

## RESEARCH ARTICLE

# Social rank and compassion: How insecure striving, social safeness and fears of compassion mediate the relationship between masculinity, depression and anxiety

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## Abstract

**Objective:** Traditional masculinity norms displayed by men attempt to signal a dominance or ‘toughness’ to others; however, traditional masculine norms are associated with a range of mental health difficulties, including depression and anxiety. Based on social rank theory, we tested the mediating role of insecure striving, social safeness and fears of compassion on the relationship between masculinity, anxiety and depression. We also examined whether compassionate goals were negatively correlated with masculine norm adherence.

**Design:** We used a cross-sectional survey design recruiting 844 men, aged 18–60 years ( $M = 34.0$ ,  $SD = 14.4$ ).

**Results:** Our results replicated previous findings with masculine norms significantly associated with depression and anxiety. Extending on previous work, we found insecure striving, social safeness and fears of compassion fully mediated these relationships for anxiety and partially for depression. This relationship was strongest for the masculinity subtypes of self-reliance and emotional control. Compassionate goals were negatively associated with masculine norm adherence.

**Conclusions:** Social rank theory offers a helpful explanatory framework to understand the links between traditional masculinity and mental health, highlighting the importance of social safeness and insecure striving for men.

## KEY WORDS

anxiety, compassion, compassion-focused therapy, depression

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## INTRODUCTION

The precarious manhood hypothesis posits that masculinity is easily threatened and requires continual social proof and validation, thus resulting in anxiety and worry (Vandello & Bosson, 2013). There are three elements to manhood: (1) it is an elusive achieved state requiring much effort, (2) once achieved it is tenuous, and (3) manhood is confirmed by others and requires social validation (Vandello & Bosson, 2013). In support of this hypothesis, when manhood is threatened or challenged in laboratory designs, such as using false feedback that a man's testosterone is low or that they scored low on a measure of masculinity, male participants are much more likely to engage in behaviours that aim to re-establish or re-affirm their manhood, such as demonstrating aggression towards others (Cohn et al., 2009), binge drinking (Fowler & Geers, 2017) and reckless driving (Mast et al., 2008). Moreover, men are likely to avoid social situations which would question their masculinity (Vandello & Bosson, 2013). Although over-compensating in masculine type behaviours, such as aggression, helps restore the reputational status of manhood, it comes with long-term consequences. For example, men who endorse masculine norms have increased associations with shame, anger, anxiety and depression (Addis & Mahalik, 2003; Seidler et al., 2016).

### Social safeness and striving to avoid inferiority

Given masculinity and manhood are earned socially, our hypotheses are social safeness is a crucial factor in understanding the relationship between masculinity and mental health, particularly depression and anxiety. Social safeness refers to the feeling of connectedness one has with others (Gilbert et al., 2008). Researchers have found that those with high social safeness show reduced levels of depression, anxiety and hostility (Gilbert et al., 2008). In addition, individuals high in social safeness reported fewer shame experiences and lower feelings of inferiority (Gilbert et al., 2009). Based on this empirical research and social rank theory, we suggest that social safeness and striving to avoid inferiority should mediate the relationship between masculinity, depression and anxiety. Indeed, social rank theory has direct implications for masculinity, as the process of determining social rank involves (a) social comparison (e.g., 'Am I of higher or lower status?'), external shame, (e.g., 'other's see me as inferior, a weak man') and (c) submissive or aggressive behaviour (e.g., hide, attack). Competitive contexts facilitate the process of social ranking, which reduces social safeness, and puts men's mental health at risk, as they strive to win or at least show they are not inferior, in order to avoid vulnerability and likely rejection and exclusion (Gilbert, 2014).

In the context of manhood, men are often compelled to demonstrate manliness, so they are not excluded or rejected, in the words of Vandello and Bosson (2013), *one wrong move and you lose your manhood*. Thus, many men can find themselves striving to avoid looking inferior when it comes to their manhood. Striving to avoid inferiority (also known as insecure striving) is a significant predictor of psychopathology, especially where individuals perceive themselves to have low social rank (Gilbert et al., 2007). We posit that social safeness and striving to avoid inferiority are critical pathways that link traditional masculinity and depression and anxiety.

### Compassion and fears of compassion

Being compassionate to one's distress and seeking help is one example of a behaviour typically operating outside of traditional masculine norms (Kirby & Kirby, 2017). Compassion is '*the sensitivity to suffering in oneself and others, with a commitment to try and alleviate or prevent it*' (Gilbert, 2014, p. 19). Research with 145 heterosexual men found that those with higher masculine norm adherence had higher levels of shame and lower levels of self-compassion (Reilly et al., 2014). Moreover, Wasyliw and Clairo (2016) found with male athletes that independent of masculinity, self-compassion predicted more positive attitudes towards help-seeking behaviour, and self-compassion has been found to reduce the self-stigma men often experience when seeking help (Health et al., 2017).

Given compassion is conceptualised to operate outside of traditional masculine norms, it would be likely then that men would fear or avoid compassion. A large body of work has examined the fear or avoidance response people have to compassion (Gilbert et al., 2011). For example, individuals can fear that being compassionate to others and to oneself is a weakness or self-indulgent (Kirby, Day, et al., 2019; Kirby, Grzazek, et al., 2019), which is the antithesis to traditional masculinity norms. Meta-analytic research examining fears of compassion found that fears of self-compassion is strongly associated with depression, shame and self-criticism (Kirby, Day, et al., 2019). Yet to date, no work has examined how fears of compassion and masculinity are associated. This is important, as a growing number of researchers are suggesting that compassion could be a promising pathway to dismantling traditional masculinity norm adherence and developing healthier forms of masculinity (Kirby & Kirby, 2017; Reis et al., 2022).

Along with fears of compassion, it is important to also understand how positive scores on compassion measures (e.g., I am a compassionate person) are associated with traditional masculine norms. Based on social mentality theory, compassionate motives should be negatively correlated with masculine norm adherence, yet this has not been examined in men. Crocker and Canevello (2008) have developed one scale that examines motivational systems, specifically competitive motives by measuring self-image goals (i.e., concerns with being rejected and being wrong) and compassionate motives by measuring compassionate goals (i.e., desires to help and reduce suffering). Their work has found that self-image goals are focused on maintaining and defending a public image that reflects their ideal self, with self-image goals being adopted typically by those who are insecure and lack social confidence (Crocker & Canevello, 2008). Research has found that self-image goals are associated with higher levels of shame and anger (Canevello & Crocker, 2011) and higher levels of depression and anxiety (Kirby, Grzazek, et al., 2019). We predict that self-image goals would be highly associated with traditional masculine norm adherence, given both are connected to competitive motives, a lack of social safeness and portraying a pre-determined self-image. In contrast, compassionate goals are focused on being helpful, with researchers finding that those with compassionate goals predicted lower levels of depression and anxiety (Kirby, Day, et al., 2019; Kirby, Grzazek, et al., 2019), as well as a stronger feeling or connection with others (Canevello & Crocker, 2017). Given meta-analytic research demonstrates that compassion can be trained and people can improve in their levels of self-compassion (Kirby et al., 2017), examining connections between masculinity and compassion are critical in determining whether a compassion-focused approach could be of benefit for men (Kirby & Kirby, 2017).

## Aim

Based on social rank theory, we tested the mediating role of insecure striving, social safeness and fears of compassion on the relationship between masculinity, anxiety and depression. Further examining social mentality theory, we also examined whether compassionate goal orientation was negatively correlated with masculine norm adherence and self-image goal orientation positively associated with masculine norm adherence. Collectively, the aim of this study is to test social mentality theory as an explanatory model to understand the links between traditional masculinity norm adherence, depression and anxiety.

## METHOD

### Participants

A total of 844 men aged 18–60 years ( $M = 34.0$ ,  $SD = 14.4$ ) completed an online survey providing informed consent prior to starting the surveys. Participants were recruited via convenience and snowballing methods, with the use of social media platforms, such as Facebook and Twitter. More than

TABLE 1 Demographic characteristics of the full sample ( $N=844$ ).

Demographics ( $N=844$ )	$M$ ( $SD$ )
Age (years)	34.0 (14.4)
Missing	8
	$N$ (%)
Gender: Male	844 (100%)
Highest level of education	
Some high school	38 (4.5%)
Completed high school	261 (31%)
Tertiary course or diploma	103 (12%)
University degree	438 (52%)
Missing	4
Employment status	
Employed full-time (30+ h/week)	382 (45%)
Employed part-time	73 (8.7%)
Employed casually	51 (6.1%)
Employed, but on maternity leave	1 (0.1%)
Full-time student	164 (20%)
Unemployed and looking for work	85 (10%)
Not in paid employment	84 (10%)
Missing	4
Salary level	
0–30,000	520 (61.5%)
30,001–60,000	151 (17.5%)
60,001–90,000	63 (7.5%)
90,001 +	91 (10.5%)
Missing	19
Relationship status	
Single	387 (46%)
Married/de facto	280 (33%)
Separated/divorced	26 (3.1%)
Widow/widower	7 (0.8%)
In a relationship	139 (17%)
Missing	5

Abbreviations: M, mean; SD, standard deviation.

half the participants reported having a university degree, and almost half (45%) were in full-time employment. Over 505 of participants reported earning Australian Dollars \$30,000 or less annually. The largest proportion of participants (46%) reported their relationship status as single, with 33% reporting that they were married or in a de facto relationship. See Table 1 for more demographic information.

## Measures

### Conforming to Masculine Norms Inventory

*The Conformity to Masculine Norms Inventory* (CMNI; Mahalik et al., 2003) contains 94 items designed to measure attitudes, behaviours and cognitions reflecting both conformity and non-conformity to

eleven masculine normative messages. There are 11 subscales in the CMNI including, emotional control, risk-taking, violence, power over women, dominance playboy, self-reliance, primacy of work, disdain for homosexuals and pursuit of status (see Mahalik et al., 2003 for a review of each subscale). Respondents rate how much they agreed to each statement on a four-point Likert scale (1 = disagree strongly agree to 4 = strongly agree). Higher scores reflect greater conformity to the masculine norm.

### Insecure striving

Striving to Avoid Inferiority Scale (SAIS) is a 31-item scale designed by Gilbert et al. (2007) to measure beliefs about striving to compete to avoid inferiority and feelings of acceptance by others whether one succeeds or fails. The striving element is referred to as insecure striving, while the second element is referred to as insecure non-striving. Respondents rated statements describing how they think and feel about the need to strive and compete in life. Each item was answered using a 5-point Likert scale (0 = never to 4 = always). In this study, we focused on just the *insecure striving* subscale from this measure.

### Social safeness and pleasure scale

This scale was developed by Gilbert et al. (2008) to measure the extent to which people experience their social worlds as safe, warm and soothing. It contains 11 items that relate to feelings of belonging, acceptance and warmth from others. Respondents rate on a 5-point Likert scale the extent to which they agree with each of the 11 statements ranging from 0 ('almost never') to 4 ('almost all the time'). Higher scores indicate greater social safeness.

### Fears of Compassion Scale

The Fears of Compassion scale was developed by Gilbert et al. (2011) and has three subscales, fears of compassion to self (15 items), to others (10 items) and receiving compassion from others (13 items). Respondents are asked to rate on a five-point Likert scale how much they agree with each statement, from 0 (do not agree at all) to 4 (completely agree). Higher scores indicate greater fears of compassion.

### Self-Image and Compassion Image Scale

The Compassionate and Self-Image Goals Scale (Crocker & Canevello, 2008) consists of 16 items measuring interpersonal goals. Participants responded on a five-point Likert scale from 1 (*not at all*) to 5 (*extremely*). The mean for each of the compassionate and self-image subscales was calculated, with higher scores indicating higher interpersonal goals.

### Depression, Anxiety and Stress Scale: DASS-21

The DASS-21 consists of 21 items with three subscales measuring level of depression, anxiety and stress (Lovibond & Lovibond, 1995). Respondents were asked to rate how much each statement applied to them over the past week, on a 4-point Likert scale (0 = did not apply to me to 3 = applied to me very much or most of the time). Higher scores indicate severity of symptoms experienced.

## Data analysis

The proportion of missing data in the analysis variables was 3.2%. We used Mplus v7.31 (Muthén & Muthén, 2012) to estimate mediation models under a structural equation modelling framework, using full information maximum likelihood (FIML) to handle missing data (Graham, 2009). Figure 1 illustrates the theoretical mediation models that we examined using path analysis.

## RESULTS

### Descriptive statistics

Table 2 shows the means, standard deviations and reliability estimates for the subscales included in our structural equation models (SEM) and relevant to our hypotheses. Correlations between the primary mental health outcome variables (depression and anxiety), individual subscales reflecting the primary criterion variable (conforming to masculine norms) and proposed mediator variables (insecure striving and social safeness; self-image and compassionate goals; and fears of compassion) are shown in Table 3. The results showed a small but significant association between overall conformity to masculine norms (CMNI Total), depression ( $r = .205, p < .001$ ) and anxiety ( $r = .192, p < .001$ ), suggesting that more endorsement of traditional masculine norms was associated with poorer mental health in our sample, as outlined in our first two hypotheses. At the individual subscale level, the CMNI subscales with the strongest associations with depression were *self-reliance* and *emotional control*, followed by the *winning* and *playboy* subscales. We found similar associations between the CMNI subscales and anxiety, with *self-reliance* and *emotional control* showing the strongest relationship, followed by *winning* and *dominance*.

In addition, the total CMNI score was significantly associated with the remaining variables, with the strongest relationship between CMNI and insecure striving ( $r = .515, p < .001$ ). For the fears of compassion subscales, fears of receiving compassion had the strongest relationship with both depression and anxiety, whereas the fears of compassion to others showed the strongest association with overall conforming to masculine norms.

### Mediation results: Insecure striving and social safeness

We first estimated the mediation paths between CMNI and depression (Model 1) and anxiety (Model 2) via insecure striving and social safeness. Standardised parameter estimates for Model 1 are shown in Figure 2. This mediation model explained 42.5% of the variance in depression. As shown, both insecure striving and ( $\beta = .515, p < .001$ ) and social safeness ( $\beta = -.274, p < .001$ ) were associated with masculine norms, and in turn, depression was significantly associated with insecure striving ( $\beta = .323, p < .001$ ) and social safeness ( $\beta = -.504, p < .001$ ). The indirect effects between depression and masculine norms via insecure striving ( $\beta = .166, p < .001$ ) and social safeness ( $\beta = .138, p < .001$ ) were also significant.

As described in Table 3, there was a significant positive association between depression and endorsement of masculine norms in the sample. After accounting for insecure striving and social safeness in the model, we found a significant negative direct effect between depression and masculine norms ( $\beta = -.104, p < .01$ ) such that greater endorsement of masculine norms was associated with lower depression scores. This seemingly paradoxical finding may suggest that much of the adverse association between masculine norms and depression in our data could be accounted for by the relationships between masculine norms and (greater) insecure striving and (less) social safeness. Further exploration of these relationships would require testing in larger, more diverse and longitudinal datasets; nonetheless, in the current study, these findings provide initial support for our hypothesis.

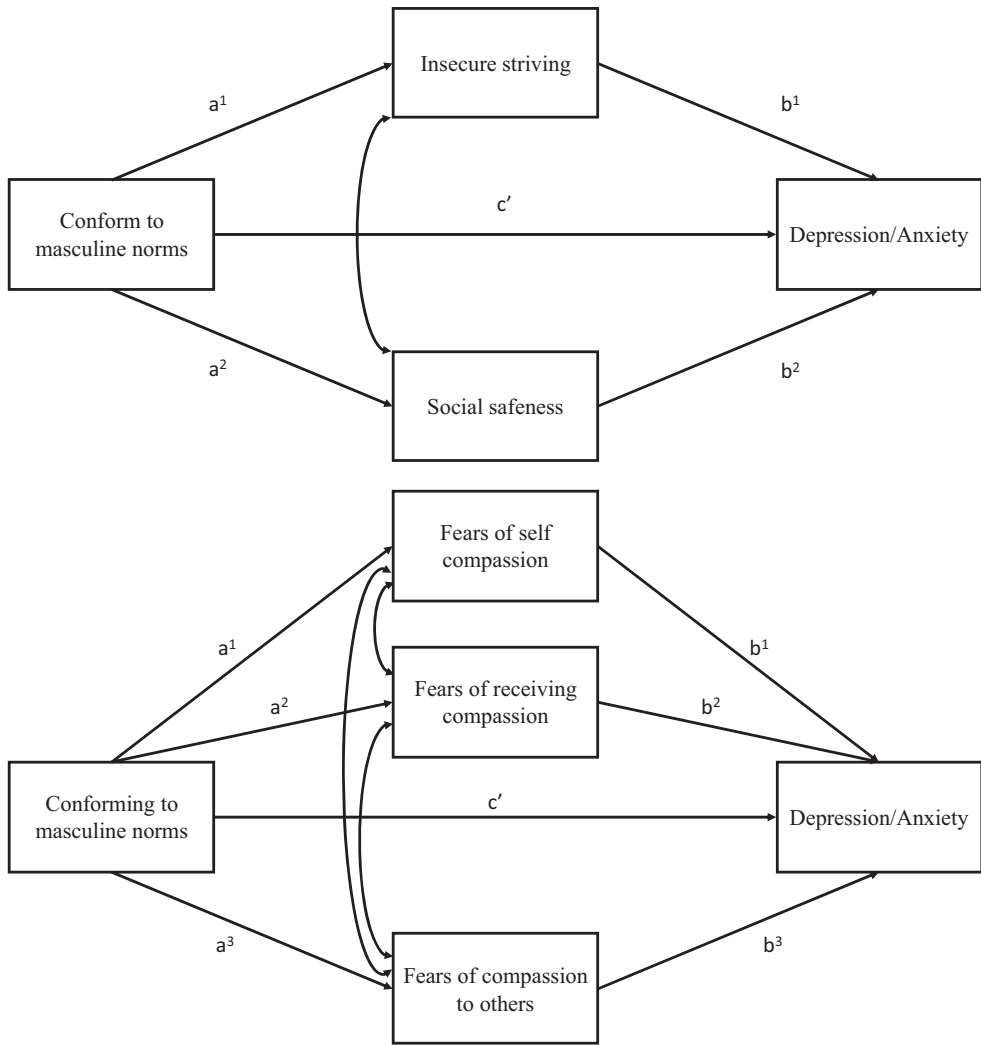


FIGURE 1 Top: Theoretical mediation model for the relationship between conforming to masculine norms, insecure striving, social safeness and depression (Model 1) or anxiety (Model 2). Bottom: Theoretical mediation model for the relationship between conforming to masculine norms, fears of compassion and depression (Model 3) or anxiety (Model 4). The middle path (c prime) in both models represents the direct effect of conforming to masculine norms on depression or anxiety after accounting for the mediators in the model. Indirect effects are reported in text.

Standardised parameter estimates for Model 2 are shown in Figure 3. The mediation model explained 22.1% of the variance in anxiety. Relative to Model 1, the paths from masculine norms to insecure striving and ( $\beta = .514, p < .001$ ) and social safeness ( $\beta = -.273, p < .001$ ) remained significant, and in turn, anxiety was significantly associated with insecure striving ( $\beta = .309, p < .001$ ) and social safeness ( $\beta = -.287, p < .001$ ). As with Model 1, the indirect effects between anxiety and masculine norms via insecure striving ( $\beta = .159, p < .001$ ) and social safeness ( $\beta = .078, p < .001$ ) were also significant.

Finally, in support of our hypothesis, the direct effect between anxiety and masculine norms was non-significant ( $\beta = -.049, p = .266$ ) after incorporating insecure striving and social safeness in the model. Again, this indicates that these constructs may explain a large portion of the association between anxiety and masculine norms in our sample.



TABLE 2 Means, standard deviations and reliability estimates for the model variables.

	<i>M</i> ( <i>SD</i> )	Cronbach's $\alpha$
DASS depression	5.41 (5.48)	.91
DASS anxiety	4.26 (4.16)	.80
CMNI Total	115.90 (27.02)	.92
Insecure striving	56.32 (15.05)	.93
Social safeness	37.12 (10.86)	.95
Self-image goals	17.51 (5.07)	.78
Compassionate goals	25.61 (4.80)	.78
Fears of receiving compassion	18.92 (11.40)	.91
Fears of compassion to others	20.82 (9.12)	.89
Fears of self-compassion	22.91 (17.95)	.92

Abbreviations: M, mean; SD, standard deviation.

## Mediation results: Fears of compassion

To test fears of compassion as potential mediators, we re-estimated the paths between CMNI and depression (Model 3) and anxiety (Model 4) via the three fears of compassion subscales (see bottom of Figure 1 for the theoretical diagram). Standardised parameter estimates for Model 3 are shown in Figure 4. This mediation model explained 40.1% of the variance in depression. All three fears of compassion subscales were significantly associated with conforming to masculine norms, with  $\beta = .418$ ,  $.386$  and  $.484$  for fears of compassion for self, from others and for others, respectively ( $p < .001$  for all). Depression in turn was significantly associated with each of the fears of compassion subscales, with fears of self-compassion ( $\beta = .308$ ;  $p < .001$ ) and fears of receiving compassion ( $\beta = .480$ ,  $p < .001$ ) associated with higher depression scores and more fears of compassion towards others associated with lower depression scores ( $\beta = -.151$ ,  $p < .001$ ). This inverse relationship between depression and fears of compassion for others runs counter to the direction of effect shown by the pairwise correlations in Table 1, suggesting there was an interaction effect between the fears of compassion subscales in the model. The three fears of compassion subscales were significantly correlated, with covariances between fears of self-compassion and fears of receiving compassion ( $\beta = .629$ ); between fears of self-compassion and fears of compassion towards others ( $\beta = .413$ ); and between fears of receiving compassion and fears of compassion towards others ( $\beta = .502$ ) all significant at  $p < .001$ .

In terms of indirect effects, there was a significant indirect effect between depression and conforming to masculine norms in all three directions: via fears of self-compassion ( $\beta = .129$ ); via fears of receiving compassion ( $\beta = .185$ ); and via fears of compassion towards others ( $\beta = -.073$ ;  $p < .001$  for all three). After accounting for the mediation paths, the direct effect of conforming to masculine norms on depression was non-significant ( $\beta = -.034$ ,  $p = .353$ ), supporting our hypothesised mediation relationship.

For Model 4, we re-estimated the same paths with anxiety as the outcome variable. Figure 4 shows the standardised parameter estimates. The model accounted for 27.2% of the variance in anxiety. As in Model 3, fears of self-compassion ( $\beta = .417$ ), fears of receiving compassion ( $\beta = .386$ ) and fears of compassion towards others ( $\beta = .484$ ) were all significantly associated with conforming to masculine norms. However, anxiety was significantly associated with fears of self-compassion ( $\beta = .142$ ,  $p < .01$ ) and fears of receiving compassion ( $\beta = .429$ ,  $p < .001$ ), but not fears of compassion to others ( $\beta = -.009$ ,  $p = .838$ ). Accordingly, the indirect effect of conforming to masculine norms on anxiety via fears of self-compassion ( $\beta = .059$ ) and via fears of receiving compassion ( $\beta = .165$ ) was significant ( $p < .001$ ), but the indirect effect via fears of compassion to others was non-significant ( $\beta = -.004$ ,  $p = .839$ ). Covariances between the three fears of compassion variables were identical to those reported for Model 3 (to two decimal places). After accounting for the indirect effects and covariances in the model, the direct effect of conforming to masculine norms on anxiety was non-significant ( $\beta = -.023$ ,  $p = .577$ ). In summary, this offered partial support for a proposed mediation



TABLE 3 Correlations between the primary mental health outcome variables (depression and anxiety) with subscales of the conforming to masculine norms inventory, insecure striving, social safeness, self-image and compassionate goals, and fears of compassion (N = 844).

Subscale	DASS depression	DASS anxiety	Insecure striving	Social safeness	Self-image goals	Compassionate goals	Fears of receiving compassion	Fears of compassion to others	Fears of self-compassion
DASS depression	NA	0.617***	0.453***	-0.594***	0.333***	-0.074*	0.590***	0.280***	0.544***
DASS anxiety	0.617***	NA	0.389***	-0.387***	0.353***	-0.001	0.512***	0.309***	0.422***
CMNI winning	0.155***	0.177***	0.535***	-0.124***	0.352	-0.119**	0.256***	0.327***	0.295***
CMNI emotional control	0.277***	0.150***	0.262***	-0.431***	0.140***	-0.225***	0.412***	0.337***	0.370***
CMNI risk taking	-0.032	0.021	0.111**	0.098**	0.037	0.003	0.023	0.074*	0.070
CMNI violence	0.075*	0.072	0.192***	-0.110**	0.047	-0.220***	0.109**	0.268***	0.183***
CMNI power over women	0.051	0.102**	0.211***	-0.103**	0.141***	-0.239***	0.189***	0.299***	0.201***
CMNI dominance	0.067	0.134***	0.392***	-0.065	0.279***	-0.093*	0.190***	0.310***	0.228***
CMNI playboy	0.146***	0.092*	0.196***	-0.263***	0.071	-0.274***	0.186***	0.231***	0.241***
CMNI self-reliance	0.417***	0.258***	0.352***	-0.402***	0.242**	-0.133***	0.447***	0.315***	0.418***
CMNI primacy of work	0.023	0.069	0.235***	-0.051	0.096**	0.027	0.169***	0.179***	0.134***
CMNI disdain for homosexuals	-0.046	0.018	0.225***	0.026	0.220***	-0.035	0.118**	0.251***	0.120**
CMNI pursuit of status	0.012	0.022	0.319***	-0.074*	0.256**	-0.111**	0.023	0.111**	0.092*
CMNI total score	0.205***	0.192***	0.515***	-0.280***	0.315***	-0.265***	0.384***	0.485***	0.420***

Abbreviations: CMNI, Conforming to Masculine Norms Inventory; DASS, Depression, Anxiety and Stress Scale.

\*Significant at  $p > .05$ . \*\*Significant at  $p > .01$ . \*\*\*Significant at  $p > .001$ .

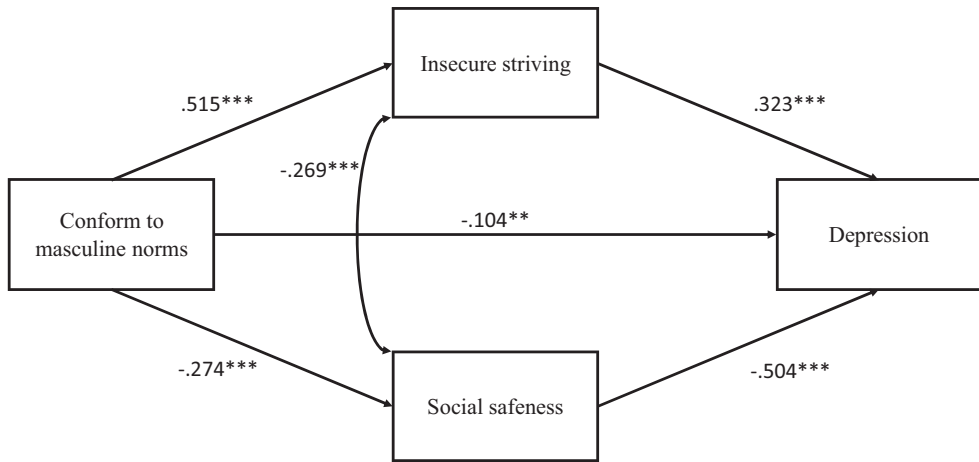


FIGURE 2 Standardised estimates for Model 1 showing the direct and indirect effects on depression. \*\*\* = significant at  $p < .001$  and \*\* = significant at  $p < .01$ .

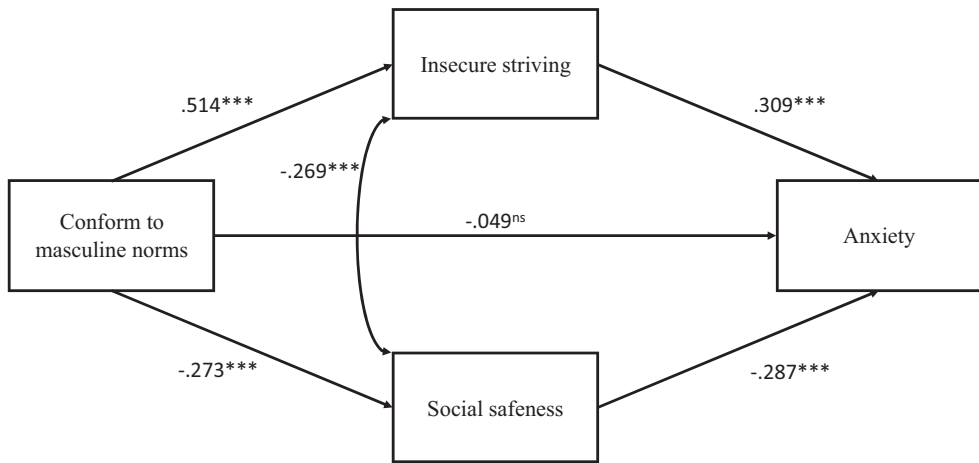


FIGURE 3 Standardised estimates for Model 2 showing the direct and indirect effects on anxiety. \*\*\* = significant at  $p < .001$  and ns = not significant at  $p < .05$ .

effect of fears of compassion. In other words, the model supports our theoretical view that fears of self-compassion and fears of receiving compassion may mediate the relationship between masculine norms and anxiety, but we did not find support for a unique contribution of fears of compassion towards others in the model (Figure 5).

## DISCUSSION

According to Vandello and Bosson's (2013) precarious manhood hypothesis, men are required to constantly prove to others in social settings their manliness, as such it is continuously monitored and judged, meaning it can also be easily lost with any sign of violation or weakness. As such, men adopting traditional masculinity norms face great pressure regarding the maintenance of their social standing as a 'man' and are at increased risk for mental health difficulties such as depression and anxiety. Using, Gilbert's (2014) evolutionary informed social rank theory, we predicted that the key mediating

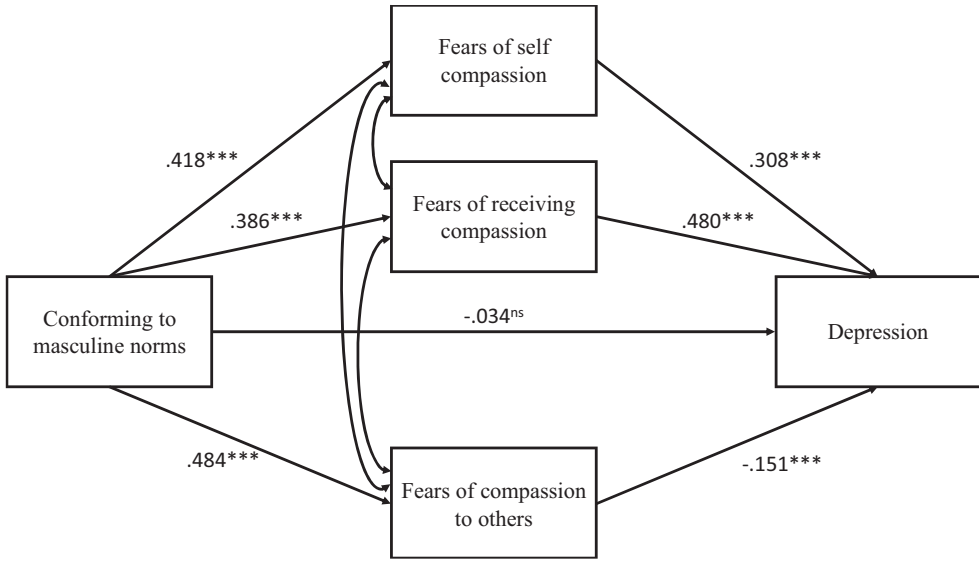


FIGURE 4 Standardised estimates for Model 3 showing the direct and indirect effects on depression. Covariances for the fears of compassion subscales are reported in text. \*\*\* = significant at  $p < .001$  and ns = not significant at  $p < .05$ .

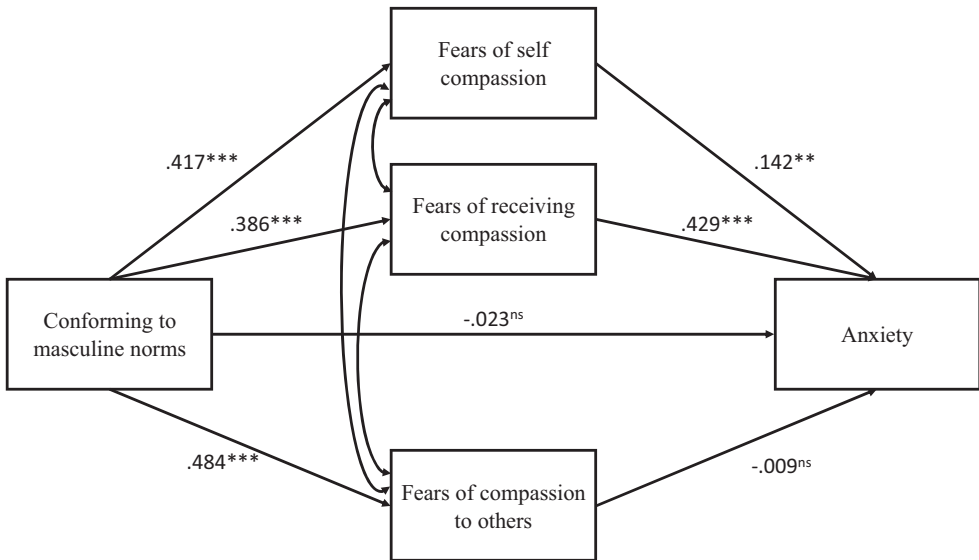


FIGURE 5 Standardised estimates for Model 4 showing the direct and indirect effects on anxiety. Covariances for the fears of compassion subscales are reported in text. \*\*\* = significant at  $p < .001$ ; \*\* = significant at  $p < .01$ ; and ns = not significant at  $p < .05$ .

constructs that link masculinity norm adherence to anxiety and depression would be social safeness and striving to avoid inferiority. Our results supported this theoretical model, with both constructs fully mediating the relationship between masculinity and anxiety and partially for depression.

Our next hypothesis was that fears of compassion will also mediate the relationship between masculinity norm adherence, depression and anxiety. Again, our hypotheses were partially supported, with fears of compassion to others, self and receiving all being significant for depression; however, fears of compassion to others was not for anxiety. For both anxiety and depression, fears of receiving compassion to others had

the strongest relationship. This finding is important in the context of manhood and masculinity, as a core feature of masculinity is self-reliance and emotional control. Compared to the other masculinity subscales, both self-reliance and emotional control had the strongest relationships with depression and anxiety, as well as fears of receiving compassion from others. Indeed, we posit that for men who endorse traditional masculine norms, receiving compassion from others is critical, as this would signal to others that their manhood has been lost and their perceived weaknesses are being identified by others. Thus, one must avoid compassion from others to ensure their masculine identity is protected. Research has found that fears of receiving compassion from others is highly associated with shame, depression and anxiety (Kirby, Day, et al., 2019). One study found that the ability to be open to receiving compassion from others is a stronger buffer to depression than self-compassion (Hermanto et al., 2016).

Supporting our final hypotheses, we found that compassionate goal orientation was associated with lower levels of masculine norm adherence, whereas self-image goal orientation was positively associated with masculine norm adherence. This is important in the context of social mentality theory, as Gilbert (2014) posits that motives influence how one feels and interacts with others, which consequently impacts mental health. There are very few measures that specifically examine motivation, with Crocker and Canevello's (2008) scale directly mapping onto Gilbert's motivational systems, with self-image goals reflecting competitive motives and compassionate goals corresponding with compassionate motives. Although our work established that compassionate and self-image goals are correlated with masculine norm adherence, future work should test these as mediators between masculine norm adherence, depression and anxiety.

## Limitations

This study has some limitations that should be recognised. The current study broadly evaluated the relationships between masculine norms and mental health; however, there are numerous environmental, societal and contextual factors not included in our models that are also likely to contribute to these relationships. For example, cultural background, location and age group may impact our findings in different ways. Further exploration and replication of these findings within larger and more diverse samples would allow for more sophisticated approaches such as multiple group SEM to test for statistical differences in the underlying paths and would help to obtain more clarity around the generalisability of our findings. In addition, we acknowledge that mediation analysis using cross-sectional data is limited, given that it is not possible to demonstrate the temporal sequence of events. Analyses in the present study were guided by the theoretical view that masculine norms may have a causal association with mental health through insecure striving and social safeness, as well as fears of compassion. However, statistically and substantively speaking this relationship may be reversed or bi-directional. To fully support the proposed mediatory relationships, further research incorporating multiple time point analysis would be needed to determine whether development of the hypothesised predictor and mediator variables occur prior to changes in the mental health outcomes of interest (e.g., Kazdin & Nock, 2003). Despite these limitations, our findings demonstrate there are strong associations between masculine norms and poorer mental health and provide initial support for a proposed mediatory pathway that may be useful for explaining how these associations form from a psychological perspective.

## Implications and future research

The aim of our research was to determine whether compassion offers a promising pathway to reduce the reliance of men adopting traditional masculinity norms, thus improving their mental health. There is an emerging body of work finding that positive benefits of self-compassion for men's mental health (Health et al., 2017; Ramon et al., 2020; Reilly et al., 2014; Wasyliw & Clairo, 2016). However, to date, research has not been grounded in social rank theory; as a result, key constructs such as social safeness,

striving to avoid inferiority and fears of compassion had not been examined. Our work indicates that social rank theory offers a helpful framework in understanding the development and maintenance of traditional masculine norms. Importantly, social rank theory forms part of Gilbert's social mentality theory (Gilbert, 2020). In social mentality, there are a number of different motivations that help the facilitation of important life tasks, with the two most common motivations being competition and compassion. Social rank theory forms part of the competitive motivation. The aim of compassion-focused therapy (CFT), developed by Gilbert (2014), is to help individuals engage in motivational shifting, specifically from over-dominant competitive motives to that of compassionate motives. There is increasing evidence indicating that CFT is able to do that, with systematic reviews (Craig et al., 2020) and randomised controlled trial evidence (Matos et al., 2017) indicating that it can switch people from being competitively oriented to more compassionately focused. However, the extent to which CFT or other compassion-focused approaches can switch men from relying on traditional masculine norms remains unknown, but it is plausible that CFT could help men switch from traditional masculine norm adherence to healthier forms of masculinity.

A key consideration is how men might view or react to the notion of compassion and CFT. Past researchers have suggested that emphasising specific characteristics of compassion as being courageous and involving wisdom might be one important consideration when suggesting compassion to men, in order to dispel myths that compassion is soft, weak or an indulgence (Kirby & Kirby, 2017). Another approach could be to engage men in a process of co-design to ask them their views on compassion and how they would like compassion to be framed, such that an intervention would be engaging and empowering for men. The use of co-design to tailor interventions to the needs of target populations is becoming increasingly recognised as a critical aspect of intervention development and evaluation (Sanders & Kirby, 2015). Smith et al., 2019 indicated that when introducing compassion to men, it is important to de-shame them for seeking help and for possibly being caught up in traditional masculine behaviours. For example, recognising that the cultural, social and family contexts men grow up in heavily influences their reliance on traditional masculine norms, and thus, it is not their fault if they too have been shaped by these influential forces (Smith et al. (2019)). The next key step in the research cycle, therefore, is to begin to evaluate the use of CFT or other compassion-based interventions (Kirby, 2017) with men to see whether it can reduce the reliance on traditional masculine norms and help them develop healthier forms of masculinity, enabling better mental health and relationships with others.

## CONCLUSION

Our research found that social rank, specifically the constructs of social safeness, striving to avoid inferiority and fears of compassion, are important mediating constructs for the relationship between masculinity norm adherence to depression and anxiety. Importantly, compassion was negatively associated with masculine norm adherence. Future work may benefit from further exploring the role of compassion in the context of masculinity to help men with their mental health.

## AUTHOR CONTRIBUTIONS

**James N. Kirby:** Conceptualization; investigation; writing – original draft; methodology; writing – review and editing. **Jamin Day:** Formal analysis; methodology; conceptualization. **Paul Gilbert:** Writing – original draft; writing – review and editing.

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## CONFLICT OF INTEREST STATEMENT

The authors have no conflict of interest to declare.

## DATA AVAILABILITY STATEMENT

Data can be accessed on the Open Science Framework: [https://osf.io/g85um/?view\\_only=e4e0bc297e65401cae8a23f83fe21e32](https://osf.io/g85um/?view_only=e4e0bc297e65401cae8a23f83fe21e32).

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