Young Adult Male Health and Restrictive Masculinity Norms

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INTRODUCTION

Young adult health has been highlighted as a public health concern since before the COVID-19 pandemic, as rates of depressive episodes and suicide ideation doubled over the previous decade.[1] Since 2020, young adults in the United States (U.S.) have faced further mental health challenges. In 2022, over one-third (36.2%) of young adults aged 18–25 experienced mental illness, the highest among all age groups, and 11.6% faced serious mental illness.[2] This vulnerable life stage has been characterized by identity exploration and shifting relationships; today it is likewise encumbered by digital dependence and sociopolitical turmoil, which appear to have contributed to declining mental health.[3] The April 2023 special issue of the *Rhode Island Medical Journal* (RIMJ) spotlighted this crisis.[4] Since then, concern has mounted about young adult male health, including increased social isolation, reluctance to seek help for health, and engagement in risky behaviors.

Young adult males today are navigating significant pressures and societal expectations about what it means to "be a man." The most rigid of these expectations are referred to as restrictive masculinity norms (RMNs), which emphasize emotional toughness, self-reliance, dominance, antifeminity, aggression, and risk-taking. Though often celebrated culturally, these norms affect young adult male health, discouraging emotional expression and help-seeking, and encouraging risk behaviors as ways to cope.[5] These norms impact more than just men – they shape the broader culture for all young adults, often reinforcing unrealistic expectations that can hinder emotional well-being for people of all genders. This special issue of RIMJ focuses on the behaviors and health risks of young adult males and the role of RMNs in young adult health. This includes examinations of restrictive masculinity and depression; insomnia and pornography addiction; RMNs and past year checkup; traumatic brain injury and gambling problems; RMNs and eating disorder risk in females; as well as exposure to gun violence in youth and subsequent mental health and substance use disorder outcomes.

The articles in this special issue utilized data from the 2024 Rhode Island Young Adult Survey (RIYAS). This is a self-report, web-based survey administered every other year starting in 2020. Although representing a convenience sample of young adults residing in Rhode Island for at least part of the year, this is the largest survey of Rhode Island's young adults, surpassing other commonly used surveillance systems, such as the Behavioral Risk Factor Surveillance System (BRFSS) and the National Survey on Drug Use and Health (NSDUH). Recent changes – understood to have been rooted in Executive Orders from the current Administration – have made the BRFSS and NSDUH unavailable or altered, making these common data sources less reliable for Rhode Island young adults and created uncertainty about their future use, underscoring the growing importance of the RIYAS.[6]

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MENTAL HEALTH

Young adulthood is a critical developmental stage marked by major life transitions and heightened vulnerability to mental health challenges.[7] This age group experiences the highest rates of anxiety and depression,[1] with approximately three-quarters of all mental illnesses emerging by age 25.[8] While young women are more frequently diagnosed with mental health conditions,[9] young men bear a disproportionate burden of severe outcomes – most notably, significantly higher rates of suicide, including a growing incidence of firearm-related suicide.[10] Emerging research suggests that the way mental health symptoms manifest in males may contribute to these disparities. Male depression is often underrecognized because it tends to present differently than it does in females. Instead of sadness or withdrawal, males may express depression through irritability, anger, substance misuse, or risk-taking behaviors.[11] Similarly, males with generalized anxiety disorder are more likely to also struggle with substance misuse, nicotine dependence, or antisocial traits – factors that can complicate diagnosis and delay treatment.[12] Restrictive masculinity norms that

equate emotional vulnerability with weakness can further intensify this mental health burden. Stigma around seeking help can lead males to suffer in silence, going undiagnosed and untreated. As a result, many young adult males carry their mental health struggles alone, sometimes until they reach a crisis point.[5]

RMNs socialize boys from a young age to prioritize independence over emotional intimacy. This early conditioning can leave young males ill-equipped to form meaningful, supportive relationships as they transition into adulthood. As a result, many young males report significantly lower levels of social connectedness,[13] contributing to feelings of loneliness – a well-documented risk factor for depression, anxiety, and suicidal ideation.[14] The depth of this isolation is reflected in recent data: in a study of males aged 18 to 23, two-thirds agreed with the statement, "No one really knows me."[15] A 2021 survey found that 15% of males reported having no close friends – five times higher than in 1990.[16] RMNs perpetuate such disconnection by discouraging emotional vulnerability, devaluing open communication about emotional state, and framing the act of seeking support as weakness. These societal expectations leave many young males emotionally isolated or alienated, without the crucial networks that foster resilience, well-being, and a sense of belonging.[5]

PHYSICAL HEALTH & RISK BEHAVIORS

Many males delay or avoid seeking medical care, even when experiencing symptoms. This can include preventive care, which contributes to higher rates of preventable illness and, ultimately, shorter life expectancy.[17] Such outcomes are concerning, but they do not stem from men's lack of concern for health – rather, they appear to be rooted in RMNs.

RMNs can discourage males from seeking help or prioritizing their well-being, and are linked to increased engagement in risk behaviors, including heavy drinking, drug use, smoking, and physical aggression.[5,18] Such behaviors may be used as coping mechanisms or as ways to prove one's masculinity in environments that value dominance and control. Research suggests that when males feel they do not live up to internalized standards of masculinity, it can heighten feelings of frustration and vulnerability, which are sometimes expressed through harmful behaviors.[19] RMNs are associated with physical injury risk from reckless driving, fighting, and, in some cases, gun violence.[20] Males are also 40% more likely to experience traumatic brain injury compared to females.[21] Moreover, restrictive masculinity ideals around physical appearance can take a toll: the drive to achieve a "masculine" body type has been linked to disordered eating, excessive exercise, and steroid use among males.[22]

RMNs also affect sexual health and behavior. Young adult males with RMNs are more likely to engage in unprotected sex, coerce partners to have sex without a condom, avoid open communication about consent and protection, and perpetrate intimate partner violence.[23] These behaviors may be learned responses to societal expectations of dominance and control, not necessarily reflections of individual values. One area where these pressures may manifest is in the use of pornography. Of note, 17% of young adult cisgender heterosexual males in the 2022 Rhode Island Young Adult Survey met the criteria for pornography addiction, a disorder associated with depression and suicide ideation.[24] Studies indicate that when males are pressured to uphold ideals of dominance and emotion suppression, they are at greater risk for using pornography as a coping mechanism, which in turn can reinforce these same norms.[25]

THE MANOSPHERE

Restrictive masculinity norms are perpetuated through family and peer dynamics, institutional cultures, and media representations across society. Restrictive masculinity beliefs among males seem to result, in part, from poor father-son relationships or living in environments of hypermasculinity.[26,27] Research reveals that young males experience peer pressure to conform to RMNs, including aggression.[28] Male-dominated organizations such as fraternities tend to encourage RMNs and associated ideals through hazing rituals with drug and alcohol use, violence, and sexualization of women.[29,30] Similarly, male competitive sports settings can normalize RMNs as they glorify toughness and hostility.[31] Mass media also plays a role: young males who spend more time watching television, video games, and YouTube are more likely to endorse restrictive masculinity traits such as emotional detachment, dominance, and avoidance of femininity; those with significant exposure to violence in video games have even more pronounced restrictive masculinity trait affinity.[32]

More recently, the *manosphere* – a loosely connected network of online communities and spaces shaping and reinforcing restrictive masculine norms – has emerged. These spaces perpetuate toxic RMNs and espouse misogyny, and they are becoming more extreme over time.[33] Members of these communities are at risk of radicalization and have been linked with an increasing number of violent incidents – both online and off.[34] Given the decentralized nature of the manosphere, it is hard to quantify how many young males are members of the community. However, a 2023 study in the United Kingdom showed that 80% of young males aged 16–17 consumed the content of Andrew Tate, a prominent figure in the manosphere,[35] and 56% of young fathers under age 35 approved of him.[36] Young males frequently exposed to such misogynistic content through the manosphere may begin to adopt and internalize these stereotypes, attitudes, and behavioral norms.

THE WAY FORWARD

Given the significant health challenges facing young adult males – and the pervasive influence of restrictive masculinity norms – it is crucial to implement targeted interventions that not only support the well-being of young males, but also

foster healthier, more inclusive expressions of masculinity that benefit everyone. Tackling RMNs calls for an inclusive, thoughtful approach that appreciates the diverse ways masculinity is experienced. Traits commonly associated with RMNs – such as emotional restraint, dominance, and resistance to vulnerability – can have far-reaching negative effects not just on males, but across all genders, by reinforcing power imbalances, stifling emotional development, and contributing to unhealthy relational dynamics. It is important to recognize that RMNs are not a singular concept; they are influenced by overlapping aspects of identity, including race, socioeconomic status, sexual orientation, and culture. As a result, many males face distinct expectations and challenges shaped by these intersections, and effective strategies must reflect that complexity. Encouraging broader, healthier expressions of masculinity – those that embrace compassion, emotional openness, and genuine connection – can create more supportive, equitable communities. The goal is not to reject masculinity, but to redefine it in ways that enhance well-being and foster inclusion for all.

Strategies to prevent the health harms of RMNs include early education and socialization, community-based interventions, mass media representation, and gender-tailored clinical support. Schools serve as important environments where gender attitudes and behaviors are shaped, establishing norms that persist through young adulthood. Promising strategies for shifting boys' gender attitudes in a relatively short period include small-group participatory programs that encourage critical reflection on power dynamics.[37] Similarly, classrooms can incorporate conversations around identity, self-respect, and emotional intelligence into standard health curricula. A gender transformative framework takes this a step further by engaging the broader school environment – including teaching methods, policies, and classroom culture – to actively question and disrupt traditional gender roles and expectations.[38]

Community-based interventions are also vital in addressing RMNs by meeting individuals where they live, work, and socialize. To be effective, programs should be grounded in local culture and led by trusted community members. Some successful initiatives include The Men's Story Project and The Confess Project, which harness storytelling, peer education, and culturally relevant dialogue to shift RMNs and promote more expansive masculinities.[39,40] These programs provide safe spaces for males of all ages, including young adults, to reflect and share their experience, be vulnerable, and build social support.

Media representation can play an important role in addressing RMNs by offering alternative portrayals of young adult males that go beyond RMNs and traditional stereotypes. The Geena Davis Institute recommends that content creators depict men showing a full range of emotions and engaging in nurturing behaviors to counteract RMNs.[41] Moreover, youth can be equipped with critical media literacy skills to help them recognize and deconstruct stereotypical or limiting gender portrayals in the media and popular culture.[42]

Gender-tailored clinical programming can form part of an effective solution. Programming that presents help-seeking as a demonstration of strength can make seeking care more compatible with many men's sense of identity, increasing their willingness to pursue preventive care and mental health support.[43] Integrating assessments that account for masculine norms into regular screenings and adapting diagnostic tools to better reflect male-specific symptoms can enhance accuracy and engage support earlier, meaning more effective health interventions. Therapeutic approaches designed to resonate with men – such as those that are structured, goal-focused, and action-oriented – have shown success in engaging individuals who might be hesitant to participate in more traditional, talk-based forms of therapy.[44]

Effectively addressing restrictive masculinity norms is not about rejecting masculinity, but rather about broadening its definition to embrace connection, vulnerability, and compassion. This shift requires both cultural and clinical change: increasing awareness of how mental health issues manifest differently in men and creating environments where emotional expression is valorized as a strength rather than a weakness. RMN-associated health challenges should not be viewed as personal shortcomings, but as the result of unrealistic societal expectations that limit how men are allowed to experience and express themselves. Supporting young adult males means making space for authenticity, empathy, and self-care – paving the way for stronger mental health, more fulfilling relationships, and healthier communities overall.

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