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Abstract

Gender-Role Journey (GRJ) Theory (O'Neil & Egan, 1992) provides a framework for exploring men's transition from accepting traditional gender-roles towards pro-feminist activism and gender-role transcendence on a bipolar continuum. Previous research findings suggest that men may experience distress and ambivalence when questioning traditional gender-roles. A better understanding of this distress could help therapists effectively explore gender-role attitudes with men. In this study, latent profile analysis was used to identify distinct categories of men (N=569) from a convenience, general population sample based on GRJ-phase attitudes. Six categories were identified and labelled based on GRJ-theory: Not Questioning/Accepting of Traditional Gender-Roles (Not-Questioning), Don't Acknowledge the Importance of Gender (DAIG), Questioning with Ambivalence (QWA), Moderately Feminist with Ambivalence (MFWA), Moderately Feminist (MF), and Pro-Feminist Activists (Pro-Feminist-Activist). Mental health measure scores showed that, compared to Not-Questioning-categorisation, MFWA-categorisation predicted increased anxiety and depression, and QWA-categorisation predicted increased depression. MFWAs were more likely to be younger, single, Asian and unemployed. Low resilience was also associated with MFWA-categorisation. Knowledge of personal characteristics associated with ambivalence and psychological distress could help practitioners explore masculinity more effectively with men. Future research should explore the factors influencing which phase (or GRJM-category) men are in.

Keywords: gender-role journey, gender-role ideology, masculinity, men's mental health.

Public Significance statement: By researching gender-role journey theory, this study suggests that UK men's attitudes towards gender-roles vary in complex ways and some men experience conflicting thoughts and feelings (ambivalence) towards gender-roles. Higher ambivalence was associated with increased depression and anxiety, and with certain personal characteristics. Findings suggest that men should be considered as a heterogeneous group and clinicians should consider a man's individual situation and identity when addressing gender-role attitudes and mental wellbeing with them.

Introduction

Gender polarisation is an organising principle upon which society is structured (Bem, 1993) and gender-role ideologies define the roles and attributes society expects of men and women. The dominant gender-role ideology in American and British societies defines a *real man* by features including dominance, aggression, control, emotion restriction, anti-femininity, competition and homophobia (APABMGG, 2018; Kupers, 2005; Marasco, 2018). The impact of conforming to these traditional norms has been highlighted as an issue of concern in both the United Kingdom (Burrell et al., 2019; Future Men, 2018; Heilman et al., 2017.) and the United States (American Psychological Association, Boys and Men Guidelines Group; APABMGG, 2018). Negative outcomes of conforming include physical and mental health problems and high suicide rates for men, and violent victimisation by men. Theories of Gender-Role Strain (Pleck, 1995) and Gender-Role Conflict (O’Neil, 2013) suggest that the process and consequences of adhering to traditional masculinity norms causes these negative outcomes.

In addition to negatively impacting men’s mental health, adhering to traditional masculinity can be a barrier to men accessing mental health support because engaging with common therapeutic mechanisms of change (e.g. introspection, vulnerability and disclosure) would require men to transgress traditional masculine norms including stoicism, strength and self-reliance (O’Neil, 2015). Despite recent efforts to engage men in mental health support (Seidler et al., 2018), mental health service design is thought to make them less accessible for men (Morison et al., 2014). Some men feel services are more focussed on women’s needs (Men’s Health Forum, 2015).

Changing Conceptualisations of Masculinity in the UK

British Social Attitudes survey data (Phillips et al., 2018) suggests that Britain’s gender-role ideologies are becoming more egalitarian (e.g. reduced agreement with the traditional

division of breadwinner-homemaker roles since 1984). Similarly, only a minority of young men surveyed for the Man Box study (Heilman et al., 2017) agreed with traditionally masculine stereotypes including “a husband shouldn't have to do household chores”. However, other findings suggest conflict between these progressive personal attitudes about masculinity and young men’s perceptions of societal messages. Half the young men participating in the Man Box Study felt that society expected them to adhere to traditional male norms (Heilman et al., 2017) and 67% of 18–24-year-old men surveyed by Future Men (2018) felt pressured to display hyper-masculine behaviour. This conflict between men’s attitudes and their perceptions of societal messages about masculinity may make it difficult for UK-based men to make free choices about their gender-role identity.

The term *masculinities* is increasingly being used (Wong & Wester, 2016) to reflect the acknowledgement that masculinity is socially constructed and not represented by one definition (Bly, 1990; Connell, 1995; Goldberg, 1979). Men can also be caring, fatherly, and in touch with attributes conventionally identified as feminine (Goldberg, 1979; Kupers, 2005). Some men can transcend traditionally masculine stereotypes and commit to more pro-feminist masculinity ideologies (McDermott & Schwartz, 2013; O’Neil et al., 1993). Pro-feminist in this context, and throughout this article, is defined as pro-actively supporting gender equality (White, 2006).

Demographic differences in the Impact of Gender-Role Conflict

Burrell et al. (2019) describe a complex picture in which progress towards egalitarianism is non-linear involving advances and regressions. Furthermore, they report that attitudes vary between demographic groups, and different norms co-exist within demographic groups. Intersectionality of identity affects how autonomously and flexibly men can express their gender-role identity, so men should not be seen as a homogenous group. As such, demographic characteristics and social identities may affect how comfortable and secure

men are when questioning traditional gender-roles and how they experience Gender-Role Conflict.

Challenges of Questioning Traditional Gender-Role Identity

O'Neil (2015) formulates "gender-role identity... as the total conception of one's roles, values, functions, expectations, and belief system" (p.62). These are continually shaped by various interacting socialising influences and, therefore, open to change. However, gender polarisation is a principle by which both society (Bem, 1993) and individual's lives are organised, so challenging traditional gender-role norms can be uncomfortable because it threatens societal structures, and personal identities and values. Nevertheless, this challenge is necessary to highlight sexism, oppression and the negative outcomes associated with these norms (O'Neil, 2015).

Marcia's (1966) ego identity status approach suggests that an individual can have one of four states in relation to identity: Identity Achievement, Moratorium, Foreclosure and Identity Diffusion. Identity challenge and resolution predominantly occurs in late-adolescence but can recur throughout the life-course. Moratorium refers to an identity crisis that can occur after a disequilibrating event challenges a person's thinking. O'Neil and Egan (1992) suggest that certain experiences can trigger re-evaluation of gender-role ideologies (see below) and these experiences could be considered disequilibrating. As such, men questioning their gender-role ideologies could be thought of as being in Moratorium. People in Moratorium may feel overwhelmed and anxious or stuck and depressed (Marcia & Josselson, 2013).

Clinicians are being advised to deconstruct traditional masculinity with adolescent boys (Marasco, 2018) and discuss societal messages about gender-roles with all men (APABMGG, 2018). Understanding the process by which men change their gender-role

identity may help clinicians support men to question traditional gender-role norms without becoming overwhelmed or stuck.

The Gender-Role Journey

Gender-Role Journey (GRJ) theory (O'Neil & Egan, 1992; O'Neil et al., 1993) describes gender-role transitions for men and women on a continuum from traditional attitudes to pro-feminist activism (see McDermott and Schwartz, 2013, for a summary of support for this theory). Implicit in this theory is the belief that pro-feminist attitudes are preferable. O'Neil and Carroll (1988) suggest that contextual and intrapsychic processes stimulate these transitions through five theoretically derived phases of the GRJ.

In phase one, *acceptance of traditional gender-roles*, rigid and restrictive gender-role stereotypes are uncritically supported, and people are thought to be unaware of the links between traditional masculinity and sexism. For some people, re-evaluation of this position can be stimulated by experiences like witnessing the impacts of sexism or learning about the consequences of traditional masculinity. This can lead to GRJ phases two and three: *ambivalence about gender-roles* and *anger over gender-roles*. In these phases, people become aware of how gender socialisation can cause Gender Role Conflict by encouraging beliefs and behaviours that may have limited their lives and the lives of others. This results in cognitive dissonance and psychological discomfort which may cause confusion, anxiety, anger, or fear (O'Neil and Egan, 1992). Some people may become stuck while others regress to phase one to resolve the discomfort. Alternatively, this anger motivates some people to move into the last two GRJ phases: *personal-professional activism* and *celebration/integration of gender-roles*. These people overcome their discomfort and reject socialised gender norms allowing them more flexibility and autonomy in their gender-roles and reducing Gender Role Conflict. They also engage in positive activism regarding gender-roles and sexism (O'Neil et al., 1993).

Rejecting Traditional Gender-Roles

O'Neil (2015) identifies five key transformational processes that enable men to reject the limitations of socialised gender norms. Men need to change both the *psychological defences* that conceal emotions relating to gender-role identity and the *false gender-role assumptions* that maintain these defences. An *internal dialogue* that promotes gender-role change needs to be developed and this may result in internal and external conflict ("*psychological warfare*"; p. 114) as a new identity emerges that may be at odds with the old identity, and people and structures in society. Lastly, *new symbols* must be identified that help redefine a gendered-identity.

Furthermore, integrating the GRJ-phases and Gender-Role Conflict with other therapeutic models provides new ways to approach GRJ-therapy with men (O'Neil, 2015). Mapping GRJ phases onto the stages of the transtheoretical model (Prochaska and Norcross, 2001) provides a developmental perspective which takes into account men's gender-role socialisation, context and readiness to change. Blame for Gender-Role Conflict is removed because it is understood as a feature of societal socialisation. Gender-Role Conflict can then be constructively considered in three contexts: the client's presenting problem, the therapeutic process, and client-therapist dynamics.

Men's Experience of the Gender-Role Journey

O'Neil et al. (1993) developed and validated the Gender-Role Journey Measure (GRJM) to assess GRJ-transitions. Using a predominantly white, mixed-gender sample of U.S. students (79%) and working adults (21%), an exploratory principal factor analysis identified a three-factor structure for the GRJM that subsumed the five GRJ-phases. The three empirically derived GRJ-phases were:

- *Acceptance of Traditional Gender-Roles* (ATGR; 10 items, e.g. "Men should be in charge at work" [phase one])

- *Gender Role Ambivalence, Confusion, Anger, and Fear* (GRA; eleven items, e.g. “I sometimes feel confused about gender-roles” [phases two and three])
- *Personal–Professional Activism and Celebration* (PPAC; thirteen items, e.g. “I use my anger about sexism in positive ways” [phases four and five]).

McDermott and Schwartz (2013) studied the GRJM using a racially diverse U.S. sample of male students. Using latent profile analysis (LPA), they identified four categories (or groups) of men based on profiles of GRJM-subscale scores: the “*not questioning/accepting of traditional gender-roles*” (Not-Questioning) category scored highly on the ATGR-subscale only; the “*pro-feminist activists*” category scored highly on the PPAC-subscale only; and, the remaining two categories had similar scores on the ATGR- and PPAC-subscales, but scored low and high on the GRA-subscale: accordingly, they were named “*questioning with weak ambivalence*” and “*questioning with strong ambivalence*”. Strong ambivalence was associated with being Black, Asian, gay, and bisexual while weak ambivalence was associated with heterosexuality. Most participants were in the questioning categories. They concluded that some, but not all, men experience ambivalence-related distress about their gender-role ideology and recommended that this be explored further.

In a pilot for this study, Tipton (2020) tested the GRJM on a UK-based convenience sample of predominantly Psychology students (other demographics were not reported). Also using LPA, she identified three groups based on profiles of GRJM-subscales. She found a Not-Questioning-category and a Pro-Feminist-Activist-category (the largest), but only identified one “*questioning with ambivalence*” (QWA) category. QWA-categorised men were younger, more depressed, less resilient, and more likely to be single than men in the other two categories. Categories did not differ on levels of anxiety, somatisation, or social dysfunction.

GRA-subscale scores have also been associated with maladaptive anger management strategies, negative attributions towards intimate partners and reduced self-awareness of rising anger (McDermott et al., 2012). Taken together, these GRJM-research findings suggest that gender-role ambivalence may be associated with reduced wellbeing for some men. This adds a new layer to the difficulties caused by traditional masculinity for men: Gender-Role Strain and Conflict theories suggest that adhering to traditional masculinity impairs men's wellbeing and, additionally, GRJM findings suggest that gender-role ambivalence may also impair men's wellbeing. Gender-role ambivalence is an emotionally charged experience characterised by experiencing internal and external conflict regarding attitudes towards gender-roles and sexism.

Other factors that impact UK men's wellbeing

Adherence to traditional masculine norms is not the only factor that has been identified as affecting men's psychological wellbeing. Unemployment (Public Health England, 2019); being from Black, African and Caribbean communities (Mental Health Foundation; MHF, 2021); being gay, bisexual and trans (Stonewall, 2018); and having low socioeconomic status (MHF, 2020), all disadvantage people in UK society negatively affecting mental health. Furthermore, depression has been associated with working in predominantly male sectors (Roche et al., 2016); and the highest levels of suicide are found in UK men aged between 45 and 49 (Office for National Statistics; ONS, 2019), despite mental health generally improving with age (Thomas et al., 2016).

Mental health protective factors include resilience, which is defined as the ability to adapt effectively to stressful events (Shrivastava & Desousa, 2016; Wagnild & Young, 1993); and socialising with men and women, rather than just men (McKenzie et al., 2018). Family (Thomas et al., 2017) and romantic (Holt-Lunstad et al., 2008) relationships are

complex and can support or impact negatively on wellbeing depending on the quality of the relationships.

Purpose of the Present Study

The GRJM was developed and validated almost 30 years ago and has only been used in research with U.S and social science student populations. While previous research concluded that some men experience ambivalence-related distress about gender-role ideologies (McDermott and Schwartz, 2013), the nature of this distress was not explored. Given that practitioners are being encouraged to explore gender-roles with men, a better understanding of this distress and the men who may experience it is needed to help practitioner support men in the exploration. To explore these gaps in knowledge, a UK general population sample of men was asked to complete the GRJM and various mental health questionnaires, and to provide some demographic and personal data. Mental health questionnaires served as proxies measuring wellbeing and distress.

We hypothesised that (i) more groups of men would be identified using profiles of GRJM-subscale scores because of the more varied sample; (ii) men with higher GRA-subscale scores would score higher on all mental health questionnaires (except somatisation), replicating previous research; and (iii) demographic and personal factors that are associated with poor wellbeing and mental health would also be associated with high GRA-subscale scores.

Analysis

Latent Profile analysis was used to identify groups of men using profiles of GRJM-subscale scores (GRJM-groups; See Results section). A multivariate multiple regression was conducted to identify significant predictors of the mental health questionnaire scores.

Predictors tested included known predictors of poor mental health and GRJM-groups. The predictive ability of GRJM-group was tested as part of a full model and individually.

Regression modelling enabled the evaluation of GRJM-group as predictor of mental health scores when accounting for contributions to the predictive model by other known predictors. Finally, between groups analyses were used to explore how demographic and personal characteristics varied between men in each GRJM-group. The aim of this analysis was to identify characteristics of men with high GRA-subscale scores.

Methodology

Design and Procedure

In this quantitative, between-subjects study, a 109-item, online survey was open between 20th March 2020 and 19th March 2021 to all UK-based men (including trans men) aged 18 and over. Personal data was collected first, then questionnaire responses were collected in the order the questionnaires are described below (e.g. GRJM then PHQ9 etc.). The survey was accessible via an online system called Online Surveys. Also included were pre-brief and debrief information explaining the study's purpose, data security and confidentiality. Online recruitment was facilitated with an online flyer and optional entry into a prize-draw to win one of two £25 vouchers. It was hoped that anonymity and online-completion (i.e. no researcher present) would reduce socially desirable responses (Taylor, 1961).

Recruitment

Participants were recruited online using email, WhatsApp, Facebook, Twitter, and online forums. Five recruitment strategies were used, each with a unique questionnaire link so participant origin could be recorded:

Snowball (N=181). The study was promoted via researcher's contacts and social media accounts asking people to participate and share (a snowball, convenience sample). Echo chambers, where people socialise with like-minded people, are exacerbated by social media platforms including Facebook and Twitter (Cinelli et al., 2020). Therefore, this

recruitment strategy was likely to attract participants who share the researcher's self-defined pro-feminist/egalitarian attitudes.

To increase participant diversity, targeted recruitment strategies were used to promote the research to groups thought under-represented in the snowball sample. These were:

Men's Networks (N=294) - male-oriented groups covering topics including predominantly male professions, sports, gyms, and men's rights.

Diversity Networks (N=51) - groups for people from marginalised populations including gay, bisexual, trans, queer, and Black, Asian and minority ethnic communities.

Mental Health Networks (N=22) - men's wellbeing groups covering topics including mental health, men's health, and victim support.

Students (N=21) - recruited from the University of Plymouth's online participation system.

Participants

Following institutional ethical approval, 576 men were recruited. Seven men's responses were excluded: two withdrew, one reported a non-UK nationality, and four of 29 detected outliers provided uniform responses regardless of reverse-scored items or completed the survey excessively rapidly. This yielded a final sample of 569. Ages ranged from 18 to 79 (mean=33.95, standard deviation=12.21). Similar to the population of England and Wales (84.8% White; ONS, 2020a), the sample was predominantly white (90.00%) with other participants reporting ethnicity as mixed (4.0%), Asian (3.5%), Black (1.2%) and other (1.2%). Educational attainment in the sample appeared higher than the UK population (2% PhD, 13% Master's, 25% Degree; OECD, 2021): none (1.0%), GCSE (8.4%), A-level (26.7%), Degree (38.0%), Masters (19.5%) and PhD (6.5%). Fewer men were married than in the general population (50.2%; ONC, 2020b): married (27.1%), cohabiting (9.5%), in a

relationship (22.7%), single (previously in a relationship; 3.2%), and single (37.4%). Reported sexuality was more diverse than the general population (94.6% straight; ONS, 2020c): straight (75.7%), bisexual (11.6%), gay (11.2%) and other (1.4%). Geographically, most participants came from southern England (southeast, southwest and East Anglia; 38.0%) and London (18.5%), while 16.9% came from northern England (northeast, northwest, Yorkshire and the Humber), 14.4% from Central England (West and East Midlands), 6.3% from Scotland, 4.4% from Wales, and 1.4% from Northern Ireland. One respondent withheld their location but was included in the analysis.

Materials

Personal Data

Participants self-reported socioeconomic-status on five-point Likert scale with 5 being the highest status ($M=3.17$, $SD=0.93$). This suggests aggregated self-perception of the sample was that they were of a slightly higher socioeconomic status than the general population. Employment sector was self-reported and recoded reflecting each sector's workforce gender-split (Careersmart, 2020): 23.7% ($N=135$) of participants worked in sectors where two-thirds of all employs nationally were male, 22.1% ($N=126$) worked in sectors where two-thirds of all employs nationally were female, 46.7% ($N=266$) worked in sectors where between one- and two-thirds of employees nationally were male/female, and 7.4% ($N=42$) were unemployed.

Information about time spent with others was collected. Participants were asked whether they spent more time with men ($N=191$, 33.6%), women ($N=78$, 13.7%) or a roughly even mix of both ($N=300$, 52.7%). Participants were also asked if they spent more social time with family ($N=104$, 18.3%), friends ($N=250$, 43.9%), or a roughly even mix of both ($N=215$, 37.8%).

Gender Role Journey Measure (GRJM)

The GRJM (O'Neil et al., 1993) is a 34-item, self-assessment questionnaire assessing transitions from traditional gender-role identification towards pro-feminist activism. It is rated on three subscales (α -values from O'Neil et al. [1993]): Acceptance of Traditional Gender-Roles (ATGR; $\alpha=0.87$), Gender-Role Ambivalence, Confusion, Anger and Fear (GRA; $\alpha=0.76$), and Personal-Professional Activism and Celebration (PPAC; $\alpha=0.89$). Scores on the subscales create a GRJ profile. A Likert scale from 1 (strongly disagree) to 6 (strongly agree) is used.

The Patient Health Questionnaire (PHQ-9)

The PHQ-9 (Kroenke et al., 2001; $\alpha=0.89$) is a self-administered, 9-item depression measure that is widely used in the UK. Items are linked to Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV; American Psychiatric Association; APA, 2000) symptom criteria for depression. A 4-point Likert scale is used (0="not at all", 3="nearly every day"). Mean scores of 1.11 or greater identify major depression and changes of 0.56 or more indicate clinically significant change (Kroenke, 2012).

Generalised Anxiety Disorder (GAD-7)

The GAD-7 (Spitzer et al., 2006; $\alpha=0.92$) is a self-administered, 7-item anxiety measure that is widely used in the UK. Items are linked to DSM-IV (APA, 2000) symptom criteria for Generalised Anxiety Disorder (GAD). A 4-point Likert scale is used (0="not at all", 3="nearly every day"). Mean scores of 1.43 or greater identify cases of GAD and changes of 0.86 or more indicate clinically significant change (Bischoff et al., 2020).

The Patient Health Questionnaire (PHQ-15)

The PHQ-15 (Kroenke et al., 2002; $\alpha=0.80$) is a self-administered, 15-item somatic symptom severity measure. This was included to capture physical indicators of distress because some UK-based men may not disclose emotional indicators of distress for various reasons including adhering to traditional masculine-norms (Levant, 1996).

Respondents rate how affected they were by types of physical discomfort over the previous week on a three-point Likert scale (0="not at all, 2="bothered a lot"). Mean scores of one or above indicate high somatic symptom severity.

Resilience Scale (RS)

The RS (Wagnild & Young, 1993; $\alpha=0.91$) is a 25-item, self-report scale measuring resilience in adults. A seven-point Likert scale ranging from "strongly disagree" (1) to "strongly agree" (7) is used. Higher scores indicate greater resilience. The scale measures two resilience factors: Personal Competence, and Acceptance of Self and Life.

Social Functioning Questionnaire (SFQ)

The SFQ (Tyrer et al., 2005; α not reported) is an eight-item, self-report measure of perceived social functioning. Items are adapted from the Social Functioning Schedule semi-structured interview and rated on a four-point Likert scale (0-3). Scores of 10 or more indicate poor social functioning.

Ethical Considerations

No identifying details were collected with questionnaire responses. Explicit informed consent was required to proceed, and responses could be withdrawn up until a certain date. To ensure confidentiality, participants provided a unique identification code which enabled anonymous identification of their responses should they decide to withdraw after completion. Email addresses for prize-draw entry were collected separately from questionnaire responses.

Signposting information for support organisations was provided in case any questionnaire items evoked strong feelings. Researcher's and Plymouth University's Ethics Committee's contact details were provided, and contact welcomed.

Results

Preliminary Analysis

Response data was screened for accuracy, missing values, outliers, and significant deviations from normality. This produced a final sample of 569 men with normally distributed questionnaire and GRJM-subscale scores. High internal consistency (Cronbach's $\alpha > 0.8$; Kline, 1999) of GRJM-subcales was found. Table 1 presents the means, standard deviations, inter-correlations, and Cronbach's alphas for GRJM-subcales.

Table 1*Intercorrelations among Gender Role Journey Phase Scores*

	1	2	3	M	SD	α
1. Acceptance of Traditional Gender Roles (Phase 1)	-	-0.04	-0.47***	2.15	0.83	0.82
2. Gender role ambivalence confusion, anger, and fear (Phases 2 & 3)		-	0.13**	2.75	0.87	0.81
3. Personal-professional activism and celebration (Phases 4 & 5)			-	3.41	0.83	0.84

Note. M = mean; SD = standard deviation; α = internal consistency coefficient. ** p < .01. *** p < .001.

Latent Profiles from Men's Gender Role Journey Scores

A latent profile analysis (LPA) was conducted to identify subgroups of men based on their GRJM-phase attitudes (i.e. ATGR-, GRA- and PPAC-subscale scores). LPA estimates distinct profiles, or categories, of men using parameters such as means, variances and covariances (Rosenberg, 2020). Starting with a one-category, baseline model, categories are added iteratively until model fit does not improve. Maximum likelihood estimation with robust standard errors was used to generate the posterior probability of cases belonging to each category.

In LPA, three main fit-indices are provided: the Akaike Information Criterion (AIC), the Bayesian Information Criterion (BIC), and the sample size-adjusted Bayesian Information Criterion (SABIC). The best-fitting model is indicated by the comparatively lowest AIC (Zajic, 2020) and BIC (Glen, 2018) values. These values should be considered together (Collins & Lanza, 2010). Changes in BIC values of 6 or more provide strong evidence of a better model (Glen, 2018). Entropy values describe case-categorisation

accuracy: values above 0.7 are associated with good fitting models (Ramaswamy et al., 1993). Boot-strapped likelihood ratio test (BLRT) p-values show whether each new model is a significantly better fit than the previous model with one less category (Dziak et al., 2014).

Final LPA Solution

LPA procedures were conducted using the 'TidyLPA' package in R, version 1.4.1106. Eight different models were examined starting with a model with a one-category solution. Fit indices, categorisation entropy, and BLRT-adjusted p values for each model are presented in Table 2. AIC and BIC values indicated seven- and four-category models, respectively.

However, BIC increases between the four- and six-category model did not provide strong evidence of a worse fit ($\Delta < 6$). Entropy and BLRT values were acceptable for all considered models. An analytic hierarchy process, based on the fit indices AIC, BIC and SABIC (Akogul & Erisoglu, 2017) suggested the best solution was the six-category model. This was retained for analysis.

Table 2

Summary of Fit Criteria for Eight Possible Latent Profile Analysis Models

	AIC	BIC	SABIC	Entropy	BLRT
1-category model	4263.004	4289.067	4270.020	1.00	-
2-category model	4125.179	4169.168	4137.423	0.70	.010
3 category model	4099.709	4160.523	4116.080	0.61	.010
4-category model	4034.963	4113.153	4056.011	0.69	.010
5-category model	4018.028	4113.593	4043.753	0.72	.010
6-category model	4004.171	4117.112	4034.574	0.67	.010
7-category model	3995.527	4125.843	4030.607	0.68	.020
8-category model	4001.722	4149.414	4041.479	0.627	.594

Note - AIC: Akaike Information Criterion; BIC: Bayesian Information Criterion; SABIC: Corrected Bayesian Information Criterion; BLRT_p –Bootstrapped Likelihood Ratio Test. *Bold font indicates the model representing the best improvement in model fit.*

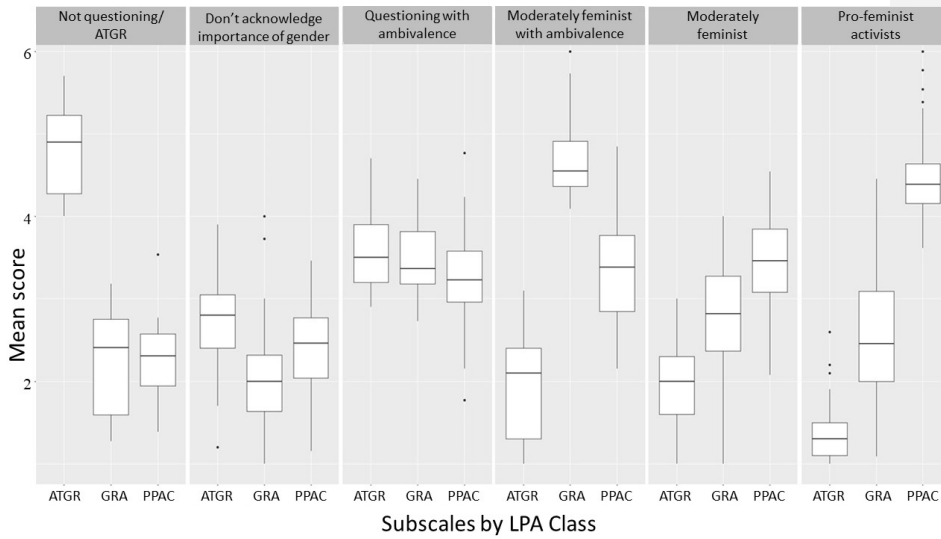
Table 3 shows means and standard deviations of GRJM subscale scores for each of the six LPA-identified categories (See also Figure 1). The first category was labelled “*Not Questioning/Accepting of Traditional Gender Roles*” (Not-Questioning): men assigned to this category reported the lowest PPAC-subscale scores, low GRA-subscale scores, and the highest ATGR-subscale scores, suggesting un-ambivalent agreement with traditional gender-role norms. The second category was labelled “*Don’t Acknowledge the Importance of Gender*” (DAIG): all GRJM-subscale scores were low in this category suggesting these men did not agree with either traditional gender-roles or pro-feminist activism and they were not ambivalent. The third category was labelled “*Questioning with Ambivalence*” (QWA): scores on all three GRJM-subscales were moderate suggesting that these men had no preference

between traditional gender-roles and pro-feminist activism, and experienced high ambivalence.

The next two categories were characterised by moderate PPAC-subscale scores and low ATGR-subscale scores suggesting that these men were moderately feminist (high PPAC-subscale scores have been associated with pro-feminist activism; White, 2006). However, GRA-subscale scores were high for one category and low for the other. Accordingly, these were labelled “*Moderately Feminist with Ambivalence*” (MFWA) and “*Moderately Feminist*” (MF), respectively. The final category was labelled “*Pro-Feminist-Activists*” because men in this category scored highest on the PPAC-subscale, lowest on the ATGR-subscale and low on the GRA-subscale.

Figure 1

Mean Subscale Scores for each Latent Profile Analysis Category



ATGR – Acceptance of Traditional Gender Roles subscale; GRA= Gender-Role Ambivalence, Confusion, Anger and Fear subscale; PPAC=Personal-Professional Activism and Celebration.

Table 3*Gender-Role Journey Measure (O'Neil et al., 1993) Subscale Scores Across Identified Categories*

	Not-Questioning/ Accepting of traditional gender-roles (n=12)		Don't acknowledge importance of gender (n=99)		Questioning with ambivalence (n=31)		Moderately feminists with ambivalence (n=33)		Moderately feminist (n=282)		Pro-feminist activists (n=112)	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
ATGR	4.80	0.57	2.78	0.52	3.60	0.49	1.94	0.61	2.00	0.46	1.34	0.32
GRA	2.21	0.67	2.05	0.56	3.48	0.42	4.72	0.51	2.79	0.65	2.56	0.71
PPAC	2.30	0.56	2.37	0.54	3.26	0.60	3.29	0.62	3.44	0.50	4.44	0.46

ATGR – Acceptance of Traditional Gender Roles subscale; GRA= Gender-Role Ambivalence, Confusion, Anger and Fear subscale; PPAC=Personal-Professional Activism and Celebration. *Note: Subscale means are of items rated on a Likert scale from 1 (strongly disagree) to 6 (strongly agree)*

Predictors of mental health scores

A multivariate multiple regression was conducted to investigate whether multiple variables significantly predicted participants' GAD-7, PHQ-9, PHQ-15 and SFQ scores. Four predictors (ethnicity, sexuality, time spent with men or women, and relationship status) did not contribute to the model and were removed. Predictor variables in the final model were GRJM-category, age, time spent with family/friends, self-report socioeconomic-status, gender-split of employment sector, and two resilience subscales (personal competence [PC] and acceptance of self/life [ASL]). Categorical predictor variables were dummy coded with the following baselines:

- GRJM-category – Not Questioning/Accepting of Traditional Gender-Roles (Not-Questioning). Although the smallest group, this group was allocated as the baseline to explore how ambivalent and pro-feminist groups of men differed from men who adhered to traditional gender-roles.
- Time with family/friends – more time spent with family
- Employment gender – predominantly male jobs

The regression results (see Table 4) indicated that mental health questionnaire scores were significantly predicted by the model. The model explained the following percentages of variance in questionnaire scores:

- 46.8% for the PHQ-9, $F(14, 554)=34.75, p<.001$;
- 39.1% for the GAD-7, $F(14, 554)=25.42, p<.001$;
- 19.4% for the PHQ-15, $F(14, 554)=9.54, p<.001$;
- 46.1% for the SFQ, $F(14, 554)=33.86, p<.001$.

Table 4*Results of the Final Multivariate Multiple Regression Model Predicting Mental Health Questionnaire Scores.*

	PHQ-9				GAD-7				PHQ-15				SFQ			
	R ²	B	SE B	P	R ²	B	SE B	P	R ²	B	SE B	P	R ²	B	SE B	P
	0.47				0.39				0.19				0.46			
Constant		2.86	0.24	<.001		2.60	0.28	<.001		0.70	0.11	<.001		2.24	0.16	<.001
Questioning w/Ambivalence vs Not-Questioning		0.58	0.20	.004		0.40	0.23	.084		0.13	0.09	.171		0.18	0.13	.171
Mod. feminist w/Ambivalence vs Not-Questioning		0.68	0.20	<.001		0.65	0.23	.004		0.18	0.09	.061		0.25	0.13	.060
Don't Acknowledge Importance of Gender vs Not-Questioning		0.27	0.18	.127		-0.01	0.20	.947		0.04	0.08	.655		0.04	0.12	.707
Moderately Feminist vs Not-Questioning		0.42	0.17	.015		0.22	0.20	.260		0.12	0.08	.154		0.14	0.11	.214
Pro-Feminist-Activists vs Not-Questioning		0.39	0.18	.029		0.19	0.20	.338		0.16	0.08	.052		0.14	0.12	.241
Age		-0.01	0.00	.004		-0.00	0.00	.634		0.00	0.00	.170		-0.00	0.00	.160
Even mix vs more time with family		0.00	0.07	.993		-0.07	0.08	.394		0.01	0.03	.823		-0.10	0.05	.032
More time with friends vs more time with family		0.09	0.07	.219		0.00	0.08	.987		0.03	0.03	.388		0.06	0.05	.164
Socioeconomic status		-0.11	0.03	<.001		-0.08	0.03	.016		-0.04	0.01	.001		-0.07	0.02	<.001
Mainly female vs mainly male employment sector		-0.11	0.07	.105		-0.08	0.08	.317		0.01	0.03	.745		0.00	0.05	.998
Even gender-mix vs mainly male employment sector		0.06	0.06	.350		0.09	0.07	.186		0.07	0.03	.015		0.05	0.04	.256
Unemployed vs mainly male employment sector		0.30	0.10	.004		0.26	0.12	.029		0.15	0.05	.003		0.25	0.07	<.001
Resilience (Personal Competence)		-0.14	0.4	<.001		0.03	0.04	.513		-0.02	0.02	.189		-0.06	0.02	.011
Resilience (acceptance of self/life)		-0.22	0.03	<.001		-0.38	0.04	<.001		-0.06	0.02	<.001		-0.18	0.02	<.001

PHQ-9 – Patient Health Questionnaire for depression; GAD-7 – General Anxiety Disorder Questionnaire; PHQ-15 – Patient Health Questionnaire for somatic symptoms; SFQ- Social Functioning Questionnaire.

PHQ-9 Predictors

Decrease in age ($B=-0.01$, $p=.004$), socioeconomic-status ($B=-0.11$, $p=.016$), and both resilience subscale scores (PC, $B=-0.14$, $p<.001$; ASL, $B=-0.22$, $p<.001$) was significantly associated with higher PHQ-9 scores (i.e. increased depression). Compared with being categorised as Not-Questioning, higher PHQ-9 scores were significantly associated with being categorised as QWA ($B=0.58$, $p=.004$), MFWA ($B=0.68$, $p<.001$), MF ($B=0.42$, $p=.015$), and Pro-Feminist-Activist ($B=0.39$, $p=.029$). Being unemployed ($B=0.30$, $p=.004$) was also associated with higher PHQ-9 scores compared to being in mainly male sectors. No other predictors contributed significantly.

B-values represent change in mean PHQ-9 score when moving one level of the predictor variable. The magnitude of the predicted increase in depression for QWA- and MFWA-categorised men compared with Not-Questioning-categorised men was greater than the cut-off for clinically significant change on the PHQ-9 (>0.56 ; Kroenke, 2012). Although this cut-off refers to change within an individual and should be applied tentatively in this context, the magnitude of the difference between these groups suggests that men in the with-ambivalence-group's experience of depression would be more distressing than Not-Questioning-categorised men's.

GAD-7 Predictors

Decrease in socioeconomic-status ($B=-0.08$, $p=.016$) and ASL resilience subscale scores ($B=-0.38$, $p<.001$) were significantly associated with higher GAD-7 scores (i.e. increased anxiety). Higher GAD-7 scores were also significantly associated with MFWA-categorisation ($B=0.65$, $p=.004$) compared to being categorised as Not-Questioning, and being unemployed ($B=0.26$, $p=.029$) compared to majority-male sector employment. No other predictors contributed significantly.

Similar to the PHQ-9 findings, the magnitude of the predicted increase in GAD-7 scores for MFWA-categorised men compared with Not-Question-categorised men approached the cut-off for clinically significant change on this measure (>0.86 ; Bischoff et al., 2020) suggesting that the experience of anxiety for men in the with-ambivalence-groups may be more distressing.

PHQ-15 Predictors

Decrease in socioeconomic-status ($B=-0.04$, $p=.001$) and ASL resilience subscale scores ($B=-0.06$, $p<.001$) was significantly associated with higher PHQ-15 scores (i.e. increased somatisation). Employment in mixed-gender sectors ($B=0.07$, $p=.015$) and being unemployed ($B=0.15$, $p=.003$) was also significantly associated with higher PHQ-15 scores compared to majority-male sector employment. No other predictors, including GRJM-category, contributed significantly.

SFQ Predictors

Decrease in socioeconomic-status ($B=-0.07$, $p<.001$) and both resilience subscale scores (PC, $B=-0.06$, $p=.011$; ASL, $B=-0.18$, $p<.001$) was significantly associated with higher SFQ scores (i.e. more social functioning problems). Being unemployed ($B=0.25$, $p<.001$) was also significantly associated with higher SFQ scores compared to majority-male sector employment. Socialising with an even mix of family and friends ($B=-0.10$, $p=.032$) was significantly associated with lower SFQ scores (i.e. fewer social functioning problems) compared to socialising with mostly family. No other predictors, including GRJM-category, contributed significantly.

The influence of GRJM Category

An amended multivariate multiple regression was conducted without GRJM-category and an analysis of variance comparing the two models (i.e. with and without GRJM-category) showed that GRJM-category significantly contributed to the model ($F[20, 2216]=0.08$,

p=.001). Removing GRJM-category showed that it accounted for the following percentages of unique variance explained by the model: 2.0% for PHQ-9, 3.1% for GAD-7, 2.2% for PHQ-15 and 1% for SFQ.

~~A multivariate regression with GRJM-category as the only predictor found that GRJM-category explained the following percentages of variance in mental health questionnaire scores: 9.4% for PHQ-9, 10.1% for GAD-7, 4.6% for PHQ-14 and 7.5% for SFQ. These percentages are larger than model change percentages reported after removing GRJM-category from the full model because they do not account for covariance with other predictors.~~

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Variation in Personal Characteristics Between GRJM-groups

Between groups analyses identified personal characteristics that were over- or under-represented in the GRJM-categories that were significantly associated with higher GAD-7 and PHQ-9 scores when compared to Not-Questioning-categorisation (i.e. in order of effect size: MFWA, QWA, MF and Pro-Feminist-Activist). Analysis of variance was used to compare continuous factors (see Table 5). No significant effect was found for socioeconomic-status ($F[5, 563]=0.69, p=.634$). A significant effect was found for age (Welch's $F[5, 76.31]=5.17, p<.001$) and both resilience subscale scores (PC, Welch's $F[5, 73.45]=7.71, p=.001$; ASL, $F[5, 563]=11.17, p<.001$). Men categorised as Pro-Feminist-Activist, QWA and MF were significantly older than Not-Questioning-categorised men. Furthermore, MFWA-categorised men were significantly younger than MF- and Pro-Feminist-Activist-categorised men. Lastly, MFWA-categorised men scored significantly lower on both RS-subcales than all other GRJM-categories except QWA. QWA-categorised men scored significantly lower than Not-Questioning-categorised men on the PC-subscale and lower than Not-Questioning- and Pro-Feminist-Activist-categorised men on the ASL-subscale.

Pearson's chi-square analysis identified differences in categorical factors between GRJM-categories. GRJM-category membership was not significantly associated with spending time with either family or friends ($\chi^2[10]=8.77$, $p=.554$). There were significant associations between GRJM-category membership and: relationships status ($\chi^2[20]=42.39$, $p=.002$); gender of employment sector ($\chi^2[15]=30.40$, $p=.01$); social time spent more with women or men ($\chi^2[10]=37.28$, $p<.001$); ethnicity ($\chi^2[20]=36.51$, $p=.013$); and, sexuality ($\chi^2[15]=31.26$, $p=.008$). Standardised residuals showed that: single men were significantly more likely to be categorised as MFWA ($p<.05$) and significantly less likely to be categorised as Pro-Feminist-Activist ($p<.01$); unemployed men were significantly more likely to be categorised as MFWA ($p<.01$); men who socialised mostly with other men were significantly more likely to be categorised as Not-Questioning ($p<.05$) and DAIG ($p<.05$), while men who socialised more with women were significantly more likely to be categorised as Pro-Feminist-Activist ($p<.01$) and less likely to be categorised as DAIG ($p<.05$); Asian men were significantly more likely to be categorised as MFWA ($p<.01$) while men with mixed-ethnicity were significantly more likely to be categorised as Not-Questioning ($p<.05$) and QWA ($p<.05$); and, gay men were significantly more likely to be categorised as Pro-Feminist-Activist ($p<.01$), while men who described their sexuality as "other" were significantly more likely to be categorised as QWA ($p<.01$). Only eight men described their sexuality as "other" so this finding should be treated cautiously.

Table 5*Between Groups Analyses of Demographic and Personal Characteristics Across GRJM-Groups*

	Not-Questioning (n=12)		Don't acknowledge importance of gender (n=99)		Questioning with ambivalence (n=31)		Moderately feminist with ambivalence (n=33)		Moderately feminist (n=282)		Pro-feminist activists (n=112)	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Age	25.08 ^a	8.57	32.89 ^{abc}	15.57	36.23 ^{bc}	14.22	28.49 ^{ab}	9.31	34.51 ^c	12.69	35.41 ^c	12.74
RS: Personal competence scores	5.94 ^a	0.86	5.13 ^{ac}	1.17	4.8 ^{bc}	1.13	4.16 ^b	1.28	5.06 ^c	1.01	5.32 ^{ac}	0.83
RS: Acceptance of self and life scores	5.37 ¹	0.80	4.73 ^{1 2}	1.22	4.14 ^{2 3}	1.11	3.49 ³	1.05	4.60 ^{1 2}	1.09	4.89 ¹	0.92
Social scale	3.17	0.94	3.21	0.88	3.10	0.98	2.97	0.92	3.13	0.93	3.27	0.99

Note: RS=Resilience Scale; Means with differing letter superscripts within rows were significantly different at $p < .05$ level using the Games Howell procedure; Means with differing number superscripts within rows were significantly different at $p < .05$ level using the Tukey procedure

Discussion

In this study, LPA was used to create identifiable subgroups of men (GRJM-categories) based on GRJM-subscale scores. We hypothesised that: (i) more than four GRJM-categories would be identified because of the more varied sample (i.e. not predominantly students); (ii) men in GRJM-categories with high ambivalence (GRA-subscale) would experience more mental health difficulties (apart from somatisation); and, (iii) demographic and personal characteristics that are associated with poor mental health would also be associated with experiencing gender-role ambivalence. The results partially supported these hypotheses.

LPA Categories and the Gender-Role Journey

The GRJM-categories can be conceptualised as a man's identity in relation to gender-roles. Men in each GRJM-category have similar attitudes to towards gender-roles and similar levels of ambivalence, confusion, anger and fear about these attitudes and about societal sexism. They will be at similar points on the five-phase gender-role journey continuum and are likely to be affected in similar ways by gender-role conflict. The LPA procedure supported a six-category structure suggesting greater variation in the gender-role ideologies present in this UK general population sample compared with previous student samples. Three identified GRJM-categories had similar profiles of GRJM-subscale score to those identified in previous research (McDermott & Schwartz, 2013; Tipton, 2020): Not-Questioning, QWA and Pro-Feminist-Activist. Not-Questioning-categorised men uncritically supported traditional attitudes suggesting these men fit GRJ-phase one (O'Neil et al., 1993). Conversely, Pro-Feminist-Activist-categorised men endorsed pro-feminist activism and rejected traditional attitudes. Ambivalence was low but still present suggesting Pro-Feminist-Activist-categorised men were in GRJ-phase four, not five: in phase five, ambivalence is expected to dissipate as men resolve anger and ambivalence, and transcend gender-roles. McDermott and Schwartz (2013) suggest that gender-role transcendence may

be difficult to achieve in societies where sexism persists. Lastly, QWA-categorised men scored moderately on all subscales suggesting that they agree partially with both traditional and pro-feminist ideologies and experience emotionally-charged ambivalence. These men fit GRJ-phases two and three characterised by a growing awareness of gender inequality, ambivalence and anger.

The remaining three GRJM-categories differed from previous research. Men in two of these GRJM-categories supported pro-feminist activism over traditional attitudes; however, their PPAC-subscale scores were moderate and similar to QWA-categorised men's. This suggests that these men had not fully embraced their pro-feminist activist identities. These moderately feminist GRJM-categories differed on ambivalence levels: MF-categorised men reported low ambivalence, while MFWA-categorised men reported higher ambivalence than any group in all GRJM studies to date. These ambivalence levels suggest that MF-categorised men were entering GRJ-phase four, while MFWA-categorised men were in GRJ-phases two and three and experienced stronger emotions and internal conflict about gender-roles.

Men in the final GRJM-category, DAIG, scored low on all GRJM-subcales. This suggests that they disagree that there should be strictly gendered-roles in society (low ATGR-subscale), do not experience ambivalence about gender-roles (low GRA-subscale), and do not feel compelled to challenge sexism (low PPAC-subscale). Therefore, DAIG-categorised men do not think gender affects how they should make sense of and interact in society. This position is difficult to understand, given the recent proliferation in the media of feminist discourse (De Benedictis et al., 2019) and factual data (Napier et al., 2020; Rhode, 1999) about gender inequality. Rhode (1999) helps make sense of this position: "part of the privilege of dominance is the privilege of accepting it without noticing the benefits" (p.4). This suggests that men often fail to recognise the impact of gender because they don't see it

affecting *their* lives. Similarly, Kimmel (2015) said, “privilege is invisible to those who have it”. Therefore, these men may have traditional gender-role ideologies, but do not recognise the gendered aspects of their attitudes because these aspects do not affect them negatively. Rhode (1999) also says that gender-normative behaviour is subsequently understood as culturally stipulated or personally chosen, rather than based on pressure to conform to gender-norms. This means our sample may contain two GRJM-categories of men who accept traditional gender-roles: one that acknowledges their gender-role ideology (Not-Questioning) and one that does not (DAIG). The age difference, although not significant, between these GRJM-categories could explain this difference; DAIG-categorised men are older. Younger men more actively explore identity, so are likely to be more conscious of their attitudes as they explore aspects of identity with peers; however, as men age, they explore other life-cycle stages (Marcia and Josselson, 2013) and may become less conscious of aspects of identity because they are interrogated less often.

In this study, GRA-subscale scores were higher across all GRJM-categories compared to all previous studies suggesting that men in this sample experienced greater confusion, anger and fear about gender-roles. This increase may have resulted from the recent proliferation of gender-equality activism in the media (De Benedictis et al., 2019; PettyJohn et al., 2018) which may have increased men’s awareness of and discomfort with their gender-role ideologies. Increased time online (Ofcom, 2020) during UK coronavirus may have exacerbated this effect. Alternatively, the higher GRA-subscale scores could be explained by contextual differences between this study’s general population sample and social science student samples in previous studies: social science students express more egalitarian views (Chatard & Selimbegovic, 2007), so being surrounded by like-minded peers may help social science students feel more supported and less conflicted when exploring gender-role ideologies compared to men in the wider community.

A higher proportion of pro-feminist men (75%) was found compared to previous studies on student samples (McDermott & Schwartz, 2013; Tipton, 2020). This finding could support claims of a partial egalitarian shift in the UK (Scott & Clery, 2013), or it could indicate a social desirability effect (Taylor, 1961) of men wanting to appear pro-feminist, rather than genuinely holding internalised pro-feminist attitudes (McDermott and Schwartz, 2013). In the pro-feminist majority, there were varying levels of support for pro-feminist activism/celebration (PPAC-subscale scores) and traditional attitudes (ATGR-subscale). This could suggest that some men have not fully embraced pro-feminist activism. High internal consistency scores for GRJM-subscales suggest that the GRJM is measuring reliable factors in this sample; however, these differing PPAC- and ATGR-subscale scores in the pro-feminist categories are difficult to interpret. The variation could reflect nuanced and complex differences in gender-role beliefs across domains of life such as employment, relationships, or attributes, but this information is not captured by the GRJM.

Clinical Implications

Supporting men with ambivalence

Compared to being categorised as Not-Questioning, being categorised as QWA, MFWA, MF and Pro-Feminist-Activist was associated with higher depression and MFWA-categorisation was also associated with higher anxiety. The magnitude of the predicted increases in questionnaire scores for the with-ambivalence categories suggests that some of these men experienced more distressing levels of depression and anxiety than Not-Questioning-categorised men. This supports previous research by identifying an association between gender-role ambivalence and both depression (Tipton, 2020) and anxiety (Marcia & Josselson, 2013; Schwartz et al., 2011). Although causality cannot be inferred from these findings, practitioners should be mindful that some men may experience ambivalence that is

associated with distressing experiences of depression and/or anxiety when questioning traditional gender-role beliefs.

For men in the with-ambivalence groups, questioning traditional attitudes could be experienced as disequilibrating and put them in Marcia's (1966) identity Moratorium state. People are more likely to experience distress while in identity Moratorium if they are in an unsupportive social context (Marcia & Josselson, 2013), and UK society, where sexism and traditional masculinity persist (Burrell et al., 2019), could be deemed unsupportive to questioning gender-role beliefs. However, while anxiety and depression are uncomfortable states and can be pathological if excessive, Marcia and Josselson (2013) suggest they are developmentally necessary and can be transformative when exploring new aspects of ideological identity including sex-roles. As recommended by O'Neil (2015), mapping GRJ-phases onto the transtheoretical model could help practitioners work with men at their own pace to move through these uncomfortable states using the five transformational processes.

The increase in depression reported by MF- and Pro-Feminist-Activist-categorised men were much smaller. It would be an oversimplification to infer from this finding that, for men, being pro-feminist is associated with depression. Given the traditional masculine-norms of toughness and emotional stoicism in the UK (Burrell et al., 2019) and western society generally (Levant, 1996), it is predictable that men with traditional gender-role ideologies (i.e. Not-Questioning-categorised and DAIG-categorised) would self-report less difficulties than pro-feminist men.

Identifying men more likely to experience ambivalence-related distress

There was variation in personal and demographic characteristics between MFWA- and QWA-categorised men and men in the other GRJM-groups. While only associations, and not causality, can be inferred, these findings could help practitioners identify men who

may be more at risk of experiencing ambivalence about gender-roles, and increased depression and anxiety when questioning traditional gender-roles.

Compared to other pro-feminist men, MFWA-categorised men were younger, less resilient (both PC and ASL) and more likely to be single, Asian and unemployed. This supports previous research which also found higher ambivalence in younger (Tipton, 2020) and Asian (McDermott & Schwartz, 2013) men. Younger men may struggle more with pro-feminist activism because they have less peer support from other pro-feminist activists (i.e. other pro-feminist GRJM-categories were seven years older on average). Furthermore, both MF- and MFWA-categorised men may be affected by the hostility they will likely face in a society where sexism still exists (McDermott & Schwartz, 2013) and traditional masculinity is still prevalent (Burrell et al., 2019) because they may not be settled or feel confident in their pro-feminist activist identities (i.e. moderate PPAC-subscale scores). However, MF-categorised men may be less affected by this hostility and experience less emotionally-charged ambivalence because they are older and generally more settled in their identity (Marcia & Josselson, 2013); they may have other positive aspects of identity to draw on (i.e. a relationship, a job). Supporting men to become more settled in other aspects of their identity before beginning to question traditional gender-roles may help them weather the ambivalence-related distress this can cause.

QWA-categorised men scored lower than Not-Questioning-categorised men on both RS-subscale and lower than Pro-Feminist-Activist-categorised men on the ASL subscale. This suggests that practitioners should explore resilience levels with men. Supporting men to develop feelings of personal competence, purpose and acceptance may help them manage the process of question traditional gender-roles.

QWA categorised men were also more likely to describe their ethnicity as “mixed” and their sexuality as “other”. No previous studies included a “mixed” ethnicity category for

comparison. This sexuality finding should be treated tentatively because only eight men selected this description and it is not clear what “other” means for them. However, it suggests that men who experience complex (i.e. not gay or bisexual) sexual diversity beyond early adulthood (i.e. QWA category mean age=36.23) may also experience ambivalence about gender roles. As mentioned above, feeling unsettled in other aspects of their identity could mean these men are more likely to experience ambivalence about gender roles. Previous findings associating being gay or bisexual with ambivalence (McDermott & Schwartz, 2013) were not replicated.

Implications for Designing Mental Health Services

The findings of this study suggest that men who experience emotionally charged ambivalence about gender-roles are also likely to experience depression and anxiety. The combination of these factors means that these men are the most likely to need mental health support but may also be the least able to access support because accessing services would mean challenging and transgressing traditional gender-role norms (Seidler et al., 2018). It is Service design that is thought to make services less accessible for men (Mental Health Forum, 2015; Morison et al., 2014).

To help overcome these barriers, mental health services for men should be designed with men in mind (Men’s Health Forum, 2015; Seidler et al., 2018). Rather than looking for ways to engage men in current services, men could be consulted about service design so that multiple masculinities are represented. The recruitment of more men to majority female mental health-related professions such as Clinical Psychology (Health Education England, 2016) could also provide more diverse perspectives that better represent men. However, it is worth noting for context that men are over-represented in senior Clinical Psychology positions (Palmer et al., 2021).

Limitations

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Although this study contributes to the under-researched area of men's gender-role transitions, several limitations should be considered. Data was collected during a UK Coronavirus lockdown which will have affected people's mental health differently depending on intersectionality of identities (e.g. MFWA-category's mental health scores may have been inflated because young people were worse affected by restriction; ONS, 2020d). This convenience sample was skewed towards younger people. Online recruitment may have affected who participated (e.g. excluding people who are not computer literate or do not have internet access).

Although due care was taken, potential violations of assumptions for some statistical procedures necessitate caution in interpretation (Osborne, 2013), but this is not uncommon in social science research. Furthermore, although LPA procedures are more precise than traditional cluster analysis, the same limitations as structural equation modelling analysis remain (McDermott & Schwartz, 2013). Generalisability is affected by these considerations. Furthermore, inferences drawn about demographic and personal characteristics should be considered tentatively and future research should attempt to establish causal links.

This research draws heavily on theories of male privilege and the negative impact of traditional gender-role ideologies. While academics cite large quantities of research as supporting these theories (APABMGG, 2018; Napier et al., 2020; Rhode, 1999), not all academics fully agree with this interpretation of the data (Brown, 2019; Seager & Barry, 2019).

Further Research

Further research is needed to replicate and further our understanding of the GRJ. Existing knowledge could be developed by exploring the factors influencing which phase (or GRJM-category) men are in. Researchers could look beyond demographic characteristics and include social and contextual data.

More GRJM-categories were identified than in previous research with varying levels of support for pro-feminist activism/celebration (PPAC-subscale scores) and traditional attitudes (ATGR-subscale). This variation was difficult to interpret and could suggest growing complexity in peoples' gender-role ideologies which are becoming multidimensional (i.e. varying across areas of life such as employment and domestic responsibility; Grunow et al., 2018; Lemaster et al., 2017; Luyt, 2015). Further research could explore whether a multidimensional measure of GRJ is needed.

Conclusion

Despite its limitations, this study has implications for the practice and training of clinicians, and the design of mental health services. The complexity and multiplicity of masculinities needs consideration so men are not treated as a homogenous group who only adhere to traditional masculinity. Clinicians should also be aware that men may be affected differently by ambivalence, confusion, anger and fear about gender-roles depending on personal characteristics such as age and relationships status. These initial findings about UK men's experience of the GRJ are tentative so personal characteristics should be considered in the context of a full therapeutic formulation and further research is needed to replicate and further our understanding.

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