

Masculinity and Depression: A Longitudinal Investigation of Multidimensional Masculine Norms Among College Men

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Abstract

The transition from high school to college represents a pivotal developmental period that may result in significant maladjustment for first-year college men. Men may feel pressured to “prove” their masculinity by engaging in traditional masculine behaviors that could be negative for their overall well-being. Although adherence to multidimensional masculine norms has been associated with poorer mental health, no studies have examined the role of masculine norms on prospective depressive symptoms among first-year college men. Examining college men’s adherence to multidimensional masculine norms longitudinally can offer a promising theoretical framework to explain within-group variability in depression symptomatology. The sample included 322 men from the Mid-Atlantic region of the United States. Masculine norms were assessed during the beginning of their first year of college. Depressive symptomatology was assessed 6 months after the first wave of data collection. Masculine norms were positively and negatively related to prospective depression scores, such that men who endorsed the masculine norms of Self-Reliance, Playboy (i.e., desire to have multiple sexual partners), and Violence, had heightened risk, whereas men who endorsed Winning and Power Over Women were less likely to report depressive symptomatology. Distinct masculine norms appear to confer risk for depression while other norms appear to be protective. This study was the first to examine the role of multidimensional masculine norms on prospective depressive symptomatology among college men. The results suggest that practitioners working with men should consider assessing their clients’ adherence to distinct masculine norms and explore how these might be impacting their current mental health.

Keywords

young adult men, longitudinal design, depression, masculinity, college, toxic masculinity

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Although research consistently documents that women are two to four times more likely to be diagnosed with depression than men (Kessler, 2003; Kilmartin, 2005), growing evidence suggests the sex gap in depression rates is narrowing (Borges et al., 2010; Kessler, Chiu, Demler, & Walters, 2005). While men have a comparatively lower prevalence of major depression disorders (Shim, Baltrus, Ye, & Rust, 2011), research suggests that nearly 10%–40% of men experience depression (Bayram & Bilgel, 2008). Given men tend to underreport systems of depression (Magovcevic & Addis, 2008; Sigmon et al., 2005) it is likely that the severity of their distress may be underestimated. This is especially concerning given men are four times more likely to die from suicide attempts (Oquendo

et al., 2001). Further, compared to women, men report increased alcohol-related problems (Hasin, Stinson, Ogburn, Grant, 2007) and are more likely to engage in violent behaviors (Courtenay, 2000) as a possible way of coping with negative emotional states (Rice, Fallon,

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Aucote, & Moller-Leimkuhler, 2013). Despite college men's susceptibility for risk, nearly 70% of college men experiencing mental health concerns do not seek counseling services (Eisenberg, Hunt, & Speer, 2012). Men may also experience additional barriers to accessing care, including the use of clinical depression diagnostic tools that may not fully capture their symptoms (Rochlen et al., 2010), and under-diagnosis due to clinician bias (Addis, 2008; Nadeau, Balsan, & Rochlen, 2016).

A growing body of literature has documented the public health significance of examining college men's depression. In particular, scholars in masculinity theory and research have examined the promising role of gender-relevant factors, including distinct masculine norms, and their influence on depression (Gerdes & Levant, 2017; Wong, Ho, Wang, & Miller, 2017). Despite the burgeoning field of research, there has been a surprisingly scant amount of prospective studies in this area (Wong & Horn, 2016; Wong et al., 2017). The paucity of longitudinal research in the area of masculine norms and depression limits the etiological understanding of how gender socialization may underlie or precede the development of depression. Longitudinal studies can provide important information regarding the recognition of risk processes (Rutter & Sroufe, 2000) and, when used to examine risk for depression specifically, can aid in targeted efforts to improve detection and interventions to reduce risk (Bellamy & Hardy, 2015). Additionally, examining depression longitudinally among freshmen, or first-year college men, is critical and timely. Research suggests this subgroup of men may be vulnerable to mental health problems as the transition from high school to college represents a critical and challenging developmental period that may result in significant maladjustment (Jackson & Finney, 2002). The first year of college in particular may be a potentially crucial period for men given the pivotal transitions (e.g., being away from family and forming new social networks) and developmental tasks (e.g., identity formation) that may create strain and confer risk for mental health problems. Accordingly, the purpose of this study was to longitudinally examine the role of masculine norms on prospective depressive symptomatology among an increasingly at-risk group: freshman college men (Dyson & Renk, 2006; Geisner, Mallett, & Kilmer, 2012).

Dysfunction Strain Paradigm

Theory and research have increasingly suggested that sex disparities in depression rates are largely attributed to men's gender role socialization (Addis, 2008). Two prominent theoretical models, dysfunction strain paradigm and gender norm conformity, can be used to more thoroughly understand the differential effects of masculinity on depression. Dysfunction strain paradigm proposes that

violating masculine norms can lead to negative psychological consequences (Pleck, 1995). According to the dysfunction-strain paradigm (Pleck, 1995), socially desirable expectations associated with being a man, including avoidance of femininity, aggression, and self-reliance, can have deleterious effects on mental health (Levant & Richmond, 2016). Consequently, strict adherence to masculine norms are often unrealistic and unattainable, and thus men may experience stress in attempting to fulfill these norms, which can put them at risk for emotional difficulties, including depression (Pleck, 1995; Rice, Fallon, & Bambling, 2011). There appears to be compelling evidence that masculinity-related constructs are significantly associated with psychological problems among men (O'Neil, 2012; Wong et al., 2017), yet more research is needed to investigate *specific* dimensions of masculine norms that may be distinctly associated with depressive symptomatology (Gerdes & Levant, 2017).

Gender Norm Conformity

While dysfunction strain helps explicate the psychological strain created by adhering to masculine norms, gender norm conformity theory provides greater specificity about the degree to which adherence to dominant masculine norms can subsequently impact mental health outcomes (Mahalik et al., 2003). In the United States, men are often socialized to control and restrict their emotions, demonstrate toughness, assert independence, and avoid perceived weakness or the appearance of being "feminine" (Magovcevic & Addis, 2008; O'Neil, 2008; Peralta, 2007; Vandello & Bosson, 2013). In turn, these norms are theorized to shape how men respond to depression, such that some men may "mask" or hide their depression to prove their manhood (Rice et al., 2013). Gender norm conformity has been widely studied in relation to men's mental health and well-being and provides a promising framework for studying within-group differences in depression (Iwamoto, Liao, & Liu, 2010; Mahalik et al., 2003). This model posits that masculine norms guide and constrain how men think, feel, and act, and suggests that there are benefits and costs for both conformity and nonconformity (Levant, 1996; Peralta & Tuttle, 2013). Unlike other theoretical frameworks that solely assess the negative consequences of masculinity on men's health (O'Neil, 2008), Mahalik and colleagues' (2003) model assesses masculine norm conformity independently of its outcomes, and asserts that conformity to distinct norms can have differential impacts on mental health outcomes. Specifically, some masculine norms can be advantageous and protect against poorer mental health outcomes while others may be problematic and confer risk (Levant & Wilmer, 2014). The Conformity to Masculine Norms Inventory-94 (CMNI-94, Mahalik et al., 2003) was created to better

evaluate the advantages and disadvantages of conformity or nonconformity to 11 distinct masculine norms that exist in contemporary Western society (Mahalik et al., 2003; Parent & Moradi, 2009). Although the CMNI appears to be a very useful measure of masculine norms, the full version of the CMNI is burdensome for participants (94 items). Consequently, two studies refined and validated the measure with diverse samples (Hsu & Iwamoto, 2014; Parent & Moradi, 2009). The abbreviated versions of this measure have identified eight distinct norms (CMNI-29; Hsu & Iwamoto, 2014; CMNI-46; Parent & Moradi, 2009), including Playboy (i.e., desire for multiple sexual partners), Self-Reliance, Emotional Control, Winning (i.e., drive to win), Violence (i.e., willingness to fight if provoked), Heterosexual Self-Presentation (i.e., appearing to others as heterosexual), Risk-Taking, and Power Over Women. Across all of the derivatives of this scale, there has been an increased interest in examining the complex and differential associations of masculine norms with depression among men.

It has been well documented that adherence to masculine norms can be both beneficial and maladaptive for men's health (Hammer & Good, 2010; Iwamoto et al., 2010; Mahalik, Talmadge, Locke, & Scott, 2005). Several studies suggest conforming to particular masculine norms, such as Winning (Iwamoto et al., 2010; Mahalik & Rochlen, 2006), may protect against depression by promoting adaptive coping behaviors (e.g., exercising, talking with friends). Hammer and Good (2010) reported that men who endorsed the Risk-Taking norm were more likely to engage in physical fitness activities and report high personal courage. Yet a majority of studies suggest that many masculine norms are inherently dysfunctional and harmful. Masculine norms often restrict men's health-promoting behaviors and place men's health at risk by discouraging self-disclosure of emotions and encouraging self-reliance (Mahalik et al., 2003; Mahalik, Lagan, & Morrison, 2006). Mahalik and Rochlen (2006) reported that men who conformed to the masculine norms Power Over Women, Playboy, and Pursuit of Status were less likely to reach out to a mental health professional in response to a depression vignette. A meta-analysis using 78 samples and 19,453 participants revealed that masculine norms were consistently and strongly correlated with poorer mental health and lower probability of seeking psychological help (Wong et al., 2017). The findings highlighted that nine out of the 11 multidimensional masculine norms were significantly associated with poorer mental health, seven out of nine masculine norms were associated with lower psychological help-seeking, and only one norm, Risk-Taking was related to positive mental health. In addition, Gerdes and Levant (2017) systematic review reported that 76.6% of the findings reviewed (i.e., 167 out of the 219 associations) found negative

associations between distinct subscales of the CMNI and poorer well-being and health outcomes. In sum, these results (Gerdes & Levant, 2017; Wong et al., 2017) suggest that adhering to distinct masculine norms appears to generally heighten risk for poorer mental health.

Collectively, these existing theoretical models have established that masculine norms can differentially influence depression symptomology among men. Less is known about how masculine norms are prospectively associated with depressive symptoms among first-year college men. Since freshman men may be at elevated risk for experiencing depression (Geisner et al., 2012; Jackson & Finney, 2002; Murphy, Hoyme, Colby, & Borsari, 2006) and engage in unhealthier and more destructive social behaviors compared to women (Kimmel, 2008), it is critical to understand how masculine norm adherence may be associated with prospective depressive symptomatology among this population.

The purpose of this study is to advance the literature by examining the role of masculine norm conformity among freshman college men on prospective depressive symptoms 6 months later. No studies have examined the link between multidimensional masculine norms on prospective depressive symptoms among freshmen college men. Based on the dysfunction strain paradigm and previous research findings, it was hypothesized that distinct norms would be positively and negatively related to prospective depressive symptomatology. It was also hypothesized that adherence to the masculine norms Playboy, Power Over Women, Heterosexual Presentation, Emotional Control, and Self-Reliance will be positively linked to higher depression scores (Wong et al., 2017). There is reason to believe men who hold sexist (Playboy and Power Over Women) and homophobic attitudes (Heterosexual Presentation) may experience poorer mental health as adhering to these norms may negatively influence their interpersonal relationships (Wong et al., 2017). Whereas men who adhere to Emotional Control and Self-Reliance might avoid seeking help for problems, thus conferring risk for depression. In contrast, it was hypothesized that Winning and Risk-Taking would be negatively associated with prospective depressive symptomatology (Hammer & Good, 2010; Iwamoto et al., 2010; Wong et al., 2017) as previous research indicates that men who endorse the Winning norm may experience greater self-efficacy or self-confidence, and that men who endorse Risk-Taking may also have greater resiliency, courage, and self-care through physical exercise (Hammer & Good, 2010) and may be protective against depressive symptomatology. A measure on gender role conflicted was not included given the conceptual similarity of several of its dimensions to dimensions on the masculine norm inventory (i.e., the similarity between heterosexual presentation and restrictive affection between men) (O'Neil, 1981).

Method

Participants and Procedure

Survey data were obtained from a larger data set, which aimed to longitudinally investigate health outcomes and behaviors (e.g., underage drinking) among incoming college freshman between the ages of 18 and 20. Participants were recruited through emailing a random sample of freshman through university listservs, as well as through recruitment fliers. In order to participate in the study, participants had to be freshmen between the ages of 18 and 20 years. Before participating in the study, participants had to click a check-box indicating that they read and agreed to conditions set forth in the informed consent form. Participants were included if they completed both Wave 1 and Wave 2 which results in a sample size of 322 incoming young adult freshman men (age: $M = 18$, $SD = .38$) that was drawn from the data set in order to examine the risk and protective factors of substance use among young adults at a large public Mid-Atlantic university. The majority of the sample in the present study identified as White/Caucasian American (184; 57.1%), followed by Chinese American (29; 9%), "Other" (27; 8.2%), African American (24; 7.5%), South Asian American (e.g., Indian, Pakistani; 24; 7.5%), Latino/Hispanic (18; 5.6%), and Korean American (16; 5%). The ethnic and racial distribution was representative of the population demographics of the university. The first wave of data was collected during the beginning of the participants' Freshman year, and the Wave 2, 6-month follow-up was collected in the Spring semester of their Freshman year. The study was approved by (the University of Maryland's Institutional Review Board) prior to data collection. Data were collected using Qualtrics, a secure online survey software. Participants were compensated \$20 for completing the survey administered during the Fall semester of their freshman year, and \$20 for the Spring Freshman year 6-month follow-up survey.

Measures

Conformity to masculine norms inventory. Endorsement of multidimensional masculine norms was measured with the Conformity to Masculine Norms Inventory (CMNI-29; Hsu & Iwamoto, 2014). This measure captures the extent to which an individual endorses specific subsets of masculinity as they pertain to U.S. hegemonic masculinity, and was assessed during Wave 1 (Fall of Freshman year). The CMNI-29 is a brief version of the CMNI-46 (Parent & Moradi, 2009), which is in turn a more parsimonious version of the original 94-item CMNI developed by Mahalik and colleagues (2003). Using the CMNI-46, Hsu and Iwamoto conducted multigroup confirmatory

factor analysis (CFA) with a large sample ($N = 893$) of white and Asian American men. The results suggested the CMNI-46 exhibited poor model fit between the two racial groups. Through exploratory factor analysis and CFA, items with high factor loadings and items that were invariant between the two groups were identified resulting in the CMNI-29. In order to provide conceptual evidence between the CMNI-29 and CMNI-46, correlations between the two versions of the subscales were conducted which resulted in robust correlations ($r = .91$ to 1.00) suggesting that the CMNI-29 is conceptually similar to the CMNI-46. The CMNI-29 consists of 8 subscales: (1) Winning, or striving to win, (2) Playboy, or desiring to have multiple sexual partners, (3) Self-Reliance, (4) Violence, or being aggressive, (5) Heterosexual Presentation, or striving to display oneself as heterosexual, (6) Risk Taking, (7) emotional control, and (8) Power Over Women, or being dominant over women. Each item is scored on a Likert scale, with the responses ranging from 0 (*strongly disagree*) to 3 (*strongly agree*). In the current sample, the internal reliability estimates of this measure ranged from $\alpha = .74$ to $\alpha = .86$.

Beck Depression Inventory-II. The Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996) is one of the most accepted and widely used instruments for measuring depression (Whisman & Richardson, 2015). The BDI-II has been well-validated with college students, demonstrated good internal consistency estimates (internal consistency estimates over .90; Dozois, Dobson, & Ahnberg, 1998), and is an excellent screener for major depressive disorders (Arnau, Meagher, Norris, & Bramson, 2001). The BDI-II is a 21-item self-report measure of the severity of depression over the past 2 weeks. An overall depression severity score is estimated by summing all of the items (scores range between 0 and 69), with scores of 0–13 indicating minimal depression, 14–19 indicating mild depression, 20–28 indicating moderate depression, and 29 and above indicating severe depression. The internal consistency estimate in the current study was .93. The BDI-II was assessed during Wave 2 of the study (i.e., Spring semester of Freshman year, or 6 months after Wave 1 data were collected).

Analytic Plan

The distributions of the variables were inspected for outliers and assumptions of normality and the BDI-II depression variable was positively skewed (Skewness = 2.04; Kurtosis = 4.327). Negative binomial (NB) regression was selected as the analytic procedure, given that the depression inventory was over dispersed and highly skewed. The NB accounts for the distribution of the outcome variables and adjusts the bias of the standard errors

Table 1. Correlations, Means, Standard Deviations, and Reliability Coefficients for Depression and Multidimensional Masculine Norms.

Variable	1	2	3	4	5	6	7	8	9
1. Depression (Wave 2)	–								
2. Playboy	.13*	–							
3. Self-Reliance	.34**	.13*	–						
4. Violence	.04	.09	–.04	–					
5. Heterosexual	.03	.05	.02	.18*	–				
6. Winning	–.10	.07	.00	.28**	.25**	–			
7. Risk Taking	.09	.23**	.09*	.07	.08	.00	–		
8. Emotional Control	.04	.04	.12*	.18*	.07	.16**	–.17**	–	
9. Power Over Women	.00	.30**	.17**	.15**	.36**	.06	.25**	–.06	–
Mean	5.88	3.10	4.11	6.26	8.88	6.77	4.50	4.52	2.81
Standard deviation	7.83	2.21	1.68	2.40	2.42	2.24	1.39	1.87	1.61
Reliability coefficient (α)	.93	.82	.76	.80	.82	.84	.72	.88	.77

Note. All of the masculine norms were assessed during Wave 1. Heterosexual = heterosexual presentation.

* $p < .05$. ** $p < .01$.

by including a random component that accounts for dispersion (Lewis, Logan, & Neighbors, 2009). We simultaneously entered all of the variables and reported the incidence rate ratios (IRRs), which are the exponentiated regression coefficients. IRRs are the estimates that are interpreted in NB models (Hilbe, 2011). IRRs are similar to an odds ratio and can be interpreted as a one-unit increase in the predictor representing a one-unit increase in depression scores. For example, if the IRR were 1.25, the interpretation would be for one-unit increase in the predictor variable, the participant is 25% more likely to report a one-unit increase in depression. The NB regression models were conducted using SPSS 24.

Results

Descriptive Analyses

The means, standard deviations, range of scores, reliability estimates and Pearson correlations are reported in Table 1. With respect to the BDI-II scores, 12.4% (40) of the participants reported scoring within the mild to moderate and higher range, of which 6% (19) scored in the moderate or higher range. The results from the correlational analysis suggest that distinct masculine norm dimensions were significantly correlated with depression scores. Specifically, the masculine norms Playboy and Self-Reliance were positively related to depressive symptomatology. Playboy was related to Self-Reliance, Risk-Taking, and Power Over Women. Self-Reliance was positively related to Risk-Taking, Emotional Control, and Power Over Women. Violence was associated with Heterosexual Presentation, Winning, Emotional Control and Power Over Women.

Negative Binomial Regression Analysis

The negative binomial regression model revealed that the Wave 1 masculine norms Playboy (IRR = 1.06, $p < .03$), Self-Reliance (IRR = 1.25, $p < .001$) and Violence (IRR = 1.07, $p < .01$) were positively associated with Wave 2 depression scores 6 months later. That is, individuals who endorsed the masculine norm Playboy (e.g., desire for multiple sexual partners), Self-Reliance (e.g., not seeking or asking for help), and Violence (e.g., engaging in violent behavior) were more likely to report higher depression scores during Wave 2. On the other hand, higher endorsement of the Wave 1 masculine norms Winning (IRR = .94, $p < .029$) and Power Over Women (IRR = .90, $p < .008$) decreased the probability of reporting depression during Wave 2. Men who endorsed the norm Winning (e.g., drive to win) and Power Over Women (e.g., men should be superior to women) were less likely to report depressive symptoms (see Table 2).

Discussion

The present study significantly contributes to the literature by examining the role of masculine norms on college men's prospective depressive symptomatology. This is the first longitudinal study examining multidimensional masculine norms in predicting depressive symptoms among freshman college men. The results indicate that endorsement of distinct masculine norms during the beginning of Freshman year appears to be positively and negatively associated with depressive symptoms 6 months later. These results are consistent with extant cross-sectional studies (Wong et al., 2017) and provide additional support for gender dysfunction strain theory (Levant & Richmond, 2016).

Table 2. Negative Binomial Regression With Wave 2 Beck Depressive Inventory-II as the Criterion and Wave 1 Multidimensional Masculine Norms as the Independent Variables.

Predictor	Depression scores			
	B	SE	IRR	95% CI
Playboy	.06	.28	1.06*	[1.00, 1.12]
Self-Reliance	.22	.03	1.25***	[1.17, 1.34]
Violence	.06	.03	1.07*	[1.01, 1.12]
Heterosexual Presentation	.04	.03	1.04	[.98, 1.10]
Winning	-.07	.03	.94*	[.89, .99]
Risk-Taking	.03	.05	1.03	[.94, 1.12]
Emotional Control	.00	.03	1.00	[.94, 1.08]
Power Over Women	-.11	.04	.90***	[.83, .97]

Note. SE = Standard error; CI = confidence interval; IRR = incidence rate ratio.

* $p < .05$. *** $p < .01$.

The results indicated that men who conform to masculine norms including Self-Reliance, Playboy, and Violence might demonstrate their masculinity in a way that is deleterious to their overall well-being (Addis, 2008). For example, men who endorse the Self-Reliance norm may value independence and thus avoid seeking help for emotional problems. These men may be more likely to conceal negative affect and be less willing to disclose emotional experiences to others, both of which might intensify risk for depression (Mahalik et al., 2003). Furthermore, men who endorse the Playboy norm may feel pressured to preserve their manhood by engaging with many sexual partners to assure they are perceived as heterosexual. This pressure may in turn confer risk for experiencing negative affect and depressive symptomatology. These men therefore may have more difficulty forming intimate relationships with others, which in turn, may heighten risk for experiencing psychological distress (Wong & Rochlen, 2009). It is possible that men who adhere to the Violence norm may struggle to regulate their emotional problems and may act out violently when distressed (Magovcevic & Addis, 2008). These men may be more domineering and aggressive, which can interfere with the quality of interpersonal relationships and emotional well-being overall (Elliot, 2016), thus increasing vulnerability for depression.

While endorsing Self-reliance, Playboy, and Violence masculine norms appears to increase risk, adherence to Winning and Power Over Women were negatively associated with depression symptoms. This finding supports the notion that there are some psychological benefits to endorsing specific gender norms in a society that largely values gender norm conformity (Brady, Iwamoto, Grivel, Clinton, & Kaya, 2016). Men who endorse the Winning norm, which pertains to personal achievement, may feel

accomplished and successful (Mahalik et al., 2003), which can in turn boost self-esteem or sense of achievement, and be protective against depressive symptoms. It may be that these men are able to manage and challenge negative thought processes more effectively (Iwamoto et al., 2010; Lengua & Sandler, 1996). More research is needed to test this hypothesis. Interestingly, Power Over Women was negatively related to depressive symptoms, which is inconsistent with the literature (Wong et al., 2017). It is possible that for these men, endorsing Power Over Women may help them feel powerful and efficacious, and maintain their desire for dominance in their intimate relationships (Smith, Parrott, Swartout, & Tharp, 2015). This is speculative at best, and more research is needed to clarify the complex nature of these relationships. Future research should continue to examine both direct and indirect effects of masculine norms, and continue to better understand which variables may mediate the link between masculinity and mental health outcomes, including depression.

Implications

The study has a number of important implications for future research and clinical practice. Many clinicians may underestimate or minimize the severity of depression symptoms for college-aged men. The findings suggest that college-aged men do experience depression and the significant relationships between initial conformity to distinct masculine norms and prospective depressive symptomatology confirm the importance of longitudinally investigating the role of masculine gender role socialization on the onset and development of depression symptoms. That is, it is possible the more that men adhere to distinct masculine norms, the more likely they will report future depressive symptomatology (Wong et al., 2017). Moreover, examination of both the protective and risk factors associated with masculine norm conformity on men's prospective depressive symptoms can add more nuance and complexity to the current state of research on men's depression. Given that masculine norms differentially predicted depressive symptoms, it may be especially critical to understand how particular typologies of masculinities impact men's well-being. For instance, some studies suggest that subgroups of men (e.g., "detached risk-takers" or "misogynist" typologies) who endorse more rigid traditional masculine ideologies have higher psychological distress and are more likely to report committing sexual assault (Casey et al., 2016; Wong, Owen, & Shea, 2012). Understanding how various clusters of masculine norms interact, such as Self-Reliance, Playboy, and Violence, may provide more insight into mechanisms that predict risk. Since some masculine norms were maladaptive while others were protective,

clinicians may consider exploring the potential consequences for ascribing to masculine norms with their clients. The results provide additional support that clinicians should refrain from assuming that adherence to masculine norms is inherently dysfunctional (Mahalik et al., 2005; Wong et al., 2012). Rather, clinicians can help their male clients develop more flexible beliefs about what it means to be a man and explore how these beliefs connect to other salient identities (e.g., race) and contextual factors (e.g., family, work). Lastly, clinicians can identify sources of strength and resiliency and introduce more active coping styles, such as seeking instrumental support and planning, to facilitate help seeking and alleviate depression (Dyson & Renk, 2006).

Limitations

While there are a number of strengths of the study, there are some notable limitations. Although the study was longitudinal, Wave 1 levels of depression was not controlled for, thus future studies should include a baseline assessment of depression, not only to control for baseline depression during Wave 1, but perhaps to also better explore how depressive symptoms may increase or decrease as a result of masculine norm conformity. Related, it would be interesting to prospectively examine the degree to which distinct masculine norm conformity changes over time. Another limitation includes the fact that the majority of the sample reported relatively low levels of depression scores, potentially hindering a more thorough detection of correlational effects between masculine norms and depression. On a related note, there is emerging evidence that men might exhibit depressive symptomatology differently than women (Magovcevic & Addis, 2008; Nadeau et al., 2016; Rice et al., 2013), and thus future studies should use multiple measures of depression, as well as male-specific measures of depression, to ensure a more inclusive assessment of depression among male samples. Other measures of depressive symptoms including the Center for Epidemiologic Studies Depression Scale (CES-D) should be considered give this assessment is more sensitive to more mild forms of depression (dysthymia; Wilcox, Field, Prodromidis, & Scafidi, 1998). The sample was collected from one university, which limits the generalizability of the results. More research is needed to better understand the role of toxic masculinity on depression among non-college young adult men. While the racial makeup of the sample was representative of the demographic makeup of the university, the sample was predominantly White which restricts the generalizability of the findings. In addition, while the masculine norm measure used is one that has been validated among White and Asian ethnic groups (Hsu & Iwamoto, 2014), it may not fully capture the experience of masculinity for all men (Gonzales-Forteza, Torre, Vavio, Peralta, & Wagner,

2015). Furthermore, men of different ethnic groups may express or understand depressive symptoms differently. Thus, there is a need to continue to better understand both masculinity and race in influencing prospective depression among young adult men.

Conclusion

In conclusion, the study advances gender and psychological science by identifying the distinct role of masculine norms and prospective depressive symptoms among a vulnerable group of young adult men. Multidimensional masculine norms appear to play an important role in understanding men's mental health. Specifically, distinct masculine norms appear to confer risk, for depression while other norms appear to be protective. Accordingly, clinicians working with male clients should assess their client's adherence to distinct masculine norms and explore how this might be impacting their current mental health problems.


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