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Millennial Men: A Correlational Study between Masculinity, Emotional Expression, and Mental Health

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by

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publically present the findings of the study. This project is neither a Master's thesis nor dissertation.

Abstract

This study aimed to explore the question: do American, millennial men that try to achieve masculine ideals have less ability to express themselves emotionally and do they have less positive mental health and well-being? The population sample gathered consisted of 44 American, male participants between the ages of 35 and 21. The data was measured via a survey that consisted of two questionnaires, the Gender Role Conflict Scale and the Warwick-Edinburgh Mental Well-Being Scale as well as several demographic questions consisting of a total of 55 questions for the survey. The survey was administered online via Qualtrics Survey Software. The design of the study was a quantitative, correlational design. The results did not find a significant, positive relationship between gender role conflict and mental health and well-being or between emotional expression and mental health and well-being. Participants in this study had an average of moderate levels of gender role conflict (not severe levels of gender role conflict) and average mental well-being scores suggesting that men may be experiencing less gender role conflict pressures than men from previous studies. Gaining understanding and perspective on how this could affect men may be beneficial towards understanding what new generations of men are struggling with and how they may differ from previous generations.

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Research conducted in 2010 by the United States Census Bureau found that older women outnumber older men while younger men outnumber younger women; however, women begin to outnumber men above the age of 35 (U.S. Census Bureau, 2014). Creighton and Oliffe (2010) found that sex comparisons reveal men as more likely than women to die earlier and experience more debilitating injury (p. 409). Additionally, Creighton and Oliffe claimed that, "This trend has been positioned as somewhat inevitable, an outcome of men's innately charged tendencies for risk-taking and reluctance around help seeking" (p. 409). On average, men die five years earlier than women and some behavioral scientists theorize that this is possibly due to masculine socialization (Murray-Law, 2011, p. 58). Gilles Tremblay, a social work professor at Laval University in Quebec City stated that, "This five year average difference in life expectancy can attribute one year to biological influences while the rest are cultural" (Murray-Law, p. 58).

Cultural influence is embedded within masculinity's norms and expectations. To define dominant aspects of manhood and masculine traits, the term hegemonic masculinity has been commonly used. Connell (2005) stated that "Hegemonic masculinity can be defined as the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women" (p. 77). Schofield, Connell, Walker, Wood, and Butland (2000) stated that "in contemporary mass society, a great deal of common ground is created by mass media,

large-scale institutions, and economic structures. Therefore, a familiar pattern of masculinity exists that is hegemonic in the society as a whole" (p. 252). Several forms of media are a source of communication and socialization of cultural ideals of masculinity and femininity—including television, magazines, and the Internet. Femiano and Nickerson (1989) found that television characters played by men perpetuated stereotypical masculine behaviors with men being portrayed within a restricted range of masculine traits while less masculine traits were displayed by supporting characters and portrayed as flawed and a source of humor or difficulty.

Stereotyping of gender norms can be found in other forms of cultural communication as well such as advertisements for commercial products. For example, Fleming, Joseph, Lee, Shari, and Dworkin (2014) provided the example of the tobacco industry in their research and found that the tobacco industry worked to move smoking into a socially acceptable behavior for women to boost profits as well as reinforcing notions of masculinity to draw males into tobacco addiction (p. 1031). Fleming et al. further found that "Other industries have long profited from recognizing, leveraging, and reinforcing beliefs about aspirational signifiers of gender, thus shaping men's and women's health-related behaviors" (p. 1031). This type of stereotyping is not only influencing health-related behaviors of men and women—such as using tobacco, but perpetuating gender norms as well.

Boles and Hoeveler (2004) defined gender norms as "Those qualities of femaleness and maleness that develop as a result of socialization rather than biological predisposition" (p. 146). Fleming et al. found that men's behaviors are largely influenced by socially constructed gender norms saying that, "Those men who do not outwardly

adhere to the most dominant and highly valued aspects of manhood in contemporary terms may be relegated to lower social status" (p. 1030). Haggett (2014) found that, "There is now a widespread acceptance among social scientists and historians that masculine traits are not essential attributes but that they are in large part socially and culturally constructed, it is the familiar image of the tough, stoic male that remains dominant or 'hegemonic' masculinity in the developed Western World" (p. 426).

According to Seymour, Smith, and Torres (2012), "American society socializes boys and men to conform to a definition of masculinity that emphasizes toughness, stoicism, acquisitiveness, and self-reliance and that leads to aggressive, emotionally stunted males who harm not just themselves but their children, partners and entire communities" (Clay, p. 52). Femiano and Nickerson (1989) found that men were influenced to avoid traits that could be perceived as feminine; this included the ability to experience a range of emotions. Brooks (2001) found that men, who attempt to remain faithful to the most powerful dictates of the male role, will be subject to a wide range of emotional, psychological, and behavioral dysfunctions (p. 287). Men of all ages experience these dysfunctions by attempting to live up to male gender roles, but there has particularly been a lot of research around young men.

Due to pressures from society to achieve masculine ideals, many young men are struggling to live up to male gender norms. For example, Tang, Oliffe, Galdas, Phinney, and Han (2014) found that depression is seen as incongruent with masculine ideals. Michael et al. (2006) found that rates of depression among college men were higher than women; yet of the 99 men in the study, only 5 were receiving treatment (p. 219). Jeffries et al. (2012) found that, "Young men, in particular, have been seen to disregard health

and to engage in unhealthy behaviors" (p. 899). Additionally, Jeffries et al. found, "Young men have been inhibited from seeking help through self-perceptions of invulnerability and pressure to demonstrate independence" (p. 899).

This knowledge is important for the field of social work because young men have been at particular risk of dysfunctional emotional expression and mental health and well-being concerns due to pressures of fitting the male gender norms associated with masculinity. The National Institute of Mental Health (NIMH) found in 2012 that the prevalence of any mental illness among men ages 18-25 was 19.6% and among men ages 26-49 it was 21.2% (National Institute of Mental, n.d.). Additionally, NIMH found that, "Among adults aged 18 or older in 2012, women were more likely than men to use mental health services in the past year (18.6 vs. 10.2 percent)" (National Institute of Mental, n.d.). This is important for social workers to be aware of while working with this population since men are less likely to seek services and do not usually openly express themselves. This can make it more difficult to assess for mental health and well-being concerns. Based on these concerns, the research question being proposed then is: do American, millennial men that try to achieve masculine ideals have less ability to express themselves emotionally and do they have less positive mental health and well-being?

Literature Review

There have been many studies conducted to explore the topic of masculinity and its potential influence on men. Kahn, Brett, and Holmes (2011) claimed that, "Examining masculinity ideologies and gender-role conflict have demonstrated a link between conformity to dominant masculinity norms and multiple phenomenon including depression, body image and embodiment, disclosing abuse, dominating others, loneliness,

alcohol use, risk-taking, body-image and disability, overall psychological distress, self-concept, and help-seeking" (p. 68). This section discusses some of the studies that were conducted on the topics involved in masculinity; specifically men's emotional expression and the relationship to their mental health and well-being.

Gender Roles and Emotional Expression

Masculinity has its own set of gender norms and expectations. O'Neil (1981) stated that,

> the masculine mystique and value system compromises a complex set of values and beliefs that define optimal masculinity in society. These values and beliefs are learned during early socialization and are based on rigid gender role stereotypes and beliefs about men and masculinity. From these stereotypes emerge numerous assumptions, expectancies, and attitudes about what U.S. manhood really means (p. 205).

Common stereotypes and depictions throughout American history display women as nurturers and caregivers and men as providers and authority figures. Forte (2007) described masculinity as, "Including assertive behaviors, tough behaviors, and behaviors geared toward the attainment of material success, while femininity includes modest behaviors, tender behaviors, and behaviors geared toward improving the quality of relationships and life" (p. 361). As a result of these gender norms, there are pressures experienced by both men and women to achieve the expectations assigned to their gender. Specifically for men, there are expectations to be a provider, earn a higher income, to be physically strong and show no weaknesses. Weaknesses can include

typically feminine gender norms such as displaying affection, crying, or openly experiencing and expressing empathy for others.

Zartaloudi (2011) found that men often reject gender-specific behaviors considered traditionally as feminine—which includes, but is not limited to emotional intimacy, vulnerability, and emotional dependency. The problem with these gender roles is that they restrict both men and women from reaching their potential to experience a full range of human emotions that are naturally occurring and healthy to express and understand. Fischer and Good (1997) found that, "Men reporting greater gender role conflict also acknowledged greater levels of difficulty expressing, and describing emotional responses as well as a fear of intimacy, even after controlling for socially desirable responding" (p. 160). Campbell, Rondon, Galway, and Leavey (2011) interviewed service providers who worked with at-risk and vulnerable young men and reported that, "Several workers offered explanations about how the notion of masculinity often closed down opportunities for young men to express hidden feelings because of expectations of the masculine role" (p. 63). One example follows: "…part of it is a masculinity macho thing and if they've got problems they should be able to deal with it themselves without having to seek help from anyone else" (p. 64).

Bendelow and Williams (2002) theorize that within modern masculinity men always have to be ready to prove their male identity—this control is built around the automatic suppression of emotions, feelings, and desires. O'Neil (2013) claimed that, "When a man cannot achieve expected masculine norms emanating from masculine ideologies, he may devalue and blame himself" (p. 494). Men experiencing these feelings of devaluation and blame may also begin to experience mental health concerns—

such as depression or anxiety, as a result. Zartaloudi (2011) found that some men are particularly affected by culturally prescribed gender-role concerns and many scholars have hypothesized that men may experience a loss of psychological well-being trying to achieve the masculine goals related to the restrictive nature of gender role socialization. O'Neil (2013) stated that, "On reviews of the masculinity ideology studies, there is indication that restrictive ways of thinking about masculine norms are significantly correlated with men's psychological problems and interpersonal conflicts" (p. 492).

Impact on Men's Mental Health and Well-Being

Men's well-being and mental health have been found to have a relationship with male gender norms. Brooks (2001) found that, "A growing body of research provides evidence that loyalty to traditional ideas about masculinity is negatively associated with men's health" (p. 290). Similarly Murray-Law (2011) quoted Ronald Levant as saying that, "Masculine gender socialization is hazardous for men's health, posing a double whammy of poorer health behaviors and lower use of health care" (p. 58). Additionally, Murray-Law claimed that "Men are 25 percent less likely than women to have visited a health-care provider in the past year" (p. 58). Schofield, Connell, Walker, Wood, and Butland (2000) found that, "Men visit general practioners' and specialists' offices less frequently and spend less time in hospitals, to which they are also admitted at lower rates" (p. 248). Courtenay (2000) found that regardless of income or ethnicity and even when men have serious health problems, they are more likely than women to have had no recent contact with a physician.

Emslie and Hunt (2009) learned that, "Of the studies that took a gendered approach to investigating men's experiences with heart disease, many men displayed

hegemonic masculine behaviors while talking about the implications of the disease for their identity, relationships and paid work" (p. 155). Emslie and Hunt additionally found that, "The narratives of the men in the study remained 'gendered' and there was little display of breakdown of masculine norms, even in the event of the illness—for example demonstrating stoicism through delaying seeking help" (p. 155). Research has found that men have difficulty seeking and asking for help. Amato and MacDonald (2011) examined risk factors for homeless men and the relationship to gender role conflict and help seeking behavior and found that, "Nearly 70 percent of respondents were ashamed to ask for help and approximately 50 percent felt that it bothered them to have to ask for help" (p. 231). Amato and MacDonald also found that nearly two-thirds of the participants reported difficulty or inability to ask for help when needed and reported finding it difficult to ask for help for their psychological problems (p. 233). This lack of help-seeking behavior is congruent with the male gender norms of independence. Winerman (2005) noted that "Good theorizes that it is not biologically determined that men will seek less help than women and that it must mean it is socialization and upbringing and that men learn to seek less help" (p. 57). Furthermore, according to Rochlen, the men who need mental-health services the most are the least interested in getting help (American Psychological Association, 2005).

The findings from a study by Cleary (2012) demonstrate that, "Men experienced high levels of emotional pain but had problems identifying symptoms and disclosing distress and this, along with the coping mechanisms used, was linked to a form of masculinity prevalent in their social environment" (p. 498). The National Institute of Mental Health (NIMH) found that about six million American men suffer from

depression and are unlikely to seek help (American Psychological Association, 2005). A study by Valkonen and Hanninen (2013) was done to observe the connection between masculinity and depression using a sample of Finnish men who had self-identified as depressed. Valkonen and Hanninen found that, "Depression could be seen as a consequence of both realized and unattained hegemonic masculinity; moreover, some men challenged the hegemonic masculinity and thought the cause of their depression was within the sociocultural gender order" (p. 160). This means that men were blaming socially established gender norms for their mental health problems.

Gaps in Previous Research

Previous research has lead us to recognize that the gender roles associated with masculinity have an influence on men and their behaviors and also thusly on their mental health and ability to express emotions. However, there are some areas relevant to this topic that were not covered by previous research. One would be any comparative generational differences between men born in different eras and their experiences with masculinity. These differences between generations might account for cultural norms during specific time periods which are constantly shifting due to the acceptable behaviors of the time. For example, it was not acceptable for women to work full-time in the 1950s and men to take responsibility of the stay-at-home parent role, whereas in today's society untraditional gender roles are somewhat more widely accepted. These differences between cultures and generations are why it is important to study a specific generation of men in relation to their views on the current state of accepted masculinity standards.

Conceptual Framework

The research for this study has been reviewed through the lens of two conceptual frameworks, symbolic interactionism and the psychosocial model of human development. The themes discussed in the literature review found that male gender norms have a negative impact on men's mental health and well-being and their ability to express emotion. The purpose of this section is to relate the psychosocial model of human development and symbolic interactionism theory to the themes found throughout the literature review.

Forte (2007) noted that, "Socialization is the process that facilitates member internalization of what is necessary for conformity to the social system. It involves teaching novices how to perform as competent and responsible system members" (p. 182). In American society, two major and widely accepted social systems of people are the male sex and the female sex—both of which have their own set of socially accepted gender norms. When a person is labeled a male he or she is then socialized to conform to the male social system and adhere to the accepted gender norms of that social system.

According to Forte (2007), "Symbolic interactionism has been the theory of choice for understanding human socialization" (p. 387). Blumer (1969) explained symbolic interactionism as resting on three premises:

> the first premise is that human beings act toward things on the basis of the meanings that the things have for them. The second premise is that the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows. The third premise is that these meanings are handled in, and

> modified through, an interpretive process used by the person in dealing with the things he encounters (p. 2).

In other words, symbolic interactionism theorizes that human beings develop a sense and meaning of the self and world through interactions with their environment and other human beings. Their behaviors will be defined and influenced based on the meanings and interpretations they have learned through their interactions and socialization.

With regard to this research, when gender norms are established and accepted within a society, those gender norms are socialized and learned through interactions human beings have with each other and their environment. Consequently, human beings internalize these socially accepted gender norms and define themselves and each other by each gender's specific set of characteristics. Forte (2007) explained this further with Cahill's interactionist approach as, "Our induction into a gender club started before we had any choice in the matter, has effects permeating all our other membership activities, and becomes so automatic that rejecting the club's bylaws seems very difficult" (p. 390). Forte (2007) noted that Cahill's recruitment approach to gender socialization builds on the core tenants of the interactionist framework and further explained a summary of the macro structures, processes and outcomes identified in Cahill's model of gender socialization as follows:

> macro influences include media images of boys and girls and men and women and cultural standards regarding appearance, masculinity, and femininity. Interactional processes include social labeling, instruction from socializing agents, playful experiments with fashion and toys, and reflected appraisals from significant others. Possible personal outcomes include skill at appearance

> management, coherent or confused gender identity, and preferences for 'masculine' or 'feminine' behaviors (p. 388).

The second conceptual framework is Erik Erikson's psychosocial model of human development. Unlike Freud's approach that focuses on the id and superego, Erikson's model focuses more on the ego. Forte (2007) stated that, "The ego is the personality component that assists in moderating inner and outer conflict. The ego is essential for general adaptation and to meet the specific psychosocial crises associated with each step in the socially structured life cycle" (p. 296). With regard to ego psychology, McLeod (2008) noted that, "Erikson emphasized the role of culture and society and the conflicts that can take place within the ego itself, whereas Freud emphasized the conflict between the id and superego." Forte (2007) explained Erikson's model as:

> there is a two-way exchange between the developing person and the agents of socialization. A child's parents profoundly influence his or her development, but the child also influences the development of the parental adults. The realization of developmental possibilities for self-control or for identity consolidation, for example, depends on a supportive society, and the developing person may rebel and attempt to remake the social conditions affecting development (p. 298).

In other words, Erikson's psychosocial model of development is "The learning of psychological and social competencies associated with specific and socially structured stages" (Forte, 2007, p. 297).

In relation to this project's research, Erikson's model of psychosocial development found that people are socialized throughout each stage of development via the social exchanges they have with their parents and other members of society. Gender

norms are then learned during the earlier stages of development and young males learn established gender norms and conform to these expectations. As stated before, previous research has found that male gender norms have shown to have negative relationships with men's expressivity, mental health, and well-being resulting in depression, anxiety, and lack of help-seeking behavior. These negative behaviors could be the result of the ego moderating the inner and outer conflict that men experience while trying to achieve expectations of male gender norms.

Methods

Research Question and Hypothesis

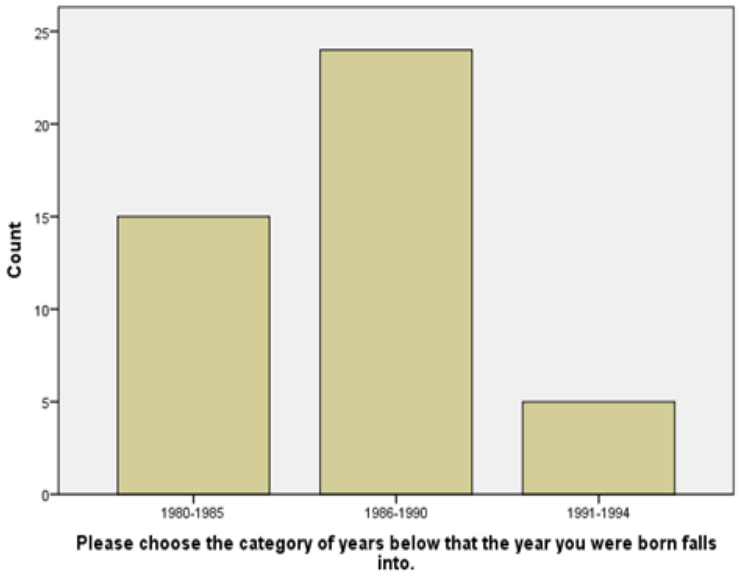
This study aimed to investigate the following questions: Do American, millennial men that try to achieve masculine ideals have less positive mental health and well-being? The second question is: is there a negative correlation between American millennial men's ability to express emotions and their mental health and well-being? The hypothesis for this study is: American millennial men that try to achieve masculine ideals will have less ability to express themselves emotionally and they will have less positive mental health and well-being than men that try less to achieve masculine ideals.

Participants

This study focused on males that were born and raised in the United States of America. The participants were from the specific age range of the millennial generation. The millennial generation or Generation Y, were born from 1980 onward. Since there is no definition of the millennial generation that has an agreed upon end date to define the age range of the whole generation, the year 1994 was used as the end date to assure that all participants will be adults for research purposes. A total of 65 participants began the

survey; however, only 44 participants completed the survey. Of the 44 participants who completed the survey, 15 participants (34.1%) were born between 1980-1985, 24 participants (54.5%) were born between 1986-1990, and 5 participants (11.4%) were born between 1991-1994 (Figure 1.).

Figure 1



Additionally, the educational levels of the population sample were collected. The majority of the participants reported having received some college but no degree or higher for their education level. The categories that had the highest percentage of participants were a bachelor's degree (38%), some college no degree (23%), and trade/technical/vocational training (13%). The rest of the participants fell into the other educational level choices (some high school-no diploma; high school graduate, diploma or GED; associate degree; master's degree; or professional degree). None of the participants reported receiving a doctorate degree or other.

Recruitment

All communication between the researcher and participants was online so participants were required to have access to a computer and the Internet. Participants were recruited through social media forums via acquaintances of the researcher. They agreed to post the survey link and recruitment statement (see Appendix B) in online forums and social media outlets they participated in. The researcher also posted the survey link and recruitment statement on a social media website. The study was voluntary and the participants were asked for their informed consent by asking them to read and agree with the consent form before they began the survey (see Appendix A).

Measures

The data was collected via self-report by completing an online survey through Qualtrics that took between 10-20 minutes to complete. Two questionnaires were included within the survey as well as several demographic questions that were used as exclusionary conditions for participants who may not fit the criteria of the target population for this study (male, American, and specific age range) and to gain more understanding about the population that was used, such as their level of education. The two questionnaires that were used are the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) and the Gender Role Conflict Scale (GRCS). The two questionnaires equaled an amount of 51 items together. Including the demographic questions, there was a total of 55 items on the survey.

Mental Well-Being

The first variable is mental well-being and was operationalized by the score the participants had after completing the WEMWBS. The WEMWBS compromises 14 items

that relate to an individual's state of mental well-being in the previous two weeks and measures the participant's current state of perceived mental well-being (Stewart-Brown & Janmohamed, 2008). Each of the 14 item responses in WEMBS are scored from one (none of the time) to five (all of the time) and a total scale score is calculated by summing the 14 individual items. The minimum score is 14 and the maximum score is 70 (Stewart-Brown & Janmohamed, 2008). The average score is between 41 and 59. If respondents score between 0-32, their well-being score is considered very low. If respondents score between 32-40, their well-being score is considered below average. If respondents score between 40-59, their well-being score is considered average, and if respondents score between 59-70, their well-being score is considered above average (NHS Choices, 2011).

"The WEMWBS was included in two national Scottish population surveys in 2006 allowing validation using population data" (Stewart-Brown & Janmohamed, 2008, p. 4). The scale was tested for construct validity, internal consistency, test-retest reliability and face validity (Stewart-Brown & Janmohamed, 2008, p. 6). Stewart-Brown and Janmohamed found that, "Correlations were moderately high between WEMWBS and the: Scale of Psychological Well-Being Satisfaction with Life Scale; Short Depression Happiness Scale; Positive and Negative Affect Scale – positive subscale; and the WHO-Five Well-being Index" (p. 6). These findings mean that there are relationships between the WEMWBS and other scales or factors known to affect the concept being measured (Stewart-Brown &Janmohamed, 2008, p. 6). The WEMWBS also had a high Cronback's alpha coefficient score of 0.89 suggesting that there is a good level of internal consistency (Stewart-Brown & Janmohamed, 2008, p. 11). The WEMWBS had a high

test-retest score suggesting that, “The transient fluctuations that a person may experience from one day to the next are not reflected in the scores” (Stewart-Brown & Janmohamed, 2008). Results from focus group discussions on the face validity of the WEMWBS suggested that the scale was clear, user-friendly and unambiguous (Stewart-Brown & Janmohamed, 2008, p. 6).

Gender Role Conflict

The variable that measured the participant’s level of internal conflict with trying to achieve masculinity ideals was gender role conflict (GRC) and was operationalized by the Gender Role Conflict Scale (GRCS). GRC as defined by James O’Neil (2013) is “A psychological state in which socialized gender roles have negative consequences for the person or others and occurs when rigid, sexist, or restrictive gender roles result in restriction, devaluation, or violation of others or self” (p. 490). O’Neil stated that, “The ultimate outcome of GRC is the restriction of a person’s human potential or the restriction of another person’s potential” (p. 490). O’Neil created a scale to measure gender role conflict called the Gender Role Conflict Scale (GRCS).

The GRCS helps to measure the effect masculinity ideals have on men by examining some of the common themes of masculinity including: power, success and competition, restrictive emotionality, restrictive affectionate behavior between men, and conflict between work and family relations. The GRCS consists of 37 items with four factors. This scale overall measures the amount of gender role conflict experienced by participants based on the four subscale factors. The scale factors include: Factor 1, (Success, Power, Competition consists of 13 items) this factor describes personal attitudes about success pursued through competition and power; Factor 2 (Restrictive

Emotionality, consists of 10 items) this factor is defined as having difficulty and fears about expressing one's feelings and difficulty finding words to express basic emotions; Factor 3 (Restrictive Affectionate Behavior Between Men, consists of eight items) this factor is described as having limited ways to express one's feelings and thoughts with other men and difficulty touching other men; Factor 4 (Conflict Between Work and Family Relations, consists of six items) this factor is described as experiencing difficulties balancing work-school and family relations resulting in health problems, overwork, stress, and lack of leisure and relaxation (O'Neil, n.d.). All items are rated on a Likert scale of (1) strongly disagree to (6) strongly agree with higher scores indicating greater degree of gender conflict factors (O'Neil, n.d.).

The GRCS has been assessing gender role conflict for 25 years (O'Neil, n.d.). "The GRCS was developed in a systematic way through item generation and reduction, content analysis of times, factor analysis, and tests of reliability" (O'Neil, n.d.). "The GRCS score was defined as an overall assessment of the GRCS across the four factors and assessments of the scales' reliabilities found internal consistency reliabilities scores ranges from .75 to .85 and test-retest reliabilities ranging from .72-.86 for each factor (O'Neil, n.d.). A high score on the GRCS suggests the participant experiences a higher degree of gender role conflict while a lower score suggests a lesser degree of gender role conflict. These findings mean a high score on the GRCS suggests the participant experiences more struggles with masculinity ideals and a lower score suggests the participant experiences less struggles with masculinity ideals. Each subscale can be scored individually as well measuring for Success Power and Competition (Factor 1), Restrictive Emotionality (Factor 2), Restrictive Affectionate Behavior between Men

(Factor 3) and Conflict between Work and Family Relations (Factor 4). The restrictive emotionality subscale will be used to measure the emotional expression.

Emotional Expression

The variable measuring the participants' degree of ability to express themselves was Restrictive Emotionality (RE). RE was operationalized by the Restrictive Emotionality subscale of the GRCS. O'Neil defined RE as, "Having difficulty and fears about expressing one's feelings and difficulty finding words to express basic emotions" (O'Neil, n.d.). With regard to assessment of the subscales' reliabilities, O'Neil found that, "Internal consistency reliabilities scores ranged from .75 to .85 and test-retest reliabilities ranging from .72-.86 for each factor" (O'Neil, n.d.).

Design and Procedure

This research was a quantitative, correlational study that examined possible relationships between participants' male gender norms and behaviors and their mental health and well-being and expressivity. The WEMWBS and GRCS were combined into one survey along with four demographic questions. The survey was anonymous and was administered online via Qualtrics online survey software. The participants received a link to the survey via email, online forms, or social media. A time frame of 10 to 20 minutes was an adequate amount of time in which participants were able to complete the survey. Since the survey was online, participants were required to have access to a computer and the Internet to complete the survey. The participation in the study was voluntary and participants were asked to agree to an informed consent message before they could access the survey.

A risk of participating in this survey included possible feelings of discomfort while answering some questions. The consent form explained that there may be slight emotional discomfort while completing the survey and thus that participants could choose to participate or not and could quite at any time. The consent form also provided a mental health hotline number (Crisis Connection) for participants to call if they felt they needed to talk to someone. Since the survey was anonymous, there was not any reason for participants to worry about being identified as a participant or their answers in the survey being linked to them or known to the researcher or others.

Findings

This study aimed to investigate the following questions: Do American, millennial men that try to achieve masculine ideals have less positive mental health and well-being? The second question is: is there a negative correlation between American millennial men's ability to express emotions and their mental health and well-being? The hypothesis for this study was: American millennial men that try to achieve masculine ideals will have less ability to express themselves emotionally and they will have less positive mental health and well-being than men that try less to achieve masculine ideals.

A correlational design was used to analyze the results of the respondents' answers to the surveys. For the first research question (Do American, millennial men that try to achieve masculine ideals have less positive mental health and well-being?) the gender role conflict variable was used and defined by the GRCS scores to measure the participants' level of masculine ideal achievement and was the independent variable. The mental well-being variable was used and defined by the WEMHWB scores to measure the participants' mental health and well-being and was the dependent variable. The

Pearson correlation coefficient was calculated for the relationship between gender role conflict and mental well-being. Table 1 and Figure 2 show the inferential statistics of the relationship between the variables. The correlation ($r = .536$, $p < .01$) indicates a moderate, positive correlation. Therefore, participants that tried to achieve more masculine ideals and had higher gender role conflict scores did not have lower mental well-being scores. Consequently, this means that men in this sample who try and achieve masculine ideals do not have less positive mental health and well-being. In effect, this finding indicates that the participants from this study that try and achieve masculine ideals have more positive mental health and well-being.

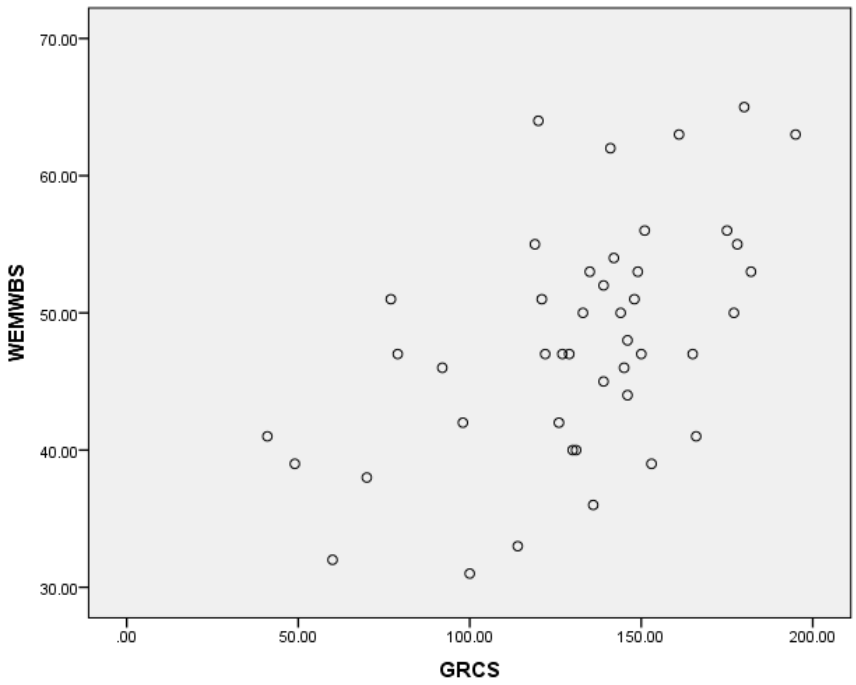
Table 1

Correlations

		GRCS	WEMWBS
GRCS	Pearson Correlation	1	.536**
	Sig. (2-tailed)		.000
	N	44	44
WEMWBS	Pearson Correlation	.536**	1
	Sig. (2-tailed)	.000	
	N	44	44

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

Figure 2



For the second question (Is there a negative correlation between American millennial men's ability to express emotions and their mental health and well-being?) the restrictive emotionality variable was used and defined by the RE subscale scores of the GRCS to measure the participants' ability to express emotions and was the independent variable. The mental well-being variable was used again in this correlation to measure the participants' mental health and well-being and was the dependent variable. The Pearson correlation coefficient was calculated for the relationship between restrictive emotionality and mental well-being. Table 2 and Figure 3 show the inferential statistics of the relationship between the variables. The correlation ($r = .499$, $p < .01$) indicates a moderate, positive correlation. Therefore there was not a negative correlation between men's ability to express emotions and their mental health and well-being and participants

that had less ability to express their emotions did not have lower mental health and well-being scores.

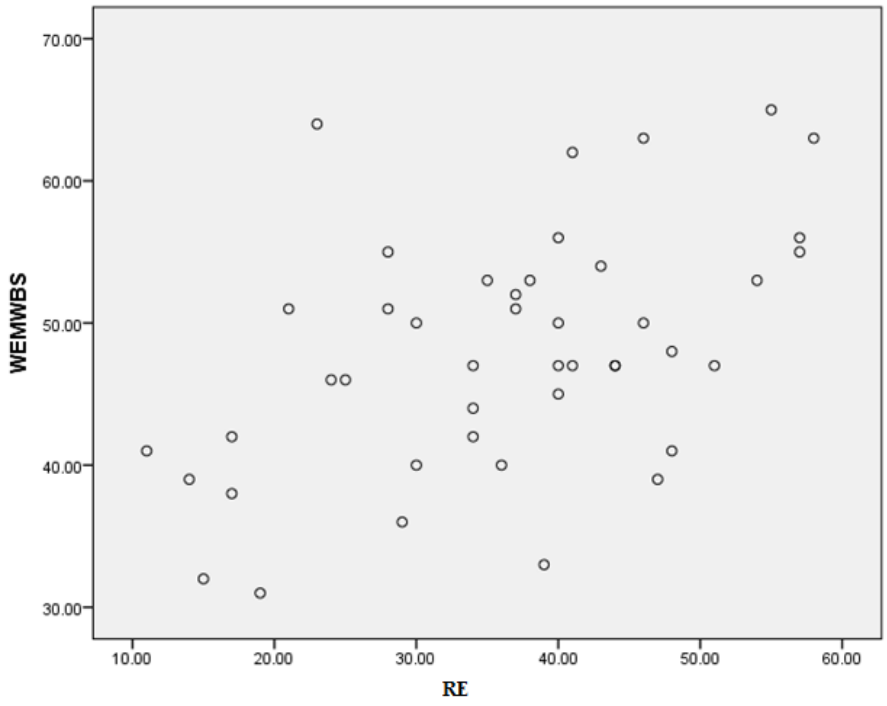
Table 2

Correlations

		WEMWBS	Factor2
WEMWBS	Pearson Correlation	1	.499**
	Sig. (2-tailed)		.001
	N	44	44
RE	Pearson Correlation	.499**	1
	Sig. (2-tailed)	.001	
	N	44	44

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

Figure 3



Additionally, the GRCS's other subscales besides the Restrictive Emotionality subscale (Factor 2) had significant correlational relationships with the WEMHWB scale.

Each subscale was used as the independent variable and the WEMHWB scale was used as the dependent variable. The Pearson correlation coefficient was calculated for the relationship between each subscale and the WEMHWB scale. The first subscale (Factor 1) was Success, Power, and Competition. This subscale's correlation ($r = .329$, $p < .05$) indicated a weak, positive correlation. Therefore, participants who reported pursuing success through competition and power more did not have lower mental health scores. The third subscale (Factor 3) was Restrictive Affectionate Behavior between Men. This subscale's correlation ($r = .454$, < 0.01) indicated a moderate, positive correlation. Therefore, participants who reported having limited ways to express their feelings and thoughts with other men and difficulty touching other men did not have lower mental health scores. The fourth subscale (Factor 4) was Conflicts between Work and Leisure—Family Relations. This subscale's correlation ($r = .545$, $< .01$) indicated a moderate, positive correlation. Therefore, participants who reported experiencing difficulties balancing work-school and family relations resulting in health problems, overwork, stress, and lack of leisure and relaxation did not have lower mental well-being scores. Of the four subscales of the GRCS, Factor 4 (Conflict between Work and Leisure—Family Relations) had the highest correlation with the WEMHWB.

Additional findings from this study were the mean scores of the population sample on the two surveys—GRCS and WEMWBS. With the GRCS, higher scores indicate a higher degree of gender role conflict while lower scores indicate a lower degree of gender role conflict. The highest score a participant can receive on the GRCS is 222 while the lowest score is 37. The population sample gathered for this study had a mean score of 131.39 for the GRCS meaning participants experienced a moderate degree

of gender role conflict. With the WEMHWB scale, as previously stated, "If respondents score between 40-59 their well-being score is considered average" (NHS Choices, 2011). The population sample gathered for this study had a mean score of 48 for the WEMHWB meaning participants had a well-being score considered as average.

An additional finding was the high drop-out rate of participants. 65 participants began the survey, however, only 44 participants (68%) completed the survey; therefore there was a drop-out rate of 32%. The majority, 19 of the 21 participants (90%), who dropped out of the survey quit at question five which was the first non-demographic question of the survey and the first question of the GRCS. This question had instructions before it on how to answer the questions for the entirety of GRCS and then said "Moving up the career ladder is important to me." Of the participants who quit the survey at this point, nine of the 19 (47%) reported having received a bachelor's degree, five of the 19 (26%) reported having received trade/technical/vocational training, three of the 19 (16%) reported having an associate's degree, and one reported some college no degree, and one reported a master's degree.

Discussion

One finding from this study that provoked speculation was that the fourth subscale of the GRCS (Conflicts between Work and Leisure—Family Relations) had the highest, positive correlation with the WEMHWB. This finding may be influenced by the fact that the participants in this study are at younger ages (21-35 years old) with 54.5% of the participants having reported being between the ages of 25-29. Consequently, it may be possible that men in this age group have not established family roles that are demanding—such as a father. This means that even though participants are reporting

they do not have as much time for family or leisure time due to work or school, they may not also be experiencing as much demand from their families due to their current role within them. Americans live in an individualistic culture, so once children reach independence there perhaps is not a lot of pressure to take responsibility of providing or helping their parents or extended family members. As a result, they may not have demands placed upon them until they begin their own family. It is also possible that there is something unique about the participants who completed the survey in its entirety when compared to the general population—such as a population sample that happened to consist of a majority of participants who are motivated and driven and experience better mental health with more of their time focused on building a career or earning a degree rather than with family or leisure activities.

Another curious finding was the high drop-out rate. 32% of the participants that began the survey did not complete it. The majority of the participants who dropped out had quit at question five which was the first question of the GRCS survey and the first non-demographic question. A possible explanation for this high drop-out rate is that at this point in the survey the participants got to look at generally what the survey questions were like and how long it was and once they got to see this they decided not to complete the survey. Another possible explanation is that participants got to look over the content of the questions and decided they were uninterested or uncomfortable with the content.

Another finding that provoked speculation was that the participants in this study had a mean, medium-strength score overall on the GRCS and average mental well-being scores. The participants' moderate level of gender role conflict correlated with average mental well-being scores suggests that the participants do not experience a severe level of

gender role conflict and have healthy mental well-being; therefore, it is possible that the participants may not be experiencing as many of the negative side effects that can come with more severe gender role conflict experiences as suggested by previous studies—such as lower mental well-being. Consequently, there may not be a negative relationship with gender role conflict and mental well-being with this population sample; but rather a third variable that influences the correlation between the two variables—such as participants experiencing a higher degree of acceptance of feminine characteristics during their lifetime that were considered culturally unacceptable for men from earlier generations. Differing attitudes and ideas about masculinity need to be considered in order to understand how they may be impacting men's mental health and well-being.

American culture has evolved a lot since the beginning of the civil rights movements and currently gender roles are beginning to be focused on, considered, and observed with regard to the well-being of both women and men within American society. An example of this would be the Representation Project that defines its mission as, "Using film as a catalyst for cultural transformation, The Representation Project inspires individuals and communities to challenge and overcome limiting stereotypes so everyone, regardless of gender, race, class, age, sexual orientation, or circumstance can fulfill their human potential" (The Representation Project, 2015). This group began after they filmed the documentary *Miss Representation,* which focused on examining how women were portrayed in American media and culture. This group also made a documentary that examined how men were portrayed in American culture as well called *The Mask You Live In.* When considering that people are becoming more aware of gender roles and the potentially harmful effects they can have, it is possible that there has

been a shift in the ideas and attitudes both men and women have about masculinity—specifically towards hegemonic masculinity.

The possibility that people are becoming more aware of gender roles can relate back to the conceptual frameworks of symbolic interactionism and Erikson's model of psychosocial development discussed earlier (p. 14-17). If people within our society become more accepting and open to the idea of flexible gender characteristics and norms, a new norm could then be socialized that allows more freedom of each gender to experience a wider range of characteristics. The result of which could be less gender role conflict and a sense of more acceptance and comfort around others. Accordingly then, the participants' moderate level of gender role conflict could also possibly be due to men not experiencing as much pressure to take on the role of the dominant group within our society. This role reduction could then result in men being able to experience more aspects of themselves that may be considered as feminine such as: displaying more emotions, accepting the role of a caretaker to their children, not being the earner or breadwinner within the family, experiencing intimate relationships with others beyond the sexual experience, etc.; the result of which could be men experiencing more positive mental health and well-being with reduced gender role conflict pressures. Consequently then, new gender norms and characteristics are socialized and learned by younger generations as they develop and continue to be learned and passed on to future generations until the norms evolve again.

The participants' moderate level of gender role conflict could also have been influenced by a third variable that differentiates the Millennial Generation from the older generations of men. Such a variable to consider might be differences in what is

considered masculine and how Millennial men define masculinity for themselves. One example of a difference with the Millennial Generation could be as simple as what is considered to be impressive among Millennial men in regard to each other. For example, sports are still very much associated with men and masculinity, however, with the technology age a new definition of dominant masculinity has been introduced—being skilled at computer and video games. With regard to this area, there is no longer a focus on the physical aspects of men, but rather, on different areas of skill associated with gaming—such as an ability to strategize, critical thinking skills, fast reaction time, multi-tasking abilities, ability to perform under pressure, vast knowledge and experience with gaming, etc. These areas are not emphasized by the physical aspects or economic advantages of men but rather are more closely associated with practiced, intellectual capacities. Older generations of men may have thought being a skilled athlete was the most masculine typically, while with the millennial generation it is possible that being a highly skilled gamer is considered just as masculine as a skilled athlete; thus introducing a new range of defining masculine characteristics and a possible explanation for Millennials experiencing less gender role conflict as a result of these new characteristics. Additionally, with regard to the sexes, gaming is a level playing field that requires no sex categories like sports do—all female teams and all male teams; consequently, women can participate and compete with men opening up more opportunity for the sexes to regard each other as equals. Competition between the sexes that is genderless, such as gaming, could influence and challenge not only men's ideas of masculinity but their ideas of what is considered feminine as well.

With regard to policy and practice, it is important to consider that for a long time it has been seen as a sign of weakness for men to seek help from others and possibly now with more acceptance, men may seek help more often. Currently, however, American culture has an emphasis of helping geared towards women—some examples include WIC (Women, Infants, and Children) nutritional assistance program and battered women's shelters. With regard to shelters, generally speaking the dominant idea is that women experience domestic violence and emotional abuse more than men and statistically that is true—of the reported incidents. The Centers for Disease Control and Prevention (CDC) found in 2010 that one in four women (22.3%) have been the victim of severe physical violence by an intimate partner and one in seven men (14%) have experienced the same (CDC, 2014). Nevertheless, the fact remains that there are men who experience the same issues that are considered dominantly women's issues (physical/emotional abuse, single fathers, gay men, male rape victims, eating disorders, etc.) and they may feel uncomfortable seeking help because the resources for these issues seem geared specifically for women and not for men. Even with regard to mental illnesses—especially depression, there seems to be more of an attitude for men to "get it together" or "suck it up" than towards women struggling with the same mental illnesses.

Furthermore, there seems to be an attitude of shame towards men regarding the idea of the "male victim." A video created in the year 2014 by DareLondon for the Mankind Initiative (2013) showed a male actor and a female actor out in public with physical abuse occurring while they interacted with each other. When the man abused the women, generally people intervened; yet when the woman abused the man, people generally ignored the situation and some would even laugh. This video is but one

example of many that displays how gender stereotypes still have negative impacts on both men and women. Men may possibly be feeling overlooked regarding receiving help and this is an important dynamic to keep in mind when working with the male population, especially with regard to consideration and mindfulness of gender stereotypes. Mindfulness of gender stereotypes could be important towards men's success at seeking and receiving help since it is possible that they may still feel shame or discouragement by doing so.

Some implications for future research include the limitations that were found in this study. One limitation of this study was an environmental limitation. Since the participants completed the survey in an uncontrolled environment, there was no way to control outside influences while they were answering the questions—such as if the TV was on and they saw ads displaying stereotypical masculine ideals. Another limitation was that the study may have an unrepresentative sample. The participants recruited in the study may not be a fair representation of the male, millennial population overall and thusly the research cannot be generalized to the whole population. Another limitation of this study was that since it was correlational, then there can be no determination of the nature or cause of the relationship but rather a determination that there is a relationship between the variables. Another limitation of the study is that there was no control for ensuring that the participants answered the questions honestly—the result of which is false data. Some participants may have lied while answering the questions to make themselves look more favorable to the researcher.

For future research, it would be interesting to investigate differences of scores for the GRCS and the WEMHWB for different generations of men—such as Millennials and

Baby Boomers. It is possible that cultural differences, attitudes of acceptance and definitions of masculinity may influence how men's scores will differ from different age groups. With regard to this, it would be beneficial to study the differences in definitions of masculinity between the different generations of men—how have new definitions of masculinity impacted current masculine ideals and characteristics? Additionally, it would be interesting to investigate differences between groups of men with different sexual orientations and gender identities using the GRCS and the WEMHWB. Furthermore, it would also be interesting to investigate men from different cultures, such as American men and Chinese men for example, to see if there were differences in scores between the GRCS and the WEMHWB and possibly introduce a third variable that accounted for cultural differences—such as a survey that measured masculinity ideals of a culture.

Conclusion

Although this study found a positive relationship between gender role conflict and mental well-being, the average of participants' reported gender role conflict scores were at a moderate level and their mental well-being scores were average; this suggests that men are not experiencing a severe amount of gender role conflict and are also not experiencing lower mental well-being and this finding is worth exploring. As presented earlier in this paper, previous research has found relationships between masculinity and mental health and well-being suggesting that gender role conflict has a negative relationship with men's mental well-being. It is possible that society may be changing with regard to gender roles and expectations of the sexes since the participants reported an average of moderate levels of gender role conflict and not severe levels. Gaining

understanding and perspective on how this could affect men may be beneficial towards understanding what new generations of men are struggling with and how they may differ from previous generations.

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Appendix A

Consent Agreement Statement

I am conducting a study to investigate the relationship between American, millennial men's emotional expression, mental health and well-being and their masculinity. I invite you to participate in this research. You were selected as a possible participant because you match the criteria of being born between 1980 and 1994, you were born and raised in the United States of America, and you are male.

This study is being conducted by Kathryn Driscoll (researcher) under the supervision of Kendra Garrett with the Master of Social Work Program with the University of St. Thomas in St. Paul, Minnesota. Please read the following statement and email the researcher (Kathryn Driscoll) at dris0270@stthomas.edu or call at (218) 349-9865 with any questions you may have before agreeing to participate in this study. You may also contact the Institutional Review Board at the University of St. Thomas at (651) 962-6038.

This study is an anonymous, online survey and may take 15 to 25 minutes to complete. If you agree to be in this study, please be aware that your participation is entirely voluntary and there is no compensation or benefits for participating in it. Your decision whether to participate or not will not affect your current or future relations with the University of St. Thomas. This study is anonymous so no identifying information will be required to participate and thusly no survey responses can be linked back to you if you choose to participate.

I will ask that you answer as honestly as you are able all of the survey questions. This survey contains questions that are personal in nature and could cause you to

experience feelings of your privacy being invaded. This survey is not intended for condemning purposes, but is purely exploratory for research. Since the survey consists of some demographic questions and two different questionnaires that need all questions answered in order to be scored properly, skipping questions will not be optional; however, you may quit the survey at any point.

A possible risk of this survey includes feelings of discomfort while answering some of the questions. If at any point while completing the survey you begin experiencing distressing feelings, please remember that you are not obligated to complete the survey and that there is no identifying information that can link your survey answers to you personally. If you feel you need to talk to someone about your distressing feelings, please call the Minnesota Crisis Line at 612-379-6363 or Toll Free MN at 1-866-379-6363.

Please be aware that by choosing the "I consent to participate" option below, you are consenting to participate in this study and you are affirming that you are at least 18 years old.

Appendix B

Email Message included with Survey Link

Hello,

My name is Katie Driscoll and I am a social work graduate student at the University of St. Thomas and St. Catherine University in St. Paul, Minnesota. I am recruiting American, male participants born between the years 1980 to 1994 for an online survey study I am conducting to complete my master's degree. My study aims to investigate the relationship between emotional expression, mental health and well-being, and masculinity among young men. The survey consists of two questionnaires and some demographic questions equaling a number of 55 items total for the survey and could take 15-25 minutes to complete. There is no compensation for participating in this study. This survey contains questions that are personal in nature and could cause you toexperience feelings of your privacy being invaded; however, participation in this research is voluntary and annonymous so no identifying information will be required to participate. If you would be willing to forward this email to other men born between 1980 and 1994 you think would be interested or willing to participate in this study it would be very helpful towards the research. The link below will direct you to my survey if you choose to participate. Thank you for your time and have a great day!