Job satisfaction, relationship, stability, and valuing one's health are the strongest predictors of men's mental well-being

John A. Barry
University College London
United Kingdom
john.barry@ucl.ac.uk

Published by Psychreg Ltd
ISSN: 2515-138X

In recent years, psychologists have applied some of the ideas from positive psychology to the study of masculinity to discover what factors contribute to men's mental health. This line of research acts as a counterbalance to other research which focuses mainly on problems related to masculinity. This paper describes two surveys – one of 2,000 men in the UK in 2017, and another of 5,000 men in the US in 2018 – which assessed core values and well-being. The main outcome measured was mental well-being, using the Positive Mindset Index (PMI). The surveys were conducted online and were analysed using multiple linear regression. Both surveys found that men typically aspire to moral values such as honesty and reliability more than physical values such as fitness and being athletic. In both surveys, taking other variables into account, the strongest predictor by far of mental positivity was job satisfaction ($\beta = 0.49$, $p < .0000000001$ in the UK, and $\beta = 0.35$, $p <. 01^{-85}$ in the US). Relationship stability was the second strongest predictor of PMI in the UK ($\beta = 0.12$, $p < .000000001$) and marriage was the fifth strongest predictor in the US ($\beta = 0.07$, $p < .0005$). Valuing one's health was another strong predictor of PMI in both surveys ($\beta = 0.12$, $p < .000006$ in the UK, and $\beta = 0.17$, $p <.02^{-9}$ in the US). Findings are discussed concerning our understanding of men's mental health needs. The contrast to the fashionably negative view of masculinity in the media and social sciences is noted.

Keywords: job satisfaction; masculinity; positive psychology; relationship; well-being

In recent years, masculinity has become a somewhat tarnished term. The term 'toxic masculinity' has become common in the media, and other negative views about masculinity are expressed in popular culture and social sciences with apparently little regard for the potentially harmful influence of this narrative on boys and men (Barry et al., 2020). Even within psychology, there has developed recently a somewhat negative view of men. The 'New Psychology of Men', a movement started in the US in the 1990s, developed questionnaires that defined masculinity differently, constructing it in a way which included attitudes such as misogyny and homophobia (Mahalik et al., 2003). In the past two decades, a large number of surveys have used variations on this new construct of masculinity, claiming to confirm the various ways in which masculinity is problematic. However this approach has not been without criticism, and there are calls to have a more positive and realistic view of men and masculinity (Seager & Barry, 2019). This view draws upon another movement in psychology that began in the US in the 1990s – the positive psychology movement – from which valuable lessons can be applied to masculinity research. This Positive Psychology/Positive Masculinity (PPPM) model (Kiselica & Englar-Carlson, 2010), suggests that male-typical traits can be helpful and can be harnessed to enhance mental health.

A basic issue about the new psychology of men is that it imposes a negative construct of masculinity upon men rather than allowing men to demonstrate what masculinity is like for themselves. In contrast, the research described in the present paper was a result of the question 'what are men like in the UK and US today?' It aimed to find answers to this by casting a wide net in terms of exploring a range of aspects of life. So, as well as asking how much men identify with various core values (such as courage and competitiveness), questions asked about a range of aspects of life, from work to family to spirituality, and included room for free-text responses. Therefore, the two studies described in this paper are exploratory and aimed to allow participants to express themselves without overly imposing preconceptions of masculinity on them.

The first study was conducted in the UK, followed by a study in the US. The second study was modified a little, adding some background questions (e.g., sexuality) and slightly modifying one or two of the other questions. The original reports, including full questionnaires, are available online (Barry & Daubney, 2017; Barry, 2018).

This paper presents the surveys chronologically, first with the methods and results sections for the UK sample (Study 1), followed by the methods and results in sections for the US sample (Study 2). After that, the discussion section combines the findings from the two surveys. The full survey questions have been published previously (Barry & Daubney, 2017; Barry, 2018).

Study 1: UK sample

METHODS

Design

This study is a cross-sectional online survey analysed using multiple linear regression. Demographic variables were used as predictors. The dependent variables were mental positivity and ratings of values.

Variables

Core values. The degree to which participants aspired to values in their daily life, such as dependability, reliability, was assessed (see list of values in appendix).

Dependent variable. The dependent variable in this study is mental positivity, measured using The Positive Mindset Index (PMI).

The Positive Mindset Index (PMI). The PMI consists of six items (happiness, confidence, being in control, emotional stability, motivation, and optimism), and uses a five-point Likert scale. This scale shows good internal reliability (Cronbach's alpha = 0.926) and good concurrent validity a range of other validated instruments measuring constructs such as *psychological health* (r = .678); *suicidality* (r = –.539); *happiness* (r = .689); and *self-esteem* (r = .766) (Male Psychology Network, 2020).

Free text responses. This includes answers expressed in the respondent's own words.

Predictor variables

> Age. Age was measured in years, and categorised into age groups (18–29, 30–39, 40–49, 50–59, 60–85) for some analyses.
>
> Job satisfaction. Job satisfaction was assessed with a single item (as advocated by (Wanous et al., 1997), on a six-point Likert scale: How satisfied are you with your job? [6 = highly satisfied… 1 = highly dissatisfied].
>
> Relationship status. Relationship status was operationalised by putting participants into two categories: those who were married, in a civil partnership, cohabiting or in a steady relationship (coded as 1) and those who were divorced, widowed, separated, or single (coded as 0).

Values. Eight domains, each with around seven items, were created by the research team for this study: work, friendships, romantic relationships, family, sport and leisure activities, health, community, and education. Each domain was described by several items, for example, the *sport and leisure activities* domain asked how important winning, fun, feeling healthy etc. were to participants. Answers were on a six-point Likert scale from 'very unimportant' to 'very important'.

Setting

The setting was online.

Participants

Participants were recruited via various websites, including the *Men's Health Forum*, *Psychology on The Net*, and *MensMindsMatter*, and also social media. An invitation to participate in the study was posted on each participating site. To ensure the broad UK reach across all demographics, the survey was also promoted by Martin Daubney via articles written for *Telegraph Men*, and *The Round Table* newsletter/website; the *Fathers 4 Justice* website, Facebook page/newsletter plus radio interviews conducted by Martin Daubney on Talkradio and Talksport.

Exclusion criteria

Not giving key information e.g., age, gender; being under 18; not completing the consent form.

Sample size

Based on the sample size calculations for multiple linear regression described in (Tabachnick et al., 2007) it was decided that at least 400 cases were needed for sufficient statistical power.

Procedure

A notice regarding the survey appeared on participating websites and the social media of the research and his associates in the *Male Psychology Network*. The questionnaire survey is shown. The survey data was collected using UCL's RedCap survey software.

Ethics

Informed consent was given before the survey could be started. Participants were informed that they could withdraw from the study at any point. Participants were not required to give any identifying information, such as contact details. Data were treated following the Data Protection Action (1998). Contact details for support are given in the patient information section of the survey, for any participants who may become upset due to reading the survey questions. Ethical approval for the study

was granted by University College London's Graduate School Research Ethics Committee (REC reference: 4075/013).

Statistics

Means and *SD*s and parametric tests were used where relevant assumptions were met. Missing data were deleted pairwise so that where a participant gave some information but had not given responses to all items, data for the responses they gave could be included in the analysis. The predictors of mental positivity were identified using the enter method with multiple linear regression. To reduce the chance of a type 1 error due to multiple testing, the threshold for significance was set at $p <. 01$. All statistical tests were two-tailed. All statistical analyses were carried out using SPSS statistical software for Windows, Version 22.

RESULTS

The survey ran between May and September 2018, until the sample quota was reached. The final sample consisted of 2,000 men born or a resident in the British Isles (Table 2). The mean (*SD*) age of the sample was 41.9 (15.2) years old. Table 2 shows that the most usual location of participants was London (20.3%). 45% of the men were married (Table 3). 38% of the men were fathers. The mean (*SD*) number of children was 1.2 (1.3). 89% stated their ethnicity; 93% were White, 3% were Black, Asian, or Chinese, and the rest were 'other'.

Table 1
Age Group of the Participants

Age group	% of sample
18–29	22.6
30–39	22.9
40–49	24.8
50–59	19.2
60–85	10.4

Table 2
Location in the UK of the Participants

Location	% of sample
South East England	16.2
London	20.3
North West England	9.9
East of England	10.0
West Midlands	5.7
South West England	8.2
Yorkshire and the Humber	7.1
East Midlands	7.1
North East England	3.3
Scotland	6.6
Wales	3.2
Ireland	2.5

Table 3
The Relationship Status of the Participants

Relationship status	% of sample
Single	29.6
Divorced, widowed, separated, etc.	7.6
Cohabiting or in relationship	17.4
Married or civil partnership	45.4

Value system

Participants were presented with a list of 35 values (e.g., *loyalty*, *honesty*, etc) and asked how important to them each were on a scale from 1 to 6, where 6 indicates 'very important'. Table 4 shows the five values that were considered most important and five considered least important.

Table 4
The Five Values Considered Most Important and Least Important

Rank	Values	*M*	*SD*
1	Honesty	5.3	1.0
2	Reliability	5.3	1.0
3	Dependability	5.3	1.0
4	Loyalty	5.3	1.0
5	Commitment	5.0	1.0
~			
31	Fitness	4.1	1.1
32	Collaboration	4.1	1.2
33	Creativity	4.0	1.2
34	Adventurousness	3.9	1.6
35	Athleticism	3.7	1.3

Regional differences in positivity

Table 5 shows regional variation in mental positivity, whereby positivity was lowest in North East England (3.24) and highest in South West England (3.50)

Table 5
Regional Differences in Mental Positivity, After Taking Age, Relationship Status, and Parental Status into Account

Location	*M*	*SD*
South East England	3.49	.68
London	3.39	.68
North West England	3.39	.75
East of England	3.48	.73
West Midlands	3.49	.75
South West England	3.50	.70
Yorkshire and the Humber	3.44	.68
East Midlands	3.44	.68
North East England	3.24	.74
Scotland	3.34	.67
Wales	3.30	.71
Ireland	3.34	.85

Table 6a
Mental Health: Importance to Men of Different Ages

	Age group				
	18–29	30–39	40–49	50–59	60–85
Very unimportant	2.0%	1.3%	0.8%	1.8%	1.0%
Unimportant	2.0%	2.0%	2.4%	0.8%	1.5%
Slightly unimportant	4.7%	3.5%	3.8%	2.4%	2.0%
Slightly important	13.2%	13.2%	9.9%	10.8%	9.4%
Important	31.9%	37.7%	37.2%	39.3%	43.3%
Very important	46.2%	42.3%	45.9%	44.9%	42.9%

Table 6b
Physical Health: Importance to Men of Different Ages

	Age group				
	18–29	30–39	40–49	50–59	60–85
Very unimportant	1.6%	0.4%	0.4%	0.8%	0.0%
Unimportant	1.6%	1.5%	0.6%	1.1%	0.5%
Slightly unimportant	2.9%	3.7%	4.7%	2.1%	2.5%
Slightly important	18.5%	19.6%	14.8%	16.3%	12.4%
Important	43.4%	45.4%	43.9%	43.2%	44.6%
Very important	32.1%	29.3%	35.6%	36.6%	40.1%

Values and demographics as predictors of mental positivity

Table 7 shows that the strongest predictor of mental positivity is *job satisfaction*. *Romance* showed the weakest relationship with mental positivity.

Table 7
Demographic and Value-Related Predictors of Mental Positivity in Men

Predictor	β	*t*
Age	.05	2.66**
Job satisfaction	.49	24.69*********
Relationship status	.12	6.01********
Work	.05	1.78
Friendships	.01	.41
Romance	.00	.07
Family	.07	3.08***
Personal growth	.09	4.00****
Sport & Leisure	.07	3.11**
Health	.12	4.71*****
Community	.02	.76
Education	.02	.76

* $p < .01$, ** $p < .001$, *** $p < .0001$, **** $p < .00001$, ****** $p < .0000001$ (two-tailed)

The above findings show that men's mental positivity is strongly related to *job satisfaction*, *relationship status* (having a long-term relationship rather than being single), *valuing health*, *valuing personal growth*, and *valuing family*.

The impact of core value domains on mental positivity

Taking the value domains that proved to be significant in the previous table, using multiple linear regression, the factors within each domain were assessed for their impact on mental positivity, after considering the effect of age and marital status.

Table 8 shows that of the values related to *sport and leisure*, after considering the effect of age and marital status, the strongest predictor of mental positivity is feeling healthy.

Table 8
Demographic and Value-Related Predictors of Mental Positivity in Men

Predictor	β	*t*
Feeling healthy	.14	4.98******
Competition	.12	3.30****
Socialising	.07	2.67**

* $p < .01$ ** $p < .001$, *** $p < .0001$, **** $p < .00001$, (two-tailed)

Table 9 shows that of the values related to Health, after considering the effect of age and marital status, the strongest predictor of mental positivity is *living longer*.

Table 9
Values Related to Health Which Predict Mental Positivity

Predictor	β	*t*
Living longer	.15	5.55******
Mental health	.35	4.61*****
Physical health	.13	3.80****
Feeling good	.08	2.60**

* $p < .01$ ** $p < .001$, *** $p < .0001$, **** $p < .00001$, (two-tailed)

Table 10 shows that of the values related to Personal growth, after considering the effect of age and marital status, the strongest predictor of mental positivity is *feeling more fully 'me'*.

Table 10
Values Related to Personal Growth Which Predict Mental Positivity

Predictor	β	*t*
Feeling more fully 'me'	.12	4.12****
Religious observance	.11	3.91****
Being the 'real me'	.12	3.90****

* $p < .01$ ** $p < .001$, *** $p < .0001$, **** $p < .00001$, (two-tailed)

Table 11 shows that of the values related to Work, after considering the effect of age and marital status, the strongest predictor of mental positivity is *making an impact on business success*.

Table 11
Values Related to Work Which Predict Mental Positivity

Predictor	β	*t*
Making an impact on business success	.22	8.50**********
Feeling inspired by workmates	.08	2.71**
Chat with workmates	.07	2.62**

* $p < .01$ ** $p < .001$, *** $p < .0001$, **** $p < .00001$, (two-tailed)

Table 12 shows that of the values related to *family*, the strongest predictor of mental positivity is *being like my father*.

Table 12
Values Related to Family Which Predict Mental Positivity

Predictor	β	*t*
Being like my father	.08	2.84**

* $p < .01$ ** $p < .001$, *** $p < .0001$, **** $p < .00001$, (two-tailed)

Study 2: US sample

METHODS

Design

Same details in Study 1, above.

Variables

Core values. See Study 1 above.

Dependent variable. The dependent variable in this study is mental positivity, measured using the Positive Mindset Index (PMI). See details in Study 1, above.

Free text responses. Answers expressed in the respondent's own words.

Predictor variables

US Region. All of the US, or individual census regions (Northeast, Midwest, South, or West).

Population density. Living in either a city, suburb or rural environment.

Ethnicity. Chosen from a list (see Table 13).
Age. Age was measured in years, and categorised into age groups (18–29, 30–39, 40–49, 50–59, 60–95) for some analyses.

Gender. There were three options: male, female-to-male transsexual, or non-binary.

Sexual orientation. There were three options: heterosexual or straight; gay; or bisexual. The second two categories were combined in most analyses.

Relationship status. Relationship status was operationalised by putting participants into two categories: those who were married (coded as 1) compared to those who were single or in any other type of relationship e.g., in a civil partnership, cohabiting or steady relationship, divorced, widowed, separated, or single (coded as 0).

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

Political affiliation. Several options were given (see Table 1).

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

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

Educational level. The options are shown in Table 1, and analysed as ordinal data.

Value domains. Details in Study 1, above.

Job satisfaction. Details in Study 1, above.

Setting

The setting was online.

Participants

Participants were men aged over 18. They were recruited from a panel of 3.1 million people across the US by *Toluna*, a professional data collection company with a professional membership and code of ethics. A quota sample of men and women, stratified by US region, was taken.

Exclusion criteria

Not completing the consent form; not meeting age and gender criteria; not living in the US.

Sample size calculation

Details are the same as in Study 1, above.

Procedure

During September 2018, potential participants who met the inclusion criteria for this study were identified from the panel. These people were contacted, and the study runs until our quota was reached. Recruitment was completed in eleven days. The survey data was collected using SurveyGizmo survey software.

Ethics

Details in Study 1, above. As is usual when panel members complete a survey, participants were paid a small fee for participation. Ethical approval for the study was granted by University College London's Department of Psychology Ethics Committee (REC reference: CEHP/2017/562).

Statistics

Details in Study 1, above.

RESULTS

The final sample consisted of 5,000 people in the US who identified as male. Their demographic characteristics are shown in Table 13.

Table 13
Descriptive Statistics for the whole US Sample (N = 5,000)

		M (*SD*) or *N* (%)
Region	Northeast	857 (17.1%)
	Midwest	1,085 (21.7%)
	South	1,827 (36.5%)
	West	1,133 (22.7%)
	Not stated	98 (2%)
Population density	City	1,818 (36.4%)
	Suburb	2,182 (43.6%)
	Rural	1,000 (20.0%)
Ethnicity	White	3,856 (77.1%)
	Black or African-American	476 (9.5%)
	Hispanic	288 (5.8 %)
	Asian	193 (3.9%)
	Native American	42 (0.8%)
	Native Hawaiian	5 (0.1%)
	Mixed	95 (1.9%)
	Other	45 (0.9%)
Age		33.23 (17.2)
Gender	Male	7,976 (99.5%)
	Female-to-male transexual	10 (0.2%)
	Non-binary	14 (0.3%)
Sexual orientation	Heterosexual	4,436 (89%)
	Homosexual	564 (11%)
Relationship status	Single	1,492 (29.8%)
	In a relationship but not living together	143 (2.9%)
	Living with a partner	319 (6.4%)
	Married	2,462 (49.2%)
	Divorced	432 (8.6%)
	Widowed	152 (3.0%)
Children		1.1 (1.5)
Politics	Democrat	1,530 (30.6%)
	Republican	1,698 (34.0%)
	Independent	1,279 (25.6%)
	Other – write in	77 (1.5%)
	No party represents my views	416 (8.3%)

Table 13 (continued)

		M (*SD*) or *N* (%)
Military service	Active duty in the past	1,045 (20.9%)
	Now on active duty	94 (1.9%)
	No active duty except for initial/basic training	178 (3.6%)
	Never served in the US or other armed forces	3,683 (73.7%)
Employment	Employed full-time	2,241 (49%)
	Employed part-time	542 (11%)
	Retired	1,409 (28%)
	Student	177 (3.5%)
	Homemaker	75 (1.5%)
	Unemployed	470 (9.4%)
Education	High school or less	1,013 (20%)
	Some college	1,368 (27%)
	Completed college	1,225 (25%)
	Some graduate school	251 (5%)
	Graduate school	1,101 (22%)
Income	Under $24,999	953 (19%)
	$25,000 – $49,999	1,260 (25%)
	$50,000 – $74,999	927 (19%)
	$75,000 – $99,999	622 (12%)
	$100,000 – $124,999	340 (7%)
	$125,000 – $149,999	289 (6%)
	$150,000 – $199,999	241 (5%)
	$200,000 or more	209 (4%)
PMI		3.72 (0.80)

The demographics in Table 13 suggest that the sample are a fairly typical cross-section of men in the US.

Value system

Participants were presented with a list of 35 values (e.g. loyalty, honesty, etc.) and asked how important to them each were on a scale from 1 to 6, where 6 indicates ‘very important’. Table 14 shows the ranking of importance of these values.

Table 14
Core Values, in Order of Most Aspired to

Values	*M*	*SD*
Honest	5.40	1.0
Reliable	5.29	1.0
Dependable	5.24	1.0
Respectful	5.21	1.0
Loyal	5.18	1.0
Listening	5.03	1.0
Loving	5.01	1.0
Thoughtful	5.01	1.0
Committed	4.99	1.0
Positive	4.96	1.1
Consistent	4.93	1.0
Educated	4.90	1.1
Openminded	4.89	1.1
Efficient	4.87	1.0
Respected	4.85	1.1
Equality	4.84	1.1
Humble	4.83	1.1
Motivated	4.80	1.1
Empathetic	4.78	1.1
Quiet Confidence	4.77	1.0
Optimism	4.76	1.2
Improvement	4.75	1.0
Humorous	4.69	1.2
Fun loving	4.65	1.1
Passionate	4.65	1.1
Future facing	4.64	1.1
Courageous	4.58	1.1
Creative	4.55	1.2
Nurturing	4.50	1.2
Collaborative	4.50	1.1
Inspiring	4.48	1.2
Innovative	4.44	1.2
Fit	4.39	1.2
Adventurous	4.25	1.3
Athletic	3.89	1.4

Regional differences in positivity

Table 15 shows regional variation in mental positivity. Positivity was similar across the US.

Table 15
Regional Differences in Mental Positivity Across the four US Regions

Regions	PMI	*SD*	*N*
Northeast	3.7830	.81333	857
Midwest	3.7259	.80181	1085
South	3.7342	.76003	1827
West	3.6648	.80647	1133
Total	3.7248	.79034	4902

Relationship between age and the importance of physical versus mental health

Tables 16a and 16b & show that men value their mental health more than their physical health.

Table 16a
Mental Health: Importance to Men of Different Ages

	Age group				
	18–29	30–39	40–49	50–59	60–95
Very unimportant	1.8%	1.7%	1.7%	1.5%	0.6%
Unimportant	1.8%	1.5%	1.4%	0.1%	1.0%
Slightly unimportant	4.2%	3.6%	2.9%	3.0%	1.4%
Slightly important	15.5%	11.6%	11.3%	9.6%	8.3%
Important	27.5%	27.2%	32.5%	34.0%	34.0%
Very important	49.2%	54.4%	50.1%	51.0%	55.6%

Table 16b
Physical Health: Importance to Men of Different Ages

	Age group				
	18–29	30–39	40–49	50–59	60–95
Very unimportant	1.9%	1.8%	1.7%	1.4%	0.5%
Unimportant	2.0%	1.0%	1.0%	1.2%	0.4%
Slightly unimportant	5.2%	2.8%	3.6%	2.9%	1.5%
Slightly important	17.7%	15.5%	13.1%	14.9%	13.8%
Important	32.2%	34.3%	35.4%	37.7%	40.4%
Very important	41.0%	44.5%	45.1%	41.9%	43.5%

Table 17a

Predictors of PMI in the Total US Sample (*N = 5,000), Controlling for All Other Variables*

Rank	Variable	β	*t*	Sig.*	Interpretation: 'Independent of other variables…'
1	Job satisfaction (Employed only)	.354	21.129	.0001	men who have more job satisfaction have more well-being
2	Health	.165	6.521	.0001	men who value health have greater well-being
3	Income	.089	4.575	.0001	men who have a higher income have greater well-being
4	Over age 50 vs others	.077	4.170	.0001	men who are aged over 50 have greater well-being
5	Married vs others	.066	3.504	.0001	men who are married have greater well-being than others
6	Sport and leisure	.077	3.318	.001	men who value sports & leisure have greater well-being
7	Military service vs basic or no training	.042	2.698	.007	those who have served in military have greater well-being
The following are below the p < cutoff					
8	Personal growth	.059	2.352	.019	men who value personal growth have greater well-being
9	Friendships	.059	2.341	.019	men who value friendship have greater well-being
10	Family	.058	2.339	.019	men who value family have greater well-being
11	Republicans vs others	.041	2.330	.020	men who support the Republican party have greater well-being than others
12	Education	.055	2.249	.025	men who value education have greater wellbeing
13	Employed full-time vs others	.039	2.019	.044	men who are employed full-time have greater well-being
14	Educational level	.034	2.002	.045	men who have more education have greater well-being
The following are non-significant (p> . 05					
15	City vs rural or suburb	.030	1.920	.055	population density makes no difference to well-being
16	Employed part-time vs others	.030	1.809	.071	being employed part time makes no difference to well-being
17	Homemaker vs others	.021	1.274	.203	being a homemaker has no impact on well-being in men
18	Work	.027	1.208	.227	valuing work has no impact on well-being in men
19	White vs other ethnicities	-.017	-1.062	.288	ethnicity has no impact on wellbeing in men
20	Heterosexual vs gay / bisexual	.014	.901	.368	sexual orientation has no impact on well-being
21	Community	.019	.817	.414	valuing community has no impact on well-being
22	Parental status	.009	.541	.588	being a parent has no impact on well-being
23	Romance	-.009	-.328	.743	valuing romance has no impact on well-being
24	Democrats vs others	-.002	-.094	.925	supporting the Democrats has no impact on well-being

NB: To save space, *p* values are capped at .0001

Table 17a shows that the strongest predictors of men's mental positivity were job satisfaction, valuing health, income, age (being over 50), and relationship status (being married).

Table 18 is similar to Table 17a, but additionally shows the predictors of PMI for each US Region (Table 17b).

Table 17
Top 5 Predictors of PMI in the Total US Sample and the Four US Regions (Controlling for All Other Variables) and UK

USA; All (*N* = 5,000 – 2,887)	*t*	Northeast (*n* = 857 – 529)	*t*	Midwest (*n* = 1,085 – 634)	*t*	South (*n* = 1,827 – 1042)	*t*	West (*n* = 1,133 – 627)	*t*	UK (*N* = 1,815 – 2,000)
Job Satisfaction	21.129	Job Satisfaction	8.181	Job Satisfaction	10.950	Job Satisfaction	9.821	Job Satisfaction	12.783	Job Satisfaction
Health	6.521	Health	2.547	Aged over_50	3.917	Health	3.909	Health	3.243	Relationship stability
Income	4.575	*[Sport & Leisure]*	*1.864*	Health	2.835	Sport & Leisure	3.339	Friendship	2.975	Health
Aged over_50	4.170	*[Family]*	*1.411*	Income	2.217	Income	2.546	Income	2.438	Family
Marriage	3.504	*[Educational level]*	*1.380*	*[Military Service]*	*1.780*	Married	2.384	Aged over_50	2.029	Older age

Note: the variables in italics/square brackets are statistically non-significant at p<.05.
Note: N=5000 for 'USA - All'. For the Regional analyses, N=4902 (n=98 did not state their region), and n=2887 for the Job Satisfaction variable after removal of those who did not currently have a job, said they were unemployed, or retired.

In common with the whole of the US, the main predictors in each US Region are *job satisfaction*, *health*, and *income*.

Table 18
Which Aspects of Work Values Were the Strongest Predictor of Job Satisfaction in the Four Regions? (Those with Jobs Only, Not Controlling for Other Variables)

USA – All (*N* = 2,887)	*t*	Northeast (*n* = 529)	*t*	Midwest (*n* = 634)	*t*	South (*n* = 1,042)	*t*	West (*n* = 627)	*t*
Make an impact on company's success	7.414	Good pay	4.271	Using own unique talents	3.601	Make an impact on company's success	5.772	Having a diverse set of perspectives	2.342
Good pay	6.118	Make an impact on company's success	3.813	Chat with co-workers	2.873	Good pay	3.524	Feeling inspired by those around you	2.312
Chat with co-workers	4.820	Chat with co-workers	3.096	Continued learning	2.657	Having my opinion valued	2.379	Make an impact on company's success	2.272
Using own unique talents	3.297	Having my opinion valued	2.200	Make an impact on company's success	2.627	Promotion prospects	2.359	Good pay	2.073
Work-life balance	2.944	Express myself creatively	1.747	Good pay	2.103	Chat with co-workers	2.268	*[Chat with co-workers]*	*1.787*

Note: the variables in italics/square brackets are statistically non-significant at p <. 05.

Table 19
Which Aspects of Health Were the Strongest Predictors of PMI in the Four Regions? (Not Controlling for Other Variables)

USA – All Health (N=5000)	*t*	Northeast Health (n=857)	*t*	Midwest Health (n=1085)	*t*	South Health (n=1827)	*t*	West Health (n=1133)	*t*
Grooming routine	7.241	Grooming routine	4.063	Living longer	4.373	Exercise	4.232	Grooming routine	4.535
Healthy food	6.907	Living longer	3.276	Grooming routine	4.049	Healthy food	2.404	Healthy food	4.422
Living longer	6.527	Healthy food	2.837	Healthy food	4.007	Grooming routine	2.342	Living longer	3.132
Exercise	4.120	Mental health	2.620	*[Mental health]*	*1.662*	Living longer	2.152	*[Feeling good]*	*1.758*
Mental health	2.142	Exercise	2.428	*[Physical health]*	*1.579*	Looking good	2.072	*[Physical health]*	*1.038*

Table 20
Which Variables Were the Strongest Predictors of Income in Four Regions (Controlling for Other Variables)

USA – All (N=5000)	*t*	Northeast (n=857)	*t*	Midwest (n=1085)	*t*	South (n=1827)	*t*	West (n=1133)	*t*
Academic qualifications	20.061	Academic qualifications	8.355	Academic qualifications	11.325	Academic qualifications	10.868	Academic qualifications	8.926
Married	14.923	Employed FT	7.739	Married	8.214	Married	7.979	Married	6.299
Employed full-time	12.747	Married	6.786	Employed full-time	5.812	Employed full-time	6.469	Employed full-time	5.322
Job satisfaction	5.378	Job satisfaction	4.161	Job satisfaction	3.756	Not being a homemaker	-2.553	Not being a homemaker	-2.387
Not being a homemaker	-5.082	Being White	3.609	Being White	3.206	Being a parent	2.484	Health	2.201

NB: 'Income' indicates 'total household income', not just individual income.

Table 20 shows that Educational level is consistently the best predictor of Income, in the US overall and in each Region.

Table 21
Which Aspects of Sport and Leisure Were the Strongest Predictor of MMI in the Four Regions (Not Controlling for Other Variables)

USA – All (N=5000)	*t*	Northeast (n=857)	*t*	Midwest (n=1085)	*t*	South (n=1827)	*t*	West (n=1133)	*t*
Socialising	7	Feeling healthy	3	Feeling healthy	3	Socialising	5.372	Socialising	3
	.099		.259		.787				.547
Feeling healthy	6	Competition	2	Socialising	2	Feeling healthy	4.412	Competition	3
	.708		.915		.876				.270
Competition	5	Socialising	2	Competition	2	Competition	2.587	Feel healthy	2
	.670		.419		.876				.198
Fun	2	*[Get a good body]*	*1*	*[Being skilful]*	*1*	*[Fun]*	*1.853*	Fun	2
	.584		*.821*		*.673*				.044
Get a good body	2	*[Winning]*	*1*	*[Get a good body]*	*1*	*[Get a good body]*	*1.672*	*[Winning]*	*0*
	.309		*.393*		*.292*				*.759*

NB: The variables in italics/square brackets are statistically non-significant at $p < .05$.

Table 21 shows that when looking at the which aspects of Sport & Leisure are the most important, it can be seen that Socializing and Feeling Healthy were both similarly strong predictors of PMI.

Table 22
Which Aspects of Friendship Were the Strongest Predictors of PMI in the Four Regions? (Not Controlling for Other Variables)

USA – All (N=5000)	*t*	Northeast (n=857)	*t*	Midwest (n=1085)	*t*	South (n=1827)	*t*	West (n=1133)	*t*
Knowledge of topics	5.975	Good listener	3.301	Being fun to be with	3.739	Laughter	2.787	Knowledge of topics	4.352
Good listener	4.186	Knowledge of topics	3.221	Knowledge of topics	3.151	Protective	2.434	Good listener	3.380
Protective	3.731	Will defend to the end	2.732	Protective	2.493	*[Caring]*	*1.756*	*[Being there]*	*1.656*
Being fun to be with	3.561	*[Protective]*	*1.228*	*[Good listener]*	*1.782*	*[Supportive]*	*1.617*	*[Being fun]*	*1.568*
Being there	2.437	*[Caring]*	*0.875*	*[Laughter]*	*1.317*	*[Being there]*	*1.287*	*[Protective]*	*1.188*

Table 22 shows that the aspect of Friendship which was the strongest predictor of PMI in the US overall was Having Knowledge about Relevant Topics. It was one of the top 2 predictors in each Region, apart from the South where it was absent from the top 5 (where it was ranked 9th).

There are important clinical implications too. Men who had lower job satisfaction tended to have a less positive mindset. Occupational psychologists dealing with distressed or depressed men might encourage them towards ways to find ways of finding meaning in their work. There is evidence that Employee Assistance Programs might be less successful in the long term for men than they are for women (Wright & McLeod, 2016), so finding the factors that make male employees feel positive is important.

Relationship status

In the UK and the US, having a steady relationship is related to mental positivity. This finding echoes other research suggesting that relationships are good for mental health, and that relationship breakdown is associated with poor mental health (Barry & Liddon, 2020) and even suicide (Callanan & Davis, 2009). The findings of the present surveys imply that there is an important mental health benefit to men of having enduring relationships. Relationship counsellors and other therapists should bear this in mind when helping men going through relationship breakdown or family separation, ensure that they have a male-friendly approach. Moreover, popular narratives promoting negative views of men and masculinity should be considered themselves potentially toxic to the development of healthy, trusting relationships between men and women.

The importance of health values to PMI

Table 20 shows that *grooming routine* is the strongest of the *health values* in predicting PMI in the US overall. This holds in the Northeast and West, but in the Midwest 'living longer' is the best health predictor of PMI, and in the South 'exercise' is. Other significant findings were: Healthy food was in the top 3 for each region; living longer was in the top 4 for each region; mental health was fourth in the Northeast, but not in other regions; living longer was a predictor in the South and West; exercise was a predictor in the Northeast, but not in other regions; mental health was fourth in the Northeast, but not in other regions; looking good was a predictor in the South, but not in other regions.

How much is mental health valued compared to physical health?

Tables 6a and 6b, and 16a and 16b, show that men in the UK and US value their mental health more than their physical health. The findings were similar in both studies, except that in the UK there was a slight trend towards the youngest age group (18–29) placing the greatest degree of importance on their mental health. Table 23 shows that Being a good listener was in the top 2 in the Northeast and West US. These and other findings imply that men today are more emotionally open than the popular narrative about 'male stoicism' suggests.

Men who value their health as a way of living longer (for self and others), improving mental & physical health, and feeling good, have a more positive mindset. Health psychologists might use these four aspects as ways of motivating men to engage more in health behaviours. A change in grooming routine or a lack of grooming (looking unkempt) could be an indicator of a change in mental well-being.

Sport and leisure values

In the UK and the US, men who value *sport and leisure* had a more positive mindset. We already know that many men value sports, either to watch or play, especially team sports (Liddon & Barry, in press), and the findings of the present research underline the non-trivial benefits of such interests and activities(Holloway et al., 2018). Therefore, men should be encouraged to enjoy the aspects of *sport and leisure* that are important to them. We already know that interventions such as Walking Football in the UK (i.e., walking soccer) help the physical health of older men and provide isolated men with companionship. Sports psychology has a role in encouraging men, for whom talking therapy might be relatively unappealing (Holloway et al, 2018), to improve their mental positivity by engaging in sports (Relojo-Howell, 2019).

The importance of friendship to PMI

Social isolation is recognised as being a key factor in men's mental health (Bilsker et al., 2018), though Table 18 showed that *friendship* in the US was a significant predictor for the Western region only. Table 23 shows other values related to *friendship*, such as *having knowledge about relevant topics* was the main predictor of PMI in the US. Being a good listener was in the top 2 predictors in the Northeast and West. This suggests that men are willing to listen to their friends, as well as give advice; *being protective* was in the top 3 in the Midwest and South; Laughter was top in the South, but not significant in any other region, or the US overall; *being willing to defend your friend until the last* was significant in the Northeast, but not elsewhere; *being fun and being there* were 4th and 5th in the US overall, but only *being fun* was a significant predictor in any of the Regions (top in the Midwest).

Findings of age

It might be expected that older age brings sadness due to an accumulation of stressful life events (e.g., health problems, death of friends, etc), but research suggests that for married men negative mood decreases with age (Mroczek & Kolarz, 1998). The finding that in both of the present surveys, mental positivity increases with age is important and sends a positive message to younger men who might look to the future with pessimism. This finding supports the hypothesis that younger people see the future as being full of possibility, whereas older people see the future as being more restricted; to cope, older people orientate their lives toward maximising happiness and minimising anything else (Carstensen, 1995).

In the US study, growing older was seen in a positive light. For example, in the Midwest, it seems that men are more positive when they are over age 50. These findings may seem counterintuitive because many people see growing older as inevitably bringing increasing responsibility and ill health. However, these findings regarding the relationship between age and PMI are similar in the UK and US.

Note that few studies of happiness and ageing, are longitudinal and the apparent impact of age on happiness might be due to different attitudes of different generations i.e., so-called 'baby boomers', born between 1946 and 1964, might have throughout their youth always been happier than today's young 'millennials', for example. This is an interesting question for an ambitious longitudinal study.

Personal growth values

In the UK, men who value a spiritual aspect to their life, being authentic and true to themselves, without doing what others want them to do all the time have a more positive mindset. Although Christian men in the UK don't tend to be regular churchgoers, the free text evidence from the Study 1 suggests that spirituality (e.g., perhaps meditation or mindfulness) should be considered as part of a range of options in therapy. The same goes for finding one's true self/voice/path in life.

Family values

In the UK, men who valued a traditional paternal role ('being like my father', being authoritative) were more likely to have a positive mindset. One might speculate that, conversely, men who feel they are not living up to traditional standards for a family man might have reduced well-being. Family therapists and family courts should appreciate this when dealing with men who are criticised as being too traditional in their fathering, or 'generative parenting' (Kiselica, Englar-Carlson & Fisher, 2006).

Interpretation of PMI findings for clinical purposes

A slight difference is that the mean PMI in the US sample is 3.72 ± 0.80, which indicates good mental health on average, and is slightly higher than that found in the UK sample: 3.40 ± 0.72. This difference is not of clinical significance, though it might reflect a slightly more overt expression of positivity in the US compared to the UK.

PMI in participants who identified as other than male

Most of the US sample identified as male, but 14 identified as 'non-binary' and 10 as 'female to male transgender'. The mean PMI score for non-binary participants (3.02) and especially female-to-male transgender participants (2.63) had lower levels of wellbeing when together compared to the other participants (F = 827.60, df=2, 4997, $p < .01^{-166}$). The mean PMI in the US sample was 3.72 (0.80). If we say that the cut-off for clinical scores is one *SD* below this (i.e., 2.92), then by this definition, the transgender group are showing clinically low wellbeing and the non-binary group are borderline. Due to conditions of anonymity (detailed in the information sheet and consent form), participants with low PMI were not contactable. However, all participants have been given the contact details of the National Alliance on Mental Illness (NAMI) Helpline should they feel the need to talk to someone. By contrast to the non-binary and trans groups, the PMI scores of heterosexual (89% of participants) and non-heterosexual participants were very similar (3.7 and 3.6 respectively) and very healthy, and Table 17 shows that sexual orientation had little impact on PMI.

One interpretation of these findings is that it is difficult to be a non-binary or trans male compared to the average man. Interestingly, some of the highest PMI scores were in the small group of men (n = 94, or 2% of the sample) who were on active military duty (4.3 $\pm$ 0.82), suggesting that some types of traditionally masculine role can potentially be associated with an unusually positive mindset.

If the 24 participants with low PMI were unevenly distributed among the regions their low scores might impact the overall PMI score per region, and it might have been necessary to remove them from the analysis. However, the distribution is not significantly different across the Regions (Fishers Exact test = 9.23, $p < .115$), thus the participants retained because any impact on the overall PMI data would be unlikely to be significant.

These findings have important clinical implications for non-binary and transgender men. These are populations who, although small in number, are more likely to need mental health support.

Strengths and weaknesses

A strength of this study was the assessment of ratings of core values, which has been seldom done in previous research outside of organizational psychology research. Another strength was not imposing any modern templates of masculinity on the participants, which may have restricted participants against expressing positive aspects of themselves. This exploratory, 'bottom-up' approach, is less restrictive than much of the 'top-down' research on masculinity and allowed for inductive interpretations of the findings of masculinity. One interpretation is that the job satisfaction finding reflects the tenacity of the provider role as a key aspect of masculinity (Seager et al., 2014), possibly reflecting its adaptive value in evolutionary terms (Seager, 2019). This interpretation lends itself of course further hypothesis-driven deductive approaches too.

Another strength of this study is the use of PMI. In some ways the PMI is the ideal way to measure men's positivity: it is very brief and doesn't ask potentially off-putting questions about feelings of depression. It is likely to be a good indirect measure of mental health because it is well correlated with measures of mental illness.

A limitation is the use of bespoke questionnaires, which although were similar in both studies and replicated findings well, were psychometrically unvalidated.

CONCLUSION

The findings of this study suggest that men in the UK and US value being honest over being athletic, and they value work and relationships. Contributing to success in the workplace, and feeling connected to others in an authentic way, are indicators of mental positivity. Men's mental health is related to connecting with others through sports and connecting with friends through listening as well as giving advice.

It has become popular recently to demonise masculinity, with little consideration of the potential benefits of masculinity, nor the potential harm to boys growing up in a culture that undervalues them

(Barry et al., 2020). Efforts to reduce problematic behaviour are always welcome, but efforts to fundamentally reshape masculinity are probably futile, given the evidence that masculinity is – at least to some degree – a product of evolutionary forces as well as a product of culture (Liddon & Barry, 2021). Perhaps the key finding Harry's studies are that men today in the US and UK are people who derive their well-being from socially positive activities (such as work and relationship stability) and values (such as honesty and reliability). It seems possible that society can bring the best out in men by focusing more on these characteristics.

Acknowledgements

Special thanks go to Martin Daubney, whose energy and enthusiasm was instrumental in making the UK survey happen. Thanks also to the fantastic team at Harry's, the US shaving products company, who funded both reports with a completely open mind to what the findings would tell us about men. Special thanks to Todd Adrian and Kate Dulin for their suggestions in creating the survey questions.

REFERENCES

Barry, J. A., & Daubney, M. (2017). The Harry's masculinity report. Male Psychology Network. https://malepsychology.org.uk/wp-content/uploads/2018/11/The-Harrys-Masculinity-Report-USA-19-11-18.pdf

Barry, J.A. & Liddon, L. (2020). Child contact problems and family court issues are related to chronic mental health problems for men following family breakdown. *Psychreg Journal of Psychology*, *4*(3), 57–66.

Barry, J.A., Walker, R., Liddon, L., & Seager, M. J. (2020). Reactions to contemporary narratives about masculinity: A pilot study. *Psychreg Journal of Psychology*, *4*(2), 172–174.

Bilsker, D., Fogarty, A. S., & Wakefield, M. A. (2018). Critical issues in men's mental health. *The Canadian Journal of Psychiatry*, *63*(9), 590–596. https://doi.org/10.1177/0706743718766052

Callanan, V. J., & Davis, M. S. (2009). A comparison of suicide note writers with suicides who did not leave notes. *Suicide and Life-Threatening Behavior*, *39*(5), 558–568. https://doi.org/10.1521/suli.2009.39.5.558

Carstensen, L. L. (1995). Evidence for a life-span theory of socioemotional selectivity. *Current Directions in Psychological Science*, *4*(5), 151–156. https://doi.org/10.1111/1467-8721.ep11512261

Holloway, K., Seager, M., & Barry, J. A. (2018). Are clinical psychologists, psychotherapists and counsellors overlooking the needs of their male clients? *Clinical Psychology Forum*, *307*, 15–21.

Kiselica, M. S., & Englar-Carlson, M. (2010). Identifying, affirming, and building upon male strengths: The positive psychology/positive masculinity model of psychotherapy with boys and men. *Psychotherapy: Theory, Research, Practice, Training*, *47*(3), 276–287. https://doi.org/10.1037/a0021159

Liddon, L., & Barry, J. A. (2011). Perspectives in male psychology: An introduction. Wiley.

Mahalik, J. R., Locke, B. D., Ludlow, L. H., Diemer, M. A., Scott, R. P. J., Gottfried, M., & Freitas, G. (2003). Development of the conformity to masculine norms inventory. *Psychology of Men & Masculinity*, *4*(1), 3–25. https://doi.org/10.1037/1524-9220.4.1.3

Male Psychology Network. (2020). Free research tools. Retrieved from https://malepsychology.org.uk/research-portal/free-research-tools

Mroczek, D. K., & Kolarz, C. M. (1998). The effect of age on positive and negative affect: A developmental perspective on happiness. *Journal of Personality and Social Psychology*, *75*(5), 1333–1349. https://doi.org/10.1037/0022-3514.75.5.1333

Relojo-Howell, D. (2019, August 31). Sport injuries and mental well-being: 5 Ways to stay positive. *Psychreg*. Retrieved from https://www.psychreg.org/sports-injuries

Seager M. (2019). From stereotypes to archetypes: An evolutionary perspective on male help-seeking and suicide. In J. Barry, R. Kingerlee, M. Seager, & L. Sullivan L. (Eds.) *The Palgrave handbook of male psychology and mental health*. Palgrave Macmillan. https://doi.org/10.1007/978-3-030-04384-1_12

Seager M., Barry J.A. (2019) Positive masculinity: Including masculinity as a valued aspect of humanity. In J. Barry, R. Kingerlee, M. Seager, & L. Sullivan L. (Eds.) *The Palgrave handbook of male psychology and mental health*. Palgrave Macmillan. https://doi.org/10.1007/978-3-030-04384-1_6

Seager, M., Sullivan, L., & Barry, J. (2014). Gender-related schemas and suicidality: Validation of the male and female traditional gender scripts questionnaires. *New Male Studies*, *3*(3), 34–54.

Tabachnick, B. G., Fidell, L. S., & Ullman, J. B. (2007). Using multivariate statistics (5). Pearson.

Wanous, J. P., Reichers, A. E., & Hudy, M. J. (1997). Overall job satisfaction: How good are single-item measures? *Journal of Applied Psychology*, *82*(2), 247–252. https://doi.org/10.1037/0021-9010.82.2.247

Wright, K., & McLeod, J. (2016). Gender difference in the long-term outcome of brief therapy for employees. *New Male Studies*, *5*(2), 88–110.