

## ABSTRACT

Title of Dissertation: Gender Identity and Psychological Adjustment in  
Men with Serious Mental Illnesses

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Masculine gender identity and its relationship with self-concept and psychological adjustment was studied for men with serious mental illnesses. Two hundred and thirty-eight men with serious mental illnesses from 15 psychosocial rehabilitation centers in Maryland and Northern Virginia rated a set of 47 masculine beliefs and attributes. Items were derived from a previous study (Keller, 1994) which generated a set of 78 beliefs about masculinity through a series of 9 focus groups with men in this population. Each of the 47 items in the present study was rated in terms of (a) how much each item was “like me” and (b) how important each item was to being a man. Test-retest correlations for the set of 47 items were  $r = .62$  for ratings of how much “like me” items were and  $r = .92$  for ratings of importance. Internal consistency (alpha) for the two sets of ratings were .93 and .94, respectively. Participants also completed (a) self-ratings of the words “masculine” and “feminine” (Spence, 1984) and (b) measures of psychiatric symptoms and psychological adjustment including the Brief Symptom Inventory, the Beck Depression Inventory, the Rosenberg Self-Esteem Scale, the Self-Efficacy Scale and the Internalized Shame Scale. Factor analysis of ratings for masculine beliefs and attributes revealed three dimensions (labeled **morality**, **family**,

and **toughness**) which diverged from the patterns described in the general literature on masculinity. A cluster analysis based on factor scores for these dimensions failed to reveal subgroups of men distinguished by gender identity as defined through the factors. Degree of discrepancy between men's ratings of how much masculine beliefs and attributes were "like me" and ratings of the importance of those items to being a man was associated with higher global symptom severity ( $r = .21, p < .01$ ), depression ( $r = .32, p < .01$ ), and internalized shame ( $r = .26, p < .01$ ), and with lower self-efficacy beliefs ( $r = .33, p < .01$ ). Men who rated themselves as more masculine than feminine revealed significantly better adjustment, on the above measures, than men who rated themselves as neutral or more feminine than masculine. Divergence between the current factors and those from the general literature on masculinity, in terms of the dimensions of masculine beliefs and attributes found for this group of men, is discussed as a function of the losses and limitations inherent in the experience of serious mental illness. The inverse association between psychological adjustment and self-discrepancy on the set of masculine beliefs is presented as locus for further research and intervention.

Gender Identity and Psychological Adjustment in  
Men with Serious Mental Illnesses

by

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## DEDICATION

With thanks to:

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## Chapter I

### Introduction

The present study sets out to broaden understanding of the experience of masculinity for men with serious mental illnesses. To accomplish this, the study attempts to synthesize two established domains of research, gender identity and self-discrepancy, in order to inform a third: serious mental illness.

The shift from psychogenic to biological models of the origins of serious mental illness has demanded an expanded approach to psychological understanding and intervention. Contemplating this shift, Coursey (1989) cautioned that psychology must not ignore "the human experience of schizophrenia" as the field "rush[es] to discover [its] basic biology" (p. 350). He broadly recommended a "problem-specific approach" to research and intervention that builds on a biologically sound foundation while incorporating the "human experience of the disorder" (p. 350).

The present study focuses on the latter. The study seeks to clarify the nature of masculine gender identity for men with serious mental illnesses and explore its relationship with self-concept and psychological adjustment for these men. The study explores the relationship between the masculine ideals held by men with serious mental illnesses and the way those men actually see themselves. In turn, these variables, defined later as masculine gender identity, will be related to psychological adjustment. It is hoped that the results of this study will serve as a preliminary guide to

discriminating salient issues of gender identity for future research and for designing relevant, targeted interventions.

### Why Study **Men**?

In the current social and political climate, developing a rationale for a study focusing specifically on men, with or without mental illnesses, might be undertaken with some apprehension. A growing consensus decries the over-representation of men in studies of health, and mental health in particular (Wahl and Hunter, 1992). This movement underscores a genuine need for a shift towards increased research attention to women. However, the current socio-political shake-up fails to reflect that, while men have long been over-represented as objects of study, they have not been studied as a distinct group, that is, **as men**. Instead, samples of men have typically served as the norm for people in general. It may even be the case, as suggested by Thompson and Pleck (1987), that the male gender role has received less research attention than the female.

The latter assertion alludes to the cultural invisibility of the masculine gender role. For many years, men have acted, and accepted, a role as representative of the societal norm (Cicone and Ruble, 1978). While men are over-represented in research, they have been studied as genderless -- as if being a man did not matter in the experience of their lives. While researchers in health-related fields acknowledge the biological sex of individuals, these same researchers often fail to consider that gender serves not only as an indicator of biological difference, but also represents a social and



psychological construction that has significant impact on our daily lives (Kimmel & Messner, 1992). In accord, Goldstein and Kreisman (1988) describe gender as a profound element of identity and an important factor associated with socially prescribed roles. Reflecting on these views of gender, it becomes easier to embrace the importance of studying men as men, rather than as surrogate for people in general. In the present study, I propose to explore men as "one of two genders whose life opportunities and social experience systematically differ from women's. (Thompson, Pleck & Ferrara, 1992).

If it is accepted that men cannot adequately serve as the norm for all people, it follows that one group of men cannot adequately serve as representative for all men. Early studies tended to view gender and masculinity as normative, unitary constructs (Kimmel, 1982; Spence, 1984), and heralded apparently universal norms of masculinity (Cicone & Ruble, 1978; Kimmel, 1987). This view is inherently apolitical and acultural and ignores the pervasive imbalance of power and experience among different men and groups of men (Thompson, Pleck & Ferrera, 1992). Increasingly, research has portrayed how divergent the experiences of various men actually are (for example, Gibbs, 1992; Gilmore, 1990; Kimmel, 1992; Leinberg, 1992; Zinn, 1992). Kimmel and Messner (1982) note that men are divided along the same lines that divide any other group: race, class, sexual orientation, ethnicity, age, and geographic region. To that list might be added mental or physical illness and/or disability. In order to generate a useful understanding of masculinity, the significance of these dividing lines must be clarified.

Men with serious mental illnesses. As an important sub-group of men, and of people suffering mental illnesses (Mulkern & Manderscheid, 1989), the experience of men with serious mental illnesses warrants examination. From a research perspective, such clarification might be meaningful in two ways. First, it might serve as an avenue to enrich our understanding of masculinity and, more broadly, gender. Second, this clarification might offer a means to decipher the interaction of the male gender role with serious mental illness. The present study takes its shape from the latter perspective, and finds promotion in assertions that gender effects on mental illness are both significant (Lewine, 1981) and understudied (Wahl & Hunter, 1992). In fact, Wahl and Hunter (1992) point to, ". . . a compelling argument for gender as an important factor in understanding the heterogeneity of schizophrenia" (p. 313) and other mental illnesses.

#### Review of the Literature

Men are not born, growing from infants through boyhood to manhood, to follow a predetermined biological imperative, encoded in their physical organization. To be a man is to participate in social life as a man, as a gendered being . . . . Our sex may be male, but our identity as a man is developed through a complex process of interaction with the culture in which we both learn the gender scripts appropriate to our culture and attempt to modify those scripts to make them more palatable. (Kimmel & Messner, 1992, p. 8)

Gender as social and psychological phenomena. The resurgence of the feminist movement in the past three decades has focused increasing attention on the role of gender in social and psychological phenomena (Clatterbaugh, 1990; Pleck, 1995). Researchers, media commentators and members of the general public increasingly

recognize the centrality of gender in our lives (Kimmel, 1987; Morrow, 1994). In their introduction to an edited book exploring the significance of gender in the lives of men, Kimmel and Messner (1992) go so far as to suggest that gender, along with class and race, has become one of three central mechanisms that organize and give structure to our lives.

Spence (1984) underscores the value of research in this domain:

The profound significance of gender in human societies is beyond dispute. Sex-role standards exert critical influences on the lives of men and women, setting external constraints on what they are permitted to do or to become and shaping their values, aspirations, and expectations for themselves. For almost all human beings, gender is one of the earliest, and continues to be one of the most basic, components of self-identity (p. 81).

While the implications of gender have been examined in a number of psychological realms (see Levant & Pollack, 1995, for a review) such as self-esteem (see Whitley, 1983, for a review) and stress and coping (Eisler, 1995; Eisler & Blalock, 1991; Roos & Cohen, 1987), little is known about the implications of gender on the experience and outcomes of persons suffering serious mental illnesses (Wahl & Hunter, 1992).

Gender as a construct. Theories of gender remained relatively static until the recent resurgence of feminism compelled renewed examination. Historically, three broad models have dominated social scientific thought in this realm: biological, anthropological and sociological (Kimmel & Messner, 1992). The biological models have focused on the ways in which innate biological differences between men and

women precipitate different social behavior. Anthropological models have examined gender and masculinity across cultural groups, stressing the variations in behaviors and attributes associated with being a man or a woman. Finally, sociological models have emphasized how the socialization of boys and girls included accommodation to a sex role specific to their biological sex (Kimmel & Messner, 1992). The present study fits most closely with the third.

Unfortunately, these perspectives, in their efforts to make sense of gender in the context of society, have offered only limited insight into the ways in which gender is experienced by individuals, and how such experiences may impact upon their lives. Early psychological approaches offered the first insight into the actual experience of gender. For example, psychoanalytic theories of sexual development allowed for heterogeneity in gender identity as a function of individual oedipal adjustment (Hart, 1992). After a discussion of the diversity in meaning surrounding the term gender, I will review psychological conceptualizations of this construct which are relevant to the present study.

Social constructionist approaches to gender. Unlike one's biological sex, gender is a social construction that may be understood in a number of ways (Clatterbaugh, 1990). While the construct of masculinity is typically thought to represent an inclusive and unitary social reality for all men, the way each man in a given society actually experiences gender may vary considerably (Pleck, 1981; 1995).



In order to establish an initial foundation for the study's exploration of gender, I will turn to a tripartite model proposed by Clatterbaugh (1990). The three components of his approach may be simplified as gender role, gender stereotype, and gender ideal. The first, gender role, may be thought of in terms of what men are, the set of "behaviors, attitudes, and conditions that are generally found in the men of an identifiable group" (Clatterbaugh, 1990, p.3). Gender role represents a descriptive schema, based on relatively "objective" observation (Ruble & Stangor, 1986; Thompson & Pleck, 1987), linking gender to the individual's context. For example, if the men of a given group tend to be aggressive, or gregarious, then these traits will be part of the masculine gender role for men of that group. Thus, gender role is descriptive, group-specific, and exists only in the context of time, place, and group membership.

The second component, gender stereotype, may be thought of in terms of what people **believe** men are (Basow, 1986; Cicone & Ruble, 1978; Clatterbaugh, 1990). Like gender role, this perspective is descriptive, but it is based on more "subjective" observation and describes what is generally thought, **by others**, to be the masculine gender role. Thus, if it is widely held that men are aggressive, then aggression will become part of the gender stereotype, whether or not aggression is actually part of the male gender role (what men actually are).

The distinction between gender role and gender stereotype is invaluable as an aid to understanding the genuine, gendered, experiences of men. As noted above, the male gender role is defined through a relatively objective observation of the actual lives



of men. In contrast, the male gender stereotype represents subjective observation and the beliefs that others hold about those men. Not surprisingly, evidence suggests that stereotypes of gender role are often inaccurate (Pleck, 1981; 1995) and are rarely based on actual, statistically significant differences between men and women or between groups of men (Basow, 1986). The distinction is noteworthy because men may be influenced by perceived pressure and demands to live up to often erroneous stereotypes of who men are (Thompson & Pleck, 1987; Thompson, Pleck & Ferrara, 1992; see O'Neil, Good & Holmes, 1995, for a review). For example, widely-held values, such as physical toughness, athletic prowess, or emotional inexpressiveness, fail to describe many men who nonetheless feel some degree of pressure to live up to them.

Clatterbaugh's (1990) third component, the gender ideal, or socio-cultural norm (Thompson & Pleck, 1987), represents general opinions about how men **should** be (Clatterbaugh, 1990). Any widely held belief about the attitudes, attributes, and behavior men should possess may become a gender ideal. Thus, if it is thought that men should be independent and self-supporting, or married, then these will become gender ideals for men in a given place and time. As with gender stereotypes, there may be little overlap between what men actually are, the gender role, and the gender ideal. Moreover, gender ideals act similarly to gender stereotypes in the pressure and role demands they may exert on the men who experience them (Basow, 1986; O'Neil et al., 1986; Pleck, 1995). However, while gender stereotypes may be thought of as descriptive, gender ideals are best described as prescriptive.

The impact of perceived role demands is illustrated through a clinical anecdote in which a forty-two year old mental health consumer suffering schizophrenia lamented to this author, "I can never really become a man without a wife, house, or family." Implicitly aware of gender ideals and stereotypes, this man experienced painful reverberations of his perceived inability to measure up to what a man "should be." Similar evidence was reported by Keller (1994). His study asked men with serious mental illnesses "what makes a man a man?" Their responses vividly illustrated the press of gender ideals. For example, one man, who was unable to hold a job due to his illness, stated, "work is very important to being a man in this country. I feel like nothing, almost just about nothing without working, because everyone refers to work [as part of being a man]" (p. 91).

Gender in psychological thought. Psychological thinking and research have tried to offer a more fine-grained analysis of the experience of gender. Psychological approaches attempt to make sense of the actual experiences of individual men (like the mental health consumers referred to in the previous section). The present study explores masculine gender identity from a psychological perspective in order to further describe the nature of gender identity and its relationship with psychological adjustment.

Review of the literature reveals three camps emerging from the clatter of debate around gender. These camps may be loosely defined by their handling of the construct of gender. Gender is conceptualized alternately as: (a) a function of sex-role norms and

[masculine] identity (Pleck, 1981; Thompson & Pleck, 1987); (b) a function of the ideal self and ego-ideal (Hart, 1992); and (c) a function of gender-based schematic information processing (Bem, 1981; Spence, 1984, 1993; Edwards & Spence, 1987; Archer, 1991; Payne, Connor & Colletti, 1987). I will examine each of these perspectives briefly and in turn.

Thompson and Pleck (1987; Pleck, 1995) use the term "male role norm" to describe a construct essentially analogous to Clatterbaugh's (1990) gender ideal. They define male role as, "the social norms that prescribe and proscribe what men should feel and do" (p.26). They go on to suggest that a successful masculine identity is established **only** when a man perceives himself as having satisfied those social norms. This assertion points to obvious hazards of identity for men, like those with a serious mental illness, who are handicapped in their ability to accomplish "normal" milestones and achievements. However, Thompson and Pleck (1987) concede that heterogeneity will exist in the specific male roles perceived as salient by individual men. In this way, perhaps, men of differing ability are able to sustain a satisfactory sense of masculine gender identity.

Hart (1992) discusses the constructs of "ideal self" and "ego-ideal", which appear to roughly parallel Thompson and Pleck's (1987) male role. The ideal self construct emerges from the work of Horney and Winnicott. It is described in terms of an internalized representation of the individual's goals and aspirations that "play a central role in self evaluation" (Hart, 1992, p. 72). The ego-ideal construct emerges

from psychoanalytic models. It is described as an internalized set of values via which the goals and aspirations of the ideal self are "generated and judged" (p. 102). Of clinical significance, and relevant to the study, Hart contends that the interaction of these constructs is integral to the cognitive appraisals that anchor self-appraisal and self-esteem.

Hart's (1992) conceptualization appears to align closely with the theory and research in the self-discrepancy domain (see Higgins, 1987; Wylie, 1976, for reviews), to be discussed in greater detail later in this review. Broadly, these models offer evidence that incongruity between a person's beliefs or ideals and his sense of his "actual self" lead to psychological consequences such as tension, conflict, or lowered self-esteem.

The information processing approaches to understanding gender. While both Thompson and Pleck (1987) and Hart (1992) allude to cognitive mechanisms through which gender is understood and experienced, it is the information processing-based theories that attempt to elucidate the process. To a large extent, these approaches rest on the notion that our perceptions of gender identity, and other social constructs, emerge via cognitive structures or schema (Ruble & Stangor, 1986). For this discussion, schema will be defined as a "cognitive structure that represents organized knowledge about a given belief or type of stimulus" (Fiske & Taylor, 1984, p. 140).

The information processing models first emerged with Bem's (1981) assertion that gender-based information processing was at the heart of sex-role stereotyping. Bem's is one of three competing models that attempt to explain gender schema. Each of



these are tied to two widely used and highly correlated measures (Edwards & Spence, 1987): the Bem Sex Role Inventory (Bem, 1974) and the Personal Attributes Questionnaire (Spence, Heimreich & Stapp, 1975).

Two models, proposed by Bem (1981) and Markus (Markus et al., 1982), overlap considerably. Both focus on the concepts of sex-role stereotyping and gender schema (Edwards & Spence, 1987). According to Edwards and Spence (1987), individuals, under these models, are described as sex-typed, or gender schematic, to the extent that they "consistently organize information about themselves and other persons, objects, or events on the basis of gender-linked associations in addition to or instead of other . . . available categorical information" (p. 146). These models are labeled "two-factor theories" (Spence, 1984) due to their conception of masculinity and femininity as two unitary factors sufficient to define gender identity for all men and women. With the two-factor models, men and women may be mapped onto two axes, masculinity and femininity, depending on the extent to which they endorse masculine and feminine attributes. While individual men and women may be described by different weightings of masculinity and femininity, the basic content and structure of these remain consistent.

Bem's (1981) gender schema theory, takes a dichotomous view of sex-typing, as operationalized via the Bem Sex Role Inventory. Bem describes this instrument as a measure of one's tendency to process information in gender schematic, or stereotypic, ways. Men and women are seen as sex-typed if they score above the median on the masculine or feminine scales, respectively, of the Bem Sex Role Inventory. Of

particular interest is Bem's assertion that only sex-typed persons possess gender schema. That is, "androgynous" individuals who score above the median on both scales, "crossed" individuals who score above the median on the scale of the opposite biological sex, and those who do not elevate on either scale, are non-sex typed and are said not to process information based on gender schema (Bem, 1981).

The Markus self-schema theory (Markus, Crane, Bernstein & Siladi, 1982) is somewhat broader in scope; the masculine and feminine scales of the Bem Sex Role Inventory are considered parallel, global measures of the tendency to employ masculine or feminine schema (Edwards & Spence, 1987). With this model, scoring above the median on either scale of the Bem Sex Role Inventory is evidence of gender schema. Only undifferentiated persons, who score below the median on both scales, are said not to process information based on gender schema.

Recently, these "two-factor" models have come under fire, fueled both by failed efforts at empirical support through replication (e.g., Edwards & Spence, 1987; Marsh & Myers, 1986; see Spence, 1984 and Archer, 1991 for reviews) and revised conceptualization. Ruble and Stangor (1986) commented that these models stumble in offering an overly general definition of gender schema. Archer (1991) pointed out that the models are too dependent on the instruments used to measure them. Pedhazur and Tetenbaum (1979) condemned the Bem Sex Role Inventory as atheoretical, based solely on empirical data, and lacking adequate definition or validity for its underlying constructs.

Perhaps most damaging is the criticism advanced by Spence (1984, 1993; Edwards & Spence, 1987), the principal author of the Personal Attributes Questionnaire. Her re-examination of the constructs underlying both her own measure and the Bem Sex Role Inventory led her to conclude that neither directly taps masculine or feminine gender schema. Instead, Spence asserts that the Bem Sex Role Inventory and the Personal Attributes Questionnaire measure two sets of personality attributes that underlie common sex-role stereotypes: instrumental and expressive characteristics. In fact, analyses have revealed that scores from the Bem Sex Role Inventory and the Personal Attributes Questionnaire correlate only .20 to .40 with biological sex, whereas simple self-ratings of masculinity and femininity correlate from .60 to .80 with respondent's biological sex (Spence, 1984; Schwarz & Williams, 1986).

Such results call into question the validity of a range of research that sought to establish relationships between "masculinity" and dependent variables such as self-esteem (e.g. Long, 1991; 1993; March, Antill & Cunningham, 1987; Cate & Sugawara, 1986; Rust & McGraw, 1984; Puglisi & Jackson, 1981), self acceptance (e.g. Long, 1989; 1991; 1993), peer acceptance (e.g. Rust & McGraw, 1984), and depression (e.g. Feather, 1985) in men. Studies such as these, typically employing the Bem Sex Role Inventory or Personal Attributes Questionnaire, offer insight into instrumental and expressive personality traits, but not necessarily into masculinity or femininity. With an expanding understanding of the nature of masculinity and femininity, new approaches



are needed in order to further isolate and clarify the relationship between gender identity and psychological adjustment.

Constructs and definitions: Masculine gender identity, Masculine beliefs, masculine gender role, and masculine gender ideals. A number of constructs are defined and/or borrowed for use in this study. **Masculine gender identity**, is drawn from the work of Thompson and Pleck (1987) and Spence (1984). This construct represents the aspect of gender identity (Spence, 1984; Edwards & Spence, 1987) specific to men. Spence describes gender identity as "a fundamental, existential sense of one's own maleness and femaleness; an acceptance of one's gender as a social-psychological construction that parallels acceptance of one's biological sex" (Spence, 1984, p. 83). Through interactions with parents, societal attitudes, and the individual's perceptions of these, a unique, multi-factored sense of one's self as a gendered being develops.

**Masculine gender identity** will be delimited for the present study in terms of the individual's unique, fundamental sense of his own maleness, in the social, psychological, and biological sense. As it is used here, the construct encompasses concepts from the three approaches to gender discussed above: the instrumental and expressive attributes tapped by the Bem Sex Role Inventory and Personal Attributes Questionnaire; Thompson and Pleck's (1987) expression of masculine identity as a function of "the social norms that prescribe and proscribe what men should feel and do" (p. 26); and Hart's (1992) parallel articulation of the ego-ideal via which personal judgments of oneself as a man are made relative to one's masculine aspirations.



The structure of a given man's masculine gender identity may be operationalized via the set of **masculine beliefs** and attributes that he endorses and the extent to which those beliefs and attributes describe his masculine attitudes and behaviors. The construct of **masculine beliefs** is used in this study as a masculine-only subset of gender schema described by Spence and her colleagues (Spence, 1984; 1993; Edwards & Spence, 1987). These authors define schema as well-developed cognitive structures through which gender-related phenomena are perceived and interpreted. For the present study, the construct of masculine beliefs will be operationalized in terms of the set of propositional declarations **endorsed** or articulated by a given individual, or inferred via his endorsement of broader constructs that necessarily subsume more specific beliefs. A prior study by Keller (1994) helped articulate the set of masculine beliefs used here. The present study focuses on clarifying the meaning of those beliefs for men with serious mental illnesses.

**Masculine gender role** was described by Clatterbaugh (1990) as the set of "behaviors, attitudes, and conditions that are generally found in the men of an identifiable group." Pleck (1995) discussed masculine gender roles as the subset of norms and stereotypes that are accurately descriptive of men in a given group.

On the other hand, **masculine gender ideals** are defined, for this study, as the subset of personal ideals that describe a set of masculinity-related beliefs and attributes that a given man judges to be important for being a man. Finally, **gender identity**

**incongruence** is defined for this study as a representation of the discrepancy between the **masculine gender role** and **masculine gender ideal** for a given man.

Multifactorial gender identity theory. After an exhaustive review of research and conceptualization underlying the gender schema, or sex-role identification, models, Spence (1984) concluded that these models offer an overly simplified and falsely unitary view of the role of gender in people's lives. Underscoring her critique, Spence contended that "it makes no more sense to postulate sex-role identification as a single monolithic concept to explain the acquisition of gender-related characteristics than it would be to postulate, for example, an identification with one's country to explain all of the characteristics that happen to differentiate people of various nationalities" (1984, p. 89). In accord, Ruble and Stangor (1986) argued that gender-related phenomena are multi-dimensional in nature both within and across individuals. These authors recommended that gender research look to "individualized gender schemes" rather than to "global schema about masculine and feminine behavior" (p. 257).

Addressing these challenges, Spence and her colleagues (Spence, 1984; 1993; Edwards & Spence, 1987) proposed an alternative model that incorporates the complexity for which the other models do not account. Pointing at failures to replicate earlier models, they outlined a model in which gender schema are highly individualized, heterogeneous, and multifactorial in nature. Spence and her colleagues put forth a model in which "gender-differentiating attributes, behaviors, and self-concepts form

neither a single bipolar dimension . . . nor two independent dimensions, masculinity and femininity, but instead are multidimensional” (Spence, 1984, p. 24).

Spence (1984) shed light on the development of this model by noting the results of correlational and factor analyses of both single measures and pooled items drawn from a number of instruments. She notes that correlation matrices and factor solutions strongly suggested that "the diverse phenomena accepted as relating to gender -- traits, attitudes, values, interests, preferences, behaviors, etc., -- are multifactorial. Some of these factors are bipolar and others constitute separate and relatively independent clusters of masculine and feminine attributes" (p. 24). An interesting example of these phenomena are results of self-ratings for the adjectives “masculine” and “feminine.” These ratings were found to be strongly negatively correlated and to form a separate bipolar factor that was minimally related to other attributes on the Bem Sex Role Inventory or Personal Attributes Questionnaire (Spence, 1984).

The multifactorial theory of gender identity, advanced by Spence and her colleagues (Spence, 1984; 1993; Edwards & Spence, 1987), refutes both unitary and dichotomous understandings of masculinity and femininity. Instead, the theory proposes a complex, heterogeneous model. This model assumes that a wide range of attributes contribute to gender-differentiating factors. Further, the model asserts that these attributes differ across individuals and have varying degrees of association with one another across people and across developmental stages. Similarly, Spence (1993) states clearly that "various categories of attributes, attitudes, preferences, and behaviors

that empirically distinguish between men and women in a given culture do not contribute to a single underlying property but instead to a number of more or less independent factors" (p. 625).

In contrast to many voices in the gender field that accept the existence of one dominant type of masculinity, multifactorial approaches assume the existence of multiple types of masculinity (Thompson & Pleck, 1995). Research, such as that of Deaux and her colleagues (Deaux, Winton, Crowley & Lewis, 1985) provide evidence of significant heterogeneity in the roles and expectations that describe men across contexts and group membership. Similarly, research informs us that men in different racial and ethnic groups may adhere to different masculine roles and ideals (Zinn, 1984; Cazenave & Leon, 1987). Finally, research with various gender-related scales reveals clearly that different patterns of endorsement are found across groups of men (Pleck et al., 1993; Thompson & Pleck, 1986). While these findings may signify no more than diversity in "threshold levels" (Thomspson & Pleck, 1995) in the assessment of a single masculinity standard, this heterogeneity may point to multiple, different standards held by different groups of men.

In a recent study, Keller (1994) found evidence of this heterogeneity in a sample of men with serious mental illnesses. In this research, groups of men generated a set of masculine beliefs in a group interview format. Each man then rated each belief as to how important he thought it was in order for a man to be considered a man. Keller found substantial variability across respondents, across groups, and across beliefs.



Similarly, he found that some beliefs, rated as important by some groups, were not even brought up by others. Thus, Keller's findings seem to support the multifactorial, heterogeneous nature of masculine gender beliefs and masculine gender identity.

#### A Framework for Investigating the Structure of Masculine Beliefs

The present study seeks to portray the structure of masculine beliefs held by men who live with serious mental illness. To set the stage, this section will briefly review current theory and research findings regarding masculinity. As I hope to apply gender identity theory in order to inform psychological thought regarding the “shape” of masculinity, it is necessary to first review just what that entails. This review is not exhaustive, but attempts to represent and integrate a range of pro-feminist and divergent views of masculinity around common themes. These themes may be viewed as groupings of masculine beliefs in the context of the social and psychological discourse from which they are taken.

In a recent review, Pleck (1995) states that “there is clearly not a single masculinity ideology, but many” (p. 19). He asserts that differences exist both between groups of men and within diverse groups of men. As support for this coexistence of between and within-group heterogeneity, he reports data from a sample of young men showing associations between masculine gender ideals and socio-demographic variables such as age, family income, and race (Pleck, Sonenstein & Ku, 1994).

Generally, the masculinity literature repeatedly refers to two types of men and masculinities; pro-feminist, or liberated men, and traditional men (Biggs & Fiebert,

1984; Brannon, 1976; Fiebert, 1983; Pleck, 1976; 1995; Thompson & Pleck, 1995).

The pro-feminist or liberated man is described as eschewing values such as dominance, strength, power and status. The traditional male, not surprisingly, is described as seeking these ideals. While two factor models of gender identity (e.g. Bem, 1981; Markus, et al., 1986) would consider pro-feminist men, who adhere less closely to traditional masculine gender ideals, to possess less of that which is masculine, multifactorial approaches (e.g. Spence, 1984; 1993; Thompson & Pleck, 1995) define **different** masculinities for these groups of men.

Thompson and Pleck (1987) conducted a factor analytic study analyzing American sociocultural norms regarding masculinity. They reported three factors: (1) “status” (norms suggesting men need to achieve status and others’ respect), (2) “toughness” (norms suggesting men should be mentally, physically and emotionally tough and self-reliant), and (3) “anti-feminine” (norms suggesting men should avoid stereotypically feminine attitudes and behavior). Unfortunately, the generalizability of Thompson and Pleck’s findings is limited by their sample: 233 young men attending two liberal arts colleges in New England.

In order to include the experiences of men who are not well represented by Thompson and Pleck’s sample, the current discussion will incorporate themes from other researchers and theorists. In addition to the three themes noted above, one might add (4) “the experience of hardship,” and suffering discussed in the Jungian literature

(e.g. Bly, 1990; Moore & Gillette, 1990). These four themes will be discussed briefly and in turn.

Status. Issues of status are pervasive in the lives of men. Across several studies and theoretical papers, themes such as being the “big wheel” (Biggs & Fiebert, 1984; Brannon & Juni, 1984), being a success, and being the provider (Spence & Sawin, 1985) emerge repeatedly. The status theme is well represented by items, from Thompson and Pleck’s (1987) study which loaded most heavily on this factor:

1. A man owes it to his family to work at the best paying job he can get.
2. It is essential for a man to always have the respect and admiration of everyone who knows him
3. The best way for a man to get respect is to get a job, take it seriously, and do it well.
4. Success in his work has to be a man’s central goal in life.

The implications of these beliefs for men with serious mental illnesses are readily apparent when one considers their often chronic unemployment (Keller, 1991), reliance on public assistance (Coursey, Farrell & Zahnizer, 1991), and overall dependence on the mental health and social service system.

Toughness. The discussion of toughness tends to revolve around themes of self-reliance, aggression, and invulnerability (including emotional and mental) (Thompson & Pleck, 1987). Brannon and Juni (1984) offered the metaphor of the “sturdy oak” to define this theme while Bly (1990) discussed images of freedom and resilience related

to toughness. Fine (1988) offers a convincing description of the experience of toughness for many men:

Men in our society are brought up to be real he-men -- macho, strong, never hesitant about what they are doing, secure and so on. One need only consider the common image of what men should be to see that a large majority are unable to live up to it (p. 149)

Themes of toughness have significant implications in light of the limitations experienced by many men with serious mental illnesses. The cognitive deficits and lack of emotional control that often accompany mental illnesses may leave some men alternately unable to express appropriate emotion (negative symptoms) or over-emotional and irrational (positive or psychotic symptoms). Similarly, the side effects of some neuroleptic medications such as weight gain and sexual dysfunction may leave men perceiving themselves as physically inferior. Finally, the experience of “chronic” psychotherapy may require a type of emotional expression that is incompatible with the types of expression congruent with the toughness theme.

Anti-feminine. Thompson and Pleck (1987) discuss the importance of non-masculine behavior and attitudes in defining what masculinity is not. This is neatly described as “no sissy stuff” by Brannon and Juni (1984) and is echoed in other research (e.g., Levant, et al., 1992; Thompson, Grisanti & Pleck, 1985). The latter description is useful in that it encompasses the hostility and discomfort with homosexuality that is often seen as part of being a man. If we accept what some point to as a tendency of psychotherapists to pathologize many masculine beliefs, attitudes, and behaviors



(Arnold, 1991; Heesaker & Pritchard, 1992), implications for men with serious mental illnesses become apparent. Similarly, one might expect conflict for men who are constrained by their illness and related treatment into roles traditionally associated with women, such as those that involve expression of feelings, dependency, and helping.

The experience of hardship. While the experience of hardship is certainly not exclusive or inherent to masculinity, this theme seems to play a role in many theories of masculinity (e.g. Bly, 1990; Moore & Gillette, 1990). With the pervasive experience of hardship experienced by many men with serious mental illness, this theme may have special salience for this population

Masculine themes suggested by Keller's work with men with serious mental illnesses. The generalizability of the themes and dimensions reviewed above to men with serious mental illnesses is limited. First, much of the literature on masculinity reflects the conceptualization of authors, rather than consultation or empirical research with actual men. Second, of the empirical studies reviewed, virtually all use samples of "healthy men" or college students to generate data. Third, much of the conceptual work in masculinity is driven by pro-feminist social critiques and, at best, may not represent the full range of masculinity or, at worst, reflect significant bias. Keller (1994) addressed many of these limitations in a recent empirical study with a carefully selected sample of men with serious mental illnesses.

Keller (1994) conducted a series of focus groups with a broad sample of men with serious mental illnesses attending psychosocial rehabilitation programs. The men

in each group generated and discussed lists of masculine beliefs and attributes, and then rated each belief in terms of how important they thought it was to “comply” with that belief in order to be a man. Using independent coders reading transcripts for the focus groups, a four dimension taxonomy was developed with an overall intercoder reliability of .85 (Cohen’s kappa).

The four dimensions that Keller discovered in this population were labeled (1) responsibility, (2) independence, (3) strength, and (4) interpersonal relationships. Table 1 presents Keller’s taxonomy.

Table 1

Taxonomy of Masculine Beliefs (Keller, 1994)

Belief	Mean	(n) <sup>1</sup>	Rank
I. Responsibility <sup>2</sup>			
A. A man is responsible/takes on responsibilities at a basic level	3.20	(45)	8
1. A man works/has a job	3.10	(42)	10
a. Paid work	3.00	(7)	15
b. Unpaid work/non-work responsibilities	2.67	(12)	37
2. A man provides for/takes care of others (family/wife/girlfriend)	3.06	(47)	12
a. A man is a breadwinner/provides financial support for his family	3.00	(12)	15
b. A man is responsible (non-financial)/caring to his family	2.91	(22)	24
3. A man protects/defends others	2.76	(29)	32
B. Performing well at responsibilities			
1. A man works hard	2.44	(16)	51
2. A man does well at work	3.10	(20)	10

C. A man succeeds at what he does	2.63	(16)	39
1. A man achieves external success	2.13	(15)	67
a. A man earns the respect of others	2.65	(17)	38
b. A man attains wealth/material goods/prosperity	2.38	(32)	55
1. A man has a car	1.50	(6)	74
c. A man accumulates power/achieves a high position	2.20	(15)	64
2. A man achieves internal success/achieves personal goals	2.94	(16)	22
II. Independence			
A. A man is independent/self-reliant/cares for himself	3.06	(47)	12
1. A man is financially self-reliant	3.00	(12)	15
2. A man has his own place to live/home/apartment	3.00	(8)	15
3. A man defends himself/is tough	2.79	(29)	29
a. A man defends his beliefs	3.25	(8)	5
4. A man takes initiative	2.75	(8)	33
5. A man makes his own decisions/is free	2.57	(7)	41
6. A man is independent from his parents	2.00	(7)	70
7. A man acts macho/totally independent	0.40	(5)	75
B. A man is able to access support/depend on others/be interdependent/knows the limits of his independence	2.77	(17)	31
III. Strength			
A. A man possesses strength of character	2.75	(8)	33
1. A man is self-esteeming/loves himself/possesses self-respect	3.60	(20)	1
2. A man knows what is right/has values	3.11	(9)	9
3. A man is steadfast/endures or deals with hardship or failure/possesses strength attained through hardship	3.05	(20)	14
4. A man is private/keeps his thoughts and feelings to himself	3.00	(8)	15
5. A man is spiritual/religious/has faith follows God	2.92	(25)	23
6. A man does what is right/lives out his values	2.88	(17)	26
7. A man is trustworthy/fair/honest	2.79	(28)	29

8. A man must become a man/develop into a man	2.71	(7)	36
9. A man is sensitive to others' feelings/	2.55	(20)	42
10. A man is confident	2.33	(9)	56
a. A man knows he is a man	3.00	(8)	15
B. A man possesses emotional strength	2.55	(20)	42
1. A man controls his emotions and impulses	2.73	(30)	35
a. A man controls his anger/aggression/ can turn down a fight	2.80	(15)	28
b. A man is not a coward/controls his fear	2.23	(13)	62
2. A man is able to express his feelings/emotions	2.53	(19)	44
C. A man possesses mental strength	2.53	(17)	44
1. A man is wise/has learned from experience	3.40	(5)	2
2. A man is educated	2.83	(6)	27
3. A man is open-minded/wants to learn/open to new experiences/seek challenges	2.62	(13)	40
4. A man is smart/intelligent	2.25	(8)	60
5. A man is not mentally ill	1.57	(7)	73
D. Interpersonal Strength			
1. A man is egalitarian/shares power with others	3.40	(5)	2
a. With women	N/A <sup>3</sup>		
2. A man is interpersonally assertive towards others	3.33	(12)	4
a. A man speaks his thoughts	2.50	(14)	46
b. A man is able to communicate with others	2.11	(9)	68
3. A man is respectful towards others in general/ tolerant/considerate/gentlemanly	2.99	(37)	21
a. Towards women	2.91	(42)	24
b. Towards authority	3.25	(8)	5
4. A man is in charge of others/in control/a leader	2.43	(21)	52
a. Towards women	2.50	(12)	46
b. Towards his family/household	2.43	(7)	52
E. Physical Strength			
1. A man possesses physical strength	2.25	(24)	60
2. A man participates in sports	1.75	(12)	72
IV. Interpersonal Relationships			
A. A man has a significant female relationship	2.33	(12)	56
1. A man has a wife	2.31	(32)	59
2. A man has a girlfriend	2.19	(21)	65



B. A man is sexual	N/A <sup>3</sup>		
1. A man is sexually responsible	3.25	(8)	5
2. A man goes on dates/goes out with women/has fun with women other than sex	2.46	(13)	50
3. A man is attracted to women	2.32	(25)	58
4. A man is sexually active/has sex/has had sex	2.21	(33)	63
5. A man is sexually cunning/able to get women to have sex/understands how to attract or satisfy women	2.10	(10)	69
C. A man has a family/kids	2.48	(40)	49
D. Relationships with other men			
1. A man has pals (engages in activities with other men/male bonding)	2.50	(12)	46
2. A man has good friends/men to whom he is close	2.19	(9)	65
E. A man is influenced by his father	2.42	(12)	54
F. A man is fun/popular/outgoing/enjoys himself	1.81	(16)	71

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<sup>1</sup> Mean ratings for particular items were calculated by averaging together the ratings of each item by the participants in all the groups in which it was rated. Since each belief was rated in anywhere from one to eight groups, the number of participants whose ratings contributed to the overall mean rating varied. The *n* in parentheses denotes the number of participants who rated that belief. Ratings were given in response to the query "How important do you think this is, in order for a man to be considered a man" and rated on a scale ranging from 0 (not important) to 4 (one of the most important).

<sup>2</sup> Words or phrases in *italics* were not generated by participants. These words or phrases are included in order to "fully depict the conceptual structure around which the taxonomy was arranged" (Keller, 1994, p. 78).

<sup>3</sup> This belief was not rated in terms of its importance, but was coded in the transcripts from two or more different groups.

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## Implications of Masculine Gender Identity

Clinical significance of masculine gender identity for men with serious mental illnesses. A confluence of evidence has emerged recently that strongly refutes the prevalent view of schizophrenia as a chronic illness characterized by slow, progressive deterioration (Harding, Zubin & Strauss, 1987; 1992). Harding and her colleagues reviewed a number of long-term follow-up studies and found that "at least half of each cohort [of schizophrenia patients] had significantly improved or recovered, when assessed at 20-, 30-, and 40-year follow-up (1992, p. 29). Similarly, clinicians, including this author, have observed individuals whose conditions stabilized or improved on the new generation of neuroleptic medications.

Thus, it is reasonable to predict a growing group of people who, as their conditions improve in middle age, will be faced with great losses and missed milestones with which they must come to terms. Research such as this study will have a role to play in helping individuals to reconstruct their sense of identity and helping clinicians identify areas for targeted psychotherapeutic intervention.

In light of reduced funding for mental health and the increased prevalence of managed care, the present study may also have important implications for cost-benefit concerns. First, it is generally recognized that significant resources are expended in addressing the mental health needs of men with serious mental illnesses (Mulkern & Mandersheid, 1989; Conning & Rowland, 1991). Second, research reveals growing evidence that gender is an important factor in designing interventions to improve the

functioning of persons with serious mental illnesses (Skord & Shumacher, 1982; Wahl & Hunter, 1992). It is hoped that the clarification that may emerge from this type of research will inform attempts to design targeted interventions and programs that represent an efficient use of scarce clinical resources. More broadly, increased understanding of gender identity may lead to more informed and gender-relevant interactions and interventions in general.

Self-Discrepancy Models. In light of the numerous handicaps men with serious mental illnesses experience, and the implications of these on their ability to attain traditional masculine roles and attributes, this study is interested in the impact of discrepancies between those attributes they rate as important to being a man and their judgments of their own attainment of those attributes. While Hart (1992) alludes to a mechanism of cognitive appraisal whereby self evaluations are made based on one's "ego-ideal," a well-developed body of theoretical and empirical literature has focused specifically on the significance of these discrepancies and their relationship with psychological adjustment (e.g. Assor & Tzelgov, 1987; Duval & Wickland, 1972; Eastburg, et al., 1988; Goffman, 1963; Pleck, 1995; Rogers, 1961; Wylie, 1979; see Higgins, 1987, for a review).

Higgins (1987) reflects on the long-standing notion in psychology that "people who hold conflicting or incompatible beliefs are likely to experience discomfort" (p. 319). Building on this history, Higgins constructed a "self-discrepancy theory" in which he described three basic domains of self-perception and put forth predictions



regarding implications of their interaction. His three domains are (a) the **actual self**, representing the attributes one believes he possesses, (b) the **ideal self**, representing the attributes that one believes he should possess, and (c) the **ought self**, one's representation of the attributes that someone else believes he should possess. Upon initial examination, there appears to be significant conceptual overlap between these three domains and the constructs of **gender role**, **gender ideal**, and **gender stereotype**. More specifically, Higgin's domains appear to be more global representations of those gender-related constructs.

Research into self-discrepancy has revealed relationships between self-ideal incongruity and a range of psychological variables. For example, people who scored low on measures of psychological adjustment have been found to have large ideal versus real-self discrepancies, relative to those scoring higher on psychological adjustment (Assor & Tzelgov, 1987). Eastburg and his colleagues (Eastburg, Johnson, Woo & Lucy, 1988) report that real vs. ideal discrepancy is related to feelings of guilt and shame. Going further back, Carl Rogers (1961) suggested that feelings such as shame, guilt and depression are likely to increase in relation to the size of the real-self versus ideal-self discrepancy.

Self-discrepancy theory, as described by Higgins (1987), assumes that "each type of discrepancy reflects a particular type of negative psychological situation that is associated with specific emotional . . . problems" (p. 322). Thus, discrepancy in different domains (e.g. vocational vs. familial) would be expected to relate to different



outcomes, both in type (e.g. sadness vs. frustration) and severity. Contemporary self-discrepancy theory adds that the emotional and psychological effects of self-ideal discrepancy are determined largely by the significance, to the individual, of possessing specific attributes. Thus, one's perception of a discrepancy between the actual self and the ideal may only lead to negative psychological outcomes if the specific domain of discrepancy is judged as important to the individual (Higgins, 1987; Pleck, 1995).

Generally, this body of literature appears to support predictions that incongruency between men's beliefs about attributes that are important to being a man and the extent they see themselves living up to those will be related negatively to adjustment. However, little research in the field of self-discrepancy has focused on the population of interest to this study. The only study I found that included this population stood out in divergence from those discussed above. Glick and Zigler (1985) reported that the predicted relationships did not consistently hold up for two populations: children and persons with schizophrenia. Unfortunately, these results are difficult to interpret due to methodological limitations of this study. Specifically, the authors used measures that were not tailored to this population and sampled an inpatient population who may have been too impaired to provide relevant responses.

Relatively little research in the self-discrepancy field has focused on gender identity. Early studies (e.g. Deutsch & Gilbert, 1976; Garnets, 1978) found little relationship between discrepancy in gender-related domains and self-esteem. Pleck (1995) critiques these efforts by suggesting that such research should pay greater

attention to the degree that specific gender ideals are actually important to the individual. He notes that discrepancy should have a significant impact only if the individual is “psychologically enmeshed in the [specific] gender concepts” being measured (p. 14). Pleck also comments that the set of gender ideals being evaluated are often overly global and not necessarily relevant to the individual men, or groups of men, being studied.

The present study sought to borrow from the self-discrepancy field in investigating the impact of incongruity (“discrepancy”) between masculine gender role (“actual self”) and masculine gender ideals for men with serious mental illnesses. In measuring masculine gender ideals, the study sought to avoid eliciting superego “shoulds” or societal values that may have had varying degrees of importance to individual men. It also sought to avoid irrelevant and non-specific gender ideals that were not specific to the population of interest.

Following the suggestions of Pleck (1995) and Higgins (1987), the present study focused on a set of attributes and beliefs specifically generated by men in the population being studied. Then, each respondent was asked to rank those attributes and beliefs in terms of their importance to him, rather than his internalized sense regarding their correspondence to a societal ideal. In contrast, if men were asked to describe an **ideal** man, or what a man **should** be, it seems likely that ratings would be anchored not by a realistic image of themselves, but by a set of internalized social ideals that might diverge considerably from their own views of a man in their situation. By asking men

to rate the attributes and beliefs in this way, the study hoped to produce a representation of what these men hold as masculine in **their** world.

Gender identity as a source of suffering for men with serious mental illnesses.

In an important sense there is only one complete unblushing male in America: a young, married, white, urban, northern, heterosexual Protestant father of college education, fully employed, of good complexion, height, and weight, and a recent record in sports. Every American male tends to look out upon the world from this perspective. . . Any male who fails to qualify in any one of these ways is likely to view himself--during moments at least--as unworthy, incomplete, and inferior. (Goffman, 1963, p. 128)

Masculine gender ideals entail implicit and explicit standards that individual men may live up to in varying degrees (Pleck, 1995). As discussed above, not conforming to these standards may have negative consequences for a number of psychological outcomes, both due to negative social feedback and internalized negative self-evaluations.

While gender identity is rarely problematic, or even salient, for most men, it becomes a locus of distress in the context of life experiences such as disability, job loss, or loss of a partner (Spence, 1984). Thus, gender identity may be especially salient for this population of men whose experiences often do not include the usual developmental milestones and accomplishments connected with masculine development (Hart, 1992; Goering, et al., 1992; Rosenfield, 1982).

The phenomenon of **gender identity incongruence** is thus of concern to this study. Reporting on this phenomenon, Eisler and his colleagues (Eisler, 1995; Eisler &



Skidmore, 1987; Eisler & Blalock, 1991) recounted the distress experienced when men perceive themselves as failing to live up to "traditional" masculine gender roles. For example, men in their study expressed distress at "being perceived as having feminine traits," "letting a woman take control of a situation," "needing your wife to work to help support the family," "having others say that you are too emotional," and "being unemployed" (pp. 131-132). Whitley (1983) discussed a similar relationship between gender identity and self-esteem. Finally, O'Neil and his colleagues (O'Neil, et al., 1995) discussed "gender role conflict" and give evidence of the relationship between this construct and self-esteem, depression, anxiety, and other psychological variables.

Identification with masculine ideals can also lead to difficulty for men occupying the role of "patient." Evidence exists that identification with "traditional" masculine ideals is at odds with the passivity and dependence required by the "good patient" and so adds hardship and complication to the rehabilitation experiences of men with disabilities (Fitts, 1982; Skord & Schumacher, 1982). Parallel evidence emerges from an interesting study by LaTorre and Piper (1979) which reports that men with schizophrenia voiced beliefs that the ideal patient was "significantly more feminine than masculine."

A number of studies also point out that men may actually suffer some degree of censure for "deviance" from traditional gender roles (Farina, 1981; Goldstein & Kreisman, 1988). For example, Rosenfield (1982) found that "cultural assumptions about the correct gender roles for men . . . exert a powerful force" (p.20) both on

individual men and on the reactions of others to the men who deviate from these roles. In Keller's (1994) study, a respondent discussed his distress at the reactions of others to his mental illness and his resulting impairments: "If I can [succeed at a job] then I feel like a man. Normally, I know I'm a man, but I don't feel like one. So I feel oppressed. Oppressed by people, places and things which I have no control over. All the time I feel that way" (p. 90).

Similarly, Goldstein and Kreisman (1988) looked at the family relationships of persons with serious mental illnesses. They report that "parents treat sons and daughters differently, in part influenced by social norms and expectations associated with gender. That is, gender invokes differential responses from significant others, which in turn affect the course of his or her treatment" (p. 871). For example, parents of children with schizophrenia tended to feel more responsible for the care and support of daughters than sons. Commenting on this phenomenon, Goldstein and Kreisman (1988) suggested that sons may be hospitalized more often and for longer durations than daughters. A related finding indicates that "fathers had a low tolerance for affective symptoms in their sons as compared to daughters" (p. 870) and were more likely to reject ill sons.

Nathanson (1992) describes a link between failure to live up to gender ideals and both episodic and chronic experiences of shame. This feeling of shame may be related to the feelings of distress reported by men who perceive themselves as failing to live up to "traditional" masculine gender roles (Eisler & Skidmore, 1987; Eisler & Blalock, 1991). If personal judgments of oneself as a man are made relative to masculine gender



ideals (Hart, 1992), it seems to follow that feelings of shame may be especially salient for this population of men whose experiences often do not include the developmental milestones and accomplishments typically associated with masculine development (Goering, et al., 1992; Rosenfield, 1982).

Masculine gender identity as a locus for intervention. Whitley (1983) offered an alternative perspective regarding the clinical salience of masculine gender identity. His review of the relationship between sex-role orientation and self-esteem found identification with masculine gender roles to have a strong positive relationship to self-esteem. Similarly, a number of studies have reported an inverse relationship between masculinity and depression(as described by instrumental attributes measured by the Bem Sex Role Inventory or Personal Attributes Questionnaire) (Spence, 1984; Thompson & Pleck, 1987; Feather, 1985).

Some research has also revealed an overlap between instrumental attributes commonly related to masculinityand self-efficacy (Spence, 1984; Sherer & Adams, 1983). This relationship may shed light on a recent finding from a study examining the effects of an outdoor adventure program for including men with serious mental illnesses. Men in this study experienced self-efficacy expectations significantly lower than norms for the general population (Kelley, Coursey, and Selby, 1994). Anecdotally, this author has discussed with a number of mental health consumers their feelings of ineffectiveness in affecting desired outcomes in their own lives (which may result from a mental health system that often encourages dependence and passivity). Finally,

perceived self-efficacy has been found to overlap with some of the instrumental attributes commonly related to masculinity (Spence, 1984; Sherer & Adams, 1983).

Roos and Cohen (1987) offer further evidence of the health-enhancing potential of masculine identification, reporting a stress-buffering effect for men who identify with these roles. While it is possible that a masculine identity is less stressful because it elicits positive social responses, masculine gender identity appears to play an important role in the well being of men. This view coincides with Spence's (1984) delineation of gender identity as "some kind of psychological glue . . . act[ing] primarily to protect the person's sense of masculinity" (p. 89). Interventions designed to bolster the masculine gender identity of men with serious mental illnesses seem to follow naturally from this line of thought.

Spence's (1984; 1993) discussion of the multifactorial, heterogeneous nature of gender identity offers further support for gender identity as a locus for intervention. She accepts that failures to achieve, or losses of, certain characteristics or roles associated with masculinity represent a threat to masculine gender identity. However, she adds that gender identity typically has sufficient plasticity to survive such threats. Both Spence and Thompson and Pleck (1987) agree that, "if a valued characteristic cannot be gained or regained, the threat is removed by discounting the significance of the characteristic for gender identity and weighting other factors more heavily" (Spence, 1984, p. 89). While this view is somewhat contingent upon the breadth of one's gender

identity, it suggests a hopeful avenue for interventions aimed at bolstering the individual's sense of a satisfactory gender identity.

The relevance of this line of thought to the population of men with serious mental illnesses is readily apparent in light of the missed developmental milestones and role losses frequently experienced by these men. If masculine gender identity may be maintained, to some degree, through reframing or accommodation, psychotherapeutic intervention might help by fostering alternative, or broader, sets of characteristics by which to evaluate one's masculinity.

The notion that men suffering mental illness or other handicaps may maintain a sense of masculine gender identity through a process of adaptation and accommodation to their unique context is supported by Keller's (1994) recent research. The "taxonomy of masculine beliefs" elicited from the men in his study, all of whom suffered a serious mental illness, differed meaningfully from taxonomies suggested by research with non-mentally ill populations (e.g. Thompson & Pleck, 1987) including minorities (e.g. Lazur & Majors, 1995). For example, unable to reasonably pursue some traditionally masculine goals such as achieving high status and success, maintaining paid employment, and financially supporting a family, the men in Keller's study discussed alternatives. This research supported the notion that men with a psychiatric disability may be able to maintain a sense of masculine gender identity by "adapt[ing] rather than reject[ing] generic masculine beliefs" (1994, p. 133).



In light of growing evidence, it seems reasonable to believe that masculine gender identity represents a potentially fruitful target for interventions designed to improve the functioning of men with serious mental illnesses.

The next step: The present study. This study builds on Keller's recent study (1994). Recall that Keller interviewed a representative sample of men with serious mental illnesses and portrayed the range and [self-rated] relative importance of masculine beliefs held by these men. The next steps are to (a) empirically examine the 78 masculine beliefs and four dimensions generated by Keller using a large sample of men with serious mental illnesses and a factor analytic approach, and to (b) explore the relationship of these masculine beliefs with psychological adjustment.

Hypotheses. The study represents an initial step towards understanding the masculine gender identity of men with serious mental illnesses and the relationship of masculine gender identity with psychological adjustment. As such, it is largely exploratory. However, based on the preceding review of existing research, and Keller's recent findings, research hypotheses are suggested:

1. Masculine gender role and masculine gender ideal. In describing gender identity, a multi-factorial model must be used (Spence, 1984; 1993). Spence suggests that gender role and gender identity are composed of multiple dimensions, and that these dimensions may vary across men and groups of men. A factor analytic approach was used to test three related hypotheses:



- (a) There will be more than one dimension, or factor, of masculine gender roles and ideals.
- (b) The dimensions, or factors, of masculine gender roles and masculine gender ideals for men with serious mental illnesses are different than those reported in the literature for men without serious mental illnesses.
- (c) There will be four dimensions, or factors, of masculine gender roles and masculine gender ideals, as suggested by Keller (1994). These dimensions will be defined by themes of (a) independence, (b) strength, (c) responsibility, and (d) relationships.

2. Sub-groups described by masculine gender role and masculine gender ideal. The multi-factorial theories of gender identity suggest that, even within groups of men, there might be subgroups of men with different structures of masculine gender roles and ideals.

- (a) A cluster analytic approach, based on the results of the factor analyses described above, will be used to test the following hypothesis: **Different sub-groups of seriously mentally ill men will be described by different masculine gender roles and masculine gender ideals. There will be sub-groups of men whose masculine gender roles and ideals may overlap considerably, but reflect different emphases, or weightings, in terms of beliefs and self-description.**

(b) **Men in different clusters (i.e., who are described by different patterns of gender roles and ideals) will vary in their overall perceptions of themselves as masculine or feminine.**

(c) Previous research reported that masculine gender-related variables may be related to psychological adjustment variables such as self-esteem (see Whitley, 1983, for a review) and to generalized feelings of distress and conflict (e.g. Eisler & Skidmore, 1987; Eisler, 1995; O'Neil, 1982). These relationships suggested the following hypothesis: **Men in different clusters (i.e., who are described by different patterns of gender roles and ideals) will vary in terms of psychological adjustment.** This will be tested by comparing men in different clusters on measures of psychological adjustment including self-esteem, self-efficacy, depression, and internalized shame.

3. Gender identity incongruence. Research with self-ideal discrepancies reveals that incongruence between individual's ideals and their perceptions of themselves is related to psychological adjustment (e.g. Higgins, 1987; Sanchez & Sanz, 1992; Strauman & Higgins, 1988). This relationship is also supported by research such as Nathanson's (1992) and Eisler and his colleagues' (Eisler, 1995; Eisler & Skidmore, 1987; Eisler & Blalock, 1991) revealing a link between failure to live up to masculine gender ideals and experiences of shame and distress.

(a) This research suggested the following hypothesis: **Gender identity incongruence (incongruence between masculine gender ideals and**

**masculine gender role) will be related inversely to psychological adjustment.** In order to test this hypothesis, gender identity incongruence scores will be correlated with measures of psychological and psychiatric adjustment including self-esteem, self-efficacy, depression, internalized shame, and global psychiatric symptom severity.

**(b) Gender identity incongruence will be related to men's ratings of themselves as "masculine" or "feminine" such that higher incongruence would relate to lower masculinity ratings and higher femininity ratings.**

This prediction will be tested by correlating gender identity incongruence with gender directionality.

4. Gender identity directionality. **Men who perceive themselves as more masculine than feminine will experience better psychological adjustment on measures of self-esteem, self-efficacy, depression, internalized shame, and global psychiatric symptom severity than men who perceive themselves as more feminine than masculine, or neutral.** This prediction will be tested by comparing participant scores in psychological adjustment between those who score in the masculine range of gender identity directionality with those who score in the feminine or neutral range.

5. Accommodation. Spence (1984; 1993) stated that individuals may defend against threats to gender identity by "discounting the significance of [given attributes] for gender identity and weighting other factors more heavily" (p. 89). This assertion led to a final hypothesis: **Men will make accommodations to their mental illness and**

related life circumstances by discounting in importance those masculine beliefs that correspond with losses which have resulted from the experience of serious mental illness. This will be tested by comparing importance ratings on selected items representing beliefs or attributes that are **likely** or **unlikely** to be achieved by men in this population.



## Chapter II

### Method

#### Participants

Respondents were two hundred and forty-nine men with serious mental illnesses. All respondents attended psychosocial rehabilitation centers in Maryland and Northern Virginia. This sub-group of the population of seriously mentally ill men includes men of low to moderate functioning, but includes neither men in the lowest extreme of functioning (hospitalized or in nursing homes), men in the highest extreme of functioning (those with steady employment), or those outside the public mental health services system (the homeless, those with sufficient financial resources to permit private care, those who have dropped out of the mental health system). Such a sub-group (men in psychosocial rehabilitation programs) nonetheless comprises a reasonably representative sample of the more impaired men with serious mental illnesses living in the community. More practically, in comparison to other sub-groups of men with serious mental illnesses, men in psychosocial rehabilitation programs are relatively easily accessed. These men are also likely to function well enough to sustain attention and provide useful information throughout a lengthy protocol.

Sample size. Two hundred and forty nine men completed the questionnaire. Of the completed questionnaires, 11 were discarded, leaving 238 valid questionnaires for analysis. The 11 questionnaires were discarded for three reasons: (a) they were incomplete or (b) they appeared invalid due to an obvious response set (e.g.,

respondents circled the same number page after page) or (c), the respondents appeared to not understand the task requirements.

Sample characteristics. The sampling strategy primarily sought representativeness on the dimensions of diagnosis and race/ethnicity. Because the study attempts to describe the masculine gender identities of men with serious mental illnesses, it seemed important that the sample include perspectives from major subgroups of that population.

Regarding diagnosis, while persons with serious mental illnesses share many experiences, diagnostic labels have been found to allow meaningful differentiation (Keller, 1991; Coursey, Keller & Farrell, 1995; Coursey, Farrell & Zahniser, 1991). Research on national (Mulkern & Manderscheid, 1989) and local (Keller, 1991; Coursey, Keller & Farrell, 1995) levels has shown that the majority of persons with serious mental illnesses carry diagnoses of schizophrenia or major mood disorder such as major depression or bipolar disorder. The current sample allows comparisons between schizophrenia and the major mood disorders.

Regarding race/ethnicity, research has noted that racial and ethnic differences exert meaningful impact on the experience of masculinity in a number of populations (Staples, 1992; Gibbs, 1992; Gary, 1987; Cazenave, 1984; Zinn, 1992; Harris, 1992). Informed by Keller's (1991) report that 97% of persons with serious mental illnesses in Maryland's psychosocial rehabilitation programs are either White (60%) or African American (37%), sampling focused on these two groups.

Recruitment. Participants were recruited by several approaches, as appropriate to each setting:

1. Staff were contacted at each center to request permission to conduct the study with members of that setting. Typically, centers asked for a brief description of the study and a copy of the informed consent form.
2. Written "flyers" describing the rating tasks and remuneration were posted at rehabilitation centers.
3. Brief presentations were made at center community meetings describing the rating tasks.
4. Participants were individually approached and recruited by the researcher.

As a reward and motivation for participation, participants were paid \$5.00 for completing the questionnaire. The use of such a monetary reward has been discussed by Coursey, Luckstead, Keller, and Farrell (1994). These authors noted that it is common in our culture to pay someone for sharing specialized knowledge that they possess, and that this payment is also a sign of respect. Remuneration appeared motivating and seemed effective at enlarging the participant pool and increasing completion rates.

#### Development of Masculinity Measures

Derivation of the item set. A set of masculine beliefs and attributes were derived from the "Taxonomy of Masculine Beliefs" generated by Keller (1994) in his recent research. This taxonomy was presented in Table 1 (p. 25). The reader may recall that Keller proposed four rationally derived dimensions of masculine beliefs (strength,

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responsibility, independence, and masculine relationships). While it was recognized that empirical analysis may not support this particular categorization of items, these dimensions served as a rational foundation for sampling the items and building the instrument used in this study.

Derivation of the item set for the present study was driven by two specific concerns. First, the item set had to be of manageable length. Second, it must sufficiently capture the conceptual range of topics to be meaningful and yield statistical variability. In order to achieve these goals, I set out three non-exclusive guidelines for inclusion of masculine beliefs from Keller's taxonomy. Items were included if they were consistent with any of the following guidelines even if they did not meet all of them. First, I included items ranked in the top forty, by participants in Keller's study, as to their importance to being a man. Second, I included items if they were discussed and rated by at least ten of the sixty four participants in Keller's study. Third, I sought to include items that were representative of the four dimensions of masculine beliefs proposed in Keller's taxonomy.

These guidelines yielded a set of 58 items representing a broad sample from the taxonomy. Several closely related items from the pool of 58 were collapsed into broader belief statements [for example: (a) "a man has a significant female relationship," (b) "a man has a wife," and (c) "a man has a girlfriend" were all collapsed into: "a man has a wife or girlfriend"]. This strategy resulted in an initial set of 54 masculine beliefs.



The guidelines for inclusion resulted in considerable breadth. To illustrate, the masculine beliefs included in the instrument ranged from 1 to 71 in importance rankings in Keller's taxonomy. Similarly, the number of participants in Keller's sample who rated each belief ranged from  $n=8$  to  $n=47$ . Although the results of a pilot administration eventually led to some items being dropped, the initial item set appeared to capture the breadth of masculine beliefs generated by Keller's sample while maintaining manageable length.

Remaining masculine beliefs were then rewritten as descriptive phrases to be rated by respondents. Several guidelines directed these modifications:

- (1) Care was taken to ensure that each item represented only one dimension or idea (Converse & Presser, 1986; Coursey, Luckstead, Keller & Farrell, 1995).
- (2) Effort was made to limit redundancy (Converse & Presser, 1986; DeVellis, 1991).
- (3) Items were rewritten at a fifth to seventh grade reading level, following procedures for estimating reading level outlined by DeVellis (1991), Converse and Presser, (1986), and Coursey and colleagues (1995).
- (4) Items were rewritten to be brief, clear, and without double negatives (Converse & Presser, 1986; DeVellis, 1991; Coursey, Luckstead, Keller & Farrell, 1995).

Guided by these principles, beliefs from Keller's (1994) taxonomy were rewritten for this study. This study required two types of ratings. Modification for the first type of rating ("how much is this belief like me?") involved clarifying and simplifying each belief so that its meaning would be clearly understood by respondents.

For the second type of rating ("how important is this belief to being a man?"), I added a stem to the beginning of each belief and transformed each into a question. These modifications are illustrated in Table 2.

Table 2

Examples of Modifications to Items from Keller's Taxonomy of Masculine Beliefs

---

1. **A man is responsible/takes on responsibilities at a basic level** (p. 78)

- i. Responsible; takes on basic responsibilities.
- ii. In your opinion, how important is it for a man to be responsible and take on basic responsibilities?

2. **A man works/has a job/paid work** (p. 78)

- i. Works; has a job that he gets paid for.
- ii. In your opinion, how important is it for a man to work at a job that he gets paid for?

3. **A man is private/keeps his thoughts and feelings to himself** (p. 81)

- i. Private; keeps his thoughts and feelings to himself.
- ii. In your opinion, how important is it for a man to be private and keep his thoughts and feelings to himself?

4. **A man must become a man/develop into a man** (p. 81)

- i. Earns manliness by the way he lives and the things he does.
- ii. In your opinion, how important is it for a man to earn manliness by the way he lives and the things he does?

---

Note. 1. Phrases in bold are taken from Keller (1994).

2. Phrases numbered "i" represent modifications for first rating task ("how well masculine belief describe me").

3. Phrases numbered "ii" represent modifications for second rating task ("how important are masculine belief to being a man").

---

As you will note, modifications were minimal for most items. Some beliefs from Keller's (1994) taxonomy appeared too complex for the target population; these were simplified. Some items were supplemented with additional explanation in order to help clarify a relatively abstract belief.

A significant modification was the deletion of the words "A man has" or "A man is" from the beginning of each phrase. This change was made in order to facilitate the specific rating tasks in the study and to lessen the inherent social desirability of many items. A similarly significant modification was the addition of the stem "In your opinion, how important is it for a man" to the beginning of each belief for the second rating task (importance ratings). The following discussion of the rating tasks will clarify their nature and the explain the above-mentioned modifications.

Rating tasks. The resulting set of items were presented with two distinct rating tasks. To simplify the discussion, these will be labeled as (a) "self-ratings" and (b) "importance-ratings."

(a) Self-ratings. The first presentation of the item set asked each respondent to rate the phrases as to how well each represented his "real self," that is, the way he sees himself to be. The specific instruction given to the respondents stated: The next few pages contain phrases that could describe a person. Please circle how well you think each phrase describes you. The items in this form are presented in Table 3.

The self-ratings illustrate each man's perception of himself as a man, operationalizing the construct of masculine gender role discussed earlier. Recall that



masculine gender role was discussed in terms of what men are, the set of "behaviors, attitudes, and conditions" (Clatterbaugh, 1990, p.3) that describe a man (or men) in a given context. The self-rating approach heeds Ruble and Stangor's (1986) criticism of attempts to describe "global" masculinity and femininity. Instead, the present methodology follows their recommendation that researchers look to "individualized gender schemes" (p. 257) in attempting to understand gender identity.

The self-rating approach also corresponds with the multifactorial theory of gender identity, which asserts that gender-related attributes differ across individuals and have varying degrees of association with one another across people and developmental stages (Spence, 1984; 1993). The self-rating task responds to the challenges implicit in this model. First, participants will evaluate beliefs that have been offered as representative of masculinity by other men with serious mental illnesses who share the same demographic and other circumstances with men in this sample. Instead of offering a generic set of beliefs drawn from the general population of men, the self-rating task begins with a sample of items that are specifically relevant to this group of men. Second, each participant rated each item as to its specific representativeness for him. The resulting ratings portray the unique pattern of attributes that describe how each participant sees his own masculinity.

A note regarding the apparent sexual-preference bias in the item set. A review of the item sets, presented in Tables 3 and 4, will reveal an apparent hetero-sexist bias. Items referring to sexuality or romantic relationships discuss only relationships with



women. Similarly, items referring to family relationships discuss family in terms of "a wife and kids." This apparent bias may be justified on two counts.

First, recall that items were derived from Keller's (1994) Taxonomy of Masculine Beliefs. These beliefs represent the answers of men with serious mental illnesses to the question "what makes a man a man?" While the men in Keller's sample did not say that homosexuality precluded being a man, only heterosexual beliefs were offered as components of a masculine gender ideal. Similarly, a review of literature yielded no examples of masculine ideals that included non-heterosexual content. Indeed, a number of authors (e.g. Herek, 1987; Lehne, 1992; Thompson & Pleck, 1987) assume that a common element of masculine gender identity is a rejection of behaviors and persons associated with homosexuality. Thus, the inclusion of such a view here is not based on a value preference, but is descriptive and based on what men report.

Second, the apparent bias of the item set is somewhat mitigated by the response options provided. Respondents whose ideals and circumstances were not reflected by particular items could respond by indicating that those items were "not important" to being a man and/or were "not at all like me."

Table 3

Self-Ratings of Masculine Beliefs

The next few pages contain phrases that could describe a person. Please rate how well **you think** each phrase describes **you**.

Responsibility<sup>1</sup>

1. Responsible; takes on basic responsibilities.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

2. Has a job that he gets paid for.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

3. Works hard.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

4. Takes care of others, like family, wife or girlfriend.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

5. The "breadwinner"; provides financial support for others, like family, wife or girlfriend.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

6. Provides emotional support for his family; is caring.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

7. Does unpaid work and/or takes on volunteer responsibilities (at Center, at home or in the community).

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

8. Protects and/or defends others (physically, if necessary).

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

9. Does well at work; does a good job.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

10. Achieves success at what he does and gets recognition or rewards for his success.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

11. Achieves wealth and acquires material possessions.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

12. Is respected by others.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

13. Achieves a high position or status.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

14. Achieves personal goals that he sets for himself.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

#### Independence<sup>1</sup>

15. Independent, self-reliant, and takes care of himself.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

16. Financially self-sufficient.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

17. Owns or rents his own place to live (a house or apartment).

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

18. Defends himself (physically, if needed) or is tough when he needs to be.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--



19. Defends his beliefs or stands up for his ideas.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

20. Takes initiative and/or has the ambition to do things on his own.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

21. Able to depend or lean on others when he needs to.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

Strength<sup>1</sup>

22. Has beliefs and opinions that are very important to him.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

23. Has his own set of values and beliefs about what is right and wrong.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

24. Has the strength to endure hardships and failure.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

25. Private; keeps his thoughts and feelings to himself.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

26. Kind and sensitive to others' feelings.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

27. Spiritual; has a faith or follows God.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

28. Lives out his own values and beliefs about what is right and wrong.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

29. Trustworthy and honorable.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

30. Respects himself and has high self esteem.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

31. Earns manliness by the way he lives and the things he does.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

32. Has confidence in himself as a man.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

33. Controls his emotions and impulses (urges).

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

34. Controls his anger and aggression; can turn down a fight.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

35. Not a coward -- able to control his fears.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

36. Wise; has learned from his experiences.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

37. Has education and schooling.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

38. Open-minded and wants to learn new things and have new experiences.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

39. Does not have a mental illness or emotional problems.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

40. Treats people like equals and doesn't dominate others.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

41. Assertive and confident with others; speaks his mind.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

42. Physically strong.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

43. Participates in sports.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

44. Respectful and considerate to others (a gentleman).

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

45. Respectful towards authority.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--



46. A leader and in charge of others.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
-----------------------	---------------------	---------	------------------	--

Interpersonal Relationships<sup>1</sup>

47. Is attracted to women.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
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48. Has a wife or girlfriend.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
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49. Has sexual relationships with women.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
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50. Careful about sex and careful not to get a woman pregnant unless the time is right.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
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51. Has a family (a wife and kids).

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
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52. Has male friends and does things with them on a regular basis.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
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53. Is outgoing and popular with others.

Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
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<sup>1</sup>These sub-headings did not appear in the version seen by respondents. They are included here to illustrate where in Keller's taxonomy the items came from.

Note. Items are not presented in the order they appeared in the version seen by respondents.

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While these self-ratings represent an important step in clarifying the masculine gender identity of men with serious mental illnesses, they are incomplete. For the purposes of this study, their interpretation is facilitated by the context provided by the importance-ratings, discussed in the next paragraphs.

(b) Importance ratings. The second presentation of the item set asked each respondent to rate how important he believed each statement was in order for a man to be a man, or masculine. The specific instruction given respondents stated: The next few pages contain different phrases that could describe a person. Please circle how important you think each of these phrases is in order for a man to be considered a man or masculine. The item set in this form is presented in Table 4.

The importance ratings illustrate each participant's beliefs about which attributes are most important in "making a man a man." The results of this rating task operationalize the construct of masculine gender ideal, discussed earlier. Recall that masculine gender ideal was discussed in terms of the beliefs about which attitudes, attributes, and behaviors men should possess (Thompson & Pleck, 1987; Clatterbaugh, 1990), or in this study, what men with mental illnesses think men should be. Implicit in this definition is the understanding that the study might find little overlap between what men actually are (masculine gender role) and masculine gender ideal. Similarly, I assumed that there might be little overlap between the masculine gender ideals endorsed by men in this study and their "real self" as revealed by the self-rating task.

The multifactorial, heterogeneous model of masculine gender identity favored by this study seemed to support the inclusion of importance ratings. As discussed earlier, the multifactorial model specifies that the salience and perceived importance of any given gender-related attribute will vary across people and context. Moreover, while life circumstances such as serious and persistent mental illness may threaten masculine gender identity through corresponding failures to achieve, or losses of, certain characteristics or roles associated with masculinity, gender identity is thought to have sufficient plasticity to survive such threats (Spence, 1984; 1993; Thompson & Pleck, 1987). Individuals may adapt or accommodate to their situation by "discounting the significance of [given attributes] for gender identity and weighting other factors more heavily" (Spence, 1984, p. 89). Thus, it was predicted that the men in the sample

would discount in importance those beliefs that correspond with losses and limitations specific to their experience of mental illness and other life circumstances.

Finally, inclusion of these importance ratings in the protocol facilitated an estimate of how closely each respondent conformed to his own masculine ideal. To the extent that a given man in the sample rated as "like me" those beliefs that he rated as "important" to being a man, it was assumed that he experiences himself as conforming to his own masculine ideal. Alternatively, to the extent that a given man in the sample rated as "not at all like me" those belief that he rated as "important" to being a man, it was assumed that he experiences himself as failing to meet his own masculine ideal.

Table 4

#### Importance Ratings of Masculine Beliefs

The next few pages contain different phrases that could describe a person. Please circle how important you think each of these characteristics is in order to be a man or masculine.

#### Responsibility<sup>1</sup>

1. In your opinion, how important is it for a man to be responsible (dependable, reliable) and take on basic responsibilities.

Not important	A little important	Important	Very important	One of the most important
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2. In your opinion, how important is it for a man to have a job that he gets paid for?

Not important	A little important	Important	Very important	One of the most important
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3. In your opinion, how important is it for a man to work hard.

Not important	A little important	Important	Very important	One of the most important
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4. In your opinion, how important is it for a man to take care of others, like a family, wife or girlfriend?

Not important	A little important	Important	Very important	One of the most important
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5. In your opinion, how important is it for a man to be the "breadwinner" and provide financial support for others like a family, wife or girlfriend?

Not important	A little important	Important	Very important	One of the most important
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6. In your opinion, how important is it for a man to provide emotional support to his family and be caring?

Not important	A little important	Important	Very important	One of the most important
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7. In your opinion, how important is it for a man to do unpaid work and/or take on volunteer responsibilities (like at Center, at home, or in the community)?

Not important	A little important	Important	Very important	One of the most important
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8. In your opinion, how important is it for a man to protect and/or defend others (physically, if necessary)?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

9. In your opinion, how important is it for a man to do well at work or do a good job?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

10. In your opinion, how important is it for a man to achieve success at what he does and gets recognition or rewards for his success?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

11. In your opinion, how important is it for a man to achieve wealth and acquire material possessions?

Not important	A little important	Important	Very important	One of the most important
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12. In your opinion, how important is it for a man to be respected by others?

Not important	A little important	Important	Very important	One of the most important
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13. In your opinion, how important is it for a man to achieve a high position or status?

Not important	A little important	Important	Very important	One of the most important
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14. In your opinion, how important is it for a man to achieve personal goals that he sets for himself?

Not important	A little important	Important	Very important	One of the most important
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#### Independence<sup>1</sup>

15. In your opinion, how important is it for a man to be independent, self-reliant and take care of himself?

Not important	A little important	Important	Very important	One of the most important
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16. In your opinion, how important is it for a man to be financially self-sufficient?

Not important	A little important	Important	Very important	One of the most important
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17. In your opinion, how important is it for a man to own or rent his own place to live (a house or apartment)?

Not important	A little important	Important	Very important	One of the most important
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18. In your opinion, how important is it for a man to defend himself (physically, if needed) or be tough when he needs to be?

Not important	A little important	Important	Very important	One of the most important
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19. In your opinion, how important is it for a man to defend his beliefs or stand up for his ideas?

Not important	A little important	Important	Very important	One of the most important
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20. In your opinion, how important is it for a man to take initiative or have the ambition to do things on his own?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

21. In your opinion, how important is it for a man to be able to depend or lean on others when he needs to?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

#### Strength<sup>1</sup>

22. In your opinion, how important is it for a man to have beliefs and opinions that are very important to him.

Not important	A little important	Important	Very important	One of the most important
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23. In your opinion, how important is it for a man to have his own set of values and beliefs about what is right and wrong?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

24. In your opinion, how important is it for a man to have the strength to endure hardships and failure?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

25. In your opinion, how important is it for a man to be private and keep his thoughts and feelings to himself?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

26. In your opinion, how important is it for a man to be kind and sensitive to others' feelings?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

27. In your opinion, how important is it for a man to be spiritual, have a faith or follow God?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

28. In your opinion, how important is it for a man to live out his own values and beliefs about what is right and wrong?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------



29. In your opinion, how important is it for a man to be trustworthy and honorable?

Not important	A little important	Important	Very important	One of the most important
---------------	--------------------	-----------	----------------	---------------------------

30. In your opinion, how important is it for a man to respect himself and have high self-esteem?

Not important	A little important	Important	Very important	One of the most important
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31. In your opinion, how important is it for a man to earn manliness by the way he lives and the things he does?

Not important	A little important	Important	Very important	One of the most important
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32. In your opinion, how important is it for a man to have confidence in himself as a man?

Not important	A little important	Important	Very important	One of the most important
---------------	--------------------	-----------	----------------	---------------------------

33. In your opinion, how important is it for a man to control his emotions and impulses (urges)?

Not important	A little important	Important	Very important	One of the most important
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34. In your opinion, how important is it for a man to control his anger and aggression or be able to turn down a fight?

Not important	A little important	Important	Very important	One of the most important
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35. In your opinion, how important is it for a man to not be a coward and be able to control his fears?

Not important	A little important	Important	Very important	One of the most important
---------------	--------------------	-----------	----------------	---------------------------

36. In your opinion, how important is it for a man to be wise and have learned from his experiences?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

37. In your opinion, how important is it for a man to have education and schooling?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

38. In your opinion, how important is it for a man to be open-minded and want to learn new things and have new experiences?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

39. In your opinion, how important is it for a man to not have a mental illness or emotional problems?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

40. In your opinion, how important is it for a man to treat people like equals and not dominate others?

Not important	A little important	Important	Very important	One of the most important
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41. In your opinion, how important is it for a man to be assertive and confident with others and speak his mind.?

Not important	A little important	Important	Very important	One of the most important
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42. In your opinion, how important is it for a man to be physically strong?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

43. In your opinion, how important is it for a man to participate in sports?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

44. In your opinion, how important is it for a man to be respectful and considerate to others (a gentleman)?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

45. In your opinion, how important is it for a man to be respectful towards authority?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

46. In your opinion, how important is it for a man to be a leader and in charge of others?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

#### Interpersonal Relationships<sup>1</sup>

47. In your opinion, how important is it for a man to be attracted to women?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

48. In your opinion, how important is it for a man to have a wife or girlfriend?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

49. In your opinion, how important is it for a man to have sexual relationships with women?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

50. In your opinion, how important is it for a man to be careful about sex and careful not to get a woman pregnant unless the time is right?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

51. In your opinion, how important is it for a man to have a family (a wife and kids)?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

52. In your opinion, how important is it for a man to have male friends and do things with them on a regular basis?

Not important	A little important	Important	Very important	One of the most important
------------------	-----------------------	-----------	-------------------	------------------------------

53. In your opinion, how important is it for a man to be outgoing and popular with others?

Not important	A little important	Important	Very important	One of the most important
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<sup>1</sup>These sub-headings did not appear in the version seen by respondents. They are included here to illustrate where in Keller's taxonomy the items came from.  
Note. Items are not presented in the order they appeared in the version seen by respondents.

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Response Options. As demonstrated in Table 3, the self-rating task asked respondents to rate items on a five point, Likert-type scale. Respondents circled one of the following: (a) Not at all like me, (b) A little like me, (c) Like me, (d) A lot like me, or (e) One of the traits that is most like me. These five alternatives were chosen with the aim of maintaining minimal complexity while allowing respondents to make meaningful distinctions which would yield sufficient variability for later analysis.



Similarly, response alternatives were chosen to represent equal intervals of differentiation in moving from the absence of representativeness (not at all like me) to great representativeness (one of the most like me) (DeVellis, 1991; Fowler, 1988).

Like the self-ratings, the importance-rating task also asks respondents to rate items on a five point, Likert-type scale. Respondents circled one of the following: (a) not important, (b) a little important, (c) important, (d) very important, or (e) one of the most important. The choice of these five alternatives was guided by the same concerns discussed in reference to the self-ratings. Inclusion of the fifth response option, "one of the most important," was suggested by Keller's (1994) experience of a ceiling effect when using only the first four of these options. When he added the fifth, he found greater variability with respondents still able to make meaningful distinctions.

Order of Presentation. In all cases, respondents completed the self-ratings before the importance-ratings. In structuring the task this way, the potential confounding influence of order of presentation was considered. In discussing this potential for confound, it may be useful to recall the instructions preceding each rating task. Recall that the self-rating task makes no mention of masculinity or being a man. Instead, it asks respondents to simply rate how well each of a set of phrases describes them. On the other hand, the instruction for the importance-rating task is specific in asking respondents to rate each phrase as it applies to masculinity or being a man.

Before deciding to present the self-rating task first, concerns with both possible orders were considered. For example, if respondents were presented with the

importance-rating task first, they might have been sensitized to the "masculinity" or "manliness" focus of the study. As the social desirability of conforming to gender ideals is generally accepted (Spence, 1984; Thompson & Pleck, 1987), it would seem reasonable to predict that men would be more likely to rate as "like me" those items that appear to tap masculine gender stereotypes or societal ideals. In light of this, I was concerned that the possible sensitization to the masculinity component of the study might have led to a response bias even greater than that which might be predicted in light of the generic, or non gender-related, social desirability of many items.

Alternatively, with the self-rating task presented first, respondents might have been more likely to approach the importance-rating task with a bias towards rating as important those phrases which they earlier rated as "like me" or "a lot like me." While this remains a concern, the experience of this author and his advisor suggested that respondents would be unlikely to recall their responses from an earlier section of the instrument and would be similarly unlikely to flip back through the instrument to review earlier responses.

Considering the risks of each order of presentation, and accepting the absence of an ideal solution, the self-rating task were presented first, followed by the importance-ratings.

Scoring of the self-ratings and importance-ratings. In order to address specific predictions and hypotheses, the following transformations and scoring strategies were applied to the self-ratings and importance-ratings.

First, in order to portray each participant's unique masculine gender identity, weights were applied to each response option from the self- and importance-ratings of masculine beliefs (Tables 3 and 4). Response options for the self-ratings were weighted as follows: "not at all like me" = 0; "a little like me" = 1; "like me" = 2; "a lot like me" = 3, and "one of the traits that is most like me" = 4. Response options for the importance ratings were weighted similarly: "not important" = 0; "a little important" = 1; "important" = 2; "very important" = 3; and, "one of the most important" = 4.

To understand this scoring strategy, it may be helpful to recall the constructs of masculine gender role (describing the way men actually see themselves), masculine gender ideal (describing the set of masculinity-related beliefs and attributes that each person holds as important), masculine gender identity (a combination of gender role and gender ideals), and gender identity incongruence (discrepancy between gender role and gender ideal) discussed earlier. Masculine gender role was operationalized in terms of participants' ratings of how well specific masculine beliefs describe them (the "self-ratings"). Masculine gender ideal was operationalized in terms of participants' ratings of the importance of specific masculine beliefs for being a man (the "importance-ratings"). Using the scoring matrix presented in Table 5, masculine gender identity will be operationalized by a weighted combination of the importance-ratings and self-ratings.

Because this study sought to identify the unique pattern of masculine beliefs and attributes held by men with serious mental illnesses, items that were rated as most



important were assigned the highest weights, with items rated least important assigned the lowest weights. To illustrate, if an item was rated "one of the most like me" (with a corresponding weight of 4) and the same item was also rated as "one of the most important" (with a corresponding weight of 4) that item was assumed to be highly representative of the person's masculine gender identity and therefore received the highest possible weighted sum of 8. On the other hand, if an item was rated "not like me" (with a weight of 0) and "not important" (also with a weight of 0) that item was considered not at all representative of the respondent's masculine gender identity and were always scored as 0).

The weighted sums of all possible combinations of ratings are presented in Table 5. The reader will note that combinations of ratings that include "not important" are scored as "0." This strategy emerges from the way the construct of masculine gender identity is represented in this study. Specifically, this study is only interested in beliefs that are perceived by participants as relevant to being a man. Thus, items rated as "not important" were scored as "0."

The reader will also note, in Table 5, that weighted sums of the same magnitude are equivalent in their representativeness of respondents' gender identities. That is, the combination of "a lot like me" and "a little important" (with a weighted sum of 4) is equally representative of masculine gender identity as the combination "a little like me" and "very important" (also with a weighted sum of 4).



Table 5

Scoring Matrix for Masculine Gender Identity (Operationalized via Weighted Values of Self-Ratings + Importance Ratings).

		Self-ratings of masculine beliefs				
		Not at all like me (0)	A little like me (1)	Like me (2)	A lot like me (3)	One of the traits that is most like me (4)
Not important	(0)	0	0	0	0	0
A little important	(1)	1	2	3	4	5
Important	(2)	2	3	4	5	6
Very important	(3)	3	4	5	6	7
One of the most important	(4)	4	5	6	7	8

Note. 1. Numbers in parentheses indicate the weights applied to each response option on the Likert-type scales.  
2. Numbers in body of table represent the weighted sums of all possible combinations of ratings.

Masculine gender incongruity. In order to quantify the degree to which participants perceive themselves as not conforming to their own masculine ideal, a gender identity incongruence score was derived. Masculine gender identity scores were assigned following the scoring matrix presented in Table 6. Response options were

again weighted from 0 (“not at all like me” or “not important”) to 4 (“one of the traits that is most like me” or “one of the most important”). However, as revealed in Table 6, incongruence scores were only assigned when self-ratings were **lower** than importance ratings. This formula represents an effort to examine the nature and implications of discrepancies, or falling short, on beliefs or attributes judged by individual men to be important for being a man. While it can be argued that other combinations of ratings yield important information about masculine gender identity, the gender identity incongruence score seeks to represent only one aspect of that identity.

Incongruence scores for each belief were be summed across items to depict the degree to which respondents perceived themselves as failing to live up to their own masculine gender ideal. This summation yielded a gender identity incongruence score for each participant.

Table 6

Scoring Matrix for Derivation of Gender Identity Incongruence Score.

		Self-ratings of masculine beliefs				
		Not at all like me	A little like me	Like me	A lot like me	One of the traits that is most like me
		(0)	(1)	(2)	(3)	(4)
Not important	(0)	0	0	0	0	0
A little important	(1)	1	0	0	0	0
Important	(2)	2	1	0	0	0
Very important	(3)	3	2	1	0	0
One of the most important	4)	4	3	2	1	0

Note. 1. Numbers in parentheses indicate the weights applied to each response option on the Likert-type scales.

2. Gender identity incongruence was only scored when self-ratings were lower than importance-ratings (see text for explanation).

### Other Measures

"Masculinity" and "femininity" self-ratings. Participants in the study were also asked to rate their perception of themselves as masculine and feminine. This task required participants to rate how well the adjectives "masculine" and "feminine" described them, using a four-point Likert-type scale ranging from (a) "very" to (b) "somewhat" to (c) "a little" to (d) "not" (see Table 7).

These two self-rating items were derived from the Bem Sex Role Inventory (1981) and are generally considered to be face valid measures of the masculine or feminine self-beliefs of respondents (Spence, 1984; Schwarz & Williams, 1986). In fact, Spence (1984) writes:

How can individuals' gender identity be assessed? A preliminary but straightforward approach to the problem is to consider men's and women's self-ratings on the adjectives masculine and feminine. (p. 87)

In both sexes, these ratings have been found to be strongly correlated in a negative direction and to form a separate bipolar factor that is minimally related to other factors on the Bem Sex Role Inventory or to Personal Attributes Questionnaire M and F scores . . . . Although scores on this two-item bipolar factor are variable within each gender, the distributions of men and women show very little overlap. In contrast, self-reports of self assertive [instrumental] traits and interpersonally oriented [expressive] traits are uncorrelated within each sex and the distributions of each sex overlap considerably. (p. 25)



Table 7

Self-Ratings on the Adjectives "Masculine" and Feminine"

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1. **How well does the word "masculine" describe you?**

Circle one response:

I would describe myself as very masculine	I would describe myself as somewhat masculine	I would describe myself as a little masculine	I would not describe myself as masculine
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2. **How well does the word "feminine" describe you?**

Circle one response:

I would describe myself as very feminine	I would describe myself as somewhat feminine	I would describe myself as a little feminine	I would not describe myself as feminine
--	--	--	---

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These ratings were included for three reasons. First, inclusion of these items helps to place the study in context of existing research and theory. In a recent study, Spence (1993) used these two self-ratings as a measure of multidimensional gender identity and used a scoring technique suggested by Pedhazur and Tetenbaum (1979). Discussing this technique, Pedhazur and Tetenbaum (1979) reported that 93.5% of the men and women in their sample could be correctly classified as to sex based solely on their responses to these two items. They found that men identified themselves as more masculine than feminine and women identified themselves as more feminine than masculine. Reviewing this approach, Spence concluded that "for the majority of men

and women, self-images of masculinity and femininity are perceived as psychological opposites and . . . almost all people have a gender congruent identity" (1984, p. 87).

The second reason for inclusion of these self-ratings emerges from the findings of Keller (1994) in his recent study. Keller reported two interesting findings after asking participants in his study to rate themselves on these two adjectives both before and after participation in a focus-group discussion of masculinity. He found that self-ratings became more extreme after participation in the discussion groups; men rated themselves as either more masculine or more feminine than they had just prior to the group discussion. Moreover, self-ratings were less resoundingly masculine after participation. Before participating in the discussion group only 1.9% identified themselves as more feminine than masculine and only 7.4% identified as equally so. In contrast, after the discussion, 3.7% of the sample identified themselves as more feminine than masculine and 14.8% identified as equally feminine and masculine.

Finally, inclusion of this rating task facilitated further exploration of the relationship between masculine gender ideals, as operationalized by the importance-ratings, and masculine gender role, as operationalized by the self-ratings. Along with other questions, these ratings were used to explore the assumption that men would rate themselves as less masculine and more feminine in relation to their self-perceived inability to live up to valued masculine gender ideals. Specifically, scores derived from participants' self-ratings on the adjectives "masculine" and "feminine" were correlated with the gender identity incongruence score (discussed earlier) representing the extent to

which participants see themselves as failing to possess masculine gender-related attributes that they hold as important to being a man.

Scoring. Following a scoring strategy described by Spence (1993), three scores were derived from the two ratings: a masculinity score, a femininity score, and a gender identity directionality score. The modifiers "very," "somewhat," "a little," and "not" from the two ratings were assigned numerical scores (3,2,1,0, respectively). The masculinity and femininity scores were simply the numerical score for the rating for each adjective. Thus, if a participant rated himself as "a little" masculine or feminine, his masculinity or femininity score was 1.

Gender identity directionality was scored by combining ratings of both adjectives into a single measure. Each participants' femininity score was subtracted from his masculinity score. The numerical difference scores were then reassigned the original modifiers. This strategy yielded a single descriptor ranging from (-3) "very much more feminine" through (0) "equally masculine and feminine" to (3) "very much more masculine."

#### Measures of Psychiatric and Psychological Adjustment

Existing measures of psychological adjustment and psychiatric symptoms were administered to clarify the relationship between masculine gender identity and mental health.

Psychiatric symptoms. In populations of persons with serious mental illnesses, research and intervention efforts are ultimately judged by their impact on functioning

and psychiatric symptoms. Psychiatric symptoms were examined using the Brief Symptom Inventory (BSI) (Derogatis & Melisaratos, 1983), which is a short form of the revised Symptom Check List-90 (SCL-90-R) (Derogatis, 1977). The BSI is a 53-item self-report symptom inventory. The scale yields nine subscales, or "primary symptom dimensions," and three "global indices of distress." The subscales are labeled (a) somatization, (b) obsessive-compulsive, (c) interpersonal sensitivity, (d) depression, (e) anxiety, (f) hostility, (g) phobic anxiety, (h) paranoid ideation, and (i) psychoticism. The three global indices are described as the Global Severity Index, the Positive Symptom Distress Index, and the Positive Symptom Total Index.

Internal consistency of the subscales, as reported by the BSI's authors, ranges from  $\alpha = .71$  to  $.85$ . Test-retest reliability is reported to range from  $.68$  to  $.91$  for the subscales, and  $.80$  to  $.90$  for the global indices.

More recent examination, by researchers other than the instrument's authors, revealed alpha coefficients for the 9 subscales ranging from  $.75$  to  $.89$  (Boulet & Boss, 1991). However, on the basis of their analysis of the convergent and discriminant validity of BSI subscales, Boulet and Boss (1991) cautioned that the BSI is best employed as "a global index of psychopathology or psychological distress" (p. 437) rather than a tool for differential diagnosis based on differences across subscales. Considering the above, I used the BSI Global Severity Index as an indicator of general level of psychopathology.



Depression. A separate measure of depression was included because of the questionable validity reported for specific BSI subscales. In this study, depression was measured using the Beck Depression Inventory (BDI) (Beck et al., 1961). This self-report measure consists of 21 items, each consisting of four sentences capturing a range of experiences of a particular feeling. Respondents endorse the sentence that most accurately describes their feeling over the past week. The BDI is reported to assess dimensions of depressed mood that can occur across different diagnostic groups (Beck, et al., 1988). A recent meta-analysis found mean internal reliability for the BDI of  $\alpha = .86$  for clinical samples and  $\alpha = .81$  for non-clinical samples. Test-retest reliability has been reported to range from .65 to .82 for clinical samples and from .62 to .90 for non-clinical samples (Beck, et al., 1988). The same authors report concurrent validity with clinical ratings and other depression scales as ranging from  $r = .72$  to .73 for clinical samples.

Citing the apparent overlap between the negative symptoms of schizophrenia and symptoms of depression, some researchers caution against the use of depression measures originally normed with non-clinical samples for measuring depression in persons with schizophrenia (e.g. Andreasen, 1982; Addington, et al., 1992). However, research comparing the BDI with an instrument designed specifically for measuring depression in persons with schizophrenia revealed a close association between the two measures (Addington, Addington & Maticka, 1993).

Self-esteem. Self-esteem was measured using the Rosenberg Self-Esteem Scale (SES; Rosenberg, 1965). The SES is a widely used 10-item self-report scale. It is typically scored on a four point scale ranging from "strongly agree" to "strongly disagree." Internal reliability ranges from  $\alpha = .77$  to  $.88$  and test-retest correlations are reported to range from  $r = .82$  to  $.85$  (Robinson, Shaver & Wrightsman, 1991).

Self-efficacy. Self-efficacy was measured using the General Self-Efficacy subscale of the Self-Efficacy Scale (Sherer, et al., 1982). This 17 item subscale reports an internal consistency of  $\alpha = .86$ . Construct validity was demonstrated through confirmation of the scale's association to clinical ratings and other measures.

The Self-Efficacy Scale is scored using a Likert-type format ranging from "strongly agree" to "strongly disagree." Item scores are totaled, with higher scores representing greater self-efficacy expectations.

Shame. Shame was measured using the Internalized Shame Scale (ISS) (Cook, 1990). The ISS is a relatively new scale and may represent the only psychometrically sound measure of shame currently available. Internal reliability of the 30-item scale is reported by its author as  $\alpha = .94$  for non-clinical samples and  $\alpha = .96$  for clinical samples. Test-retest reliability is reported to be  $.84$  with a non-clinical sample of graduate students. The scale is relatively brief, concrete, and simply-worded, making it appropriate for this population.

part, fundamentally socially desirable. They are thought to represent, to some degree, the masculine ideals of men in this population.

I was concerned that a socially desirable response pattern might have minimized any discrepancy (or gender identity incongruence) between the importance ratings and self-ratings. Specifically, if respondents, influenced by the social desirability of the items, rated themselves as corresponding closely to many masculine beliefs, one would expect little discrepancy between self-ratings and ratings of importance. This would have, of course, limited the study's ability to examine the implications of perceived failure to live up to one's masculine gender ideals.

Social desirability was explored in two ways. First, the Marlowe-Crown social desirability scale was completed during pilot administrations. Scores on this scale are said to reveal the presence of a socially desirable pattern of responding (Paulhus, 1991). By examining scores on this instrument and by correlating those scores with responses to the questionnaire, the presence or extent of any social desirability bias was examined. The results of this examination are presented in the Results section in Table 13.

A second approach to the social desirability problem consisted of an informal examination of the discrepancies between the self- and importance-ratings of specific items. I examined pilot data by comparing the self-ratings and importance-ratings of items representing masculine attributes that are unlikely to be possessed or achieved by men in this population (for example, having a wife and kids). Ten items were chosen and reviewed for each of the 20 respondents in the second pilot administration. This



examination suggested that respondents tend to respond truthfully to socially desirable items, even if that required a response that was clearly deviant from the socially desirable one.

Administration. The materials outlined above were administered to participants at 15 psychosocial rehabilitation centers in Maryland and Northern Virginia. Participants at all sites completed the instrument in a group setting but worked independently. The author was present at all administrations, accompanied by an undergraduate research assistant at 7 sites.

At each site, administration followed a 5-step routine. First, the author (and research assistant, if present) introduced themselves and read a brief description of the rating task and instructions. Second, the author provided an opportunity for participants to ask questions related to the task. Third, an informed consent form (Appendix 1) was handed out, discussed, and signed by participants wishing to continue. Using this form, participants could also request a summary of the results of the study by writing their address in the space provided. Fourth, the rating instrument was handed out and respondents completed the task at their own pace, with the author present to answer questions. Fifth, when finished, respondents returned the instrument to the author who reviewed it for completeness and paid each respondent.



## Chapter III

### Results

#### Characteristics of the Sample

The sampling strategy of this study sought to produce a representative sample of men with serious mental illnesses in psychosocial rehabilitation. Table 8 presents sample demographics.

Table 8

#### Sociodemographics

Variable	Data <sup>1</sup> (n = 238)
Age	
Mean	36.1 years
Standard Deviation	10 years
Range	18 - 66 years
Race	
African American	31.1%
White	58.4%
Other	10.5%
Marital Status	
Single	80.3%
Living together with a lover	1.7%
Married	5.9%
Separated/divorced	8.8%
Widowed	0.4%

Table 8 continued

Education

Eighth grade or less	8.4%
Some high school	23.5%
Completed high school or GED	32.4%
Some college or technical school	23.5%
Completed college	5.9%
Post-graduate education	3.8%

Where are you currently living?

Supervised housing	47.1%
Parent's house	23.1%
My own apartment or home	17.2%
Rented room	5.0%
Shelter	0.8%
Guest in other's home	2.5%

Who do you live with?

People who also receive mental health services	44.5%
Family	29.0%
Parents	23.1%
My adult children	2.1%
Other family members	3.8%
Alone	10.5%
Friends	5.9%
Spouse or live-in partner	2.5%

Sources of income

SSI, SSDI or other government checks	85.3%
Paying job	10.9%
My family gives me money	9.7%

<sup>1</sup> Percentages may not sum to 100 due to multiple response options.

The average age of the men was 36.1 years, with a standard deviation of 10 years and a range from 18 to 66 years. Categorically, 14% fell between the ages of 18 and 25, 34% between 26 and 35, 33% between 36 and 45, and 19% between 46 and 66. The sample thus covered a range of ages from young adulthood to retirement age, with the bulk of respondents falling into middle adulthood.

The proportions of African Americans and Whites in the sample correspond roughly to previous samples of mentally ill persons in the state of Maryland (Keller, 1991). In terms of marital status, the vast majority of participants were single. While 15.1% of the sample had been married at some time in their lives, only 5.9% of those were currently married with 8.8% separated or divorced and 0.4% (1 man) widowed. The relatively large proportion of the men who were currently married diverge somewhat from the overall population of persons with serious mental illnesses in the nation (Mulkern & Manderscheid, 1989) and in Maryland (Keller, 1991). In fact, of the 14 men indicating that they were currently married, 9 of these did not fall into the categories of mental illness of primary interest to this study (schizophrenia and the major mood disorders).

Participants indicated a relatively high level of education, with roughly 85% having completed high school. While consistent with previous findings of higher than average education levels among seriously mentally ill persons in the state of Maryland (Keller, 1991), these figures also suggest a bias toward higher functioning individuals. This bias may be attributable to the use of a relatively long and reading-intensive

protocol, necessitating a level of attention and reading skill that may have led lower-functioning persons to forego participation. However, other studies (e.g. Keller, 1991) that collected demographic data did not find differences between respondents versus non-respondents.

The majority of men in this sample lived in supervised housing (47.1%). Close to one-quarter of the men lived in their parents' home. Just under a quarter lived in their own apartment or a rented room. Two respondents lived in a shelter. Corresponding to these figures, many of the men lived with other people who received mental health services (44.5%). About one third lived with parents or other family members. One tenth lived alone. Just under 6% lived with people they considered to be friends, and about 2% lived with a live-in-partner.

Eighty-five percent of the men received at least some of their income from a government check of some sort. Just under 10% relied on their family for support and just under 2% supported themselves with paying jobs.

Employment. Two aspects of the men's employment history were examined: current employment and the longest amount of time each man had held a single job (see Table 9). In terms of current employment, the men's situations were somewhat better than those of persons with serious mental illnesses in general (Mulkern & Manderscheid, 1989; Keller, 1991). Sixty percent had no job of any kind, paid or unpaid. Another tenth performed volunteer work of some sort. Forty-three men held paying jobs of some sort. Of these, 34 (14.3%) worked in a position supported by a



rehabilitation center or sheltered workshop and 9 men (5.8%) held paying jobs in the community. Four men reported being retired.

Despite the low rate of current employment among respondents, roughly 80% reported having held a job for over six months at some time in their lives. Many reported quite lengthy employment, with close to one fifth having held the same job for over five years and an additional quarter having held the same job for over two years. However, almost 15% had never held a job for more than six months, if at all.

Table 9

Employment

Variable	Percentage
Current employment	
I don't have a job right now (either paid or unpaid)	59.2%
I do volunteer work (unpaid)	11.3%
I work at a supported rehab center job program or sheltered workshop	14.3%
I have a paying job that is <u>not</u> part of a rehab program or sheltered workshop	5.8%
Unspecified work position	7.6%
Retired	1.8%

Table 9 continued

What is the longest amount of time you have ever held the same job?

0 to 6 months	4.7%
6 months to 1 year	19.7%
1 to 2 years	19.3%
2 to 5 years	24.8%
more than 5 years	18.1%

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Diagnosis. Prior studies have shown high concordance between chart diagnoses and self report (Coursey, Keller & Farrell, 1995). Respondents reported current diagnosis if they knew it. For the few who did not know or who were in doubt, consent was obtained and a diagnosis read from their chart. By this method, diagnoses were obtained for all but 3 participants.

Table 10

Current diagnosis.

Diagnosis	Percentage <sup>1</sup>
Schizophrenia	66.0%
Mood Disorders	28.1%
Bipolar disorder	10.3%
Major depression	17.8%
Schizoaffective disorder	6.3%

Other disorders	9.2%
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<sup>1</sup>Percentages do not sum to 100 due to multiple diagnoses.

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Two thirds of respondents carried primary diagnoses of schizophrenia. Roughly one third of the men carried a diagnosis of mood disorder, with 10.3% reporting bipolar disorder and 17.8% reporting major depression. Over 15% reported other diagnoses. Of these, most were secondary to schizophrenia and included schizoaffective disorder, personality disorder NOS (not otherwise specified), obsessive compulsive disorder, developmental disorder and mild mental retardation.

#### Characteristics of the Data Collection Instrument

Reliability of measures. Reliability is considered by many to be the fundamental issue in psychological measurement (e.g. DeVellis, 1991; Ghiselli, Campbell, & Zedeck, 1981). To examine the reliability of the present instrument, I looked at internal consistency and temporal stability. The former was tested by computing Cronbach's coefficient alpha for each measure. Temporal stability was tested using simple test-retest correlations on data from the second stage of pilot administration.

Internal consistency. Coefficient alpha was computed for all sections of the instrument using data from the entire sample of 238 men who participated in this study.

Alpha values are presented in Table 11.

Table 11

Internal Consistency of Measures in the Present Instrument

Measure	Alpha ( <i>n</i> = 238)
Masculine Gender Role	.93
Masculine Gender Ideal	.94
Self-Efficacy Scale	.82
Brief Symptom Inventory (Global Severity Index)	.97
Internalized Shame Scale	.92
Beck Depression Inventory	.90
Rosenberg Self Esteem Scale	.40

Internal consistency, measured by the reliability coefficient alpha, is described as one of the most important indicators of a scale's quality ( DeVellis, 1991; Ghiselli, Campbell, & Zedeck, 1981). Alpha provides an indication of the proportion of variance in the scores that is attributable to the "true" score. As revealed in Table 11, internal consistency (as measured by alpha) appears quite robust for all measures used, with the exception of the Rosenberg Self Esteem Inventory. DeVellis (1991) writes that an alpha value of .70 represents the lower bound of acceptability, with values over .80 being "very good." The values obtained here (again with the exception of the Self Esteem Scale) suggest that measures developed and borrowed for this study have acceptable internal consistency. Even if this single-sample measure of alpha over-represents the true level of internal consistency, there appears to be sufficient room for possible deterioration with other samples (DeVellis, 1991, p. 85).



The low value of alpha for the Self Esteem Scale may be understood, at least in part, by its composition of only 10 items which are quite diverse in content. As alpha values are influenced both by the extent of covariation among items and by the number of items in the scale, the low alpha value does not, of necessity, rule out the inclusion of data from the Self Esteem Scale. Nevertheless, extreme caution should be used making interpretations or inferences based on this scale (DeVellis, 1991).

Temporal stability. Temporal stability was examined by correlating two sets of results from a sample of 20 men who completed the instrument twice, eight days apart. Results of these analyses are presented in Table 12.

Table 12

Temporal Stability of Measures Used in the Current Instrument

Measure	r value (n = 20)
Masculine Gender Role	.62
Masculine Gender Ideal	.92
Masculinity self-rating <sup>1</sup>	.58
Femininity self-rating <sup>1</sup>	.64
Self-Efficacy Scale	.77
Brief Symptom Inventory (Global Severity Index)	.72
Internalized Shame Scale	.74
Beck Depression Inventory	.78
Rosenberg Self Esteem Scale	.60

<sup>1</sup>Single item rating.

While test-retest correlations are a useful measure of the extent to which an instrument assesses the desired latent variable, DeVellis (1991) suggests that they be interpreted with some caution. He notes that test-retest correlations measure temporal stability of “both the measure and the phenomenon” (p. 38). Thus, test-retest correlations provide information about the phenomenon **with** the measure, but not the latter alone. While it is often the case that one can be fairly confident of the stability of the phenomenon being measured, this is not always the case. In the present study, for example, theory suggests that beliefs about masculinity, such as those tapped by the importance ratings, should be fairly stable over time. However, it is not unlikely that perceptions regarding one’s global masculinity and the degree to which one lives up to a set of masculine beliefs (the self-ratings) might fluctuate. This seems even more likely after participation in an intense task, like the current protocol, which focuses on these issues. In an earlier study related to this one, Keller (1994) found that men’s ratings of themselves as masculine and feminine changed after an in-depth discussion of masculinity. Thus, the relatively lower test-retest correlations seen for the self-ratings, as well as the single-item masculinity and femininity ratings, may reflect a change in the “phenomena,” not merely instability in the measure. Nevertheless, these low reliability scores will tend to reduce the ability of these scales to correlate well with other scales.

The test-retest correlation for the Self-Esteem Scale in this study was .60. In concert with the scale’s alpha value of .40, this relatively low value pointed to

unacceptable reliability for this instrument for the present sample. Based on this, data from this scale was excluded from further analyses.

Social desirability. As discussed earlier, the items presented in the self- and importance-ratings are, for the most part, inherently socially desirable. I was concerned that participants' responses might be biased by their desire to present themselves in a positive light, particularly on the "self-ratings." Participants who took part in the pilot phases of administration completed the Marlowe-Crown Social Desirability Scale. Scores on this scale are said to reveal the presence of a socially desirable pattern of responding.

The mean score for pilot administration participants on the Marlowe Crown summary score was 17.74 ( $n=24$ ;  $SD=3.68$ ). Possible scores on this scale range from 0 to 33. The mean of 17.74 places the sample within 1 standard deviation of norms for both non-clinical and depressed samples. However, the present study is more interested with relationships between measures making up the instrument used for data collection and the Marlowe-Crown scale (see Table 13).

Table 13

Social Desirability: Correlations with Marlowe-Crown Summary Score

Measure	r value (n = 24)
Masculine Gender Role	.04
Masculine Gender Ideal	.23
Masculinity self-rating <sup>1</sup>	.00
Femininity self-rating <sup>1</sup>	.13
Self-Efficacy Scale	-.09
Brief Symptom Inventory (Global Severity Index)	-.38*
Internalized Shame Scale	-.36*
Beck Depression Inventory	-.30*
Rosenberg Self Esteem Scale	-.16

<sup>1</sup>Single item rating.  
\*p<.05.

As revealed in Table 13, the self- and importance-ratings seem to have only minimal, non-significant, relationships with the Marlowe-Crown score. This suggests that participants' responses to these items were not significantly biased by a desire to present themselves in a socially desirable light. The significant negative correlations with three symptom scales is understandable in light of the fundamentally undesirable nature of the psychiatric and psychological conditions they measure.



Relationships between scales. Table 14 presents intercorrelations between variables related to gender identity:

Table 14  
Intercorrelations: Gender Identity-Related Variables

Variables	1	2	3	4	5	6	7
1. Masculine Gender Role		.56*	.86*	-.48*	.10	-.13	.16
2. Importance-ratings			.89*	.38*	.06	-.07	.09
3. Self + Importance-ratings				-.05	.08	-.12	.14
4. Incongruity					-.09	.12	-.15
5. Masculinity						-.05	.71*
6. Femininity							-.74*
7. Gender Identity Directionality							

\*  $p < .01$ , two-tailed

Table 14 reveals significant correlations between seven variables. Of greatest interest is the positive correlation between the self and importance ratings. This finding suggests that participants' ratings of the importance of masculine beliefs are not independent of their ratings of how well those same beliefs apply to them. This should not be surprising; our culture places significant emphasis on the value of congruency between the beliefs and attributes we view as important and the way we live our lives.

Relationships between age, education and other studied variables were examined using Pearson correlations with a two-tailed test of significance. Table 15 reveals no significant relationships between age, education and other variables.

Table 15

Correlations: Age and Education with Other Variables

	Age	Education
Masculine Gender Role	-.04	.00
Masculine Gender Ideal	-.14	-.17
Gender Identity Incongruence	-.10	-.16
Masculinity	-.05	-.03
Femininity	-.11	-.03
Gender Identity Directionality	.04	.00
Self-Efficacy	.11	.13
Symptom Severity	-.03	-.09
Depression	-.04	-.08
Shame	-.01	.00

T-tests were conducted in order to look for relationships between race, diagnosis, employment status and other studied variables. No relationships were found for race or employment status. Regarding diagnosis, men with schizophrenia as a primary diagnosis rated themselves lower ( $M=1.80$ ) than men with other diagnoses ( $M=2.03$ ) on the self-ratings of masculine gender role ( $t(234)=2.39$ ,  $p<.01$ ). Men with schizophrenia also experienced greater gender identity incongruence ( $M=.52$ ) than men with other diagnoses ( $M=.31$ ) ( $t(234)=-2.87$ ,  $p<.001$ ). These findings are in keeping with the greater overall impairment, and corresponding losses in performing valued

masculine roles, often experienced by those with schizophrenia, as compared to other serious mental illnesses.

Hypothesis 1: Masculine gender role and masculine gender ideal. In addressing the first set of hypotheses, the pattern of ratings for the self- and importance ratings will first be presented. As described earlier, forty seven items pertaining to masculine beliefs of men with serious mental illnesses were rated twice by participants. First, men rated how much each item was “like me.” The second set of ratings asked how important each item was in order for a man to be “a man” or “masculine.” To facilitate discussion, the two sets of ratings will be presented in turn, starting with the self-ratings.

Masculine Gender Role: The Self Ratings. These ratings, in order of descending means, are presented in Table 16. Recall that items were ranked from “not at all like me” (scored 0) to “one of the traits that is most like me” (scored 4).

Table 16

Masculine Gender Role: Self-Ratings of Masculine Beliefs in Ascending Order by Mean

Item	Mean ( $n = 238$ )	Standard Deviation
is attracted to women	2.64	1.09
has beliefs that are important to him	2.58	1.02
a gentleman	2.47	.97
is spiritual or follows God	2.41	1.25
has values about right and wrong	2.40	1.11
kind to others	2.40	.97
open-minded/open to new experience	2.34	1.09
honorable	2.33	1.04
responsible	2.33	1.01

Table 16 continued

Item	Mean ( $n = 238$ )	Standard Deviation
treats others like equals	2.32	1.06
does a good job (at work, etc.)	2.30	1.12
defends his beliefs	2.29	1.05
had wisdom from experience	2.27	1.12
confident in self as a man	2.25	1.14
confident in self as a man	2.25	1.14
takes initiative	2.24	1.06
is independent	2.24	1.12
had education	2.24	1.15
lives by his personal values	2.23	1.14
works hard	2.23	1.10
respects authority	2.22	1.12
careful not to get a woman pregnant	2.21	1.30
caring to his family	2.19	1.13
controls his anger/aggression	2.16	1.15
has self-esteem	2.09	1.09
has personal goals	2.09	1.03
not a coward	2.08	1.09
respected by others	2.06	1.00
interdependent	2.03	1.03
"earns" manliness by the way he lives	2.00	1.13
is socially active	1.92	1.11
has strength to endure hardship	1.89	1.16
takes care of others	1.89	1.20
controls his emotions	1.85	1.14
physically strong	1.84	1.12
plays sports	1.83	1.32
has volunteer job	1.73	1.22
has own house or apartment	1.52	1.38
has wealth	1.51	1.13
has sex with women (a woman)	1.51	1.36
has high status	1.45	1.17
a leader/in charge	1.36	1.18
the breadwinner	1.28	1.33
has a wife or girlfriend	1.26	1.33
does NOT have a mental illness	1.05	1.22
has a paid job	.69	1.13



Table 16 continued

Item	Mean ( $n = 238$ )	Standard Deviation
has a family	.69	1.17
Overall Scale <sup>1</sup>	1.96	0.55

<sup>1</sup>Scores for all items were summed; this sum was then divided by the total number of items.

Table 16 reveals that mean scores ranged from a high of 2.64 for "is attracted to women" to a low of .60 for "has a family (a wife and kids)." For the most part, the relative rankings of items is congruent with what is known about this population from clinical experience and research (e.g. Mulkern & Manderscheid, 1989). Men in this sample rated as least "like me" those attributes which are typically foreclosed to them as a result of their illness and issues related to it. For example, items such as "has a family," "has a paid job," and being a "breadwinner" appear near the bottom of the ratings. On the other hand, less outwardly-oriented items such as being "attracted to women," "having beliefs that are important," and being "kind to others" find a place at the top of the ratings.

Masculine Gender Ideal: The Importance Ratings. The importance ratings, also in descending order by mean, are presented in Table 17. The importance ratings required that participants rate the items on a five-point scale from "not important" (scored 0) to "one of the most important" (scored 4).

Table 17

Masculine Gender Ideal: Importance-Ratings of Masculine Beliefs in Ascending Order by Mean

Item	Mean ( $n = 238$ )	Standard Deviation
careful not to get a woman pregnant	2.86	1.07
independent	2.76	.94
confident in himself as a man	2.75	1.00
responsible	2.75	.86
honorable	2.74	.95
has wisdom from experience	2.72	.89
cares for his family	2.71	.94
does a good job	2.71	.90
has personal goals	2.69	.83
has education	2.68	.97
spiritual or follows God	2.66	1.16
has self-esteem	2.64	.99
treats others like equals	2.64	1.02
has beliefs that are important to him	2.63	.96
is a gentleman	2.63	.89
controls his anger	2.63	.97
lives out his values	2.61	.91
takes initiative	2.61	.92
kind to others	2.59	.98
financially self-sufficient	2.58	1.03
has strength to endure hardship	2.58	.91
open-minded/open to new experience	2.57	.99
takes care of others	2.55	1.08
works hard	2.55	1.00
controls his emotions	2.50	.94
has values about right and wrong	2.49	1.00
defends his beliefs	2.47	.96
attracted to women	2.43	1.15
has a paid job	2.43	1.03
has own house or apartment	2.42	1.05
not a coward	2.38	1.03
respects authority	2.38	1.01
respected by others	2.36	.94

Table 17 continued

Item	Mean ( $n = 238$ )	Standard Deviation
a "breadwinner"	2.32	1.15
"earns" manliness by the way he lives	2.25	1.05
interdependent	2.16	.99
has a wife or girlfriend	2.07	1.24
has sex with women (a woman)	2.05	1.29
physically strong	2.05	1.16
has a family (wife and kids)	2.02	1.24
is socially active	1.99	1.08
does NOT have a mental illness	1.93	1.29
has a volunteer job	1.88	1.10
has high status	1.87	1.14
has wealth	1.85	1.16
a leader	1.84	1.10
plays sports	1.57	1.24
Overall Scale <sup>1</sup>	2.42	.54

<sup>1</sup>Scores for all items were summed; this sum was then divided by the total number of items.

Table 17 reveals that mean scores ranged from a high of 2.86 (careful not to get a woman pregnant) to a low of 1.57 (plays sports). Men in this sample appeared to rate as least important those attributes that might be associated with the "traditional" male role. Items such as playing sports, attaining status and wealth, and being a leader fall into this category. On the other extreme, participants tended to rate as most important items which seemed to relate to character and morality. Items such as being independent, responsible, honorable and caring were grouped together near the top of the ratings.

Hypothesis 1(a, b, and c): Factor structure of the self- and importance ratings.

Hypothesis 1(a) predicted that **there would be more than one dimension, or factor, of masculine gender roles and ideals**. Hypothesis 1(b) predicted that **the dimensions, or factors, of masculine gender roles and ideals for men with serious mental illnesses would be different than those reported in the literature for men without serious mental illnesses**. To give a brief overview of the findings, results of factor analyses supported hypotheses 1(a) and 1(b). Both masculine gender role and masculine gender ideal in this sample appeared to be described by three factors [1(a)]. These factors diverged from descriptions of masculinity found in literature on the general population [1(b)].

Hypothesis 1(c) predicted that **there would be four dimensions, or factors, of masculine gender roles and ideals, defined by the themes of independence, strength, responsibility and relationships** (Keller, 1994). This prediction was not supported. Rather than the four dimensions suggested by Keller (1994), results suggested three factors. Moreover, these factors appeared to be defined by themes other than those suggested by Keller. Details of these results follow.

Factor analyses were used in order to explore the underlying dimensional structure of the self- and importance-ratings of masculine beliefs. Factor analysis for each set of ratings took place in four steps. First, a correlation matrix was computed and examined. Second, the number of factors that best fit these data was determined.



Third, the factors were rotated to facilitate interpretation. Finally, factor scores were computed for use in later analyses.

Sample size. In deciding on a factor analytic approach to the data, I was concerned about maintaining a sufficient ratio of cases to variables. While it is generally accepted that “the more cases the better,” a limited local population of men with serious mental illnesses precluded a very large sample. Seeking to enter a set of 47 items into a factor analysis, I was interested in the minimum acceptable ratio of items to cases. Cattell (1952) states that a 4 to 1 ratio of cases to items is acceptable. Rummel (1970) described a 5 to 1 ratio. Accepting these numbers, I proceeded with factor analysis with a slightly greater than 5 to 1 ratio of cases to items.

Masculine gender role: The self-ratings. Bartlett’s test of sphericity was employed to examine the strength of relationship among variables in the correlation matrix. The Bartlett value of 4216.90 ( $p < .0000$ ) suggested that it was acceptable to proceed with factor analysis. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was used as an index of the relative magnitude of observed correlation coefficients and partial correlation coefficients. The resulting KMO value of 0.88, rated “meritorious” by Kaiser (1974), further supported proceeding with factor analysis.

Factor extraction proceeded using principal components analysis. To determine the optimal number of factors, I examined eigenvalues and the scree plot of the initial factor solution. There were nine factors with eigenvalues greater than 1.0. However, the first three factors had eigenvalues much larger than the remaining factors and

accounted for 35.4, 6.6, and 4.6 percent of variance respectively. Remaining factors each contributed less than 3% of the variance to the solution. While the combined 46.6% of the variance explained by a three factor solution does not completely describe the data, it appeared that the addition of more factors would obscure interpretation. Examination of the scree plot further supported a three factor solution. The scree plot revealed a distinct break between the steep slope of the first three factors and the gradual trailing off of the rest of the factors.

To facilitate interpretation, factors were rotated using an orthogonal, varimax rotation. While other methods of rotation were explored, and showed considerable overlap, varimax led to the most interpretable solution. Varimax rotation is the most commonly used method of rotation; it attempts to minimize the number of variables that have high loadings on a factor, thereby facilitating interpretation (Norusis, 1993).

Interpretation of the three-factor varimax solution for the self-ratings of masculine beliefs suggested the following factor labels: “morality,” “family,” and “toughness.” As a crude check of the reliability of the factor solution, the same factor analytic procedure was run on both halves of the sample after a random split was made. This analysis yielded congruent results. Table 18 illustrates the three factors by presenting items which loaded at or above .45 (factor loadings for all items are presented in Appendix 3). Items appear in the order that they were presented in the data collection instrument.

Table 18

Factor Loadings: Three-Factor Solution for the Self-Ratings of Masculine Beliefs

Item	Loading
Factor 1 -- Morality	
Has beliefs that are important to him	.47
Has self-esteem	.47
Earns manliness by the way he lives	.46
Defends his beliefs	.56
Cares for others	.54
Has his own values about right and wrong	.54
Earns the respect of others	.54
Kind to others	.66
Spiritual or follows God	.54
Does a good job	.62
Honorable	.45
Takes initiative	.51
Lives by his values	.57
Treats others like equals	.50
Open-minded/open to new experience	.46
Interdependent	.46
Earns wisdom from experience	.54
A gentleman	.64
Respects authority	.46
Has personal goals	.46
Factor 2 -- Family	
Takes care of his family	.50
Has a wife or girlfriend	.61
Has sex with women (a woman)	.66
The breadwinner	.62
Has a family (a wife and kids)	.56
Attains wealth	.50
Attains status	.55
A leader	.57

Table 18 continued

Item	Loading
Factor 3 -- Toughness	
Independent	.50
Has strength to endure hardship	.45
Not a coward	.45
Plays sports	.46
Controls his emotions	.51
Physically strong	.49
Controls his anger	.56

Factor 1 was labeled “morality” in response to the predominance of items related to internal attributes relevant to character, values and morality. This factor seems well-represented by items such as “has his own values about right and wrong,” “spiritual or follows God,” “lives by his values,” and “earns wisdom from experience.”

Factor 2, “family,” received its label largely because it tapped beliefs and attributes that I associated with the traditional American ideal of the husband-and-father. The items in this factor are largely self explanatory: “has a wife or girlfriend,” “the breadwinner,” “has a family,” “attains wealth,” and “attains status.”

The third factor was labeled “toughness” in light of the themes of strength and “rugged individualism” that it seems to capture. This factor is described well by items such as “independent,” “not a coward,” and “physically strong.”

Generally, the three factor solution for the self-ratings suggests that the men in this sample, based on their own ratings, may be largely described by a set of beliefs and



attributes pertaining to character and moral living. The men appear to see themselves as able to attain many of these masculine attributes. The men are also described by two sets of beliefs or attributes that they are less able to attain. The first of these, a set of attributes pertaining to family and responsibility, relates to a set of roles that are often unavailable to men with serious mental illnesses but seen as quite normal by most men. The third set of beliefs and attributes are equally unavailable to most men in this population. These pertain to outward manifestations of machismo and rugged individualism. Contrasted with the set of beliefs and attributes in factor two, these do not exist in the context of family or relatedness, but instead pertain to individual status within the larger community.

In order to test whether men actually saw themselves as best described by the set of masculine beliefs found in the morality factor, a repeated measures ANOVA was performed on mean ratings from each of the three factors. In light of the significance of this analysis ( $F(1,237)=2301.96, p<.000$ ), t-tests for paired samples were used to compare the mean ratings from the three factors. Mean self-ratings for the morality factor were significantly higher ( $M=2.37$ ) than those for the family factor ( $M=1.37$ ;  $t(237)=18.93, p<.000$ ) or the toughness factor ( $M=1.98$ ;  $t(237)=7.65, p<.000$ ). Mean self-ratings for the toughness factor were also significantly higher than those of the family factor ( $t(237)=-12.5, p<.000$ ).

Masculine gender ideals: The importance ratings. The factor solutions for the self-ratings, presented in the preceding pages, becomes more interesting in the context

of the factor solution for the importance-ratings. Analysis of the importance ratings proceeded similarly to that of the self-ratings. Bartlett's test of sphericity was employed to examine the strength of relationship among variables in the correlation matrix. The resulting value of 5146.37 ( $p < .0000$ ) suggested that it was acceptable to proceed with factor analysis. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy provided an index of the relative magnitude of observed correlation coefficients and partial correlation coefficients. The resulting KMO value of 0.90, rated "marvelous" by Kaiser (1974), further supported proceeding with factor analysis.

Factor extraction proceeded using principal components analysis. To determine the optimal number of factors, I examined eigenvalues and the scree plot of the initial factor solution. There were again nine factors with eigenvalues greater than 1.0. However, the first three factors had eigenvalues much larger than the remaining factors and accounted for 39.0, 8.1, and 4.8 percent of variance respectively. Remaining factors each contributed less than 3% of the variance to the solution. As for the self-ratings, the combined 51.9% of the variance explained by a three factor solution does not completely describe the data. However, it again appeared that the addition of more factors would obscure interpretation. Examination of the scree plot further supported a three factor solution. The scree plot revealed a distinct break between the steep slope of the first three factors and the gradual trailing off of the rest of the factors.

To facilitate interpretation, factors were rotated using an orthogonal, varimax rotation. While other methods of rotation were explored, and showed considerable overlap, varimax led to the most interpretable solution.

Interpretation of the three-factor varimax solution for the importance-ratings of masculine beliefs revealed considerable overlap with that of the self-ratings. In fact, the factor labels from the self-ratings were reapplied to the importance-ratings: "morality," "family," and "toughness." As with the self-ratings, the analyses were rerun with both halves of the randomly split sample and yielded a solution consistent with that for the whole sample. Table 19 illustrates the three factors by presenting those items which loaded at or above .45 (factor loadings for all items are presented in Appendix 4).

Table 19  
Factor Loadings: Three-Factor Solution for the Importance-Ratings of Masculine Beliefs

Item	Loading
Factor 1 -- Morality	
Has beliefs that are important to him	.49
Has strength to endure hardship	.53
Has self-esteem	.54
Careful not to get a woman pregnant	.50
Defends his beliefs	.62
Cares for others	.53
Has his own values about right and wrong	.45
Earns the respect of others	.52
Kind to others	.67
Spiritual or follows God	.53
Does a good job	.67
Honorable	.67
Takes initiative	.56

Item	Loading
Lives by his values	.59
Has confidence in self as a man	.57
Treats others like equals	.66
Open-minded/open to new experience	.64
Controls his emotions	.61
Interdependent	.45
Controls his anger	.67
Earns wisdom from experience	.66
A gentleman	.63
Respects authority	.50
Has personal goals	.54
Factor 2 -- Family	
Responsible	.52
Attracted to women	.59
Has a paid job	.67
Works hard	.62
Not a coward	.51
Takes care of his family	.64
Has a wife or girlfriend	.55
Financially successful	.56
Earns manliness by the way he lives	.46
Has sex with women	.46
The breadwinner	.62
Has a family (a wife and kids)	.61
Factor 3 -- Toughness	
Independent	.51
Does NOT have a mental illness	.47
Plays sports	.60
Has sex with women	.47
Physically strong	.52
Has a volunteer job	.51
Attains wealth	.69
Socially active	.57
Attains status	.67
A leader	.55



A comparison of Tables 18 and 19 reveal considerable overlap between the factor solutions for the self- and importance-ratings. This suggests that men in this sample tend to evaluate themselves along similar dimensions as they consider masculine beliefs and attributes.

Factor 1 for the importance-ratings was labeled “morality” for the same reasons that the label was applied to the self-ratings. Items in this factor seemed to primarily relate to internal attributes relevant to character, values and morality. The items loading on this factor seem to encompass a broader range of beliefs and attributes than did factor 1 for the self-ratings. Like the “morality” factor for the self-ratings, this factor seems well-represented by items such as “has his own values about right and wrong,” “spiritual or follows God,” “lives by his values,” “defends his beliefs,” and “earns wisdom from experience.” However, factor 1 for the importance-ratings also includes items such as “does a good job,” “takes initiative,” “treats others like equals,” and “has personal goals.” These items are somewhat less internally focused but instead relate to a moral or honorable stance towards interactions with one’s environment.

Factor 2, “family,” again encompassed a slightly broader range of items than did factor 2 for the self-ratings. In this case, the added items seemed to enhance the interpretability of the factor. Items loading on the “family” included beliefs and attributes that I associated with the traditional American ideal of the husband-and-father. This factor is eloquently represented by items such as “has a wife or girlfriend,”

“the breadwinner,” “has a family,” “has a paid job,” “works hard,” and “takes care of his family.”

The third factor was again labeled “toughness” to reflect the themes of strength and “rugged individualism” that it seems to capture. This factor is described well by items such as “independent,” “a leader,” “plays sports,” and “physically strong.”

Comparison of the two factor solutions (self- and importance-ratings) will reveal that some items jumped from one factor to an other. For example, the items “attains wealth” and “a leader” loaded on the “family” factor for the self-ratings and on the “toughness” factor for the importance-ratings. While, to some degree, these items can be understood as part of either factor, it seems that their loading for the importance-ratings is more interesting to the present study for two reasons. First, factor solutions for the importance-ratings represent the **beliefs** of men in this sample about what is important to being a man. In contrast, factor solutions for the self-ratings represent how well these men see themselves described by the same beliefs or attributes. In light of this difference, it seems reasonable to assume that the self-ratings have greater conceptual relevance, as they reflect **importance-ratings**, than the self-ratings, which reflect **self-perceptions**. Second, and more concrete, examination of specific items that jumped from one factor to another suggests a somewhat better fit for the importance-ratings. For example, items such as “attains wealth” and “a leader” seem to pertain more to outward manifestations of individual status within the larger community than to a role connected to one’s place in the context of family or relatedness.

The factor structure of the importance-ratings suggested that men in this sample weighted most heavily those masculine beliefs that pertain to themes relating to character, morality and spirituality. Similarly, it appeared that beliefs pertaining to family were rated as somewhat less important and beliefs pertaining to toughness were seen as least important. In order to test this, mean scores for items in each of the three factors were entered into a profile analysis. In light of the significance of this test, ( $F(1,237)=4139.61, p<.000$ ), t-tests for paired samples were used to explore differences between mean ratings for the three factors. Mean ratings for the morality factor ( $M=2.60$ ) were significantly higher than those of the family ( $M=2.36; t(237)=5.88, p<.000$ ) and toughness factors ( $M=1.79; t(237)=20.43, p<.000$ ). Importance ratings for the family factor were, in turn, significantly higher than those for the toughness factor ( $t(237)=16.83, p<.000$ ).

which in turn were significantly higher than the toughness factor ( $M=1.79$ ).

Notably absent from the first factor are beliefs or attributes relating to status, competition and achievement. This emphasis may reflect, at least in part, accommodation to a mental illness and related circumstances that largely preclude pursuit of traditional status and achievement oriented attributes. One man expressed his thoughts on this issue after completing the protocol: "It's important, to be a real man, to take on some responsibilities -- to be on your own and taking care of things. If you can't do things like work full-time or have a house and kids, you should at least do right by people and take some responsibility."

The second dimension (in terms of importance) consists of beliefs related to relationships with women and family, and the man's traditional role in those relationships. This corresponds with anecdotal accounts of men in the sample who expressed considerable sorrow over the absence of these relationships and roles in their lives: " ... it's hard to really feel like a man without a wife ... you know, someone to talk to, to just spend time together," "I'd really like a family some day, just a wife and one or two children of my own. Someone to take care of."

The third dimension of masculine beliefs to emerge from the importance-ratings seems to represent achieving outward status and being "tough," in a broadly defined way. This factor is characterized by items such as "independent," "physically strong," "attains status," and "does not have a mental illness." Items such as "has a volunteer job" and, to a lesser degree, "socially active" fit less neatly into this dimension. However, in the context of this population, these items may be understood as related to status and one's outward appearance.

Hypothesis 2(a, b, and c): Cluster analyses. To briefly overview the findings, recall that this set of hypotheses was based on the prediction that sub-groups of men from this sample would be identified based on their gender role and gender ideals as defined by the self- and importance-ratings. Cluster analyses failed to support this prediction. Using the approach described in the following pages, this study did not find evidence of homogeneous sub-groups of men based on masculine gender roles and ideals.



One of the primary aims of the present study was to determine whether relatively homogeneous subgroups of men might be described, based on their self- and importance-ratings of masculine beliefs and attributes. Hierarchical cluster analyses were used to address this question. Cluster analysis is a broad term used to describe a family of empirical techniques that identify homogeneous subgroups of people within a heterogeneous sample (Everitt, 1980). The multifactorial model of gender identity (Spence, 1984), upon which this study was based, suggests that gender identity is both multifactorial and heterogeneous across people. Therefore, cluster analysis appeared to be appropriate for exploring the underlying structure of the present sample.

As it would not have been feasible to cluster analyze the two sets of 47 items from the self- and importance-ratings, factor scores from the morality, family, and toughness factors were used. Specifically, six factor scores were entered into the cluster analyses for each individual: two factor scores (from the self- and importance-ratings) from each dimensions (“morality,” “family,” and “toughness”) were used. The decision to enter all six scores together was made on theoretical grounds; this approach would portray individual’s beliefs about masculinity in the context of their self-perceptions on these same dimensions. This approach would provide a graphic portrayal of the patterns of discrepancies between self perceptions and importance-ratings of the masculine beliefs and attributes.

Hierarchical cluster analyses were used to classify the men in this sample. This method begins with every man as his own cluster and, through an iterative process,

merges clusters until all the men who showed common response patterns are grouped into single clusters.

Cluster analysis typically proceeds in three-stages. First, initial cluster solutions are generated, using more than one algorithm, on one half of the randomly split sample. The cluster solutions are then compared in order to determine the correct number of clusters. Second, converging evidence is sought regarding the stability of the cluster solution (the internal validation stage). This step is widely described as critical in ensuring the validity of clusters in light of the fact that clusters can be found even in random data (Morey, Blashfield, & Skinner, 1986; Speece, 1994). One approach to this stage is the “split sample validation technique” (Speece, et al., 1985) in which cluster membership extracted for the first half of the sample can be validated against cluster membership for the second. In this stage, discriminant function analysis is used to extract the “rule” for cluster membership. Then, this membership rule is used to forecast cluster membership onto the second half of the randomly split sample. The second half of the sample is clustered independently using the same algorithm and distance parameters used for the first half. Congruity between cluster membership for the forecasted and independent clustering suggests that clusters are stable and it is acceptable to proceed with analysis.

The third stage of analysis involves validation of the cluster solution using external criteria. Clusters extracted from the entire sample are compared on a set of variables; for the present study, the measures of psychological and psychiatric

adjustment were to be used. This phase serves to show that clusters represent subgroups of people who differ meaningfully on some external variable that is conceptually related but independent of the measures used for clustering (Speece, 1994).

Within hierarchical cluster analysis, the actual formation of clusters is defined by the choice of similarity measure and the choice of the algorithm that provides the rules for joining observations (Anderberg, 1973 as cited in Speece, McKinney & Applebaum, 1985). Speece (1994) simplifies these by writing that “[s]imilarity measures define how two entities will be judged as similar, and the cluster algorithm defines why these mergers are made” (p. 38).

Regarding the choice of similarity measure, it has been shown that cluster profiles contain information pertaining to “shape (i.e., the ups and downs of subject’s profile), the scatter (i.e., variance among profile points), and the elevation (i.e., mean level of performance)” (Speece, 1994, p. 38). Similarity measures based on correlation yield clusters based solely on shape, while distance measures incorporate all three elements. Lacking sufficient theoretical or empirical ground to eliminate scatter or elevation from the analysis, a squared Euclidean distance measure was chosen.

Three algorithms were chosen for the first step of analysis. After being transformed into z-scores, the six factor scores for half of the randomly split sample were entered into three cluster analyses: Ward’s minimal variance method, complete linkage, and average linkage. Results for the average linkage model showed no evidence of clusters. Solutions for the Ward’s and complete linkage models were

unclear, but suggested that a two or three cluster solution should be entertained.

Seeking a more robust cluster solution, analyses were run using a Pearson correlation distance measure. It was hoped that removing elevation and scatter from the profiles might lead to a clearer cluster solution. Unfortunately, results from this attempt failed to suggest distinct clusters.

At this point, inquiry returned to the two- and three-cluster solutions for Ward's and complete linkage using the squared Euclidean distance measure. Seeking convergence, chi-squared analyses were conducted comparing cluster membership from the Ward's and complete linkage solutions. Cohen's kappa was calculated as a measure of concordance between the solutions.

Kappa measures agreement by examining the difference between the observed proportion of cases in which cluster membership is shared and the proportion expected by chance. Absolute values for kappa range from 0 to 1, with 1 representing perfect agreement (Norusis, 1993). In order to proceed with cluster analysis, a kappa of .30 or higher is typically sought (Speece, personal communication, September, 1995). Kappa values for both the two-cluster ( $\text{kappa} = .03$ ,  $p = .66$ ) and three-cluster ( $\text{kappa} = .12$ ,  $p = .07$ ) solutions were below significance, suggesting that analysis should not proceed.

In consultation with my advisor and Dr. Speece, it was decided to attempt clustering based on the importance-ratings only. This approach seemed warranted based both on theory and consideration of the data. The existence of homogeneous subgroups of men distinguished by their beliefs about masculinity seemed reasonable.



Although this approach would not provide a profile which placed self-perception in the context of beliefs, it might result in a useful classification of men based on their masculine beliefs.

Cluster analysis for the importance-ratings proceeded along the same steps as discussed above. While average linkage suggested no distinct grouping, cluster solutions for the complete linkage and Ward's algorithms suggested two clusters. Unfortunately, Cohen's kappa for this solution did not reach significance ( $\kappa = .16$ ,  $p = .11$ ). Cluster analyses were terminated at this point.

Hypothesis 3: Gender identity incongruence. An important component of this study was the ability to look at the self and importance ratings as they relate to each other. Men with serious mental illnesses often face constraints in their potential to attain many of the roles and milestones typically associated with being a man in our culture. In light of this, it seemed important to examine the discrepancy between men's ratings of the importance of the present set of masculine beliefs and their perceptions of the extent to which those beliefs apply to them. Table 20 presents the "gender identity incongruence" scores, operationalized using the scoring matrix presented in Table 6.

Table 20

Gender Identity Incongruence -- Discrepancy Between the Importance and Self Ratings

Item	Mean ( $n = 238$ )	Standard Deviation
has a paid job	1.87	1.28
has a family (a wife and kids)	1.42	1.36

Table 20 continued

Item	Mean ( $n = 238$ )	Standard Deviation
financially successful	1.33	1.20
the breadwinner	1.21	1.20
does NOT have a mental illness	1.20	1.29
has own house or apartment	1.13	1.20
has a wife or girlfriend	1.12	1.20
takes care of others	.92	1.04
has strength to endure hardship	.89	1.01
careful not to get a woman pregnant	.88	1.15
controls his emotions	.87	1.02
has sex with women (a woman)	.86	1.15
has self-esteem	.79	1.00
has education	.78	1.00
confident in self as a man	.78	1.01
has personal goals	.76	.97
independent	.75	.97
a leader	.75	1.18
attains high status	.74	.97
cares for his family	.74	.96
controls his anger	.71	.96
gains wisdom from experience	.70	.97
works hard	.66	.94
responsible	.66	.89
attains wealth	.65	.94
not a coward	.65	.90
honorable	.64	.84
takes initiative	.63	.84
lives out his values	.62	.90
treats others like equals	.60	.92
physically strong	.60	.95
respected by others	.60	.87
“earns” manliness by the way he lives	.58	.87
does a good job	.58	1.35
spiritual or follows God	.54	.84
has a volunteer job	.53	.85
kind to others	.53	.84
open-minded/open to new experience	.51	.80
is socially active	.49	.79

Table 20 continued

Item	Mean ( $n = 238$ )	Standard Deviation
defends his beliefs	.48	.77
respects authority	.47	.77
interdependent	.47	.76
has values about right and wrong	.44	.70
has beliefs that are important to him	.43	.74
plays sports	.42	.79
a gentleman	.40	.90
attracted to women	.35	.68
Overall Scale <sup>1</sup>	.74	.38

<sup>1</sup>Scores for all items were summed; this sum was then divided by the total number of items.

Note. Higher numbers correspond to greater discrepancy between self- and importance-ratings.

Table 20 reveals that mean discrepancy scores ranged from a high of 1.87 for “has a paid job” to a low of .35 for “attracted to women.” For the most part, the pattern of incongruencies is not surprising for men in this population. The men in the sample fall short on masculine beliefs that they saw as important such as having a paid job, a family, being a financial success, or not having a mental illness. On the other extreme they saw themselves as being fairly congruent with their beliefs on issues such as being attracted to women, having beliefs and values, and being social.

Participants completed five measures of psychological and psychiatric adjustment. The psychometric properties of these measures were discussed in the Methods section, and their internal consistency and temporal stability for this sample

were discussed earlier in this section. Table 21 presents the means and standard deviations on these measures for the present sample.

Table 21

Measures of Psychological and Psychiatric Adjustment

Measure	Mean ( <i>n</i> = 238)	Standard Deviation
Self-Efficacy Scale	73.83	13.61
Brief Symptom Inventory (BSI)		
General Severity Index	2.03	1.36
Beck Depression Inventory	14.24	11.45
Internalized Shame Scale	36.75	19.63

While the mean scores presented in Table 21 provide additional information about the sample, the present study is primarily interested in the relationship between these measures and gender identity, as measured by the scales developed for this study. Briefly, however, each measure will be discussed in turn.

The mean score of 2.03 on the BSI General Severity Index places this sample in the 85th percentile of (self-reported) symptom severity relative to the norm group of outpatient psychiatric men. The mean score of 14.24 on the Beck Depression Scale corresponds to “moderate” depression; congruent with the present population. The



score of 36.75 on the Internalized Shame Scale places this sample in the 70th percentile (with higher scores representing greater internalized shame) relative to a norm group of “non-clinical” men and in the 45th percentile relative to a norm group of “depressed” men and women.

Hypothesis 3(a): Gender identity incongruence. The study predicted that **gender identity incongruence would be inversely related to psychological adjustment.**

Correlational results between gender identity incongruence scores and measures of psychological adjustment offered moderate support for this hypothesis. Specifically, the gender identity incongruence score was significantly related to Global Symptom Severity from the Brief Symptom Inventory ( $r=.21$ ,  $p<.01$ ), the Self-Efficacy Scale ( $r=-.33$ ,  $p<.01$ ), the Beck Depression Inventory ( $r=.32$ ,  $p<.01$ ), and the Internalized Shame Scale ( $r=.26$ ,  $p<.01$ ). These results suggest that, as the degree of incongruity between one’s masculine ideal’s and one’s sense of himself rose, expectations regarding self efficacy tended to fall while global symptom severity and experiences of depression and internalized shame appeared to rise. While these correlations are moderate, they fall in the predicted direction.

Hypothesis 3(b): Gender identity incongruence. The study predicted that gender identity incongruence would be related to men’s ratings of themselves as “masculine” or “feminine” such that higher incongruence would be associated with lower masculinity ratings and higher femininity ratings. Results of correlations between these variables failed to support this prediction. Specifically, gender identity incongruity was

correlated  $r = -.09$  with ratings of masculinity,  $.12$  with ratings of femininity, and  $-.15$  with the gender identity directionality score

Hypothesis 4: Gender identity directionality. The study predicted that men who perceive themselves as more masculine than feminine would experience better psychological adjustment than men who perceive themselves as more feminine than masculine or neutral. Results supported this prediction.

These results are presented in the following pages. Hypothesis 4 was tested using self-ratings on the adjectives “masculine” and feminine.” The distribution of these ratings is presented in Table 22.

Table 22

Self-Ratings on the Adjectives “Masculine” and “Feminine”

	Percentage
<b>How well does the word “masculine” describe you?</b>	
I would describe myself as very masculine	15.5%
I would describe myself as somewhat masculine	39.9%
I would describe myself as a little masculine	34.5%
I would not describe myself as masculine	10.1%
<b>How well does the word “feminine” describe you?</b>	
I would describe myself as very feminine	2.9%
I would describe myself as somewhat feminine	9.7%
I would describe myself as a little feminine	19.3%
I would not describe myself as feminine	60.1%

Overall, these rankings are consistent with findings in the general population that “for the majority of men and women self-images of masculinity and femininity are perceived as psychological opposites and that almost all people have a gender congruent identity” (Spence, 1984, p. 87).

Gender identity directionality, based on the masculinity and femininity rankings, is presented in Table 23. Using a variation of a technique to combine the ratings on

both adjectives into a single measure of gender identity directionality (Spence, 1993), the modifiers “very,” “somewhat,” “a little,” and “not” were converted to numerical scores (3,2,1,0) and each participant’s femininity score was subtracted from his masculinity score. The numerical differences were then reassigned the original modifiers following the same scale (i.e. 0 = neutral, 1 = a little, 2 = somewhat, etc.).

Table 23

Gender Directionality (Masculinity versus Femininity)

Masculine score less feminine score	Percentages
Very much more feminine (-3)	0.4%
Somewhat more feminine (-2)	1.7%
A little more feminine (-1)	12.2%
Neutral (0)	19.3%
A little more masculine (1)	30.3%
Somewhat more masculine (2)	23.5%
Very much more masculine (3)	12.6%

Table 23 reveals that 33.6% of the men in this sample have gender directionality scores that are either neutral or more feminine than masculine. This proportion contrasts sharply with Pedhazur and Tetenbaum’s (1977) finding that all but 6.5% of a sample of the general population had masculine or feminine scores whose composite directionality



matched their biological gender. In the present sample over five times as many men classified themselves as either neutral or feminine.

Correlations between the gender identity directionality score and the four measures of psychological adjustment supported the predicted positive relationship between a masculine self-perception and adjustment. Specifically, as men in this study rated themselves as more masculine than feminine, they tended to also report lower global symptom severity ( $r=-.28, p<.01$ ), lower levels of depression ( $r=.22, p<.01$ ), lower internalized shame ( $r=-.30, p<.01$ ), and higher expectations of self-efficacy ( $r=.21, p<.01$ ).

In order to further explore these relationships, the study looked for differences between men who rate themselves as more masculine than feminine versus men who rate themselves as more feminine than masculine, or neutral. To facilitate this, the sample was split based on gender directionality scores. Of the 238 men in the sample, 158 men rated themselves as more masculine than feminine. The remaining 80 rated themselves as more feminine or neutral. T-tests were then performed to look for group differences on the five measures of psychological and psychiatric adjustment. Table 24 presents these results.

Table 24

Gender Directionality with Measures of Psychological and Psychiatric Adjustment:  
T-tests

Variable	Mean	SD	t-value <sup>1</sup>	p <sup>*</sup>
<b>Self-Efficacy</b>				
More masculine	75.55	13.81	2.78	.006
More feminine/neutral	70.42	12.59		
<b>Global Severity Index (BSI)</b>				
More masculine	1.76	1.26	-4.54	.000
More feminine/neutral	2.57	1.39		
<b>Depression (BDI)</b>				
More masculine	12.54	11.25	3.28	.001
More feminine/neutral	17.60	11.14		

Table 24 continued

Variable	Mean	SD	t-value <sup>1</sup>	p <sup>*</sup>
<b>Internalized Shame</b>				
More masculine	32.59	19.16	-4.82	.000
More feminine/neutral	45.06	17.93		

<sup>1</sup>Degrees of freedom for all analyses are 236.<sup>\*</sup>2-tailed

Congruent with the correlations discussed above, the t-tests reveal significantly better adjustment for men who rate themselves as more masculine than feminine versus those who rate themselves as neutral or more feminine than masculine. Specifically,

men in the former group score in the “healthier” direction on measures of general symptom severity, depression, self-efficacy and internalized shame.

Hypothesis 5: Accommodation. This hypothesis predicted that men would make accommodations to their mental illness and related life circumstances by discounting in importance those masculine beliefs that correspond with losses and limitations likely to have accompanied the experience of serious mental illness. In order to address this question, ten items were chosen from the set of self- and importance-ratings. Five of these represented items likely to be achieved by men in this sample and the other five represented items unlikely to be achieved. These items (presented in Table 25) were chosen based on clinical experience and empirical research examining the life circumstances of men in this population (e.g., Coursey, Keller & Farrell, 1995; Frank & Gertler, 1991; Goldstein & Kreisman, 1991). Items were chosen a-priori and without any knowledge of how they would be rated.

Table 25

Attributes Likely and Unlikely to have been Achieved by Men with Serious Mental Illnesses.

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A. Attributes likely to have been achieved

---

1. Has beliefs and opinions that are very important to him.
  2. Has his own set of values and beliefs about what is right and wrong.
  3. Kind to others.
  4. Open-minded and wants to learn new things and have new experiences.
  5. Has his own set of personal goals
- 

B. Attributes unlikely to have been achieved

---

1. Has a wife or girlfriend.
  2. Has his own house or apartment.
  3. Achieves wealth and attains material possessions.
  4. Works at a job that he gets paid for.
  5. Achieves a high position or status.
- 

Mean self- and importance-ratings were calculated for each set of 5 items. To place these items in context, note that the mean self-ratings for all items was 1.96 and the mean for importance-ratings was 2.42. Table 26 presents results of a t-test for matched samples (Hayes, 1988), used to test for differences across the two sets of items.



Table 26

Ratings of Items Likely and Unlikely to be Achieved by Men with Serious Mental Illnesses: T-test for Matched Samples

	Mean	SD	t-value <sup>1</sup>	p <sup>*</sup>
<b>Self-Ratings</b>				
"Likely to achieve" items	2.36	.72	20.16	.001
"Unlikely to achieve" items	1.29	.73		
<b>Importance-Ratings</b>				
"Likely to achieve" items	2.59	.66	9.44	.001
"Unlikely to achieve" items	2.13	.75		
<sup>1</sup> Degrees of freedom for all analyses are 237.				
<sup>*</sup> 2-tailed				

Table 26 reveals that men in this sample do rate items that they are unlikely to achieve as lower in importance than other items. However, because the difference between means is less than one standard deviation, the men have achieved only minimal accomodation.

Further exploration. The following results are not directly tied to study hypotheses. However, relationships between these variables were examined in hopes of informing future research. A set of correlations were run between the gender identity-related variables and measures of psychological and psychiatric adjustment. These correlations are presented in Table 27. Some of these relationships were presented earlier, in addressing specific hypotheses. These will not be discussed here.

Table 27

Correlations: Gender Identity-Related Variables and Measures of Psychological and Psychiatric Adjustment

Variables:	Global Symptom Severity	Self- Efficacy	Depression	Shame
Masculine Gender Role	-.17*	.47*	-.26*	-.26*
Masculine Gender Ideal	-.06	.20*	-.05	-.05
Masculine Gender Identity	-.04	.46*	-.18*	-.18*
Gender Identity Incongruity	.12	-.40*	.24*	.22*
Masculinity	-.15	.11	-.12	-.16
Femininity	.25*	-.20*	.19*	.27*
Gender Identity Directionality	-.28*	.21*	-.22*	-.30*

\*  $p < .01$

Table 27 reveals several significant, though moderate, correlations. Four of those correlations are .30 or greater. To facilitate discussion, results will be reviewed by variable, beginning with the self-ratings. Although most of these correlations are, at best, moderate, they warrant consideration in this largely exploratory study. However, caution should be used in drawing any inferences from these relationships.

The positive correlation ( $r = .47$ ) between the self-ratings and the Self Efficacy Scale suggests that, as men rated themselves higher on the masculine beliefs, they

tended to experience relatively greater self efficacy expectations. The negative correlations with the depression ( $r = -.26$ ) and internalized shame measures ( $r = -.26$ ) are not surprising. These data suggest that, as men rated themselves higher on the masculine beliefs, they tended toward relatively lower depression and feelings of internalized shame. The paucity of correlations with the importance-ratings are of interest and suggest that one's beliefs about masculinity may have less relationship with psychological well-being than do beliefs about oneself.

While no significant correlations appear for the masculinity rating, the femininity ratings of men in this sample were related to global symptom severity ( $r = .25$ ), self-efficacy ( $r = -.20$ ), depression ( $r = .19$ ), and internalized shame ( $r = .27$ ). As men's ratings of themselves as feminine rose, there was a corresponding tendency for ratings of global symptom severity, as well as depression and internalized shame, to rise. Similarly, as ratings of femininity rose, expectations of self efficacy tended to fall.

While these correlations are all significant and in the expected direction, they account for only a small amount of the variance (four to seven percent).

## Chapter IV

### Discussion

The discussion section will first review the study's findings in terms of the hypotheses and will then discuss implication of the results for treatment of men with serious mental illnesses, methodological issues, and future research.

#### Hypothesis 1: Masculine gender role and masculine gender ideal

This study began with four themes (**status, toughness, anti-feminine and experience of hardship**) drawn from a review of the literature on masculinity and four rationally-derived dimensions from Keller's study(**strength, independence, responsibility and interpersonal relationships**).

Factor analysis of the present data suggested three factors describing both the self perceptions and importance-ratings for the set of 47 masculine beliefs and attributes rated by the 238 men in the sample. These factors simultaneously overlapped and diverged from those listed above. The factors were labeled **morality, family, and toughness**.

The morality factor. This factor accounted for 35.4% of the total variance. It factor encompassed a set of beliefs that seemed to relate to living a moral life and being a good citizen. Items such as "has beliefs that are important to him," "cares for others," "honorable," and "a gentleman" defined the factor. One of the interesting things about this factor is that it speaks to beliefs and attributes that are largely intangible and not easily evaluated by visible, external criteria.



Contrasted with the four themes extracted from the masculinity literature, there appears to be little overlap with any of those dimensions (status, toughness, anti-feminine, or experience of hardship). While the general population of men are typically described as defining themselves by the pursuit of status and other outwardly-related attributes, the strength (in terms of eigenvalue) of this **morality** factor suggests that the men in this population may be attempting to define themselves, as men, through inward, character-related attributes and beliefs.

To some degree this divergence may be understood by looking to the characteristics of the current sample: disabled men in middle age (contrast these men to Thompson & Pleck's 1987 sample of upper-middle class college students). For the most part, this sample is comprised of men who have had their hopes and ambitions abridged by life circumstances. Their experience of mental illness and its consequences may well have led these men to look to ways of defining themselves as men that are not dependent on external status and achievement-oriented attributes. On the other hand, long term psychotherapy and exposure to the rehabilitation milieu might have made the internal, psychological world more salient to these men than to the general population of men.

However one chooses to make sense of this factor, it seems to have at least two important theoretical implications. First, this factor, which appears to diverge considerably from previous literature, supports the multifactorial, heterogeneous models of gender identity. The men in this study, whose life circumstances separate them from

most other men, have managed to define themselves **as men** in a way that uniquely emphasizes this group of beliefs and attributes. Second, as suggested by Thompson and Pleck (1987; 1995) and Spence (1984), this factor offers some evidence that disabled or disadvantaged men may be able to make accommodations in the way they define masculinity and, in so doing, sustain a satisfactory masculine gender identity.

On a more general level, the relative strength of this factor in describing this sample broadens the portrayal of masculinity from one in which men seek status and dominance to one in which men pursue character development and seek to define themselves by their honor and morality. This conceptualization may, in fact, better represent men in general than does the current image of men (based primarily on white, middle- and upper-class samples) who are out to define themselves by the highest level of status and success possible. Of course, only future research can confirm this, but it is interesting to note the extent to which current conceptions portray masculinity as anti-moral, or at least amoral.

The morality factor appears to overlap with three of the dimensions suggested by Keller (1994) in his work with this population. (Of course, this is not surprising because all the items rated in the present study were derived from items generated by Keller's sample.) Recall that Keller's strength dimension included a number of items relating to strength of character, honor, and values. Some of these items loaded heavily on the present morality factor. From Keller's responsibility dimension, items relating to working hard and taking care of others find their way into the morality factor. Finally,

Keller's independence dimension overlaps with items relating to defending beliefs. Keller formed rational dimensions around themes of strength, responsibility and independence. For the sample of men in this study, a broader grouping of beliefs and attributes relevant to character and moral living emerged.

The family factor. This second factor accounted for 6.6% of the variance. It encompassed beliefs and attributes that seemed to relate to the traditional role of a man in his family. Items such as "has a family," "the breadwinner," "takes care of his family" characterize this factor. One of interesting aspects of this factor is the sense of aspiration portrayed here. The image of family, and the items describing it in this factor, are largely unavailable to men in this population. However, based on anecdotal evidence, it appears that these are roles with a strong affective pull. It is the absence of these roles that may be most poignant for many men with serious mental illnesses.

Comparing this factor to the masculinity literature one finds overlap for individual items but not for the dimension as a whole. That is, items such as "has a paid job," "attracted to women," or "the breadwinner" show up in status- or anti-femininity-related dimensions (e.g. Thompson & Pleck, 1987; 1995; Brannon & Juni, 1984). However, for the men in this sample, the individual items coalesce not in the context of status-seeking but in the context of fulfilling desired roles in the family. Theoretically, this appears significant as it moves masculinity from exclusive focus on the often pejorative status and success aspirations to include the more positive construct of responsibility- and relatedness-seeking. While acknowledging the importance of the



toughness factor found in this study, the salience of the family factor suggests that, for these men, success may be sought in the context of responsibility to family and community. Finally, this factor may serve as a subtle reminder of the significance of the family to the majority of men who, because they assume this role will be available to them, downplay its salience.

Relative to Keller's dimensions of masculine beliefs, the family factor overlaps with both his responsibility and interpersonal relationships dimensions. Included in the former were themes of being a provider and caring for family. The latter featured themes of relationship with women, sexuality, and family.

The toughness factor. The third factor, describing 4.8% of variance, is also the weakest factor. However, it still offers important insight into the shape of masculinity for men in this sample. This factor reflects themes of strength, status, and rugged independence. Examined as a whole, this factor may represent that which is most distant for men with serious mental illnesses: status, toughness and being a "man's man." Whereas factor 1 pertains to man's inner being or character and the second factor describes man in caring relationship to family, this factor is closer to the traditional masculine ideals described in the literature (e.g., physically strong, independent, plays sports, controls his anger). Moreover, it appears to pertain to man's aspirations for dominance, or at least some control, in that society.

Relating this factor to the masculinity literature, one may see correspondence with themes of status and toughness (Thompson & Pleck, 1987; Pleck, 1995). The



toughness factor speaks to aspirations towards strength, control (including control of emotions), and social success. This factor also seems to fit relatively well with multifaceted, masculinity-related constructs such as instrumentality (e.g. Spence, 1984).

Included in this factor (for the importance-ratings but, understandably, not for the self-ratings) is the item “does not have a mental illness.” In relationship to other items, this suggests a theme of aspiration for wholeness and a **non-wounded** status (Bly, 1991). Taking another look at this factor with this theme in mind, one might suspect that the **toughness** factor represents one idealized image of the youthful, virile man taking his place in society. This image corresponds well with anecdotal reports of feelings of loss experienced by men in this population as they recall their lives before symptom onset. Similarly, this suggests that these themes may present salient targets for psychotherapeutic intervention.

The toughness factor overlaps with Keller’s dimensions of strength and independence. He defined those dimensions as relating to having a “capacity for exertion,” the ability to “withstand external assaults,” and to being able to live independently (1994, p. 128).

Portraying the structure of masculinity: the morality, family and toughness factors. Viewed as a whole, the three factors of masculine beliefs and attributes serve to broaden the theoretical status of masculinity. First, it moves masculinity away from traditional and pro-feminist views of male dominance and status-seeking (Thompson & Pleck, 1987; Brannon & Juni, 1984; Wright, 1987; Fine, 1988) to place it in the context

of striving for honor and morality, connectedness and responsibility, and **also** status and independence. This broadened conception of masculinity does not deny aspirations to status, dominance or even aggression, but downgrades their salience by placing them in context and perspective.

Considering the structure of masculinity portrayed by the factors, it is tempting to place the masculine beliefs and aspirations of these men along three interacting continua based on their relationships with self and others. The first ranges from striving for honor, spirituality, wisdom from experience, and self-esteem to caring for others, being kind, being a gentleman, and respecting authority. The second continuum ranges from having a wife or girlfriend and taking care of family to being the breadwinner and having financial success. The third continuum ranges from being independent and not having a mental illness to being a leader, attaining status, and being socially active. These three continuums, relating to character and morality, family and relatedness, and strength and dominance support views of masculinity as multi-faceted, multi-factorial. These factors, through their divergence in shape and content from the masculinity literature, also support theoretical models suggesting heterogeneity across groups of men.

Returning to the constructs of masculine gender role and masculine gender ideal, the large degree of congruence between the factor structure of the self- and importance-ratings suggest that men in this sample tend to evaluate themselves as men (gender role)

along the same dimensions that they consider masculine beliefs and attributes in the abstract (gender ideal).

Hypothesis 2: Where are the sub-groups? While relatively little empirical research offers evidence of sub-types of men based on masculine ideology, the masculinity literature repeatedly refers to two types of men and masculinity; pro-feminist or liberated men and traditional men (Biggs & Fiebert, 1984; Brannon, 1976; Fiebert, 1983; Pleck, 1976; 1995; Thompson & Pleck, 1995). Thus, the present study predicted that cluster analysis would also reveal sub-groups of men distinguished by divergent patterns of masculine gender roles and ideals. As data analyses progressed, it was hoped that these sub-groups might correspond with the factors reported earlier and allow statements to be made regarding masculine subtypes such as the “moral man,” family man,” or “tough man.”

The absence of clusters may be understood in two ways. First, and perhaps most likely, is that the population sampled (men with a serious mental illnesses attending psychosocial rehab in Maryland and Northern Virginia) is itself a relatively homogeneous subgroup of the larger population of men. Second, the heterogeneity in masculinity predicted by the multifactorial models may be best seen within individuals, across larger groups of men, such as major cultural, ethnic or socioeconomic groups, or between men with handicaps versus men without handicaps.

The results reported here, suggest that rather than there being clusters of men based on the three masculinity factors, there are instead three dimensions (as described)



of masculine beliefs that sufficiently describe the men in this sample. However, it may be that other measures and/or dimensions of masculinity-related beliefs and attributes might reveal sub-groups of men who differ with regard to the patterns of masculinity that describes them.

Hypothesis 3: Gender identity incongruence. Considering the differences in incongruencies for items in the three factors discussed here, an interesting pattern emerged. Most apparent is the over representation of items from the **family** factor among the items with the highest incongruency between self- and importance-ratings (refer to Table 20). These items were rated as among the most important by men in this sample, and, based on comparatively low self-ratings, also most out reach. This pattern fits well with anecdotal narrations and clinical experience with men suffering mental illness. Men in this population repeatedly speak of their longing for marriage, family and the opportunity to fulfill the roles considered by many to be the most rewarding .

Items from the **toughness** factor were represented throughout the range of incongruency scores, with some representation at the bottom of the list and no presence among the highest discrepancies (refer to Table 20). Remembering that these items, for the most part, received quite low self-ratings, their low discrepancy scores reveal their relative unimportance to these men's masculine identity. An interesting exception is the item "does not have a mental illness" which falls in the top ten. While this item requires no explanation, it speaks to the difficulty and sadness inherent in the experience of mental illness for these men.



Items from the **morality** factor are represented throughout the range of incongruency scores with the exception of the very highest (refer to Table 20). Items such as “has beliefs that are important to him,” “a gentleman,” and “kind to others” reveal some of the lowest discrepancy scores while items such as “has self-esteem,” “controls his emotions,” and “takes care of others” fall near the top of the discrepancy list. The latter items speak to the difficulty of sustaining a satisfactory masculine identity for these men. All three of the items fall in the top third in terms of rated importance but, as the men in our sample attest, tend to fall out of reach for men living with serious mental illness.

Hypothesis 3(a): Gender identity incongruence and psychological adjustment.

Gender identity incongruence revealed moderate relationships with the four measures of psychological adjustment used in this study. Greater discrepancies were correlated with lower self-efficacy expectations and with higher reported levels of global symptom severity, depression, and internalized shame. These findings suggest that men who perceive themselves as not measuring up to their own beliefs about masculinity experience somewhat poorer self-reported adjustment. The correlations found here understandably contrast with correlations between the self-ratings and measures of adjustment. The self-ratings showed small to moderate inverse relationships with four variables: as men’s self-ratings rose (the more “like me” items were rated), ratings of global symptoms, depression, and shame fell, while ratings of self-efficacy expectations rose.

Hypothesis 3(b): Gender identity incongruence and self-ratings of “masculinity” and “femininity.” The study predicted a number of implications of falling short of one’s masculine beliefs (gender identity incongruence) . One expectation was that incongruence would be related to gender directionality (whether one described oneself as more masculine than feminine, neutral, or more feminine than masculine). Instead, no relationship was found. This was surprising because it seemed reasonable to believe that men would make judgments regarding their overall masculinity or femininity based on explicit and/or implicit evaluations of how well they “measured up” to the set of masculine beliefs and attributes they regarded as important. The presents results suggest otherwise.

This apparent independence of gender identity incongruence and ratings of masculinity and shows some correspondence to earlier research. For example, Pedhazur and Tetenbaum (1989) reported that the biological sex of men and women in their sample could be identified more often by their gender identity directionality score than by their responses to the Bem Sex Role Inventory or Personal Attributes Questionnaire, which evaluate various instrumental and expressive traits associated with masculinity and femininity. These authors also reported only minimal correlations between scores on these two measures and gender identity directionality scores. This phenomenon adds further evidence of the complexity and multi-factorial nature of gender identity.

Hypothesis 4: Gender identity directionality and psychological adjustment.

While the ratings of masculinity and femininity did not correlate with gender identify

incongruence, a significant relationship did appear between these ratings and the four measures of psychological adjustment. Specifically, men who rated themselves as more masculine than feminine also rated themselves lower on measures of symptom severity, depression and shame, and higher on a measure of self-efficacy expectation than men who rated themselves as more feminine or neutral. These relationships have interesting theoretical implications. First, it suggests that the simple, global sense of oneself as masculine or feminine may broadly impact one's psychological well being. Second, when contrasted with similar results for the gender identity score, it suggests that the simple, probably implicit, self-evaluation of masculinity and femininity has greater weight than one's sense of measuring up to a whole range of beliefs and attributes thought to relate to gender identity. Third, these results support earlier research attempts to show relationships between masculinity and adjustment (e.g. Eisler, 1995; Nathanson, 1988; Whitley, 1980).

Compared with the general population, over five times as many men in this sample describe themselves as neutral or more feminine than masculine (Pedhazur & Tetenbaum, 1977). This contrast points to a relatively unsatisfactory sense of gender identity among these men. Represented more simply, it seems that these men do not perceive themselves as very successful at being men. In light of the reported relationships between this variable and adjustment, these findings suggest the need for further exploration and intervention.



Hypothesis 5: Accommodation. The idea of accommodation was explored, in an abbreviated manner, by comparing the importance-ratings for two subsets of masculine beliefs and attributes. The first set represented items that are typically not impacted by mental illness and so are possible to be achieved by these men. The second set represented items that are generally out of reach for men with serious mental illnesses. T-tests revealed that the men in this sample tended to rate as lower in importance those items that are out of their reach. While this approach to investigating accommodation represents only a preliminary, exploratory step, it suggests that further research in this area is warranted.

Nevertheless, these results suggested that men with serious mental illnesses may make accommodations in the set of masculine beliefs they hold important because of the losses and limitations they experience. Perhaps, the divergence of the factor structure reported here from the dimensions described by the masculinity literature may be due to the process of accommodation described by Spence (1984), Pleck (1995), and Thompson and Pleck (1987). For instance, the morality dimension may have special salience for this group because of their inability to achieve middle class goals of wealth, status, and dominance.

Implications for treatment. The divergence revealed between the portrayal of masculinity revealed by these data and that described in the masculinity literature attests to the diversity and heterogeneity of masculinity hypothesized across individuals (Spence, 1984, 1993) and groups (Kimmel & Messner, 1992; Thompson & Pleck,



1987). This variability should inform the design of interventions targeting men, especially if those interventions intend to focus on masculinity (e.g. men's groups). By emphasizing the diversity and range of masculinity, men who are less able to attain that which is traditionally defined as masculine may be able to move towards other, more satisfactory definitions of masculinity. In fact, Keller's (1994) recent study provides some evidence that some beliefs about masculinity may be changed rather easily. Specifically, Keller found that men's self-ratings of masculinity and femininity changed significantly after participation in a group discussion of masculine beliefs.

The significant relationships between gender identity and measures of adjustment revealed here suggest that interventions designed to bolster masculine gender identity may be justified. Men in this sample who defined themselves as more masculine than feminine also evidenced better adjustment than men who rated themselves as more feminine or neutral. Thus, interventions designed to help men reframe masculinity and their self-concept in order to facilitate a positive masculine self-definition may represent an effective target for improving adjustment for this population of men.

Relating this study to earlier research, there is some evidence that masculinity may be at odds with the patient role that is so much a part of the experience of serious mental illness. For example, one study conducted with men in this population found that these men described the ideal patient as significantly more feminine than masculine (LaTorre & Piper, 1979). If this belief were common in this population, one might

expect complex and competing incentives for mentally ill men receiving treatment. In order to succeed in masculine roles they value, men may be motivated to resist the passivity and dependence often associated with treatment. At the same time, these men may feel pressure to move away from masculinity in order to succeed in one of the major roles they occupy: that of patient. Another study, with men in the general population, also found masculinity at odds with success as a patient (Skord & Schumacher, 1982). Efforts to broaden awareness among both consumers and mental health providers of the diversity in masculinity are needed to foster intervention that is both supportive and constructive and to assist men in broadening their masculine gender ideals to accommodate the range of circumstances in which men find themselves. This also suggests the need to change the patient role from one of passivity to one of collaboration.

Issues of methodology. The research methodology designed for this study attempted to address Spence's (1984) criticism that earlier attempts to study gender identity failed to directly measure beliefs and/or attributes that were directly related to gender identity. The study began with a set of items generated by members of the population being studied to represent their beliefs about what is important to masculinity. This approach provided both conceptual and ecological validity not present in earlier gender-related research.

The design of this study included the derivation of a questionnaire-type instrument to collect data regarding the masculine beliefs of a sample of men. This

effort began with the four rationally-derived dimensions of masculinity and a set of 78 items suggested by Keller (1994) in his related study. These dimensions guided construction of the data collection instrument for the present study. Although factor analyses did not support Keller's dimensions, they nonetheless served as an important foundation for this study.

Certain elements of the research procedures were problematic. The length of the data collection protocol was one of them. The complete protocol took between 45 minutes and two hours to complete. Most men took at least one hour to finish. The attention deficits and processing difficulties associated with serious mental illnesses suggest that such a long protocol might be especially difficult for men in this population. However, while I was concerned that respondents might be less careful and attentive towards the end of the sessions, there was no evidence that fatigue played a role (e.g., temporal stability and internal consistency for measures at the end of the questionnaire packet was similarly robust to measures at the beginning).

In a factor analytic study such as this, the relatively small sample size represents a potential weakness. Although the present ratio of five cases for each item is acceptable, a ratio of twice that would have provided a stronger basis from which to make inferences. Similarly, because the cluster analyses were based on factor scores, a larger sample might have provided a more solid foundation from which to look for sub-groups of men based on masculine gender identity.



Future research. Broadly, the complexity and apparent uniqueness of the present portrayal of masculinity satisfies one goal of this study: to **refute models of gender** which suggested an “overly simplified and falsely unitary view of the role of gender in people’s lives” (Spence, 1984). However, as stated in the Introduction, this research represents a preliminary, largely exploratory effort.

The next step in research may lie in clarifying the generalizability of the factor structure revealed here. The present data tell us that there are probably three dimensions that underlie masculinity for this population. However, it is unclear whether these factors would be found in other samples or in other populations. Similar methodologies could be applied to carefully constructed samples of other men in this population, men from other populations, and women. In so doing, a normative base of data could be developed by which to validate existing inventories of gender identity (e.g. Bem Sex Role Inventory; Personal Attributes Questionnaire) from a more ecologically valid perspective. This type of research would inform the investigation of existing theories and stereotypes of gender and would offer a much needed challenge to the prevailing literature on masculinity and gender in general.

A more specific step that seems warranted involves tightening up the instrument used in this study. Starting with the three factors described here, an instrument could be constructed by selecting a subset of the items used here based on their loading on the three factors. The resulting instrument would be more concise and would portray a conceptually clearer picture of the dimensions of masculinity found in this sample.



The present results suggest that perceptions of oneself as masculine or feminine appeared to be independent from perceptions of the extent to which one lives up to masculinity-related beliefs and attributes (gender identity incongruence). Future research might attempt to further clarify the mechanisms by which men define themselves as masculine or feminine and seek to uncover the pathways towards bolstering men's sense of masculinity.

Future research might also be informed by a suggestion emerging from the field of self-discrepancy research. Specifically, researchers such as Wylie (1974) and Moretti and Higgins (1990) proposed that the best way to assess incongruence or discrepancy in a given domain was to ask respondents to directly assess the magnitude of discrepancy they experienced between their ideals and real self. Thus, future research might simply ask men to rate the degree to which they experience a gap between their perception of themselves and the beliefs they see as important to being a man. This approach would allow comparison between global perceptions of gender identity incongruence and incongruence as measured in this study (comparing self- and importance-ratings on a set of beliefs and attributes).

More specifically, several specific questions might be addressed. The relationship between masculine gender identity and self-esteem could be examined using a scale with better psychometric characteristics for this population than the Rosenberg Self-Esteem inventory. The relationship between masculine gender identity and symptoms specific to this population or indicators such as community tenure could

also be explored. Similarly, the relationship between the gender identity-related variables studied here and life satisfaction suggests an interesting area of inquiry.

Finally, research might be undertaken to examine the extent to which cognitive deficits might effect beliefs about masculinity and individual's ability make accommodations in their masculine gender identity to fit their life circumstances.

Generally, the present results suggest that masculine gender identity represents an important locus for research and intervention for men with serious mental illnesses. Results from this study, and Keller's earlier work (1994), provide evidence that men's sense of themselves as masculine may be influenced by consideration of beliefs and attributes relevant to masculinity. Future interventions that are designed to help men redefine masculinity in terms more congruent with their life circumstances might lead to increased life satisfaction, self-esteem and general adjustment.

## Appendix 1

### Consent Agreement

By **completing this questionnaire**, you are providing us with important information about your thoughts and experiences as a man. Your answers will be kept confidential. When we are finished with the study we will tell you about our overall findings, if you wish.

By signing this piece of paper, you are telling us the following:

- 1) I have freely volunteered to complete this questionnaire.
- 2) I have been informed of what my tasks will be and what I will be doing.
- 3) I have been given the opportunity to ask questions, and have had my questions answered.
- 4) I am aware that I have the right to stop answering the questionnaire at any time, and that my stopping will cause me no trouble.
- 5) My signature below means that I understand everything above and that I agree with it.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

-----

If you would like us to send you a summary of the results of this study when it is completed, please give us your name and address below. This information will be kept separate from your responses to the questionnaire. **If you do not want a copy of the results, you do not have to give your address.**

Name:

Address:

City:

Zip code:

## Appendix 2

### Standardized Introduction

#### I. Introduction and informed consent.

A. The facilitator will introduce himself by name and give a brief description of who he is (e.g. a graduate student from the University of Maryland).

B. The facilitator will describe the study, saying: "I am trying to find out about how men who attend programs like (name of interview site) think about life and themselves. I hope to learn more about your ideas about life and what your lives are like. I am trying to explore these things by asking you, and other men around the state, to help us by completing a questionnaire. When the study is finished I plan to publish an article about your thoughts and experiences to let other people -- like members of rehabilitation programs, doctors, therapists, and other men -- know what it is like to be a man who happens to have a serious emotional problem or mental illness."

C. Informed consent will then be obtained. The facilitator will state: "I want you to feel free to answer the questionnaire honestly. Because of that, I want you to know that what you write will always be kept completely confidential, or private. None of your names will be used in any reports or articles, and your names will be kept separate from your answers to the questionnaire. The piece of paper that is being passed out now is a consent form. Please take two of them. One is for you to keep if you want it. Because your answers to the questionnaire are important, I want you to read through this consent form with me. If you have any questions as I read this aloud, please ask



them." The facilitator will then read the consent form (see Appendix I) aloud, pausing periodically to ask if there are any questions. Any questions will be answered.

Participants will then be asked to sign and return one consent form if they wish to complete the questionnaire.

## II. Administration of the questionnaire.

A. The questionnaire packet will then be handed out. The facilitator will state: "As you read and answer this questionnaire, we want you to feel free to answer the questions the way you really think. Remember that there are no right or wrong answers. For each question, just circle the answer that seems best for you. If you have any questions at all about anything in the questionnaire, please ask and I will be glad to help. When you are all finished let me know."

### Appendix 3

#### Factor Loadings: Three-Factor Solution for the Self-Ratings of Masculine Beliefs

Item	Loading
Factor 1 -- Morality	
1	.44
2	.47
3	.17
5	.22
6	-.01
7	.33
8	.42
9	.47
10	.18
11	.28
12	-.10
13	.19
14	.46
16	.17
17	.25
18	.58
19	.54
20	.06
21	.54
22	.54
23	.66
26	.38
27	.24
28	.62
30	.01
31	.46
33	.51
34	.57
35	.34
36	.50
37	.28
38	.46

Item	Loading
------	---------

Factor 1 continued

39	.43
40	-.04
41	.29
42	.23
43	.39
44	.46
45	.22
46	.18
47	.54
48	.45
49	.64
50	.30
51	.46
52	.46
53	.35

Factor 2 -- Family Values

1	.20
2	-.08
3	.21
5	.38
6	.38
7	.13
8	.31
9	.38
10	.35
11	.49
12	.61
13	.44
14	.32
16	.12
17	.29
18	.31

Item	Loading
Factor 2 continued	
19	.24
20	.46
21	-.04
22	.22
23	.08
26	.07
27	.19
28	.25
30	.66
31	-.10
33	.35
34	.04
35	.40
36	-.03
37	.62
38	.29
39	.23
40	.58
41	.14
42	.49
43	.29
44	.14
45	.00
46	.50
47	.11
48	.29
49	-.01
50	.55
51	.02
52	.45
53	.57



Item	Loading
Factor 3 -- Toughness	
1	.25
2	.25
3	.46
5	.50
6	-.36
7	.44
8	.06
9	.26
10	.44
11	.13
12	.22
13	.19
14	.35
16	.40
17	-.38
18	.22
19	.20
20	.16
21	.38
22	.15
23	.11
26	.38
27	.24
28	-.14
30	-.03
31	.14
33	.24
34	.22
35	.40
36	.28
37	-.12
38	.36
39	.03
40	-.01
41	.51
42	.27

Item	Loading
Factor 3 continued	
43	.04
44	.05
45	.56
46	.26
47	.23
48	.10
49	.31
50	.01
51	.46
52	.21
53	-.13

## Appendix 4

### Factor Loadings: Three-Factor Solution for the Importance-Ratings of Masculine Beliefs

Item	Loading
Factor 1 -- Morality	
1	.51
2	.49
3	-.05
5	.42
6	.12
7	.53
8	.32
9	.54
10	.34
11	.24
12	.00
13	.27
14	.18
16	.50
17	.06
18	.62
19	.51
20	.08
21	.45
22	.52
23	.67
26	.43
27	.43
28	.67
30	-.05
31	.67
33	.56
34	.59
35	.58
36	.66
37	.14
38	.64

Item	Loading
Factor 1 continued	
39	.36
40	-.04
41	.61
42	.27
43	.24
44	.45
45	.67
46	.07
47	.66
48	.30
49	.63
50	.05
51	.50
52	.54
53	.08

Factor 2 -- Family Values	
1	.52
2	.45
3	.59
5	.51
6	.67
7	.32
8	.62
9	.41
10	.51
11	.64
12	.55
13	.56
14	.46
16	.28
17	.14



Item	Loading
Factor 2 continued	
18	.21
19	.40
20	.08
21	.32
22	.13
23	.06
26	.12
27	.25
28	.28
30	.48
31	.23
33	.38
34	.26
35	.34
36	.13
37	.51
38	.02
39	.42
40	.31
41	.05
42	.10
43	-.05
44	-.13
45	-.05
46	.15
47	-.01
48	.07
49	.12
50	.16
51	.14
52	.27
53	.23

# Factor 3 -- Toughness

Item	Loading
1	-.12
2	-.01
3	.27
5	.04
6	.20
7	-.04
8	.06
9	.00
10	.21
11	.22
12	.43
13	.30
14	.25
16	-.10
17	.41
18	.17
19	.03
20	.60
21	.15
22	.32
23	.17
26	.15
27	.12
28	.17
30	.47
31	-.12
33	.10
34	.14
35	.06
36	-.03
37	.41
38	.20
39	.30
40	.61
41	.22
42	.52

Item	Loading
Factor 3 continued	
43	.51
44	.24
45	.15
46	.69
47	.04
48	.57
49	.21
50	.67
51	.31
52	.18
53	.55

## Chapter V

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