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Toxic Masculinity: An Exploration of Traditional Masculine Norms in Relation to Mental Health Outcomes and Help-Seeking Behaviors in College-Aged Males

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“We have set an unfair and unachievable standard, and in trying to live up to it, many men are slowly killing themselves. We have to move far beyond our outdated ideas of masculinity, and get past our very ideas about what being a man is. We have to start seeing men as innately so, with no need to prove who they are, to themselves or anyone else.” -Kali Holloway

INTRODUCTION

This study examines the relationships between traits of toxic masculinity, mental health outcomes, and help-seeking behaviors in college-aged males. To perform this analysis, a thorough literature review was conducted, and survey data was collected and analyzed to draw conclusions and implications for future research.

Literature Review

A review of literature was conducted regarding masculinity and mental health trends in college-aged males. Search engines including PubMed, American Psychological Association, EBSCOHost, and Elsevier were used to obtain empirical data from various studies and provide background information on concepts of masculinity and mental health. Key terms used in searches include masculinity, mental health, stigma, depression, toxic masculinity, college-aged males, and help-seeking behaviors.

Mental Health Trends Amongst College Students

In recent years, mental health issues have become a growing issue on many college campuses (Mehta et al., 2015). According to DeBate and colleagues (2018), data from the Healthy Minds Study revealed that 17% of undergraduate students

screened positive for depression, 9% for major depression, and 10% for an anxiety disorder, highlighting the prevalence surrounding mental health challenges on college campuses. Furthermore, demand for mental health services is on the rise. In 2019, the Association for University and College Counseling Center Directors Annual Survey reported that 87.3% of university counseling centers had experienced an increased demand for mental health services in the past year, and 56.3% were in need of more psychiatric services to meet students' needs (LeViness et al., 2020).

While there is a rise in utilization of mental health services many studies reveal that help-seeking behaviors (e.g., accessing counselling, etc.) are less common among undergraduate students as compared to the general population (DeBate, Gatto, & Rafal, 2018; Eisenberg, Hunt, & Speer, 2012; Gaddis, Ramirez, & Hernandez, 2018). Societal stigma surrounding mental health may still serve as a barrier for vulnerable students in seeking out needed resources and support. More research is needed to identify effective initiatives to reduce stigma for specific populations (Mehta et al., 2015). According to Kaushik and colleagues (2016), problems arise due to society's lack of acknowledgement of mental health issues as a valid health concern comparable to physical health needs. Furthermore, devaluing mental health needs feeds into the cultural mindset that mental health issues should not be taken seriously. For example, individuals who suffer from poor mental health reported poorer health insurance coverage, and were more likely to report more difficulty in obtaining quality healthcare than individuals with better mental health (Sturm & Wells, 2000).

Mental Health Trends Amongst Male College Students

One particular demographic that experiences a great deal of stigma surrounding mental health is men (DeBate et al., 2018). According to the APA Guidelines for Psychological Practice with Boys and Men (2018), stigma around receiving psychological help negatively impacts help-seeking behaviors (e.g. accessing counseling, psychotherapy, psychiatric services, etc.) in men, and adherence to masculine societal norms has been linked to inhibited psychological development in the domains of social-emotional competencies as well as poorer mental health in males. Research indicates that men of many different ages, nationalities, and racial and ethnic backgrounds do not engage in help-seeking behaviors (i.e., participating in psychiatric services, psychotherapy, and counseling) as often as women (Addis & Mahalik, 2003). It is estimated that between 10-40% of men experience depression, however the severity of their illnesses are often underestimated due to the tendency of males to underreport depression and stray away from mental health services (Iwamoto, Brady, Kaya, & Park, 2018). This may be one contributing factor to national trends finding men are four times more likely to die from suicide attempts than women, and tend to exhibit more alcohol-related issues as well as violent behaviors as possible coping mechanisms (Iwamoto et al., 2018). According to Blazina & Watkins (1996), men tend to drink and abuse alcohol far more often than women and often view drinking as a masculine activity, increasing the risk for substance abuse issues. In particular, depression in college students has been linked to patterns of unhealthy coping mechanisms, such as binge drinking, poor diet, and physical inactivity, as well as the development of more severe symptoms of poor mental health (DeBate et al., 2018). Male university students in particular were also found to have limited mental health literacy (i.e., knowledge of

symptoms surrounding mental health challenges), poorer attitudes surrounding seeking help for mental health challenges, as well as a lower probability of seeking professional help as compared to women (Rafal et al., 2018).

Toxic Masculinity in Relation to Mental Health Trends Among Male College Students

Research surrounding mental health and help-seeking behaviors in college-aged males may be linked to the concept of *toxic masculinity*. According to the APA Guidelines for Psychological Practice with Boys and Men (2018) toxic masculinity is characterized as the adherence to traditional masculine norms that is harmful to men and those around them. These encompass several values and traits: 1) power over women, 2) intimate partner violence, 3) aggressive behaviors, 4) emotional detachment, as well as 5) heterosexual self-presentation; these concepts are described in further detail below (see Table 1).

DIMENSIONS OF TOXIC MASCULINITY		
Term	Definition	Example
Power over Women	The rejection of feminine ideals and norms that may be seen as weak or vulnerable, giving way to behaviors which exhibit dominance and superiority over women	The characterization of feminine behaviors and ideals as “soft” or “weak” by self-proclaimed masculine men, leading to a perceived sense of superiority over women and others who engage in feminine behaviors (e.g., crying, expressing vulnerable emotions)
Intimate Partner Violence	The attempts of self-proclaimed “masculine” men to exert dominance and authority over intimate partners using violence in situations where masculine status may be perceived as	The use of violence by men to squash intimate partners’ attempts to challenge or question authority in order to regain control in a relationship (e.g., physical abuse)

	threatened	
Aggressive Behaviors	The use of physical force by men to be seen as strong or heroic, driven by a desire to win or defend their masculine honor	The use of physical force against opponents in sporting matches to establish dominance (e.g., fights and foul play between opponents)
Emotional Detachment	The suppression of vulnerable emotions or emotional expression to avoid being seen as “weak” or “soft”	The refusal of self-proclaimed “masculine” men to cry or express other vulnerable emotions
Heterosexual Self-Presentation	The exhibition of behaviors which prove one’s heterosexuality and reject feminine norms which may falsely be perceived as homosexual behavior	The oversexualization of women by men in attempts to prove their heterosexuality (e.g., making suggestive comments to women in public settings, taunting individuals perceived to be homosexual)

Power Over Women. Toxic masculinity encompasses values surrounding power over women and a rejection of feminine behaviors that may be seen as “weak.” For example, Bird (1996) reports that in a series of personal interviews conducted with groups of men, many men expressed that emotions and behaviors associated with femininity (i.e., expressions of intimacy), were considered inappropriate and highly stigmatized when interacting with other men. The rejection of femininity and embrace of dominance and superiority over women is taught early on, with young boys identifying masculinity by rejecting things like Barbie dolls and nail polish that are characterized as “more appropriate for girls” (Schrock & Schwalbe, 2009). In addition, boys are taught at a young age about their masculine status, subsequently learning to act differently from and superior to girls (e.g., playing violent video games, playing with “masculine” toys such as trucks, Legos, etc.) (Morris & Ratajczak, 2019; Gansen, 2017). This learned

behavior partially contributes to men exhibiting dominance over women, at times leading to violence against female partners and the sexual objectification of women (Schrock & Schwalbe, 2009; Morris & Ratajczak, 2019).

Intimate Partner Violence. According to Rivera and Scholar (2020), male partners are primarily responsible for the majority of instances of violence against women and girls on a global scale, with as many as 1 in 3 women experiencing physical or sexual violence during their lifetimes. While there is no excuse for this behavior, this type of violence against women by men has been characterized as coping mechanisms for many men in navigating feelings of pain and rage (Rivera & Scholar, 2020). The compression of such feelings often leads to exhibiting controlling behavior over their female partners in an effort to preserve one's own masculinity (Rivera & Scholar, 2020). This pattern of behavior is characterized by the idea of compensatory manhood, in which men resort to behaviors that defend their masculinity in the face of threats to their masculine status (Morris & Ratajczak, 2019; Schrock & Schwalbe, 2009). An important facet of adherence to toxic masculinity includes establishing control over women and rejecting femininity, and failure to do so often results in violence against female partners in attempts to regain control and resist being controlled (Morris & Ratajczak, 2019). These behaviors are consistent with the idea of compensatory manhood. According to Schrock and Schwalbe (2009), the idea of compensatory manhood is characterized by signifying a capacity to assert control and demonstrating resistance to being controlled, which can lead to violent attempts by men to preserve masculinity when there exists a perceived threat. For example, a man may engage in behaviors surrounding compensatory manhood such as violence when another man insults his masculinity, or

when a female partner challenges him, threatening his dominance. Men are also more likely to use violence against female partners if their male friends engage in intimate partner violence, given that many men turn to other males for support when stressors in their dating and sexual lives arise (Morris & Ratajczak, 2019; Schwartz & DeKeseredy, 1997).

Violent Behaviors. It has also been hypothesized that many men engage in violent behaviors to uphold their “masculine honor,” which is characterized by men’s feelings of responsibility to aggressively defend others as well as their own masculine identities when provoked, highlighting the idea of compensatory manhood (O’Dea, Chalman, Castro Bueno, & Saucier, 2018; Schrock & Schwalbe, 2009). Furthermore, men who use violence to defend and preserve their masculinity are often rewarded by society (i.e., receiving praise, maintaining a desirable social status) as a function of masculine honor beliefs, reinforcing the trend of societal approval of men who adhere to traditional masculine norms (O’Dea et al., 2018). This reward comes in the form of gaining a sort of social rank or favorable reputation, hence characterizing violence for the purpose of masculine honor as necessary and acceptable (O’Dea et al., 2018; Vandello, Ransom, Hettinger, & Askew, 2009; Cohen & Nisbett, 1994). For example, if men use violence to defend a woman from harm, they are often rewarded with positive social perceptions and praise, even if they do not win the fight (O’Dea et al., 2018). However, men with higher levels of masculine honor beliefs are found to be at higher risk of self-harm through accidents occurring in attempts to preserve masculine honor (e.g., engaging in a physical fight with another individual) (Barnes, Brown, & Tamborski,

2012), or through committing suicide as a result of perceived irreparable damage to their reputations (Osterman & Brown, 2011).

Winning. The preservation of masculine honor can lead to competition between men as a means to prove masculinity and dominance through winning in situations where there exists some form of competition or conflict. Masculine norms often challenge men and boys to be aggressive and competitive in order to win (APA Guidelines, 2018). For example, in competitive sports, men often resort to verbal and physical harassment of other players in the struggle to win, which can be equated to many men's internal drive to preserve masculine honor at all costs (Rivera & Scholar, 2020). This is likely due to the fact that many men experience a form of conditional self-worth in sporting matches, fearing that if they lose in any competition they will lose acceptance from themselves and others (English, 2017; Messner, 1992).

Emotional Detachment. In the domains of toxic masculinity, expressing emotion is a sign of weakness and is discouraged, while emotional detachment (i.e., suppressing vulnerable emotions to remain "tough") is a sign of strength and is encouraged (Cancian, 1987). In a series of personal interviews, one male participant explained that feelings and emotions are "something to joke about," as men typically do not develop deep emotional relationships with other men (Bird, 1996; pp. 126). Vulnerable feelings and emotions may reduce the perceived masculine status of males, fueling the expression of forceful and aggressive feelings to enhance masculinity (Morris & Ratajczak, 2019). Furthermore, males also tend to restrict emotions in settings where other men are present (Bird, 1996). For example, according to Curry (1993), males in athletic settings heavily restrict the expression of emotion in accordance with

the belief that males should never express fear or pain, even in cases of serious injury. Likewise, a study of young boys at a summer camp found that high-status boys who adhered to traditional masculine norms ostracized other boys who expressed vulnerable emotions such as fear, sadness, and empathy (McGuffey & Rich, 1999). Furthermore, the expectation of males to suppress vulnerable feelings and emotions creates a strict set of behaviors that males must follow, which includes avoidance of seeking help for emotional distress (Vaccaro, Schrock, & McCabe, 2011). Behaviors associated with traditional masculine norms such as emotional detachment often inhibit males from seeking necessary psychological help or acknowledging the presence of a mental illness, which can be linked to gender role strain (APA Guidelines, 2018). Gender role strain, a term coined by Joseph Pleck in *The Myth of Masculinity* (1981), is a psychological condition in which behavioral expectations based on one's gender negatively impact the individual or those around them. For instance, gender role strain in men can lead to adverse mental and physical health outcomes by forcing men to repress emotions, use violence, and engage in other detrimental behaviors to themselves and others (Pleck, 1995).

Heterosexual Self Presentation. Heterosexual self-presentation is also an important facet of toxic masculinity, as any behavior that indicates femininity is often met with negative consequences and falsely characterized and negatively associated as homosexual behavior by other men (Bird, 1996; Corbett, 2001). According to Parent, Gobble, and Rochlen (2019), toxic masculinity is characterized by the drive to dominate and endorse homophobic and misogynistic views (e.g., rejection of feminine norms, mockery of homosexual behaviors, sexualization of women), which have been linked to

adherence to masculine gender role conformity. In particular, sexualization of women primarily serves to establish and enforce heterosexuality, while also protecting men from homophobic abuse (i.e., taunting, use of homophobic slurs) at the hands of other men (Schrock & Schwalbe, 2009). Male homosexuality is often seen by other men who adhere to toxic masculinity as a loss of masculinity and power, which can be a source of anxiety for many men (Corbett, 2001). In addition, masculine norms which enforce homophobia often influence men to engage in disruptive behaviors such as homosexual taunting (i.e., using homophobic slurs or teasing individuals perceived to be gay) (APA Guidelines, 2018). A personal account from a clinical psychologist (Corbett, 2001) about a child patient calling him a “faggot” reports that the use of homophobic slurs such as “faggot” is not restricted solely for homophobic uses, but is also often used to demean other boys and men for being perceived as “losers” and “soft,” fueling anxiety surrounding the loss of masculinity and power. Corbett (2001) also identifies the use of homophobic slurs as a means to inflate and uphold one’s own masculinity while disassociating from boys and men who are believed to have lost their masculine identities, including those they believe to be homosexual.

Contributing Factors. Toxic masculinity is widely enforced by society in multiple facets of everyday life, socializing men and boys to adhere to traditional masculine norms. This is largely explained through ecological theory, which stresses that we as humans live in interconnected webs of social relationships. These social relationships, at the micro (i.e., families, friends, classrooms) and macro (i.e., cultures, societies, governments) levels, influence our beliefs and behaviors (Bronfenbrenner, 1979). Thus, the many facets of everyday life in which toxic masculinity is present (i.e., social

settings, interpersonal relationships, external influences) explain how society continues to enforce adherence to traditional masculine norms through ecological theory. For example, toxic masculinity is largely upheld in situations where men are pressured to adhere to the aforementioned traditional masculine norms, such as social settings with other men where there exists competition and suppression of non-masculine behaviors (e.g., conversation amongst men in bars, locker rooms, etc.) (Bird, 1996).

Toxic masculinity is also enforced in situations where traditional masculinity is observed and becomes a learned behavior, such as a child learning from the way his parents interact with others (Rivera & Scholar, 2020). Research has indicated that young adolescents learn about gender role expectations from direct and indirect communication with parents and other family members, with different rules and expectations for boys and girls (Kågesten et al., 2016). For example, parents may only allow their male children to play with “masculine” toys such as trucks and Legos, and restrict them from playing with “feminine” toys like Barbies and baby dolls. This is largely due to the tendency of parents to teach and model gender roles to their children, encouraging gender conformity (Halpern & Perry-Jenkins, 2016). For example, in a study of male and female adolescents’ felt pressure to conform to gender-specific behaviors, adolescent males reported feeling pressure from parents to engage in masculine behaviors and adhere to traditional masculine norms (Jackson, Bussey, & Myers, 2021).

Social media and modern entertainment also play roles at the macro-level in reinforcing toxic masculinity (Lapidot-Lefler & Barak, 2012; Parent, Gobble, & Rochlen, 2019; Roberts, 2019). Social media sites in particular present a wide variety of differing

viewpoints, creating easy opportunities for users to engage in debates about a myriad of different issues (Lapidot-Lefler & Barak, 2012). These debates can often lead to intense scrutiny and harassment stemming from the ability to engage in more unhinged, volatile, and toxic interactions while remaining anonymous if desired (Lapidot-Lefler & Barak, 2012). According to Parent, Gobble, and Rochlen (2019), men who adhere to norms surrounding toxic masculinity are more likely to engage in negative interactions on social media platforms (e.g., hostile responses to differing viewpoints, catalyzation of heated arguments), due to the ability to easily seek out content containing differing viewpoints as well as make anonymously hostile arguments. This relates back to the idea of masculine honor and the desire of men to defend their masculinity from perceived threats, including differing viewpoints within an online setting (Parent et al., 2019; APA Guidelines, 2018). Traits surrounding toxic masculinity such as homophobia, power over women, and desire to win may also drive men to engage with online material that threatens or challenges traditional masculine norms and personal beliefs, resulting in negative and disruptive interactions online (Herring et al., 2002). These negative online interactions were also reported to be positively associated with depression in men (Parent, Gobble, & Rochlen, 2019). These findings are consistent with research indicating that negative perceptions of social situations, including online interactions perceived to be negative, are associated with an increase in mood disturbances (Todd et al., 2012; Parent et al., 2019).

Furthermore, toxic masculinity is present in modern entertainment viewed by males, including popular television shows and movies (Schrock & Schwalbe, 2009). In a study of the presence of toxic masculinity in various adolescent television shows, it was

found that traits surrounding toxic masculinity were exhibited in 36.8% of shows watched, with physical aggression occurring in 17% of scenes, mockery of feminine behaviors occurring in 0.7% of scenes, suppression of vulnerable emotions occurring in 7% of scenes, and intolerance of homosexuality occurring in 0.9% of scenes (Roberts, 2019). In addition, it was reported that characters exhibiting physical aggression and avoidance of femininity were rarely criticized or held accountable for their behavior (Roberts, 2019).

Relation to Mental Health. Each of the aforementioned values, traits, and contributing factors of toxic masculinity are related to poor mental health outcomes (APA Guidelines, 2018). In a study conducted on a sample of adolescent boys, institutional expectations of masculinity were linked to heightened anxiety and emotional distress, largely due to looming societal consequences for deviating from traditional masculine norms (Mac an Ghaill & Haywood, 2012). Specific traditional masculine norms such as emotional detachment were also found to create barriers to seeking professional help for mental health issues in boys (Wisdom, Rees, Riley, & Weis, 2007). In addition, increased adherence to traditional masculine norms is associated with decreased mental well-being (e.g., higher depression and anxiety) and less help-seeking behaviors in adult men (Exner-Cortens et al., 2021). For example, in a series of personal interviews, several male participants expressed the belief that depression inhibits the ability of men to maintain a favorable status as strong, tough, independent men in their professional and personal lives (Addis & Cohane, 2005). These beliefs can be characterized by the desire of men to retain power, dominance, and status, as part of adherence to traditional masculine norms (APA Guidelines, 2018;

Addis and Cohane, 2005; Exner-Cortens et al., 2021). These findings are consistent with research reporting that men who adhere to these traditional masculine norms are less likely to access support services or seek professional help for mental health (APA Guidelines, 2018; Wisdom et al., 2007; Addis & Mahalik, 2003), suggesting that men who experience mental health issues do not seek help to maintain their status as strong, tough men (Exner-Cortens et al., 2021).

Informed by empirical research and survey data, this thesis will seek to examine the role of toxic masculinity in relation to mental health surrounding college-aged males. Specifically, survey research will explore if toxic masculinity is strongly associated with adverse mental health outcomes and poor help-seeking behaviors in men. Findings will then be discussed surrounding potential implications for future research and mental health interventions surrounding toxic masculinity.

PURPOSE

This study seeks to examine the correlation between adherence to toxic masculinity, adverse mental health outcomes such as anxiety and depression, and willingness to engage in help-seeking behaviors. Below I highlight the following key research questions:

1. Do college-aged males who rate higher on the Conformity to Masculine Norms (CMNI-30) scale also rate higher on the PHQ-9 and GAD-7 scales for depression and anxiety, respectively?
2. Do college-aged males who rate higher on the Conformity to Masculine Norms (CMNI-30) scale also rate higher on the Self-Stigma of Seeking Help (SSOSH)

and the Attitudes Toward Seeking Professional Psychological Help (ATSPPH) scales?

METHODS

Survey Development

An online survey was created using the software Qualtrics. The survey was piloted by two participants (i.e., my brother and Dr. Mariah Kornbluh's husband) to obtain feedback regarding survey length, wording, flow, and comprehension of items, and final edits were made accordingly. The survey was then distributed to a sample of college students from the University of South Carolina through Blackboard and GroupMe chats. Recruitment materials included a description of the survey, and a link to access the survey online. Survey data was collected from Wednesday, January 27, 2021 through Thursday, February 18, 2021.

Before beginning the survey, participants were provided with a brief summary of the purpose and goals of the study. Students were incentivized to participate in the study with the possibility of winning a \$25 Visa gift card. A winner was selected at random from the participants who opted to provide their email addresses at the end of the survey. This study was classified as undergraduate student research, and thus approval from the University of South Carolina Institutional Review Board was not required.

To ensure that all participants in the study were male-identifying college students, they were asked to indicate their current gender identity as a screener question at the beginning of the survey. If participants indicated their current gender identity as female,

trans female/trans woman, or did not specify their current gender identity, they were not permitted to answer any further questions in the survey. If participants indicated their current gender identity as male, trans male/trans man, or genderqueer/genderfluid, they could proceed with the survey. Participants identifying as trans male/trans man or genderqueer/genderfluid were included in the survey due to their exposure to and interaction with toxic masculinity in their everyday lives, as their masculine identities allow them to reap societal benefits of toxic masculinity and adopt traits of toxic masculinity.

Measures

Demographic Characteristics. Participants were asked to provide demographic information including current gender identity (male; trans male/trans man; genderqueer/gender non-conforming; female; trans female/trans woman; other), year in college (freshman (1 year of college); sophomore (2 years of college); junior (3 years of college); senior (4 or more years of college); I don't know), race or ethnic origin (American Indian or Alaskan Native; Asian; Black or African American; Hawaiian/Pacific Islander; Hispanic, Latino, or Spanish origin; Middle Eastern or African American; Multi-race/ethnicity; White) sexual orientation (heterosexual or straight; gay or lesbian; bisexual; asexual; queer; pansexual; questioning; other), and parents' highest level of education completed (middle school; high school/GED; some college; 2-year college degree; 4-year college degree; masters degree; doctoral degree; professional degree (JD, MD)).

Patient Depression Questionnaire. Participants were asked a series of questions pertaining to their experiences with symptoms of depression (i.e., Over the past two

weeks, how often have you been bothered by little interest or pleasure in doing things?) using the validated PHQ-9 scale, a 9-item questionnaire from the full Patient Health Questionnaire (PHQ) (Kroenke, Spitzer, & Williams, 2001). Prior research indicates that the PHQ-9 scale demonstrates strong internal reliability (0.89; Kroenke et al., 2001). Participants were asked to indicate how often they were bothered by any of the symptoms described on a scale of 0 (Not at all) to 3 (Nearly every day) (see Appendix A).

Generalized Anxiety Disorder Questionnaire. Participants were asked a series of questions pertaining to their experiences with symptoms of generalized anxiety disorder (i.e., Over the past two weeks, how often have you been bothered by feeling nervous, anxious, or on edge?) using the 7-item GAD-7 scale. Prior studies indicate strong instrument internal reliability (0.92; Spitzer et al., 2006). Participants were asked to indicate how often they were bothered by any of the symptoms described on a scale of 0 (Not at all) to 3 (Nearly every day) (see Appendix A).

Conformity to Masculine Norms Inventory. Participants' levels of adherence to masculine norms was measured using a short form of the 94-item Conformity to Masculine Norms Inventory (CMNI) (Levant et al., 2020). The original scale contains 10 different subscales pertaining to different traits and values surrounding masculinity, including winning, emotional control, pursuit of status, playboy, power over women, risk-taking, heterosexual self-presentation, violence, self-reliance, and primacy of work. The modified shorter version of the CMNI contains 30 items, with 3 items within each of the 10 subscales. The modified shorter version of the CMNI was used in this study to create a more cohesive and succinct survey structure. Because the survey was given to

a sample of college students whose primary occupations are full-time students, the primacy of work subscale was omitted from the survey. Participants were asked to indicate their level of agreement with the statement made in each item on a scale of 0 (Strongly agree) to 6 (Strongly disagree). Each subscale contains a series of items pertaining to each trait and value surrounding toxic masculinity. In the winning (F1) subscale, participants were asked about their level of agreement with statements surrounding their desire to win in certain situations (e.g., For me, the best feeling in the world comes from winning). In the emotional control (F2) subscale, participants were asked about their level of agreement with statements surrounding their willingness to share and express emotion with others (e.g., I tend to keep my feelings to myself). In the pursuit of status (F3) subscale, participants were asked about their level of agreement with statements surrounding their desire to achieve and maintain high status (e.g., Having status is important to me). In the playboy (F4) subscale, participants were asked about their level of agreement with statements surrounding their desire to engage with multiple sexual partners at once (e.g., I would feel good if I had many sexual partners). In the power over women (F5) subscale, participants were asked about their level of agreement with statements surrounding the status of women and desired power over women (e.g., Things tend to be better when men are in charge). In the risk-taking (F6) subscale, participants were asked about their level of agreement with statements surrounding their willingness to take risks (e.g., I enjoy taking risks). In the heterosexual self-presentation (F7) subscale, participants were asked about their level of agreement with statements surrounding their attempts to prove their heterosexuality (e.g., I would be furious if someone thought I was gay). In the violence (F8) subscale, participants

were asked about their level of agreement with statements surrounding their willingness to engage in violent behaviors (e.g., I am willing to get into a physical fight if it is necessary). Lastly, in the self-reliance (F9) subscale, participants were asked about their level of agreement with statements surrounding their willingness to ask for help from others (e.g., If I asked for help it would be a sign of failure).

For the present study, the CMNI-30 scale was expanded to include 38 additional items across each subscale in order to obtain more specific data and correlations surrounding toxic masculinity and relation to mental health outcomes. The addition of these items yielded an adapted CMNI-30 that contained 68 total items across 9 different subscales (see Appendix A).

The specific items added were intended to present various and diverse scenarios to participants that may be seen as threatening to their perceived masculinity. For example, the additional survey items added in the F7 subscale (heterosexual self-presentation) gauged participants' adherence to toxic masculinity by asking how they would feel if someone who was gay expressed interest in them, or how they would react if someone thought they were gay. The additional survey items added in the F5 subscale (power over women) (See Appendix A) gauge participants' adherence to toxic masculinity by presenting them with situations where women held a higher status than men.

Self-Stigma of Seeking Help Questionnaire. Participants' levels of self-stigma surrounding seeking psychological help (i.e., internalized negative attitudes towards help-seeking) were measured using the 10-item Self-Stigma of Seeking Help scale (Vogel, Wade, & Haake, 2006). Prior studies indicate strong internal reliability with the

survey instrument (0.91; Vogel et al., 2006). Participants were asked to indicate their level of agreement with the statement made (e.g., seeking psychological help would make me feel less intelligent) in each item on a scale of 0 (Strongly agree) to 6 (Strongly disagree) (see Appendix A).

Attitudes Toward Seeking Professional Psychological Help Questionnaire.

Participants' attitudes towards seeking professional psychological help for mental health issues were gauged using a short form of the 29-item Attitudes Toward Seeking Professional Psychological Help Scale. The short form of the ATSPPH scale used in this survey contains 10 survey items, with prior studies indicating strong internal reliability (0.82; Vogel et al., 2005). Participants were asked to indicate their level of agreement with the statement made (e.g., personal and emotional troubles, like many things, tend to work out by themselves) in each item on a scale of 0 (Strongly agree) to 6 (Strongly disagree) (see Appendix A).

Data Analysis

Demographics were analyzed running frequencies using the software SPSS. Furthermore, key correlations were also analyzed using SPSS software. Results are described in the sections below.

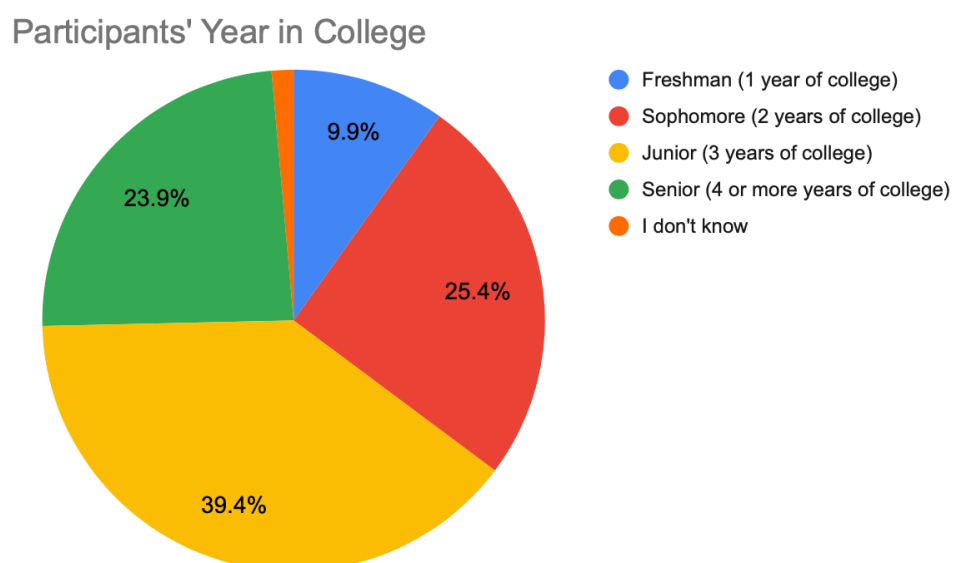
Sample

The sample in this study consists of 71 male-identifying college students. Participants were asked to provide demographic information including current gender identity, year in college, race or ethnic origin, sexual orientation, and parents' highest level of education completed.

Current Gender Identity. Of the 71 participants, 70 identify as male, and 1 identifies as trans male/trans man.

Year in College. Of the 71 participants, 7 were freshmen (1 year of college), 18 were sophomores (2 years of college), 28 were juniors (3 years of college), 17 were seniors (4 or more years of college), and 1 participant did not know his year in college (see Figure 1).

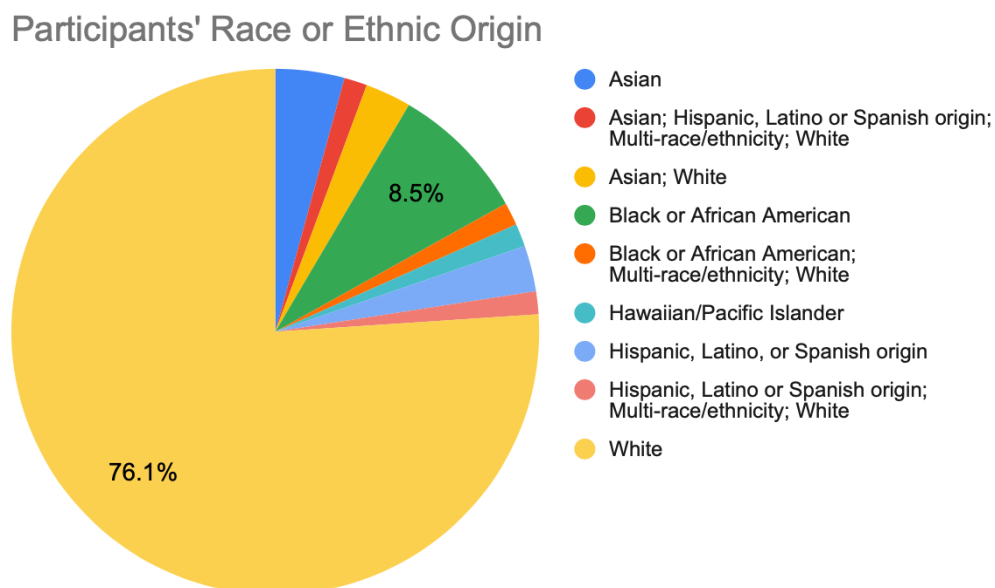
Figure 1.



Race or Ethnic Origin. Race or ethnic origins of the 71 participants included Asian, Black or African American, Hispanic, Latino or Spanish origin, Hawaiian/Pacific Islander, Multi-race/ethnicity, and White (see Figure 2). Of the 71 participants, 59 identified as White, 6 identified as Asian, 7 identified as Black or African American, 4 identified as Hispanic, Latino or Spanish origin, 1 identified as Hawaiian/Pacific Islander,

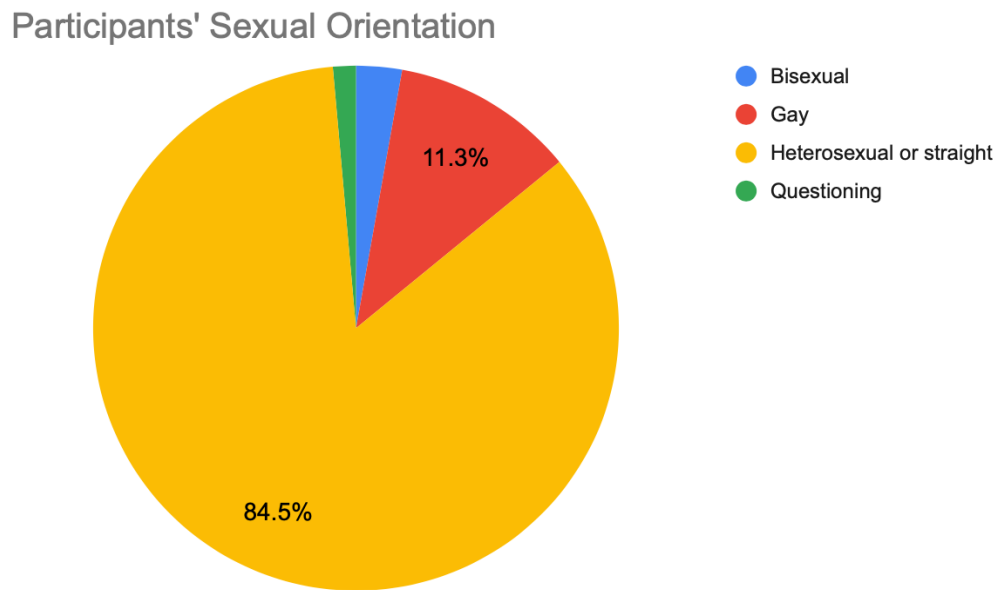
and 3 identified as Multi-race/ethnicity. In order to remain inclusive, participants were able to select multiple options for race/ethnic origin.

Figure 2.



Sexual Orientation. Of the 71 participants, 60 identified as heterosexual or straight, 8 identified as gay, 2 identified as bisexual, and 1 identified as questioning (see Figure 3).

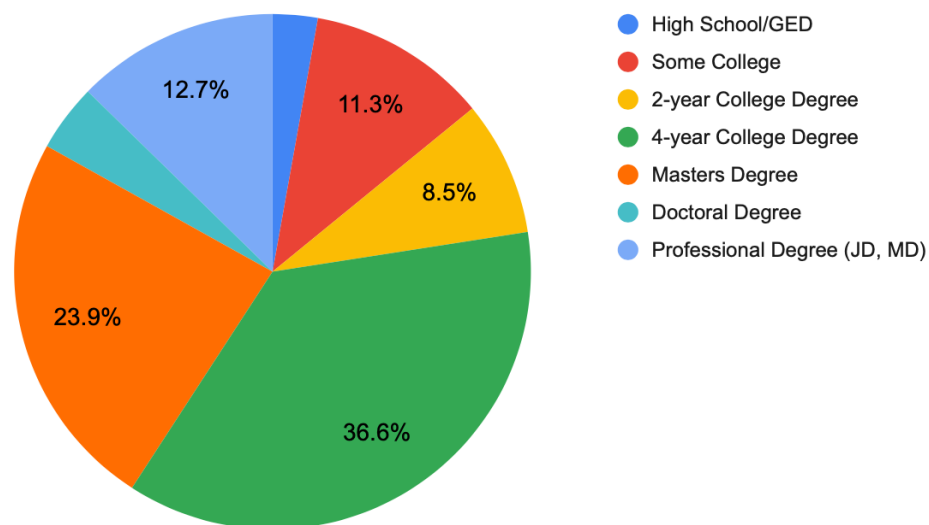
Figure 3.



Parents' Highest Level of Education Completed. Of the 71 participants, 26 indicated that their parent(s) had a 4-year college degree, 17 indicated that their parent(s) had a masters degree, 9 indicated that their parent(s) had a professional degree (JD, MD), 8 indicated that their parent(s) had some college, 6 indicated that their parent(s) had a 2-year college degree, 3 indicated that their parent(s) had a doctoral degree, and 2 indicated that their parent(s) had a high school education/GED (see Figure 4).

Figure 4.

Participants' Parents' Highest Level of Education



FINDINGS

Table 2. Correlations

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

CORRELATIONS													
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
1. PHQ9	---												
2. GAD7	.755**	---											
3. CMNI F1	.054	.034	---										
4. CMNI F2	-.299*	-.255*	.161	---									
5. CMNI F3	-.074	-.005	.351**	.100	---								
6. CMNI F4	-.006	.060	.305**	.183	.290*	---							
7. CMNI F5	.187	.147	.241*	-.153	.200	.305**	---						
8. CMNI F6	.098	.155	.305**	.074	.269*	.437**	.037	---					
9. CMNI F7	.296*	.348**	.394**	.036	.288*	.119	.501**	.168	---				
10. CMNI F8	-.155	-.076	.165	-.010	.354**	.051	.103	.287*	.282*	---			
11. CMNI F9	-.351**	-.296*	-.117	.282*	-.239*	-.008	-.205	.022	-.263*	-.100	---		
12. SSOSH	-.011	.078	.179	.298*	.500**	.339**	.303*	.146	.343**	.136	-.013	---	
13. ATSPPH	.293*	.297*	.231	.045	.437**	.279*	.374**	.321**	.444**	.292*	-.121	.607**	---

Mental Health Outcomes. A significant positive correlation was found between Patient Health Questionnaire scale responses and Generalized Anxiety Disorder scale responses ($r = .755, p < .01$), revealing that participants who scored higher for depression also scored higher for anxiety. A negative correlation was also found between Patient Health Questionnaire scale responses and Conformity to Masculine Norms subscale F9 (self-reliance) responses ($r = -.351, p < .01$), indicating that participants who reported high amounts of self-reliance also scored lower in dimensions of depression. Lastly, a positive correlation was found between GAD7 scale responses and Conformity to Masculine Norms subscale F7 (heterosexual self-presentation) responses ($r = .348, p < .01$), indicating that participants who reported higher levels of heterosexual self-presentation also reported higher levels of anxiety.

Conformity to Masculine Norms. A positive correlation was found between Conformity to Masculine Norms subscale F1 (winning) and Conformity to Masculine Norms subscale F3 (pursuit of status) responses ($r = .351, p < .01$), indicating that participants who reported more desire to win when presented with competition or conflict also reported more desire to pursue and maintain higher status. A positive correlation was also found between Conformity to Masculine Norms subscale F1 (winning) and Conformity to Masculine Norms subscale F4 (playboy) responses ($r = .305, p < .01$), indicating that participants who reported more desire to win when presented with competition or conflict also reported more desire to engage with multiple sexual partners at once. A positive correlation was found between Conformity to Masculine Norms subscale F1 (winning) and Conformity to Masculine Norms subscale

F6 (risk-taking) responses ($r = .305, p < .01$), indicating that participants who reported more desire to win when presented with competition or conflict also reported a greater willingness to engage in risky behaviors. A positive correlation was also found between Conformity to Masculine Norms subscale F1 (winning) and Conformity to Masculine Norms subscale F7 (heterosexual self-presentation) responses ($r = .394, p < .01$), indicating that participants who reported a greater desire to win also reported higher levels of heterosexual self-presentation. A positive correlation was found between Conformity to Masculine Norms subscale F4 (playboy) and Conformity to Masculine Norms subscale F5 (power over women) responses ($r = .305, p < .01$), indicating that participants who reported a greater desire to engage with multiple sexual partners at once also reported higher levels of desired power over women. A positive correlation was also found between Conformity to Masculine Norms subscale F4 (playboy) and Conformity to Masculine Norms subscale F6 (risk-taking) responses ($r = .437, p < .01$), indicating that participants who reported a greater desire to engage with multiple sexual partners at once also reported more willingness to engage in risky behaviors. A positive correlation was found between Conformity to Masculine Norms subscale F7 (heterosexual self-presentation) responses and Conformity to Masculine Norms subscale F5 (power over women) responses ($r = .501, p < .01$), indicating that participants who reported higher levels of heterosexual self-presentation also reported higher levels of desired power over women. In addition, a positive correlation was found between Conformity to Masculine Norms subscale F8 (violence) responses and Conformity to Masculine Norms subscale F3 (pursuit of status) responses ($r = .354, p <$

.01), revealing that participants who reported more comfort with using violence in particular contexts also reported a greater desire to pursue and maintain higher status.

Help-Seeking Behaviors. A positive correlation was found between Self-Stigma of Seeking Help scale responses and Attitudes Toward Seeking Professional Psychological Help scale responses ($r = .607, p < .01$), indicating that participants who reported high levels of self-stigma associated with help-seeking behaviors also reported more negative attitudes towards seeking psychological help for mental health issues. In addition, a positive correlation was found between Self-Stigma of Seeking Help scale responses and Conformity to Masculine Norms subscale F3 (pursuit of status) responses ($r = .500, p < .01$), as well as Attitudes Toward Seeking Professional Psychological Help scale responses and Conformity to Masculine Norms subscale F3 responses ($r = .437, p < .01$). These correlations reveal that participants who reported a greater desire to pursue and maintain higher status also reported higher levels of self-stigma associated with seeking help for mental health issues, as well as more negative attitudes towards seeking psychological help. A positive correlation was also found between Self-Stigma of Seeking Help scale responses and Conformity to Masculine Norms subscale F4 (playboy) responses ($r = .339, p < .01$), indicating that participants who reported a stronger desire to engage with multiple sexual partners at once also reported high levels of self-stigma associated with help-seeking behaviors. A positive correlation was also found between Attitudes Toward Seeking Professional Psychological Help scale responses and Conformity to Masculine Norms subscale F5 (power over women) responses ($r = .374, p < .01$), indicating that participants who reported higher levels of desired power over women also reported more negative

attitudes towards seeking psychological help. A positive correlation was found between Attitudes Toward Seeking Professional Psychological Help scale responses and Conformity to Masculine Norms subscale F6 (risk-taking) responses ($r = .321, p < .01$), indicating that participants who reported greater negative attitudes towards seeking professional psychological help for mental health issues also reported a greater willingness to engage in risky behaviors. Lastly, a positive correlation was found between Self-Stigma of Seeking Help scale responses and Conformity to Masculine Norms subscale F7 (heterosexual self-presentation) responses ($r = .343, p < .01$), as well as Attitudes Toward Seeking Professional Psychological Help scale responses and Conformity to Masculine Norms subscale F7 responses ($r = .444, p < .01$), revealing that participants who reported higher levels of heterosexual self-presentation also reported more self-stigma associated with help-seeking behaviors and more negative attitudes towards seeking psychological help.

DISCUSSION

Results did not indicate that males who scored higher for depression and anxiety would be more likely to endorse conformity to toxic masculine norms across multiple dimensions. However, results did find that participants who scored higher in dimensions of anxiety also scored higher in conformity to masculine norms in the domains of heterosexual self-presentation. This particular finding suggests that males who feel the need to preserve and prove their heterosexuality may experience greater anxiety than males who do not. Multiple positive correlations were also found between subscales surrounding conformity to masculine norms, indicating that males who adhere to at least

one trait of toxic masculinity are more likely to adhere to other traits of toxic masculinity as well. Results indicated that males who scored higher to conformity of masculine norms in the pursuit of status, playboy, and heterosexual self-presentation subscales also reported more self-stigma surrounding help-seeking behaviors. These findings suggest that males who place more value on pursuing and maintaining high status, engaging with multiple sexual partners at once, and proving their heterosexuality may be less likely to seek help for mental health issues. Lastly, results indicate that males who scored higher for conformity to masculine norms in the pursuit of status, power over women, risk-taking, and heterosexual self-presentation subscales also reported more negative attitudes toward seeking professional psychological help. These findings suggest that males who place more value on pursuing and maintaining high status, dominance and superiority over women, taking risks, and proving their heterosexuality reported more negative attitudes towards seeking help for mental health issues and may be less likely to engage in help-seeking behaviors. These findings suggest that males who scored higher in dimensions of toxic masculinity would also report more self-stigma and negative attitudes surrounding help-seeking behaviors.

The findings suggesting that males who adhere to toxic masculinity are less likely to engage in help-seeking behaviors are consistent with research indicating that men who adhere to toxic masculinity are less likely to seek help for mental health issues (APA Guidelines, 2018; Addis & Mahalik, 2003; Wisdom et al., 2007; Rafal et al., 2018). However, findings indicate a more complex relationship between mental health and toxic masculinity. For instance, certain dimensions of toxic masculinity (heterosexual self-presentation) may be more clearly linked to specific mental health challenges (i.e.,

anxiety). This may be due to the fragility of masculinity in contexts where there is a perceived threat. Any perceived threat to masculinity will likely be characterized as negative to men, with research indicating that negative perceptions of social interactions are associated with an increase in mood disturbances (Todd et al., 2017; Parent et al., 2019). Therefore, it is likely that heightened anxiety in men who adhere to toxic masculinity is associated with perceived threats to masculinity (e.g., a non-member of the preferred sex expressing interest in a man, or a peer expressing belief that a male friend is gay).

While the results of this study do not indicate significant correlation between adherence to toxic masculinity and adverse mental health outcomes, the findings present a variety of implications for practice. For example, males who adhere to toxic masculinity are less likely to engage in help-seeking behaviors, implying that further targeted education is necessary for men on symptoms of anxiety and depression, and effective treatments for mental health issues. This education may take the form of interactive activities and presentations in elementary schools which instill in young children the ability to characterize their own feelings, recognize when issues arise, and available treatments and supports for mental health challenges. These interventions should be introduced at an early age (e.g., health classes in elementary and middle school) so that students can develop an early awareness of mental health and build knowledge throughout their lives of different mental health issues and treatments. Likewise, this education should be reinforced throughout primary education, and presented to students in the same manner as physical health issues in order to emphasize the importance of mental health. This study also suggests future directions

of research that could be used to further investigate the relationship between adherence to toxic masculinity and mental health outcomes. For example, longitudinal studies to determine whether adherence to toxic masculinity presents long-term mental health challenges may be beneficial in characterizing the complex relationship between masculinity and mental health. In addition, research into male patients in therapy, counseling, and psychiatric care for mental health challenges may be able to connect facets of toxic masculinity to adverse mental health outcomes.

There are a few limitations to note in this study. First, the data collected from this study is self-reported, potentially leading to bias in survey responses and reporting survey data. Next, the survey used in this study was distributed to a small sample of students at one university; data from larger samples of students at various colleges and universities across the country would likely provide less biased data and give a more accurate representation of toxic masculinity in relation to mental health within college-aged males. In addition, it is possible that the participants of this study were more willing to share their experiences with mental health in providing survey responses than individuals in the target population (college-aged males who exhibit traits of toxic masculinity). Therefore, it is possible that there exists some form of social desirability bias in the survey results.

CONCLUSION

While the data gathered in this study did not support the hypothesis linking toxic masculinity to mental health outcomes, the data did support the hypothesis that males who exhibit more traits of toxic masculinity will report more self-stigma and negative

attitudes towards seeking help for mental health issues. This study utilized five different validated scales to examine the relationship between toxic masculinity, mental health outcomes, and help-seeking behaviors, providing data that supports prior research indicating that men are less likely to engage in help-seeking behaviors for mental health issues. The findings of this study suggest further research into adherence to toxic masculinity and mental health in male populations in order to provide a clearer framework for how toxic masculinity may contribute to adverse mental health outcomes. In addition, this study brings to light the importance of male mental health and calls for future action to be more mindful of the way that we raise boys in childhood, socialize them into society, and treat them as adults.

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APPENDIX A

PATIENT DEPRESSION QUESTIONNAIRE (PHQ-9)		
Instructions: Over the last 2 weeks, how often have you been bothered by any of the following problems?		
Scale Name: Patient Depression Questionnaire (Kroenke et al., 2001) Scale Internal Reliability Score: 0.89		
Scale Responses: 0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day		
Variable Name	Subscale	Questions
PHQ9-1		Little interest or pleasure in doing things
PHQ9-2		Feeling down, depressed, or hopeless
PHQ9-3		Trouble falling or staying asleep, or sleeping too much
PHQ9-4		Feeling tired or having little energy
PHQ9-5		Poor appetite or overeating
PHQ9-6		Feeling bad about yourself - or that you are a failure or have let yourself or your family down
PHQ9-7		Trouble concentrating on things, such as reading the newspaper or watching television
PHQ9-8		Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have

		been moving around a lot more than usual
PHQ9-9		Thoughts that you would be better off dead, or of hurting yourself

GENERALIZED ANXIETY DISORDER QUESTIONNAIRE (GAD-7)		
Instructions: Over the last 2 weeks, how often have you been bothered by any of the following problems?		
Scale Name: Generalized Anxiety Disorder Questionnaire (Spitzer et al., 2006) Scale Internal Reliability Score: 0.92		
Scale Responses: 0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day		
Variable Name	Subscale	Questions
GAD7-1		Feeling nervous, anxious, or on edge
GAD7-2		Not being able to stop or control worrying
GAD7-3		Worrying too much about different things
GAD7-4		Trouble relaxing
GAD7-5		Being so restless that it is hard to sit still
GAD7-6		Becoming easily annoyed or irritable
GAD7-7		Feeling afraid as if something awful might happen

CONFORMITY TO MASCULINE NORMS INVENTORY (CMNI-30)		
Instructions: Please indicate your level of agreement with the following statements.		
Scale Name: Conformity to Masculine Norms Inventory (Levant et al., 2020) Scale Internal Reliability Score: <ul style="list-style-type: none"> - Subscale F1: 0.75 - Subscale F2: 0.805 - Subscale F3: 0.66 - Subscale F4: 0.875 - Subscale F5: 0.85 - Subscale F6: 0.82 - Subscale F7: 0.91 - Subscale F8: 0.725 - Subscale F9: 0.78 		
Scale Responses: 0 = Strongly agree 1 = Agree 2 = Somewhat agree 3 = Neither agree nor disagree 4 = Somewhat disagree 5 = Disagree 6 = Strongly disagree **(R) indicates reverse scoring		
Variable Name	Subscale	Questions
Winning-1	F1: Winning	For me, the best feeling in the world comes from winning
Winning-2	F1: Winning	Winning is not important to me (R)
Winning-3	F1: Winning	Winning is not my first priority (R)
Winning-4	F1: Winning	I will do anything to win
Winning-5	F1: Winning	I don't mind losing (R)
Winning-6	F1: Winning	I like to always get my way
Winning-7	F1: Winning	In general I must get my way
Emotional Control-1	F2: Emotional Control	I like to talk about my

		feelings (R)
Emotional Control-2	F2: Emotional Control	I bring up my feelings when talking to others (R)
Emotional Control-3	F2: Emotional Control	I tend to share my feelings (R)
Emotional Control-4	F2: Emotional Control	I tend to keep my feelings to myself
Emotional Control-5	F2: Emotional Control	I hate it when people ask me to talk about my feelings
Emotional Control-6	F2: Emotional Control	I try to be unemotional
Emotional Control-7	F2: Emotional Control	I never share my feelings
Emotional Control-8	F2: Emotional Control	I try to keep my emotions hidden
Emotional Control-9	F2: Emotional Control	I feel comfortable talking about my feelings with my male friends (R)
Emotional Control-10	F2: Emotional Control	I feel comfortable talking about my feelings with my female friends (R)
Emotional Control-11	F2: Emotional Control	I feel comfortable talking about my feelings with my family members (R)
Pursuit of Status-1	F3: Pursuit of Status	Having status is not important to me (R)
Pursuit of Status-2	F3: Pursuit of Status	I would hate to be important (R)
Pursuit of Status-3	F3: Pursuit of Status	Having status is important to me
Pursuit of Status-4	F3: Pursuit of Status	I feel like I am “above” other people who don’t hold the same status as me

Playboy-1	F4: Playboy	I would feel good if I had many sexual partners
Playboy-2	F4: Playboy	I would find it enjoyable to date more than one person at a time
Playboy-3	F4: Playboy	For me, committed relationships are better than casual sex (R)
Playboy-4	F4: Playboy	I don't want to get tied down to dating just one person
Playboy-5	F4: Playboy	I like emotional involvement in a romantic relationship (R)
Playboy-6	F4: Playboy	For me, the best part about sex is feeling close to the person (R)
Playboy-7	F4: Playboy	I would change sexual partners often if I could
Playboy-8	F4: Playboy	I prefer not to be emotionally involved in relationships
Power over Women-1	F5: Power over Women	I treat women as equals (R)
Power over Women-2	F5: Power over Women	Men and women should respect each other as equals (R)
Power over Women-3	F5: Power over Women	I like it when women are equal to men (R)
Power over Women-4	F5: Power over Women	I love it when men are in charge of women
Power over Women-5	F5: Power over Women	The women in my life should obey me
Power over Women-6	F5: Power over Women	Things tend to be better when men are in charge

Power over Women-7	F5: Power over Women	Women should not have to obey men (R)
Power over Women-8	F5: Power over Women	Seeing women in power makes me uncomfortable
Power over Women-9	F5: Power over Women	Seeing women in power makes me happy (R)
Risk-Taking-1	F6: Risk-Taking	I take risks
Risk-Taking-2	F6: Risk-Taking	I enjoy taking risks
Risk-Taking-3	F6: Risk-Taking	I hate any kind of risk (R)
Risk-Taking-4	F6: Risk-Taking	I do not like risky situations (R)
Risk-Taking-5	F6: Risk-Taking	I put myself in risky situations
Risk-Taking-6	F6: Risk-Taking	Taking risks helps me to prove myself
Risk-Taking-7	F6: Risk-Taking	I prefer to be safe and careful (R)
Heterosexual self-presentation-1	F7: Heterosexual Self-Presentation	It would be awful if people thought I was gay
Heterosexual self-presentation-2	F7: Heterosexual Self-Presentation	I would get angry if people thought I was gay
Heterosexual self-presentation-3	F7: Heterosexual Self-Presentation	It would not bother me if someone thought I was gay (R)
Heterosexual self-presentation-4	F7: Heterosexual Self-Presentation	It is important to me that people think I am straight
Heterosexual self-presentation-5	F7: Heterosexual Self-Presentation	I try to avoid being perceived as gay
Heterosexual self-presentation-6	F7: Heterosexual Self-Presentation	I make sure that people know I am straight
Heterosexual self-presentation-7	F7: Heterosexual Self-Presentation	I would be furious if someone thought I was gay

Heterosexual self-presentation-8	F7: Heterosexual Self-Presentation	I am willing to be friends with gay people (R)
Heterosexual self-presentation-9	F7: Heterosexual Self-Presentation	I would feel uncomfortable if someone who was gay expressed interest in me
Heterosexual self-presentation-10	F7: Heterosexual Self-Presentation	I would feel flattered if someone who was gay expressed interest in me (R)
Heterosexual self-presentation-11	F7: Heterosexual Self-Presentation	I would know how to respond if someone who was gay expressed interest in me (R)
Heterosexual self-presentation-12	F7: Heterosexual Self-Presentation	If I told my friends I was gay, I think that they would be accepting of me (R)
Heterosexual self-presentation-13	F7: Heterosexual Self-Presentation	If I told my family I was gay, I think that they would be accepting of me (R)
Violence-1	F8: Violence	It's never ok for me to be violent (R)
Violence-2	F8: Violence	I think that violence is sometimes necessary
Violence-3	F8: Violence	I am willing to get into a physical fight if it is necessary
Violence-4	F8: Violence	I dislike any kind of violence (R)
Self-Reliance-1	F9: Self-Reliance	I never ask for help
Self-Reliance-2	F9: Self-Reliance	It bothers me when I have to ask for help
Self-Reliance-3	F9: Self-Reliance	I am not ashamed to ask for help (R)
Self-Reliance-4	F9: Self-Reliance	I hate asking for help

Self-Reliance-5	F9: Self-Reliance	If I asked for help it would be a sign of failure
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ADDITIONAL ITEMS ADDED TO CMNI-30 SCALE

** indicates reverse scoring.*

- F1: Winning
 - Winning is not important to me*
 - Winning is not my first priority*
 - I don't mind losing*
 - I like to always get my way
- F2: Emotional Control
 - I tend to keep my feelings to myself
 - I hate it when people ask me to talk about my feelings
 - I try to be unemotional
 - I never share my feelings
 - I try to keep my emotions hidden
 - I feel comfortable talking about my feelings with my male friends*
 - I feel comfortable talking about my feelings with my female friends*
 - I feel comfortable talking about my feelings with my family members*
- F3: Pursuit of Status
 - Having status is important to me
 - I feel like I am "above" other people who don't hold the same status as me
- F4: Playboy
 - For me, committed relationships are better than casual sex*

- I don't want to get tied down to dating just one person
 - I like emotional involvement in a romantic relationship*
 - For me, the best part about sex is feeling close to the person*
 - I prefer not to be emotionally involved in relationships
- F5: Power over Women
 - I treat women as equals*
 - Men and women should respect each other as equals*
 - I like it when women are equal to men*
 - Women should not have to obey men*
 - Seeing women in power makes me uncomfortable
 - Seeing women in power makes me happy*
- F6: Risk-Taking
 - I hate any kind of risk*
 - I do not like risky situations*
 - Taking risks helps me to prove myself
 - I prefer to be safe and careful*
- F7: Heterosexual Self-Presentation
 - It would not bother me if someone thought I was gay*
 - It is important to me that people think I am straight
 - I try to avoid being perceived as gay
 - I make sure that people know I am straight
 - I am willing to be friends with gay people*

- I would feel uncomfortable if someone who was gay expressed interest in me
- I would feel flattered if someone who was gay expressed interest in me*
- I would know how to respond if someone who was gay expressed interest in me*
- If I told my friends I was gay, I think that they would be accepting of me*
- If I told my family I was gay, I think that they would be accepting of me*
- F8: Violence
 - I am willing to get into a physical fight if it is necessary
- F9: Self-Reliance
 - I hate asking for help
 - If I asked for help it would be a sign of failure

SELF-STIGMA OF SEEKING HELP QUESTIONNAIRE (SSOSH)		
Instructions: Please indicate your level of agreement with the following statements.		
Scale Name: Self-Stigma of Seeking Help Scale (Vogel et al., 2006) Scale Internal Reliability Score: 0.91		
Scale Responses: 0 = Strongly agree 1 = Agree 2 = Somewhat agree 3 = Neither agree nor disagree 4 = Somewhat disagree 5 = Disagree 6 = Strongly disagree **(R) indicates reverse scoring		
Variable Name	Subscale	Questions
SSOSH-1		I would feel okay about myself if I made the choice

		to seek professional help (R)
SSOSH-2		My self-esteem would increase if I talked to a therapist (R)
SSOSH-3		My self-confidence would remain the same if I sought professional help for a problem I could not solve (R)
SSOSH-4		My self-confidence would NOT be threatened if I sought professional help (R)
SSOSH-5		My view of myself would not change just because I made the choice to see a therapist (R)
SSOSH-6		Seeking psychological help would make me feel less intelligent
SSOSH-7		It would make me feel inferior to ask a therapist for help
SSOSH-8		If I went to a therapist, I would be less satisfied with myself
SSOSH-9		I would feel inadequate if I went to a therapist for psychological help
SSOSH-10		I would feel worse about myself if I could not solve my own problems

**ATTITUDES TOWARD SEEKING PROFESSIONAL PSYCHOLOGICAL HELP
QUESTIONNAIRE (ATSPPH)**

Instructions: Please indicate your level of agreement with the following statements.

Scale Name: Attitude Towards Seeking Professional Psychological Help Scale (Vogel et al., 2005)

Scale Internal Reliability Score: 0.82

Scale Responses:

0 = Strongly agree

1 = Agree

2 = Somewhat agree

3 = Neither agree nor disagree

4 = Somewhat disagree

5 = Disagree

6 = Strongly disagree

** (R) indicates reverse scoring

Variable Name	Subscale	Questions
ATSPPH-1		I would want to get psychological help if I were worried or upset for a long period of time (R)
ATSPPH-2		I might want to have psychological counseling in the future (R)
ATSPPH-3		If I were experiencing a serious emotional crisis at this point in my life I would be confident that I could find relief in psychotherapy (R)
ATSPPH-4		A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help (R)
ATSPPH-5		If I believed I was having a mental breakdown, my first inclination would be to get professional attention (R)
ATSPPH-6		A person should work out his or her own problems;

		getting psychological counseling would be a last resort
ATSPPH-7		Personal and emotional troubles, like many things, tend to work out by themselves
ATSPPH-8		The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts
ATSPPH-9		Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me
ATSPPH-10		There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help