

The Construction of Masculinity and its Effects on Mental Health and Well Being of Adult Men

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Abstract:

The aging population in the United States is rapidly expanding, with older men experiencing rising rates of mental health conditions, including depression and suicide. This study explores how conformity to masculine norms impacts the mental health and well-being of older men. Through a systematic review of 21 peer-reviewed studies, key themes emerged, including negative help-seeking attitudes, increased loneliness, suicidal ideation, depression, and violence against women.

Notably, there was a significant lack of research focusing on Black, Indigenous, and People of Color (BIPOC) populations, with most studies centered on older White males. This gap highlights a critical need for inclusive research that addresses the cultural dimensions of masculinity and mental health. Findings underscore the importance of broadening demographic representation in future studies to inform more effective and equitable mental health interventions. This thesis calls for systemic change through the dismantling of harmful societal norms and improved access to mental health care for older men across diverse backgrounds.

Introduction:

In the United States, the demographics of the aging population are changing quickly. According to the 2020 United States Census Bureau, the population of people over age 65 has seen the largest increase since the 1920 Census (Caplan, 2023). According to the report, this is because the generation of baby boomers (born in a post-World War II era 1946-1964) caused a significant increase in the population of the United States and other countries when they began to turn 65 in 2011. The Caplan study shows that the aging population in the United States was estimated to be 1 in 6 people; by comparison, the 1920 Census ratio was 1 in 20. As the U. S. population ages, there will be an increased need for mental health services (Moye et al., 2019). Their 2019 study emphasizes the high demand for geriatric mental health professionals over the next few decades, and researchers suggest masculinity ideologies should be examined and, where appropriate, addressed in interventions with men (Gerdes & Levant, 2017; Kaiser et al., 2020; Wong et al., 2016).

Methods:

This systematic review investigates how masculinity is socially constructed and how these constructions influence the mental health and overall well-being of older adult men. By synthesizing existing research, this project aims to identify key patterns, themes, and gaps in the current literature related to masculine norms and aging.

The review focused solely on peer-reviewed journal articles. After receiving thesis committee approval, a comprehensive literature search was conducted. Relevant studies were selected using the following academic databases:

- Google Scholar
- Social Services Abstracts
- PsycINFO
- Academic Search Complete

Inclusion Criteria:

Studies included in this review met the following requirements:

1. Published in a peer-reviewed journal
2. Published within the last 20 years
3. Written in English or translated into English
4. Included assessments of masculine norms and mental health outcomes in adult men

Quality Criteria:

Each study was assessed for quality using a 16-point scale. Scores ranged from 7 to 15, with an average score of 12.3. This high average suggests that the majority of the literature included in the review was reliable and methodologically sound.

Results:

This systematic review examined 21 peer-reviewed studies published between 2011 and 2024. The studies, conducted in countries such as the United States, Australia, Canada, Germany, England, New Zealand, and China, reflect the most current research in the field. The review included ten quantitative, seven qualitative, and four cross-sectional studies, with most utilizing standardized instruments to measure masculinity and mental health.

Emerging Themes:

After quality scoring (ranging from 7 to 15 out of 16, with an average of 12.3), the studies were categorized into six key themes.

1. Help-Seeking Attitudes and Loneliness

High conformity to masculine norms (CMN) particularly emotional stoicism and self-reliance was often linked to negative attitudes toward seeking help and greater experiences of loneliness. Older men who adhered to these norms were less likely to form emotionally supportive relationships and more likely to avoid mental health services. Cultural factors influenced these attitudes, with some older men in Latino and Asian communities displaying more flexibility in their beliefs than younger counterparts.

2. Suicidal Ideations

Three studies examined the connection between masculinity and suicidal thoughts. Rigid adherence to masculine ideals such as self-reliance and emotional control was associated with increased suicide risk. Cultural norms around masculinity even framed suicide as a demonstration of strength in some populations, particularly among older White U.S. men.

3. Depression

Five studies linked higher CMN with increased depressive symptoms, especially among older men dealing with declining health or finances. However, one study suggested that stronger adherence to masculinity could be protective against depression, highlighting the complexity and variability of these relationships across contexts and age groups.

4. Violence Against Women

Three studies explored how masculine norms relate to violence and attitudes toward women. Traits like dominance, competitiveness, and aggression were associated with greater acceptance of rape myths, sexism, and resistance to behavior change, particularly in men receiving substance use treatment.

5. Lack of Racial and Ethnic Diversity

A consistent limitation across the literature was the lack of racial and ethnic diversity. Most samples consisted of White men, with limited attention given to how masculinity norms intersect with race, ethnicity, or socioeconomic background. Several studies acknowledged this gap and called for more inclusive research.

6. Older and Younger Men

Age-related differences showed that older men often held more traditional masculine beliefs related to emotional control and independence, while younger men emphasized traits like competitiveness and risk-taking. Some studies noted that older men may become less rigid in their gender beliefs over time, which could support better mental health outcomes in later life.

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Implications:

Implications for Social Work:

The NASW Code of Ethics (2021) emphasizes the need for social and political action to support older adults. This includes promoting equity, cultural respect, and social diversity across all communities. This study highlights the importance of broadening research beyond White, cisgender, heterosexual male populations to be more inclusive of people from all cultural, gender, racial, and sexual identities.

Expanding Social Work Research

To truly support aging populations, research must evolve. The NASW encourages social workers to engage in and apply inclusive research practices. Tools like the Conformity to Masculine Norms Inventory (CMNI) offer insights into masculinity in Western cultures, but global and culturally specific tools are still needed especially in underrepresented and non-Western communities.

Policy, Advocacy, and Masculinity

Masculine norms can negatively influence men’s mental health, especially in later life. Policies must reduce stigma around emotional expression and encourage older men to seek support. Social workers are key advocates for mental health, promoting emotional well-being, inclusion, and justice especially for older men affected by rigid gender norms.

Critical Race Theory and Inclusive Care

While much is known about aging and masculinity in White men, BIPOC men face unique, intersectional challenges. Race and gender expectations interact differently, and research in this area is lacking. Using Critical Race Theory, social workers can challenge dominant norms and better understand how systems of privilege and power impact older BIPOC men’s mental health. This framework helps us build more just and inclusive support systems.

Conclusions:

The findings reveal a consistent link between high conformity to traditional masculine norms and negative mental health outcomes, including reduced help-seeking and increased isolation, depression, and suicidality especially among older men. However, the research also exposes significant gaps, particularly the lack of diversity in study populations and the limited focus on aging BIPOC men, sexual minorities, and non-Western cultural contexts. While Western research tends to center older White men due to their high suicide risk, broader representation is essential to build inclusive, equitable mental health interventions. For social work practice, this research reinforces the urgent need for culturally responsive policies, advocacy, and research frameworks. Applying tools like Critical Race Theory allows for deeper understanding of how power, privilege, and cultural expectations shape mental health outcomes across diverse populations. Ultimately, dismantling harmful gender norms and expanding inclusive, longitudinal research are essential steps in promoting emotional well-being and equitable care for all aging men.

References:

Please scan the QR code for references.

