The Correlation Between Toxic Masculinity And Young Men Seeking Mental Health Aid.

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Abstract

The present study examined the effect adhering to masculine norms, that are deemed toxic, on mental health and help seeking behaviours. Research on this topic has shown that men who conform to these norms are more likely to have low levels of mental health and are less likely to seek help than those who do not adhere to such norms. The present study sought to expand upon these findings by carrying out research in an Irish context with an age bracket of 18-25. A total of 67 participants were recruited and required to complete demographic questions and three surveys to measure conformity to masculine norms, mental health, and help seeking behaviours. The research aims to answer the hypothesis of, does toxic masculinity measured via 3 CMNI subscales predict levels of mental health measured via the DASS 22 scale and the second being, does toxic masculinity predict help-seeking behaviour measured via the MHSAS scale. A multiple regression analysis was conducted which showed a subscale of the conformity to masculine norm index was significantly predictive of mental health and help seeking behaviour.

Introduction

Toxic masculinity derives from stereotypical views of the male population, that men have the duty of being socially dominant and should act according to what would be expected of them; such as being devoted to work, provide for their family, take interest in male-driven sports and to act accordingly to their societal norms. In western cultures there is an expectation for males to keep feelings for example, sadness, worry and anxiety concealed, as these “tender” emotions are associated with femininity (Chaplin, 2015). This concealment of emotion has been shown to cause harm both mentally and physically. Through research it has been apparent that men are less likely to seek help than women are (Parent, Hammer, Bradstreet, Schwartz, & Jobe, 2018) ,it has also been shown that conformity to traditional masculine norms that can be deemed as toxic, can affect men's mental health which in turns inhibits protective factors of help seeking (O’Brien., Hunt., & Hart., 2005; Evans., Blye., Oliffe., & Gregory., 2011; Courtenay, 2000); this will be discussed and analysed throughout this review.

Previous research found that mental health disorders in men are not as widely-diagnosed as they are in women due to the taboo surrounding men expressing their feelings and requesting help. This concealment of emotions triggered mens suicidal rates to increase over the last decade and surpasses the suicidal rate of women (Värnik, 2012); although this statement is correct, women tend to show more non fatal suicide behaviour and thoughts than men, even though there are higher suicide rates within the male gender. This occurence is otherwise known as the gender paradox in suicide (Schrijvers., Bollen., & Sabbe., 2012; Bosson., Vandello., & Buckner., 2018; Miranda & Jeglic, 2021). In the past 7 years male suicide deaths in Ireland range from 282 to 471, wheres women’s suicide death rates rang from 70-107 according to the Central Statistics

Office (CSO). The CSO states in a report published in June 2020 “Amongst males, the highest rate was in those aged 25-35, at 20.3 per 100,000.” On the 16th of November 2021 the CSO released the statistics for suicide rates in 2020 which showed male suicide deaths accounted for 259 out of 340 deaths leaving women suicide deaths at 81. The HSE national office for suicide prevention (NOSP) released a ‘Briefing on Eurostat Suicide Comparisons’ in July of 2021 indicating that the most recent year available for comparisons among European countries and Ireland’s suicide rates, show Ireland as 22nd highest for all ages and 16th highest for ages 15-19.

An irish study by Cleary (2012) focused on Irish men to combat the effects of poor mental health and reduce suicide and suicidal ideation. The men in this study had a hard time differentiating feelings in terms of identifying emotional control, the researchers found this might be due to their low socio-economic background and low educational standard; with this in mind in the same study , it was recorded that these men lived in a hegemonic masculinity constructed environment; this has the ability to influence conformity to masculine norms. In 2003 a study was proposed to look at suicide in men where it was found out of 363 male participants, 38% had suicidal thoughts without intent, 11% were seriously considering suicide, 4% made/were making a suicide plan, 4.6% engaged in deliberate self harm and 78% knew someone who had died by suicide. These results contrast further findings in the same study that 90% of these men would reach out for help even though at the time they still reported to have some mental health issue or dealing with trauma related to bereavement as a result of suicide. This research focuses on the younger generation of Irish men aged between 18 and 25 where men are officially deemed as adults and now hold a larger responsibility which is where masculine norms are introduced and expected to be filled.

According to Milner, Shields & King (2019) "adherence to masculine norms has been thought to predict low health literacy...additionally males with poor mental health may have low health literacy" and have depressive symptoms ranging from moderate to severe. This can be explained through the gendered social learning model where children observe a behaviour relative to their same gender and encode this information to know how to act, or in this case, conform. Conformity is the "act of matching attitudes, beliefs, and behaviours to group norms, politics or being like- minded" (Cialdini & Goldstein, 2004); further evidence to this is a very recent study by Richter (2022) where she researched the effect toxic masculinity on gender fluid people on social media where she recommended further research to look into the underpinnings and conforming behaviours that cause these men to share hateful negative comments towards a vulnerable group in society. Most studies relating to the issue discussed throughout this research field focuses on the effects toxic masculinity has on women in society, rather than the effect it has on the male population themselves. How masculine norms play a vital role in the inhibition of men seeking help when in times of struggle due to help-seeking seen as feminine is a growing problem and requires quick and effective action. This research paper will address these gaps in literature and use previous recommendations to focus on young men's mental health and their help seeking behaviours as a result of toxic masculinity.

The CMNI-22 assesses 11 traditional and non-traditional masculine norms such as, "winning, emotional control, risk taking, violence, power over women, playboy (the desire to have multiple sexual partners), self-resilience, primary of work, dominance, pursuit of status, and heterosexual self-presentation"(Owen, 2011; Mahalik, Locke, Ludlow, Diemer, Scott, Gottfried & Freitas, 2003). Many studies utilise this data measure in representing different values men

attain in relation to conforming to masculine norms. A meta-analysis conducted in 2017 looked at conformity to male gender norms where their findings highlight the need for researchers to dismantle the generic construct surrounding the conforming to masculine norms and to observe aspects of masculine norms and their differential associations with other outcomes (Wong, Ho, Wang & Miller, 2017). Advancing on from this is Gerdes and Levant's (2018) study which found that the primary of work subsection was associated with a positive outcome, unlike emotional control, violence, power over women, dominance, playboy, and self-reliance. In relation to Winning, Risk-Taking, Pursuit of Status, and Disdain for Homosexuals, there were both positive and negative outcomes associated with the norms. This literature explicitly states "conformity to masculine norms must not be regarded as wholly negative" whereas this research gives emphasis on what degree do men feel and excerpt these emotions and how it increases or decreases their likelihood of utilising mental health support networks. A study of 223 men contradicted the previous findings in that their participants 'risk taking' views were not related to psychological stress whereas' playboy' and 'violence' were associated with a negative outcome (Wong, Owen, & Shea, 2012).

In relation to men's under-utilisation of medical services a qualitative study was carried out by Noone & Stephens (2008) that required their small sample size to watch a film clip and draw from that their own experiences; this paper uses Connell's 1995 theory of hegemonic masculinity as a base for explaining why men are less likely to seek help than women. Macintyre, Hunt & Sweeting (1996) believed that it is much more difficult to explain the correlation between gender and help seeking, whereas (Briscoe, 1987) found that the western male population are less inclined to visit their doctor at a time they need medical help and tend to

delay the process which links in with the masculine norm of self-resilience. The potential chance their doctor may be a woman, this would affect the male driven norm of having power over women, whether it is subconsciously thought or not (Addis & Mahalik, 2003), and have the likely potential to inhibit a man from going to visit their general practitioner. In the same Addis and Mahalik (2003) paper it further states men do not seek medical help due to it being associated with femininity or being weak in that they are portrayed as vulnerable. In a qualitative study of an older aged man, the word 'suffer' is quite frequent in explaining how Mr. Gregor felt when he lost control of his ability to drive and do his own finances. This lost sense of control challenged his masculine identity to which he had to come to terms with and what is explained as amplifying his secondary controls (Canham, 2009). In Noone & Stephens (2008) one of the participants suggests that men' psyches actually prevent them from seeking help, that women tend to talk to their female companions about their problems who then advise on the situation where men do not have that opportunity as talking about how they feel would be deemed as a feminine act that would hinder their social status to those friends of whom they confide in. Research has shown men are less likely to seek medical help as it infringes on their self control and reliance as well as strength, they feel they have to rely on another person which would ultimately affect their status and emotional control (Emslie et al., 2006). In relation to help seeking it becomes a snowball effect in that masculine norms are placed upon men who feel pressured to abide by them which leads to the likes of depression with the immense stress toxic masculinity traits present, this then transpires into mental health problems and the dismissal of help. It could also be seen that mens reduced ability to seek help could be due to how they show their emotion and cope through certain problems that may occur throughout their life; serious

health concerns could be ignored because of how a man's cognition is programmed to think men are strong, which is seen as an important part in hemogenic masculinity (Courtenay, 2000). Through research, it is believed that because of the deeply rooted gendered social learning model, a part of the male population is not aware of their own distress as it does not fit into how they were conditioned to be (Addis & Hoffman, 2017). There are blatant negative effects that are associated with toxic masculinity traits such as mental health problems but the implication of these could result in school difficulties, trouble with the law, delinquent activity, alcohol and drug abuse, tobacco use, and violence and sexual aggression (Pleck, Sonenstein, & Ku, 1993; Mahalik et al., 2003).

Overview of the Findings

Previous research on the effects of toxic masculinity and its effects focus on masculinity as a whole and do not discuss or consider factors that are seen in the current study of the Irish male population with the inclusion of transgender male participants. There are higher rates of suicide in men than there are in women but higher rates of help seeking behaviour apparentin women more than there are in men. The gender paradox in suicide gives explaination to this, but what has been seen to be an explanation for these suicides and low mental health levels are the societal conforming traits men are obliged to adhere by. Men cope with problems different from women, from previous studies it has been seen that men associate talking about their feelings or excerpt any emotion to troubling experiences with femininity. Traditional masculinity norms has been seen as a risk factor as to why men do not report mental health problems or seek help (Addis & Mahalik, 2003), instead they express their feelings through risk taking behaviour,

alcohol dependency, and being aggressive; all of which are seen on the subscales of toxic masculinity traits. Further research into these specific subscales in different contexts and cultures are vital in future literature and for men's mental health.

The Current Study

The research proposed will draw on some limitations and future recommendations derived from previous studies while focusing on a young Irish male and transgender male population in the 2022 year. To fill literature gaps, this research will determine how specific subscales (emotional control, self-reliance, and heterosexual representation) contribute to the problem of poor mental health and help seeking attitudes in Irish men. Poor mental health without recognition can worsen due to the perception of help seeking being seen as a weakness is quite apparent. This will give a more nuanced picture rather than toxic masculinity as a collective, it is important as it will help identify the impact toxic masculinity traits have on mental health. The hypothesis based on literature would be that higher levels of conformity to toxic masculine norms relates to low levels of mental health by correlating data, and also that higher levels of toxic masculinity predicts more negative attitudes towards help seeking; both apparent in this research. The sample age of 18-25 was selected due to this age range being of the highest age category in suicides, also seen as an age where men are expected to meet the western societal standard of starting a family, finding a permanent job, move out of parents house etc. It is an age group that experiences many stressful, demanding and pressuring aspects of life. The research questions formulated for this report are asked to see if there is a relationship

between specific toxic masculinity traits that were selected for this research and mental health well-being, and secondly, do the subscales, emotional control, self-reliance, and heterosexual representation affect help seeking behaviour.

Methodology

Participants

The sample for this study consisted of 67 (Males: $n = 63$; Transgender Males: $n = 4$) participants who currently live in ireland between the ages 18 and 25. According to Tabachnick and Fidell (2013) The formula for calculating sample size for multiple regression analysis is N > 50 + 8*1 m resulting in a sample size of 74 for this quantitative study (Tabachnick & Fidell, 2013; Green, 1991) According to the Central Limit Theorem, opinions have derived as a rule of thumb to say 30 participants would be the minimum for the regression type and correlation type used in this research. Participants were required to currently reside in Ireland at the time of taking the survey, of the participants recorded 94% identified as male and 6% identified as transgender male. The majority of people were aged 25 years (44.8%), following ages and percentages apply to the remaining participants; there were two 18 year olds (3%), three 19 year olds (4.5%), seven 20 year olds (10.4%), seven 21 year olds (9%), eight 22 year olds (11.9%), four 23 year olds (6%), and seven 24 year olds (10.4%). The average age by calculating the mean resulted in 23.3 years old. Participants were recruited via social media through the use of non-probability convenience sampling with no remuneration which increased difficulty due to

the sole reliance on participants to submit their survey with no compensation. A limitation in the study was the sample size was 7 participants short due to time constraints.

Materials

Demographic questions along with different scales and questionnaires were distributed to participants through an online survey creator, Google Forms. Questions pertaining to age, gender identity, and current residency were asked to gain a general overview of the participants and to make sure they fit the criteria for this research.

The Conformity to Masculine Norms Inventory (CMNI-22)

The CMNI-94 (The Conformity to Masculine Norms Inventory) is a self-reported scale that measures individuals' adherence to beliefs, attitudes, and behaviours associated with traditional Western masculine norms which were scored and measured through a Likert-type scale. It takes 11 aspects of western masculine norms into consideration (Mahalik., Locke., Ludlow., Diemer., Scott., Gottfried., & Freitas, 2003) throughout this questionnaire. For the purpose of this study a 22-item report version (Burns & Mahalik, 2008; Rochlen., McKelley., Suizzo, & Scaringi, 2008) derived from the original 94 item report was used. For the purpose of this study the 3 subscales used from this report include emotional control, self-reliance, and heterosexual representation. These components were most relevant in terms of this study and answering the research questions. Each item is measured using a 4-point scale ranging from 0 (strongly disagree) to 3 (strongly agree), with higher scores reflecting more conformity to male norms.

The Depression, Anxiety and Stress Scale - 21 Items (DASS-21)

The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) (Lovibond & Lovibond, 1995) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress. It is comprised of 7 items per scale and calculated by selecting a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week, 0 being did not apply to me at all, 1 being applied to me to some degree, or some of the time, 2 being applied to me to a considerable degree or a good part of time, and 3 being applied to me very much or most of the time. These scores are added up and multiplied by 2 to gain a final result indicating where on each scale each participant is, the conventional severity labels range from normal to mild to moderate to severe to extremely severe.

Mental Help Seeking Attitudes Scale (MHSAS)

The mental help seeking attitudes scale (Hammer., Parent., & Spiker, 2018) is a seven-point semantic differential scale containing 9 items that measures attitudes surrounding seeking mental health help. It is originally ranged from 3-2-1-0-1-2-3 but for the purpose of this report the scale was altered to be more easily understood and scored by the following; all the negative terms (e.g., useless, bad, unsatisfying, undesirable) are on the left and all the positive terms are on the right (e.g., useful, good, satisfying, desirable) response options ranged from 1 to 7, going left to right, so that lower scores will indicate a less favourable attitude and higher scores will indicate a more favourable attitude. To calculate the MHSAS mean score, the item scores are added together and divided by the total number of answered items, the resulting mean score should range from a low of 1 to a high of 7.

Design

The research design for this study is a quantitative, cross-sectional, within-groups design that uses the predictor variable toxic masculinity (Independent Variable) and the criterion variables mental health and help seeking behaviours (Dependant Variable). For the hypothesis a multiple regression will be used, one between the relationship of conforming to masculine traits (emotional control, self-reliance, and heterosexual representation) and mental health (depression, anxiety, stress) and the second being the relationship between toxic masculinity traits and the attitudes surrounding help seeking.

Procedure

The participants' likely experience of this research would be beneficial with only a small chance of distress which will be disclosed before and after the data collection. Normal “lay” words will be used throughout the survey that will be given electronically to the participants and given sufficient time for completion. Participants will be requested to disclose their age in a question box giving options of the ages from 18-25, disclose what gender they currently identify as and confirm they reside in Ireland. In light of upholding anonymity, names will not be recorded, this data will be fully de-identified. Project participation should take no longer than twenty minutes depending on the speed of questions answered, this will be a continuous survey/questionnaire that will not require breaks. Participants had the option to withdraw from the research at any duration without penalty. Before commencement of the study participants were provided with an information sheet regarding what to expect from contributing to the research. Participants will be scored using the CMNI-22 scale which is used to measure a general

conformity to masculine norms , the DASS-21 scale which purpose is to measure the emotional states of depression, anxiety and stress, and the MHSAS scale which measures mental help seeking attitudes. Once these questionnaires were successfully answered the participants were redirected to a de-briefing page where further information regarding contact details and helplines were included. Recruitment took place through general word of mouth and sharing of link via text or email to those deemed eligible and social media platforms via link; this link was also posted and shared on Instagram and Snapchat to get a higher response rate.

Ethical considerations

All data collected was in accordance with the ethical guidelines of the National College of Ireland in that all relevant details were disclosed to the participants in the information sheet in terms of anonymity, the risks, what the study entailed, the chance of this study being published and that there would be no remuneration received as a part of participating. After this information was the option to continue onto the next section which acted as consent and permission to commence the study. (See Appendix).

Results

Descriptive Statistics

The current data set is taken from a sample of 67 participants (*n*=67). This consisted of 94% males (*n*=63) and 6% transgender males (*n*=4). These participants all resided in Ireland at the time of data collection and were between the ages of 18 and 25.

There are three continuous variables including conformity to masculine norms subscales (emotional control, self reliance, heterosexual representation), mental health (anxiety, depression, stress), and mental health help seeking behaviours. Mean, standard deviation, minimum and maximum scores are displayed in Table 1 below pertaining to those stated and age category.

Table 1

Descriptive statistics and reliability of all continuous variables

	Mean	Median	SD	Skewness	Kurtosis	Minimum	Maximum
Masculine norms	4.57	4.00	1.65	.366	-.952	2	8
Mental health	1.28	1.33	.68	.03	-1.05	0	3
Help seeking behaviour	5.00	5.33	1.46	-.63	-.41	2	7
Age	23.09	21.5	2.203	-.769	-.756	18	25

Inferential Statistics

Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. Additionally, the correlations between the predictor variables included in the study were examined. All correlations were weak to moderate, ranging between $r = .17$, $p < .001$ and $r = .41$, $p < .001$. A weak positive linear relationship was apparent

as well as a weak positive linear relationship. This indicates that multicollinearity was unlikely to be a problem (Tabachnick & Fidell, 2007). All variables were statistically correlated with conformity to masculine norms that can be deemed as toxic, which indicates that the data was suitably correlated with the dependent variables for examination through multiple linear regression to be reliably undertaken. Results show 0.7% of the variance of mental health is explained by the conformity to masculine norms. ANOVA table showed significant findings with a p value less than .05. Preliminary analyses were performed to ensure no violation of the assumptions of normality where it is seen that help seeking behaviours were non normally distributed.

Table 2

Correlations between all continuous variables.

Variables	**1**	**2**	**3**
1. Conformity to masculine norms	1		
2. Help seeking behaviour	-.264*	1	
3. Mental health	.200	-.119	1

Note. Statistical significance; *p<.05; ***p*<.01; ****p*<.001

A non parametric Spearman correlation coefficient was utilised in order to assess if conformity to masculine norms predict mental health and help seeking behaviour. There was a small to moderate strength correlation according to the correlation coefficient between conformity to masculine norms and mental health, r (64) = .20, *p*= 107. The significant negative correlation shows as scores increase for conformity to masculine norms, scores for help seeking behaviour decreases, r (64)= -.26, *p*=.032. A standardised coefficient of Beta of .335 indicates if self-reliance scores increase by 1 standard deviation then mental health scores would increase by .335 standard deviations. Heterosexual represntation scores increased by .086 which means mental health scores increased by every 1 standard deviation. Emotional control scores have been seen to increase whereas mental health scores decrease. In relation to scoring of the DASS-21 scale, the measure of mental health, lower scale scores indicate a normal mental health whereas higher scores indicate a low level of mental health(regression table on next page).

Table 3

Standard multiple regression

Help seeking behaviours

	R^2	*B*	*SE*	*β*	*t*	*P*
Model	.140					.024
Emotional control		.188	.201	.114	.934	.354
Self reliance		-.426	.209	-.267	-2.04	.046
Heterosexual representation		-.162	.180	-.115	-.900	.372

Note. R2 = R-squared; β = standardized beta value; B = unstandardized beta value; SE = Standard errors of B; N = 67;

Table 4

Standard multiple regression

Mental health

	R^2	*B*	*SE*	*β*	*t*	*P*
Model	.120					.047
Emotional control		-.009	.095	-.011	-.091	.928
Self reliance		.250	.099	.335	2.52	.014
Heterosexual representation		.013	.086	.019	.148	.882

Note. R2 = R-squared; β = standardised beta value; B = unstandardized beta value; SE =Standard errors of B; N = 67;

Levene's test for equality of variance was non-significant for help seeking behaviour (p = .61) and mental health (p = .88); and therefore, the data does not violate the assumption of homogeneity of variance. Since no a priori hypotheses had been made to determine the order of entry of the predictor variables, a direct method was used for the analysis. The three independent variables associated with masculine norms explained 14% of variance in help seeking behaviours (F(3, 62)=3.37, p=.024), and 12% in mental health (F(3,62)=2.81, p=.047).

In conclusion to these results it can be seen that the variable of self-reliance was the strongest predictor and made a significant contribution for both help seeking behaviours (β=-.011, p=.014) and mental health (β=-.267, p=.046).

Discussion

The current study aimed to investigate the effects conformity to masculine norms that are deemed toxic, has on mental health and help seeking behaviours in young men. Prior findings have shown that men who conform to masculine norms according to the CMNI index, have suffered with mental health problems and have difficulty reaching out for help. These previous studys focused on all 11 subscales whereas this study only took 3 subscales into account; emotional control, heterosexual representation, and self reliance as those in particular fitted the research questions. They were the most relevant to explore in relation to mental health and help seeking behaviour, and could also be used in conjunction with the MHSAS scale and the DASS-21 scale. In the current study the effect of conforming to maculine norms has on mental health and help seeking behaviour was explored within an Irish context of young men aged between 18 and 25. The hypothesis for this study is that conformity to masculine norms that are associated with toxic masculinity will predict low levels of mental health and help seeking behaviour (Parent., Gobble., & Rochlen., 2019; Folberth, 2014; Iwamoto., Brady., Kaya ., & Park., 2018). There was a small to moderate strength correlation according to the correlation coefficient between conformity to masculine norms and mental health, with little or no evidence against the null hypothesis. The significant negative correlation shows as scores increase for conformity to masculine norms, scores for help seeking behaviour decreases, there is strong

enough evidence to suggest a relationship does exist so we reject the null hypothesis and accept the alternative hypothesis. The results from the current study show self-reliance was the strongest predictor and made a significant contribution for both help seeking behaviours and mental health. Men face many risks when conforming to masculine norms depending on their culture or environment. In relation to this study and mental health, a reult of these factors is suicide, which was previously discussed through statistics in the literature review and found in other studies (Affleck., Carmichael., & Whitley, 2018; Patrick & Robertson, 2016; Rice., Fallon., & Bambling, 2011). In one particular study it reinforces the mental health hypothesis through their results in that “conforming to some masculine norms may be deleterious to the mental health of young males, placing them at greater risk of suicidal ideation” (King., Shields., Sojo., Daraganova., Currier., O’Neil & Milner., 2020). Results from this research corresponded with a study conducted within a group of incarcerated men in relation to the subscale of emotional control predicting mental health (Iwamoto., Gordon., Oliveros., Perez-Cabello., Brabham., Lanza., & Dyson., 2012).

There are limitations to this study which are noted. Firstly, the sample size required in relation to the research design and method should be 74 according to Tabachnick and Fidell formula of 50 + 8*1 where 1 is the number of IVs, due to time constraints this required sample size was not fulfilled. The inclusion criteria requested those who are participating in the study should identify as a male or a trangender male, based on these results and survey feedback the research failed to give an accurate representation of transgender males which could be addressed in future research to look at male gender identity in terms of cisgender or transgender status as a

potential moderator to better understand masculine norms within these populations Further recommendations could identify the effects of how conformity to masculine norms affect men of different races and cultures, or high income wage males compared to low income wage males. In terms of future research it would be beneficial to explore conformity to masculine norms and its effects on mental health and help seeking behaviour through a qualitative approach to find specific themes that arise when certain style questions are proposed on a personal interview basis. All three surveys relied on self-report measures which was another limitation in that some may provide invalid answers even with the research being anonymous some participants may have felt shame or similar emotions that may have infringed on their choice of answers. Limitations have aroused in regards to self reported data and biases have become apparent throughout research, for example; selective memory (Hammersley, 1994), telescoping (Dalziel., Li., Scott., & Clarke., 2018), attribution (Miller & Ross, 1975), and exaggeration (Paulhus & Vazire, 2007). A strength derived from this study that could have the potential to also be a limitation, is the age range chosen to represent the data. The age range of 18-25 year olds have the ability to hold various different views and conformity levels based mostly on experience and environment but are of the population that are transitioning into adulthood and going through many life changes during this time; this can be stressful and demanding at times. It can be seen as a limitation in that it doesn't take the older population into account in that different generations hold different perspectives and values but with this research design an older population may be more difficult to access due to convenience sampling being through online recruitment.

Overall the results from this research are consistent with prior findings related to the silent crisis in men's mental health, it shows how men still face stigma and ridicule over expressing their emotions as western society deems this as feminine. The reduction of this stigma is important to break down conformity barriers that impede men from recognising and seeking mental help, as well as improving mental health. More support and awareness would be vital in tackling this growing problem as men seem to still conform to the norms that were proposed hundreds of years ago. These findings highlight the need for not just men to make a change but for healthcare providers to also. Introduction of targeted resources in areas such as secondary schools for early prevention and the workplace would be advantageous and would make it more accessible for men to receive help. Further recommendations concluded from this study is the need for this topic to be explored within different cultures, age groups, and of different gender identities to look at the impact masculine norms has on others, but more importantly to take new approaches in regards to support and accessibility for not just young men struggling but for all men.

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Appendices

Appendix A-Information Sheet

Dear Participant,

I am inviting you to take part in important research surrounding attitudes towards masculinity and mental health by completing the following brief survey. This survey is part of the requirement for the completion of my Bachelors of Psychology at the National College of Ireland.

The purpose of this study is to gain a deeper understanding into young men's attitudes towards masculine norms and mental health using brief self-report questionnaires. The information obtained from this research may help us better understand the relationship between gender norms and mental health, and so your input is highly valuable.

The information you provide will be treated with strict confidentiality. The survey does not require any personal, identifiable information (i.e., your name, email address) or any information which can be traced to you and so your participation is anonymous. The data from this study will be held on a password-protected computer, to which only the lead researcher will have access. A report of the study will be produced to meet course requirements and may be submitted for publication, but the data will be analysed on an aggregate level, and no individual participants will be identifiable. Your data may be shared with other researchers if requested after publication. However, there is no identifying information in the data and your responses will be completely anonymous. Those of whom currently diagnosed with a clinical condition or a cognitive disability are unfortunately excluded from this research for participant protection.

There is no physical risk involved within this study, participants may feel risen emotions while answering some questions but not extremely.

Participation in this research is voluntary. You can discontinue the study simply by closing your internet browser window. However, you will be unable to withdraw after completing the study, as the data analysis process may have begun and as all responses are anonymous, we will not be able to identify your data.

The whole survey will take approximately 20 mins to complete. At the conclusion of this study, you will receive further information to inform you about the nature of this research. Should you have any concerns or need clarification at any point, you may reach out to the lead researcher through the following email: x19432064@student.ncirl.ie

By completing this survey, you are consenting to participate in this study. If you do not wish to participate you can close this internet browser window.

Thank you.

Roisin Maher.

Appendix B- Debriefing Sheet

This study was conducted to investigate if there is a relationship between masculine traits associated with toxic masculinity and men's mental health and their help seeking behaviour. The aim is to gain a deeper understanding as to why men keep their emotions concealed to a level where their mental health may be compromised; but also about the relationship between certain traits of masculinity and mental health issues and attitudes towards help seeking behaviour.

Please click the 'Submit' button at the end of this page to submit your data for inclusion in this study. Again, we wish to reassure you that the information you provided is anonymous and will be treated with strict confidentiality. No individual will be identifiable, all data will be analysed at an aggregate- or group-level. If you do not wish to participate you can close out of this internet browser window. You will be unable to withdraw after completing the study and submitting your responses as the data analysis process may have begun and, as all responses are anonymous, we will not be able to identify your data.

We would like to thank you for your participation. Should you require a follow up or have any further questions, you may reach out to the lead researcher (Roisin) at the following e- mail address: x19432064@student.ncirl.ie

If you have been affected by any of the topics addressed in this study, please reach out for support to the Samaritans on freephone 116 123 or email jo@samaritans.ie; support is also available at AWARE Support Line freephone 1800 80 48 48 or support mail supportmail@aware.ie and Men's Aid Ireland : 01 554 381.

Thank you,

Roisin Maher (Lead Researcher)

Appendix C-Demographic Questionnaire

What age are you?

18

19

20

21

22

23

24

25

What is your current gender identity?

Male

Transgender Male

Do you currently reside in Ireland

Yes

No

Appendix D- DASS-21 scale

Please read each statement and select either 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement. The rating scale is as follows:

0 Did not apply to me at all

1 Applied to me to some degree, or some of the time

2 Applied to me to a considerable degree or a good part of time

3 Applied to me very much or most of the time

Q1.I found it hard to wind down

Q2. I was aware of dryness of my mouth

Q3.I couldn’t seem to experience any positive feeling at all

Q4. I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)

Q5.I found it difficult to work up the initiative to do things

Q6.I tended to over-react to situations

Q7.I experienced trembling (e.g. in the hands)

Q8. I felt that I was using a lot of nervous energy

Q9. I was worried about situations in which I might panic and make a fool of myself

Q10. I felt that I had nothing to look forward to

Q11. I found myself getting agitated

Q12. I found it difficult to relax

Q13. I felt down-hearted and blue

Q14. I was intolerant of anything that kept me from getting on with what I was doing

Q15. I felt I was close to panic

Q16. I was unable to become enthusiastic about anything

Q17.I felt I wasn’t worth much as a person

Q18. I felt that I was rather touchy

Q19.I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)

Q20. I felt scared without any good reason

Q21.I felt that life was meaningless

Appendix E- MHSAS scale

For the purposes of this survey, “mental health professionals” include psychologists, psychiatrists, clinical social workers, and counsellors. Likewise, “mental health concerns” include issues ranging from personal difficulties (e.g., loss of a loved one) to mental illness (e.g., anxiety, depression).

Please mark the circle that best represents your opinion. For example, if you feel that your seeking help would be extremely useless, you would click the "1" circle closest to "useless." If you are undecided, you would click the "4" circle. If you feel that seeking help would be extremely useful, you would click the "7" circle that is closer to "useful." For example for the first question; 1 indicates extremely useless, 2 indicates useless, 3 indicates slightly useless, 5 indicates slightly useful, 6 indicates useful, and 7 indicates extremely useful.

Q. If I had a mental health concern, seeking help from a mental health professional would be…

Words proposed:

Useless-Useful

Unimportant-Important

Unhealthy-Healthy

Ineffective-Effective

Bad-Good

Hurting-Healing

Disempowering-Empowering

Unsatisfying-Satisfying

Undesirable-Desirable

Appendix F- CMNI-22

Thinking about your own actions, feeling and beliefs, please indicate how much you personally agree or disagree with each statement by selecting;

0 for “Strongly Disagree”,

1 for “Disagree”

2 for “Agree”

3 for “Strongly Agree”

There are no right or wrong answers and it is best if you respond with your first impression when answering.

Q1. It would be awful is someone thought I was gay

Q2. I like to talk about my feelings

Q3. It is important to me that people think I am heterosexual (attracted to the opposite sex)

Q4. I tend to share my feelings

Q5. I never ask for help

Q6. It bothers me when I have to ask for help

Proof of SPSS data

SPSS Statistics File Edit View Data Transform Analyze Graphs Utilities Extensions Window Help 51% Wed 14:20 Roisin Maher

thesis spss.sav [DataSet1] - IBM SPSS Statistics Data Editor

	Name	Type	Width	Decimals	Label	Values	Missing	Columns	Align	Measure	Role
1	AGE	Numeric	11	0	what age are y...	{1, 18}...	None	11	Right	Scale	Input
2	GENDER	Numeric	11	0	what is your cu...	{1, Male}...	None	37	Right	Nominal	Input
3	DASS_1	Numeric	11	0	I found it hard ...	{0, not at al...	None	11	Right	Nominal	Input
4	DASS_2	Numeric	11	0	I was aware of ...	{0, not at al...	None	11	Right	Nominal	Input
5	DASS_3	Numeric	11	0	I couldn't seem...	{0, not at al...	None	11	Right	Nominal	Input
6	DASS_4	Numeric	11	0	I experienced ...	{0, not at al...	None	11	Right	Nominal	Input
7	DASS_5	Numeric	11	0	I found it diffic...	{0, not at al...	None	11	Right	Nominal	Input
8	DASS_6	Numeric	11	0	I tended to ove...	{0, not at al...	None	11	Right	Nominal	Input
9	DASS_7	Numeric	11	0	I experienced t...	{0, not at al...	None	11	Right	Nominal	Input
10	DASS_8	Numeric	11	0	I felt that I was...	{0, not at al...	None	11	Right	Nominal	Input
11	DASS_9	Numeric	11	0	I was worried a...	{0, not at al...	None	11	Right	Nominal	Input
12	DASS_10	Numeric	11	0	I felt that I had...	{0, not at al...	None	11	Right	Nominal	Input
13	DASS_11	Numeric	11	0	I found myself ...	{0, not at al...	None	11	Right	Nominal	Input
14	DASS_12	Numeric	11	0	I found it diffic...	{0, not at al...	None	11	Right	Nominal	Input
15	DASS_13	Numeric	11	0	I felt down-he...	{0, not at al...	None	11	Right	Nominal	Input
16	DASS_14	Numeric	11	0	I was intoleran...	{0, not at al...	None	11	Right	Nominal	Input
17	DASS_15	Numeric	11	0	I felt I was clos...	{0, not at al...	None	11	Right	Nominal	Input
18	DASS_16	Numeric	11	0	I was unable to...	{0, not at al...	None	11	Right	Nominal	Input
19	DASS_17	Numeric	11	0	I felt I wasn't ...	{0, not at al...	None	11	Right	Nominal	Input
20	DASS_18	Numeric	11	0	I felt that I was...	{0, not at al...	None	11	Right	Nominal	Input
21	DASS_19	Numeric	11	0	I was aware of ...	{0, not at al...	None	11	Right	Nominal	Input
22	DASS_20	Numeric	11	0	I felt scared wi...	{0, not at al...	None	11	Right	Nominal	Input
23	DASS_21	Numeric	11	0	I felt that life ...	{0, not at al...	None	11	Right	Nominal	Input
24	MHSAS_1	Numeric	11	0	If I had a ment...	{1, extreme...	None	11	Right	Nominal	Input
25	MHSAS_2	Numeric	11	0	If I had a ment...	{1, extreme...	None	11	Right	Nominal	Input
26	MHSAS_3	Numeric	11	0	If I had a ment...	{1, extreme...	None	11	Right	Nominal	Input
27	MHSAS_4	Numeric	11	0	If I had a ment...	{1, extreme...	None	11	Right	Nominal	Input
28	MHSAS_5	Numeric	11	0	If I had a ment...	{1, extreme...	None	11	Right	Nominal	Input
29	MHSAS_6	Numeric	11	0	If I had a ment...	{1, extreme...	None	11	Right	Nominal	Input

Data View Variable View

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Evidence of SPSS output for both variables

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Output thesis.spv [Document2] - IBM SPSS Statistics Viewer

control, self reliance[b]

a. Dependent Variable: mental health

b. All requested variables entered.

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.346[a]	.120	.077	.657	.120	2.810	3	62	.047

a. Predictors: (Constant), hetero rep, emotional control, self reliance

b. Dependent Variable: mental health

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.640	3	1.213	2.810	.047[b]
	Residual	26.763	62	.432		
	Total	30.402	65			

a. Dependent Variable: mental health

b. Predictors: (Constant), hetero rep, emotional control, self reliance

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	.835	.254		3.289	.002	.328	1.342
	emotional control	-.009	.095	-.011	-.091	.928	-.199	.182
	self reliance	.250	.099	.335	2.526	.014	.052	.448
	hetero rep	.013	.086	.019	.148	.882	-.158	.184

a. Dependent Variable: mental health

Residuals Statistics[a]

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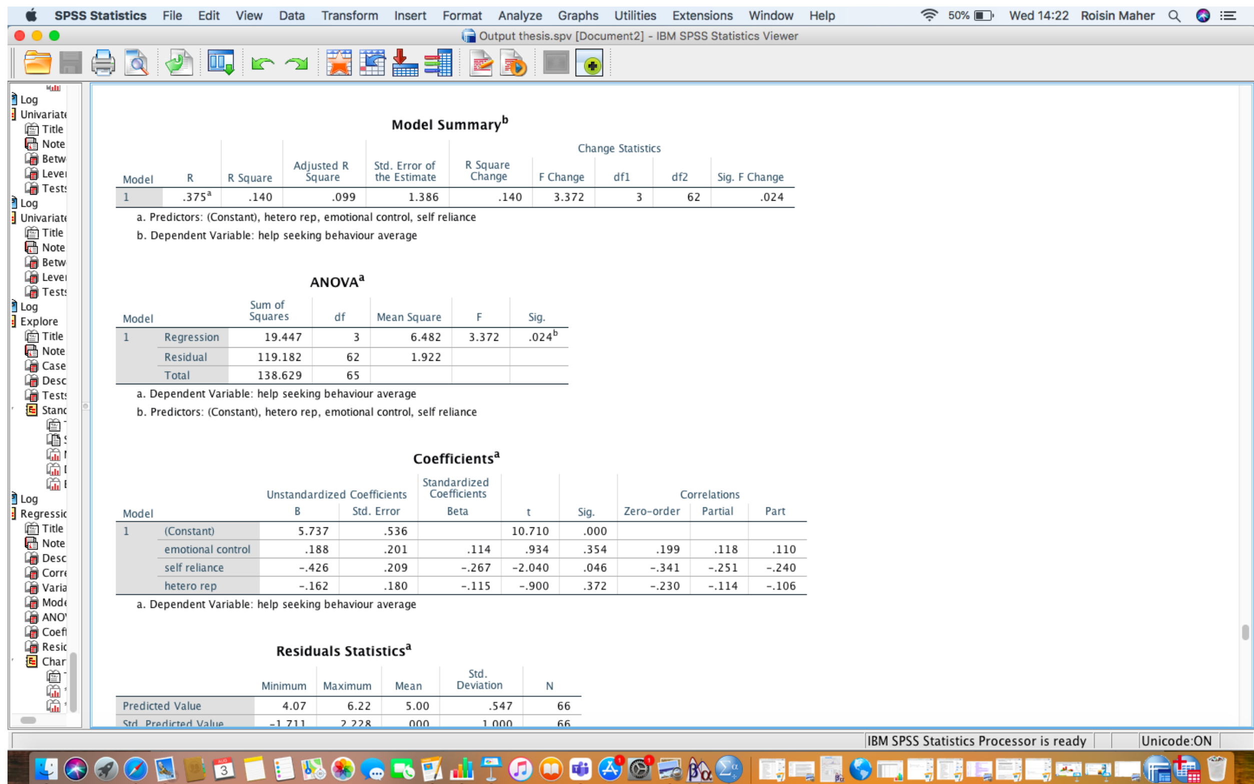

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.375[a]	.140	.099	1.386	.140	3.372	3	62	.024

a. Predictors: (Constant), hetero rep, emotional control, self reliance

b. Dependent Variable: help seeking behaviour average

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	19.447	3	6.482	3.372	.024[b]
	Residual	119.182	62	1.922		
	Total	138.629	65			

a. Dependent Variable: help seeking behaviour average

b. Predictors: (Constant), hetero rep, emotional control, self reliance

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations		
		B	Std. Error	Beta			Zero-order	Partial	Part
1	(Constant)	5.737	.536		10.710	.000			
	emotional control	.188	.201	.114	.934	.354	.199	.118	.110
	self reliance	-.426	.209	-.267	-2.040	.046	-.341	-.251	-.240
	hetero rep	-.162	.180	-.115	-.900	.372	-.230	-.114	-.106

a. Dependent Variable: help seeking behaviour average

Residuals Statistics[a]

	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	4.07	6.22	5.00	.547	66
Std. Predicted Value	-1.711	2.228	.000	1.000	66