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The Harry's Masculinity Report, UK Dec 2021

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SUMMARY

Men are going through some difficulties, as shown by high rates of suicide, homelessness and substance abuse. Some people say masculinity itself is problematic in various ways, and terms like 'toxic masculinity' are commonly used. Others suggest that we should be careful not blame men for the problems they are experiencing, and that the positive aspects of masculinity - characteristics that can help men deal with problems - are being overlooked and undervalued.

So what are men like in the UK today? This report represents a litmus test of men's feelings and opinions from a survey in December 2021. It is the third in the series of Harry's Masculinity Reports, and it asked 2023 men in the UK about their values in various aspects of life, including – for the first time in this series of reports – questions about how men perceive the impact of masculinity on their behaviour. This online survey was analysed using multiple linear regression.

The main findings were that (a) men typically value honesty and reliability more than fitness and being athletic, and (b) the main predictors of mental positivity (measured using the Positive Mindset Index) were Personal Growth, Age (being older), Health Satisfaction, Satisfaction with one's Educational Level, and not taking a Negative view of Masculinity. The findings largely replicated some aspects of the previous surveys, apart from Job Satisfaction being less

significantly related to wellbeing this time. The different findings in the present survey are probably due to the timing of the survey (during a period of covid-19 lockdown) and the inclusion of some news questions.

One of the key findings is that greater mental positivity was predicted by a tendency not to view masculinity as having a negative influence on one's behaviour. Overall, the findings of this survey reveal many positives about men.

BACKGROUND

In the history of psychology, to the degree that masculinity was noticed at all, it had generally been seen in relatively benign and recognizable terms, characterized by adjectives such as 'active', 'dominant', 'self-contained' and 'aggressive' (Barry et al., 2020). This began to change around the 1980s, with masculinity being increasingly constructed as 'misogynistic' and 'homophobic' (Mahalik et al., 2003), bad for physical and mental health and even connected to sexual assault perpetration (APA, 2018). This blurring of benign adjectives with undesirable traits was influenced by ideas imported from sociology, such as patriarchy and 'hegemonic masculinity' (Connell, 1987), and male power and privilege (Arfken, 2017).

Although these negative constructions of masculinity have spread to the media and many institutions worldwide (e.g. much of academia, the media and government), there are signs that such ideas are not so popular outside these institutions. For example, a survey of 203 men and 52 women found that around 80% of participants thought the term 'toxic masculinity' insulting, probably harmful to boys, and unlikely to help men's behaviour (Barry et al., 2020). Amongst the male participants in that survey, greater acceptance of traditional masculinity was significantly associated with better self-esteem and mental wellbeing. A study of men in Lithuania found that masculinity is protective against suicide risk (Grigienė et al., 2022).

Despite the known benefits of masculinity, the majority of masculinity researchers are still locked into the 'paradigm fixation' of presuming that masculinity is not to be valued (Iacoviello et al., 2022). Although their findings are typically unconvincing, the sheer number of papers they produce, and the eagerness of the media to promote such findings, creates the impression that there must be something wrong with masculinity.

Since the 1990s there has been a movement within psychology towards a more balanced view of masculinity, characterized by the Positive Psychology/Positive Masculinity (PPPM) model in the US (Kiselica & Englar-Carlson, 2010). This has been followed by the development of male psychology as an academic field in the UK (described by Liddon & Barry, 2021). The basic idea behind these views, which are based mainly on clinical, social, evolutionary and humanistic psychology, is that there is more to be gained by recognizing and utilising the positive aspects of masculinity rather than focusing only on the negative.

A popular aspect of this more positive view of masculinity has been the Harry's Masculinity Reports, which surveyed the views of 2000 men in the UK in 2017 and 5000 men in the US in 2018. These surveys have in common the findings that the core values most important to men are honesty and reliability, and the things that are most associated with men's mental wellbeing are job satisfaction, being older, and taking an interest in their health. These findings are in stark contrast to the conclusion found by studies using negative definitions of masculinity. The Harry's surveys have been met with an overwhelmingly positive response from the media and the public (J. Barry, 2021a).

The present survey of around 2000 men in the UK aimed to discover the factors that predict men's mental wellbeing, using the same questionnaire as the previous Harry's reports, but with the addition of some questions specifically about how men think that masculinity impacts their behaviour.

METHODS (see Appendix 2)

RESULTS (see Appendix 3)

DISCUSSION

This survey of 2023 men in the UK in Dec 2021 shows that men value moral characteristics (e.g. being honest) over physical characteristics (e.g. being athletic), and the best predictor of their mental wellbeing is satisfaction with their personal growth.

Core values

Table 2 (see Appendix 3) shows the ranking of importance of a list of 35 values (e.g. loyalty, honesty, etc.). The finding that men typically value honesty and reliability more than fitness and being athletic replicates the two previous Harry's reports. However for top ranked values, the new UK sample scores lower than the previous UK sample, and the US one. For example, in the UK in 2017 honesty was ranked first and had a mean of 5.3, but in 2021 although honesty was still first the mean was 5.0. The mean honesty scores for the US was 5.4. For bottom ranked core values there is little difference in scoring now compared to the UK 2017 scores, though both UK samples scored lower than the US. On the other hand, the fall in the present study's top core value scores isn't very large (from 5.3 to 5.0), and one might speculate as to the possible reasons for this, including the role of chance fluctuations that don't mean a great deal.

Main predictors of mental positivity (PMI)

Table 3 (Appendix 3) shows that the main predictors of PMI across the UK were Personal Growth Satisfaction, older Age, Health satisfaction, Education satisfaction, and not having a Negative View of Masculinity. The findings regarding age and health are similar to those of the 2017 and 2018 surveys but other three findings are from variables that were added to the present version of the survey i.e. Personal Growth Satisfaction, Education satisfaction, and masculinity. The absence of Job Satisfaction is interesting given its prominence previously, and is discussed below.

Personal growth satisfaction

The more satisfied participants were with their Personal Growth, the higher their PMI ($\beta = 0.211$; $t = 6.146$; $p < .0000005$). As Table 4 shows, the three personal growth items that significantly predicted PMI were Mental Wellbeing ($\beta = 0.122$; $p < .000$), Being the Real Me ($\beta = 0.120$; $p < .000$), and Overcoming Fears ($\beta = 0.068$; $p < .05$). The fact that mental wellbeing was highly correlated with mental positivity might not seem surprising, but it in fact suggests an important point: people who take their mental health seriously have greater mental positivity. Thus for those who want to have good mental health, it makes sense that they should make it their priority. It is interesting to note the fact that 'Put Myself First' was not a significant predictor, which might indicate that prioritizing oneself over others does not necessarily help mental wellbeing, although the idea of 'putting one's own personal happiness before the personal happiness of others' has been proposed as an important part of happiness

(Carstensen, 1995; Ellis & Becker, 1982). The significant relationship between PMI and the items 'Being the real me' and 'Overcoming fears' suggest that good mental health is not necessarily without introspection, authenticity, and effort.

Age

In this study, being older was a significant predictor of mental positivity ($\beta=0.150$; $t=4.725$; $p<.00001$). Although older age is often seen as being associated with poorer health and therefore less quality of life, this study – like the three other Harry's reports - found that older age was associated with higher PMI. This is in line other research for the past two decades which has found – in contrast to findings in the 1940s and 50s - that older people report being more happy than younger people (Putnam, 2000). There are various explanations for this, for example, happiness may increase with age because of improved regulation of emotion and orientating one's life toward maximizing happiness (Carstensen, 1995). The positive correlation between PMI and age might also reflect greater maturity, and a moving away from the growing pains of the teens and early 20s, a phase of life that has been characterized as 'young male syndrome', in which delinquency is not uncommon (Wilson & Daly, 1985).

Health satisfaction

Health was the third strongest predictor of a positive mindset. Table 5 shows that the more satisfied participants were with their health, the higher their PMI ($\beta=0.124$; $t=3.785$; $p<.0001$). Perhaps related to the findings regarding age, the Health domain item most strongly predictive of PMI was Placing Importance on Living Longer ($\beta=0.168$; $t=5.912$; $p<.000005$). The other Health domain item that significantly predicted PMI was placing importance on physical health ($\beta=0.091$; $t=2.840$; $p<.005$). Interestingly, placing importance on mental health was not significantly related to PMI.

How much is mental health valued compared to physical health?

Comparing mean scores for the importance of mental health and the importance of physical health in the UK in 2017 and 2021, we find that there is less interest in both physical and mental health in the present cohort. In 2021, 39% of men thought their mental wellbeing was very important, and 30% thought their physical wellbeing was very important. This is lower than the 2017 UK cohort, where 43% of men thought their mental wellbeing was very

important, and 40% thought their physical wellbeing was very important. This finding of less concern over physical and mental health during the Covid-19 phenomenon is puzzling; despite almost two years of global health concerns about Covid-19, the associated lockdowns and other restrictions, and the associated stressors (e.g. job insecurity, global recession, social isolation etc.), there was less importance placed on both physical and mental health in the present cohort compared to the UK 2017 cohort. Perhaps this change represents a sense of normalization of health concerns, in that health scares have become so ubiquitous they have lost some of their importance.

Education satisfaction

Table 3 shows that the more satisfied participants were with their level of education, the higher their PMI ($\beta = 0.105$; $t = 3.578$; $p < .0005$). Table 6 shows that in the Education domain, the strongest predictor of PMI was seeing the most important aspect of education as Increasing Knowledge ($\beta = 0.146$; $p < .0.000005$). The next most importance was placed on Good Pay ($\beta = 0.071$; $p < .05$) and then Personal Growth ($\beta = 0.073$; $p < .05$). These three predictors of PMI suggest that education is valued more for internal gains (knowledge & growth) rather than external gains (money).

Masculinity

Table 3 (Appendix 3) shows that one of the strongest predictors of PMI is a man's view of masculinity, in that men who think masculinity has a negative impact on their behaviour have a less positive mindset ($\beta = 0.101$; $t = -3.458$; $p < .001$). Of the four items in this subscale individually, the strongest predictor of PMI was *Masculinity prevents me from talking about how I feel about my problems* ($\beta = -.065$; $t = -2.287$, $p < .022$). In other words, the more that men thought repressing their feelings was the fault of masculinity, the lower their mental wellbeing.

Masculinity and age

Figure 1 (Appendix 3) shows that the view of masculinity tends to be more positive in the older men in this study. The scores on the vertical axis of Figure 1 shows that overall, men tend to moderately disagree that masculinity has a negative impact on their behaviour. Figure 1 shows that men across all age groups were on average moderately agreed that masculinity makes them feel protective of women. Disagreement that masculinity makes men feel violent towards women was much stronger in the older men (from about age 50) than the younger men. In

other words, although older men feel that masculinity does not impact their behaviour negatively, younger men do. We could speculate that the younger men, but not so much the older men, have from the 1990s onwards been exposed to a high enough volume of negative views of masculinity, perhaps at sensitive periods of their young life, to have internalised them. This survey might be seen as a litmus test of the impact of the negative narrative around masculinity from the media, and the cognitive dissonance this creates when it is met by a man's sense that his core identity of masculinity is actually something that is mostly perfectly benign. However, as American psychiatrist Mark McDonald put it: "healthy expressions of masculinity [...] have all been redefined as universally unhealthy" (McDonald, 2021, p. 52).

General discussion on masculinity findings

The impact of negative narratives about masculinity are of concern to many people, especially the potential impact on boys (Barry et al., 2020). It has been suggested that "Distorted narratives that put men perpetually in the role of toxic abuser, risk alienating men from themselves and others, leading to what might be called a state of *gender alienation*" (Seager & Barry, 2019). The mental health of people who are made to feel ashamed of a core part of themselves, such as their gender, might be harmed (Smith et al., 2019).

The findings regarding masculinity have important implications for clinical psychologists and therapists, because it suggests poorer mental health for men who believe that masculinity – which is a core part of a man's identity – is a negative thing, leading to 'gender alienation'. It might seem obvious that if a man has a negative view of masculinity he will consequently feel less wellbeing, but this finding contradicts the trend in the social sciences to see masculinity as something negative. This negative view in academia is partly explained by the fact that much of masculinity research these days is based on samples of college-aged men, who may not have grown out of 'young men syndrome', but the problem is that the findings from these young men are unjustifiably generalized to all men (Liddon & Barry, 2021). The trend to a negative view has been taken up by psychological organisations like the American Psychological Association (APA, 2018) in the US, Australia's APS (Australian Psychological Society, 2017), and in the UK, in a highly publicised document called the Power Threat Meaning Framework (PTMF) (Johnstone & Boyle, 2018).

The findings of the present study indicate that more research is needed in order to elucidate which factors are most strongly causing men to take a negative view of their masculinity. This will involve the beginning of large scale discussion amongst clinicians, academics, politicians, the media and the public on whether taking a negative view of masculinity is endangering the mental health of men.

Job satisfaction in 2021 compared to 2017

Like the other Harry's reports, job satisfaction was a significant predictor, though only at the level of $p < .05$, compared to 2017 when it was by far the strongest predictor, and highly statistically significant. This contrast is most likely due to including new variables in the present study (the 16 masculinity items and 10 new items on satisfaction with various domains of life), some of which correlated highly with Job Satisfaction, but ultimately were found to be stronger predictors of PMI in the regression analysis, although potential weakness of how the new variables were designed (see the sections on 'Single items vs multi-item scales' and 'weaknesses' below) should be considered.

Another reason could be related to the fact that this survey was run during a covid-19 lockdown period, when working conditions had changed dramatically for many people e.g. working from home instead of an office. There is also the interesting possibility that values are shifting; although there is not much research on this point, it has been suggested that the past few years have seen a radical shift in the attitude of employees to their working conditions and work-life balance (Novak, 2022).

Interpretation of PMI findings for clinical purposes

The PMI is a good way to measure men's mental wellbeing: it is very brief, it doesn't need to ask potentially awkward questions about feelings of depression or suicidality, because it already known that the PMI correlates negatively with measures of mental disturbance, so it can be interpreted both as a measure of mental wellbeing and a measure of (lack of) mental illness (Barry, 2021).

The mean PMI in the present sample was 3.3 (SD=0.9) is almost identical to the 2017 UK sample, which was 3.4 (SD=0.7). These scores are lower than the 2018 US sample (3.7;

SD=0.8). It is normal that there are slight cultural differences in psychometric scores, and the lower PMI in the UK in 2021 compared to 2017 is not of concern, and suggests no clear negative impact on men of life in the UK since Covid-19 restrictions began in March 2020.

It is widely accepted that having meaning in one's life is crucial to mental health, as noted in Viktor Frankl's famous book 'Man's Search for Meaning' (Frankl, 1985). The present study highlights some of the factors that are an important source of meaning for men. Accordingly, therapists who are treating low mood in male clients should find out how much the variables listed in Table 3 are contributing to their mood, and whether there is any scope for improving any of these as a way of improving mood. This might be a sensible adjunct to conventional therapy, especially as conventional therapy might work less well for improving the long term mental health of men compared to women (Wright & Macleod, 2016).

Single items vs multi-item scales

An interesting aspect of the new survey was the inclusion of several single-item measures (e.g. 'satisfaction with interactions with family') that corresponded with the multi-item domains (e.g. the 11 items regarding the importance of various aspects of family interactions). The received wisdom is that multi-item scales are preferable to single items because they are able to tap into various aspects of a complex phenomenon, though on the other hand some studies have found that single items can work better than composite subscales (Wilkerson et al., 2016). In recent years the weight of evidence is tilting towards the idea that single items are perfectly valid for simple constructs with large sample sizes (Sauro, 2018). They also mean that you don't need to test internal reliability (e.g. Cronbachs alpha), though you can still do other tests of reliability (e.g. test-retest).

In the present study, when the analysis was run with the single items and their multi-item equivalents, the single items were stronger predictors in every case (e.g. the single health satisfaction item was a stronger predictor than the multi-item health domain). Indeed the findings overall were unchanged, with a few exceptions. The biggest change was that Job Satisfaction fell from top predictor in the previous two studies, to seventh place and was replaced as strongest predictor by personal growth prospects. This new top result is in many ways unsurprising, because it most likely taps a similar construct to PMI.

Limitations of this study

Although the findings of this study are valid in their own right, the inclusion of 23 new items makes it difficult to compare the findings of the present study to those of the previous Harry's reports. However, this is the inevitable price of developing a questionnaire, and it could be argued that the new findings are worth the cost.

Unlike previous Harry's studies, the current study did not allow space for 'free text' responses (i.e. answers expressed in the respondent's own words). Although this made the survey quicker for participants to complete, the deeper meaning behind their answers to Likert-scaled questions could not be assessed.

The coding of 'relationship status' didn't offer an option for 'going steady but not cohabiting', so it is unknown how men were just dating. Some may have selected the 'domestic relationship' option, but it is unknown how many. This makes it difficult to compare findings on the 'relationship status' variable to findings from previous Harry's reports.

Eight new items were added to the 'values' section of the UK 2021 survey asking about overall satisfaction regarding each set of values. The satisfaction items were either phrased in a way that allowed everyone to answer, or had an option to indicate non-applicability. However due to an oversight, the item about relationship satisfaction was phrased in a way that did not allow people who were not in a relationship to not answer. For this reason, the romance satisfaction item needed to be excluded from the analysis. Future studies should of course include options for 'n/a' responses where necessary.

Another limitation of this study - and all cross-sectional surveys analysed using regression methods - is that statistical correlations between variables do not prove a causal relationship. For example, does the Negative View of Masculinity cause the PMI scores to reduce, or does lower PMI cause the man to have a more Negative View of Masculinity? Or, it could be that a third variable e.g. psychological trauma, causes both a lower PMI and a negative distortion in the view of masculinity. This grey area around causality in particular applies to the finding about age, because we did not follow people through their lifetime. This means we cannot say

that, for example, the link between age and PMI is not just specific to a generational cohort rather than the general process of aging on the individual. For example, men born between 1946 and 1964 ('baby-boomers') might have throughout their youth always been happier than men born between around 1980 and 1996 ('Millennials'). This issue could be addressed, but only with an ambitious longitudinal study following men throughout their lifespan.

Strengths of this study

The large sample size of this study gives it an advantage in terms of statistical power, in that it is likely to have been large enough to detect relevant correlations and group differences, except where groups happened to be small e.g. smaller demographic groups.

The present study is strong in terms of originality. The 15 new items directly addressing men's views of masculinity, from which the two subscales were derived, is innovative, given that most other masculinity questionnaires don't ask men how they think masculinity impacts their behaviour, but ask men about their behaviour or feelings e.g. the Conformity to Masculine Norms Inventory (CMNI) (Mahalik et al., 2003), or ask about men in general e.g. the Brannon Masculinity Scale (Brannon & Juni, 1984). The novel approach of the present survey gives us a greater sense of what men think about their masculinity, and has yielded some important insights, especially in regards to the link between having a negative view of how masculinity impacts behaviour and lower PMI.

Conclusion

One of the main strengths of this study is that it confirms some of the commonalities that the other Harry's reports have found: men's mental wellbeing is related to age and an interest in their health, and they value honesty and reliability above all other core values. Moreover the present study adds the knowledge that how men view their masculinity may have a significant impact on their mental wellbeing too, so if we want men to have good mental health, it might be a useful strategy to help them to appreciate the ways in which their masculinity can have a positive impact on their behaviour and the people around them. This goes against the trend these days, where even global corporations have adopted the trend of taking a negative view of masculinity. For example, Unilever have been promoting the masculinity-critical 'Man Box' concept, associated with Promundo and Axe. However the think-tank *Policy Exchange* has noted that firms such as Unilever have drawn criticism for putting too much emphasis on their 'social

purpose' (Owen, 2021). A clear example of this was the wave of public criticism of Gillette, who lost \$8 billion because of their anti-masculinity 'We Believe' campaign in 2019, which showed a marked deviation from their previous male-friendly campaigns such as 'The best a man can get'. Although men in general tend not to think much about their masculinity and don't much want to discuss it with others, clearly the negative narrative so common today impacts them deeply. Against this backdrop, the positive message from the Harry's Masculinity Reports may play an important role in helping to create a more realistic narrative about men and masculinity.

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Conflict of interests

None to declare.

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Appendix 1. The survey



UK Masculinity
Report Final Question

Appendix 2. Methods

METHODS

Design

This study is a cross-sectional online survey analysed using multiple linear regression. Demographic variables (e.g. age, educational level) were used as predictors. The dependent variable was mental positivity, measured on the Positive Mindset Index. Data were analysed using SPSS software, Version 27.

The survey was similar to the previous two Harry's surveys (Barry, 2020), though like each survey in the Harry's series, had minor adaptations e.g. questions about issues of current interest. Participants needed to answer all questions i.e. there was no option to skip any.

VARIABLES

Dependent variable

The dependent variable in this study is mental positivity, measured using the Positive Mindset Index (PMI) (Barry et al., 2014). This self-report scale consists of six items (happiness, confidence, being in control, emotional stability, motivation and optimism) on a 5-point Likert scale (Appendix 1). The scale is short, easy to use, and shows good psychometric properties e.g. good internal reliability (Cronbach's alpha = 0.926) and good concurrent validity with the psychological subscale of the SF-12 ($r = .678$) and other validated measures of mental health, suicidality, and wellbeing (J. Barry, 2021b).

Predictor variables

Age

Age was measured in years, and for some analyses was categorized into five-year age groups (18-23, 24-29 etc.).

Gender

There were three options: male, female, identify in another way, prefer not to say.

Sexual orientation

There were three options: heterosexual or straight; gay or lesbian; bisexual; other. For the purpose of analysis, these were combined into the two categories of 'heterosexual' and 'non-heterosexual'.

Relationship status

Relationship status was operationalized as single, married, domestic partnership, separated, divorced, widowed, prefer not to say. For the purpose of analysis, two categories were created: 'married and domestic partnership', and 'single, separated, divorced, widowed'.

Parent status

The number of children was given, and coded into 1=has one or more children; 0=has no children.

Military service

Several options were given (see Table 1). These were coded into 1='active duty now or in the past', or 0= 'basic training only, or no training'.

Employment status

The options are shown in Table 1. These were coded with 1='working full-time' as the reference category, and others coded as 0.

Educational level

The options are shown in Table 1

Political views

Participants were asked to identify which political party they supported, if any, from a list.

Income

Participants were asked their gross annual income

Region

Participants stated which of the 12 regions of the UK they currently lived in

Value domains

Value domains were operationalized as shown in Appendix 1. The eight domains were: Work, Friendships, Romantic Relationships, Family, Sport & Leisure Activities, Health, Community, and Education (see Appendix 1). Each domain was described by several items, for example, the Sport & Leisure Activities domain asked how important winning, fun, feeling healthy, etc. were to participants. These were very slightly modified from the previous Harry's report (US, 2019) for the present study.

The eight value domains showed satisfactory psychometric properties. For example, principal component analysis with oblimin rotation (as described by (Field, 2005) found that all item loadings were over the threshold of $>.4$, and 94% of the items had loadings $>.6$. The Cronbach's alphas for the domains ranged from 0.875 to 0.935, which are all above 0.7, which is the usual threshold of acceptability (Tabachnick & Fidell, 2000).

Satisfaction with value domains

Related to each of the eight domains was a single item (as advocated by Wanous et al., 1997), asking, for example, *How satisfied are you with your job?* The Likert-scaled options were from 6 = Highly satisfied to 1 = Highly dissatisfied, or, for some items, 'not applicable'.

Masculinity

Additionally, this survey included 15 item on masculinity. These were created for this study by John Barry and the Harry's team.

Psychometric properties of the masculinity subscales

The 15 masculinity items were analysed using principle components analysis with oblimin rotation (as described by (Field, 2005) in order to identify subgroups clustering within the items. Two subscales emerged, characterized as 'men thinking that masculinity has a *negative* impact on them' and 'men thinking that masculinity has a *positive* impact on them'. Both subscales showed acceptable psychometric properties. Item loadings were all over the $>.6$, which is considered acceptable. The Cronbach's alphas were .895 for the Negative View of Masculinity

Cronbach's alpha, and .682 for the Positive View of Masculinity, both of which can be considered acceptable values by some authors (van Griethuijsen et al., 2015), though the latter is very slightly below the usual threshold of 0.7 (Tabachnick & Fidell, 2000).

The items in the two subscales were:

Negative View of Masculinity

- *Masculinity prevents me from recycling and other environmentally friendly behaviours*
- *Masculinity prevents me from taking safety precautions related to Covid-19*
- *Masculinity makes me inclined to be violent towards women:*
- *Masculinity prevents me from talking about how I feel about my problems*

Positive View of Masculinity

- *The idea of 'traditional masculinity' may have a helpful impact on boys if they hear or read about the term*
- *Masculinity makes me inclined to be protective towards women*
- *Masculinity makes me want to be strong for my family*

The items that did not fit into these two subscales were:

The idea of 'toxic masculinity' may have a helpful impact on boys if they hear or read about the term; Not being understood or respected prevents me from talking about how I feel about my problems; Traditional masculinity (being strong, in control of my emotions, and earning a good amount of money) is outdated in today's society; The things I buy should reflect my views on masculinity; My favourite brands and companies should drive the conversation around mental health forward; I like answering questions about masculinity; Masculinity has got nothing to do with how I go about my daily life; Changes to the English language, such as the use of 'aviator' instead of 'airman' or 'airwoman' are helpful to me.

For the purposes of the main analyses of masculinity in this paper, only the two subscales were included.

Setting

The setting was online.

Participants

Participants were men aged over 18. They were recruited from a panel of thousands of people across the UK by *Savanta*, a professional data collection company with a professional membership and ISO certified. A quota sample of men, stratified by age and national region were recruited.

Exclusion criteria

- i. Not meeting age and gender criteria
- ii. Not indicating consent to participate

Sample size

Based sample size calculations for multiple linear regression with the number of predictors in this study suggested around 500 cases would give sufficient statistical power (Tabachnick & Fidell, 2000).

Procedure

During December 2021, potential participants who met the inclusion criteria for this study were identified from the panel. These people were contacted by Savanta, and the study ran until the quota was reached. The recruitment quota was achieved after several days. The questionnaire survey is shown in Appendix 1. Survey data was collected using Savanta's survey software.

Ethics

Informed consent was given before the survey could be started. Participants were informed that they could withdraw from the study at any point. Participants were not required to give any identifying information, such as contact details. The data are confidential and treated in accordance with the Data Protection Act (1998). For any participants who might have become upset due to reading the survey questions, contact details for support were given in the patient information section of the survey (info@wellbeingofmen.com). The survey followed the British Psychological Society (BPS) code of human research ethics (BPS, 2021). Ethical approval for the study was granted by an independent expert after review, as per Section 12 of the BPS code of ethics.

Statistics

Means and SDs and parametric tests were used where relevant assumptions were met. Data were analysed pairwise, so that where a participant gave some information but had not given responses to all items, data for the responses they gave could be included in the analysis. Participants who completed the survey in unrealistically fast time (210 seconds or lower) were excluded from the analysis. The predictors of mental positivity were identified using the enter method with multiple linear regression. For the main analyses, the significance threshold was $p < .01$, two-tailed, as per the previous Harry's reports. Subscales were identified in the new masculinity items using principle components analysis. All statistical analyses were carried out using SPSS statistical software for Windows, Version 27 (IBM Corp, Armonk, NY, USA).

Appendix 3: RESULTS

The final sample consisted of 2023 people, 99.8% who identified as male, in the UK. Their demographic characteristics are shown in Table 1.

Table 1. Descriptive statistics for the whole UK sample (N = 2023, with slight variation where information was missing).

		N	%
Age groups	18-25 years old	253	12.5%
	26-41 years old	658	32.6%
	42-57 years old	552	27.3%
	58-76 years old	506	25.0%
	77-99 years old	51	2.5%
Age (mean, SD)	45.79 (16.61) years old		
Gender	Male	2018	99.8%
	I identify in another way	2	0.1%
	Prefer not to say	3	0.1%
Marital Status	Single	659	32.7%
	Married	931	46.2%
	Domestic Partnership	236	11.7%
	Separated	40	2.0%
	Divorced	118	5.9%
	Widowed	33	1.6%
Occupation	High managerial, admin or professional	214	10.6%
	Intermediate managerial, admin or professional	389	19.2%
	Supervisor, admin or professional	379	18.7%
	Skilled manual worker	328	16.2%
	Semi-skilled or unskilled manual worker	250	12.4%
	House-wife / house-husband	19	0.9%
	Unemployed	151	7.5%
	Student	30	1.5%
	Retired on a state pension	59	2.9%
	Retired on a private pension	204	10.1%
Sexuality	Heterosexual or straight	1803	89.1%
	Gay or lesbian	99	4.9%
	Bisexual	87	4.3%
	Other	34	1.7%
Region currently living in	Northern Ireland	42	2.1%
	Scotland	163	8.1%
	North-West	199	9.8%
	North-East	107	5.3%
	Yorkshire & The Humber	166	8.2%
	Wales	113	5.6%
	West Midlands	202	10.0%
	East Midlands	134	6.6%
	South-West	159	7.9%

	South-East	270	13.3%
	Eastern	149	7.4%
	London	319	15.8%
Number of children	None	749	37.0%
	One	462	22.8%
	Two	535	26.4%
	Three	177	8.7%
	Four or more	89	4.4%
	Prefer not to say	11	0.5%
Military Service	Non military	1432	70.8%
	Military experience (any)	591	29.2%
Political views	Conservative	638	31.5%
	Labour	695	34.4%
	Scottish Nationalist	92	4.5%
	Liberal Democrat	148	7.3%
	Green	90	4.4%
	Other	57	2.8%
	No party represents my views.	303	15.0%
Income	Under 24,999 £	643	31.8%
	25,000 - 49,999 £	764	37.8%
	50,000 - 74,999 £	319	15.8%
	75,000 - 99,999 £	163	8.1%
	100,000 - 149,999 £	70	3.5%
	150,000 - 199,999 £	29	1.4%
	200,000 or more £	35	1.7%

Core values

Participants were presented with a list of 35 values (e.g. loyalty, honesty, etc.) and asked how important to them each were on a scale from 1 to 6, where 6 indicates 'very important'. Table 2 shows the ranking of importance of these values.

Table 2. Mean and SD self ratings on core values, in order of most aspired to

	Mean	Std. Dev.
Q.7 Honest	4.95	1.240
Q.19 Respectful	4.80	1.179
Q.3 Loyal	4.76	1.280
Q.2 Reliable	4.72	1.317
Q.30 Listening	4.69	1.094
Q.35 Thoughtful	4.67	1.080
Q.25 Loving	4.67	1.185
Q.15 Positive	4.67	1.207
Q.4 Committed	4.66	1.214
Q.6 Consistent	4.64	1.168
Q.5 Open-minded	4.59	1.209
Q.8 Efficient	4.58	1.192
Q.16 Optimistic	4.57	1.201
Q.28 Empathetic	4.52	1.181
Q.14 Motivated	4.51	1.204
Q.29 Equality	4.49	1.254
Q.31 Quiet Confidence	4.48	1.142
Q.27 Humble	4.47	1.196
Q.23 Educated	4.46	1.192
Q.24 Respected	4.46	1.227
Q.32 Improvement	4.45	1.143
Q.11 Humorous	4.44	1.206
Q.1 Dependable	4.42	1.470
Q.18 Passionate	4.40	1.232
Q.34 Future-facing	4.38	1.174
Q.26 Nurturing	4.38	1.219
Q.12 Fun-loving	4.36	1.227
Q.33 Collaborative	4.34	1.178
Q.17 Inspiring	4.31	1.240
Q.9 Innovative	4.22	1.243
Q.10 Creative	4.19	1.286
Q.22 Courageous	4.16	1.259
Q.13 Adventurous	4.10	1.319
Q.21 Fit	4.01	1.347
Q.20 Athletic	3.70	1.494

What factors predict men’s mental wellbeing?

Table 3 shows that variables that were most significantly related to PMI.

Table 3. Top five factors that predict men’s mental wellbeing (Positive Mindset Index)

Variable	β	t	<i>Sig</i>	Interpretation
<i>Personal growth satisfaction</i>	0.211	6.146	0.000000001	More satisfaction with personal growth linked to higher PMI
<i>Age</i>	0.150	4.725	0.0000005	Older men have higher PMI
<i>Health satisfaction</i>	0.124	3.785	0.0005	More satisfaction with health is linked to higher PMI
<i>Education satisfaction</i>	0.105	3.578	0.0005	More satisfaction with one’s educational level linked to higher PMI
<i>Negative View of Masculinity</i>	0.101	-3.458	0.001	Those with more negative views of masculinity have lower PMI

Of all of the predictors, the top five are shown in Table 3, in descending order of statistical significance. Variables not shown in Table 3 include Job satisfaction, which was ranked the 7th strongest predictor ($\beta = 0.057$; $t=1.964$, $p<.05$).

The following sections look more deeply into the the main predictors of PMI.

Factors related to Personal Growth Satisfaction

Personal Growth Satisfaction was the strongest predictor of PMI ($\beta=0.211$; $t = 6.146$; $p<.0000005$). Table 4 shows the three significant predictors of PMI, based on the Personal Growth domain items.

Table 4. The significant predictors of PMI, based on the Personal Growth domain items

Variable	β	t	<i>Sig</i>
<i>Mental wellbeing</i>	.122	4.315	.000
<i>Being the 'real me'</i>	.120	4.017	.000
<i>Overcoming fears</i>	.068	2.210	.027

Age

Age was the second strongest predictor of PMI ($\beta=0.150$; $t = 4.725$; $p<.00001$). This finding indicates that older men have higher PMI.

Health

Health satisfaction was the third strongest predictor of PMI ($\beta=0.124$; $t = 3.785$; $p<.0001$). Those who value health have higher PMI. Table 5 shows the two significant predictors of PMI, based on the Health domain items.

Table 5. The significant predictors of PMI, based on the Health domain items

Variable	β	t	<i>Sig</i>
<i>Living longer</i>	.168	5.912	.000005
<i>Physical health</i>	.091	2.840	.005

Education

Education satisfaction was the fourth strongest predictor of PMI ($\beta=0.105$; $t = 3.578$; $p<.0005$). Table 6 shows three significant predictors of PMI, based on the Education domain items.

Table 6. The significant predictors of PMI, based on the Education domain items

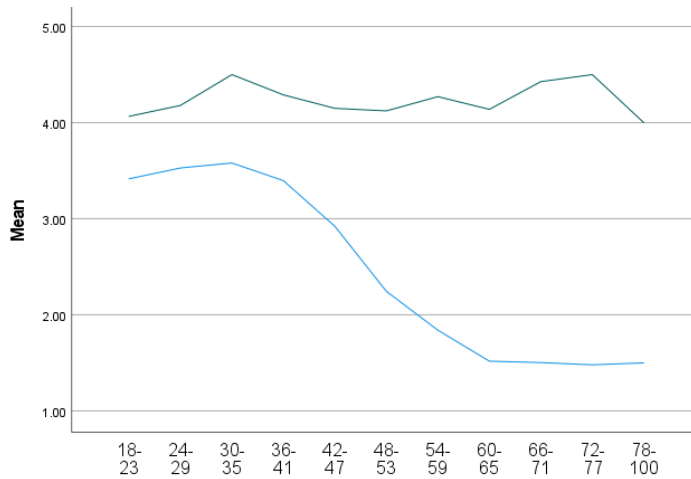
Variable	β	t	<i>Sig</i>
<i>Increased knowledge</i>	.146	4.626	0.000004
<i>Leads to good pay</i>	.071	2.402	.016
<i>Personal growth</i>	.073	2.250	.025

Masculinity

Not having a Negative View of Masculinity was the fifth strongest predictor of PMI ($\beta = 0.101$; $t = -3.458$; $p<.001$). Taking each of the four items in the Negative View of Masculinity subscale, only one of them was a significant predictor of PMI by itself: thinking that *Masculinity prevents me from talking about how I feel about my problems* was associated with significantly lower PMI ($\beta = -.065$; $t = -2.287$, $p<.022$).

Figure 1 illustrates the pattern of age differences in relation to views about the impact of masculinity on attitudes to women.

Figure 1. Line graph showing agreement about the impact of masculinity on behaviour towards women. Higher scores on the vertical axis indicate more agreement. 3=moderately disagree, and 4=moderately agree.



In Figure 1, the darker line shows responses to the statement '*Masculinity makes me inclined to be protective towards women*'. The light blue line shows responses to the statement '*Masculinity makes me inclined to be violent towards women*'.