styles had lower levels of GRC in the RE and SPC patterns compared

with men with fearful attachment styles. In another study, Mahalik (2000) reported that college-aged men who scored higher on the SCP presented more controlling and rigid interpersonal behavior, whereas men who score high on the RE and RABBM domains of GRC were found to behave interpersonally hostile in addition to rigid. Moreover, GRC were also found to have a negative impact on marital satisfaction (Campbell & Snow, 1992; Sharpe et al., 1995; Windle & Smith, 2009). Campbell and Sow (1992) surveyed 70 married men measuring four patterns of GRC and marital satisfaction. Researchers reported that GRC and family environment account for 46.8% of the variance in marital satisfaction. Married men who had higher levels of RE and CBWFR reported having lower marriage satisfaction and family cohesion. Similarly, Sharpe et al. (1995) reported that each of the GRC patterns negatively correlate with marital satisfaction. Higher scores on RE and RABBM were also correlated with men's withdrawal in their marriages, which moderates the relationship between GRC and marital adjustment (Windle & Smith, 2009). Another study, in which researcher tested the effects of husbands' GRC on their wives' marital adjustment outcomes, revealed that husbands who have elevated levels of GRC were more likely to engage in hostile behaviors, and this hostility moderated the relationship between GRC and wives' marital adjustment (Breiding, 2004). Moreover, Rochlen and Mahalik (2004) examined 175 female partners of men and assessed the impact of women's perceptions of their partner's GRC on relationship satisfaction. Women who perceived their male partners to have lower scores on RE and SPC reported having greater satisfaction in their relationships. Such results indicate that higher levels of GRC have significant negative consequences on men's marital and intimate relationship satisfaction. GRC also appear to posit adverse effects on the quality of men's relationships with their partners as GRC positively correlates with marital adjustment difficulties and hostility.

GRC's negative impact on men's attitudes toward others has also been a noteworthy area of study. Over the past 20 years, empirical evidence related higher levels of men's GRC to sexual coercion and aggression (Rando, Rogers, & Brittan-Powell, 1998; Senn et al., 2000), more conservative and traditional attitudes toward women especially among men with higher degrees of RABBM (Robinson & Schwartz, 2004), antigay and homophobic attitudes (Kassing, Beesley, & Frey 2005; Walker, Tokar, & Fischer, 2000; Wilkinson, 2004), higher levels of male entitlement (Hill & Fischer, 2001), endorsement of more negative attitudes toward ethnic minorities among men with higher scores of SPC (Robinson & Schwartz, 2004), highler levels of tolarance for sexual harrassment (Glomb & Espelage, 2005), and violence and aggression (Cohn & Zeichner, 2006). Based on this emprical evidence, the negative consequences of having rigid, sexist, and restricive perceptions of gender roles in men not only have detrimental consequences for men's internal functioning, but also are exceedingly damaging in the interpersonal context, having adverse effects especially toward gay men, ethnic minorities, and women.

Although a literature review of GRC's impact on men's friendships and self-disclosure reveal similarly adverse outcomes as do results in men's attachment, intimate and family relationships, and men's interpersonal attitude toward others, it is important to highlight that there is a paucity of research in the area of GRC and men's friendships. For example, Berko (1994) examined the relationship between GRC and self-disclosure in 193 undergraduate men concluding that higher levels of GRC predicted significantly lower levels self-disclosure in men. The results of another study by Swenson (1998) in this area revealed a similar relationship between GRC and self-disclosure concluding that lower levels of RE lead to higher self-disclosure in men. Sileo (1996) specifically examined GRC and its relationships to intimacy in men's friendships with other men. One hundred and fifty Caucasian men between 25 to 70 years

of age were examined in this study, and the findings stated that RE and SPC demonstrated significantly inverse relationship with intimacy and men's close friendships with other men. In a recent study, researchers specifically examined whether or not GRC and the importance men place on interpersonal community relationships in defining self-identities predicted relational health experiences of men (Vásquez et al., 2014). The hierarchical linear regression analyses of data collected from 283 gay, bisexual, and straight men indicated that the importance bisexual and straight men placed on interpersonal relationships in defining their self-identities and levels of GRC predicted relational health experiences. In addition, GRC was negatively related to the relational health experiences of community relationships for gay and straight men (Vásquez et al., 2014).

Considering the information that friendships are a substantial source of intimacy in men's lives and that men consider same-sex friendships to be as significant in their lives as their family and even romantic relationships (Fehr, 1996; 2004), it appears relative to examine the impact of GRC on the salient topic of men's friendship quality and conflicts with other men. Knowing the adverse effects of high GRC on men's intimate relationship satisfaction and family functioning as evidenced by the empirical studies over the past 30 years, it would be reasonable to assume that GRC may have a negative impact on men's friendship qualities with other men. However, the precise impact of each of the four patterns of GRC on men's friendship qualities and behavioral conflicts with other men has yet to be studied by social scientists (O'Neil, 2008).

Gender Role Conflict and Men's Psychological Well-Being

The overall construct of GRC and its four patterns have been theorized to be the opposite of PWB in men (O'Neil, 2008), which has been largely measured by the levels of happiness, life satisfaction, and positive affect (Ryff, 2014), or by the absence of psychological symptoms such

as depression, anxiety, and emotional irritation (e.g., Sharpe & Heppner, 1991; Wolfram, Mohr, & Borchert, 2008). For instance, Sharpe and Heppner (1991) found three of the four patterns of GRC to be related to lower levels of PWB in 190 undergraduate men. The only GRC pattern that was not accounted for a significant relationship with PWB was the SPC. One possible explanation for such discrepancy was that success, power, and competition issues existed independently of men's psychological health, therefore showed no significant correlation with the well-being measures (Sharpe & Heppner, 1991). Another possible explanation was the limitation of the age range of the study sample. Authors postulated that in a sample of older men who may be suffering from career burn out or lack of career success, an adverse relationship between SPC and PWB may be more observable (Sharpe & Heppner, 1991). However, a later study conducted by Sharpe, Heppner, and Dixon (1995) examined GRC on adult men, and only reported a significant relationship between the RE pattern of GRC and PWB (Sharpe, Heppner, & Dixon, 1995, cited in O'Neil, 2008).

In another recent study, researchers examined the relationship between GRC and PWB in male primary school teachers in Germany, where primary school teaching is a numerically female-dominated occupation (Wolfram, Mohr, & Borchert, 2000). Researchers hypothesized that male teachers could possibly experience higher degrees of GRC in a female-dominated profession. They assessed the impact of gender role self-concept, measured by the Bem Sex Role Inventory (Bem, 1974), as well as GRC on men's PWB, which was measured by the absence of depressive, anxiety, and emotional irritation symptoms. The authors' findings suggest that masculinity was associated with lower levels of depression and anxiety, thus, predicted higher levels of well-being whereas GRC was adversely interrelated with PWB (Wolfram, Mohr, & Borchert, 2000).

In two other studies, in which the relationships between GRC and men's PWB were examined, authors reported consistent results (Blazina & Watkins, 1996; Simonsen, Blazina, & Watkins, 2000). Blazina and Watkins (1996) and found significant correlations between the SPC pattern of GRC and lower levels of psychological functioning measured by anger, temperament, and increased substance use. Moreover, RE was reported to have a significant relationship to lower levels of well-being in the same study. Simonsen et al. (2000) examined the relation of GRC to certain aspects of one hundred and seventeen gay men's psychological experience, and reported that gay men with lower levels of GRC had fewer symptoms of anger, anxiety, and depression. More specifically, all four patterns of GRC were positively correlated with anger, anxiety, depression subscales, which were measured by Hopkins Symptom Checklist (Derogatis et al., 1974). In these studies, the concept of PWB is not operationally and resolutely defined, which makes the comparison of research results somewhat inconclusive. Each study utilized slightly different variables and measures that were hypothesized to account for overall PWB. Nonetheless, the consistency of above results provides evidence that the patterns of GRC and poor PWB are interrelated.

Summary of Gender Role Conflict Literature

Gender role conflict (GRC) is a mental state in which traditional gender role socialization have detrimental impact on the person and those around the person (O'Neil, 2008). GRC is most clearly manifested when restrictive, rigid, and sexist gender roles results in the restriction, violation, and/or devaluation of self or others (O'Neil et al., 1995). The four empirically supported patterns of GRC: (1) Success, Power, and Competition Issues (SPC); (2) Restrictive Emotionality (RE); (3) Restrictive Affectionate Behavior between Men (RABBM); and (4) Conflicts between Work and Family Relations (CBWFR) (O'Neil et al., 1995), have been

examined empirically in various contexts. GRC is significantly correlated with numerous intrapersonal, interpersonal, and psychosocial problems in men (Rochlen & Mahalik, 2004; Sharpe & Heppner, 1991; Wolfram, Mohr, & Borchert, 2008).

Intrapersonally, higher degrees of GRC appear to have a positive correlation with depression, stress, anxiety, negative perceptions of self, anger, and more negative attitudes of help-seeking behavior in men (Burke, 2000; Fragoso & Kashubeck, 2000; Good, Heppner, DeBord, & Fischer, 2004; Kang, 2001). GRC is also associated with high levels of interpersonal problems in men. Men who score higher on GRC scales have been related to hostile and rigid interpersonal behavior, low marital satisfaction, more positive perceptions of homophobia, sexual coercion, harassment, violence and aggression. GRC has also been correlated with negative attitudes toward ethnic and sexual minorities and lower levels of self-disclosure in same gender and cross gender friendships. Moreover, GRC has been reported to impact PWB of men adversely as evidenced by the negative correlations of GRC with happiness, life satisfaction, and increased symptomatology in depression, anxiety, and anger. One important area of future research on this construct is to examine the impact of men's GRC on other men, especially in same-sex friendship contexts (O'Neil, 2008).

As the Gender Role Strain Paradigm (Pleck, 1981) transformed the perceptions of masculinity, GRC emerged as an empirically supported construct from this paradigm to predict PWB in men. In the early 1990s, an additional relevant masculinity ideology-based construct, Normative Male Alexithymia, also derived from Pleck's (1981) theory. Stimulated by the gender role trauma subtype of the paradigm, Normative Male Alexithymia appears to be another promising construct to predict the quality of men's interpersonal relationships and PWB in men.

Normative Male Alexithymia

Normative Male Alexithymia (NMA) is a mild form of the clinical condition of alexithymia, which literally means *no word for emotions* (Sifneos, 1973). Clinically, alexithymia refers to an affective disorder in which one has significant difficulty identifying and articulating subjective feelings in addition to struggling with differentiating feelings from the physical sensations of emotional arousal (Nemiah, Freyberger, & Sifneos, 1976). Recent developments in alexithymia conclude that it reflects deficits in cognitive processing and emotional regulation (Taylor, 2000). Although contextual, idiosyncratic, and situational variances exist, individuals suffering from alexithymia lack the ability to assign meaning to their emotional experiences, which negatively impacts their internal and interpersonal functioning. In fact, alexithymia has been observed in clients with substance abuse, posttraumatic stress, and eating disorders (Taylor, 1996; Taylor 2004). As a central theme to this condition, individuals who are struggling with high levels of alexithymia are often confused by the physical sensations that emotions evoke in them, report difficulties in empathizing with people, and tend to have very concrete and logical patterns of thinking (Wexler, 2009).

In 1989, Levant and Kelly observed mild-to-moderate forms of alexithymia among male participants of the Boston University Fatherhood Project (Levant & Kelly, 1989). Levant termed this condition NMA in order to account for the widespread and commonplace emotional restrictiveness he observed in many men in Western culture (Levant, 1992). He theorized that this condition was closely related to masculinity ideologies and men's traditional gender role socialization. Thus, NMA is defined as gender-linked mild-to- moderate from of alexithymia and it is "the inability of some men to put emotions into words that is posited to result from traditional masculine gender role socialization, a key element of which is the emotional restrictiveness" (Karakis & Levant, 2012, p. 180). NMA has the most pertinence to Pleck's

(1995) gender role trauma strain due to the hypothesis that gender role socialization and masculinity ideologies are traumatic for boys during their developments forcing them to repress and suppress their emotions (Levant, 1995). Although these individuals do not present with the severe symptomatology of clinical alexithymia, NMA still constitutes a significant condition that potentially hinders the emotional lives and interpersonal relationships of many men (Wexler, 2009).

In Western societies, boys are traditionally socialized to restrict their emotional expressions by both parents and peers (Levant, 1998). Several authors argue that significant gender differences exist in socialization processes of boys and girls (Brody & Hall, 1993; Dunn, Bretherton, & Munn, 1987; Haviland & Malatesta, 1981; Langlois & Downs, 1980) in such ways that parents discourage the expressions of fear and sadness emotions in boys; while encouraging the expression of such emotions in girls (Levant, 1998). Fathers start socializing boys based on traditional and gender-stereotypical behaviors as early as one year of age (Langlois & Downs, 1980, cited in Levant, 2006). Girls' peer group socializations often emphasize relationship building whereas boys' peer groups focus on activities that encourage competition and toughness (Levant, 2006). As a result of early socializations that force boys to conform to traditional masculine behavior norms, boys learn to suppress, evade, or deny their vulnerable emotions, thus lacking awareness and vocabulary to express and articulate such emotions in their adult lives as men (Levant. 2006). Therefore, NMA is normative in its frequency as it is common among Western men. It is gender specific due the differences in gender socializations between boys and girls and the imposition of traditional masculine gender role expectations on boys.

Theoretically, an inability to articulate and express one's emotions can create significant problems in men's interpersonal and familial relationships as men are called to fill new roles that

require strong communication skills and nurturing interactions with children in their families (Levant, 2006). Changing societal and familial structures require men to listen emphatically, express their vulnerable feelings, and redefine traditional gender roles (Levant, 2006). Nonetheless, many men in Western societies have not been socialized to utilize their emotionality and they are ill-prepared to participate satisfactorily in their new roles as men (Levant & Kopecky, 1995). Therefore, the presence of NMA in men is likely to have significant implications for research and practice.

Although there is a large body of research on alexithymia, the construct of NMA has been understudied. In psychiatric and clinical samples, alexithymia has been investigated in the contexts of emotion regulation, autonomic activity, psychosomatic distress and somatoform disorders, panic disorder, eating disorders, and mood disorders (Taylor, 2000). For example, alexithymia has been positively associated with maladaptive behaviors of emotion regulation such as binge eating, and has been negatively associated with adaptive styles of coping such as reflecting on and processing one's emotional experience (Schaffer, 1993). Furthermore, researchers reported that alexithymia has been observed prevalently in irritable bowel syndrome and functional dyspepsia patients, 66 % of whom reported higher scores on alexithymia scales (Porcelli, et al., 1999). Likewise, alexithymia was observed in 67% of panic attack disorder patients, and in roughly 13 % of the obsessive compulsive disorder and phobia patients (Parker 1993; Zeitlin & McNally, 1993). Patients with depression has also been reported to have high rates of alexithymia in clinical samples (Li, Zhang, Guo, & Zhang, 2015).

The impact of alexithymia on men's interpersonal functioning and well-being has also been studied in non-clinical samples. For example, in one study alexithymia and interpersonal problems were significantly predictive of psychological distress of undergraduate students

participated in the study (Multon & Schuetz, 2007). However, this sample included both men (*N*=62) and women (*N*=172), and gender specific statistical analyses were not reported in the study. In another study that consisted of 34 males and 124 females, researchers examined alexithymia on participants' relationship and sexual satisfaction. Results indicated a moderate adverse relationship between alexithymia and both relationship and sexual satisfaction (Humprey, Wood, & Parker, 2009). In another study of interpersonal relationships (Vanheule et al., 2007), alexithymia was associated with cold/distant and nonassertive social functioning in a coed sample of mental health outpatients (*N*=404, 70.8% female) and a student sample (*N* =157, 84.7% female). Gender specific statistical analyses were also not reported in this study.

The results of an additional gender-specific study revealed a significant positive relationship between GRC, alexithymia, and fear of intimacy in men (Fischer & Good, 1997). In a sample of 208 undergraduate men, Fischer and Good (1997) found alexithymia and fear of intimacy were strongly related to GRC, and men who reported higher levels of GRC also reported greater degrees of alexithymia and fear of intimacy. In another study, Eid and Boucher examined the impact of alexithymia in heterosexual couples' dyadic adjustments (2012). Authors' findings indicate that men's alexithymia is negatively related to dyadic adjustment of their female partners, whereas alexithymia in women did not generate statistically significant relationships to men's dyadic adjustment **(**Eid & Boucher, 2012). To date, no researchers have investigated the relationship between alexithymia and men's friendship qualities and discords with other men.

Alexithymia was examined in the context of men's overall well-being in five studies. In four of these studies, authors utilized happiness, life satisfaction, or positive affect as determinants of well-being. In one study, researchers utilized a specifically designed well-being

instrument to measure this construct. Warner (2007) examined the relationship between alexithymia, substance dependence, and overall well-being in four different groups: (1) fifty undergraduates who had alexithymia, (2) fifty undergraduates who did not have alexithymia, (3) fifty clients who had both alexithymia and substance dependence, and (4) fifty clients who did not have alexithymia, but were substance dependent. Results indicated that there were statistically significant differences in the well-being scores of alexithymic and non-alexithymic groups, both undergraduate and substance dependent non-alexithymic groups scoring higher on the well-being instruments than both undergraduate and substance dependent groups with higher levels of alexithymia. The construct of overall well-being in this study was measured by The Wellness Evaluation of Lifestyle instrument (WEL; Myers, Sweeney, & Witmer, 2001), which measures wellness in eight categories: (a) spirituality, (b) self-regulation, (c) work, (d) leisure, (e) friendship, (f) love, (g) perceived wellness, and (h) total wellness (Myers et al., 2001). Moreover, Saxena, Dubey, and Pandey examined the intersection of alexithymia and affective well-being in a sample of 218 males and 70 females utilizing the Hindi version of the Positive Affect and Negative Affect scale (PANAS; Pandey and Shrivastava, 2008), which assesses positive and negative affect to measure well-being. The researchers concluded that alexithymia was negatively correlated with well-being (Saxena, Dubey, & Pandey, 2011). No gender specific results were reported.

Of the three studies in which researchers assessed well-being in terms of life satisfaction and happiness (Holder, Love, & Timoney 2010; Mattila, et al., 2007; Palmer, Donaldson, & Stough, 2002), one revealed an inverse correlation between alexithymia and life-satisfaction in a non-clinical sample (Palmer, Donaldson, & Stough, 2002). Researchers in the second study found consistent results, and reported a statistically significant negative association between

alexithymia and life satisfaction in healthcare patients even after the researchers controlled for depression and physical health (Mattila et al., 2002). In the third study, researchers concluded that in a sample 438 undergraduate student sample, individuals who score higher in alexithymia scale were found to be less satisfied with life than those with no alexithymia and to be more depressed than their non-alexithymic counterparts (Holder, Love, & Timoney 2010). Such results indicate that alexithymia impacts well-being in a significantly negative manner. However, further studies are needed to examine this relationship specifically in men.

In one study researchers specifically investigated NMAS (Normative Male Alexithymia Scale; Levant et al., 2006) in intimate relationship contexts. Of a sample of 175 men in romantic relationships, which consisted of 91.4 % Caucasian undergraduate and community based Midwestern men, Karakis and Levant (2012) examined the association of NMA with men's relationship satisfaction and communication quality (Dyadic Adjustment Scale; Spainer, 1976) in addition to fear of intimacy (Fear of Intimacy Scale; Descutner & Thelen, 1991). Authors reported NMA negatively correlated with men's relationship satisfaction and communication quality; and positively correlated with fear of intimacy (Karakis & Levant, 2012). Although a predominantly Caucasian sample constitutes a limitation for the generalizability of the findings, the results are consistent with other studies that examined alexithymia in intimate relationship contexts.

In another study, Laver (2013) examined the impact of NMA on veterans' mental health (PTSD Checklist-Military; Weathers et al., 1993), quality of life (The Quality of Life Scale; Burckhardt & Anderson, 2003), and help-seeking behaviors (Attitudes Towards Seeking Professional Psychological Help Scale; Fischer & Farina, 1995). Multiple regression analyses of the data collected from a sample of male veterans (N=145) revealed that while restrictive

emotionality could serve as a protective factor against Post-Traumatic Stress Disorder, NMA and dominant personality characteristics were significant predictors of less positive attitudes towards help seeking attitudes in male veterans. Moreover, higher levels of NMA and combat exposure were found to predict lower levels of life quality (Laver, 2013).

Summary of Alexithymia and Normative Male Alexithymia Literature Review

Alexithymia refers to a cognitive processing disorder that negatively impacts emotional processing (Taylor, 2014). As a clinical condition, it has been positively associated with maladaptive emotional regulation, binge eating, irritable bowel syndrome, functional dyspepsia, panic attack disorder, obsessive compulsive disorder, and depression (Li, et al., 2015; Porcelli et al., 1999; Schaffer, 1993; Taylor, 2000). In non-clinical samples, alexithymia has been found to impact adversely intimate and sexual relationship satisfaction and heterosexual couples' dyadic adjustments. Also, it has been reported to be a significant predictor of PWB, and negatively associated with happiness, life satisfaction, and positive affect. Furthermore, in the interpersonal context, a strong positive correlation between alexithymia and maladaptive social functioning and fear of intimacy has been reported.

NMA is a widespread condition of emotional restrictiveness in men generated by traditional gender role socializations and intensified by a lack of vocabulary for especially vulnerable emotions such as sadness, fear etc. (Karakis & Levant, 2012). Although the number of empirical studies in which NMA was investigated is very few, researchers reported that NMA is adversely associated with relationship satisfaction, communication quality, and help-seeking attitudes and quality of life in veterans. NMA has also been reported to positively correlate with fear of intimacy in men's romantic relationships. Nonetheless, NMA is an understudied construct and to date, the impact of NMA on men's friendship qualities and conflicts with other men as

well as men's PWB have not been studied in non-clinical samples. One important critique of these studies is that researchers mostly focused on the unhealthy aspects of men's gender roles and the healthy aspects of these roles has yet to be investigated. Another critique included the preponderance of college student samples and the possible limitations in generalizing such results onto the general population (Levant & Richmond, 2007).

Current Study

In early the 1980s, the Gender Role Strain Paradigm (Pleck, 1981) replaced the historically biological view of gender roles with the perspective that masculinity is a socially constructed entity based on culture, race/ethnicity, sexual orientation, and historical eras (Levant, 2004). From this theoretical perspective, two gender-linked constructs, GRC (O'Neil, 2008) and NMA (Levant, 1992) emerged as promising to predict psychological well-being in men. Although GRC and NMA in intrapersonal, interpersonal, and environmental contexts have been studied by several scholars, there exists a paucity of empirical research that focuses on the relationship of these two variables to men's friendship qualities and conflicts with other men. Among the few studies in which men's non-romantic friendships with other men were examined, Brown and Keel (2013) reported a strong correlation between the drive for thinness, bulimic symptoms, and low friendship satisfaction in men. Chow, Tan, and Ruhl (2015) examined the association between the same sex, non-romantic relationship discord and depression in men. The results indicated that higher levels of perceived friendship discords were significantly correlated with elevated levels of depression. Subsequently, Ranney and Troop-Gordon (2012) reported similar results concluding that men with more depressive symptoms are more likely to report conflict in their close friendships. Santamaria et al., (2014) investigated the relationship between friendship and well-being in a sample of Spanish and Italian gay men between the ages of 18 and

26. Their results indicated that gay men with female best friends reported yielded higher scores on the well-being instruments compared to gay men with male best friends. Even though these results somewhat explains impact of men's same-sex, non-romantic relationships on their well-being; the precise relationship among masculinity ideologies, men's same sex friendship discords and a clearly defined construct of psychological well-being is unknown. As indicated, in former studies psychological well-being (PWB) has been predominantly assessed either by the degree of happiness, life satisfaction, and positive affect, or by the absence of psychological distress such as depression, anxiety, and substance abuse. Because scholars measured well-being with varying constructs and instruments, the construct validity of such instruments comes into question when measuring PWB. Further studies that aim to define PWB operationally and utilize a specific well-being instrument based on such definitions are needed to make comparisons and conclusions about the relationship among GRC, MNA, qualities of men's friendships with other men, and PWB. Therefore, the purpose of this study was to examine the triadic relationship of GRC, NMA, and men's friendships discords with other men, and the impact of this triadic relationship on men's PWB in a non-clinical sample.

Research Questions and Hypotheses

This study focused on the following research questions and tested the following null hypotheses:

1- What are the relationships among adult men's total scores gender role conflict (GCR), normative male alexithymia (NMA), adult men's same-sex friendship discords, and psychological well-being?

H0a: There will be no relationship between NMA and adult men's same-sex friendships discords.

H0b: There will be no relationship between NMA and adult men's psychological well-being.

H0c: There will be no relationship between adult men's same-sex friendship discords and adult men's psychological well-being.

H0d: There will be no relationship between GRC and adult men's psychological well-being.

2- Does GRC significantly moderate the effect of NMA and same sex relationship qualities/conflicts on adult men's psychological well-being?

H0e: GRC will not moderate the relationship between adult men's same-sex relationship discords and adult men's psychological well-being.

H0f: GRC will not moderate the relationship between NMA and adult men's psychological well-being.

3- Which model most accurately predicts the relationship between gender role conflict, normative male alexithymia, adult men's same-sex friendships discords, and psychological well-being in college men?

References

Bem, S. L. (1974). The measurement of psychological androgyny. *Journal of Consulting and Clinical Psychology*, *42,* 155–162.

Berko, E. H. (1994). Shyness, gender-role orientation, physical self-esteem, and male gender role conflict (Doctoral dissertation, University of Albany, State University of New York, 1994). *Dissertation Abstracts International*, *55,* 4100.

Blazina, C., & Watkins, C. E. (1996). Masculine gender role conflict: Effects on college men's psychological well-being, chemical substance usage, and attitudes toward help-seeking. *Journal of Counseling Psychology*, *43,* 461-465.

Breiding, M. J. (2004). Observed hostility and observed dominance as mediators of the relationship between husbands' gender role conflict and wives' outcomes. *Journal of Counseling Psychology*, *51,* 429-436.

Brody, L., & Hall, J. (1993). Gender and emotion. In M. Lewis & J. Haviland (Eds.), *Handbook of emotions*. New York: Guilford Press.

Brooks, G. R. (1990). Post-Vietnam gender role strain: A needed concept? *Professional Psychology: Research and Practice, 21(1),* 18-25. doi: 10.1037/0735-7028.21.1.18

Brown, A. T., & Keel, P. K. (2013). The impact of relationships, friendships, and work on the association between sexual orientation and disordered eating in men. *Eating Disorders, 21*, 342–359.

Burckhardt, C. S., & Anderson, K.L. (2003). The Quality of Life Scale (QOLS): Reliability, validity, and utilization. *Health Quality of Life Outcomes, 1, 1-7.*

Burke, K. (2000). *Gender role conflict and psychological well-being: An exploration in men enrolled to attend an initiatory weekend*. Unpublished master's thesis, University of Maryland (Baltimore County).

Campbell, J. L., & Snow, B. M. (1992). Gender role conflict and family environment as predictors of men's marital satisfaction. *Journal of Family Psychology, 6*, 84-87.

Chow, C. M., Tan, C. C., & Ruhl, H. (2015). Misery loves company: A dyadic approach to examining the effects of depressive symptoms on friendship discord. *Journal of Social and Clinical Psychology, 24,* 774-787.

Cohn, A., & Zeichner, A. (2006). Effects of masculine identity and gender role stress on aggression in men. *Psychology of Men & Masculinity, 7*(4), 179-190. doi: 10.1037/1524-9220.7.4.179

Cournoyer, R. J., & Mahalik, J. R. (1995). A cross-sectional study of gender role conflict examining college-aged and middle-aged men. *Journal of Counseling Psychology, 42,* 11-19.

Derogatis, L., Lipman, R., Rickels, K., Uhlenhuth, E., & Covi, L. (1974). The Hopkins Symptom Checklist. *Psychological Measurements in Psychopharmacology, 7*, 79-110.

Descutner, C. J., & Thelen, M. H. (1991). Development and validation of a fear-of-intimacy scale. *A Journal of Consulting and Clinical Psychology, 3(2),* 218-225.

Dunn, J., Bretherton, I., & Munn, P. (1987). Conversations about feeling states between mothers and their children. *Developmental Psychology, 23*, 132–139.

Eid, P., & Boucher, S. (2012). Alexithymia and dyadic adjustment in intimate relationships: Analyses using actual partner interdependence model. *Journal of Social and Clinical Psychology, (31)10,* 1095-1111.

Fragoso, J. M., & Kashubeck, S. (2000). Machismo, gender role conflict, and mental health in Mexican American men. *Psychology of Men & Masculinity, 1*(2), 87-97. doi: 10.1037/1524-9220.1.2.87

Fehr, B. (1996). *Friendhsip processes*. Thousand Oaks, CA: Sage

Fehr, B. (2004). Intimacy expectations in same-sex friendships: A prototype interaction pattern model. *Journal of Personality and Social Pscyhology, 86*(2), 265-284.

Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development, 36*(4), 368-373.

Fischer, A. R., & Good, G. E. (1997). Men and pscyhotherapy: An investigaiton of alexithymia, intimacy, and masculine gender roles. *Psychotherapy, (34)2*, 160-170.

Glomb, S. M., & Espelage, D. L. (2005). The influence of restrictive emotionality in men's emotional appraisal of sexual harassment: A gender role interpretation. *Psychology of Men & Masculinity, 6*(4), 240-253. doi: 10.1037/1524-9220.6.4.240

Good, G. E., Robertson, J. M., Fitzgerald, L. F., Stevens, M., & Bartels, K. M. (1996). The relation between masculine role conflict and psychological distress in male university counseling center clients. *Journal of Counseling and Development, 75*, 44-49.

Good, G. E., Heppner, P. P., DeBord, K. A., & Fischer, A. R. (2004). Understanding men's psychological distress: Contributions of problem-solving appraisal and masculine role conflict. *Psychology of Men & Masculinity, 5*(2), 168-177. doi: 10.1037/1524-9220.5.2.168

Hayes, J. A., & Mahalik, J. R. (2000). Gender role conflict and psychological distress in male counseling center clients. *Psychology of Men & Masculinity, 2*, 116-125.

Haviland, J. J., & Malatesta, C. Z. (1981). The development of sex differences in nonverbal signals: Fallacies, facts, and fantasies. In C. Mayo & N. Henly (Eds.), *Gender and non-verbal behavior* (pp. 183-208). New York: Springer-Verlag.

Hendrick, S. S., Dicke, A., & Hendrick, C. (1998). The Relationship Assessment Scale. *Journal of Social and Personal Relationships, 15,* 137-142.

Hetzel, R. D. (1998). Gender role strain and perceived social support as correlates of psychological distress in men (Doctoral dissertation, Texas A & M University, 1998). *Dissertation Abstracts International, 58,* 1534.

Hill, M. S., & Fischer, A. R. (2001). Does entitlement mediate the link between masculinity and rape-related variables? *Journal of Counseling Psychology, 48,* 39-50.

Holder, M. D., Love, A. B., & Timoney, L. R. (2010). *Happiness, life satisfaction, and personality disorders: Subjective well-being and alexithymia*. Paper presented at the American Psycholgical Association Annual Convention, 2010.

Humprey, T. P., Wood, L. M., & Parker, D. A. (2009). *Alexithymia and satisfaction in intimate relationships.* Personality and Individual Differences, *46*, 43-47.

Jones, D. A. (1998). Gender role conflict, coping, and psychological distress in gay men (Doctoral dissertation, Ohio State University). *Dissertation Abstracts International, 59,* 4468.

Kang, J. (2001). Relationship between masculine gender role conflict and psychological distress among Korean male college students (Doctoral dissertation, University of Missouri, Columbia, 2001). *Dissertation Abstracts International, 62*, 4274.

Karakis, E. N., & Levant, R. F. (2012). Is normative male alexithymia associated with

relationship satisfaction, fear of intimacy and communication quality among men in relationships? *The Journal of Men's Studies, 20*(3), 179-186.

Kassing, L. R., Beesley, D., & Frey, L. I. (2005). Gender role conflict, homophobia, age, and education as predictors of male rape myth acceptance. *Journal of Mental Health Counseling*, *27*, 311-328.

Kim, J., Choi, H. C., & Hwang, M. (2008). *Self-Esteem as a mediator among instrumentality*, Gender Role Conflicts, and Depression. American Psychological Association 2008 Convention Presentation. doi:10.1037/e516142008-001

Kratzner, R. E. (2003). *Gender role conflict, instrumentality-expressiveness, personality, and psychological distress in college males*. Unpublished master's thesis, St. Louis University, Missouri.

Langlois, J. H., & Downs, A. C. (1980). Mother, fathers, and peers as socialization agents of sex-typed play behaviors in young children. *Child Development, 51*, 1217–1247.

Laurent, M. G. (1998). Gender role conflict, cultural identity, and self-esteem among African-American men (Doctoral dissertation, University of Southern California, 1998). *Dissertation Abstracts International, 59*, 1473.

Laver, N. J. (2013). *The effect of masculinity on post-deployment veterans' help-seeking behaviors and mental health outcomes.* (3596704 Ph.D.), The University of North Dakota, Ann Arbor. Retrieved from http://search.proquest.com/docview/1448855206?accountid=34899

Lazur, R., & Majors, R. (1995). Men of color: Ethocultural variations of male gender role strain. In R. F. Levant & W. S. Pollack (Eds.), *A New Psychology of Men* (pp. 1-8). New York, NY: Basic Books.

Levant, R. F. (1992). Toward the reconstruction of masculinity. *Journal of Family Psychology, 5*, 379- 402.

Levant, R. F. (1996). The new psychology of men. *Professional Psychology: Research and Practice*, *27*, 259-265.

Levant, R. F. (1998). Desperately seeking language: Understanding, assessing, and treating normative male alexithymia. In W. Pollack & R. Levant (Eds.*), New psychotherapy for men* (pp. 35–56). New York: Wiley.

Levant, R. F. (2004). Gender-role strain. In M. S. Kimmel & A. B. Aronson (Eds.), *Men and masculinities: A social, cultural, and historical encyclopedia.* Santa Barbara, CA*:* ABC-CLIO Inc.

Levant, R. F. (2011). Research in the psychology of men and masculinity using the gender role strain paradigm as a framework. *The American Psychologist*, *66*(8), 765-776.

Levant, R. F., & Kelly, J. (1989*). Between father and child: How to become the kind of father you want to be*. New York: Viking.

Levant, R. F., & Kopecky, G. (1995). *Masculinity reconstructed*. New York: Plume.

Levant, R. F., & Pollack, W. (1995). Why study the psychology of men? In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men*, (pp. 1-8). New York, NY: Basic Books.

Levant, R. F., & Majors, R. (1997). An investigation into variations in the construction of male gender role among young African American and European American women and men. *Journal of Gender, Culture, and Health*, *2*, 33-43.

Levant, R. F., Majors, R., & Kelley G. (1998). Masculinity ideology among young African American and European American women and men in different regions of the United States. *Culture, Diversity, and Mental Health*, *4*, 227-236.

Levant. R. F., & Richmond, K. (2007). A review of research on masculinity ideologies using the Male Role Norms Inventory. *Journal of Men's Studies*, *15*,130-146.

Li, S., Zhang, B., Guo, Y., & Zhang, J. (2015). Review article: The association between alexithymia as assessed by the 20-item Toronto Alexithymia Scale and depression: A meta-analysis. *Psychiatry Research, 227,* 1-9. doi: 10.1016/j.psychres.2015.02.006

Liu, W. M., Rochlen, A., & Mohr, J. J. (2005). Real and ideal gender-role conflict: Exploring psychological distress among men. *Psychology of Men & Masculinity, 6*(2), 137-148. doi: 10.1037/1524-9220.6.2.137

Magovcevic, M., & Addis, M. E. (2005). Linking gender-role conflict to nonnormative and self-stigmatizing perceptions of alcohol abuse and depression. *Psychology of Men & Masculinity, 6*(2), 127-136. doi: 10.1037/1524-9220.6.

Mahalik, J. R. (2000). Gender role conflict in men as a predictor of self-ratings of behavior on the interpersonal circle. *Journal of Social and Clinical Psychology, 19*(2), 276-292. doi: http://dx.doi.org/10.1521/jscp.2000.19.2.276

Mahalik, J. R., & Cournoyer, R. J. (2000). Identifying gender role conflict messages that distinguish mildly depressed from nondepressed men. *Psychology of Men & Masculinity, 1*(2), 109-115. doi: 10.1037/1524-9220.1.2.109

Mahalik, J. R., Locke, B. D., Theodore, H., Cournoyer, R. J., & Lloyd, B. F. (2001). A cross-national and cross-sectional comparison on men's gender role conflict and its relationship to social intimacy and self-esteem. *Sex Roles, 45*, 1-14.

Mahalik, J. R., Locke, B. D., Ludlow, L. H., Diemer, M. A., Scott, R. P. J., Gottfried, M., & Freitas, G. (2003). Development of the conformity to masculine norms inventory. *Psychology of Men & Masculinity*, *4*(1), 3-25. doi: 10.1037/1524-9220.4.1.3

Mattila, A. K., Poutanen, O., Koivisto, A., Salokangas, R. K. R., & Joukamaa, M. (2007). Alexithymia and life satisfaction in primary healthcare patients. *Psychosomatics, 48*(6), 523-529. doi: http://dx.doi.org/10.1176/appi.psy.48.6.523

Mertens, C. E. (2000). Male gender role conflict in depressed versus non-depressed medical populations (Doctoral dissertation, University of Iowa, 2000). *Dissertation Abstracts International, 61,* 3068.

Multon, K. D., & Schuetz, S. A. (2007). *Relationship of alexithymia, interpersonal problems, and self-understanding to psychological distress*. American Psychological Association 2007 Convention Presentation.

Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2001). *The Wellness Evaluation of Lifestyle: An instrument for assessing and planning wellness lifestyles*. Redwood City, CA: Mind Garden.

Neimah, J. C., Freyberger H., & Sifneos, P. E. (1976). Alexithymia: A view of the psychosomatic process. In O. W. Hill (Eds.), *Modern trends in psychosomatic medicine,* (pp. 430-439). London: Butterworths.

O'Neil, J. M. (2008). Summarizing 25 years of research on men's gender role conflict using the Gender Role Conflict Scale: New research paradigms and clinical implications. *The Counseling Psychologist, 36*(3), 358-445. doi: 10.1177/0011000008317057

O'Neil, J. M., Helm, B., Gable, R., David, L., & Wrightsman, L. (1986). Gender Role Conflict Scale (GRCS): College men's fears of femininity. *Sex Roles, 14*, 335-350.

O'Neil, J. M., & Egan, J. (1992). Men's gender role transitions over the life span: Transformations and fears of femininity. *Journal of Mental Health Counseling, 14(3),* 305-324.

O'Neil, J. M., Good, G. E., & Holmes. S. (1995). Fifteen years or theory and research on gender role conflict: New paradigms for empirical research. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men,* (pp. 1-8). New York, NY: Basic Books.

Palmer, B., Donaldson, C., & Stough, C. (2002). Emotional intelligence and life satisfaction. *Personality and Individual Differences, 33*(7), 1091-1100.

Pandey, R., & Shrivastava, N. (2008). Psychometric evaluation of a Hindi version of positive and negative affect schedule. *Industrial Psychiatry Journal, 17(1),* 49- 54.

Parker, J. D., Taylor, G. J., Bagby, R. M., & Acklin, M. W (1993). Alexithymia in panic disorder and simple phobia: A comparasion. *The American Journal of Psychiatry, 150*(7), 1105.

Pasciak, A. (2012). *Adherence to traditional male gender roles and its influence on how male police officers offer emotional support to fellow traumatized officers.* (3498425 Ph.D.), Walden University, Ann Arbor. Retrieved from https://login.libproxy.edmc.edu/login?url=http://search.proquest.com/docview/926570524?accountid=34899

Pleck, J. H. (1981). *The myth of masculinity.* Cambridge, MA: MIT Press.

Pleck, J. H. (1995). The gender role strain paradigm: An update. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men,* (pp. 1-8). New York, NY: Basic Books.

Porcelli, P., Taylor, G. J., Bagby, R. M., & De Carne M. (1999). Alexithymia and functional gastrointestinal disorders. A comparison with inflammatory bowel disease. *Psychotherapy and Psychosomatics, 68(5)* 263-269.

Rando, R. A., Rogers, J. R., & Brittan-Powell E., & Christopher, S. (1998). Gender role conflict and college men's sexually aggressive attitudes and behavior. *Journal of Mental Health Counseling, 20*(4), 359.

Ranney. J. D., & Troop-Gordon, W. (2012). Computer-mediated communication with distant friends: Relations with adjustment during student's first semester in college. *Journal of Educational Psychology, 104,* 848-861.

Robinson, D. T., & Schwartz, J. P. (2004). Relationship between gender role conflict and attitudes toward women and African Americans. *Psychology of Men & Masculinity*, *5*(1), 65-71. doi: 10.1037/1524-9220.5.1.65

Rochlen, A., & Mahalik, J. R. (2004). Women's perceptions of male partner's gender role conflict as predictors of psychological well-being and relationship satisfaction. *Psychology of Men and Masculinity, 5*, 147-157.

Ryff, D. C. (2014). Psychological well-being revisited: advances in the science and practice of eudaimonia. *Psychotherapy and Psychosomatics, 83*, 10-28.

Sánchez, F. J., Westefeld, J. S., Liu, W. M., & Vilain, E. (2010). Masculine gender role conflict and negative feelings about being gay. *Professional Psychology: Research and Practice, 41(2),* 104-111. doi: 10.1037/a0015805

Santamaria, R., Lonigro, A., Ioverno, S., Baumgartner, E., & Langhi, F. (2014) Beyond similarities: Cross-gender and cross-orientation best friendship in a sample of sexual minority and heterosexual young adults. *Sex Roles, 70,* 110-121.

Saxena, P., Dubey, A., & Pandey, R. (2011). Role of emotion regulation difficulties in predicting mental health and well-being. *SIS Journal of Projective Psychology & Mental Health, 18*(2), 147-154.

Schaffer, C. E. (1993). *The role of adult attachment in the experience and regulation of affect.* (9331562 Ph.D.), Yale University, Ann Arbor. Retrieved from

https://login.libproxy.edmc.edu/login?url=http://search.proquest.com/docview/304057576?accountid=34899

Schwartz, J. P., Waldo, M., & Higgins, A. J. (2004). Attachment styles: Relationship to masculine gender role conflict in college men. *Psychology of Men & Masculinity, 5*(2), 143-146. doi: 10.1037/1524-9220.5.2.143.

Schwartz, J. P., Waldo, M., & Daniel, D. (2005). Gender-role conflict and self-esteem: Factors associated with partner abuse in court-referred men. *Psychology of Men & Masculinity, 6*(2), 109-113. doi: 10.1037/1524-9220.6.2.109

Senn, C. Y., Desmarais, S., Verberg, N., & Wood, E. (2000). Predicating coercive sexual behavior across the lifespan in a random sample of Canadian men. *Journal of Social and Personal Relationships, 17,* 95-113.

Sharpe, M. J., & Heppner, P. P. (1991). Gender role, gender role conflict, and psychological well-being in men. *Journal of Counseling Psychology, 38,* 323-330.

Sharpe, M. J., Heppner, P. P., & Dixon, W. A. (1995). Gender role conflict, instrumentality, expressiveness, and well-being in adult men. *Sex Roles, 33,* 1-18.

Shepard, D. S. (2002). A negative state of mind: Patterns of depressive symptoms among men with high gender role conflict. *Psychology of Men & Masculinity, 3*(1), 3-8. doi: 10.1037/1524-9220.3.1.3

Sifneos, P. E. (1973). The prevalence of "alexithymic" characteristics in psychosomatic patients. *Psychotherapy and Psychosomatics, 22,* 255–262.

Sileo, F. J. (1996). Gender role conflict: Intimacy and closeness in male-male friendships (Doctoral dissertation, Fordham University, 1996). *Dissertation Abstracts International, 56,* 4645.

Simonsen, G., Blazina, C., & Watkins, C. E., Jr. (2000). Gender role conflict and psychological well-being among gay men. *Journal of Counseling Psychology, 47*(1), 85-89. doi: 10.1037/0022-0167.47.1.85

Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and Family, 38*(1), 15-28.

Szymanski, D. M., & Ikizler, A. S. (2013). Internalized heterosexism as a mediator in the relationship between gender role conflict, heterosexist discrimination, and depression among sexual minority men. *Psychology of Men & Masculinity, 14*(2), 211-219. doi: 10.1037/a0027787

Taylor, G. R. (2000). Recent developments in alexithymia theory and research. *The Canadian Journal of Psychiatry, 45(2),* 134-142.

Taylor, G. J. (2004). Alexithymia: Twenty-five years of theory and research. In I. Nyklicek, L. Temoshok, & A. Vingerhoets (Eds.), *Emotional expression and health: Advances in theory, assessment, and clinical applications,* (pp. 137-153). New York: NY: Brunner-Routlege.

Taylor, G. J., Parker, J. D. A., Bagby, R. M., & Bourke, M. P. (1996). Relationships between alexithymia and psychological characteristics associated with eating disorder. *Journal of Psychosomatic Research, 41*, 561–568.

Theodore, H., & Lloyd, B. F. (2000). Age and gender role conflict: A cross-sectional study of Australian men. *Sex Roles, 42*, 1027-1042.

Walker, D. F., Tokar, D. M., & Fischer, A. R. (2000). What are the eight popular masculinity-related instruments? Underlying dimensions and their relations to socio-sexuality. *Psychology of Men and Masculinity, 1*, 98-108.

Vanheule, S., Desmet, M., Meganck, R., & Bogaerts, S. (2007). Alexithymia and Interpersonal Problems: A brief report. *Journal of Clinical Pscyhology, (63)1*, 109-117.

Vásquez, D. A., Newman, J. L., Frey, L. L., Caze, T. J., Friedman, A. N., & Meek, W. D. (2014). Relational health and masculine gender-role conflict in the friendships and community relationships of bisexual, gay, and straight men. *Journal of LGBT Issues in Counseling, 8*(2), 124-145. doi: 10.1080/15538605.2014.895662

Warner, B. J. (2007). The relationship between alexithymia, wellness, and substance dependence. (Doctoral Dissertation, University of New Orleans, 2007). *University of New Orleans Theses and Dissertations.* Paper 560.

Weathers, F. W., Litz, B. T., Herman, D. S., Huska, J. A., & Keane, T. M. (1993). *PTSD Checklist (PCL): Reliability, validity, and diagnostic utility.* Paper presented at the 9th annual meeting of the International Society for Traumatic Stress Studies.

Wexler, D. B. (2009). *Men in therapy: New approaches for effective treatment*. New York, NY: W.W. Norton & Company, Inc.

Wilkinson, W. W. (2004). Authoritarian hegemony, dimensions of masculinity, and male antigay attitudes. *Psychology of Men and Masculinity, 5,* 121-131.

Windle, C. R., & Smith, D. A. (2009). Withdrawal moderates the association between husband gender role conflict and wife marital adjustment. *Psychology of Men & Masculinity, 10*(4), 245-260. doi: 10.1037/a0016757

Wolfram, H. J., Mohr, G., & Borchert, J. (2008). Gender role self-concept, gender-role conflict, and well-being in male primary school teachers. *Sex Roles, 60, 114-127.*

Zamarripa, M. X., Wampold, B. E., & Gregory, E. (2003). Male gender role conflict, depression, and anxiety: Clarification and generalizability to women. *Journal of Counseling Psychology, 50*(3), 333-338. doi: 10.1037/0022-0167.50.3.333.

Zeitlin, S. B., & McNally, R. J. (1993). Alexithymia and anxiety sensitivity in panic disorder and obsessive-compulsive disorder. *The American Journal of Psychiatry, 150*(4), 658-660.

CHAPTER 2

THE RELATIONSHIP AMONG GENDER ROLE CONFLICT, NORMATIVE MALE ALEXITHYMIA, ADULT MEN'S NON-ROMANTIC RELATIONSHIPS WITH OTHER MEN, AND PSYCHOLOGICAL WELL-BEING

Over the past three decades, the impact of masculinity on men's relationships and well-being has received much empirical and theoretical attention by researchers. As gender norms are shaped by socially dominant groups, individuals in societies are expected to conform to these norms (Mahalik, 2000). Because the violation of gender role norms leads to social condemnation and it has more severe consequences for men than women (Pleck, 1981), men display a higher tendency to adhere to the socially expected norms of masculinity (Pleck, 1995). Furthermore, this tendency generates contradictory and inconsistent masculinity ideologies. Masculinity ideologies refer to the internalized beliefs about the importance of conforming to culturally expected standards of male behavior (Pleck, 1995), and it has been demonstrated to have a significantly negative impact on men's relationships qualities and well-being (Mahalik 2000; Sharpe & Heppner, 1991; Windle & Smith, 2009; Wolfram, Mohr, & Borchert, 2008). Current studies in the literature predominantly focus men's romantic relationships in the contexts of masculinity and well-being; however, the relationship among men's non-romantic relationships with other men, masculinity, and well-being remains limited in men's studies. Considering the importance of men's same sex friendships as a substantial source of intimacy (Fehr, 1996; 2004), the overarching purpose of this study was to examine the impact of masculinity ideologies on men's friendships with other men and psychological well-being.

The theoretical foundation of this study is rooted in the Gender Role Strain Paradigm (GRSP) (Pleck, 1981; 1995), which views masculinity as a complex, culturally based, and varying ideology. The GRSP postulates that strict gender role socialization processes and

societal expectations of rigid masculine standards of behavior have adverse effects on the healthy functioning of men. The GRSP involves ten specific propositions: "(1) gender roles are operationally defined by gender role stereotypes and norms, (2) gender role norms are contradictory and inconsistent, (3) the proportion of individuals who violate gender norms are high, (4) violating gender norms leads to social condemnation, (5) violating gender norms leads to negative psychological consequences, (6) actual or imagined violation of gender norms leads to individuals to over-conform to them, (7) violating gender norms has more severe consequences for males than females, (8) certain characteristics prescribed by gender role norms are psychologically dysfunctional, (9) each gender experiences gender role strain in its paid work and family roles, and (10) historical change causes gender role strain" (Pleck, 1981, p. 9). Derived from this theoretical position, two promising and empirically supported masculinity-based constructs emerged in the literature as possible predictors of men's psychological well-being: (1) Normative Male Alexithymia (Levant 1992), and (2) Gender Role Conflict (O'Neil, 2008).

Normative Male Alexithymia

Normative Male Alexithymia (NMA) refers to the commonplace experience of emotional restrictiveness with which Western men struggle on a regular basis (Levant, 1992). Levant theorized that NMA is a mild to moderate form of clinical alexithymia, which is a non-gender specific condition in which individuals lack the cognitive processing abilities to identify emotions and lack emotion regulation skills to differentiate feelings, even from physical sensations (Nemiah & Sifneos, 1976; Taylor, 2000). Literally, alexithymia means *no word for emotions* (Sifneos, 1973), and it has been observed in clients with substance abuse, eating disorders, posttraumatic stress (Taylor, 1996; Taylor 2004), irritable bowel syndrome, dyspepsia

(Porcelli et al., 1999), depression (Li, Zhang, Guo, & Zhang, 2015), anxiety, obsessive compulsive, and phobic disorders (Parker, 1993; Zeitlin & McNally, 1993). NMA, on the other hand, is a culturally and socially grounded, gender-specific, mild form of clinical alexithymia, and is specifically defined as ”the inability of some men to put emotions into words that is posited to result from traditional gender role socialization, a key element of which is emotional restrictiveness (Karakis & Levant, 2012, p. 180). Although NMA is not unique to Western men, Levant (1998) argued that especially in traditional Western cultures, boys are socialized to restrict their emotional expressions by their parents and peers. As a result of such early and inveterate socialization processes, young boys grow up to be adult men who conform to traditional masculine behavior norms and lack the internal awareness to articulate, express, and utilize their emotions (Levant, 2006).

Although the negative impact of alexithymia on men’s interpersonal functioning and psychological well-being is well documented in the literature (e.g., Eid & Boucher, 2012; Fischer & Gold, 1997; Multon & Schuetz, 2007; Palmer, Donaldson, & Stough, 2002; Saxena, Dubey, Pandey, 2011; Warner, 2007), NMA has been understudied as evidenced by the limited number of studies in which this construct was examined. Karakis and Levant (2012) examined a sample of 175 men in romantic relationships with respect to men’s relationship satisfaction, communication quality, and fear of intimacy. Their results indicated that NMA adversely correlated with relationship satisfaction and communication quality, whereas it was positively correlated with fear of intimacy. In this study, the researchers investigated NMA in the context of men’s romantic relationships; however, the impact of NMA on men’s same sex friendships is unknown. In another study, utilizing the NMA construct, researchers examined the impact of emotional restrictiveness on combat veteran’s levels of quality of life, and reported that high

levels of NMA is significantly correlated with lower levels of life satisfaction in veterans with combat exposure (Laver, 2013). Overall, no empirical study has examined the relationship between NMA and the psychological well-being of men. As indicated, the negative impact of clinical alexithymia on well-being is well documented. Because NMA is a mild-to-moderate form of clinical alexithymia (Levant & Kelly, 1989), it would be reasonable to hypothesize that NMA could also impact well-being negatively, which will be examined in the current study.

Gender Role Conflict

The second empirically-supported construct that derived from the GRSP and that is a possible predictor of well-being in men is Gender Role Conflict (GRC). Defined as "a psychological state in which socialized gender roles have negative consequences for the person and others" (O'Neil, 2008, p. 362), GRC occurs when socially learned and internalized gender role expectations results in violation, restriction, and devaluations of self and others (O'Neil et al., 1995). Gender role conflicted individuals have an undifferentiated perception of what constitutes masculine versus feminine behaviors, and these rigid perceptions often culminate not only in an internal turmoil regarding gender roles, but also in the violation and devaluation of others who may not conform to such traditional ideas of masculinity (O'Neil et al., 1995). O'Neil and his colleagues (1986) postulated four empirically-derived factors of GRC: (1) Success, Power, and Competition Issues (SPC); (2) Restrictive Emotionality (RE); (3) Restrictive Affectionate Behavior between Men (RABBM); and (4) Conflicts between Work and Family Relations (CBWFR).

Different factors of GRC have been associated with several interpersonal and psychological problems in men. For example, college-aged men who score high on the SPC factor of GRC have been reported to present controlling and rigid in interpersonal relationships

(Mahalik, 2000). In addition, in the same study researchers reported that higher levels of RE and RABBM was correlated with more hostile behaviors in men's interpersonal relationships (Mahalik, 2000). Moreover, GRC has been negatively associated in men's marriage functioning and satisfaction in several studies (Campbell & Snow, 1992; Rochlen & Mahalik; Sharpe et al., 1995; Windle & Smith, 2009). Whereas the adverse effects of higher levels of GRC on men's interpersonal functioning is undeniable, there is a paucity of empirical studies that examine the relationship between GRC and men's friendships with other men (O'Neil, 2008). However, it is known that men value their same-sex friendships just as significantly as their relationships with their romantic partners and their families (Fehr, 1996; 2004). Therefore, the specific impact of GRC on the salient topic of men's friendship qualities and conflicts appears to be a worthy area of examination.

O'Neil (2008) theorized that GRC is the opposite of psychological well-being (PWB) in men. Empirically, high levels of GRC and its four factors have been negatively associated with PWB in several studies (e.g., Blazina & Watkins, 1996; Sharpe & Heppner, 1991; Sharpe, Heppner, & Dixon, 1995, cited in O'Neil, 2008; Simonsen, Blazina, & Watkins, 2000; Wolfram, Mohr, & Borchert, 2008). Nonetheless, in these studies PWB was measured by the nonexistence of unpleasant psychological symptoms such as depression, anxiety, irritability, and substance use. The absence of an operational and empirically supported definition of PWB yields an inconclusive comparison of the above results as each study used a different variable to account for PWB. A more uniform definition and measurement of PWB would be helpful to reach conclusive inferences.

Considering the significant correlation between GRC and alexithymia reported in several studies (Berger, et al., 2005; Eicken, 2003; Fischer & Good, 1997; Hayashi, 1999; Shepard,

2002) and the negative impact of GRC on men's psychological well-being (Blazina & Watkins, 1996; Sharpe & Heppner, 1991; Sharpe, Heppner, & Dixon, 1995, cited in O'Neil, 2008; Simonsen, Blazina, & Watkins, 2000; Wolfram, Mohr, & Borchert, 2008), it would be reasonable to assume that GRC could possibly influence the strength of the relationship between NMA and PWB in adult men. In the current literature, Wolfram, Mohr, and Borchert (2008) tested the moderating effects of gender role conflict on the relationships between masculinity/femininity and well-being of school teachers. Researchers indicated that for masculine participants, gender role conflict moderated the relationship between femininity and work satisfaction. Femininity was associated with lower levels of work satisfaction when the degree of gender-role conflict was high (Wolfram, Mohr, & Borchert 2008). Other authors suggested that further moderator and mediator studies should be conducted to examine the precise impact of GRC on psychological maladjustment and well-being (Heppner, 1995; O'Neil 2008). Moreover, O'Neil (2008) specifically suggested future researchers examine whether or not GRC moderates/mediates intimacy, friendship, and marital conflicts; and whether or not GRC moderates/mediates psychological and physical health problems for men. Following the suggestions of these researchers, in this study, the researcher examined the possible moderating effects of GRC on men's friendships, NMA, and PWB of men.

Current Study

In this study, the researcher strived to work beyond a hedonic definition of PWB, in which well-being has been mostly constructed as a by-product of, or synonymous with, positive effect, happiness, and life satisfaction (Ryff, 2014). In addition, as evidenced in many aforementioned studies, the construct of well-being also has been reduced to the absence of unpleasant psychological symptoms such as depression, anxiety, irritation, or substance abuse.

This difference in the construction of what PWB is not only makes the comparison and generalizability of empirical result problematic, but it also brings the construct validity of PWB in question. Therefore, a more concreate and empirically-supported operational definition of PWB is needed in order to understand the impact of GRC and NMA in relation to PWB.

Ryff (2014) defined PWB in six dimensions: (1) Autonomy: whether or not people feel they live their lives in congruence with their own convictions, (2) Environmental mastery: how well people manage their life situations, (3) Personal growth: the extent to which people are maximizing their talents and potentials, (4) Positive relationships: the depth of interpersonal connection and closeness people have with their loved ones, (5) Purpose in life: the degree to which people feel their lives have a sense of meaning and direction, and (6) Self-acceptance: the degree to which people are aware and accepting of their personal strengths and limitations. This six-dimensional model provides a thorough operational definition of PWB, which will be used as an outcome variable in this study. The validity of this definition and the six-factor model has been empirically supported by several authors in different cultural contexts (Cheng & Chan, 2005; Gallagher, Lopez & Preacher, 2009; Lindfors, Berntsson, & Lundberg, 2006; Ryff & Singer, 2006; Springer & Hauser, 2006).

As discussed previously, although GRC and NMA has been examined in the context of well-being, the majority of the studies assessed PWB by the degree of happiness and life satisfaction or by the absence of psychologically distressing conditions s such as depression, anxiety, and substance abuse. A well demarcated and empirically supported definition of PWB will provide a more in-depth understanding of the relationship between masculinity-based independent variables and PWB of men. Moreover, current literature on men's issues seems to have primarily focused on men's romantic relationships and have neglected men's friendships

with other men, which is a significant source of intimacy for many men (Fehr, 2004). There exists a paucity of research that examines the triadic intersection of the GRC, NMA, and men's friendships; and the relationship of these three variables to PWB of men. Therefore, the purpose of this study was to examine the triadic relationship of GRC, NMA, and men's friendships with other men, and the impact of this triadic relationship on men's PWB. Based on the previous studies on masculinity, men's relationships, and well-being, it is hypothesized in this study that there exists a relationship among NMA, GRC, men's same sex relationship discords with their best friends, and the psychological well-being of men. Nonetheless, because the precise nature and the direction of the relationships among these four specific variables have not been studied before, the researcher utilized non-directional hypotheses to answer the research questions. Thus, the null hypotheses in this study refer to the research questions that are being tested for statistical significance (Moore & McCabe, 2003).

Research Questions and Hypotheses

This study focused on the following research questions and tested the following null hypotheses:

1- What are the relationships among adult men's total scores gender role conflict (GCR), normative male alexithymia (NMA), adult men's same-sex friendship discords, and psychological well-being?

H0a: There will be no relationship between NMA and adult men's same-sex friendships discords.

H0b: There will be no relationship between NMA and adult men's psychological well-being.

H0c: There will be no relationship between adult men's same-sex friendship discords and adult men's psychological well-being.

H0d: There will be no relationship between GRC and adult men's psychological well-being.

2- Does GRC significantly moderate the effect of NMA and same sex relationship discords on adult men's psychological well-being?

H0e: GRC will not moderate the relationship between adult men's same-sex relationship quality/conflict and adult men's psychological well-being.

H0f: GRC will not moderate the relationship between NMA and adult men's psychological well-being.

3- Which model most accurately predicts the relationship between gender role conflict, normative male alexithymia, adult men's same-sex friendships conflicts, and psychological well-being in college men?

Method

Sample

For the current study, a convenience sample was used which included undergraduate male students enrolled in online courses offered by a counseling department at a large, urban southeastern university in the United States (U. S.). The sample included only adult male students at and over the age of 18 due to the purpose of the study, which was to examine the impact of masculinity ideologies and men's friendships on the psychological well-being of adult men. Students were recruited through cloud-based research participant management software. All data was collected online via a secure URL assigned to the university in which the study took place. Upon receiving the institutional review board's (IRB) approval to conduct the study, links to the surveys were uploaded onto the software, and eligible students participated in the study utilizing the secure URL. Although the potential sample of students were required to participate

in studies to satisfy the research requirements of the courses in which they were enrolled, the students were free to choose the studies in which they wished to participate provided that that they fit the inclusionary criteria of these studies.

A total of 239 participants completed the surveys. Of this total participation pool, 23 participants were excluded because they gender-identified as female. Thus, the total sample size included 216 male students. A breakdown of the various participants' ages revealed that approximately 62.9% ranged between 18 and 22, 25.6% ranged between 23 and 27, 8.8% ranged between 28 and 40, and 2.7 % ranged between 41 and 62. With respect to racial/ethnic identification, 17.6% of the participants identified as Asian, 39.8% identified as Black/African/African American, 8.3% identified as Hispanic/Latino(a), 2.8% identified as Middle Eastern, 26.4% identified as White/Caucasian, 3.7% identified as Biracial/Multiracial, and 1.4% identified as Native American. With respect to sexual identity/orientation, 87.5% of the participants self-identified as heterosexual, 5.5% identified as male, 4.1% identified as gay, 2.3% identified as bisexual, and .5% identified as transgender. Table 1 comprises the demographic breakdown of the full sample.

Table 1

Demographic Makeup of Sample

Race/Ethnicity	Full Sample (N=216) N (%)
Native American/Alaskan Native	3 (1.4%)
Asian	38 (17.6%)
Black/African/African American	86 (39.8%)
Hispanic or Latino/a	18 (8.3%)
Middle Eastern	6 (2.8%)
White/Caucasian	57 (26.4%)
Biracial/Multiracial	8 (3.7%)

Age Range	Full Sample (N=216) N (%)
18-22	136 (62.9 %)
23-27	55 (25.6 %)
28-40	19 (8.8 %)
41-62	6 (2.7 %)

Sexual Identity	Full Sample (N=216) N (%)
Heterosexual	189 (87.5 %)
Male	12 (5.5 %)
Gay	9 (4.1 %)
Bisexual	5 (2.3 %)
Transgender	1 (.5 %)

Power Analysis

The G*Power 3.1.7 (Faul, Erdfelder, Buchner, & Lang, 2009; Faul, Erdfelder, Lang, & Buchner, 2007) program was used for power analysis in this study. G*Power 3.1.7 was initially utilized to determine the minimum required sample size for research studies. In order to reach the acceptable statistical power for the multiple regression analysis, seeking a medium effect size ($f^2 = .15$) with alpha levels of .05 ($\alpha = .05$) and power set to .80, a minimum sample size of 85 was to be obtained in the multiple regression analyses with three predictors and the dependent variable: Gender Role Conflict Scale (GRCS) scores, Normative Male Alexithymia Scale (NMAS) scores, Network of Relationships Questionnaire, Relationship Qualities Version (NRI-RQV) scores, and Ryff's Scales of Psychological Well-Being (RPWB) scores. The sample size of 216 exceeded this minimum required.

Procedures

The study surveys, including a demographic questionnaire and 171 items from the GRCS, NMAS, NRI-RQV, and PWB scales, were posted on the research management software. In the fall 2015 semester, a Qualtrics link to the surveys was posted among other studies in which students could choose to participate within to meet their specific course research requirements. Students were able read the abstracts of each study to make informed decisions regarding which studies appealed to them. Students who chose to participate in this study were greeted with the informed consent form, and they were not allowed to move forward to the survey questions until they consented to the study by providing their electronic signatures. Participants' names were removed from data to ensure confidentiality. Also, female participants were excluded from data analysis. To ensure privacy of participants, data was kept in a firewall protected computer

throughout the study. As a result of participation in the study, participants were awarded .75 research credit for the course in which they were enrolled.

Measures

Demographics questionnaire. A questionnaire that included personal demographic information about the participants was administered. The questions contained demographic information of age, gender, ethnicity, sexual identity, and nationality.

Normative Male Alexithymia Scale (NMAS). The NMAS (Levant et al., 2006) is a 20-item self-report inventory that is designed to assess the degree of normative male alexithymia (NMA) men experience. Participants answered questions using a Likert-type scale (1 = strongly disagree; 7 = strongly agree), and higher scores indicated greater levels of NMA. Sample items that participants answered reflecting on their emotional experience included "I don't like to talk with others about my feelings", "I am often confused about what emotion I am feeling", and "I have difficulty expressing my innermost feelings." Confirmatory and exploratory factor analyses using two separate samples (n = 248 and n = 467, respectively) reveal that the NMAS consisted of a single 20-item factor (Levant et al., 2006). Scores on the instrument exhibit evidence of strong internal consistency for men (α = .92). In addition, the NMAS displays strong test-retest reliability for men over a 1-2 month period (r = .91). Comparisons of NMAS scores to other similar instruments such as Toronto Alexithymia Scale (TAS-20; Bagby, Taylor, & Parker, 1994) support the validity of the NMAS. The 20-item, 1 factor NMAS was found to significantly correlate with the TAS-20 (r = .72) (Levant et al., 2006). The Cronbach's alpha in this study was α = .879.

Gender Role Conflict Scale (GRCS). The GRCS (O'Neil et al, 1986), 37-item questionnaire and it assesses the degree to which one experiences conflict regarding the gender

role conflict subtypes. GRCS has four subtypes: (1) Success, power, and competition (SPC); (2) Restrictive emotionality (RE); (3) restrictive affectionate behavior between men (RABBM); and (4) Conflict between work and family relations (CBWF), and is one of the most commonly used instruments in masculinity studies (Magovcevic & Addis, 2005). On a scale from 1 to 6 (1 = strongly disagree; 7 = strongly agree), participants are asked how much they agree or disagree with statements regarding thoughts and feelings about gender role behaviors. GRCS's internal consistency and the test-retest reliability statistics over a 4-week period are as follows: For SPC, $\alpha = .85$ and $r = .84$; for RE, $\alpha = .82$ and $r = .76$; for RABBM, $\alpha = .83$ and $r = .86$; and for CBWFR, $\alpha = .75$ and $r = .72$. The construct validity of the GRCS has been tested on male college student and college counseling center client populations, and the results indicate that the GRCS was significantly correlated with instruments that assess attitudes about masculinity (Brandon Masculinity Scale, BMS), fear of intimacy (Fear of Intimacy Scale; FIS), and social desirability (Social Desirability Scale; SCL-90-R) (Good et al., 1995) with median correlations ranging between .32 and .49. CBWFR did not correlate significantly with the BMS (Good et al., 1995). Although strong correlations suggest that GRC is related to these instruments, low to moderate correlations indicate that the construct the GRCS measures is different than other masculinity scales (O'Neil, 2008). The Cronbach's alpha of the GRCS in this study was $\alpha = .943$.

Network of Relationships Questionnaire- Relationship Qualities Version (NRI-RQV). The NRI-RQV (Buhrmester, 1992; Buhrmester & Furman, 2008) is a 30-item self-report scale that is designed to assess both positive and negative aspects of relationships. The instrument has total of ten subscales, five of which are positive qualities and five of which contain negative qualities of relationships. Each subscale has three items, which are scored on a

Likert-type scale (1 = never; 5 = always, or extremely much). Five positive or supportive subscales of the instrument include: companionship, disclosure, emotional support, approval, and satisfaction. Negative or discordant subscales include: conflict, criticism, pressure, exclusion and dominance. The NRI is commonly used to measure individual differences in relationship qualities (Furman & Buhrmester, 2009). Relationship qualities assessed in this instrument are highly observable being rated by their frequency of occurring. Sample items include "how often does this person criticize you?", "how often does this person praise you for the kind of person you are?", "how often do you play around and have fun with this person?", and "how often does this person get you to do things their way?" Authors of the NRI-RVQ scale grant researchers permission to adjust the measure to assess the specific type of relationship researchers are examining. Authors' specific directions to researchers are as follows: "You have permission to use and copy the measure that is included below. You can adjust the measure to assess the relationships you're interested in. You can also eliminate the unneeded items if using the short form or only some scales. Please retain all three items on a scale if you are deriving scale scores, and retain all the scales/items to derive factor scores" (Furman & Buhrmester, Network of Relationships Questionnaire Manual, p. 25). Therefore, for the purposes of this study, participants were asked to think about their current best male friend when answering the survey questions. Moreover, all three items on each scale were retained. Because the research questions in this study only addressed the discordant aspects of men's friendships with other men, the researcher only retained the negative/discordant subscales including conflict, criticism, pressure, exclusion and dominance. The total scores of these five subscales reflected an overall discord score for participants. The authors of the instrument suggested obtaining separate scores for positive (closeness) and negative (discordant) aspects of the relationships (Buhrmester, 1992;

Buhrmester & Furman, 2008). Internal consistency reliability coefficients for the NRI-RQV ranged from α = .89 to α = .91 for supportive and discordant subscales in adults (Chow, Buhrmester, & Tan, 2014). Researchers who utilized only discordant subscales in their study reported that the reliability of the discordant scale to be α = .86 (Chow, Tan, & Ruhl, 2015). The Cronbach's alpha of the discordant NRI-RQV scales in this study was α = .952.

Scales of Psychological Well-Being (SPWB). The SPWB (Ryff, 1989b) assesses psychological well-being in six distinct domains: (1) autonomy (AU), (2) environmental mastery (EM), (3) personal growth (PG), (4) positive relations with others (PR), (5) purpose in life (PL), and (6) self-acceptance (SE). The original instrument has 20 Likert-scale type items (ranging from 1 = strongly disagree to 6 = strongly agree) per each domain. In the current study, a shorter version of 14–item scales derived from the original 20–item scales was used. Correlation of 14–item scales with the original 20-item scales is extremely high ranging between r = .97 to r = .99 (Ryff & Keyes, 1995). Participants were asked the degree to which they agree with the statements from each of the six domains of psychological well-being, higher overall scores reflecting greater levels of psychological well-being. Sample items include: "I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people" (AU); "My daily life is busy, but I derive a sense of satisfaction from keeping up with everything" (EM); "I have the sense that I have developed a lot as a person over time" (PG); "I enjoy personal and mutual conversations with family members or friends" (PR); "I have a sense of direction and purpose in life" (PL); and "In general, I feel confident and positive about myself" (SE).The following internal consistency reliability coefficients of the SPWB have been reported (Ryff, 1989a): Self-acceptance (α = .93); positive relations with others (α = 91); autonomy (α = 86); environmental mastery (α = 90); purpose in life (α = 90); and personal growth (α = 87). Test-

retest reliabilities of SPWB scales have been reported to range from *r* = .81 to *r* = .88 over a 6-week period (Ryff, 1989b). The Cronbach's alpha value of PWBS in this study was α = .956.

Data Analysis

Internal consistency. In order to test the internal consistency reliability of the scales that were used in this study, the Cronbach's alpha coefficients of each scale was determined for each scale, and the alpha coefficients of the scale are reported in table 2. The researcher observed similar alpha levels in this study when compared with alphas in previous studies, which serve as evidence for good internal consistency reliability.

Table 2

Psychometric Properties of Scales Used in the Current Study

Scale	N	M	SD	α
NMAS	216	75.46	17.19	.879
GRCS	216	135.80	27.95	.943
PWBS	216	337.30	54.75	.965
NRI-RQV	216	38.93	14.22	.952

Note. NMAS = Normative Male Alexithymia Scale; GRCS = Gender Role Conflict Scale; PWBS = Ryff's Scales of Psychological Well-Being; NRI-RQV = Network of Relationships Questionnaire- Relationship Qualities Version (discordant scales).

Correlation Analysis. In order to answer the first research question and to test the hypotheses H1a, H1b, H1c, and H1d, bivariate correlation analyses was conducted. The Pearson's r statistic was used to analyze the relationship among the variables, and the statistical significance of r was tested at α = .05 for each hypothesis. All correlations yielded statistical significance, increasing confidence in the validity of the dataset.

Moderation Analysis. To address the second research question, which was to test whether or not GRC would moderate the relationship between men's non-intimate relationship discord and men's psychological well-being (H0e), and whether or not GRC would moderate the relationship between NMA and men's psychological well-being (H0f), separate hierarchical regression analyses were conducted. To test H0e, the main effects for the predictor (total scores on the Network of Relationships Questionnaire- Relationship Qualities Version; NRI-RQV) and the hypothesized moderating variable (total scores on the Gender Role Conflict Scale; GRCS) was entered in the initial block. An interaction variable consisting of the product of the scores of NRI-RQV and GRCS was generated and entered in the second block of the regression analysis (Baron & Kenny, 1986). This served as a control for the main effects of the predictor (NRI-RQV) and of the hypothesized moderating variable (GRC). Moderation is indicated if the interaction variable is statistically significant at $\alpha = .05$ after controlling for the moderator and the predictor (Cohen et al., 2003). As a result, whether or not interaction accounts for statistically significant variation in the degrees of psychological well-being was determined.

The same procedure was repeated for the second moderation hypothesis (H0f), where the main effects for the predictor (scores on the Normative Male Alexithymia Scale; NMAS) and the hypothesized moderating variable (scores on the Gender Role Conflict Scale; GRCS) was entered in the initial block. In the second block of the regression analysis, an interaction term consisting of the product of scores of NMAS and GRCS was constructed and added into the model (Baron & Kenny, 1986). Moderation is indicated if the interaction variable is statistically significant at $\alpha = .05$ (Cohen et al., 2003) after controlling for the moderator (GRCS) and the predictor (NMAS). As a result, whether or not interaction accounts for statistically significant variation in the degrees of psychological well-being at $\alpha = .05$ was determined.

Regression Analysis. The third research question was answered by utilizing the all-possible regression analysis (Pedhazur, 1997). This method is often used to identify the best and most efficient variable models to predict the dependent variable, and is appropriate to use when the number of predictors are relatively small (Pedhazur, 1997). Considering that this study contained three predictor variables (the GRCS scores, the NMAS scores, the NRI-RQV discordant scores), utilizing the all-possible regression analysis approach was an appropriate analitical tool, which yielded seven total analyses. The all-possible regression procedure aims to generate a model with the minimum number of variables while generating a non-significant difference in the R^2 values between the full model and any reduced models that will be considered (Huberty, 1989). In order to identify the best fit model MSE, Mallow's C*p* and R^2 statistics was be used. The model with the smallest MSE, largest $R^{2,}$ and Mallow's C*p* that is closest to k+1 was considered to be the best fit model.

Results

Table 3 displays the descriptive characteristics for the full scale scores of all four instruments. In all instruments, the researcher utilized the full scale scores, where higher scores indicated higher levels of NMA, GRC, men's friendship discords, and PWB. NMAS scores of the overall sample ranged between 24 and 124 with a mean of 75.46 and a standard deviation of 17.19. GRCS scores ranged from 37 to 222 with a mean of 135.80 and a standard deviation of 27.95. With respect to the total scores of the scales of PWB, the scores ranged between 263 and 499 with a mean score of 377.30 and a standard deviation of 54.75. The total scores of NRI-RQV discordant scales ranged from 15 to 75, with a mean of 38.93 and a standard deviation of 14.22.

Table 3

Descriptive Statistics for Full-Scale Scores

Measure	Minimum	Maximum	M	SD
NMAS	24	124	75.46	17.19
GRCS	37	222	135.80	27.95
PWB	263	499	337.30	54.75
NRI-NQV	15	75	38.93	14.22

Note. NMAS = Normative Male Alexithymia Scale; GRCS = Gender Role Conflict Scale; PWBS = Ryff's Scales of Psychological Well-Being; NRI-RQV = Network of Relationships Questionnaire- Relationship Qualities Version (discordant scales).

Initially, a one-way between-groups analysis of variance was conducted in order to compare the mean scores of PWB among three ethnic groups in the overall sample. The participants were divided into three different groups according to their ethnic/racial identifications (Group 1: Asian; Group 2: Black/African American; and Group 3: White/Caucasian). There was a statistically significant difference at the $p<.05$ level in the PWB scores for the three ethnic/racial groups, $F(2, 178) = 3.92$, $p = .02$. Despite reaching statistical significance, the actual differences in the mean scores among the three groups were quite small as evidenced by the effect size of .04, which was calculated using eta squared. Post-hoc comparison using the Tukey HSD test indicated that the mean PWB scores for participants who identified as Asian (N=38, M=322.39, SD=43.57) were significantly lower than participants who identified as White/Caucasian (N=57, M=352.37, SD=55.83). The participants who identified as Black/African American (N=86, M= 332.33, SD=57.96) did not differ significantly from either Asian or White/Caucasian participants. Levene's test was conducted to examine the homogeneity of variances, and it indicated equal variances ($F = 2.60$, $p = .07$). Because the F value in

Levene's test was not statistically significant, the assumption of the homogeneity of variance was not violated.

Correlation analyses were conducted in order to examine relationships between the total scores of three predictors (NMAS, GRCS, NRI-RQV-discordant) and the total scores of the dependent variable (PWB). Bivariate correlations demonstrated statistically significant relationship among all four variables of this study (see table 4). The total NMAS scores yielded a small positive correlation (Cohen, 1988) with the NRI-RQV discordant scales scores (r = .202, p < .01), and a moderate negative correlation with the total full scale scores of PWB (r = -.427, p < .01) with N = 216 in both correlations. Because the total scores of GRCS appear to moderate the relationship between the total scores of NMAS and PWB, there is a statistical possibility that GRC would inflate the correlation between the NMAS and PWB (Pallant, 2005). In order to get a more accurate analysis of the relationship between the total scores of NMAS and PWB, a partial correlation analysis was conducted to control for the impact of GRCS on NMAS and PWB. The results indicate that there exists a significant moderate negative correlation (Cohen, 1988) between the scores of NMAS and PWB even after controlling for the moderating effect of the total GRCS scores with N = 216 (r = -.403, p < .01). These results suggest that the more elevated degrees of NMA a man experiences, the lower he will score on the overall PWB scales. In other words, NMAS scores roughly accounted for 16% of the variation in the overall PWB. Additionally, the relationship between NRI-RQV discordant scale scores and the PWB full-scale scores was also investigated using the Person product-moment correlation coefficient. The results indicated a strong negative correlation (Cohen, 1988) between the two variables (r = -.517, n = 216, p < .01) with high levels of same sex friendship discord associated with lower levels of PWB in men. Men's same sex friendship discords accounted for the 26.7% of the

variation in their overall PWV scores. Finally, the total scores of all GRCS had a small negative correlation (Cohen, 1988) with the total scores of PWB full scales (r = -.166, n = 216, $p < .05$). Therefore, all four null hypotheses for the first question were rejected.

Table 4

Correlations among Normative Male Alexithymia, Gender Role Conflict, Men's Friendship Discords, and Psychological Well-Being

Instrument	NMAS	GRC	NRI-RQV	PWB
NMAS	1			
GRC		1		
NRI-RQV	.202**		1	
PWB	-.427**	-.166*	-.517**	1

Note. NMAS = Normative Male Alexithymia Scale; GRCS = Gender Role Conflict Scale; PWBS = Ryff's Scales of Psychological Well-Being; NRI-RQV = Network of Relationships Questionnaire- Relationship Qualities Version (discordant scales).
*$p < .05$
**$p < .01$

Hierarchical regression analyses were conducted to answer the second question: does GRC moderate the effect of NMA and men's same sex relationships discords on psychological well-being? The total discordant scores of the NRI-RQV was used as a predictor in the first regression analysis, whereas the total scores of the NMAS was used as the predictor in the second regression analysis with full scale GRC scores serving as the moderating variable in each analysis. The results of the first hierarchical regression analysis indicated that the interaction between men's same sex friendship discords and GRC was not statistically significant in predicting men's PWB, $\Delta R^2 = .004$, F (1,212) = 1.097, p = .296 with a small effect size, f^2 =

.004. Therefore, the researcher failed to the reject H0e, which was GRC will not moderate the relationship between adult men's same sex friendships discords and adult men's PWB, indicating that GRC, does not moderate the effect of this predictor on the total scores of PWB in this sample. However, when the researcher tested the H0f, which was GRC will not moderate the relationship between NMA and adult men's PWB, the results differed. The interaction effect between NMA and GRC was statistically significant in this sample, and therefore the moderation was indicated in this second regression analysis, $\Delta R^2 = .073$, F (1,212) = 20.795, $p < .001$, with a small effect size, $f^2 = .078$. Thus, the null hypothesis was rejected, indicating that GRC significantly moderates the effect of NMA on adult men's psychological well-being. See table 5 and 6 for full results.

Table 5

Hierarchical Regression Analysis Predicting Psychological Well-Being Men's Same-Sex Friendship Discords with Gender Role Conflict

Predictor	R^2	ΔR^2	F Change
Step 1	.282		41.844
NRI-RQV			
GRCS			
Step 2	.286	.004	1.097
NRI-RQV			
GRCS			
NRI-RQV * GRCS			

Note: NRI-RQV = Network of Relationships Questionnaire- Relationship Qualities Version (discordant scales); GRCS = Gender Role Conflict Scale. Moderation is not significant.

Table 6

Hierarchical Regression Analysis Predicting Psychological Well-Being Normative Male Alexithymia with Gender Role Conflict

Predictor	R^2	ΔR^2	F Change
Step 1	.185		24.208
NMAS			
GRCS			
Step 2	.258	.073**	20.795
NMAS			
GRCS			
NMAS * GRCS			

Note: NMAS = Normative Male Alexithymia Scale; GRCS = Gender Role Conflict Scale. Moderation is significant.
***p < .01*

In order to determine the best fit prediction model of PWB for NMAS, GRC, and NRI-RQV discordant scales, an all-possible regression procedure was used. Seven all-possible regressions were conducted in an attempt to find models with the least error while providing the most predictive power. The models with the lowest mean square error (MSE), adequate R^2, and C*p* closest to $k + 1$ (where k is the number of predictors) are listed in table 7.

In all-possible regression analysis, the full model always provides the highest R^2 value among the reduced models (Huberty, 1989); however, the mean square error in the full model may not always be the lowest. The full model (N=216; F (3, 212) = 43.005, $p < .001$) accounted for 36.9% variance in overall PWB scores with a large effect size of $f^2 = .60$, where MSE equaled 1890.312. In addition to the full model, one other model proved a good fit. The model including

the total scores of NMAS and the NRI-RQV discordant scales (N=216; F (2, 213) = 64.244, $p < .001$) accounted for a similar amount of variance of 37% in overall PWB scores with a large effect size of $f^2 = .60$, without the inclusion of the total scores of GRCS. The reduced model also yielded a slightly lower degree of MSE, 1887.691. Men's friendship discords coupled with NMA appear to be a strong predictor of overall PWB in adult men. On the other hand, GRC does not seem to be a good predictor of PWB in this sample. The total scores of GRC was included in two other models for the prediction along with the total scores of NMAS and NRI-RQV discordant scales separately. Both of these models yielded a high Mallow's C*p*, 67.856 and 34.823 respectively, whereas in the best fitting model, the Mallow's C*p* value was 2.705 (see table 7).

Table 7

All-possible Regression for Prediction of Psychological Well-Being

k	*Regressors*	*Adj.* R^2	MSE	C*p*	f^2
1	NMA	.179	2462.20	66.74	.22
1	GRC	.023	2929.09	117.6	.02
1	NRI-RQV	.264	2206.54	35.80	.36
2	NMA, GRC	.177	2465.89	64.85	.22
2	NMA, NRI-RQV	.370	1887.69	0.29	.60
2	NRI-RQV, GRC	.275	2172.73	31.82	.39
3	NMA, GRC, NRI-RQV	.369	1890.312	0	.60

Note. *k* = number of predictors, C*p* =Mallow's C*p* statistics(- k + 1), which should be close to 0; NMAS = Normative Male Alexithymia Scale; GRCS = Gender Role Conflict Scale; NRI-RQV = Network of Relationships Questionnaire- Relationship Qualities Version (discordant scales).

Discussion

The purpose of this study was to examine the relationship among gender role conflict, normative male alexithymia, and men's best same sex friendship discords; and the impact of this triadic relationship on young adult men's psychological well-being (PWB). Initial analyses detected significant group differences in the well-being scores between participants who identified as Asian and those who identified as White; white participants reported significantly higher PWB scores than their Asian counterparts. The researcher only included three ethnic groups in the final analyses (Asian, Black/African American; and White/Caucasian) due to the fact that these three groups represented roughly 84% of the overall sample. The other ethnic group identifications were too small in number to yield statistical power in this sample and therefore were excluded from the analyses. Although the group differences were statistically significant, the small effect size of .04, which was calculated using eta squared, provide very little practical significance of these group differences in these analyses.

With respect to the first research question, all correlations among the dependent and independent variables showed statistical significance. Consistent with the findings of previous empirical studies, in which researchers examined the impact of men's friendships on their well-being (Brown & Keel, 2013; Chow, Tan, & Ruhl, 2015; Ranney & Troop-Gordon, 2012), the current results indicated that there exists a statistically significant negative correlation between men's same sex friendship discords and the level of their reported psychological well-beings. Higher reports of same-sex friendship conflicts, exclusions, pressure, dominance, and criticism were linked to lower levels of reported PWB. Moreover, in this sample, higher levels of NMA were also significantly associated with lower levels of PWB, which is also consisted with the literature (Laver, 2013). The correlation between NMA and PWB were still significant even after

the researcher controlled for the possible moderating effect of GRC on these two variables. In sum, when participants reported high levels of NMA and discord in their same-sex best friendships, they reported lower levels of PWB. NMA also positively correlated with men's non-intimate relationship conflicts. Although the higher levels of NMA were also linked to the elevated levels of friendship discord, NMA only accounted for approximately 4% of the variation in the degrees of young adult men's same sex friendship discords consisting of criticism, pressure, dominance, exclusion, and conflict. In a previous empirical study, NMA was adversely associated with men's intimate relationship satisfaction and communication quality (Karakis & Levant, 2012), but the impact of NMA on men's friendships was unknown. Similar to NMA's impact on men's intimate relationships, NMA also appears to negatively correlate with men's same-sex friendships discords, albeit accounting for a small variation in this sample. Finally, as reported in many previous studies (Blazina & Watkins, 1996; Sharpe & Heppner, 1991; Sharpe, Heppner, & Dixon, 1995; Simonsen, Blazina, & Watkins, 2000; Wolfram, Mohr, & Borchert, 2008), high levels of GRC were associated with lower levels of PWB. This is not surprising as the overall construct of GRC has been theorized to be the opposite of PWB in men (O'Neil, 2008). However, an interesting result of this study was that GRC only accounted for approximately 2% of the variation in the degrees of young adult men's reported PWB, albeit yielding statistical significance due to the big enough sample size. One reason for such small variation could be that in literature the construct of PWB has been predominantly measured by the high levels of happiness, life satisfaction, and positive affect (Ryff, 2014), or by the absence or low levels of psychological symptoms such as depression, anxiety, and emotional irritation (e.g., Sharpe & Heppner, 1991; Wolfram, Mohr, & Borchert, 2008). As indicated, different researchers utilized different variables that they theorized to account for PWB. In this study, the

researcher used Ryff's (1989b) scales PWB, which includes six empirically validated dimensions of PWB: (1) autonomy (AU), (2) environmental mastery (EM), (3) personal growth (PG), (4) positive relations with others (PR), (5) purpose in life (PL), and (6) self-acceptance (SE). For the purpose of this study, the researcher utilized the full-scale scores of the participants. Therefore, GRC could potentially account for a higher percentage of variation in certain sub-dimensions of this instrument. In short, in this sample NMA and men's same sex relationship discords accounted for the highest percentage of the variation in men's overall PWB scores, approximately 17.6% and 26.7% respectively.

Although the moderating effect of GRC on NMA and PWB in men has not specifically been studied in the literature, Wolfram, Mohr, and Borchert (2008) reported that GRC moderates the relationship between femininity and work satisfaction for masculine men. Because NMA is a masculinity-based construct, it was hypothesized in this study that GRC could possibly influence the strength of the relationship between NMA and PWB in adult men. As hypothesized, this was the case in this sample of participants and a moderating effect of GRC was observed between NMA and PWB. As the NMA and PWB have an adverse relationship, the high levels of GRC appeared to increase the adverse impact of NMA on men's PWB in this sample. The effect size for this analysis was small, yielding limited practical significance of this moderating effect despite its statistical significance. The interaction between NMA and GRC predicted 7.3% more variation in PWB scores than NMA and GRC alone. In addition, the researcher also examined whether or not GRC moderates the relationship between men's same-sex friendship discords and PWB. The moderation analysis concluded that GRC does not moderate the effect of men's same sex relationship discords on adult men's psychological well-being. The interaction between friendship discords and GRC only accounted for approximately .4% more variation in men's

PWB scores than friendship discord scores and GRC alone, and this additionally accounted variation was not statistically significant. Due to the paucity of previous studies in which GRC was tested as moderator between NMA, friendship discords, and PWB, it is difficult to know how the current results relate to other research findings.

The PWB prediction models of best fit helped identify the most parsimonious prediction model from three predictors, NMA, GRC, and men's same-sex friendship discords on the dependent variable, PWB. As indicated, while the full model with all three predictors yielded the highest unadjusted statistical value, one additional model proved to be as strong of a predictor of PWB in young adult males as the full model. Based on the results, it appeared NMA and men's same sex-friendship discords are the best predictors of PWB in men. Thus, GRC did not appear to be a good predictor of PWB in this sample. In other words, men who restrict their emotional expressions and men who experience high frequency of conflicts, criticism, pressure, dominance, and exclusion with their best friends appear to report significantly lower PWB regardless of the degree of GRC they experience. In fact, the full model with all three predictors accounted for the 37.8% of variation in PWB scores (the variation was 36.9% after the R^2 value was adjusted based on the number of predictors in the model). Excluding the GRC from this analysis, the reduced model of NMA and friendship discords still accounted for 37.6% of the variation in PWB (the variation was 37% after the R^2 value was adjusted based on the number of predictors in this model). Similarly, GRC was also entered into the analysis with both NMA and men's friendship discords separately, but these pairs did not appear to be good predictors of PWB. These results are consistent with the past studies in which researchers examined the relationship between NMA and life satisfaction (Laver, 2013), and men's friendship discords and depression (Chow, Tan, & Ruhl, 2015). These results emphasize the importance of emotions and friendships

in men's overall well-being, and it may suggest that restriction of the expression of vulnerable and caring emotions coupled with discords in men's friendships have a more significant impact on their PWB than the degree to which men experienced gender role conflict. Moreover, the effect sizes in the models of best fit analysis were moderate to high proving confidence in the psychological and practical significance of the findings in addition to their statistical significances.

Given that NMA and men's friendship discords are understudied constructs in their relationship to men's PWB as evidenced by a very few number of studies found in the literature, the findings of this study make important contributions to the research literature on masculinity, interpersonal relationships, and well-being. As indicated, the link between masculinity ideologies, friendship discords, and the impact of these concepts on men's PWB have not been investigated before; therefore, this study narrows the gap in the literature in these areas. The overall results of this study supports Pleck's (1981) theoretical claim that "certain characteristics prescribed by gender role norms are psychologically dysfunctional" (p. 9). Moreover, the results of this study, especially the prediction model of PWB, have important clinical implications for mental health practitioners in their work with men in counseling.

Implications for Clinical Practice

A significant clinical implication of these results is the pertinence of the degree to which men experience NMA on their overall PWB. Because the 88.5% of the sample in this study were younger than 28, the implications could only be limited to young men until further data are available for other men who are in different stages of life. Young men who have been gender-socialized traditionally could have significant difficulties in articulating and expressing their emotions. As this restrictive emotionality appeared to predict men's PWB with some confidence,

it is imperative for mental health counselors to pay special consideration to this condition in clinical work (Fisher & Good, 1997). Although the term "normative" emphasizes the prevalence of this condition in men in the Western society, it is likely that not every single man who seeks counseling will be suffering from NMA. Therefore, it is important for mental health counselors to conduct a thorough assessment of masculinity ideologies and the impact of such ideologies on men's emotional expressiveness utilizing a construct-specific instrument such as Normative Male Alexithymia Scale (NMAS; Levant et al., 2006) early during the therapeutic encounter. The results of such initial assessment could inform the course of treatment for those men who may suffer from high levels of NMA. Additionally, because GRC appears to intensify the impact of NMA on young adult men's PWB as evidenced by the results of this study, mental health counselors should also consider assessing the degree to which their male clients experience conflict with their gender roles utilizing the Gender Role Conflict Scale (GRCS; O'Neil et al, 1986).

Theoretically, the construct of NMA has derived from Gender Role Strain Paradigm's (Pleck; 1981; 1995) male gender role trauma strain. Trauma strain argues that boys who grew up with strictly enforced traditional masculinity ideologies may have experienced their gender role socialization processes with traumatic consequences (Levant, 1996; 2011; Pleck, 1995). Thus, exploring the traumatic impact of such socialization could provide clinical counselors an in-depth contextual understanding of their male clients' mental health histories and improve the efficacy of the counseling process. One specific treatment modality, the Alexithymia Reduction Treatment (ART), appears helpful in working with men's commonplace emotional restrictiveness. ART is a six session manualized psychoeducational group intervention that "addresses the role of emotions in behavioral health and the socio-cultural reasons for some

individuals having difficulty navigating their emotional experience, particularly traditionally-raised men" (Levant, Halter, Hayden, & Williams, 2007, p. 77). In ART, the psychoeducation predominantly focuses on the awareness and interpretation of emotions as well as reacting to and coping with the affective experiences that could enhance a man's interaction with others on an emotional level (Levant et al., 2007). In addition, such psychoeducation could enable mental health counselors to enlighten their male clients on the some inaccurate yet widespread stereotypes of manhood such as men are not emotional beings, or that man are unable to express emotions (Fischer & Good, 1997). There exists other evidenced-based, insight oriented psychotherapeutic treatment modalities for those mental health counselors who work with men individually, rather than in a group setting. The Process-Experiential Therapy (Elliott, Watson, Goldman, & Greenberg, 2004) and the Emotion Focused Therapy (Greenberg, 2004; 2015) could potentially bolster the psychoeducational efficacy of the ART by providing further experiential and cognitive techniques to regulate and to utilize emotions in order for men to make sense of the world around them (Greenberg, 2004). Nonetheless, it is important to note that to date no researcher specifically examined the efficacy of the Process Experiential Therapy and the Emotion Focused Therapy with NMA and/or GRC in a clinical trial. The precise outcome of these treatment modalities on masculinity ideologies has yet to be studied.

Another important clinical implication of this study is the finding that men's best same-sex relationship discords predict overall PWB of young adult men. It appears that high degrees of discord, which was measured by the frequency of conflict, pressure, criticism, dominance, and exclusion that men experience with their best friends, negatively impact their PWB, especially if men also experience emotional restrictiveness due to their desire to conform to traditional masculine norms. Although it is not possible to conclude that NMA causes or intensifies men's

friendship discords based on the results of this study, scholars agree that these two constructs are interrelated. For example, Migliaccio (2010) stated that "there exists a constant interaction between masculine expectation and interaction with friends. How we engage with friends is a reflection of our expected masculine behaviors, essentially displaying that men 'do gender' appropriately when they 'do friendship'" (pp. 238). Therefore, mental health counselors are not only encouraged to explore their male clients' friendships qualities and discords, but also to examine the impact of the masculinity ideologies on these friendships. Such a two-prong clinical approach could help men remedy some of the discordances they experience with their best friends and consequently improve their PWB. Also, this could help men enhance their awareness of the impact of conforming to traditional masculine expectations on their friendships and overall well-being. The final implication of these results for mental health counselors is the emerging need to advocate for their clients and inform the public about the potentially harmful impact of restrictive emotionality and gender roles on men and on the systems in which these men interact on a regular basis (O'Neil, 2008).

Limitations and Future Directions

Although this study provides useful insights into the relationship among masculinity, men's friendships, and PWB in men, it is not without its limitations. As indicated, 88.5% of the men included in this study were younger than 28; therefore, the results may not be generalizable to men who are in later developmental stages in their lives. Similarly, 87.5% of the participants in this sample identified as heterosexual. Predominantly heterosexual student sample may limit the generalizablility of these results to sexual minority men. Moreover, all participants in this study were recruited from an urban southeastern university; the results may possibly differ in other parts of the country. Another limitation of the study was its modest sample size. Although

this study had appropriate statistical power to conduct the correlation, moderation, and regression analyses, the modest sample size prevented the researcher from running inclusive between group analyses of ethic and sexual identity on dependent and independent variables in which all groups would ideally be represented. Finally, the self-report nature of the instruments used could be considered another limitation of this study as result of the possible discrepancies between what participants report and how they actually behave due to possible social desirability response bias.

In the future, researchers are encouraged to replicate this with study with other masculinity and gender role norm instruments to develop a more in depth understanding of the relationship among masculinity, friendships, and well-being in men. Additionally, because friendship discords are subject to change in a short period of time, a longitudinal design could generate a clearer picture of the precise impact of a sample of men's best sex-friendships on PWB over time. As indicated, one surprising result of this study was that GRC did not appear to be a good predictor of PWB in men. One possible reason for this inconsistency could be that in this study the researcher utilized the total factor scores of the GRC scale rather than the subscale scores of all four factors of GRC separately. Certain GRC factors could be better predictors of PWB than other factors and the overall construct. For example, O'Neil (2008) states that the Success, Power, and Competition (SPC) factor addresses the masculinity ideology and traditional male gender norms, and it is an indirect assessment of GRC. Thus, future researchers are encouraged to examine the impact of each factor of GRC on men's friendship discords and their overall PWB.

Conclusion

Despite its limitations, this study deepens the knowledge base on the relationship among masculinity, the impact of restrictive emotionality, men's friendships, and overall well-being of

young adult men. As noted, the traditional gender socialization and the discordant friendships of many men significantly impact their current psychological functioning in negative ways. Therefore, it is the researcher's hope that the findings of this study will inform mental health counselors on the importance of assessing, exploring, and treating the men's masculinity ideologies and the discordant friendships in their clinical work with men. Moreover, it is also the researcher's hope that the findings of this study will raise awareness on the actual psychological cost of men's desire for masculine-appropriate behaviors in their relationships with their friends and other significant people in their lives. Conforming to such rigid gender expectations, especially in the domain of emotional expression and restrictiveness, appears to have detrimental effect on men's overall psychological functioning.

References

Bagby, R. M., Taylor, G. J., & Parker, J. D. (1994). The twenty-item Toronto Alexithymia Scale-II. Convergent, discriminant, and concurrent validity. *Journal of Psychosomatic Research, 38,* 33-40.

Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*, 1173-1182. doi: 10.1037/0022- 3514.51.6.1173.

Berger, J. M., Levant, R. F., McMillan, K. K., Kelleher, W., & Sellers, A. (2005). Impact of gender role conflict, traditional masculinity ideology, alexithymia, and age on men's attitudes toward psychological help seeking. *Psychology of Men and Masculinity, 6*, 73-78.

Blazina, C., & Watkins, C. E. (1996). Masculine gender role conflict: Effects on college men's psychological well-being, chemical substance usage, and attitudes toward help-seeking. *Journal of Counseling Psychology*, *43,* 461-465.

Brown, A. T., & Keel, P. K. (2013). The impact of relationships, friendships, and work on the association between sexual orientation and disordered eating in men. *Eating Disorders, 21*, 342–359.

Buhrmester, D. (1992). *Network of relationship questionnaire-relationship quality version. Unpublished questionnaire*. Richardson TX: University of Texas at Dallas

Buhrmester, D., & Furman, W. (2008). *The Network of Relationships Inventory – Relationship Qualities Version.* Unpublished measure, University of Texas at Dallas, Richardson, Texas.

Campbell, J. L., & Snow, B. M. (1992). Gender role conflict and family environment as predictors of men's marital satisfaction. *Journal of Family Psychology, 6*, 84-87.

Cheng, S., & Chan, A, C. (2005). Measuring psychological well-being in the Chinese. *Personality and Individual Differences, 38(6),* 1307-1316. doi: http://dx.doi.org/10.1016/j.paid.2004.08.013

Chow, C. M., Buhrmester, D., & Tan, C. Cin. (2014). Interpersonal coping styles and couple relationship quality: Similarity versus complementarity hypotheses. *European Journal of Social Psychology, 44*(2), 175-186. doi: 10.1002/ejsp.2000.

Chow, C. M., Tan, C. C., & Ruhl, H. (2015). Misery loves company: A dyadic approach to examining the effects of depressive symptoms on friendship discord. *Journal of Social and Clinical Psychology, 24,* 774-787.

Cohen, J. W. (1988). *Statistical power analysis for the behavioral sciences* (2nd). Hillsdale, NJ: Lawrance Earlbaum Associates.

Cohen, Jacob; Cohen, Patricia; Leona S. Aiken; West, Stephen H. (2003). *Applied multiple regression/correlation analysis for the behavioral sciences*. Hillsdale, N.J.: L. Erlbaum Associates.

Eicken, I. M. (2003). The relationship of emotional intelligence, alexithymia, and universal-diverse orientation, to gender role conflict (Doctoral dissertation, Oklahoma State University, 2003). Dissertation Abstracts International, 66, 4665.

Eid, P., & Boucher, S. (2012). Alexithymia and dyadic adjustment in intimate relationships: Analyses using actual partner interdependence model. *Journal of Social and Clinical Psychology, (31)10,* 1095-1111.

Elliott, R., Watson, J. C., Goldman, R. N., & Greenberg, L. S. (2004).*Learning emotion-focused therapy: The process-experiential approach to change*. American Psychological Association.

Faul, F., Erdfelder, E., Lang, A., & Buchner, A. (2007): G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods, 39(2),* 175-191.

Faul, F., Erdfelder, E., Buchner, A., & Lang, A. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods, 41(4),* 1149-1160. doi: 10.3758/BRM.41.4.1149

Fehr, B. (1996). *Friendhsip processes*. Thousand Oaks, CA: Sage

Fehr, B. (2004). Intimacy expectations in same-sex friendships: A prototype interaction pattern model. *Journal of Personality and Social Pscyhology, 86*(2), 265-284.

Fischer, A. R., & Good, G. E. (1997). Men and pscyhotherapy: An investigaiton of alexithymia, intimacy, and masculine gender roles. *Psychotherapy, (34)2,* 160-170.

Furman, W., & Buhrmester, D. (2009) The Network of Relationships Inventory: Behavioral Systems Version. *International Journal of Behavioral Development, 33,* 470-478.

Furman, W., & Buhrmester, D. (2010). Network of relationships questionnaire manual. *Unpublished manual available from the author*.

Gallagher, M. W., Lopez, S. J., & Preacher, K. J. (2009). The hierarchical structure of well-being. *Journal of Personality, 77(4),* 1025-1050. doi:10.1111/j.1467-6494.2009.00573

Good, G. E., Robertson, J. M., O'Neil, J. M., Fitzgerald, L. F., Stevens, M., DeBord, K. A., Bartels, K. M., & Braverman, D. G. (1995). Male gender role conflict: Psychometric issues and relations to psychological distress. *Journal of Counseling Psychology, 42,* 3-10.

Greenberg, L. S. (2004). Emotion–focused therapy. *Clinical Psychology &Psychotherapy*, *11*(1), 3-16.

Greenberg, L. S. (2015). *Emotion Focused Therapy: Coaching clients to work through their feelings.* American Psychological Association.

Hayahsi, S. (1999). Masculinity and mental health: The relationship between men's attitudes toward male gender roles and mental health indices: Anxiety, depression, affect regulation, and self-esteem. *JASS (Japanese Assembly for the Study of Sex) Proceedings, 11*, 2-11.

Huberty, C. J. (1989). Problems with stepwise methods -- better alternatives. *Advances in Social Sciences Methodology, 1*, 43-70.

Karakis, E. N., & Levant, R. F. (2012). Is normative male alexithymia associated with relationship satisfaction, fear of intimacy and communication quality among men in relationships? *The Journal of Men's Studies, 20*(3), 179-186.

Laver, N., J. (2013). *The effect of masculinity on post-deployment veterans' help-seeking behaviors and mental health outcomes.* (3596704 Ph.D.), The University of North Dakota, Ann Arbor. Retrieved from http://search.proquest.com/docview/1448855206?accountid=34899

Levant, R. F. (1992). Toward the reconstruction of masculinity. *Journal of Family Psychology, 5*, 379- 402.

Levant, R. F., Hayden, E. W., Halter, M. J., & Williams, C. M. (2009). The efficacy of alexithymia reduction treatment: A pilot study. *The Journal of Men's Studies, 17*(1), 75-84.

Levant, R. F., & Kelly, J. (1989*). Between father and child: How to become the kind of father you want to be*. New York: Viking.

Levant, R. F., Majors, R., & Kelley G. (1998). Masculinity ideology among young African American and European American women and men in different regions of the United States. *Culture, Diversity, and Mental Health, 4,* 227-236.

Levant, R. F., Good, G. E., Cook, S. W., O'Neil, J. M., Smalley, K. B., Owen, K., et al. (2006). The normative male alexithymia scale: Measurement of a gender-linked syndrome. *Psychology of Men & Masculinity, 7*(4), 212-224.

Li, S., Zhang, B., Guo, Y., & Zhang, J. (2015). Review article: The association between alexithymia as assessed by the 20-item Toronto Alexithymia Scale and depression: A meta-analysis. *Psychiatry Research, 227,* 1-9. doi: 10.1016/j.psychres.2015.02.006

Lindfors, P., Berntsson, L., & Lundberg, U. (2006). Factor structure of Ryff's psychological well-being scales in Swedish female and male white-collar workers. *Personality and Individual Differences, 40(6*), 1213-1222. doi: http://dx.doi.org/10.1016/j.paid.2005.10.016

Mahalik, J. R. (2000). Gender role conflict in men as a predictor of self-ratings of behavior on the interpersonal circle. *Journal of Social and Clinical Psychology, 19*(2), 276-292. doi: http://dx.doi.org/10.1521/jscp.2000.19.2.276

Magovcevic, M., & Addis, M. E. (2005). Linking gender-role conflict to nonnormative and self-stigmatizing perceptions of alcohol abuse and depression. *Psychology of Men & Masculinity, 6(2),* 127-136. doi: 10.1037/1524-9220.6.2.127.

Migliaccio, T. (2010). Men's friendships: Performances of masculinity. *The Journal of Men's studies, 17*(3), 226-241.

Moore, D., & McCabe, G. (2003). *Introduction to the Practice of Statistics* (4 ed.). New York: W.H. Freeman and Company.

Multon, K. D., & Schuetz, S. A. (2007). *Relationship of alexithymia, interpersonal problems, and self-understanding to psychological distress*. American Psychological Association 2007 Convention Presentation.

Neimah, J. C., Freyberger H., & Sifneos, P. E. (1976). Alexithymia: A view of the psychosomatic process. In O. W. Hill (Ed.) *Modern trends in psychosomatic medicine,* (pp 430-439). London: Butterworths.

O'Neil, J. M. (2008). Summarizing 25 Years of research on men's gender role conflict using the Gender Role Conflict Scale: New research paradigms and clinical implications. *The Counseling Psychologist, 36*(3), 358-445. doi: 10.1177/0011000008317057.

O'Neil, J. M., Good, G. E., & Holmes. S. (1995). Fifteen years or theory and research on gender role conflict: New paradigms for empirical research. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men,* (pp. 1-8). New York, NY: Basic Books.

O'Neil, J. M., Helms, B. J., Gable, R. K., David, L., & Wrightsman, L. S. (1986). Gender-Role Conflict Scale: College men's fear of femininity. *Sex Roles, 14,* 335–350.

Pallant, J. (2005). *SPSS survival manual: A step by step guide to data analysis using SPSS* (2nd). New York, NY: Open University Press.

Palmer, B., Donaldson, C., & Stough, C. (2002). Emotional intelligence and life satisfaction. *Personality and Individual Differences, 33*(7), 1091-1100.

Parker, J. D., Taylor, G. J., Bagby, R. M., & Acklin, M. W (1993). Alexithymia in panic disorder and simple phobia: A comparasion. *The American Journal of Psychiatry*, *150*(7), 1105.

Pedhazur, E. (1997). Prediction. *In Multiple Regression in Behavioral Research: Explanation and Prediction* (3rd ed., pp. 212-214). San Diego, CA: Harcourt Brace College.

Pleck, J. H. (1981). *The myth of masculinity.* Cambridge, MA: MIT Press.

Pleck, J. H. (1995). The gender role strain paradigm: An update. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men,* (pp. 1-8). New York, NY: Basic Books.

Porcelli, P., Taylor, G. J., Bagby, R. M., & De Carne M. (1999). Alexithymia and functional gastrointestinal disorders. A comparison with inflammatory bowel disease. *Psychotherapy and Psychosomatics, 68(5)* 263-269.

Ranney. J. D., & Troop-Gordon, W. (2012). Computer-mediated communication with distant friends: Relations with adjustment during student's first semester in college. *Journal of Educational Psychology, 104,* 848-861.

Rochlen, A., & Mahalik, J. R. (2004). Women's perceptions of male partner's gender role conflict as predictors of psychological well-being and relationship satisfaction. *Psychology of Men and Masculinity, 5*, 147-157.

Ryff, C. D. (1989a). Beyond Ponce de Leon and life satisfaction: New directions in quest of successful aging. *International Journal of Behavioral Development, 12*, 35-55.

Ryff, C. D. (1989b). Happiness is everything, or is it?: Explorations on the meaning of psychological well–being. *Journal of Personality and Social Psychology, 57*, 1069–1081.

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well–being revisited. *Journal of Personality and Social Psychology, 69*, 719–727.

Ryff, C. D., & Singer, B. H. (2006). Best news yet on the six-factor model of well-being. *Social Science Research, 35(4),* 1103-1119. doi: http://dx.doi.org/10.1016/j.ssresearch.2006.01.002

Saxena, P., Dubey, A., & Pandey, R. (2011). Role of emotion regulation difficulties in predicting mental health and well-being. *SIS Journal of Projective Psychology & Mental Health, 18*(2), 147-154.

Sharpe, M. J., & Heppner, P. P. (1991). Gender role, gender role conflict, and psychological well-being in men. *Journal of Counseling Psychology, 38,* 323-330.

Sharpe, M. J., Heppner, P. P., & Dixon, W. A. (1995). Gender role conflict, instrumentality, expressiveness, and well-being in adult men. *Sex Roles, 33,* 1-18.

Shepard, D. S. (2002). A negative state of mind: Patterns of depressive symptoms among men with high gender role conflict. *Psychology of Men and Masculinity, 3,* 3-8.

Sifneos, P. E. (1973). The prevalence of "alexithymic" characteristics in psychosomatic patients. *Psychotherapy and Psychosomatics, 22,* 255–262.

Simonsen, G., Blazina, C., & Watkins, C. E., Jr. (2000). Gender role conflict and psychological well-being among gay men. *Journal of Counseling Psychology, 47*(1), 85-89. doi: 10.1037/0022-0167.47.1.85.

Springer, K. W., & Hauser, R. M. (2006). An assessment of the construct validity of Ryff's Scales of Psychological Well-Being: Method, mode, and measurement effects. *Social Science Research, 35(4),* 1080-1102. doi: http://dx.doi.org/10.1016/j.ssresearch.2005.07.004

Taylor, G. R. (2000). Recent developments in alexithymia theory and research. *The Canadian Journal of Psychiatry, 45(2),* 134-142.

Taylor, G. J. (2004). Alexithymia: Twenty-five years of theory and research. In I. Nyklicek, L. Temoshok, & A. Vingerhoets (Eds.), *Emotional expression and health: Advances in theory, assessment, and clinical applications,* (pp. 137-153). New York: NY: Brunner-Routlege.

Warner, B. J. (2007). The relationship between alexithymia, wellness, and substance dependence. (Doctoral Dissertation, University of New Orleans, 2007). *University of New Orleans Theses and Dissertations.* Paper 560.

Windle, C. R., & Smith, D. A. (2009). Withdrawal moderates the association between husband gender role conflict and wife marital adjustment. *Psychology of Men & Masculinity, 10*(4), 245-260. doi: 10.1037/a0016757

Wolfram, H. J., Mohr, G., & Borchert, J. (2008). Gender role self-concept, gender-role conflict, and well-being in male primary school teachers. *Sex Roles, 60, 114-127.*

Zeitlin, S. B., & McNally, R. J. (1993). Alexithymia and anxiety sensitivity in panic disorder and obsessive-compulsive disorder. *The American Journal of Psychiatry, 150*(4), 658-660.