Advancing the health and well-being of boys and men: lessons from the social cure and curse framework

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Advancing the health and well-being of boys and men: Lessons from the social cure and curse framework

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Abstract

Although (cisgender, heterosexual) men are generally seen as the advantaged group compared to other genders, research has documented health and well-being disadvantages specific to men. We present an integrative model of social identity mechanisms for (cisgender) men's health and well-being. We integrate research on men and masculinities with research on group memberships as "cures" and "curses," outlining social psychological mechanisms that may account for beneficial and adverse health and well-being outcomes in men through cure and curse pathways. We focus on the roles of gender norms, social support, stigma, and social identity threats resulting from men's precarious personal manhood status and their declining societal status. We present a framework of theory-based tools for turning curses into cures by using existing gender norms, cha(lle)nging gender norms, increasing social support, and reducing social identity threats, providing concrete recommendations for policy and practice.

INTRODUCTION

Over the years, most research and public attention have focused on the various ways in which health and well-being outcomes are obstructed globally for girls and women. For example, there is increasing awareness about medical research being biased toward male samples, leading to less medical knowledge about women (Beery & Zucker, 2011; Feldman et al., 2019) and about lower access to healthcare and well-being services for girls and women due to gender-based discrimination and social inequality more broadly (e.g., Langer et al., 2015). As a result, and for good reason, the focus of many intervention and policy strategies has been on the public health and socioeconomic empowerment of women and girls (Manderson & Mark, 1997; Taukobong et al., 2016; World Health Organization [WHO], 2021b). Moreover, in recent years there has been an increased focus on obstacles to the health and well-being of transgender and gender-diverse people, who are at high risk for stigma, exclusion, and

violence (e.g., Newcomb et al., 2020; Riggs et al., 2015). Both cisgender women and gender-diverse people are lower in status compared to cisgender boys and men in their economic position and political power (UN Women, 2021, 2022), and a great deal of research has documented the resulting negative health and well-being consequences (e.g., Leng et al., 2015; Major et al., 2017; Stringhini et al., 2017).

The health and well-being disadvantages faced by (cisgender, heterosexual) men meanwhile have received less attention. One likely reason is that it is less obvious that men as the traditionally high-status group would experience negative consequences resulting from their gender. However, research has indeed documented such disadvantages for men compared to women.[1] For example, worldwide, men's life expectancy is shorter than women's (OECD/EU, 2020; Ragonese et al., 2019), with the global average of life expectancy at birth being 75.9 for women and 70.8 for men (WHO, 2020). Chronic life-style related conditions such as cancer, respiratory illnesses, and cardiovascular diseases are leading causes of death for men, and men evidence health behaviors contributing to these conditions more than women (e.g., smoking, drinking alcohol, unhealthy diet; Ragonese et al., 2019; WHO Regional Office for Europe, 2018). At the same time, men are less inclined to seek medical help than women (European Commission, 2011). Men also show higher rates of drug-related deaths (EMCDDA, 2023), sports and recreational injuries (NSC, 2024), and traffic accidents (WHO, 2021). In addition, men die twice as often from suicide compared to women (WHO, 2021c) which may be related to men also being less likely to seek psychological help (Milner et al., 2020; Möller-Leimkühler, 2003). Finally, in the United States, men and boys were shown to be more socially isolated than women and girls throughout large parts of the life course (Umberson et al., 2022).

Societal awareness about men's health has increased in recent years (e.g., APA, 2018; The Lancet, 2015), and awareness initiatives have become globally well-known (e.g., the Movember initiative: https://be.movember.com/). At the root is in part the work of scholars who have been pointing to obstacles for men's health and well-being for decades, including scholars in clinical and applied psychology, and medical sociology. More recently, there has also been increased attention to underlying social psychological processes. Much of this research has pointed to the role of traditional social views on masculinity and prescriptive gender norms, by which men are prescribed to be tough and emotionally restricted risk-takers who should be self-reliant rather than help-seeking (e.g., Wong, Ho, et al., 2017; Yousaf, Grunfeld, et al., 2015).

Building on this previous work and extending it, we draw upon the *social cure and curse framework* to present an integrative model of social identity mechanisms for men's health and well-being (see also the *Social Identity Approach to Health*; C. Haslam et al., 2018). This framework is driven by the social identity approach, focusing on how group memberships impact individuals' health and well-being, both in good ("cure") and bad ("curse") ways (C. Haslam et al., 2018; Jetten et al., 2012, 2017). For many years, the growing research in this framework has been successfully predicting health and well-being outcomes based on people's group memberships and, importantly, also effectively developing social identity-based tools and interventions, and informing practitioners and policy (C. Haslam, Steffens, et al., 2019; Jetten et al., 2014; for meta-analyses see Steffens et al., 2017, 2021). In this article, we thus approach being a man as a social identity, that is, as a group membership that takes an important place in many men's identities (Tajfel, 1981). In the first section, we outline the theoretical groundwork for conceptualizing being a man as a social identity, and the positive and negative health and well-being implications of this group membership. In the second section, we build on the insights from the social cure–curse framework to formulate possible strategies for policy and interventions. Lastly, we outline a number of overarching recommendations and caveats.

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[1] Throughout this paper, we often compare "men" to "women," which is a binary conceptualization of sex/gender that does not reflect the more complex reality, and a conceptualization that bypasses nonbinary and transgender identities. Such language has clear limitations (for an elaborate discussion, see Morgenroth & Ryan, 2021). The reason we do resort to this binary language in the current article is twofold: First, this paper seeks to review (harmful) health and well-being consequences of exactly this traditional, and binary, gender system. Second, unfortunately, the vast majority of research (including the work reviewed here) does not focus on non-binary or transgender people, which means that we are often not able to draw informed conclusions for or compare with these groups.

BEING A MAN AS A SOCIAL IDENTITY: CONCEPTUAL CLARIFICATION AND SCOPE

Group identities are key for people, and individuals are motivated to fit in with a group even when this does not always benefit their well-being (e.g., Bell & Burkley, 2014; Oyserman et al., 2006; Scheepers & Ellemers, 2019). Extensive work in the social identity tradition has shown that groups provide a base for self-definition and can provide positive views of the self (Tajfel & Turner, 1979; Turner et al., 1987). Belonging to a group provides people with a framework to make sense of their (social) world: creating meaning about who we and others around us are, and what we should expect of ourselves and of others inside and outside of our groups. Thus, also in the case of gender groups, there are expectations and social rules that we use to navigate and find our place in society. In this way, our gender group informs our identities and reduces uncertainty about our social world (Hogg, 2000).

Given the complexities of sex (i.e., biological features) and gender (i.e., social roles), and the relation between the two (e.g., cisgender, transgender, non-binary, and others), we first define the group of men we refer to, and whose health and well-being this paper seeks to improve. In our discussion of the implications of being a man for health and well-being, we dedicate significant attention to the role of traditional masculinity norms. We expect much of our theorizing to hold for whoever endorses, enacts, or is expected to enact these norms. While women and non-binary individuals may also adhere to masculinity norms (e.g., Sloan et al., 2015), we here focus on individuals who identify as men, that is, the group that is most likely to endorse, enact, and to be expected to enact these norms. More specifically, our predominant focus is on cisgender men, that is, individuals who were assigned the male sex at birth and who identify with the male gender. Whereas much of our discussion can certainly also apply to transgender men (i.e., individuals who were assigned the female sex at birth but identify with the male gender; e.g., Anzani et al., 2023), not all parallels can be fully drawn. For instance, transgender men may have been categorized and socialized as women for some time, giving them unique insight into the workings of gender stereotypes (Connell, 2010). Moreover, since transgender individuals are at high risk for stigma, exclusion and violence, their health and well-being require a more specific focused discussion in a separate paper (e.g., see Reisner et al., 2016). Therefore, in the following, we use the word "men" to refer to "cisgender men."

We acknowledge that there are several limitations to conceptualizing cisgender men as a group. First, it may appear that we are portraying cisgender men as one homogeneous category and take for granted the large intragroup differences in terms of traits, behaviors, and attitudes (e.g., Reis & Carothers, 2014). Second, conceptualizing cisgender men as a group can mask how context shapes gender norms, stereotypes, and social practices. Indeed, much research has shown that what it means to be a man differs across cultures (e.g., DiMuccio et al., 2017; Hsu & Iwamoto, 2014; Kosakowska-Berezecka et al., 2024; Valved et al., 2021) but also within cultures the content of masculinity can be constructed differently across specific subgroups (e.g., in fraternities, sports clubs; Adams et al., 2010; Seabrook et al., 2018). It should also be noted that much of the research reviewed in this paper is conducted in WEIRD contexts (Western, Educated, Industrialized, Rich, and Democratic; Henrich et al., 2010), and regularly with White undergraduate participants and limited methodological diversity (for a review, see Whorley & Addis, 2006; Wong et al., 2010)—which may add to the illusion that men are all the same. Third, we are abstracting gender from other social axes that co-construct what it means to be a man and that are also related to health and well-being, such as age, sexual orientation, ethnicity, socioeconomic class, and physical ability (e.g., Courtenay, 2000; Evans et al., 2011; Ferlatte et al., 2018; Levant & Wong, 2013). For example, whereas we started this article by stating that men are a high-status group compared to other genders, many men are not privileged when their gender identity intersects with other lower-status identities (Coston & Kimmel, 2012). We will return to some of these lower-status groups below. Fourth and finally, approaching cisgender men as a group may seem quite elusive and abstract, since it is a large group with no tangible structure, in contrast to more concrete groups like sports teams or work teams. This may lead one to wonder about the practical significance of a group membership approach in this context.

Despite these caveats, we argue that there are also very good reasons to take a social identity perspective on the health and well-being implications of being a man. First, although context, culture, and other identities do indeed influence what it means to be a man or to be masculine, research also shows aspects of manhood and masculinity that are evident across cultures and contexts. For example, the prescriptive stereotype that men should be agentic (e.g., courageous, confident) has been found across a large number of countries (Bosson et al., 2022) and was found to be independent of one of the most researched cultural dimensions, that is, individualism/collectivism (Kosakowska-Berezecka et al., 2024). Therefore, we argue that besides the intragroup diversity in cisgender men, there are also features that are at least to some extent shared. Second, despite the abstractness of the group of cisgender men in its largest form, the social cure and curse perspective that we present is also applicable to more concrete groups of men in specific contexts. The insights presented here can and should be translated and tailored to more tangible groups, such as men in a specific country, ethnically minoritized men in a certain region, male college students in a particular town, and so forth. We return to this issue in the conclusion.

MEN'S HEALTH AND WELL-BEING FROM A SOCIAL CURE–CURSE PERSPECTIVE

According to the social cure–curse framework, people's health and well-being are strongly impacted by their social relationships and networks. For instance, research has shown that individuals with stronger (vs. weaker) social relationships have a 50% lower mortality risk, which is similar to the effect of quitting smoking (Holt-Lunstad et al., 2010). Besides interpersonal connections, individuals relate to each other through shared group memberships and social category identifications, which also have health and well-being consequences. In the social cure–curse framework, 15 hypotheses are outlined on how groups can influence health and well-being in both a positive and negative direction (Jetten et al., 2017; C. Haslam et al., 2018). For example, the health and well-being consequences of a social identity are hypothesized to depend on the degree that members identify with the group, that is, the group membership is internalized in their self-concept or identity (*the identification hypothesis*). Identified group memberships then act through various pathways to impact individuals' health and well-being, such as through the norms that are attached to the group (*the norm enactment hypothesis*).

Across almost two decades, the social cure and curse paradigm has generated a large body of evidence for these hypotheses, for example, for individuals with an immigrant background, students, homeless individuals, war survivors, retired individuals, new mothers, and heart patients (for a review, see Wakefield et al., 2019). However, most research to date has focused on the social cure side of the framework, whereas the social curse side has been developed less. That is, whereas there is indeed already much evidence that group memberships can obstruct individuals' health and well-being (e.g., Kellezi et al., 2019; Kyprianides et al., 2019; Muldoon et al., 2019; Stevenson et al., 2014), the underlying processes of curse (vs. cure) effects are still less clear (but see, for instance, Häusser et al., 2020). We extend work on the social cure–curse framework in two important ways. First, we introduce an integrative model of social identity mechanisms for men's health and well-being (see Figure 1) drawing from the rich literatures on social cures and curses and on men and masculinities. Second, we extend the social cure–curse perspective in a more general sense by further developing its social curse side with a focus on the underlying mechanisms. In addition, we offer theory-based tools and concrete recommendations for policy and practice.

Current social cure pathways for men

There are a number of ways in which men's social identity can form a social cure, positively impacting health and well-being (see Table 1, for an overview of 10 social cure–curse hypotheses applied
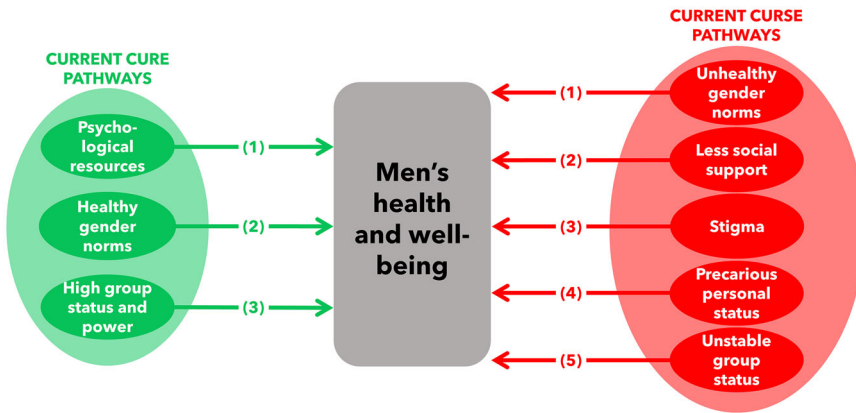
FIGURE 1 Model of social identity mechanisms for men's health and well-being.

to men's health and well-being, related to the cure–curse pathways discussed here and to the strategies for policy and practice discussed later). First, identities can function as positive psychological resources (Jetten et al., 2017). For instance, valued group memberships can foster a positive sense of self and a sense of belonging (e.g., Çelebi et al., 2017; Jetten et al., 2015). Recent research has indeed documented that men's belongingness in—and positive evaluation of—their gender group was related to less negative affect, and higher self-esteem and life satisfaction (Zitelny et al., 2021).

A second way in which being a man relates to positive outcomes is grounded in that people tend to associate men and masculinity with positive things that are generally good for health and well-being (Kiselica & Englar-Carlson, 2010). For instance, men are typically desired to be agentic: independent, ambitious, and confident (whereas women are usually expected to be communal, that is, warm, supportive, empathic; Heilman, 2001; Prentice & Carranza, 2002). Agency is positively related to health and well-being, for example, to life satisfaction, social adjustment, and healthy behaviors (Buchanan & Bardi, 2015; Danoff-Burg et al., 2006; Saragovi et al., 2002). Also, physical exercise and strength—both positively associated with health—are deemed as highly masculine (de Visser et al., 2009; de Visser & McDonnell, 2013). *The norm enactment hypothesis* in the social cure–curse perspective states that when individuals identify with a group, they are motivated to act according to the norms of the social identity derived from that group. Thus, if being agentic and physically fit is a group norm for men, then identifying as a man may lead men to enact these norms, benefitting their health and well-being (see Table 1).

Third, a group can positively impact members' health and well-being through how it relates to other groups in the broader social context, and more specifically, through the status, resources, and power associated with the group (*the group circumstance hypothesis*, Table 1). It is important to note that while both men and women are stereotypically described with, and prescribed, positive traits (i.e., agency and communality, respectively), research has also shown that agentic traits and values are still perceived as higher in status and worth than communal traits and values (Rudman et al., 2012). For example, traditionally male occupations such as engineering and computer science are generally perceived as bringing more societal worth than traditionally female occupations such as kindergarten teaching and nursing (Block et al., 2018). In addition, at the group level, (heterosexual) men are higher in societal status, for example, as men have a higher yearly income than women (Blau & Kahn, 2017), are across the world more likely to hold supervisory positions than women (Dämmrich & Blossfeld, 2017), and are overrepresented at all levels of political decision-making (UN Women, 2023).

In conclusion, net of other intersecting demographic dimensions and individual differences, men as a group are higher in status compared to other genders, making men's group circumstances typically advantageous, and making health and well-being benefits more likely.

TABLE 1 Overview of the discussed social cure and curse hypotheses related to men's health and well-being.

Hypothesis	General description	Application to men's health and well-being
Hypotheses related to the cure and curse pathways		
The social identity hypothesis	Because it is the basis for meaningful group life, social identity is central to both good and ill health.	Identifying with being a man is associated with a number of social identity pathways that may increase and decrease men's health and well-being.
The identification hypothesis	A person will generally experience the health-related benefits or costs of a given group membership only to the extent that they identify with that group.	The more important being a man is for men's identity, the more likely men will experience the impact of social identity pathways leading to better or worse health and well-being.
The norm enactment hypothesis	When, and to the extent that, a person defines themselves in terms of a given social identity, they will enact—or at least strive to enact—the norms and values associated with that identity.	Men who more strongly identify with their gender may be more inclined to act according to traditional masculinity norms, with possible positive (e.g., agentic coping, physical exercise) and negative (e.g., emotional restriction, risk behavior) health and well-being consequences. ~ *Cure pathway (2): Healthy gender norms* ~ *Curse pathway (1): Unhealthy gender norms*
The group circumstance hypothesis	When, and to the extent that, a person defines themselves in terms of a given social identity, their well-being will be affected by the state and circumstances of the group with which that identity is associated. a. When the group is enhanced (e.g., by success, high status, or advancement), social identity becomes a beneficial psychological resource. b. When the group is compromised (e.g., by stigma, low status, or failure), the capacity for social identity to function as a beneficial psychological resource is reduced.	Net of other intersecting demographic dimensions and individual differences, men as a group are higher in status compared to other genders, making men's group circumstances typically advantageous, and making health and well-being benefits more likely. ~ *Cure pathway (3): High group status* Subgroups of men may be stigmatized, however, for example when there is a perceived incompatibility between their gender and another intersecting identity or characteristic (e.g., men with communal identities, men who are gay, men who belong to marginalized groups). ~ *Curse pathway (3): Stigma*
The social support hypothesis	When, and to the extent that, people define themselves in terms of shared social identity, they will (1) expect to give each other support, (2) actually give each other support, and (3) construe the support they receive more positively.	Due to prevailing gender norms that discourage expressing intimacy and emotions between men, the potential for (emotional) social support between men may be underdeveloped currently. ~ *Curse pathway (2): Less social support among men*
The identity restoration hypothesis	People will be motivated to restore positive identity when this is compromised by events that threaten or undermine their social identities (e.g., group failure, stigma, low status, or loss of group membership).	When men experience social identity threats, either to their personal manhood status or the higher societal status of men in general, they may be motivated to restore the threatened identity through behaviors that re-establish these statuses. ~ *Curse pathway (4): Precarious personal status* ~ *Curse pathway (5): Unstable group status*
The social competition hypothesis	When circumstances threaten, undermine, or preclude positive social identity, if people perceive group boundaries to be impermeable and group relations to be insecure, they are likely to respond to the threat to positive identity through strategies of social competition.	When men experience group-level social identity threats, for example from feeling that their high societal status is declining, they may be more likely to perceive gender groups as in competition with each other and exhibit reactionary responses against the advancement of lower-status groups. ~ *Curse pathway (5): Unstable group status*

(Continues)

TABLE 1 (Continued)

Hypotheses related to the strategies for policy and practice		
The influence hypothesis	When, and to the extent that, people define themselves in terms of shared social identity, they will be more likely to influence each other.	Men can co-create group norms by influencing each other, which provides leverage for positive male role models to change gender norms that are associated with poorer health and well-being outcomes. ~ *Cha(lle)nging unhealthy gender norms*
The prototypicality hypothesis	People will have more influence in defining the meaning of a given social identity to the extent that they are seen to be representative of that identity.	Male role models who are more prototypical (e.g., agentic) may be easier for other men to identify with and be more effective in changing gender norms. ~ *Cha(lle)nging unhealthy gender norms*
The multiple identities hypothesis	Providing they are compatible with each other, important to the person, and positive, the more social identities a person has access to, the more psychological resources they can draw upon and the more beneficial this will be for their health.	Having multiple compatible and positive group memberships besides gender may compensate for possible social curse processes by allowing men to draw psychological resources from groups with more healthy norms, by possibly making gender less central to their identity, and by providing more opportunity for social connectedness. ~ *Reducing rigidity in following gender norms and threat* ~ *Creating opportunities for social support*

Note: Original hypotheses from Jetten et al. (2017) and C. Haslam et al. (2018).

Summary

We distinguish three pathways through which being part of the group of men can be beneficial for men's health and well-being: Through social identity acting as a positive psychological resource (e.g., increasing one's sense of belonging); through positive prescriptive group norms such as agency and physical exercise; and through the higher status and power (e.g., economic, political) that the group of men currently possesses (i.e., Figure 1, green pathways).

Current social curse pathways for men

However, we also stipulate five pathways through which men's social identity can be a social curse (Häusser et al., 2020; Wakefield et al., 2019).

Pathway one: Unhealthy gender norms for men

Whereas there are gender norms that foster good health and well-being for men, unhealthy gender norms are also evident and co-occur in a number of forms (e.g., see Joyce et al., 2024, for a discussion of masculinity norms that protect against and contribute to suicidality; the norm enactment hypothesis, Table 1). First, much research shows that various unhealthy behaviors are traditionally seen as normative for men. Thus, people associate unhealthy behaviors such as drinking alcohol, smoking, and unhealthy eating with masculinity, and individuals who display these behaviors may be perceived as more masculine (Adamczyk et al., 2023; de Visser & McDonnell, 2012; Nichter et al., 2006; Vartanian et al., 2007). Men indeed show these behaviors more than women (Erol & Karpyak, 2015; Imamura et al., 2015; Ritzel & Mann, 2021; WHO, 2024), especially when men more strongly endorse and adhere to traditional gender norms (Mahalik et al., 2007; Roberts et al., 2014;

Rosenfeld & Tomiyama, 2021; Wilkinson et al., 2018). These behaviors have in turn been related to the development of chronic conditions such as cancer, respiratory illnesses, and cardiovascular diseases in men (WHO Regional Office for Europe, 2018).

Second, gender norms for men encourage risk-taking, which can be seen as a sign of toughness, courage, and bravery—all agentic traits traditionally considered desirable for men (Brannon, 1976; Prentice & Carranza, 2002). Men have indeed been found to be more risk-taking than women in areas that can be considered dangerous (Breivik et al., 2017; Byrnes et al., 1999; Dohmen et al., 2011; Fine, 2017). For instance, Harris and Jenkins (2006) documented that men reported more past risky behavior, such as speeding, breaking traffic laws, and engaging in risky activities (e.g., motorcycle riding) than women. Also, these men reported being more likely to take hypothetical health risks (e.g., not wearing a seatbelt or a helmet, and engaging in dangerous sports), expected greater enjoyment from these activities, and judged the potentially harmful consequences as less likely than women. Indeed, several studies have shown that endorsing and conforming to traditional views on masculinity is related to increased risk behavior in specific areas (Giaccardi et al., 2017; Meier-Pesti & Penz, 2008; Pleck & O'Donnell, 2001; see Fine, 2017, for specific limitations). Importantly, unintentional injuries are a leading cause of disability and death for men (WHO Regional Office for Europe, 2018).

Third, gender norms for men can be unhealthy with regard to mental health. Traditional views on masculinity portray ideal men as self-reliant and having a stoic control over their emotions, not allowing them to express weakness or feelings of insecurity (Levant & Richmond, 2008; Mahalik et al., 2003; O'Neil, 1981). Research shows that a norm of restrictive emotionality may be related to emotional dysregulation and not being able to tolerate or accept emotions (Cohn et al., 2010). A meta-analysis further showed that men who live more by traditional masculine norms have worse mental health (Wong, Ho, et al., 2017). Moreover, research has shown masculinity norms to create barriers for men in seeking help for physical and mental health problems (Mansfield et al., 2005; Yousaf, Grunfeld, et al., 2015; Yousaf, Popat, et al., 2015), and that men are indeed less willing to seek help to the extent that they uphold these ideals (J. L. Berger et al., 2012; J. M. Berger et al., 2005). Men who endorse or adhere to traditional masculinity norms are also more likely to internalize stigma against seeking help for mental issues (i.e., seeing oneself as weak for needing help; Mahalik & Di Bianca, 2021; Vogel et al., 2011; Wester, 2022), and are more likely to report suicidal thoughts (Coleman, 2015; T. L. King et al., 2020), and eventually even to take their own life (Coleman et al., 2020). Across the world, men's suicide rates are more than double those of women (WHO, 2021c), and in the United States even approximately four times higher (CDC, 2024). Moreover, inhibitions against seeking help for physical health problems may further exacerbate the earlier described masculinity-related health and well-being outcomes in lifestyle and risk-taking.

One example of a specific context in which the health and well-being consequences of traditional masculinity norms have been increasingly documented is the workplace, and, more specifically, workplaces that can be characterized as having a strong masculinity contest culture. Masculinity contest work environments cultivate work devotion, competition, and hiding weakness: worker norms that mirror traditional "masculine" ideals (Berdahl et al., 2018). Research has shown that such work cultures are negatively associated with employees' physical and mental health (e.g., Glick et al., 2018) and that individuals employed in such cultures report feeling more burned-out and have higher intentions to leave their organization (e.g., Glick et al., 2018; Rawski & Workman-Stark, 2018).

Pathway two: Less social support among men

According to *the social support hypothesis*, a shared social identity increases the likelihood that individuals will support each other (Table 1). Jetten and colleagues (2017) also acknowledge, however, that social support may not exist to the same extent in all groups, which can make less supportive groups social curses—for example, in the face of negative and stressful life events. The chances of receiving social support are higher when individuals disclose personal information, for example, about

difficult circumstances (e.g., Zhang, 2017). In the case of men's social identity, research indicates that boys and men tend to expect and value emotional support, self-disclosure, and intimacy in friendships less than girls and women (Hall, 2011; Rudolph & Dodson, 2022; Williams et al., 2022) and allocate more importance to things like companionship and enjoyment (Rudolph & Dodson, 2022). Indeed, it has been argued that on average men and women seek intimacy in different ways and that while women more often try to achieve closeness with others "in the dialogue," men more often try to achieve closeness "in the doing" (Swain, 1989; Wood, 2003). This relates to research showing gender differences in self-disclosure, for instance, that adolescent boys (vs. girls) reported less self-disclosure to friends (Rose & Rudolph, 2006), and that adult men reported a lower desire and probability to self-disclose about negative information, even though they were aware they were withholding more than what was appropriate (Carbone et al., 2024). In addition, these adult men (vs. women) showed more self-enhancement motives for self-disclosure (e.g., to influence how others think of them).[2]

Such gender differences in self-disclosure and support may again be tied to traditional gender norms that discourage men from showing emotions or vulnerability. For instance, a study found that men (vs. women) tended to report less intimate and supportive friendships and that this was partially explained by emotional restraint (Bank & Hansford, 2000). Also, men who identified less with stereotypical feminine traits (e.g., being gentle, friendly, supportive) reported a lower tendency to self-disclose in their same-sex friendships, which was in turn related to less friendship satisfaction, closeness, and commitment (Morman et al., 2013). Having more traditional male role attitudes in men has also been found to relate to having more instrumental friendships (i.e., where doing activities is more important) and less expressive friendships (i.e., valuing sharing thoughts and feelings less; Migliaccio, 2009). In addition, a recent meta-synthesis documented how boys and men regulated their own and their friends' behavior to be more in line with gender norms, for example, by hiding their feelings and teasing others for expressing emotions, driven by a fear of being labeled as "gay" (Vierra et al., 2023). Indeed, being labeled as gay and social rejection seem to be recurring concerns related to the display of emotions in men and boys (e.g., Oransky & Marecek, 2009), and men who do express intimacy (vs. women) were found more likely to be judged negatively by other men (vs. women; Gaia, 2013). In addition, gender-prescribed self-reliance likely discourages boys and men from seeking social support from same-sex peers.

Such relations between traditional gender norms for men, social support, and connectedness may contribute to serious down-stream health and well-being consequences (e.g., Bonell et al., 2023; Willis & Vickery, 2022). Recent US data indicate that across the majority of the life course, boys and men tend to experience higher levels of social isolation compared to girls and women (Umberson et al., 2022), and boys may lose close friendships as they reach late adolescence (Way, 2013). Men with no or just a few close friends (vs. more) have been found more likely to report mental distress (Hintikka et al., 2000) with, as noted earlier, social isolation being a major mortality risk (Holt-Lunstad et al., 2010).

Rather than with other men, research has suggested that men may seek to fulfill their intimacy needs without violating masculine norms through closeness with women, for example, in heterosexual relationships (Vierra et al., 2023; Wagner-Raphael et al., 2001). Indeed, Stronge and colleagues (2019) showed that having a romantic partner was related to higher levels of perceived social support more strongly for men than for women, which suggests that men tend to rely more on romantic partners for social support. Also, men (vs. women) who were never married or who had disrupted romantic relationships experienced much higher social isolation, suggesting that single men's social networks may be at risk (Umberson et al., 2022). Furthermore, men's reliance on women for social connection and emotional support in heterosexual relationships may contribute to the mental load of emotional labor that women already tend to experience, that is, where women are expected to manage the emotional needs of others in addition to their own needs (Dean et al., 2022; Hochschild, 1983).

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[2] Research findings on overall gender differences in self-disclosure are mixed since the target, topic and research methodology are all important in this complex relationship—see Carbone et al. (2024).

Pathway three: Stigma for men

The group circumstance hypothesis under the social cure–curse framework states that identifying with a group that is stigmatized will compromise the health and well-being consequences of that identification. As mentioned, (heterosexual) men are generally seen as the higher-status group compared to other genders, and therefore usually not considered to be stigmatized. However, research shows that certain groups of men can be stigmatized, for example, when their gender intersects with another identity or characteristic that is perceived to be incompatible with male identity. In the social cure–curse framework, compatibility is indeed an important condition for multiple group memberships to have positive rather than negative health and well-being consequences (Jetten et al., 2017; see also later the multiple identities hypothesis, Table 1). We here review such examples of subgroups of men who are stigmatized.

First, as noted, men are traditionally prescribed to be agentic and women to be communal. Having other identities that are more communal may be perceived as incompatible with being a man and therefore create a risk for stigmatization and backlash (Croft et al., 2015). For example, a study showed that men who applied for a traditionally female (communal) job (i.e., elementary education) were seen as less likable, more likely to be gay, and even as a larger safety threat than female applicants (Moss-Racusin & Johnson, 2016). Similarly, men described as successful in a female occupation were rated as more ineffectual and less deserving of respect than successful men in a male occupation and successful women in a female occupation (Heilman & Wallen, 2010). Apart from more direct negative social and work-related consequences, such negative evaluations may also discourage men from taking interest in communal occupations and more broadly from taking up communal activities, foregoing the benefits for personal and relationship well-being known to result from communal engagement (Carlson et al., 2016; Kosakowska-Berezecka et al., 2016; Le et al., 2018; Petts & Knoester, 2020; for discussions of barriers and facilitators for men's communal engagement, see Croft et al., 2015, and Meeussen et al., 2020).

A second way in which male identity and other identities may be incompatible relates to two powerful traditional gender norms for men, namely heterosexuality and antifemininity: To be a man is to like women, but to be nothing like women (Brannon, 1976; Kimmel, 2016; Levant & Richmond, 2008). Gay men are often perceived to violate these mandates, as they are not only attracted to men but are also perceived as less masculine and more feminine than heterosexual men (Blashill & Powlishta, 2009). In social identity terms, this results in a perceived incompatibility between the social identities "being a man" and "being attracted to men." Worldwide, there is high prejudice and violence against gay individuals (European Union Agency for Fundamental Rights, 2020), also resulting in negative physical and mental health consequences for gay men (Hamilton & Mahalik, 2009; Wittgens et al., 2022). For instance, research shows that gay men who perceive more societal stereotypes about their group report lower life satisfaction and self-worth (Hinton et al., 2019). Also, some gay men internalize homophobic attitudes, predicting heightened psychological distress and poorer physical health (e.g., Hunt et al., 2020).

Also more broadly, men who are marginalized (e.g., due to socioeconomic disadvantages or a minoritized identity) may perceive their lower status as a violation of gender norms in itself (e.g., failing to achieve success or to be respected), which may lead them to experience even stronger pressures to conform to other gender norms that are within their control. For example, experimental research showed that after being faced with racial discrimination (vs. not), Black men experienced more threat against their masculinity and showed more "masculine" behavior (i.e., more push-ups; Goff et al., 2012). White men—who often have the benefit of presumed high value and status—did not show these effects. Moreover, recent studies also found that individuals attributed men's poverty more to individualistic causes (e.g., lacking willpower) than women's poverty, which in turn predicted less support for welfare protection for men (Alcañiz-Colomer et al., 2023). Such lower welfare support for men may further increase the stigma, and health and well-being costs of poverty itself.

Pathway four: The precariousness of men's personal manhood status

The previous pathway concerned the stigmatization of men who are seen as non-stereotypical. However, also when men *do* fit the stereotypical image of a "real man" they may experience threats to their social identity. Research has shown that manhood, relative to womanhood, is generally seen as a social status that needs to be repeatedly achieved and otherwise can be lost (i.e., *precarious manhood*; Vandello et al., 2008; Vandello & Bosson, 2013). This achievement generally occurs through public demonstrations of "manly" behavior and avoidance of "unmanly" behavior. Men's personal manhood status is thus often seen as unstable and, as a result, vulnerable to social identity threats (e.g., see Himmelstein et al., 2019)—especially for men who are highly identified (Schmitt & Branscombe, 2001). In this way, the pressure for gender conformity may be larger on men than on women, putting men at a higher risk of having their gender performance questioned and evaluated, which may obstruct their health and well-being in various ways.

First, the social cure–curse approach posits that individuals generally try to safeguard a valued group membership and restore a social identity when it is under threat (*the identity restoration hypothesis*, Table 1). Manhood threats resulting from precarious manhood may exacerbate the group norm processes described above by encouraging men to actively protect or prove their masculine status and to enact (unhealthy or risky) group norms even more. Research has indeed shown that after experimentally induced masculinity threats—where men are made to feel they may not be masculine enough—men try to reaffirm their masculine status by engaging in unhealthy yet gender-normative behavior, such as consuming more alcohol or energy drinks and reporting higher attachment to meat than men in a comparison condition (Chiou et al., 2013; Fugitt & Ham, 2018; Nakagawa & Hart, 2019). Men who experience more stress from feeling like they do not live up to masculine standards (i.e., discrepancy stress) also reported less healthy behaviors (Mesler et al., 2022). In addition, a recent meta-analytic review indicated that threatened manhood likely plays a role in men's striving toward a muscular body (Murnen et al., 2023), which in more extreme forms has been linked to negative psychological and physical consequences such as disordered eating (Lavender et al., 2017). This also illustrates how some positive "masculine" behaviors such as sport and athleticism can have a more negative side when they are exaggerated.

Similar results have been found for risk behaviors, where relative to comparison conditions, men under masculinity threat reported being more interested in firearms (Borgogna et al., 2022), showed more aggressive behavior (Bosson et al., 2009), took more financial risks (Parent et al., 2018; Weaver et al., 2013), and showed a higher pain tolerance (Berke et al., 2017; Fowler & Geers, 2017). Recent cross-national research showed stronger precarious manhood beliefs at the country level to be positively linked to men's country-level risky behaviors and negative health consequences (Vandello et al., 2023). In addition, in nations where precarious manhood beliefs are more widespread, men have a 6-year shorter life expectancy (for a review on the relation between precarious manhood and men's health, see Vandello et al., 2019). Men who reported feeling less masculine than others, and who experienced more related stress, also reported more aggressive and sexual risk behavior (Reidy, Berke, et al., 2016; Reidy, Brookmeyer, et al., 2016).

Furthermore, in the domain of social relationships, masculinity threats may create more distance between men and others. For example, in response to a masculinity threat (vs. no threat), men indicated less relationship closeness, interdependence, and commitment (Lamarche et al., 2021). Men who tend to experience more stress from gender counter-stereotypical situations (e.g., physical inadequacy, subordination to women) also reported more condoning of partner violence (McDermott & Lopez, 2012) and more controlling relationship behavior (Mahalik et al., 2005).

Besides eliciting gender-normative compensation behavior, recurring masculinity threat may also take a more direct toll on men's physical and mental health. With regard to mental health, research has shown that masculinity threats can lead to internalized responses (i.e., responses directed at the self), such as increased levels of anxiety, shame, guilt, and public discomfort (e.g., Dahl et al., 2015;

Vandello et al., 2008; Vescio et al., 2021; see Stanaland et al., 2023, for a review and model). Moreover, studies showed that men whose gender was more central in their identity reported lower self-esteem and more depressive symptoms, which was explained by larger perceived pressure to conform to masculine expectations (Zitelny et al., 2021). Importantly, masculinity threat not only emerges in the mind but also elicits stress responses in the body, which in turn can have negative consequences for physical health. More specifically, masculinity threats have been linked to stress responses such as increased cortisol secretion (Caswell et al., 2014; Himmelstein et al., 2019; Taylor, 2014) and vagal withdrawal (Kramer et al., 2017), which in turn may contribute to men's rates of cardiovascular disease.

Lastly, stress resulting from masculinity threats may decrease men's self-regulation and, as a result, lead them to choose suboptimal health behavior. For instance, research has shown that stress may decrease self-control and lead individuals to choose food based on its taste rather than on how healthy it is (Maier et al., 2015). Moreover, research on perceived discrimination and stereotype threat has indicated that individuals may cope with stress resulting from stigma using strategies that are unhealthy, such as unhealthy eating, smoking, and alcohol consumption (Derks & Scheepers, 2017; Inzlicht & Kang, 2010; Pascoe & Smart Richman, 2009). Although manhood threat is in many ways different from stereotype threat or the discrimination experienced by societally excluded groups, it can be expected that the strain and stress of manhood threat may similarly result in poor health behavior (e.g., Sobiraj et al., 2015).

Pathway five: Men's group status is high but perceived as unstable

In addition to social identity threats at the individual level, the social perception that manhood is precarious may also trigger perceived status threats at the group level, especially in times of increased social change. In recent years, social hierarchies have been shifting and systems of power are under pressure, with the historically higher societal status of men becoming less self-evident (e.g., see Van Laar et al., 2024, for a review). In some more progressive contexts, traditional forms of masculinity are indeed increasingly criticized, leading some men to perceive stigma and discrimination directed at them, for example, men's groups as part of the so-called *manosphere* (i.e., online misogynist communities centered around men's issues; Ribeiro et al., 2021; Vallerga & Zurbriggen, 2022). Furthermore, men who are not overtly sexist have been found to show physiological signs of threat when discussing gender-related social change (e.g., Domen et al., 2022; Scheepers et al., 2009; see also Dover et al., 2016). In addition, inducing a group-level threat in men—for example, by emphasizing that women have advanced their societal position—increased men's zero-sum beliefs: the belief that women's emancipation results in men having to give up status and success (Kuchynka et al., 2018; *the social competition hypothesis*, see Table 1). On average, men endorse zero-sum beliefs to a greater extent than women, and more so when they report past discrimination based on their gender (Ruthig et al., 2017). Men (vs. women) were also found more likely to believe that men face equal or more discrimination than women, especially men who are more conservative (Bosson et al., 2012).

Given that manhood is seen as a precarious status, that is repeatedly required to be proven, the perceived threat from gender-related social change may elicit reactionary and compensatory responses in men. First, men's reactions to threats to the gender hierarchy may intensify conservative gender attitudes and restrictive masculinity norms. Research has shown that following an experimentally induced gender hierarchy threat (vs. a status quo condition), men who had more sexist attitudes reported more endorsement of gender essentialist beliefs (e.g., the belief that gender differences in success and personality are innate; Morton et al., 2009). Also, straight men who read a fictitious article suggesting that men are increasingly "feminizing" reported more homophobic attitudes compared to men in a neutral control condition and compared to men in a masculine norm ("masculinity is stable") condition (Falomir-Pichastor et al., 2019). Second, perceived group-level threats may elicit reactionary responses in men toward gender equality more broadly. For instance, following

an induced gender hierarchy threat (vs. affirmation), men not only reported more zero-sum beliefs but also lower support for gender equality initiatives (Kuchynka et al., 2018). Cross-nationally, men with stronger zero-sum beliefs were found less willing to participate in collective action for gender equality (Kosakowska-Berezecka et al., 2020).

Somewhat ironically, however, such reactionary responses likely also harm men's own well-being: By protecting the traditional gender system and gender norms for men, the social curse processes discussed so far are safeguarded and reinforced. Evidence from two countries showed that heterosexual men who endorse more gender-related zero-sum beliefs reported lower relationship satisfaction and more psychological distress (Wong, Klann, et al., 2017; see also Różycka-Tran et al., 2021). Therefore, whereas high group status is generally beneficial for health and well-being, this can be undermined when the high status is perceived to be unstable and in constant need of being demonstrated (Scheepers & Ellemers, 2018; Vandello et al., 2008).

Summary

The social curse side consists of five pathways through which men's health and well-being may be hindered. First, certain gender norms encourage unhealthy habits and risky behavior and contribute to worse mental health and barriers against seeking help (Figure 1, red pathway 1). Second, the potential for (emotional) support among men may currently be underdeveloped, due to prevailing gender norms that discourage expression of intimacy and seeking support among men—potentially contributing to higher levels of social isolation (Figure 1, red pathway 2). Third, subgroups of men may experience stigma when there is a perceived incompatibility between their gender and another intersecting identity or characteristic, for example, men with communal identities, men who are gay, and men who belong to marginalized groups (Figure 1, red pathway 3). Fourth, perceived social identity threats against men's personal manhood status may lead to negative health and well-being in three ways: Men may try to protect their manhood by enacting (unhealthy or risky) group norms even more, such threats may increase negative emotions and cognitions and elicit physiological stress responses, and stress induced by such threats may decrease men's self-regulation (Figure 1, red pathway 4). Fifth, group-level threats that men may perceive as a result of precarious manhood, especially in times of shifting social hierarchies, may reinforce the traditional gender system and related social curse processes (Figure 1, red pathway 5).

FROM CURSE TO CURE: POLICY AND PRACTICE IMPLICATIONS

Building on this newly developed integrative model of social identity mechanisms for men's health and well-being, we outline four possible strategies for practitioners and policymakers to improve the health and well-being of boys and men: Using existing positive gender norms for men, challenging and changing unhealthy gender norms, decreasing gender norm rigidity and social identity threat, and creating opportunities for social support (see Table 2 for an overview). Note that these strategies can overlap to a certain extent, and the discussed programs and interventions may fit into several strategies at the same time. However, our aim is to highlight different theory-based strategies that could be the focus of policy and practice.

Using the existing positive gender norms to benefit men's health and well-being

A first strategy to foster positive health and well-being outcomes for boys and men is to build on the positive gender group norms that exist within the current dominant gender ideology. As mentioned before, being a man is associated with positive prescriptions that may promote health and well-being. For example, being assertive, decisive, and self-reliant may promote active coping with health problems (Courtenay, 2004), and physical activity is healthy and considered to be eminently masculine (de Visser et al., 2009; de Visser & McDonnell, 2013). Indeed, self-ascribed agency has been found to

TABLE 2 Opportunities for policy and practice, based on the targeted cure and curse pathways.

Strategies for policy and practice	Examples and tools	Directly targeted cure–curse pathways
Using the existing positive gender norms to benefit men's health and well-being	– Fostering current positive gender prescriptions that may promote men's health and well-being (e.g., physical activity, agentic coping with health problems)	Cure pathway: (2) Healthy gender norms
Cha(lle)nging unhealthy gender norms to benefit men's health and well-being	– Highlighting the compatibility between traditional and new facets of masculinity – Breaking through pluralistic ignorance about gender norms for men – Changing gender norms by changing gender roles – Using positive role models for gender norm change	Cure pathway: (2) Healthy gender norms Curse pathways: (1) Unhealthy gender norms (2) Less social support (3) Stigma
Reducing rigidity in following gender norms and threats	– Self-affirmation as a buffer against masculinity threat – Fostering multiple group memberships besides gender – Avoiding unnecessary labeling of gender categories	Curse pathways: (4) Precarious personal status (5) Unstable group status
Creating opportunities for social support	– Investing in social support programs targeted at men – Fostering social identities through social prescribing	Cure pathway: (2) Healthy gender norms Curse pathways: (1) Unhealthy gender norms (2) Less social support

relate to more physical activity in men and women, and to lower saturated fat intake in men (Sloan et al., 2015).

Emphasizing and actively fostering the positive aspects of masculinity has been advocated, for example, by the *positive psychology/positive masculinity model* (PPPM, Kiselica & Englar-Carlson, 2010).[3] For instance, self-reliance can be an adaptive resource for men to face the challenges of life, courage can lead to good outcomes (e.g., protecting others, achieving difficult things; Kiselica & Englar-Carlson, 2010), and agentic traits have been found to be related to better anxiety coping strategies in students (Weigold & Robitschek, 2011). Programs and interventions consistent with this PPPM approach have indeed shown positive results (e.g., Kiselica et al., 2016; Taliep et al., 2021). One program that can be seen as fitting with PPPM is the Men's Sheds: community organizations where men come together to engage in practical activities such as woodworking and metalworking (https://mensshed.org/). The Sheds are aimed at improving men's well-being and reducing loneliness not by challenging traditional gender norms for men directly but by building on positive "male" values such as connecting through sharing activities, group orientation, and meaningful work (e.g., "old-fashioned mateship"; Kiselica & Englar-Carlson, 2010; Oliffe & Phillips, 2008). Participants of Men's Sheds have indeed reported health and well-being improvements (Kelly et al., 2021), and such benefits may be boosted through a sense of social identity fostered in Men's Sheds groups (Ford et al., 2015). However, although advocates of PPPM acknowledge that these positive aspects of masculinity are the result of gender socialization and are not biologically determined, nor exclusive to men (i.e., they are human qualities; Englar-Carlson & Kiselica, 2013), others have criticized this approach for at least communicating that there is something fundamentally "masculine" about these traits (Addis,

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[3] Note that Hoffmann and Addis (2023) categorize PPPM as a re-construction of masculinities (see below) that transforms masculinities by encouraging their positive aspects, instead of maintaining a one-sided focus on the negative aspects. Hoffman and Addis' classification differs slightly from ours in that respect, since we put more emphasis on PPPM as a model that does not wish to change the core norms and associations that underly "masculinity" (e.g., agency, strength) but rather seeks to foster a more positive variant of in effect the same concept.

2010; Addis et al., 2010). Hereby, PPPM has been argued to play into gender essentialist thinking that may again contribute to the harm it is seeking to address.

Other approaches using current gender norms build more directly on the performative or precarious character of manhood. For example, the Man Up Monday campaign attempted to convince men to "be a man" and get tested for sexually transmitted diseases (STDs; Anderson et al., 2016). While the campaign succeeded in increasing the number of STD tests in men, important concerns have been raised here too about how such language reinforces predominant and restrictive notions of masculinity known to decrease men's health and well-being (Fleming et al., 2014; Vandello et al., 2019). Also, given the association between masculinity and risk, and the appeal for men to prove their manhood, public health messages may not want to use the common strategy of highlighting dangerous aspects of unhealthy behaviors to invoke fear, as this may have no or even counterproductive effects in some men (Vandello et al., 2019).

Cha(lle)nging unhealthy gender norms to benefit men's health and well-being

A second strategy to leverage social cure effects is to challenge and change the content of unhealthy gender norms for men, that is, to "reconstruct" what it means to be a man (Hoffmann & Addis, 2023). For instance, WiseGuyz, a school-based program in which boys learn about the negative consequences of gender norms for men, critically question these norms, and are encouraged to create new norms, showed positive effects on friendship closeness for boys with an ethnic minority background (Exner-Cortens et al., 2022; see also Lux et al., 2024). Below we discuss theory-based strategies that can be used to challenge and change gender norms.

Highlighting the compatibility between traditional and new facets of masculinity

A powerful tool to change and broaden narrow traditional gender norms for men may be to highlight the compatibility between traditional aspects of masculinity and new, nontraditional but healthy traits and behaviors. Illustrating this, Van Grootel and colleagues (2018) showed that men who were informed that most men actually believe agency and communality to be compatible, and valued equally in men, showed the strongest increase (vs. comparison conditions) in communal orientation—and importantly, without decreasing their agentic self-views. This idea of compatibility between old and new aspects also resonates with the *Social Identity Model of Identity Change*, which explains how individuals can cope with life changes in a way that promotes well-being (C. Haslam et al., 2021). The model delineates both a continuity pathway (agency in the above example), in which some existing identity aspects are maintained, and a gain pathway, in which new identity aspects are acquired (communality in the above example). The model highlights the importance of old and new aspects being compatible with each other. Norm interventions aiming to encourage men to adopt new healthy, yet nontraditional beliefs and behaviors may thus be more likely to succeed—and to avoid social identity threats—if they also affirm existing, unproblematic, aspects of masculinity. By doing so, norm interventions may facilitate the internalization of new and broader norms in men's identities, fostering a secure base from which men can explore new facets of manhood.

Breaking through pluralistic ignorance about gender norms for men

Individuals sometimes have faulty ideas about group norms, and revealing errors in these beliefs can thus be a second way to promote norm change (Waylen, 2018). Research indeed has shown that individuals sometimes overestimate other group members' agreement with a norm, leading individuals to hold themselves to standards that are much higher than what their peers actually endorse—a phe-

nomenon called *pluralistic ignorance* (Miller & Prentice, 1994). Indeed, studies have indicated that men tend to overestimate other men's (approval of) aggression, endorsement of traditional masculinity ideals, negative attitudes about paternity leave, and sexist beliefs (Kilmartin et al., 2008; Miyajima & Yamaguchi, 2017; Sobotka, 2022; Van Grootel et al., 2018; Vandello et al., 2009). Moreover, both men and women showed pluralistic ignorance regarding coworkers' endorsement of work-specific masculinity contest norms (i.e., favoring competition, showing no weakness), and higher levels of pluralistic ignorance predicted lower well-being (Munsch et al., 2018). In the physical health domain, male college students exhibited pluralistic ignorance about consuming alcohol at university, which may lead to higher pressure on men to drink (Suls & Green, 2003). Such misconceived norms can be an effective point for norm interventions. For instance, research showed that breaking through pluralistic ignorance about agentic and communal norms by informing men about the actual norms, led men to describe themselves as more communal, less inclined to hide communal behavior, and more supportive of gender equality (Van Grootel et al., 2018). In addition, Kilmartin and colleagues (2008) developed a brief intervention that increased the accuracy of men's estimations of their peers' sexist attitudes 3 weeks later, by educating men about errors in norm perceptions and giving feedback about their own pluralistic ignorance.

Changing gender norms by changing gender roles

Scholars have argued, however, that targeting norms directly as an intervention may be too late in the process and may result in only short-term effects (e.g., Forscher et al., 2019; Paluck et al., 2020), while the source of the problem itself should instead be tackled (Eagly & Koenig, 2021). Using social role theory, Eagly and Koenig (2021) posit that for interventions to have long-lasting effects it is important to target the social roles that lie at the base of—and create—gender norms. This is because individuals are argued to infer how men and women are, and how they should be, from the social roles that individuals observe men and women to occupy in daily life. Consistent with this, large-scale data on more than 1.4 million tests of implicit and explicit gender stereotypes collected between 2007 and 2018 showed that traditional gender stereotypes have decreased significantly, mirroring the change in gender roles that occurred over those years (Charlesworth & Banaji, 2022). Also, experimental research has shown that participants who read about the changing social role of fathers as becoming more involved in childcare (vs. about gender-neutral employment trends) changed their views of men into being more communal (e.g., nurturing, gentle, helpful; Park & Banchefsky, 2018). In stimulating such changes, governments and institutions can aim to facilitate role and behavior change for men, hereby ultimately signaling new norms (Tankard & Paluck, 2016). One example of this is the reformed parental leave policy in Germany in 2007, where fathers were offered 2 months of paid leave reserved only for them, and as a result fathers took up more childcare (Schober, 2014). In contrast, policies where part of the parental leave is only transferable from mothers to fathers, or shared between them, may be less effective in encouraging fathers to take up more leave (e.g., in the United Kingdom; Kaufman, 2018). Similarly, workplaces can install policies that stimulate a healthy work–life balance and promote mental health (Meeussen et al., 2020; Seaton et al., 2019; Stratton et al., 2018). Strategies like these can be successful in communicating that it is normal and desirable for men to have a good work–life balance and to care for their mental well-being, and may—by influencing broader gender roles—also ultimately change gender norms over time.

Using positive role models for gender norm change

A complementary strategy that can create leverage for social cures is to use the influence that in-group members can exert on each other. Indeed, group norms are co-created by group members, with some leading and others following the example (*the influence hypothesis*, Table 1). This highlights the key

part that positive male role models can play in changing norms (Croft et al., 2015). Frequent and high-quality contact with non-stereotypical role models can change individuals' (implicit) self-views to be less gender traditional (Asgari et al., 2010). For example, Wong, Klann, et al. (2017) showed that growing up with a male role model who actively participated in household tasks was related to having less zero-sum beliefs. Also in the area of men's help-seeking and mental health, both men themselves and key individuals around them have explicitly pointed to the promise of positive male role models in creating new norms (Harding & Fox, 2015; Wilson et al., 2022).

Interventions using a role model approach have shown positive results. For instance, the Silence is Deadly program is a secondary school-based intervention aimed at improving boys' and young men's mental help-seeking through presentations and videos featuring famous athletes who actively challenge gender norms and encourage talking about mental health (Calear et al., 2017). A cluster-randomized controlled trial of this program showed promising initial results, with the program being successful in increasing participants' intentions to seek help from their friends (Calear et al., 2021). Similarly, the Bandebereho couples' intervention in Rwanda aimed at transforming gender norms through positive models of fatherhood was found to increase, for example, men's participation in care, household tasks, reproductive health, and led to more egalitarian decision-making (Doyle et al., 2018). Besides controlled interventions, media can also play an important role in people's exposure to healthy male role models (Croft et al., 2015), due to the media's perceived legitimacy and role in the normalization of the content they show (Tankard & Paluck, 2016). For example, the Man Up documentary (not to be confused with the Man Up Monday campaign, see above)—which implemented modeling of men who shared their emotions and sought help for their problems—was found to increase help-seeking intentions in men (K. King et al., 2017).

However, role models may also yield unintended results when the model is not carefully chosen. When the role model is too different from the average group member, contrast effects may occur where men distance themselves even further from the nontraditional information (e.g., see Rudman & Phelan, 2010). In general, a too large emphasis on norm deviance may indeed backfire. This is illustrated by Clow and colleagues (2015), who tested a male nursing advertisement using masculinity-emphasizing language ("Are you man enough to be a nurse?") next to a picture of a male nurse and showed that this strategy resulted in higher perceived gender deviancy and less positive evaluations of the male nurse, compared to an advertisement pairing the same picture with neutral language ("Interested in a career in nursing?").

Research shows that role models are generally more effective when they are prototypical of the group (*the prototypicality hypothesis*, Table 1), as group members should be able to identify with the role model and find them believable for norm transmission or social influence to occur (Lockwood & Kunda, 2000; Tankard & Paluck, 2016). Research has suggested that male prototypes who combine (traditional) agentic traits with (nontraditional) communal traits may be effective in increasing men's expected communal engagement (Scheifele et al., 2021; see also the above discussion of the compatibility between agency and communion). Also, high-status male role models may be especially likely to influence group norms (Sobotka, 2022), such as well-known successful sportsmen in mental health promotion interventions (Calear et al., 2021; Harding & Fox, 2015) and celebrity fathers, featuring famous athletes and actors, in UNICEF's Super Dads campaign (UNICEF, 2017).

In sum, the above suggests various ways in which gender norms can be challenged and changed, or reconstructed: by highlighting the compatibility between traditional and new facets of masculinity, by breaking through incorrect beliefs about norms or pluralistic ignorance, by stimulating gender role change, and by using positive role models. Norm interventions may indeed be powerful tools for change, and they can be implemented at various societal levels, such as schools, organizations, and larger communities (Tankard & Paluck, 2016; for a systematic review of gender norm interventions, see also Stewart et al., 2021; and for a review in education, see Lux et al., 2024). It is important to realize, however, that reconstructing what it means to be a man does not change that there are gender norms governing men's lives. In this way, such reconstruction does not question the underlying belief that gender is an inherently fundamental organizing principle in human societies (Hoffmann & Addis,

2023). One could say that as long as there are prescriptive and proscriptive gender norms (even if they are broader than before, e.g., men should be agentic *and* communal), restrictive and performative aspects of traditional masculinity will remain intact, and there will still be precariousness and social identity threats. Therefore, in the next section, we explore strategies to diminish the influence of gender norms on men altogether, by reducing rigidity in following gender norms and social identity threat (cf. "deconstructing" masculinities; Hoffmann & Addis, 2023).

Reducing rigidity in following gender norms and threat

Traditional gender norms for men have not just been described as sometimes unhealthy, but importantly also as rigid (e.g., Bosson et al., 2022; see also Stanaland et al., 2023, for a discussion). It could even be argued that the content itself of traditional gender norms for men is not harmful, but that the rigidity with which the norms are followed is problematic (e.g., McDermott et al., 2019). For example, a study showed that agency (i.e., competitiveness) was related to healthy behaviors, but that unmitigated agency (e.g., arrogance) was related to unhealthy and risky behaviors (Danoff-Burg et al., 2006). Similarly, it can clearly be adaptive to be strong and independent—yet when these ideals are followed too rigidly they can become maladaptive, as can be seen in inflexible emotional suppression and refusal to seek help. Indeed, the precariousness of manhood likely contributes to this rigidity, where men's everyday behavior may be generally measured against gender norm standards. In turn, this might increase the likelihood of social identity threats for men, both at the individual level (requiring repeated proofs of masculinity) and at the group level (e.g., heightening zero-sum beliefs). Therefore, we argue that rather than merely replacing norms with other norms without addressing their restrictiveness, it is instead worthwhile to think of ways to reduce the rigid following and pervasive effects of gender norms and to diminish social identity threats (Hoffmann & Addis, 2023).

Self-affirmation as a buffer against masculinity threat

First, masculinity threats could be buffered or prevented by self-affirmation, where individuals are asked to think of positive personal characteristics or values (MCQueen & Klein, 2006), that is, one's positive personal identity is made salient. Such techniques may sustain a positive self-concept and protect against threatening information (Steele, 1988). Research has indeed shown that applying self-affirmation after a masculinity threat leads to less compensatory expression of toughness in highly masculine men (Fowler & Geers, 2017) and less negative reactions toward feminine gay men (Wellman et al., 2021). Importantly, self-affirmation has also been found to mitigate the negative impact of threats evoked by contemplating therapy on decisions to seek health screening and information (Lannin et al., 2019). Moreover, self-affirmation was shown to reduce defensive attitudes and increase open-mindedness about sociopolitical topics perceived as threatening (Cohen et al., 2000; Sherman & Cohen, 2002), suggesting that self-affirmation may also buffer against men's group-level threats related to social change.

Fostering multiple group memberships besides gender

Second, gender norms may be made less salient by fostering other group memberships besides gender. *The multiple identities hypothesis* (Table 1) from the social cure–curse framework states that having multiple positive important group memberships that are compatible with each other leads to more social cure effects since the health and well-being benefits of a single social identity are in effect multiplied by the number of groups. A body of evidence has indeed shown that being able to draw from multiple positive group memberships relates to higher well-being (e.g., Bentley et al., 2020;

Jetten et al., 2015; Lam et al., 2018). Much of this work has discussed the role of increased social support as explanation, which we will come back to in the next section. However, there may also be other mechanisms at work apart from social support (see also Kang & Bodenhausen, 2015). More specifically, having multiple positive social identities may compensate for social curse processes through the positive characteristics of these other groups (e.g., healthier group norms), and by reducing the importance of gender in men's identity, behavior, and lives. As of yet, however, there appears to be no direct empirical evidence for the idea that multiple social identities could be related to a lower centrality of gender in men's identity, and in turn, related to better well-being.[4] Future research could test this idea, and in addition, examine if affirming other important positive group memberships besides gender could buffer the effects of masculinity threat on men's health and well-being.

Avoiding unnecessary labeling of gender categories

Finally, we can target the labeling of gender categories to reduce the rigid following of gender norms and the threats elicited by (perceived) norm violations (Stanaland et al., 2023). Similar to the argument that observing men and women in different roles leads people to think that this must have good (internally attributable) reasons (Eagly & Steffen, 1984), the constant social labeling of (binary) gender categories continually emphasizes distinctions between gender groups as highly relevant and fundamental. As noted by developmental intergroup theory, making certain characteristics of people salient by increasing their visibility and labeling them may lead children to categorize others in terms of these characteristics (i.e., creating groups) and to form essentialist stereotypes about them (Bigler & Liben, 2007). This is clearly applicable to gender—one of the most salient and pervasive social categories—with countless examples of "unnecessarily gendered things" on the Internet (e.g., one highly publicized example is the Bic for Her line: pens made especially for women; Felix, 2012). On a broader societal level, governments, organizations, and media can greatly contribute to making gender and accompanying norms less psychologically salient by avoiding the unnecessary labeling of gender. For example, governments can remove sex or gender from identity cards, organizations can implement gender-neutral bathrooms, and media can avoid the mentioning of sex or gender in news stories where it is irrelevant. However, this is not to say that the labeling of sex or gender is never relevant and always undesirable and that we should become completely gender blind. Indeed much research on gender-blindness and color-blindness (i.e., "not seeing" race) suggests the dangers of ignoring key group identities that constitute social (dis)advantages (see Gündemir et al., 2019, for reviews), and thus a balance needs to be struck between unnecessarily highlighting gender and the consideration of gender to address inequality. Still, harms of rigid gender norms for health and well-being may be reduced by making gender categories less salient when they are irrelevant.

Creating opportunities for social support

Lastly, we discuss the importance of facilitating social support in fostering men's mental and physical health (e.g., Ríos-González et al., 2021). Social support was found to be negatively associated with depression symptoms in first- and second-time fathers (Short et al., 2023) and to buffer the relation between gendered racism and distress in Black men (Ramseur et al., 2024). Research on social identification has shown that identifying with supportive groups is related to better well-being (e.g., S. A. Haslam et al., 2005) and that even merely thinking about social connection in itself may have well-being benefits (Bentley et al., 2020; Junker et al., 2019). Lampraki and colleagues (2019) also showed that having multiple important group memberships may protect individuals from loneliness long after a divorce, which may be especially relevant for long-term divorced men who in this study were found to be lonelier than similar women.

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[4] For example, Zitelny and colleagues (2021) were not able to provide an empirical test due to measurement failure.

Governments and organizations could thus invest in strategies to enhance social support for men. Several programs aimed at increasing the well-being of men through social support have shown positive effects. For instance, the Young Black Men, Masculinities and Mental Health project (YBMen), a 5-week online intervention providing social support and mental health education to young Black men, was positively evaluated by participants (Watkins et al., 2017; see also Watkins & Jefferson, 2013). Another example is Freshmen League, a semester-long peer-led mentoring program for college men in which small groups of male students come together weekly to talk about their well-being and engage in group discussions about topics such as friendships, social culture, privilege, masculinity, diversity, and identity—in addition to organizing community-enhancing group activities (Di Bianca et al., 2023). Relative to a comparison group, Freshmen League participants reflected more on connecting with other men, vulnerabilities, social norm change, and social justice. Similarly, members of the earlier discussed Men's Sheds also indicated that the social support from other members helped them to better cope with health problems and to talk about mental health issues (Kelly et al., 2021).

Social identity–based interventions, in which identification with social groups and social connectedness are promoted, may be especially promising to foster social support and well-being for men. For instance, a street soccer program in Canada for (currently or previously) homeless individuals benefitted participants' well-being by creating a group identity that revolved around inclusiveness, stability, supporting autonomy, and social support (O'Rourke et al., 2024). A recent review by S. A. Haslam and colleagues (2024) also outlines a framework for how social prescribing (i.e., a means for healthcare professionals and community service workers to link people with social needs to services aimed at building stronger community ties and social connections; Muhl et al., 2023) may be most successful when it fosters social identities. One intervention that has shown great promise in improving social connection, health, and well-being is the social cure-based Groups 4 Health program (G4H; C. Haslam et al., 2016). This program consists of five modules including education about the social aspect of health and well-being, exploring group-based resources through social identity mapping (Cruwys et al., 2016), strengthening valued social identities, making plans to build new social group connections, plus a follow-up session to evaluate the newly learned strategies and progress. G4H has been shown to improve social connectedness, and health and well-being, even months after the program ended (Cruwys et al., 2021, 2022; C. Haslam, Cruwys, et al., 2019; C. Haslam et al., 2016). The related Groups 4 Retirement (G4R) intervention has similarly been found to successfully support individuals in navigating their upcoming retirement through the management of their social identities (La Rue et al., 2024). Such a social identity-based intervention may therefore also help to enhance social support and reduce loneliness in older men.

It remains important, however, to be mindful of the norms that men have been socialized with, such as self-reliance and emotional restrictedness, which could impact the effectiveness of support interventions. For example, Chang and colleagues (2016) showed that having multiple group memberships was more beneficial for the well-being of Western than for Asian individuals and that the social identities–well-being relation was only mediated by social support for Western and not for Asian individuals. The authors link these findings to cultural differences in norms about social relationships, where in Asian cultures it is a more common concern to want to avoid being a burden on others, which could lead Asian individuals to seek less social support from others. People who are interested in implementing social support programs to improve the health and well-being of boys and men would thus do well taking into account—and addressing as part of the program—possible strong anti-help-seeking messages with which many boys and men have been raised.

CONCLUDING REMARKS AND RECOMMENDATIONS

In this paper, we have taken a social cure–curse perspective and developed an integrative model of social identity mechanisms for men's health and well-being. We have outlined a number of pathways along which being part of the group of men may foster or obstruct men's health and well-being. Note that we discussed these pathways largely as separate processes to keep information digestible, but

TABLE 3 How to implement the model of social identity mechanisms for men's health and well-being.

General aim	Recommendations to practitioners and policymakers
Raise awareness about the health and well-being issues of boys and men	– Implement education in schools, workplaces, public spaces (medical centers, child services, governmental buildings) – Organize media campaigns – Avoid zero-sum messages by not portraying men and women as in competition with each other
Invest in several strategies at the same time	– Implement multiple strategies at different societal levels (e.g., schools, neighborhoods, workplaces, media, governments) – When possible, target several goals in one intervention (e.g., increasing social support and challenging gender norms)
Tailor strategies to the target group and the broader social context, structures, and dynamics	– Take into account the specific norms, concerns, and needs of the group (e.g., based on culture, demographic characteristics, intersecting identities, social status) – Consider the broader social dynamics and power structures that impact the issues men face (e.g., discrimination)
Implement strategies at an appropriate societal level and in a feasible timeframe	– Reflect on which strategies are best implemented at a more macro level (i.e., for a large group of men) versus at meso or micro levels (i.e., for smaller groups of men) – Consider what is a feasible and desirable timeframe for different strategies, for example, based on the urgency of the target group's needs
Balance short-term benefits against long-term costs	– Weigh possible immediate positive outcomes of strategies that play into existing gender norms against the potential long-term drawbacks of reinforcing prevailing gender ideologies
Invest more in research on social identity mechanisms and interventions in subgroups of men	– Increase awareness of identity and social factors in health and well-being – Develop and evaluate social identity-based interventions targeting (subgroups of) men – Treat social identities as public health and well-being resources by funding research and applications

that—as is true for all models—this is a simplification of a more complex reality. Indeed, cures can have hidden curses, and the curses can also involve some aspects that are cures (e.g., self-reliance can obstruct seeking help for mental health problems but can also promote proactive coping). Also, some curse pathways may undermine cures, for example, precarious manhood may stimulate rigid and exaggerated following of gender norms (e.g., turning healthy physical exercise into a drive toward muscularity with associated mental health problems). Next, we provided general and more specific strategies that practitioners, organizations, and policymakers can use to reduce curses of identity and foster cures. We now conclude with some final considerations, caveats, and recommendations to put the above into practice (see Table 3 for a summary).

Raise awareness about the health and well-being issues of boys and men

A crucial step that has not yet been discussed is raising societal awareness about the health and well-being issues that men face as a result of gender norms. This is a key step for governments and organizations to start with and could be accomplished, for example, through education in schools, workplaces, and public spaces (medical centers, child services, governmental buildings), as well as through media campaigns. This inevitably entails (temporarily) increasing the salience and relevance of gender (Hoffmann & Addis, 2023). Importantly though, such awareness raising should be careful to not convey essentialist nor zero-sum messages, that is, to not portray men and women as in competition with each other, which could again elicit group-level threat. More specifically, it may be helpful to communicate that alleviating gender-restrictive barriers for men will likely also benefit other (gender)

groups (Van Laar et al., 2024). For instance, challenging and changing traditional masculinity norms, and reducing rigidity in following them, may decrease men's prejudice and violence toward women as well as toward gay and gender-diverse individuals (Bareket & Fiske, 2023; Konopka et al., 2021; Krivoshchekov et al., 2023; Perez-Arche & Miller, 2021). In addition, changing gender norms may lead men to take up more domestic work and increase social support between men, relieving women of some of the burdens of domestic and emotional labor that they often still carry (Dean et al., 2022; Meeussen et al., 2020). Also, avoiding unnecessary labeling of gender categories will likely help in dismantling a binary and homogeneous conceptualization of gender that lies at the base of gender inequality and of discrimination against LGBTQI+ individuals (Morgenroth & Ryan, 2021; van der Toorn et al., 2020).

Invest in several strategies at the same time

The discussed strategies each by themselves will not suffice to eliminate the negative consequences of gender norms for men's health and well-being in an acceptable timeframe. To be more effective, policymakers and practitioners would do well to implement multiple strategies and at different societal levels (e.g., schools, neighborhoods, workplaces, media, governments). It would also be beneficial to target several goals in one intervention whenever possible, for example, social support groups where unhealthy gender norms for men are also actively discussed and questioned (e.g., Freshman League, discussed above; Di Bianca et al., 2023).

Tailor strategies to the target group and the broader social context, structures, and dynamics

In this article, we have approached cisgender men as a group and have applied social identity principles to explain certain health and well-being disadvantages that men may face, with an important role for traditional gender norms. However, as noted at the start, there is not a monolithic group of men who collectively experience the consequences of the same norms (e.g., Seidler et al., 2018). Importantly then, the theorizing and interventions that we have outlined can and should be tailored to more specific groups of men, with their specific norms, concerns, and needs, in their respective specific contexts (e.g., based on their culture, demographic characteristics, intersecting identities, social status).

Impactful health and well-being consequences may also result from the social context surrounding individuals, and campaigns and interventions should not be blind to the broader context and power structures that impact the issues men face. For example, men in disadvantaged contexts may experience concrete barriers to welfare support and community service, and emotional support may then not be enough to improve men's well-being. Thus, practitioners and policymakers should be careful to not promote simplistic messages encouraging men to "talk more" about their problems as if this is always a sufficient cure (Chandler, 2022). In contrast then to a bolder version of the social cure–curse's identification hypothesis, we argue that identification is not a necessary condition for group memberships to have health and well-being implications. For instance, group memberships can be imposed on individuals (e.g., one can experience discrimination based on one's ethnic origin yet not actively identify with that ethnic group). Also, group membership may be taken for granted (e.g., members of privileged majority groups may "forget" their group membership and its well-being benefits).

Implement strategies at an appropriate societal level and in a feasible timeframe

To be effective it is important that deploying several strategies in parallel occurs with cautious consideration of the chosen societal level and envisioned timeframe. Some strategies may be more suitable to use at a broad (say, nation-wide) level, but less suitable for practitioners in specific communities. For

instance, reducing the salience of gender categories may be an appropriate goal to strive for in society at large, but it is unlikely that merely developing a mental health campaign in a specific neighborhood without references to gender categories is going to increase the number of psychological therapy appointments for men. Similarly, transforming gender norms for men is an important goal for society, but changing a culture takes a long time. Thus, boys and men who are suffering the consequences of current gender norms right now need more urgent action, which may require working with(in) those gender norms as they are today.

Balance short-term benefits to long-term costs

When choosing a strategy, it is also important to carefully weigh its immediate positive outcomes with any potential undesirable longer-term implications. We refer here specifically to strategies that play into current gender norms for men without questioning the repercussions of gender as a social structure more broadly. These strategies may then reinforce rather than dismantle prevailing gender ideologies (Fleming et al., 2014; Hoffmann & Addis, 2023). While such short-term strategies may be useful and effective in certain contexts and for certain outcomes, we also urge practitioners and policymakers not to lose sight of the bigger picture and to keep in mind the more general costs that the current gender system has on individuals of all genders.

Invest more in research on social identity mechanisms and interventions in subgroups of men

Finally, we hope to have proven the value of taking a social identity approach in addressing the health and well-being of boys and men – not only in describing and modeling underlying social psychological processes at play but also in providing leverage for interventions and change. Given the success of the social cure–curse paradigm to date in predicting and improving individuals' health and well-being, we recommend a more direct application of this paradigm to research and interventions (e.g., developing and evaluating G4H interventions targeting men), also with specific subgroups of men—for example men who are at risk for loneliness in a specific region, male college students in a particular town, and so forth. More broadly, we also hope to increase awareness of the role of identity and social factors (vs. purely biological determinants), such as group norms, in health and well-being, as these factors are often underestimated (e.g., S. A. Haslam et al., 2018). In conclusion, we echo Jetten and colleagues' position that policymakers should treat social identities like any other type of resource in public health and well-being policy, by (financially) investing in social identity-based strategies and helping to bring the accumulated knowledge and evidence into practice (Jetten et al., 2014).

CONFLICT OF INTEREST STATEMENT
We have no known conflict of interest to disclose.

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