


HYPERMASCULINITY ATTITUDE PROFILES AND DEPRESSIVE SYMPTOMS IN  
EMERGING ADULT MALES

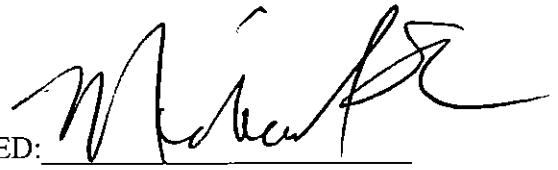
AN ABSTRACT  
SUBMITTED ON THE FIFTEENTH DAY OF APRIL 2013  
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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
OF THE SCHOOL OF SCIENCE AND ENGINEERING  
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FOR THE DEGREE

OF  
DOCTOR OF PHILOSOPHY

BY  
  

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## ABSTRACT


The project examines hypermasculine attitudes and depressive symptoms in emerging adult males. Recent research has suggested that although males have historically reported lower rates of depressive symptoms than females (Boticello, 2009), emerging adulthood may be a time when males are at an increased risk of developing depressive symptoms due to fear of failing to fulfill traditional masculine roles (e.g., breadwinner) and failure to achieve intimate romantic partnerships as a result (Oliffe et al., 2010). Some males may attempt to cope with these negative feelings by adopting maladaptive and exaggerated hypermasculine attitudes. Hypermasculine attitudes are associated with a variety of negative outcomes including violence toward women and substance abuse (Mosher & Sirkin, 1984). Substance use is also associated with depressive symptoms as a form of self-medication (Joiner et al., 1992) and masculinity in the college social context (Iwamoto et al., 2011). Hypermasculinity was originally conceptualized as a personality trait, but more recent research has examined it as a reactive coping strategy (Cunningham & Meunier, 2004). Furthermore, there is also evidence that hypermasculine attitudes may be more multidimensional and that different profiles of hypermasculine attitudes may be associated with different behavioral and psychological outcomes (Burke, Burkhart, & Sikorski, 2004). 328 males ages 18-25 who attend college completed the survey. The results do not support the hypothesized profile of hypermasculine attitudes. However, analysis of demographic characteristics did yield one large homogeneous cluster ( $n = 213$ ) for whom hypermasculine attitudes may be serving as a reactive coping strategy for depressive symptoms, and another large heterogeneous cluster ( $n = 115$ ) for whom hypermasculine attitudes may not be serving as a coping strategy for depressive symptoms.

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## TABLE OF CONTENTS

ACKNOWLEDGMENTS	ii
LIST OF TABLES	iii
LIST OF FIGURES	iv
1. INTRODUCTION	1
2. METHODOLOGY	39
3. RESULTS	43
4. DISCUSSION	52
REFERENCES	68
APPENDIX	
A. AUBURN DIFFERENTIAL MASCULINITY SCALE	90
B. HOSTILITY TOWARD WOMEN SCALE	92
BIOGRAPHY	93

## LIST OF TABLES

1. DESCRIPTIVE STATISTICS _____	81
2. BI-VARIATE CORRELATIONS FOR CLUSTER ONE AND TWO ___	82
3. MANOVA RESULTS FOR CLUSTER ONE _____	83
4. MANOVA RESULTS FOR CLUSTER TWO _____	85

## LIST OF FIGURES

1. Phenomenological Variant of Ecological Systems Theory\_\_\_\_\_ 80
2. Cluster Analysis of entire sample\_\_\_\_\_ 87
3. Cluster Analysis of the Homogeneous Cluster\_\_\_\_\_ 88
4. Cluster Analysis of the Heterogeneous Cluster\_\_\_\_\_ 89



## **Hypermasculinity Attitude Profiles and Depressive Symptoms in Emerging Adult males**

Erik Erikson described human development as a progression through eight stages of man[sic], and resolution of a crisis in each stage was required before moving onto the next stage (Erikson, 1950). The fifth stage of development was, as it is now, called adolescence, and development of a stable identity is the central psychological task of adolescence. Erikson's sixth stage, young adulthood, lasts from age 20-40 and is characterized as a struggle between intimacy and isolation. As US society has changed, particularly the rise of secondary education, postponement of marriage and children, and shifting gender roles, Erikson's conceptualization of adolescence remains strong, but his description of young adulthood fails to capture the experiences of many people living in their 20's. Arnett (2000) coined the term "emerging adulthood" to describe development after high school but before establishing a stable living situation. Emerging adulthood is an age of identity explorations, the age of instability, the self-focused age, the age of feeling in-between, and the age of possibilities (Arnett, 2004).

As with adolescence itself, the concept of emerging adulthood as a distinct phase of human development sparks debate. Researchers argue that the theory lacks universality, does not explain development, and, more generally, that development is progressive and non-reversible while identity development is fluid and dynamic making it a more appropriate label of the psychological state described above (Hendry & Kloep, 2007). Initially, adolescence was critiqued with similar arguments until more sophisticated cognitive and biological evidence lent strong support to distinct differences in adolescents from both children and adults (Keating, 1990). Recent research has also

found that brain development in emerging adults is more extensive and lasting into the mid- twenties rather than ending at 18 as was initially believed (Bennett & Baird, 2006). Whether this brain development is an extension of adolescence or distinct period of human development remains to be seen. However, it remains true that context, culture, and individual differences are of profound importance in any developmental period. Thus it is important to consider context and sample when discussing emerging adulthood. For many emerging adults, and the present sample in particular, the social context of college is significantly different from the high school context. In addition to adjusting to a new micro-level social context, it is important to consider larger macro-level effects on development during emerging adulthood. “Relying on young people’s own optimistic perspectives of the future, Arnett (2007) sees the period of emerging adulthood as mainly positive for the individual. Whether the experience of a prolonged moratorium is positive, however, depends to a large extent on what societal group they belong to and how they use this period of moratorium,” (Hendry & Kloep, 2007 p. 76).

The above was published in 2007 and proved to be prophetic as an economic downturn in 2008 has had a negative effect on emerging adults' perceptions and attitudes about the future (Vuolo, Staff, & Mortimer, 2012). This negative effect is particularly true of affluent White males, who constitute the majority of this project's sample. Just as the assumption that low SES means “at risk” has been questioned, recently the assumption that high SES means “without risk” has been questioned (Luthar & Barkin, 2012). Particularly salient to the present project are the findings that affluent White males are often at risk for substance abuse (particularly alcohol) and that perceptions of paternal depression are linked to psychological distress (Luthar & Barkin, 2012). Perceptions of

paternal depression were most often linked to financial and career troubles (Luthar & Barkin, 2012). These economic effects are, in part, significant for this population because of the connection between career success and masculinity. Issues of gender may become more heightened during emerging adulthood and career success is an important part of traditional masculinity in US culture.

For most people gender is an important component of identity. How men and women view their respective selves, and what they believe the meaning of masculinity and femininity to be has a significant impact on our self-concept and behavior. While sex is biologically defined, gender is a cultural term and, thus, masculinity and femininity are defined by the cultural context in which one lives. Therefore, this definition is not consistent across different cultural contexts and is not stable across time. The present project focuses on a Western, specifically U.S., construction of masculinity and is not necessarily valid in other contexts. For instance, anger is one of the few acceptable masculine emotions in U.S. masculinity (Addis, 2008); however, it is distinctly non-masculine in Sri Lankan culture where it is a sign of weakness and loss of control (Widger, 2012). Based on qualitative data, for the present sample, in general, masculinity is defined by a strong sense of independence, confidence in oneself, an ambitious and competitive spirit, acceptance of responsibility, and emotional stoicism.

Many of the cultural factors that were significant in creating emerging adulthood have also had a significant impact on how U.S. society views gender. Many “traditional” notions of the male gender role (patriarch, sole breadwinner and decision maker) are no longer considered valid in practice, but are still present in our early gender socialization. Recent research suggests that while males express values and attitudes that reflect much

more egalitarian and modern conceptualizations of gender, traditional notions of masculinity are still prominent in emerging adult males' beliefs about their own role as men (Oliffe et al., 2010). Consequently, emerging adults must negotiate their own gender ideology in the midst of this cultural and personal transitional period.

For many emerging adults this process of gender identity exploration does not involve significant struggles, but for a minority of men we see development of maladaptive expressions of masculinity (i.e., hypermasculine attitudes). Hypermasculine attitudes are exaggerated expressions of stereotypical masculinity and are often associated with negative outcomes. The form of these expressions is culturally specific as are the negative outcomes associated with them. As mentioned above, expression of anger is associated with masculinity in the U.S but suppressed in Sri Lankan men (Widger, 2012). However, exaggerated endorsement of anger or suppression of anger is both associated with negative consequences, violence and suicide respectively. In the U.S, hypermasculinity is defined as a combination of the belief that violence is manly, that danger is exciting, and callous sexual attitudes towards women, and is associated with outcomes such as antisocial violent behavior, drug abuse, and sexual violence (Mosher & Sirkin, 1984). In addition to being associated with hypermasculinity, binge drinking (Iwamoto et al., 2011) and sexual violence (Murnen, Wright, & Kalusny, 2002) are significant problems in the college context.

Traditionally, hypermasculinity is described as a single construct and a personality trait (Mosher & Sirkin, 1984). However, more recent research has posited that hypermasculine attitudes may be more multi-dimensional than previously thought (Burke, Burkhart, & Sikorski, 2004). In addition, some research suggests that

hypermasculine attitudes are not a personality trait, but a reactive coping strategy to contextual stressors (Cunningham, 1999). Extant research has also posited that gender socialization leads males to display hypermasculine attitudes as a mask for depressive symptoms (Cassidy & Stevenson, 2005). Thus, the present project explores the potential multi-dimensional nature of hypermasculine attitudes through cluster analysis and the relationship between these clusters and depressive symptoms. First, I will present the theoretical frameworks that will guide this project, and then I will review the existing literature on hypermasculine attitudes, depressive symptoms in males, and emerging adulthood.

### *Theoretical framework*

Ecological systems theoretical frameworks examine normative development with special consideration given to examining ecological context and how individual behavior interacts with that context. Bronfenbrenner (1979) theorized that a person exists amongst many ecological systems. The systems range from a more macro level such as the national culture to the more micro level of direct contact with family and friends. However, missing from Bronfenbrenner's theory is an explicit examination of how individuals perceive and also react to their environments.

Drawing on Bronfenbrenner's ecological theories, Spencer's (1995, 2006) Phenomenological Variant of Ecological Systems Theory (PVEST) (see Figure 1) describes the experience of individuals as an interconnected system of, and a balance between, risk and protective factors, stressors and supports, adaptive and maladaptive reactive coping strategies, emerging identity from positive and negative stable coping responses, and productive and unproductive coping outcomes. PVEST acknowledges an

important issue: individuals and their environments are interactive agents. This is different from some past theoretical viewpoints that tended to treat either the individual or the environment as a passive agent acted upon by the active agent. A PVEST perspective allows for one to examine the environment as a system filled with both risk factors and protective factors. Individuals actively react to both of these elements and actively develop coping mechanisms that influence identity formation. It is the reactive coping and identity formation aspects of PVEST that provide the greatest contribution to the study of human development.

The first aspect of PVEST is **net vulnerability level** which is a combination of *protective factors* and *risk factors*. Risk and protective factors are aspects of an individual or their environment that are often not under direct control of the individual (e.g., early or late physical maturation, socioeconomic status, neighborhood characteristics, and cultural values). It is important to consider both protective and risk factors, but it is also important to recognize that some factors can be both, and that what may be protective for one person, may be a risk factor for another. For instance, the cultural belief that men are strong and self-reliant can produce positive self-image for men, but it can also inhibit help seeking behaviors when circumstances require them.

The second aspect, **net stress engagement**, refers to *challenges* and *supports* that are directly accessible by the individual and directly affect them. *Supports* promote adaptive coping while *challenges* inhibit adaptive coping or promote maladaptive coping. For instance, an emerging adult male may be encouraged to binge drink at a party. Previous conversations with parents about responsible alcohol use may act as a support for responsible drinking behaviors. However, the emerging adult could also have

challenges like a friend or classmate who encourages him to prove himself by binge drinking. The net effect of both the challenges and supports influence what reactive coping strategy he will choose.

**Reactive coping strategies** comprise the third aspect of PVEST and are typically described as *adaptive* or *maladaptive coping responses*. This term is apt because the word “reaction” has developed a negative connotation in the medical and psychological fields (e.g. drug reactions are rarely good) and is typically thought of as immediate and short term. Meanwhile, “coping” has a positive connotation and is associated with a long term solution to a psychological problem. However, reactions are attempts to cope, and are often products of learned behavior from the environment (Bandura, 2012). In addition, reactive coping strategies are rarely exclusively adaptive or maladaptive. For instance, engaging in binge drinking may earn an emerging adult some social approval from peers, but have a negative effect on health and academics in the long term. Alternatively, he could avoid social gathering where drinking will occur but, withdrawal may inhibit social relationships. Thus it is important for individuals to have multiple coping strategies available.

The fourth part of PVEST is **emerging identity**, which describes the continuous and dynamic nature of identity development and is a product of *stable coping responses*. Although most people achieve a stable core identity after completing adolescence, identity is still a dynamic and continuous process throughout life. Our identity changes as our roles in life expand (e.g., father, uncle, husband, employee, or employer). Identity can also vary by context (e.g., in the classroom, at a bar, on a date, in the gym, at family holiday parties). From a PVEST perspective, repeated use of a reactive coping strategy

may lead to it becoming a *stable coping response*. Typically a *stable coping response* becomes a component of the person's identity. For instance, the man who often engages in binge drinking at social events becomes known for such behaviors and begins to identify himself as such. In addition to becoming part of emerging identity, a reactive coping strategy becoming a stable coping response increases the likelihood that the coping response will be used in response to other stressors. For instance, an emerging adult male may binge drink both at college social gatherings and family social gatherings despite the differences in social pressure and rewards for the behavior.

The fifth aspect of PVEST is the **life outcomes**, which are described as positive or negative. The phrase life outcome implies a broader sense of outcome than the classical behavioral sense, which is focused on immediate reinforcement of behaviors. One's reactive coping strategy will likely have immediate consequences, which are subject to the laws of reinforcement. From a PVEST perspective we often talk about life outcomes as gradual and long term changes as a result of stable coping responses and a person's emerging identity. For instance, the emerging adult who repeatedly completes academic work before socializing is more likely to have the life outcome of graduation than the emerging adult who repeatedly places socializing (especially binge drinking) above academics. However, a single use of a maladaptive coping strategy may have dramatic life outcomes as well. For instance, one episode of binge drinking may have significant and immediate life outcomes. These outcomes then become part of a person's net vulnerability due to how others perceive him or by directly changing one's context. For instance, becoming a member of a fraternity changes how others perceive an emerging adult male and exposes him to different contextual risks and supports. Risks include



increased risk of binge drinking (Iwamoto et al., 2011) and exposure to acceptance of sexual coercion (Murnen & Kohlman, 2007), but also increased interpersonal support (Woodward, Rosenfeld, & May, 1996) and greater student engagement (Pike, 2003).

Too often studies focus on risk factors as causes of outcomes. There is little focus on the processes that lead from one to the other. Many people exposed to the same risk factors have different outcomes (Spencer, 2006). It is in the intermediary steps of reactive coping and identity formation that those differences manifest themselves. PVEST elucidates why one male from a fraternity is successful while another experiences difficulties. Another important aspect of PVEST is its bidirectional nature, which illustrates how elements of the theory interact. For instance, a person's coping strategy may lead to identity formation, but it is equally true that identity will influence coping strategies. For instance, an emerging adult male, who joins a fraternity, may see himself as a "frat guy" and react to peer pressure at a party in a manner that is expected of a "frat guy." All these processes are associated with life stage outcomes. As a cyclical model, outcomes also influence net vulnerability in a longitudinal manner. That is, an emerging adult with good grades as an outcome is eventually perceived as good student. In contrast, a "frat guy" with unproductive outcomes may be perceived as an unproductive person. These perceptions are balanced against potential risk factors, which may include hypermasculine attitudes.

### *Hypermasculine Attitudes*

Research into hypermasculine attitudes begins with Mosher and Sirkin's (1984) development of the macho personality constellation and the *Hypermasculinity Inventory* (HMI). They define hypermasculinity as a single construct comprised of three

components or attitudes; violence is manly, danger is exciting, and callous sexual attitudes toward women (Mosher & Sirkin, 1984). These three attitudes combine to form the macho persona, and this persona has been linked by researchers to violence (Beesley & McGuire, 2009), drug use (Wells et al., 2011), reckless driving (Mosher & Sirkin, 1984), sexual assault (Parrott & Zeichner, 2003), and many other maladaptive behaviors.

In addition, anti-femininity is an important aspect of hypermasculinity. In fact, Burke, Burkhart, and Sikorski (2004) state that hypermasculinity is as much defined by what it is not (feminine) as what it is. The anti-femininity in hypermasculinity exists in primarily two forms. The first is rejection of “feminine” aspects of the self (e.g., “men who cry are weak”). The second is to directly disparage the female sex as inferior (e.g., women are not as smart as men). While these are both anti-feminine attitudes they may not have the same precursors or the same behavioral consequences. That is, the first attitude is more self-handicapping and limits the hypermasculine man, but may not have as many negative consequences for others. The second may be more likely to be associated with more severe negative outcomes and reflects hostility toward women (Check, 1984, Parrott & Zeichner, 2003).

Originally Mosher and Sirkin conceptualized hypermasculinity as a personality type or constellation. There are several important characteristics of personality traits that are worth considering when thinking about hypermasculine attitudes. First, personality traits within individuals tend to be stable over time (Roberts, Walton, & Viechtbauer, 2006). There is not much literature examining hypermasculine attitudes using longitudinal analysis. However, longitudinal research has either shown that hypermasculine attitudes levels may change drastically in response to experiences

(Cunningham, 1999; Cunningham, Swanson, & Hayes, in press), or is persistent in select, non-normative, populations such as prison populations (Evans & Wallace, 2008).

However, even within this select population of prisoners, who are exposed to significant contextual stressors, intervention efforts have demonstrated that hypermasculine attitudes can and do change within individuals (Karp, 2010). Second, personality traits tend to be consistent across contexts (Roberts et al., 2006). A comparison of urban and rural adolescents with similar racial, socioeconomic, and familial characteristics showed significant differences in levels of hypermasculine attitudes (Hucke & Cunningham, 2008). Third, traits are considered universal aspects of humans that are present in all cultures, though they may be shaped by culture (McCrae, 2000). As discussed above, because the meaning of “masculine” varies by culture, those who express hypermasculinity do so in ways that conform to these definitions. The underlying characteristics of hypermasculine attitudes (e.g., aggression, sensation seeking, risk taking, and treating others as objects rather than people) certainly exist in all people to some degree, but hypermasculinity (as defined by Mosher & Sirkin, 1984) seems to be particularly connected to certain hegemonic forms of masculinity in Western culture, which will be discussed below.

An alternative conceptualization of hypermasculine attitudes is to consider them a reactive coping strategy to contextual stressors (Spencer et al., 2004). Examining hypermasculine attitudes as a reactive coping strategy presents several advantages over the trait conceptualization. In broad terms, examining phenomena as reactive coping strategies implies the potential for change from negative to positive developmental pathways, places emphasis on the interaction between the person and the environment,

and recognizes that multiple pathways may lead to the same outcome. Specific application of these ideas to hypermasculine attitudes is discussed next.

First, examining hypermasculine attitudes as a coping strategy allows for the hypermasculine attitudes and behaviors to be separated from the individual and not become a label. Hypermasculinity is associated with very negative outcomes including violence against women, violence against sexual minorities, and sexual violence (Parrott, Peterson, & Bakeman, 2011). However, stereotyping and marginalizing individual men is also a negative outcome. It may seem to be a misallocation of sympathy to consider the effect of stereotyping or labeling those who have engaged in the behaviors described above. However, consider the man, or more likely adolescent, who is beginning to express hypermasculine attitudes and behaviors, but has not committed any crime. Intervention may help where marginalization will fail (Evans & Wallace, 2008).

In addition, stereotyping and labeling of men as hypermasculine is particularly dangerous when it is combined with racial discrimination. Hypermasculine attitudes and behaviors may be threatening, but there is no valid visual indicator of hypermasculinity. However, bias, prejudice, and discrimination are not built on valid indicators (Sue, 1999). Research has demonstrated that Black male faces are perceived as being more threatening than other males (Cunningham, W. et al., 2004; Phelps et al., 2000). Experimental research has also demonstrated that Black boys may be rated by teachers as more aggressive and less academically capable based on their walking style (Neal et al., 2003). Because others are already predisposed to perceive Black males as threatening or aggressive, they are also more likely to be perceived as hypermasculine. However, research has found that Black males may use hypermasculine attitudes to reactively cope

with encounters with racism and discrimination (Spencer et al., 2004). Majors and Billson (1993) refer to this coping as utilizing a “cool pose” and it acts as a protective factor for adolescent Black males. However, if the “cool pose” is interpreted by others, particularly school officials and police, as threatening it may become a risk factor (Fine et al., 2003). As with Black males, negative expectations of negative behavior hinders development of healthy notions of masculinity in hegemonic groups of emerging adults such as fraternities and athletic teams (Murnen & Kohlman, 2007). In particular, negative interactions with professors may lead to withdrawal from academics (Lasane et al., 1999).

Second, examining hypermasculine attitudes as a learned coping strategy implies that it can be replaced with alternative, better, coping strategies, and previous research has demonstrated this to be not only possible, but effective (Karp, 2010). Two particular interventions demonstrate the two branches of reducing the harm of hypermasculine attitudes; prevention and rehabilitation. Drawing from previous research (e.g., Majors & Billson, 1993; Spencer, 1995; Spencer, Cunningham & Swanson, 1996), Cunningham (1999) examined a normative group of Black early adolescent boys from an urban environment. While all students completed pre- and post-test measures of hypermasculine attitudes, one half of the adolescents participated in an outdoor adventure program. Students who completed the adventure program had significantly lower hypermasculine attitudes scores in post-test while the control group saw no change (Cunningham, 1999; Cunningham et al., in press). Researchers hypothesize that the adventure program allowed adolescents to experiment with notions of masculinity in an environment that forced them to accept adult help and learn that accepting help is a part of, rather than

antithetical, to masculinity (Cunningham, 1999; Cunningham et al. in press). Providing adolescent boys an opportunity to explore notions of masculinity, with guidance from older males, may be an important feature of prevention of the development of hypermasculine attitudes and the negative outcomes that are associated with it.

Previous research has examined hypermasculine attitudes as a protective factor that can be used as a shield against violence in both the school setting (Phillips, 2007) and in a prison setting (Karp, 2010).

“I went to a school with a very big fighting emphasis... And I wasn’t really into fighting. But EVERYONE was being mean to me. And so just, sooner or later, I just up and beat someone up. And then all of the sudden everyone... liked me. Cuz that’s what you have to do to earn their respect (Phillips, 2007, p. 226)”

“I believe you can take off your armor and still survive inside the prison system. In some situations, you have to have the armor to protect yourself. I think there are ways of learning that you can protect yourself without using the prison code and being defensive all the time.... And know how to let down that shield, and to transform that shield, so that it doesn’t have to be based on fear all the time. And it doesn’t have to be based on becoming so vulnerable that they can be taken advantage of. We all have shields and know how to use those shields in a positive, healthy way (Karp, 2010, p. 78).”

The second quote comes from an intervention program designed for inmates. The intervention focused on two main strategies. The first was a deconstruction of hypermasculine attitudes and construction of healthier notions of masculinity. The second was developing the idea of hypermasculine attitudes as armor or as a mask. These are useful metaphors because they maintain the notion of hypermasculine attitudes as a protective factor, but included is the option to “take off” that protective cover. The ability to “take off” one’s hypermasculine “armor/mask” may prevent utilizing a hypermasculine

type coping strategy in an inappropriate setting (e.g., school or in a romantic relationship).

Another advantage of examining hypermasculine attitudes as a reactive coping strategy is it necessitates finding what it is a reaction to. Identification of the antecedent allows for proactive prevention. As discussed above, exposure to violence and discrimination/racism has been associated with development of hypermasculine attitudes (Cunningham, 1999, Spencer et al., 2004). However, this is not the only antecedent and theoretically any stressor that leads to feelings of vulnerability and is connected to masculinity may elicit a hypermasculine response. Future research should examine potential stressors such as dating stress, provider role strain, academic stress, and physical health problems. For instance, Carpentier et al., (2011) conducted a qualitative study examining issues of masculinity in adolescent and emerging adults who have survived testicular cancer and, while they did not directly address hypermasculine attitudes, feelings of vulnerability, frustration, and fear with respect to masculinity and romantic relationships were common themes expressed by participants.

There is evidence that hypermasculine values can be learned as part of a culturally normative expression of masculinity (Burke, Burkhart, & Sikorski, 2004). In particular, sub-cultures associated with hegemonic expressions of masculinity such as fraternities (Ray & Rosow, 2010) or sports teams (Gage, 2008) are associated with higher levels of hypermasculine attitudes. Within these groups there is much greater social approval and reinforcement of hypermasculine attitudes and they become normative parts of socializing (Bandura, 1989). However, these relationships carry with them some caveats that future research must investigate. First, it is quite possible that there is a self-selection

process as well as a cultural shaping process. That is, men who are higher in hypermasculine attitudes may seek out environments that reinforce these attitudes, or men may become more hypermasculine through exposure to these cultures. However, at the same time these groups may act as a support for men, and, paradoxically allow men to express vulnerability. The following quote from a member of a fraternity, who participated in focus groups for a related project (Corprew, unpublished dissertation), captures this ambiguity.

“On the one hand you are around all other males, and there is a lot of hypermasculinity, and everyone is trying to be manly and one- up each other. But there are other times it is ok to not be manly and share your feelings, to let your guard down.”

The fourth advantage of examining hypermasculine attitudes as a reactive coping strategy is that it requires researchers to answer the question of “why adopt hypermasculine attitudes?” The correct, if vague, answer is “because it is adaptive.” Hypermasculine attitudes must be potentially adaptive in addition to maladaptive or it would not exist as a coping strategy. Understanding the adaptive nature of hypermasculine attitudes is necessary in order to adequately create alternative coping strategies because the alternative must fulfill the need which hypermasculine attitudes has satisfied. The adaptive nature of hypermasculine attitudes as a shield against violence is discussed above and intervention efforts are already being explored (Cunningham, 1999; Karp, 2010; Spencer et al., 2004). Social learning theory (Bandura, 2012) suggests how hypermasculine behaviors are acquired in select sub-cultures like the ones mentioned above. However, examination of normative samples of college age males includes males who score high on hypermasculine measures, but are not part of these



sub-cultures or shielding themselves from violence (Burke, Burkhart, & Sikorski, 2004).

Why are these males adopting hypermasculine attitudes?

Extant literature examining hypermasculine attitudes in college age males has focused on its association with those sub-cultures previously mentioned (Ray & Rosow, 2010) and on two negative outcomes, rape (Tatum & Foubert, 2009) and alcohol abuse (Iwamoto et al., 2011). But, do all men who think violence as manly and danger is exciting also have callous sexual attitudes towards women? These constructs may have different behaviors associated with each of them. For example, belief that danger is exciting may lead to dangerous alcohol consumption (Iwamoto et al., 2011), but does that mean all men who drink heavily will get into fights (Wells et al., 2011) or sexually assault women (Parrot & Zeichner, 2003)? More research is needed to address these questions.

The current project hypothesizes that hypermasculine attitudes is not as unitary a concept as Mosher and Sirkin (1984) describe. While Mosher and Sirkin (1984) propose hypermasculinity attitudes as a multidimensional construct with three parts, they concluded it was actually one construct after psychometric testing on their *Hypermasculinity Inventory* (HMI). Their psychometric analyses, and subsequent examinations of the scale, have found multiple factors (more than three) clustering around a central construct, presumably hypermasculinity (Burke, Burkhart, & Sikorski, 2004; Mosher & Sirkin, 1984; Peters, Nason, & Turner, 2007). The HMI is a paired force choice response measure where participants select one of two options (a hypermasculine and a non-hypermasculine). This format has been supported as a means to reduce social desirability (Cronbach, 1946), which is a serious concern given the subject matter of this scale. However, binary forced choice also has several drawbacks. First, it reduces

variability in the scale which can lead to false discovery or failure to discover subtle differences (Peters, Nason, & Turner, 2007). It also greatly reduces stability when conducting multiple regression analyses which could lead to false conclusions (DeVellis, 1991). Finally, the absence of a “both”, “don’t know”, or “none” option can lead to missing data if participants do not feel either choice represents them (Peters, Nason, & Turner, 2007).

In addition to these psychometric concerns the HMI is also written in language that may limit validity. Specifically, the language reflects out of date slang and may be too far out of mainstream acceptable ideas to capture any but the most extreme of extreme hypermasculine people. Burke, Burkhart, and Sikorski (2004) stated that some items were offensive to some of their college participants. It should be expected that slang will evolve and that measures of this sort will require updating on occasion. However, the shifts in gender norms and gender ideology since the formation of the HMI are more difficult to overcome than simple updating of language, and may threaten the core validity of the measure. This may be even more salient an issue when measuring college males who are less likely to endorse overt sexism (Spence & Hahn, 1997).

The three aspects of hypermasculinity that Mosher and Sirkin (1984) designated are certainly part of hypermasculine attitudes, but they may not encompass all aspects of these attitudes. In addition, it may not be the case that a person will endorse all types of hypermasculine attitudes. For example, Burke, Burkhart, and Sikorski (2004) explored the possibility of expanding the definition of hypermasculine attitudes in their project to develop the Auburn Differential Masculinity Index (ADMI). In addition to addressing some of the issues described above, the ADMI expands the conceptualization of

hypermasculine attitudes. The initial creation and validation process yielded five factors which correspond to hypermasculine attitudes; traditional hypermasculine attitudes, sexual identity, dominance and aggression, conservative masculinity, and devaluation of emotion (Burke, Burkhart, & Sikorski, 2004). Factor one, *Hypermasculinity*, represents the three classic hypermasculine attitudes with an emphasis on anti-femininity. *Sexual Identity* reflects an attitude that sex is for power, dominance, and rejections intimacy. *Dominance and Aggression* contained items that reflected control and power over others though aggressive means, but without the involvement of sexuality. *Conservative Masculinity* reflected stereotypic notions of masculinity, but did not contain the rejection of interpersonal intimacy that is typically associated with hypermasculine attitudes. *Devaluation of Emotion* contained items that denied or rejected emotions of vulnerability such as fear and sadness. The authors indicated that initial psychometric testing yielded adequate reliability with alphas above .80. The correlation between the ADMI and the HMI was statistically significant, but not as high as expected for two measures looking at the same concept ( $r = .47$ ) (Burke, Burkhart, & Sikorski, 2004). However, authors argue that this is to be expected because of the added content and expanded definition of hypermasculine attitudes. The ADMI shows promise for detecting more subtle variations in hypermasculine attitudes as well as more diverse forms of hypermasculine attitudes. The important next step is to examine if the ADMI can identify different profiles of hypermasculinity.

The multidimensional nature of the ADMI allows for examination of profiles of hypermasculine values. For instance, Corprew, Mitchell, and Hucke (under review) conducted cluster analysis and found several distinct profiles of hypermasculine attitudes

including one, which they called “*the Ladies Man*,” which did not fit well into traditional “hypermasculinity.” Men with this profile endorsed high levels of *Sexual Identity*, *Dominance and Aggression*, and *Conservative Masculinity*, but low levels of *Hypermasculinity* and *Devaluation of Emotion*. Authors hypothesize that this profile may be more associated with men who pursue casual sexual encounters, but may be less associated with violence. However, further research is needed to confirm these profiles and examine their relationship to other variables.

In conclusion, the ADMI allows for a more nuanced examination of hypermasculine attitudes, which may be particularly useful for examining college populations. Emerging adults may be less willing to endorse the overt sexism contained in the HMI (Spence & Hahn, 1997). In addition, hypermasculine attitudes can act as a coping strategy to hide vulnerability (Cassidy & Stevenson, 2003). It is possible that some males, who feel vulnerability while in college, may overcompensate by adopting hypermasculine attitudes. Others may develop depressive symptoms as a result of this perceived failure to meet a masculine ideal or use hypermasculine attitudes to hide such feelings.

#### *Depressive symptoms in emerging adult males*

The present project hypothesizes that hypermasculine attitudes in college age males can act as a mask for depressive symptoms. Acting as a mask for depressive symptoms is distinct from masking depression (Addis, 2008). The masking depression framework is that men do not experience the symptoms of depression, as it is traditionally defined (Addis, 2008). The hypothesis of this paper is that emerging adult men experience depressive symptoms, but they hide these feelings of vulnerability behind

a hypermasculine mask. To do this they respond to the distress from depressive symptoms in gender socialized ways that confirm masculinity. For instance, a man who endorses hypermasculine attitudes may feel “a markedly diminished lack of interest or pleasure in all, or most, activities” (DSM IV-R, p 356). However, his reaction to these feelings may be expressing hostility and anger towards those activities rather than withdrawal or sadness. These externalizing symptoms may be a protective mask for feelings of vulnerability from depressive symptoms.

As discussed above, I believe that hypermasculine attitudes are most often a reactive coping strategy to contextual stressors rather than a personality trait. I use the term contextual stressor in a very broad sense to include factors such as cultural values, practices, and socialization. In a sense, how we act out our gender is a reactive coping strategy to the way gender is presented to us. Spencer’s (1995) PVEST suggests that coping strategies and learned behaviors become a part of our emergent identity. Gender socialization is a very strong force in our cultural world and a casual study of our culture could lead to the belief that *Men are From Mars, Women are From Venus*. However, research indicates that men and women are significantly more alike than different (Hyde, 1990). However, Hyde (1990) also recognizes that there is a continuum of variables and some are more strongly influenced by gender differences, through socialization, than others.

Depressive symptoms are a serious problem both in terms of its negative effect on the individual and its prevalence in the population ([www.cdc.gov/nchs/nhanes.html](http://www.cdc.gov/nchs/nhanes.html)). In fact, the World Health Organization estimates that depression is the number one cause of disease burden in middle and high income countries. Research has also consistently

found significant differences in the prevalence of major depressive disorder (MDD) between males and females at all ages with females having higher rates of depression (Botticello, 2009). These findings are the same for dysthymic disorder which is a less severe but more chronic form of depression (Browne et al., 1999). Consequently, depression is often viewed as a feminine form of psychopathology (Page, 1999). While it is not certain that there are no sex differences in the prevalence of depressive symptoms, there is significant evidence that there are significant gender differences in presentation of depressive symptoms, reporting of depressive symptoms, and etiology of depressive symptoms. These differences may stem from the way our culture constructs depressive symptoms, and may be different in other cultures.

Psychopathology can be broadly divided into externalizing and internalizing symptoms. As the names suggest, one type of symptom occurs largely internally, and is often covert, while the other is conspicuous and usually directly affects others. Depression, as defined by the DSM – IV- R, is a predominantly internalizing disorder. Other disorders, such as anxiety disorders, can present with internalizing symptoms, externalizing symptoms, or both. Interestingly, while theoretically the same underlying disorder we often see very different presentations of anxiety based on gender differences (Leibenluft, 1999). Men typically present more externalizing symptoms while women present more internalizing symptoms (Leibenluft, 1999). Some researchers have explored biological reasons for this difference (Grossman et al., 2001), but most believe it is a result of gender socialization differences (Spielberger et al., 1995), or due to how these forms of psychopathology are defined in the US culture.

Masculinity, as expressed by the majority of men in the U.S. (e.g., emotional stoicism, independence, and assertiveness), is somewhat antithetical to depressive symptoms as defined by U.S. culture and the DSM IV- R respectively. Males in U.S. society are often socialized to display a limited range of emotion, and very limited expressions of vulnerability (Cassidy & Stevenson, 2003). Research has found that part of this socialization includes the rejection of males who present with depressive symptoms (Joiner et al., 1992). Social rejection of males who present with depressive symptoms and perceptions of depressive symptoms as feminine may influence results of screeners for depressive symptoms. For instance, an experiment by Page and Bennesch (1993) found that undergraduate men scored higher when the *Beck Depression Inventory* (BDI) was presented as a measure of “hassles” than when it was introduced as a measure of “depression.” A follow up experiment found women scored higher when the BDI was presented as a “depression” measure than when presented as a “hassles” measure (Page, 1999).

In the U.S., many men are socialized not to express vulnerability in response to distress, but expressions of anger are accepted (Sharkin, 1993). Anger is related to aggression, and previous research has noted a significant co-morbidity for patients with conduct disorder and depression, but males are more likely to be diagnosed with conduct disorder only (Kovacs et al., 1988). Patients with depression are often found to have cognitive biases that predispose them to interpret ambiguous social interactions as rejections, and likewise patients with conduct disorder are prone to interpret ambiguous social interactions as hostile (Marshal, Sippel, & Belleau, 2011). As with perceptual tendencies, people can become prone to externalizing or internalizing distress. Thus, men

may be more likely to externalize distress in the form of anger and hostility and be diagnosed with conduct disorder rather than depression.

Recently, researches have started categorizing males' different presentations of depressive symptoms than females. Addis (2008) reviewed the existing literature examining depressive symptoms in males and identified four frameworks; the sex differences framework, the masked depression framework, the masculine depression framework, and the gendered responding framework. The sex differences framework essentially treats sex and gender as synonymous and suggests that men and women both experience the same "depression" but present in different ways because they are men or women (Addis, 2008). However, these sex differences only seem to be consistent when examining samples from cultures with similar gender ideologies, which suggests that gender, rather than sex, is driving the presentation of depressive symptoms (Addis, 2008). The masked depression framework suggests that men experience an objective "depression" but do not present with any of the classic symptoms, which masks the disorder as an externalizing disorder such as substance abuse (Addis, 2008). This framework is difficult, if not impossible, to support with our current understanding of depression and mental health in general. That is, an infection like pneumonia is diagnosed by the presence or absence of a specific, and identifiable, pathogen. Mental illnesses like depression are diagnosed on the basis of phenotypic symptoms. There is evidence that certain neurochemicals are implicated in depression (Torrente, Gelenberg, & Vrana, 2012), but there is no objective test to say that a person does or does not have depression. Thus, proving that men who do not present any symptoms of depression, but do, in fact, have depression is difficult. The third framework is the masculine depression framework,



which suggests that gender socialization shapes men's behavior so that, while they experience depression, they, consciously or unconsciously, present with symptoms that conform to masculine ideals (Addis, 2008). For instance, rather than crying in response to sadness, men more often use alcohol to self-medicate, which is a masculine manner for dealing with distress (Addis, 2008). The fourth framework is very similar to the third, but it is broader than the masculine depression framework. The gendered response framework suggests that gender socialization affects how men respond to negative and positive affect in general, and, thus, is just as applicable to anxiety and joy as it is to depression (Addis, 2008). The gender response framework is also related to theories of depressive symptoms that suggest that depression and anxiety are not distinct disorders, but phenotypic expressions of a single underlying disorder (Clark & Watson, 1991).

The present project falls most completely into the third framework, the masculine depression framework. Cassidy and Stevenson (2003) hypothesize that some adolescent African American males hide their vulnerability and depressive symptoms behind a mask of aggression and hypermasculine attitudes which conforms to masculine ideals. They are forced to wear this mask to avoid further victimization in an environment with legitimate dangers. Likewise, I hypothesize that some emerging adult men, who experience depressive symptoms in response to feelings of vulnerability, reactively cope to the depressive symptoms by adopting hypermasculine attitudes to hide feelings of vulnerability and sadness related to depressive symptoms. However, the college environment is typically one of relative physical safety, and for White American students, who are the majority of the sample, experiences of discrimination are very rare (even

impossible by some definitions). What contextual stressors are present for this population, and why would hypermasculine attitudes be a viable coping strategy?

Two common stressors in emerging adulthood are dating stress and career stress. Erikson described early adulthood as a struggle between intimacy and isolation. Development of intimate relationships, especially romantic relationships, remains an important part of emerging adulthood. Perceptions of failure in this arena are often associated with depressive symptoms in emerging adult males both as a cause and a result of failure to achieve intimacy (Oliffe et al., 2010). “Career stress” may be more properly labeled “academic stress” for the present sample since they are students. However, the importance of academic success is directly tied to career prospects and, for many emerging adult males, career success is significantly more important and tenuous, as will be discussed below.

Arnett (2000) coined the term “emerging adulthood” to describe the developmental period after adolescence, but before forging a stable living situation. Emerging adulthood is characterized as an age of identity explorations, the age of instability, the self-focused age, the age of feeling in-between, and the age of possibilities (Arnett, 2004). This developmental period is often associated with college and initially was critiqued as being a product of college social context and, therefore, only applicable to a select population and not a developmental period (Arnett, 2004). However, subsequent research has shown emerging adulthood in a wider variety of cultural contexts than initially considered (Arnett, 2011). Regardless of whether emerging adulthood is a distinct period of development or an artifact of cultural structure, the term has face

validity and speaks to the psychological experiences of this population as evidenced by the speed and breadth of its proliferation.

Of the five characteristics Arnett uses to describe emerging adulthood the most important to this project is the feeling of being in-between, identity search, and instability. For some males the net effect of these characteristics can be an increase in depressive symptoms (Oliffe et al, 2010). There are both practical and cultural factors that contribute to these feelings. Most college students live their daily lives fairly independently from their parents, but most are also somewhat, if not completely, financially dependent on their parents. Financial self-sufficiency is an important marker, not just of adulthood, but also of masculinity, and failure to demonstrate competency in this area may lead to feelings of inadequacy (Pleck, 1995). Our society sends other mixed messages about adulthood and its timing. Alcohol consumption is a regular part of college culture and socialization, but over half of students are underage. However, almost all college students are old enough to vote, buy a gun, or serve in the military. Many people associate adulthood with marriage, but most college students are not married. Having a child is also often used as an indicator of adulthood, but many parents would probably balk at the idea of their “child” getting married or having a child while in college.

It seems like we want emerging adults to demonstrate capacity to fulfill adult roles, but without many of tangible resources, obstacles, or benefits of that status. As a result emerging adults in college must assess themselves, and potential mates, in a somewhat contrived context and project that assessment into a future context (adulthood) that remains unknown, but is imminently approaching. For the emerging adult who has a

negative assessment of this projection, the potential for rumination and development of depressive symptoms is clear (Olliffe et al., 2010).

There are also disconnects between our traditional notions of masculinity, the transition to adulthood, and current social structure as illustrated by the words of one emerging adult male who is coping with depression. He describes the vicious cycle where failure to meet “benchmarks” is both a cause, and a result, of depressive symptoms.

“I went through all these emotions and I’ve come out at 28 years old and I don’t have a car and I don’t have a house yet and you miss kind of those normal progressions if you go through a serious depression” (Olliffe et al., 2010 p. 470).

One of the significant traditional roles for men is that of the breadwinner. Researchers have even coined the term provider role strain to describe stress and behaviors associated with failure to meet this role expectation (Bowman, 1990). This concept is typically examined with men who are already fathers, but contemplation of this future role is a part of emerging adulthood as illustrated by the following quote from the qualitative part of the Men at the Crossroads study (Corprew, unpublished dissertation).

“I think compared to achievement based academics vs. learning based academics; I think that learning based academics is all but dead in US universities. We are told if you don’t make this grade, have this internship, do this research project, you won’t get into this graduate school. Which means you won’t get this job. Which means *that* girl won’t want to be with you. And if she does she might have to work to have the lifestyle she wants, which makes you less of a man. All of your buddies, their wives aren’t going to work so yours better not.”

How is a college age man to fill this role, or demonstrate that they can to a potential romantic partner? How does one demonstrate status as a male in college? Academic prowess is a logical answer, but the relationship between masculinity and academic ability in the college social setting is somewhat dysfunctional (Khan, Brett, &

Holmes, 2011). While it is masculine to do well academically, males who present as being well organized and academically focused are perceived as less masculine and less sociable by their peers (Czopp et al., 1998; Lasane et al., 1999). The immediate reward of social approval may be much more reinforcing than the delayed reward of academic success. This is especially true if academic success is simply a means to achieve social approval as described in the quote above.

There is also evidence that the ability to drink excessively is associated with masculinity in college social culture (Prince & Carey, 2010). Heavy drinking is also associated with hypermasculinity as a form of sensation seeking and danger as exciting (Iwamoto et al., 2010) and depressive symptoms as a form of self-medication, particularly for males (Addis, 2008). Joiner et al. (1992) found that males who presented with depressive symptoms and sought help from their roommates were more likely to experience rejection than males who drank alcohol to cope with feelings of sadness. Thus, drinking to cope with depressive symptoms is socially more acceptable and masculine than help seeking.

In summary, emerging adulthood is a time of renewed identity exploration, including gender identity (Arnett, 2000). For some emerging adult males it is also a time of increased risk for developing depressive symptoms (Oliffe et al., 2010). There are aspects of traditional masculinity that are in conflict with the college context and may interact with depressive symptoms (Pleck, 1995). Some men may react to feelings of vulnerability, depressive symptoms, and struggles with masculinity by adopting hypermasculine attitudes to hide such feelings (Addis, 2008). Alcohol use is associated

with depressive symptoms, masculinity, hypermasculinity, and college social life (Iwamoto et al., 2011).

### **Current Project**

The present project seeks to continue and expand on the research of Burke, Burkhart, and Sikorski (2004) and Corprew (2010). While college males are less likely to endorse explicit sexism (Spence & Hahn, 1997), date rape and substance abuse, especially binge drinking, remain major concerns on college campuses and are associated with hypermasculine attitudes (Iwamoto et al., 2011; Parrott & Zeichner, 2003). Burke, Burkhart, and Sikorski (2004) suggest that the ADMI may be able to capture more subtle endorsement of hypermasculine attitudes, and a broader range of attitudes (e.g. devaluation of emotion) than is captured by the HMI. Corprew (2010) suggests that these values may exist in distinct profiles, which may then be associated with different stressors or behaviors.

The Men at the Crossroads study is a mixed methods study to examine hypermasculine attitudes in emerging adult males. The survey protocol includes two measures of hypermasculine attitudes and attitudes related to hypermasculine attitudes. Just like the Burke, Burkhart, and Sikorski (2004) study, the present protocol includes the ADMI and the HMI to verify that the ADMI is measuring hypermasculine attitudes. In addition, demographic information, questions of sports preference, and membership in Greek life were added to the protocol. Finally, questionnaires examining constructs related to hypermasculine attitudes were added to the protocol. First the *Personal Attributes Questionnaire* (PAQ) (Spence, Helmreich, & Stapp, 1974), a self-report questionnaire where individuals are asked to indicate what adjective traits characterize

them, the *Sensation Seeking Scale* (SSS) (Zuckerman, 1976) designed to measure individual differences in optimal levels of stimulation and arousal, *The Rosenberg Self Esteem Scale* (Rosenberg, 1965), the *Beck Depression Inventory* (BDI), and *The Hostility Towards Women Scale* (Check, 1984).

In a PhD dissertation, Corprew (2010) demonstrated validity and reliability for the ADMI. In addition, he completed cluster analysis suggesting that profiles of hypermasculine attitudes exist, and suggests that these may be associated with different attitudes and behaviors. Finally, he conducted focus groups to examine masculine attitudes, hypermasculine attitudes and their function from emerging adult male perspectives. Important themes emerged from this analysis including that hypermasculine attitudes change with the social setting, with age, are strongly associated with dating or “picking up” girls, and often function as a compensation for vulnerability.

Previous research has described hypermasculine attitudes as a reactive coping strategy to hide feelings of vulnerability in adolescents from dangerous neighborhoods (Cunningham, 1999). Likewise, the present project hypothesizes that hypermasculine attitudes are used to reactively cope with feelings of vulnerability in college age males. However, these feelings of vulnerability are much less likely to be in response to an external stressor, such as violent peers, for this population. It is much more likely that feelings of vulnerability in this population stem from internal negative assessments of personal growth and position relative to a culturally constructed masculine ideal. Personal feelings of failing to measure up to this ideal may result in feelings of inadequacy and depressive symptoms (Harter, Whitesell, & Junkin, 1998). However, as postulated by Addis (2008) and others, emerging adult males who have been socialized not to show

depressive symptoms may respond to distress by transmuting the distress into externalizing symptoms that are more socially acceptable. Thus, adoption of hypermasculine attitudes may be manifestation of this process.

### *Research Questions*

I examine hypermasculine attitudes as a multidimensional construct, as a reactive coping strategy, and not a personality type. There are multiple attitudes and values that encompass hypermasculinity and men may more strongly adopt one without necessarily adopting the others. For instance, a man may have callous sexual attitudes towards women, but not find danger exciting. Consequently, some men will have different patterns of these attitudes, and the different patterns will have different associations with other psychological variables and behavioral outcomes. Likewise, different contextual stressors are likely to be linked to different profiles of hypermasculine attitudes.

In addition to being multidimensional, hypermasculine attitudes act as a reactive coping strategy. The adoption of these attitudes forms a mask which serves to protect the man against vulnerability, but the form the mask takes and the stressor it is protecting the individual from likely varies by context. Previous research has linked physically dangerous contexts (e.g., prison and violent neighborhoods) with adoption of a hypermasculine mask that is dominated by displays of physical aggression and violent capabilities (Cassidy & Stevenson, 2003; Evans & Wallace, 2008). However, the present sample does not experience these types of stressors as often, and, therefore, the mask takes on a different shape, but it retains its protective function. For the present sample a more likely option is that adoption of hypermasculine attitudes is a response to feelings of vulnerability in a new social context (college) and exploring notions of masculinity in



this new context. This social identity experimentation may lead to positive self-assessment and an abandoning of the hypermasculine attitudes when they become maladaptive. However, if the individual's self-assessment is negative it is more likely that depressive symptoms will develop (Harter, Whitesell, & Junkin, 1998). In addition, these depressive symptoms increase the need for a protective hypermasculine mask to hide such feelings. These two men may have similar social presentation style in some instances, but the second is likely at greater risk for negative outcomes such as academic failure (Czopp et al., 1998), and alcohol abuse (Iwamoto, 2011). He is at greater risk because the hypermasculine attitudes become part of his stable coping response and emerging identity (Spencer, 1995).

### *Hypotheses*

1. I hypothesize that a distinct hypermasculine profile exists that is a response to depressive symptoms. Men who cope with depressive symptoms by adopting hypermasculine attitudes will have a profile that is significantly different than men who are coping with other stressors (e.g. exposure to violence). Specifically, I hypothesize that this profile will be characterized by being high in *devaluation of emotion*, *conservative masculinity*, and *hypermasculinity*, but will be low in *sexual identity* and *dominance-aggression*. Also, this profile will have different correlations to other psychological variables than other profiles of hypermasculine attitudes. Hypotheses two, three, and four refer to these different relationships. First, I will detail the rationale for this hypothesized profile of hypermasculine attitudes.

1-a. I hypothesize this profile of hypermasculine attitudes for men responding to depressive symptoms for several reasons. First, *devaluation of emotion* reflects the

rejection of emotions related to vulnerability and intimacy, which are viewed as feminine (Burke et al., 2004). If the adoption of hypermasculine attitudes is acting as a mask to hide vulnerability (Cassidy & Stevens, 1998), then, while they experience these feelings, they also deny and devalue them more vehemently.

1-b. I hypothesize this profile includes high scores in *conservative masculinity* factor because these items represent a traditional and idealized conceptualization of the role of a man. While current research shows that college age males, in general, express more egalitarian gender roles, there remains a strong socialized belief in traditional gender roles (Oliffe et al., 2010). Thus, men who experience ambivalence or a negative sense of their masculine self are more likely to endorse items that strongly conform to more rigid notions of gender than their more secure peers. In addition, some items in this factor refer to aspects of masculinity that likely do not reflect the current social roles of the men in this sample (“I think men who stay home to take care of their children are just as weak as women”). It may be more likely that men endorse this idealized version of masculinity due to it being only tangentially related to their current reality.

1-c. I hypothesize that men with this hypermasculine profile will score high on items from the *hypermasculinity* factor. Items in this factor reflect some aspects of the definition of hypermasculinity created by Mosher & Sirkin (1989), but with greater emphasis on anti-femininity, and less emphasis on non-sexual violence or danger as exciting. For instance, Burk et al., (2004) found that the two items that had the strongest factor loading were “women, generally, are not as smart as men” and “I consider men superior to women in intellect.” Meanwhile the item “I don't mind using physical violence do defend what I have” did not load onto this factor. Strong endorsement of anti-

femininity may serve as a way of compensating for feelings of vulnerability about one's own masculinity or failure to live up to an unrealistic socially constructed masculine ideal. In addition, lack of endorsement of action related items may be a side effect of suppressed behavior in general from depressive symptoms (Clark & Watson, 1991).

1-d. In contrast to the man who scores high on all aspects of the ADMI's hypermasculinity scale, I hypothesize that men with this profile will score low on items from the *sexual identity* factor.

For many, at the core of depressive symptoms is a negative evaluation of the self. Men, who adopt hypermasculine attitudes in response to depressive symptoms, are using these attitudes to compensate for or even combat that negative self-evaluation, but it is likely still present. Thus, while they endorse items that reflect exaggerated masculine stereotypes as valid, they are less likely to endorse items that place themselves in positions of power and authority.

Specifically, items from the *sexual identity* factor primarily focus on sexual entitlement and lack of remorse for sexual misconduct. Men with higher depressive symptoms should have lower interest in sex, lower sense of entitlement, and higher feelings of guilt in general. I hypothesized that *devaluation of emotion* would be high for this profile because the hypermasculine attitudes are acting as a protective mask from distress. Items from this factor may be indirect enough to avoid this protective response but still reveal the feelings of guilt, lack of entitlement, and lower sexual drive. In addition, romantic difficulties can be significant causes of depressive symptoms in emerging adult males (Whitton & Kuryluk, 2012). Also, depressive symptoms can have a significant negative effect on relationship success (Vujeva & Furman, 2011). Thus, men

who have high depressive symptoms are likely to have experienced difficulties in the dating arena, and less likely to endorse items that take sex for granted.

1-e. I hypothesize that men with this profile will have low scores on the *dominance and aggression* factor. I hypothesize low scores on items that load onto *dominance and aggression* for two reasons.

First, many of the items reflect high self-concept in relation to others and power over them, which is antithetical to the negative self-assessment associated with depressive symptoms. Second, the items from this factor are more likely to describe physical action rather than attitudes or beliefs (“I don’t mind using physical violence to defend what I have”). Depressive symptoms have an effect of suppressing behavior in general. They may also erode the man’s confidence in his ability to use violence to control a situation.

2. I hypothesize that self-esteem will be negatively correlated with men who exhibit the profile described above, but positively associated with other profiles of hypermasculine attitudes.

Specifically, men who score high on all five factors or low on all five factors will have significantly higher self-esteem than those with the hypothesized profile. Low scores on all five factors likely indicate a more secure and healthy notion of masculinity that is likely to correlate with a healthy sense of self. As discussed above, the *sexual identity* and the *dominance and aggression* factors contain items that suggest a positive self-evaluation so men who score high on these factors likely have higher self-esteem. In addition, it is possible that men who score high on all five factors are in social contexts

where these attitudes are supported (e.g., fraternities and sports teams). The social support and approval from these peer groups likely contributes to positive self-esteem.

3. I hypothesize that men with the profile above will have the highest level of hostility toward women. Men with low hypermasculine attitudes will have the lowest level of hostility toward women. While hypermasculine attitudes will be associated with hostility toward women in general, this profile will have higher hostility toward women than men with significantly higher hypermasculine attitudes.

I hypothesize this because the *Hostility Toward Women Scale* is anti- female, but not primarily related to rape myth acceptance, sexual entitlement, or physical violence toward women. Only one item “I do very few things to women that make me remorseful afterward” implies use of coercive sexual practices. The rest of the items are focused on distrust of women (“I **don’t** wonder what hidden reason a woman may have for doing something nice to me”, “It is safer not to trust women”), feeling rejected by women (“I have been rejected by too many women in my life”, “I **don’t** seem to get what’s coming to me in my relationships with women”), criticism (“I **don’t** get angry when a woman criticizes me”), and negative social interactions with women (“There are a number of females who seem to dislike me very much”, “Many times a woman appears to care, but just wants to use you”). Thus, the emphases on rejection, distrust, and criticism are conceptually more similar to depressive symptoms than hypermasculine attitudes. Hypermasculine attitudes are anti-feminine and associated with hostility and aggression in general. Therefore men with higher hypermasculine attitudes will likewise have higher scores on the *Hostility Toward Women Scale* than those with low hypermasculine attitudes. However, men with the hypothesized profile of masculinity will have the

highest scores on the hostility toward women scale. I hypothesize this because the men with this profile are adopting hypermasculine attitudes to cope with depressive symptoms, which may be a response to dating stress. Thus, these men will be more distrustful and hostile toward women than men who adopt hypermasculine attitudes in response to other stressors (e.g., discrimination).

4. I hypothesize that hypermasculine attitudes, as measured by the entire ADMI, will moderate the relationship between depressive symptoms and substance use. Men with high depressive symptoms, but low hypermasculine attitudes will endorse less positive attitudes about substance use. Men with high depressive symptoms and high hypermasculine attitudes will have the most positive attitudes about substance use. Men with low depressive symptoms and low hypermasculine attitudes will have less positive attitude about substance use than their low depressive symptom and high hypermasculine attitudes peers.

Alcohol consumption and substance abuse are associated with social life in the college context (Iwamoto et al., 2011) and with hypermasculine attitudes (Burk et al., 2004). Self-medication, especially with alcohol, is a common maladaptive coping strategy for depressive symptoms, and is more socially acceptable than help seeking behaviors for men (Joiner et al., 1992). However, social withdrawal is also a common side effect of depressive symptoms (Ollife et al., 2010). Thus, men who adopt hypermasculine attitudes, but without depressive symptoms will have more positive substance use attitudes than their non-hypermasculine peers due to the sensation seeking aspect of hypermasculine attitudes. However, men with depressive symptoms and hypermasculine attitudes will have the highest positive attitudes toward substance use.

These men likely socialize more than men with just depressive symptoms, endorse hypermasculine sensation seeking ideas, and benefit from the self- medicating relief of alcohol from depressive symptoms.

### *Methodology*

#### *Sample*

The sample of 328 participants was drawn from the Men at the Crossroads project. The research team has been collecting data from three southeastern universities. The first is a medium size private university with a predominantly White middle upper class population. The second is a small private liberal arts university with a predominantly White middle upper class population. The third is a small liberal arts university with a predominantly African American population. Race was not hypothesized to be a statistically significant factor in the relationship between depressive symptoms and hypermasculine attitudes, but because of existing literature supporting the relationship between racial discrimination and hypermasculine attitudes (Spencer et al., 2004) I tested the sample demographics using descriptive statistics and a cluster analysis. Seventy percent of the sample came from university one and 25% came from university two. The sample ranged in age from 18-25 with 62% of students under the age of 20. The sample was predominantly middle upper class with 75% of participants reporting family income over \$70,000 a year. Two thirds of the sample was single and 94% reported being heterosexual. Fraternity members and pledges constituted 30% of the sample. The sample was somewhat diverse (19% African American, 6% Asian, 5% Latino, .6% Pacific Islander, and 5% identified as other,  $n = 114$ ) but predominantly White ( $n = 214$ , 65%).

Interestingly the cluster analysis of demographic variables including race, age, university, family income, and parent education revealed two clusters of similar size to the sample when divided by race ( $n = 213$  and  $n = 115$ ). However, 31% of cluster two was White suggesting that race was important in creating the clusters, but not the only factor in placing individuals in meaningful demographic clusters. The American Psychological Association task force on socioeconomic status recommends using multiple variables to examine socioeconomic status and demographics in a way that better reflects the interconnectivity of the variables. Therefore I use these two clusters because the sample characteristics are better represented with common ecological backgrounds than the participants' respective racial background alone. In addition to being more racially diverse, cluster two tended to be older, more economically diverse, come from larger families, and parents with more diverse educational backgrounds. I will refer to cluster two as the heterogeneous cluster and cluster one as the homogeneous cluster. Further description of these two clusters is provided below.

I conducted a power analysis using G\*power 3.1.6 to test if the clusters were large enough to retain adequate power for the analyses. For the MANOVA omnibus analysis sample size of 115 yields an effect size of .05 with power of .85, which is adequate for non-diagnostic research.

Student participants were recruited through the online psychology subject pool and through flyers posted on the university and in gym facilities on the campuses. In addition, online recruitment and the snowball method (Salganik & Heckathorn, 2004) was used to recruit additional participants. This method allows participants who take the survey to refer others to participate in the study. Those recruited through their psychology



classes received extra credit for participation in the study at each of their respective universities. Students recruited outside of these classes will not receive a supplement for participation.

### *Measures*

**Hypermasculinity Attitudes** were measured with The *Auburn Differential Masculinity Inventory* (Burk et al., 2004), which is a self-report inventory that assesses a person's level of hypermasculine attitudes in several areas (See Appendix A). Participants rate 60 questions on a 5-point Likert scale ranging from strongly disagree to strongly agree. The scale provides a total score plus scores on five subscales, reflecting hypermasculine attitudes: *hypermasculinity, sexual identity, dominance and aggression, conservative masculinity and devaluation of emotion*. Examples of questions used in the study are, "Women, generally, are not as smart as men" (Hypermasculinity), "My attitude regarding casual sex is 'the more the better'" (Sexual Identity), "I like to be boss" (Dominance and Aggression), "I like to brag about my sexual conquests" (Conservative Masculinity), "I think men who cry are weak" (Devaluation of Emotion). In Burk and colleagues initial research the overall scale was reliable and valid ( $\alpha = .83$ ), with subscale reliabilities ranging from .76 to .87. For the present sample the overall reliability of the ADMI was good ( $\alpha = .93$ ). Reliability for the subscales ranged from adequate to good (*Hypermasculinity*  $\alpha = .90$ , *Sexual Identity*  $\alpha = .72$ , *Dominance and Aggression*  $\alpha = .85$ , *Conservative Masculinity*  $\alpha = .65$ , *Devaluation of Emotion*  $\alpha = .62$ ).

**Depressive Symptoms** was measured with The *Beck Depression Inventory* (Beck, Steer, & Brown, 1996). The measure is a multiple choice self-report inventory, which is a revision from the original BDI. The inventory constitutes 21 questions designed to

measure symptoms related to depression such as hopelessness, irritability, feelings of guilt or punishment, fatigue, weight changes, and lack of interest in sex. Examples include a four choice item of “I do not feel sad,” “I feel sad much of the time,” “I am sad all of the time,” and “I am so sad or unhappy that I can’t stand it,” or a four choice item of “I am no more irritable than usual,” “I am more irritable than usual,” “I am much more irritable than usual,” and “I am irritable all the time.” The original BDI is scored from 0-3 on each question, but in the current study items were scored from 1-4. The BDI scale for the present sample demonstrated adequate reliability ( $\alpha = .95$ ). The overall mean for the sample’s depressive symptoms was 1.08, which is comparable to other non-clinical samples and significantly lower than clinical samples (Beck et al., 1996).

Adverse attitudes towards women were measured with **The Hostility Towards Woman Scale** (Check et al., 1985), which is a self-report inventory. The inventory constitutes 30 items on a 5-point Likert scale ranging from always true to always false to each statement. Examples include “I feel that many women flirt with men just to tease or hurt them” or “when it really comes down to it, a lot of women are deceitful.” Check (1984) reported a reliability of ( $\alpha = .87$ ). The present sample showed adequate reliability ( $\alpha = .74$ ). The HTW scale was highly correlated with the ADMI scale, but did not show multicollinearity (VIF = 1.27).

**Self-esteem** was measured with *The Rosenberg Self Esteem Scale* (Rosenberg, 1965). The 10-item self-report scale purports to measure an individual’s self-esteem. Using a 4-point Likert scale, participants indicate their levels of agreement with questions that range from strongly disagree to strongly agree. Examples of questions used in the scale are: “On the whole I am satisfied with myself,” or “At times I feel I am no good at

all.” Previous research indicates good reliability ( $\alpha = .88$ ). The present sample yielded similar reliability ( $\alpha = .87$ )

*Substance Use Attitudes* were measured using five items from the *Sensation Seeking Scale* (Zuckerman, 1976). The *Sensation Seeking Scale* is a forced choice measure that examines preferences for environments or activities of high sensation or low sensation. Three of the selected items ask about alcohol consumptions specifically (e.g., “I feel best after a couple of drinks vs. something is wrong with people who need liquor to feel good”). The other two ask about marijuana use and general drug use. Reliability analysis showed adequate reliability ( $\alpha = .75$ ).

## Results

The results are presented in several sections. The first section describes the hypothesized results. The second section describes the exploratory analyses conducted after the original hypotheses were rejected. Each section has multiple analyses presented.

### *Hypothesized Results*

#### Hypermasculine Profiles

In hypothesis one, I hypothesized that one profile would have high scores in *Hypermasculinity*, *Devaluation of Emotion*, and *Conservative Masculinity*, and low scores in *Sexual Identity* and *Dominance and Aggression*. I hypothesized men from this cluster were adopting hypermasculine attitudes to cope with depressive symptoms, and, thus the profile would be associated with depressive symptoms.

Identification of hypermasculine profiles was completed in several steps using hierarchical cluster analysis and Ward's method of linkage and the squared Euclidean distance between subjects (see Borgen & Barnett, 1987). Then k-means cluster to determine the best grouping for the sample.

The results of the cluster analysis of participants' scores on the ADMI are depicted in Figures 3, 4, and 5. The hypothesized profile was not present and hypothesis one was rejected. Hypotheses two, three, and four were dependent on the emergence of the hypothesized hypermasculine profile from hypothesis one. Therefore these hypotheses were also rejected.

However, although the hypothesized profile did not emerge from the data, the results did not refute the existence of hypermasculine profiles that are different than simply high, average, and low (see Figure 3). Specifically, clusters four and five support the assertion that one may endorse one aspect of hypermasculine attitudes without endorsing the others. Because the initial hypotheses were rejected and two demographic clusters were found, I conducted exploratory analyses on the two demographic clusters.

#### *Exploratory Analyses*

##### *Descriptive results*

Descriptive statistics were calculated for all the constructs and demographic variables (e.g., age & race). Then I conducted an exploratory cluster analysis using Ward's method and squared Euclidian distances on a variety of demographic variables (university affiliation, age, race, year in school, family income, fraternity membership, single parent household, two parent household, how many people lived in the household,

level of both father and mother's education, sexual orientation, how often mother worked, and how often father worked).

### *T-tests*

The cluster analysis on the demographic variables yielded two clusters ( $n = 213$  and  $n = 115$ ). To understand the clusters I examined frequency tables, descriptive statistics, and conducted independent sample t-tests (see Table 1). A number of variables were statistically significant, but the mean differences were not believed to represent meaningful differences. For instance, men from the heterogeneous cluster reported significantly higher rates of maternal employment than the homogeneous cluster, but the mean difference was only .27 for an item with a 1-5 range and represented a difference between working "most of the time" and working "some of the time." However, there were several important characteristics of the two clusters to consider. First, the heterogeneous cluster tended to be older ( $t = -11.18, p < .05$ ), but 45% of men from this cluster were either freshmen or sophomores. Second, the heterogeneous cluster was more racially diverse with no race constituting a majority (41% Black, 31% White, 12.5% Asian, 9% Latino, and 5.5% other). Third, the homogeneous cluster reported higher annual family income ( $t = 8.90, p < .05$ ). Fourth, the heterogeneous cluster was more likely to be in a relationship ( $t = -3.49, p < .05$ ). Finally, the heterogeneous cluster had significantly higher levels of hypermasculine attitudes ( $t = -1.79, p < .05$ ) (see Table 1).

To summarize, relative to the homogeneous cluster, the heterogeneous cluster was older, more likely to be in a relationship, less affluent, and more likely to have parents with a wider range of educational backgrounds. However, it should be noted that the

diverse cluster is a middle class sample. Over 70% of participants reported family income over \$32,000 a year and almost all had at least one parent with a college education.

Using the clusters (e.g., homogenous and heterogeneous), I examined the relationships between the study's variables. Bivariate analyses are presented first. Then, I present results from regression analyses. I also explore results associated with initial hypotheses.

All variables were centered and standardized to account for the different scales of the variables. I conducted a bivariate correlation analysis on the constructs with both demographic clusters (see table 2). Consistent with results previously reported by other researchers, depressive symptoms were inversely related to self-esteem in both the homogenous cluster ( $r = -.31, p < .05$ ) and the heterogeneous cluster ( $r = -.36, p < .05$ ). Likewise hypermasculine attitudes were associated with hostility toward women in both clusters ( $r = .50, p < .05$ ) ( $r = .40, p < .05$ ). In addition, hypermasculine attitudes were associated with substance use attitudes in both clusters ( $r = .30, p < .05$ ) ( $r = .35, p < .05$ ). For both clusters self-esteem was not associated with hypermasculine attitudes. Also, depressive symptoms were not associated with substance use attitudes in either cluster, which was an unexpected result. Because the hypothesized relationship between depressive symptoms and substance use attitudes was not found hypothesis 4 was rejected.

There were several important differences between the two clusters. First, hypermasculine attitudes were associated with depressive symptoms in the homogeneous cluster ( $r = .26, p < .05$ ), but not in the heterogeneous cluster. This supports the hypothesis that hypermasculine attitudes *may* be a reactive coping strategy to depressive

symptoms, but that multiple developmental pathways lead to the development of hypermasculine attitudes.

Second, self-esteem was inversely related to hostility toward women in the homogenous cluster ( $r = -.20, p < .05$ ), but not in the heterogeneous cluster. In addition, hostility toward women was significantly associated with depressive symptoms for the homogeneous cluster ( $r = .19, p < .05$ ), but not for the heterogeneous cluster. I suggested that the hostility toward women scale measured mistrust, rejection, criticism, and negative social interactions with women rather than sexual entitlement or callous attitudes about women. I, therefore, hypothesized that it would be more strongly related to depressive symptoms and dating stress than hypermasculine attitudes. These results partially support this hypothesis. For the homogeneous cluster, hostility toward women was associated with depressive symptoms and lower self-esteem, but the relationship did not exist in the heterogeneous cluster. However, hypermasculine attitudes were significantly associated with hostility toward women in both clusters. Hostility toward women was also positively associated with substance use attitudes in the homogeneous cluster ( $r = .19, p < .05$ ), but no association was present for the diverse cluster. Finally, self-esteem was inversely related to substance use in the homogeneous cluster ( $r = .14, p < .05$ ), but not for the heterogeneous cluster. These results partially support the hypothesis that hypermasculine attitudes are acting as a reactive coping strategy for men in the homogeneous cluster to depressive symptoms and that substance use may also be part of that coping.

However, while these correlations are significant in the homogeneous cluster and not the heterogeneous cluster, they are not significantly different from one another. To

test the differences between the correlations I did a Fisher's Z transformation comparing the two correlation matrices. Results of this analysis showed no significant differences between any of the correlations. For instance, the largest difference between the samples was in the correlation between depressive symptoms and hypermasculine attitudes ( $\Delta r = .16$ ) converts to a Z score of 1.42 which is not significant.

### *Regression*

As described above, both depressive symptoms and hypermasculine attitudes were significantly associated with hostility toward women for the homogeneous cluster. I used regression to examine if both variables explained a significant amount of unique variance or if the variance is more strongly associated with one variable over the other. In the first step of the regression, depressive symptoms explained a significant amount of variance in hostility toward women ( $\beta = .20, p < .05$ ). However, when hypermasculine attitudes is added to the model depressive symptoms no longer explain a significant amount of the variance in hostility toward women ( $\beta = .07, p > .05$ ) while hypermasculine attitudes do explain a significant amount of the variance ( $\beta = .52, p < .05$ ). When the order of entering variables into the model is reversed hypermasculine attitudes explains a significant amount of the variance in both steps. A similar pattern of results occurs when depressive symptoms is the dependent variable. These results imply a mediation relationship, but cannot be adequately tested with cross sectional data (Maxwell & Cole, 2007).

### *Hypermasculine Profiles*

The results of the ADMI cluster analysis did reveal multiple clusters that were not simply high, average, or low scores on the ADMI scale. These profiles did not match the



hypothesized profile, but they support the conceptualization of hypermasculine attitudes as a multi-dimensional construct with distinct profiles. Therefore exploratory analyses were conducted to examine the relationship between these clusters, hypermasculine attitudes profiles, and the constructs of hostility toward women, depressive symptoms, self-esteem, and substance use attitudes.

A hierarchical cluster analysis was performed on the two clusters using the five subscales of the ADMI to construct profiles of hypermasculine attitudes (See Figure 3 and 4). I used Ward's method of analysis measuring squared Euclidian distances to create the clusters. A five cluster structure was found and a K-means cluster analysis was conducted to further refine the clusters. I will refer to the clusters from this analysis as hypermasculine profiles. The hypothesized profile of high hypermasculinity, devaluation of emotion, and conservative masculinity, but low dominance and aggression and sexual identity was not found.

There were three profiles that were common to both demographic clusters. First, one profile was consistently high in all five hypermasculine attitudes ( $n = 15$  and  $n = 11$ ), which I call the high hypermasculine profile. Another was a profile with consistently lower scores on hypermasculine attitudes, which I call the non-hypermasculine profile ( $n = 59$  and  $n = 15$ ). The third profile common to both demographic clusters was one where reported attitudes were at or very close to the mean, which I will call the average Joe profile ( $n = 74$  and  $n = 44$ ).

For the homogeneous cluster there were two unique profiles. The first contained men who endorsed higher levels of devaluation of emotion and hypermasculinity, but average levels of the other three hypermasculine attitudes, which I will call anti-feminine

profile ( $n = 35$ ). The second profile contained men who endorsed lower levels of all hypermasculine attitudes except for devaluation of emotion, which I will call the stoic profile ( $n = 30$ ).

For the heterogeneous cluster there were two unique profiles. The first endorsed higher levels of sexual identity, dominance and aggression, and conservative masculinity, but less elevated levels of hypermasculinity and devaluation of emotion, which I will refer to as the ladies' man profile ( $n = 40$ ) because of its similarity to the profile discussed by Corprew, Mitchell, & Hucke (2013). The second profile is closest to the hypothesized profile. Men with this profile endorsed high levels of hypermasculinity and devaluation of emotion, slightly elevated levels of sexual identity, average conservative masculinity, and lower dominance and aggression, which I will call the restrained profile ( $n = 5$ ). These profiles were then tested to see if they were related to depressive symptoms, self-esteem, hostility toward women, and substance use attitudes.

#### *MANOVA*

To further test these profiles I conducted a MANOVA analysis with the hypermasculine profiles set as the fixed factor and the test variables (self-esteem, depressive symptoms, substance use attitudes, and hostility toward women) as the dependent variables. The omnibus tests for both clusters were statistically significant with a Wilks' Lambda of .63 ( $F = 6.32, p < .05$ ) for the homogeneous cluster and a Wilks' Lambda of .66 ( $F = 2.97, p < .05$ ) for the heterogeneous cluster. There were however statistically significant differences in the between subjects effects for the two clusters.

For the homogeneous cluster (see Table 3), the hypermasculine profile was a statistically significant predictor of depressive symptoms ( $F = 2.8, p < .05$ ), hostility

toward women ( $F = 16.37, p < .05$ ), and attitudes about substance use ( $F = 7.03, p < .05$ ). In addition, the hypermasculine profile predicted self-esteem at a trend level ( $F = 2.34, p < .10$ ). These results support the hypothesis that, for this cluster, hypermasculine attitudes may be a reactive coping strategy for feelings of distress and particularly distress from a low self- assessment.

For the heterogeneous cluster (See Table 4), the hypermasculine profile was a statistically significant predictor of hostility toward women ( $F = 6.51, p < .05$ ) and attitudes about substance use ( $F = 2.54, p < .05$ ). However, for this cluster the hypermasculine profile was not associated with depressive symptoms or self-esteem. These results may suggest that hypermasculine attitudes are a reactive coping strategy to cope with other stressors for the diverse cluster.

Examination of the descriptive statistics reveals some interesting findings concerning the relationship between the hypermasculine profiles and these variables. For the homogeneous cluster, the hypermasculine profile had the highest depressive symptoms while the non-hypermasculine profile had the lowest depressive symptoms. This is consistent with the hypothesis that hypermasculine attitudes are a reactive coping strategy for coping with depressive symptoms. However, the high hypermasculine profile had the highest self-esteem and the average Joe profile had the lowest. This finding paired with the relationship between depressive symptoms and hypermasculinity seems counter intuitive. However, it may be that men in the high hypermasculine profile are experiencing the highest level of distress from depressive symptoms, but the adoption of hypermasculine attitudes is acting as a protective factor for their self- esteem. Men with the non-hypermasculine profile have a healthy sense of self and masculinity which is

reflected in high levels of self-esteem. It may be that those men with the average Joe profile are not experiencing as much distress, but are also not actively coping with it by using hypermasculine attitudes.

For the heterogeneous cluster, the restrained profile endorsed the highest depressive symptoms, but mean levels were higher on average for all profiles except the non-hypermasculine profile. However, the restrained profile was most similar to the hypothesized profile, which was hypothesized to be associated with depressive symptoms. The restrained profile also had the highest level of hostility toward women, which is similar to the hypothesized relationship. However, the restrained profile also reported the highest self-esteem while the hypermasculine profile and average Joe profile had the lowest self-esteem. This finding was contrary to the hypothesized relationship and different from the pattern in the homogeneous cluster. However, the low sample size limits confidence in the interpretation of these findings ( $n = 5$ ). Alternatively, the low size of the cluster and highest depressive symptoms may indicate the presence of a mood disorder. The entire sample is a non-clinical sample, but there was no pre-screening process for participants with a mood disorder.

### **Discussion**

The present project hypothesized that specific profiles of hypermasculine attitudes exist and that one profile is specifically associated with depressive symptoms. The rationale for this hypothesis was derived from the theoretical perspective of PVEST and the assumption that hypermasculine attitudes exist as a multi-dimensional construct. From a PVEST perspective I view hypermasculine attitudes as a reactive coping strategy and not as a personality trait. One may use hypermasculine attitudes in response to a

variety of stressors, but the function of hypermasculine attitudes is to act as a protective mask for the individual. To be an effective mask or coping strategy, hypermasculine attitudes may be tailored to the person's specific need. That is, it may be more beneficial for some men to adopt certain aspects of hypermasculine attitudes rather than others.

Previous research has examined hypermasculine attitudes as a personality trait combining the attitudes that violence is manly, danger is exciting, and having callous sexual attitudes toward women (Mosher & Sirkin, 1984). However, does endorsing the belief that violence is manly mean that a man must *also* have callous sexual attitudes towards women? Will some men endorse all aspects of hypermasculine attitudes while others will only endorse some? Likewise, do men who adopt hypermasculine attitudes in response to different stressors adopt different patterns of attitudes? For instance, demonstrating callous sexual attitudes towards women is probably not as effective for avoiding peer violence as demonstrating the belief that violence is manly or danger is exciting. Likewise, callous sexual attitudes toward women may be a more effective mask for dating stress than acting as though violence is manly.

Thus, I hypothesized that some men adopt hypermasculine attitudes in response to depressive symptoms. I hypothesized that these men would have a profile of hypermasculine attitudes that was significantly different from the profiles of men who adopted hypermasculine attitudes in response to another stressor. I measured hypermasculine attitudes using the Auburn Differential Masculinity Index (Burke et al., 2004) because it is a more current measure than the HMI (Mosher & Sirkin, 1984) and is more multidimensional. Results did not support the hypothesized profile, but did support

the hypothesis that some men may adopt hypermasculine attitudes in response to depressive symptoms.

Cluster analysis of the demographic variables placed participants in two clusters; the homogeneous cluster ( $n = 213$ ) and the heterogeneous cluster ( $n = 115$ ). The heterogeneous cluster had higher mean scores of depressive symptoms and significantly higher hypermasculine attitudes, but they were not associated with each other in this cluster. The lack of association between the two suggests that the hypermasculine attitudes are a response to a different stressor and that stressor is also associated with depressive symptoms. Two stressors previously linked to hypermasculine attitudes are experiences of discrimination (Spencer et al., 2004) and exposure to violence (Cassidy & Stevenson, 2005). Likewise, these stressors have also been linked to increased depressive symptoms. Previous analyses by Corprew (2010) did find a significant association between race related stress and hypermasculine attitudes for non- White participants, which is consistent with previous findings (Spencer et al., 2004). However, White participants did not complete the race related stress measure, but make up 31% of this cluster. Therefore, there must be other stressors affecting participants in this cluster. Unfortunately exposure to violence was not directly measured. The lack of association between hypermasculine attitudes and self- esteem or depressive symptoms suggests that adoption of these attitudes is not a response to internal negative evaluations of the self for the heterogeneous cluster. However, these results should be interpreted with caution because, while the correlations were significant in the homogeneous cluster and not the heterogeneous cluster, they were in the same direction in both cluster, and they were not significantly different from one another.

However, hypermasculine attitudes are more strongly associated with depressive symptoms for men in the homogenous cluster. Men with higher levels of depressive symptoms had higher levels of hypermasculine attitudes. In addition, there was a significant, though non-linear, association between hypermasculine attitudes and self-esteem in the homogeneous cluster, but not the heterogeneous cluster. Specifically, men in the homogeneous cluster with the highest and the lowest levels of hypermasculine attitudes had higher levels of self-esteem than those with average levels of hypermasculine attitudes. This suggests that hypermasculine attitudes may be acting as a buffer for self-esteem once a threshold of depressive symptoms is reached. It may also be that these men are reporting higher self-esteem despite not feeling good about themselves to further mask this vulnerability. Why are men in this cluster experiencing depressive symptoms and why are they associated with hypermasculine attitudes?

I argued that the Hostility toward women (HTW) scale is more conceptually similar to depressive symptoms than the callous sexual attitudes of Mosher & Sirkin (1984). The results of this analysis suggest that this may be true for the homogeneous cluster. Hostility toward women (HTW) was associated with hypermasculine attitudes in both clusters, but only in the homogeneous cluster was HTW associated with lower self-esteem, depressive symptoms, and substance use attitudes. I think that this is a function of the ADMI and the HTW scale measuring two negative attitudes but not distinguishing them; anti-femininity and misogyny. One derives from a desire to be masculine and treats the feminine as bad because it is not masculine. That is, it conflates conforming to gender and being good. It is not that women are bad or that femininity is “bad,” it is just bad for a *man* to have feminine characteristics. This attitude is probably a product of gender

socialization (Peck, 1995) and a failure of language to describe positive masculine characteristics without implying the opposite is feminine and inferior (Levant, 1992). Misogyny, on the other hand describes dislike or mistrust of women, and likely stems from negative experiences with women.

The pattern of associations with lower self-esteem, depressive symptoms, and substance use attitudes suggests that the HTW measured in the homogenous cluster may be more misogynistic in nature. A possible explanation is they are a result or cause of dating stress. Difficulties in the dating arena may lead men to adopt hypermasculine attitudes and negative attitudes toward women as a protection of the self. It is equally reasonable that higher levels of HTW and hypermasculine attitudes lead to difficulties in the dating arena. This data is cross sectional so causal conclusions cannot be drawn. However, the differences in associations between the two clusters suggest two different developmental pathways are accounting for the HTW scores. Future research should examine if these differences relate to behavioral differences especially with regard to sexual misconduct (Tatum & Faubert, 2009).

The second major aim of this analysis was to examine hypermasculine attitudes as multidimensional and forming distinct profiles. The results of this analysis do not refute the existence of these profiles, but do not lend strong support to their existence either. The majority of men had scores on the five factors of hypermasculinity that were very consistent with one another; one group consistently higher, one consistently lower, and one consistently at the mean. This suggests that hypermasculine attitudes are more of a unitary concept and are somewhat normally distributed. There were some men who showed profiles where certain hypermasculine attitudes were more elevated than others.



However, there were no men who exhibited a profile where at least one of the five factors was a standard deviation above the mean and another was a standard deviation below the mean. If these profiles represent meaningful variations in patterns of hypermasculine attitudes beyond high, medium, and low, one would expect more significant variation of attitudes within a profile.

It may also be that distinct profiles of hypermasculine attitudes do not exist in normative populations, but may for clinical samples. The profile with the most variation in the levels of hypermasculine attitudes was the restrained profile from the heterogeneous cluster. Not only was this the profile with the most variation, but it was most similar to the hypothesized profile. Men in this cluster also had the highest mean levels of depressive symptoms consistent with the hypothesized model. The small size of the cluster ( $n = 5$ ) limits any strong interpretation, but a comparison of clinical and non-clinical samples may be fruitful.

Conceptually and logically there is no reason why adoption of one aspect of hypermasculine attitudes *must* be accompanied by the others. However, there is a cultural explanation. Masculinity and hypermasculinity are culturally defined concepts and are presented in this culture as a unitary concept. Media portrayals of masculinity often treat masculinity as a single unitary concept (Ben-Zeev et al., 2012). Gender is often presented in simple binary terms (Pleck, 1995). Early gender socialization is especially simplistic and binary, and occurs during a stage of cognitive development when abstract complex conceptualization is not possible (Keating, 1992). During the cognitive awakening and identity exploration of adolescence gender identity is often a salient issue (Mehta & Straugh, 2010). However, to achieve a significantly more nuanced understanding of

masculinity the adolescent must overcome not only his existing schema, but constant reinforcement of more stereotypical and unitary presentations of masculinity in the media and by peer groups (Levant, 2001). The question is not “*what* is masculine” it is “*how* masculine am *I*.” Consequently, hypermasculine attitudes tend to be endorsed as a package rather than as individual attitudes. The college context is one of relative safety and promotes reflection on egalitarian gender roles, but the application of egalitarian gender roles may be inconsistent (Jaramillo-Sierra & Allen, 2012). A nuanced and multi-faceted understanding of masculinity requires more cognitive resources to create and maintain (Montoya, 1998). Likewise, using this conceptualization to shape behavior requires greater cognitive resources and control. Research suggests that casual drinkers experience decreased cognitive control in the presence of alcohol related cues independent of actual consumption of alcohol (Nikolaou, K., Field, M., & Duka, 2012). These effects of reduced cognitive control are further exacerbated by alcohol consumption (Wells et al., 2011). Thus, males who are intoxicated are more likely to use a more simplistic conceptualization of masculinity and more likely to use hypermasculine attitudes as a coping strategy in the presence of these social cues. Thus, alcohol consumption may act as a cause and a reinforcer of adopting hypermasculine attitudes for some men. From a PVEST perspective this repeated adoption of hypermasculine behaviors in a social context may lead to them becoming part of the emerging identity, and more likely to be used in other contexts.

### *Limitations*

There are several limitations of this project that should be considered. The first is that the data is cross-sectional and the direction of effects cannot be determined. Based on

theory hypermasculine attitudes are a reactive coping strategy. Therefore I have talked about them as a reaction to depressive symptoms. However, it is also possible that the depressive symptoms have developed as a result of the use of hypermasculine attitudes.

Second, the lack of a variety of stressor variables prevents strong understanding of what may be leading to hypermasculine attitude use. I use depressive symptoms as a stressor when they are typically thought of as a reaction to a stressor. One can become depressed about being depressed in which case the depressive symptoms are acting as a stressor (Ellis, 2004). Typically, though, depressive symptoms increase in response to life events, or our thoughts about life events (Ellis, 2004). Measures like the BDI measure distress, but are not themselves a measure of a stressor. There was no assessment of negative life events in this study, which are associated with both depressive symptoms and hypermasculine attitudes (Spencer et al., 2004) and we did not ask individuals directly why they were experiencing the depressive symptoms. I have hypothesized that for the homogeneous cluster it is dating stress because many other stressors are less common in this sample. That is, this sample is financially secure, in a physically safe context, not likely facing discrimination, and reported being in good academic standing. The homogeneous cluster also tended to be younger and life transitions, especially the transition to college are associated with increased depressive symptoms (Alfeld-Liro & Sigelman, 1998). It could be that it is simply the adjustment to a new college context that leads men to adopt hypermasculine attitudes as a temporary coping strategy.

Further supporting the hypothesis that dating stress may be involved; the homogeneous cluster was less likely to be in a relationship than the heterogeneous cluster. However, that is assessed only by one item describing relationship status. There

were no items assessing relationship quality, duration, or satisfaction which are all critical in discussing the association between romantic relationships and depressive symptoms (Vujiva & Furman, 2011). In addition, there is some evidence that short-term dating is preferred by emerging adult males and that hypermasculine attitudes increase success in this type of dating (Herold & Milhausen, 1999).

Alternatively, for this cluster the depressive symptoms may be related to very recent financial issues not identified in the demographic items. That is, the data for this project was collected shortly after the economic downturn of 2008. Participants from the homogeneous cluster reported coming from upper middle- upper income families. It is possible that this was their experience during the majority of their life until very recently. New economic instability in the family could be compounded by awareness of the rising cost of tuition leading to use of hypermasculine attitudes to cope with this previously not experienced stressor (Luther & Barkin, 2012).

Another limitation is the lack of behavioral outcome data. Hostility toward women has been used in research related to rape myth acceptance and sexual misconduct (Tatum & Foubert, 2009). However, there were no items in this data set that asked about number of partners, or actual use of coercive sexual practices. In addition, the substance use attitudes measure examined the participants' attitudes about substance use rather than actual consumption levels. Although evidence suggests that college students may have inaccurate assessments of how much they drink and how much their peers drink (Lederman & Stewart, 2005; Kraus et al., 2005), examining substance use attitudes and reported consumption with depressive symptoms is valuable. Finally, there were no items that assessed either being a perpetrator or a victim of violence. The college context is one

of relative safety and low violence, but one exception is for men with hypermasculine attitudes and especially those who are drinking (Wells et al., 2011).

There was also no control for previous levels of mood disorders. As stated above there was a very small group of individuals that displayed a different hypermasculine profile than their peers and had the highest levels of depressive symptoms. It may be that these individuals were approaching a clinical level of depressive symptoms. This is a non-clinical sample and therefore, depressive symptoms were fairly low over all, which is expected. Also, depressive symptoms are not the same as depression.

Finally, this project examines U.S. middle- to upper income men who attend college. The results are not expected or intended to generalize to all men. Masculinity is a culturally defined construct as is hypermasculinity. The individual cultural meaning of masculinity has a direct effect on what hypermasculinity would look like. Likewise, the function of adopting hypermasculine attitudes varies by culture and context. As the two clusters in the present project demonstrate, hypermasculine attitudes can be used to cope with a variety of stressors. Issues of gender role and culture are often intertwined and expressions of distress or exaggerated gender roles are also influenced by culture.

#### *Future Directions*

It is important that researchers examine hypermasculine attitudes using longitudinal data. Cross sectional data often treats hypermasculine attitudes as a trait rather than a coping strategy because it is only measured at one time per participant. Previous research has shown that interventions can drastically change levels of hypermasculine attitudes suggesting that they are a coping strategy rather than a trait (Karp, 2010). Hypermasculine attitudes may be adaptive as a short-term coping strategy,

but when it becomes a significant part of a man's emerging identity it becomes maladaptive. Since it is a reactive coping strategy, it is likely that men who are experiencing life transitions would have elevated levels of hypermasculine attitudes (Alfeld-Liro & Sigelman, 1998). It may be normative for college freshmen to adopt hypermasculine attitudes and abandon this coping strategy after adjusting to their new context, but we need longitudinal data to test this theory with confidence. Identifying normative trajectories of hypermasculine attitude development is important if they are ever going to demonstrate utility as a *predictor* of behavior.

Previously hypermasculine attitudes have been examined as a response to violence or experiences of discrimination (Spencer et al., 2004). The results of this analysis also suggest that the development of hypermasculine attitudes can also occur in response to depressive symptoms or negative self-assessment. Future research should examine alternative stressors that may elicit hypermasculine attitudes as a coping strategy (e.g. health problems, dating stress, and career stress). It may be that men in this cluster are experiencing dating stress. Previous research has linked dating stress and relationship satisfaction to depressive symptoms in emerging adulthood (Whitton & Kuryluk, 2011). Hypermasculine attitudes are a coping strategy for dealing with a stressor for which issues of gender may be particularly salient. In addition, research has suggested that gender socialization may lead men to express depressive symptoms in ways that conform to masculine emotional expression like anger and hostility (Addis, 2008). Men who express depressive symptoms or help seeking behaviors are more likely to be rejected by peers and rated as less desirable by potential partners (Joiner et al., 1992, Sacco & Dunn, 1990). Furthermore, men who adopt a hypermasculine presentation style within the

classroom are rated more socially desirable than those who adopt an academically focused presentation style (Lesanne et al., 1999). Hiding depressive symptoms behind a hypermasculine mask is a potentially adaptive short term coping strategy for college age male who are concerned with how others rate their social attractiveness. As one of the participants in the qualitative part of the Men at the Crossroads study put it “they (hypermasculine men) wouldn’t do it if it didn’t work.”

However, adoption of hypermasculine attitudes is maladaptive as a long term coping strategy. First, it is associated with many maladaptive behaviors such as binge drinking (Iwamoto et al., 2011), sexual violence (Tatum & Foubert, 2009), and fighting (Wells et al., 2011). Second, it is associated with lower academic performance. Men who adopt a hypermasculine presentation style are rated more favorably than those who adopt an academically focused style, which researchers have referred to as “Joe Cool” (Czopp et al., 1998). This is similar to the “cool pose” that Majors and Billson (1992) described in Black adolescents as a response to experiences of discrimination. There may be differences in what these styles are a response to, but their core function (protection of self) and academic consequences are similar (Jackson & Dempster, 2009). Finally, adoption of hypermasculine attitudes may produce short term dating success, but act as a barrier to achieving healthy, intimate, and sustained relationships (Campbell et al., 2010; Stewart, Stinette, & Rosenfeld, 2000). Adopting a hypermasculine mask hides feelings of vulnerability which makes the man more attractive during the first few social encounters. However, hypermasculine attitudes are not an effective strategy for dealing with conflict within a relationship (Campbell et al., 2010). Also, an unanswered question is how these men feel about their hypermasculine attitudes and if that varies by what stressor they are

a reaction to. That is, does the man who puts on a hypermasculine mask to avoid neighborhood violence view the mask in the same way as a man who adopts the mask in response to dating stress?

In addition, it is important to continue to examine if different patterns of hypermasculine attitudes are associated with different stressors or behavioral outcomes. The results of this study suggest that hypermasculine attitudes may often appear as a package due to socialization of masculinity as a one dimensional construct (Pleck, 1995). However, there may be more extreme variations associated with more extreme behaviors. Or highly varied profiles may themselves indicate distress in the individual.

Furthermore, it may be important to include observational or randomly sampled behavioral data to understand not only what emerging adult men *think* about masculinity, but how they act out that masculinity. Quantitative self-report measures like the ADMI have shown a trend toward more egalitarian gender attitudes, but more qualitative data reveals ambivalence or dissonant views of gender roles in practice (Jaramillo-Sierra & Allen, 2012). Self-report questionnaires may be capturing a more sanitized and meta-cognitive picture of gender role beliefs than are present in social situation, especially if alcohol is present (Wells et al., 2011).

### *Conclusions*

The present project supports the conceptualization of hypermasculine attitudes as a reactive coping strategy to contextual stressors. Previous research has examined the use of hypermasculine attitudes as a reaction to violence (Cassidy & Stevens, 2003). In this case they are acting as a protective mask against further violence. By presenting one's self as a dangerous target you are less likely to be the victim of violence (Cunningham,



1999). The present analysis suggests that they may also be a means to cope with depressive symptoms. Hypermasculine attitudes were associated with depressive symptoms in the homogeneous cluster, but not the heterogeneous cluster.

I believe the difference between the two clusters is that for the heterogeneous cluster hypermasculine attitudes are acting as a way of coping with a stressor that is more exogenous (violence, discrimination etc.) while for the homogeneous cluster they are a response to more endogenous stressors such as negative assessment of self and insecure social role. The role of provider or breadwinner remains an important part of many emerging adults conceptualization of the “proper” male (Jaramillo-Sierra & Allen, 2012). Failure to meet this ideal can result in gender role strain (Pleck, 1995). However, most emerging adults like the ones in the homogeneous cluster have few self-generated resources. That is, they may have money, but it is their parent’s money. Thus, flaunting money is not a sign of male power or personal success, just privilege. Academic success could serve as a proxy for earning power. However attitudes and behaviors that lead to academic success are not associated with social desirability and immediate rewards (Kahn, Brett, & Holmes, 2011).

When considering hypermasculine attitudes it is important to consider the adaptive and maladaptive consequences of adopting them and what alternative coping strategies exist. For the men in the homogeneous cluster the adoption of hypermasculine attitudes was associated with increased depressive symptoms, but also with higher self-esteem. Previous research has shown that help seeking behaviors (an alternative coping strategy for depressive symptoms) can lead to social rejection for males (Joiner et al., 1992), while adoption of hypermasculine attitudes and engaging in behaviors such as

binge drinking are met with social approval (Iwamoto et al., 2011). If the reason the males in the homogeneous cluster are experiencing depressive symptoms is due to social difficulties rather than direct threats, then the short-term social approval from adoption of hypermasculine attitudes makes them an adaptive coping strategy (Czopp et al., 1998).

However, the long term adoption of hypermasculine attitudes is likely maladaptive for this population leading to increased rates of drop out, incarceration, rape, and substance abuse (Burk, Burkhart, and Sikorski, 2004). Alcohol consumption is a normative part of the college social environment and high consumption is considered masculine, and, while maladaptive, it is a socially acceptable means of demonstrating male prowess in the college context (Iwamoto et al., 2010). It is not surprising that the vast majority of physical and sexual violence on college campuses occurs when one or all parties involved are intoxicated (Murnen, Wright, and Kaluzny, 2004; Wells et al., 2010). Fortunately maladaptive behavioral patterns can be altered on an individual and at a cultural level.

While heavy alcohol consumption is considered masculine by emerging adults, college students often over estimate how much other students drink (Lederman & Stewart, 2005). Fortunately, education about the reality of alcohol consumption, as compared to perceived consumption, can reduce individual levels consumption (Lederman & Stewart, 2005). Likewise, campus psycho-education programs have been successful in reducing rates of date rape on campus though more progress is needed in both areas (Tatum & Faubert, 2009). In addition, reduction of problematic drinking is likely to reduce sexual violence. Some of these programs have even begun to include issues of masculinity as part of their programming (Shultz, Scherman, & Marshall, 2000).

Deconstructing hegemonic and maladaptive masculine attitudes is an important part of combating these maladaptive behaviors. In addition there needs to be an effort to present alternative positive behaviors as affirming masculinity.

Ironically, the next form of campus education intervention that may be needed is one that addresses study habits of males. It may be important to combat the idea the studying and caring about academics is not masculine. In fact, for many college males the social pressure is to demonstrate what researchers call “effortless achievement” which may include maladaptive behaviors like binge drinking the night before an exam (Jackson & Dempster, 2009). The concept of “effortless achievement” seems particularly counterproductive and places the male in a very tenuous situation. This is particularly true if notions of “successful” masculinity require being a high earning, hard- working, responsible post-graduate, but an aloof undergraduate. The potential for developing depressive symptoms or anxiety while trying to maintain two such oppositional views of masculinity is clear. While most males are able to negotiate the conflicting messages and achieve success, males have higher rates of drop out and academic failure at the college level than females, and the gap is growing larger (Kahn, Brett, & Holmes, 2011). Promotion of more nuanced and positive versions of masculinity should include a positive view of academic engagement as well as academic success.

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## Key Terms:

**Hypermasculinity:** a term used for trait conceptualization of hypermasculine attitudes; originally defined by Mosher and Sirkin belief that danger is exciting, violence is manly, and callous sexual attitudes towards women.

**Hypermasculine attitudes:** exaggerated and stereotypical masculine characteristics, which are often associated with negative behavioral outcomes

**Hypermasculine behaviors:** derived from hypermasculine attitudes that reflect endorsement of those values (e.g. eagerly engaging in fighting reflects the belief that violence is manly)

**Phenomonological Variant of Ecological Systems Theory (PVEST):** a bi-directional and cyclical theory of identity development that emphasizes the developmental processes that occur and explain the path between environmental predictors and life outcomes.

**Net Vulnerability:** the combination of risk and protective factors that comprise the environment a person inhabits (e.g. neighborhood, physical stature)

**Net Stress Engagement:** the combination of challenges and supports that a person has access to or encounters in their life (e.g. supportive parents, personal injury, positive friends, negative friends)

**Reactive Coping Strategy:** Actions taken in response to life events to deal with those events. Strategies are considered adaptive or maladaptive depending on their utility.

**Stable Coping Response:** refers to when a reactive coping strategy has been utilized a sufficient number of times that it is almost always used in response to specific life events and is likely to generalize to similar life events. They contribute to emerging identity.

**Emerging Identity:** how one sees oneself or how others perceive the individual based at least in part on reactive coping strategies and stable coping responses (e.g.. a “party animal” vs. a “loner”)

**Life Outcomes:** outcomes resulting from emerging identity and stable coping responses. These also become part of a person's net vulnerability. (e.g. likely life outcome of adaptive study habits and emerging identity of an academic is attendance and graduation from college)

Figure 1. Phenomonological Variant of Ecological Systems Theory

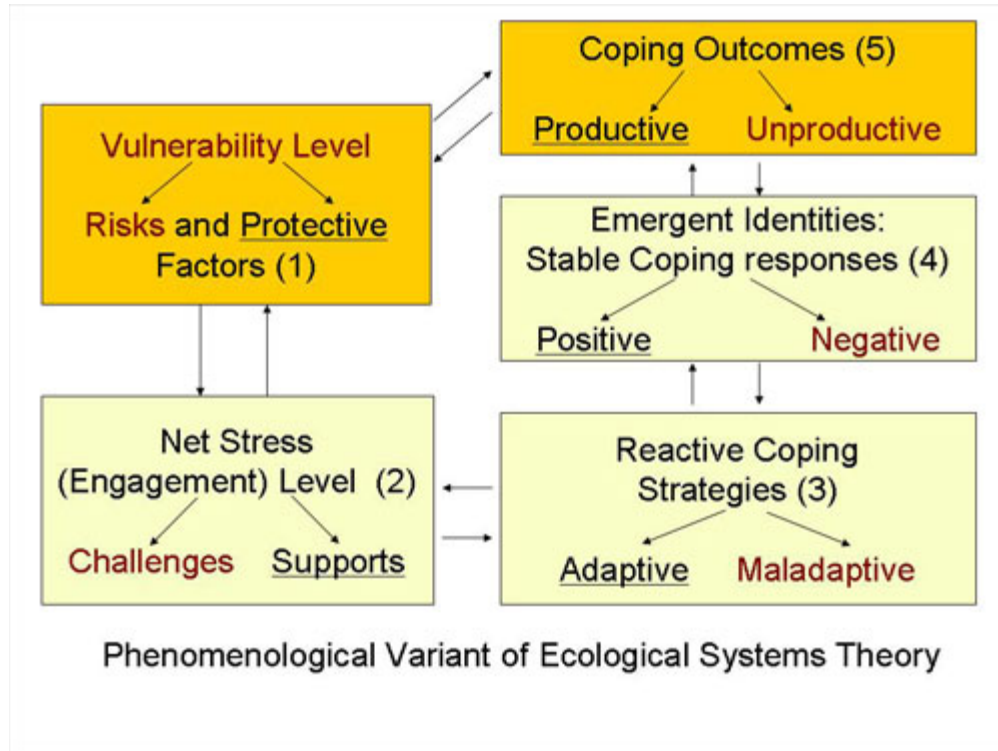




Table 1: Descriptive Statistics for Test Variables

Demographic Clusters	Cluster 1		Cluster 2	
	Mean	SD	Mean	SD
Depressive symptoms	-.20	.96	.35	.96
Hostility Toward Women	-.04	1.01	.09	.98
Self- Esteem	.05	.96	-.07	1.05
Substance use attitudes	.07	.99	-.12	1.01
Hypermasculine attitudes*	-.08	.94	.13	1.08

Table 2: Bivariate Correlations

Demographic Cluster 1	Depressive symptoms	Hostility Toward Women	Self-esteem	Substance use attitudes	Hypermasculine attitudes
Depressive Symptoms	1	.19**	-.31**	.08	.26**
Hostility Toward Women		1	-.20**	.19**	.50**
Self-Esteem			1	-.14*	.000
Substance use attitudes				1	.30**
Hypermasculine attitudes					1

+ p < .10 \* p < .05 \*\* p < .01

Demographic Cluster 2	Depressive symptoms	Hostility Toward Women	Self-esteem	Substance use attitudes	Hypermasculine attitudes
Depressive Symptoms	1	.10	-.36**	.08	.10
Hostility Toward Women		1	-.08	.03	.40**
Self-Esteem			1	-.12	.03
Substance use attitudes				1	.35**
Hypermasculine attitudes					1

+ p < .10 \* p < .05 \*\* p < .01

Table 3: MANOVA for Cluster One

Dependent Variable	<i>Df</i>	<i>Df</i> error	<i>F</i>	Hypermasculine Profile	Means
Depressive Symptoms	4	208	2.80*	Anti-Feminine	.01
				Stoic	-.39
				High Hypermasculine	.32
				Average Joe	-.15
				Non-Hypermasculine	-.43
Hostility Toward Women	4	208	16.37**	Anti-Feminine	.37
				Stoic	-.50
				High Hypermasculine	.75
				Average Joe	.27
				Non-Hypermasculine	-.65
Self- Esteem	4	208	2.34 <sup>+</sup>	Anti-Feminine	.03
				Stoic	.22
				High Hypermasculine	.51
				Average Joe	-.18
				Non-Hypermasculine	.15
Substance Use Attitudes	4	208	7.03*	Anti-Feminine	.18
				Stoic	0.12
				High Hypermasculine	.34
				Average Joe	.42

Non-Hypermasculine -.40

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<sup>+</sup>  $p < .10$  <sup>\*</sup>  $p < .05$  <sup>\*\*</sup>  $p < .01$

Table 4: MANOVA for Cluster Two

Dependent Variable	<i>Df</i>	<i>Df</i> error	<i>F</i>	Hypermasculine Profile	Means
Depressive Symptoms	4	110	1.08	Non- Hypermasculine	-.07
				High Hypermasculine	.59
				Ladies Men	.32
				Average Joe	.42
				Restrained	.63
Hostility Toward Women	4	110	6.51*	Non- Hypermasculine	-.42
				High Hypermasculine	.41
				Ladies Men	.51
				Average Joe	-.29
				Restrained	.82
Self- Esteem	4	110	1.08	Non- Hypermasculine	.07
				High Hypermasculine	-.23
				Ladies Men	.04
				Average Joe	-.26
				Restrained	.57
Substance Use Attitudes	4	110	2.54	Non- Hypermasculine	-.54
				High Hypermasculine	.26
				Ladies Men	.14
				Average Joe	-.35

Restrained .18

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<sup>+</sup>  $p < .10$  <sup>\*</sup>  $p < .05$  <sup>\*\*</sup>  $p < .01$

Figure 3. Hypermasculine Attitudes for Whole Sample

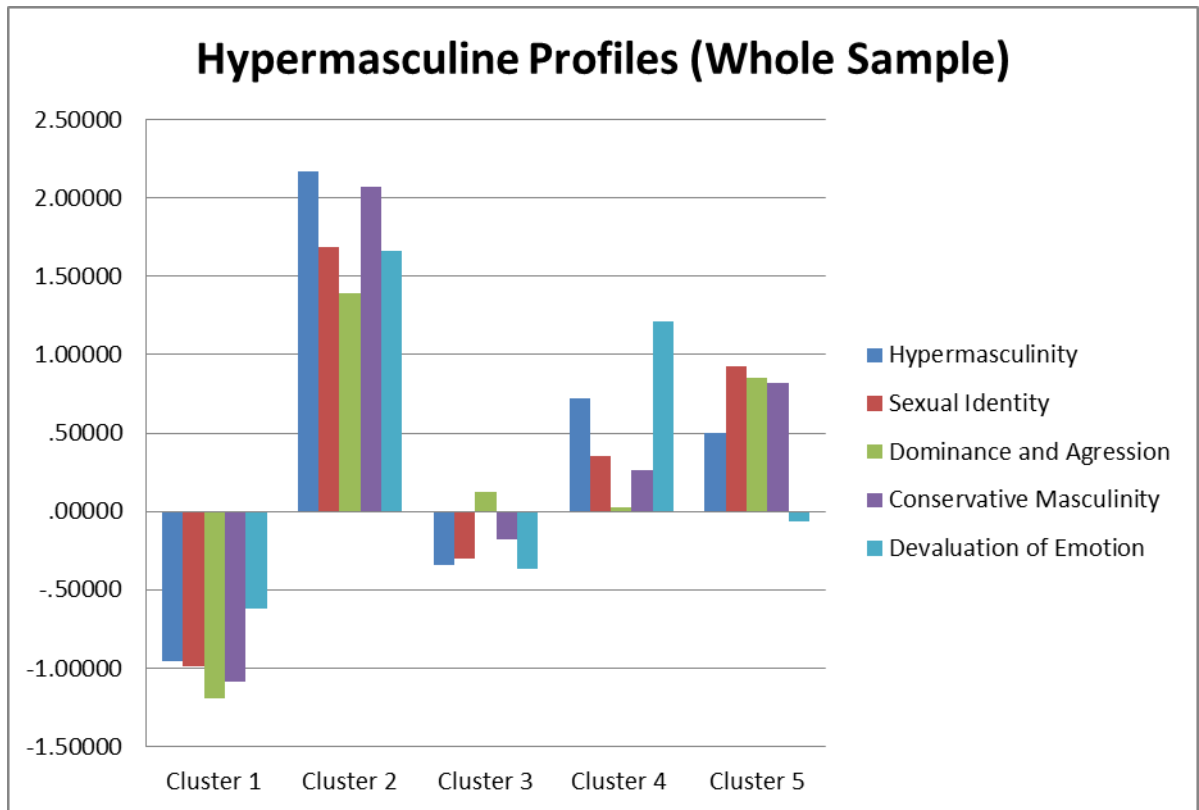


Figure 4. Hypermasculine Profiles for Cluster One

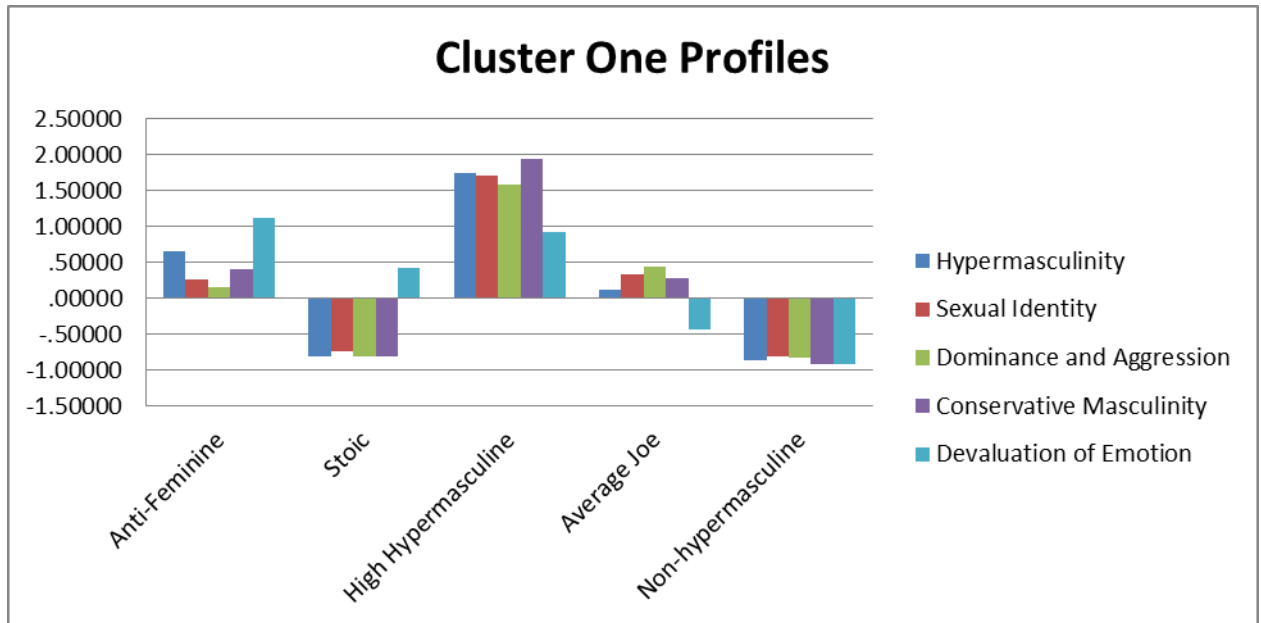
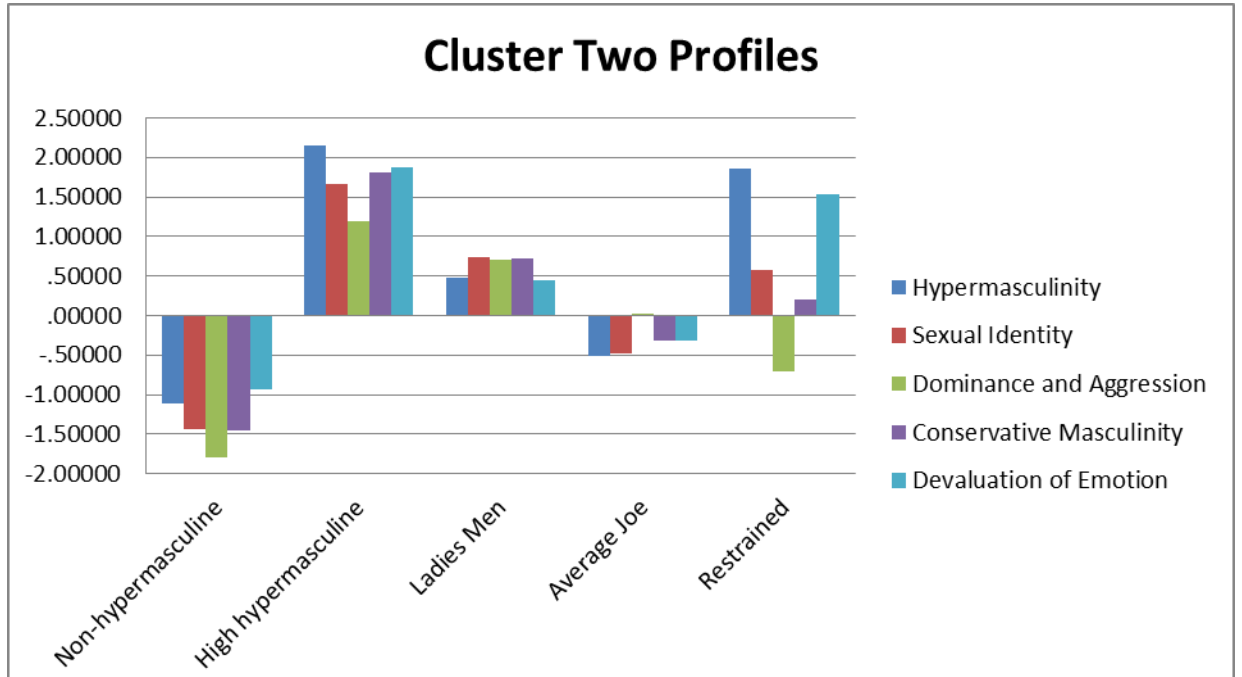




Figure 4: Hypermasculine Profiles for Cluster Two



## Appendices

### Appendix A

#### ADMI-60

**The following statements describe certain beliefs. Please read each item carefully and**

**decide how well it describes you. Rate each item on the following 5-point scale: 1**

***\_very***

***much like me, 2 \_ like me, 3 \_ a little like me, 4 \_not much like me, 5 \_ not at all like me.***

1. If another man made a pass at my girlfriend/wife, I would tell him off.
2. I believe sometimes you've got to fight or people will walk all over you.
3. I think women should date one man.
4. I think men who show their emotions frequently are sissies.
5. I think men who show they are afraid are weak.
6. I think men who cry are weak.
7. I don't get mad, I get even.
8. Even if I was afraid, I would never admit it.
9. I consider men superior to women in intellect.
10. I think women who say they are feminists are just trying to be like men.
11. I think women who are too independent need to be knocked down a peg or two.
12. I don't feel guilty for long when I cheat on my girlfriend/wife.
13. I know feminists want to be like men because men are better than women.
14. Women, generally, are not as smart as men.
15. My attitude regarding casual sex is "the more the better."
16. I would never forgive my wife if she was unfaithful.
17. There are two kinds of women: the kind I date and the kind I would marry.
18. I like to tell stories of my sexual experiences to my male friends.
19. I think it's okay for men to be a little rough during sex.
20. If a woman struggles while we are having sex, it makes me feel strong.
21. I am my own master; no one tells me what to do.
22. I try to avoid physical conflict.
23. If someone challenges me, I let him see my anger.
24. I wouldn't have sex with a woman who had been drinking.
25. Sometimes I have to threaten people to make them do what they should.
26. Many men are not as tough as me.
27. I value power over other people.
28. If a woman puts up a fight while we are having sex, it makes the sex more exciting.
29. I don't mind using verbal or physical threats to get what I want.
30. I think it is worse for a woman to be sexually unfaithful than for a man to be unfaithful.
31. I think it's okay for teenage boys to have sex.
32. I like to be in control of social situations.

33. I prefer to watch contact sports like football or boxing.
34. If I had a son I'd be sure to show him what a real man should do.
35. If a woman thinks she's better than me, I'll show her.
36. I notice women most for their physical characteristics like their breasts or body shape.
37. I think its okay for men to date more than one woman.
38. I sometimes feel afraid.
39. I think men who stay home to take care of their children are just as weak as women.
40. I'd rather stay home and watch a movie than go out to a bar.
41. I like to brag about my sexual conquests to my friends.
42. When something bad happens to me I feel sad.
43. I can date many women at the same time without commitment.
44. I don't mind using physical violence to defend what I have.
45. I think men should be generally aggressive in their behavior.
46. I would initiate a fight if someone threatened me.
47. Women need men to help them make up their minds.
48. If some guy tries to make me look like a fool, I'll get him back.
49. I consider myself quite superior to most other men.
50. I get mad when something bad happens to me.
51. I want the woman I marry to be pure.
52. I like to be the boss.
53. I like to think about the men I've beaten in physical fights.
54. I would fight to defend myself if the other person threw the first punch.
55. If another man made a pass at my girlfriend/wife, I would want to beat him up.
56. Sometimes I have to threaten people to make them do what I want.
57. I think it's okay to have sex with a woman who is drunk.
58. If I exercise, I play a real sport like football or weight lifting.
59. I feel it is unfair for a woman to start something sexual but refuse to go through with it.
60. I often get mad.

## Appendix B

### HTW

Please read each statement carefully and circle which one best applies to you or if you agree with the statement. There is no right or wrong answer.

1 = Always false. 2 = Mostly false. 3 = Sometimes false. 4 = Sometimes true.  
5 = Always true

1. I feel that many times women flirt with men just to tease or hurt them.
2. I feel upset even by slight criticism by a woman.
3. It **doesn't** really bother me when women tease me about my faults.
4. I used to think that most women told the truth but now I know otherwise.
5. I do **not** believe that women will walk all over you if you aren't willing to fight.
6. I do **not** often find myself disagreeing with women.
7. I do very few things to women that make me remorseful afterward.
8. I **rarely** become suspicious with women who are friendlier than I am.
9. There are a number of females who seem to dislike me very much.
10. I **don't** agree that women always seem to get the breaks.
11. I **don't** seem to get what's coming to me in my relationships with women.
12. I generally **don't** get really angry when a woman makes fun of me.
13. Women irritate me a great deal more than they are aware of.
14. I have often been grouchy towards women.
15. I think that most women would **not** lie to get ahead.
16. It is safer not to trust women.
17. When it really comes down to it, a lot of women are deceitful.
18. I am **not** easily angered by a woman.
19. I often feel that women probably think I have not lived the right kind of life.
20. I **never** have hostile feelings that make me feel ashamed of myself later.
21. Many times a woman appears to care, but just wants to use you.
22. I am sure I get a raw deal from the women in my life.
23. I **don't** wonder what hidden reason a woman may have for doing something nice to me.
24. If women had **not** had it in for me, I would have been more successful in my personal relations with them.
25. I never have feelings that women laugh at me.
26. Very few women talk about me behind my back.
27. When I look back at what's happened to me, I **don't** feel resentful toward the women in my life.
28. I **never** sulk when a woman makes me angry.
29. I have been rejected by too many women in my life.
30. If I let women see the way I feel, they would probably consider me a hard person to get along with.

**Biography**

Kyle Hucke was born in Cincinnati, Ohio on March 25<sup>th</sup>, 1985. His parents emphasized education and raised him with the expectation of attaining a graduate or professional degree. He attended Tulane for undergraduate studies and was attending school when hurricane Katrina hit New Orleans. Upon returning to Tulane and New Orleans Kyle became dedicated to the city and community. He attended graduate school at Tulane and focused on examining ways to promote healthy development in adolescents and emerging adults.