



An Exploration of Black College Students' Conformity to Gender-Role Norms on Gender-Role Stress and Depression

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ABSTRACT

Gender-role norms have caused men and women to be limited to many of the expectations that distinguish masculinity and femininity. Thus, the societally derived idea of what “makes a man a man” or a “woman a woman” has become the topic of gender-role conflict. Previous studies have investigated gender-role conflict between masculinity and femininity and gender-role norms, but there is a gap in understanding how conforming to gender-role norms affect mental health, particularly among Black cisgender college students. The present study examined the adherence to gender-role norms and its impact on gender-role stress and depression that results from conforming to traditional ideology in a sample of Black cisgender college students (n = 120). An Independent Samples T-Test revealed statistically significant differences between Black men’s and women’s conformity to gender-role norms and their reported experiences of gender-role stress, but not depression. Results suggest there are psychological consequences of conforming to traditional role norms for both Black male and female college students and could potentially impact how these students perceive their gender-roles in society.

Keywords: Black college students, conformity, depression, gender role norms, stress

INTRODUCTION

Gender-role norms limit women and men in their choices, behaviors, thoughts, and feelings. They provide guidance for women and men about what behavior is expected and accepted within a certain culture and what are off limits” (Mahalik et al., 2005, p. 5). People differ in their gender-role conformity to the extent that they “agree with or abide by the gender expectations set upon them by their culture” (Parent & Moradi, 2010, p. 97). Though there are many social explanations for why men and women conform to their gender-roles, there are health factors such as stress and depression that can be associated with such adherence (Mayor, 2015). However, research is limited in examining gender-role conformity in relation to mental health outcomes such as stress and depression, particularly among Black cisgender college students.

Today’s gender-role norms are rooted in traditional roles that dominated the early and mid-20th century in the United States (Eagly et al., 2019). Such gender roles are entrenched in historic White, heterosexual, and Eurocentric worldviews and are based on a set of ideas about how society expects men and women to dress, behave, and present themselves (Blackstone, 2003). Thus, traditional masculinity ideology refers to men’s acceptance and/or internalization of a culture’s definition of masculinity and the specific beliefs that define the standards for male behaviors, such as the expectation that men are generally expected to be strong, aggressive, and bold (Levant et al., 1992; O’Neil, 1981; Pleck et al., 1993). In contrast, traditional femininity ideology is defined as individuals’ beliefs about the appropriate roles and behaviors for women under patriarchy, such as the expectation for women to be polite, accommodating, and nurturing (Davis et al., 2018). Therefore, gender is often referred to as a social construct because of the attitudes, feelings, and behaviors that a given culture associates with a person’s biological sex (American Psychological Association, 2012). Thus, this article will focus on the experiences of Black cisgender (e.g., a person’s gender identity and gender expression align with their sex assigned at birth; APA, 2015) college students’ gender-role conformity and experiences with stress and depression.

Specifically, Black men generally have endorsed traditional masculinity ideology to a stronger degree compared to White men (Levant et al., 2003; Levant et al., 1998; Pleck, 1994). Yet, other findings have shown no differences between Black men and White men in the endorsement of traditional masculinity ideology (Abreu et al., 2000). However, when comparing Black women and White women endorsement of traditional femininity ideology, results have shown that both groups endorse these gender-role norms to the same extent (Davis et al., 2018; Franklin, 1998). Such findings have been limited in nature and have not included examining these relationships particularly among Black college students.

Tinto (1993) suggested that college life is a time where development and identity formation occurs for students. His theory of persistence postulated that college students often separate from families to seek successful social and academic achievement. However, Black college students may often face difficulties with such adjustment and trying to adhere to role-norms they may have been socialized with in order to be accepted on their college campus (Sanchez et al., 1992). Additionally, Black male and female college students generally identify and cope with stressors differently (Greer et al., 2015; Hoggard et al., 2012; Negga et al., 2007). Black females are often engaged in internalizing behaviors such as depression and anxiety, whereas Black males are often engaged in externalizing behaviors such as substance use and violence (Hannon, 2016; Shahid et al., 2018).

Thus, gender-role conformity may have a direct bearing on health in both Black male and female college students (Flemming & Agnew-Brune, 2015; Mayor, 2015). Although society sets forth expectations that men and women must adhere to, it does not often consider the side effects of having to conform to standards set forth by others. Therefore, it is important to investigate what norms Black male and female college students are expected to conform to in order to guide further research and show how such role-norms play a vital role in susceptibility to negative health consequences, such as stress and depression.

CONFORMITY TO GENDER-ROLE NORMS

Gender-role norms are socially constructed norms that specify behaviors according to gender. “Social norms influence people to engage in specific social behavior, and gender role norms operate when people observe what most men or women do in social situations, are told what is acceptable or unacceptable behavior for men or women, and observe how popular men or women act. Thus, males and females come to learn what is expected of them when living their gendered lives” (Mahalik et al., 2005 p. 10). Conforming to gender-role norms can indeed cause psychological strain on men and women. The overall proposition of conformity is a concern for both social and clinical psychology, especially as it relates to socialization and the psychological consequences of stress and depression.

Mahalik (2005) found that sociocultural influences, especially those involving dominant or elite groups in a society, shape the expectations and standards related to gender-role identity. There are benefits and consequences to conforming to the role that identifies a man as a man and a woman as a woman. These underlying factors, however, show how those who are dominant shape and play a vital role in exacting those standards and guidelines that impact the roles of men and women (Flemming & Agnew-Brune, 2015).

In the psychology literature, the influence of male identity and socialization has often been posited as central to Black men’s mental health,

typically in negative ways (Wade & Rochlen, 2013). Researchers have suggested that Black men often negotiate their masculine identity within the context of a sociopolitical environment that may often relegate one's manhood to that of second-class status (i.e., masculinity becomes second in importance to a man's racial identity; Jones et al., 2018; Wade & Rochlen, 2013). Moreover, Black male college students have been found to depict their masculinity in what is known as "cool pose," which is characterized as a "ritualized form of masculinity that entails behaviors, scripts, physical posturing, impression management, and carefully crafted performances that deliver a single, critical message: pride, strength, and control" (Majors & Billson, 1992, p. 4). This often slightly contrasts with White college men's endorsement of masculinity. Masculine gender-role conformity generally from a Eurocentric perspective entails emotional control, winning, playboy attitudes, violence, self-reliance, risk-taking, power over women, dominance, primacy of work, pursuit of status, and disdain for LGBTQ+ individuals (Mahalik et al., 2005; Parent & Mordai, 2010; Ott, 2011). At this time, there is limited research that has examined the psychosocial correlates of Black male college students' conformity to gender-role norms and traditional masculinity ideology, specifically associated with their health-related attitudes and behaviors. However, endorsement of emotional control role-norms have been associated with less help-seeking intentions and less willing to forgive racially discriminatory experiences among Black college students (Fleming & Agnew-Brune, 2015; Hammond et al., 2006).

When exploring Black women's gender-role norms, research has shown that these roles have been profoundly impacted by the historical legacy of slavery and segregation (Davis et al., 2018). Economic forces, systemic oppression, and Black male incarceration and unemployment rates led Black women to compensate for the absence of men within family and community contexts by fulfilling both traditionally feminine and masculine gender-roles (Cole & Zucker, 2007; Collins, 2004). Although this gender-role flexibility began during slavery as way to manage work and family responsibilities, it continues to be adaptive for most Black women today to counter the experiences of poverty, racism, sexism, and oppression (Konrad & Harris, 2002). Although the traditional feminine role norms from a Eurocentric perspective includes niceness in relationships, thinness, modesty, domesticity, care for children, romantic relationships, sexual fidelity, and investment in appearance (Mahalik, 2005), Black women have also endorsed nontraditional gender roles that often put them at greater risk for experiences of stress (Littlefield, 2003). Thus, Black female college students may often experience gender-role conflict based on their previous socialization experiences that may lead to experiences of stress. This dilemma is often a result of Black

female college students' perceptions of femininity that are often associated with role-norms.

From a social psychology perspective, adhering strictly to masculine and feminine norms can limit men's and women's potential by restricting the range of acceptable choices and behaviors available to them. In essence, masculine and feminine gender norms mirror and reinforce presumed gender differences that give greater value, power, and privilege to men and masculinity than to women and femininity. For example, while traditional feminine norms emphasize domesticity, the importance of a woman's appearance, and the use of cooperative or subordinate relational styles over more competitive ones (Mahalik et al., 2005), these imperatives are a stark contrast to traditional masculine aesthetics that emphasize worldliness, self-reliance, using violence to solve problems, and competitiveness. These gender-role norms create a dilemma for women because while women who uphold feminine norms may be compensated for satisfying this subordinate social role by being deemed to be appropriately feminine, this comes at the cost of not being able to express contrary or more traditionally masculine equivalents. Further, for those women who choose to violate traditional feminine norms in order to access the privileges usually reserved for men, they may achieve an elevated position in society, but it will likely come with disdain or censure in response to their mannish ways (Parent & Moradi, 2010)."

STRESS IN MEN AND WOMEN

The environment or society in which men and women live explain part of the gender-role norms that differentiates masculinity and femininity. However, when it comes to health-related factors such as stress, the influence of binary gender roles appear to affect men and women differently. Women experience more chronic stressors than men and consider stressors as more threatening; therefore, they will seek medical attention faster than men are likely to (Courtenay, 2000; Mayor, 2015; Saltonstall, 1993).

Stress triggers the hypothalamic-pituitary-adrenocortical axis and the sympathetic-adrenal medullar-axis, leading to the release of stress hormones such as cortisol and catecholamine. This generates dysfunctions of the immune system related to numerous diseases (Glaser & Kiecolt-Glaser, 2005; Lundberg, 2005; Cohen et al., 2007). Indeed, stress plays a vital role on one's overall health and well-being.

In addition, men and women are exposed to stressors that are differentiated based on gender-roles. Correlational research on the relationship between gender-roles and health has suggested that masculinity, in particular, is related to better physical and mental health (controlling for gender). Men who identify as masculine have better self-assessed general health, fewer physical symptoms, and

better mental health; and they consult general practitioners less often (Mayor, 2015). Overall, the effect of masculinity on physical health is positive. From studies, traditional masculinity has been negatively associated with anxiety and depression, substance abuse, and antisocial behavior (Mayor, 2015). In contrast, traditional femininity has been correlated to high risks of depression and stress and has led to worse physical health outcomes (Hunt et al., 2007).

Although not much research has examined the psychological correlates of gender-role conformity and stress among Black male and female college students, stress may potentially play a role in gender differences that are expressed. Socialization has been related to the stress process, the experiences of stress, and the health of individuals (Mayor, 2015). Gender-role norms have implications for the way stressors are dealt with; nevertheless, it is important to assess the impact gender-role norms have on stress and specifically how Black male and female college students respond to stressors.

DEPRESSION IN MEN AND WOMEN

Depression is one of the most common mental disorders and affects approximately 17 million people yearly in the United States alone (American Psychological Association, 2009). One of the most consistent psychiatric epidemiological findings is that depression is twice as common in women as in men (Magovcevic & Addis, 2008). Numerous theories have sought to explain women's vulnerability to depression (Cavanagh et al., 2017; Kessler, 2003; Noble, 2005). Data suggest, however, that this sex gap in depression may not be correlated with actual prevalence rates but instead, with factors such as men's unwillingness to seek help for depression and their tendency to underreport symptoms (Moller-Leimkuhler, 2002; Wilhelm et al., 2002).

To date, there has been limited research on "masculine or feminine" depression per se. However, in investigating prior research, it has been shown that men and women cope with depression differently. For example, men diagnosed with depression are more likely to engage in comorbid alcohol abuse problems, whereas women do not (Cochran & Rabinowitz, 2000; Fields & Cochran, 2011; Genuchi & Mitsunaga, 2015). This explains why men are more likely than women to participate in activities to avoid thinking about their depression. Women tend to admit they are experiencing depression and seek professional help, whereas men shun the idea of therapy.

Across the years, clinicians have proposed that men who adhere to traditional masculine norms are more likely to exhibit their depression in ways that align with those norms (Magovcevic & Addis, 2008; Mahalik et al., 2005; Parent & Moradi, 2010). Men tend to mask their depression by engaging themselves in behaviors such as drinking, using drugs, aggression, withdrawing from family or

friends, reckless behavior, and over-focusing on work (Fields & Cochran, 2011). This potentially explains why some men and women become more socialized in their behavior in relation to their respective gender-roles.

Although there is a gap in the literature exploring Black male and female college students' adherence to gender-role norms and experiences of depression, it is important to grasp the concept that men and women are socialized to cope with depression differently, regardless of race (Beauboeuf-Lafontant, 2007; Hahm et al., 2015).

THE PRESENT STUDY

Previous studies have investigated traditional masculinity and femininity and gender-role norms, but there is a gap in understanding how conformity and adherence to such norms impacts overall mental health, particularly among Black college students. This study attempted to show that adherence to gender-roles explain part of why Black men and women experience psychological distress related to their role-norms.

Throughout their lives, Black men and women are taught (explicitly, implicitly, and vicariously) which behaviors are desirable for men and women in society (Mayor, 2015). Examples from Western culture include how Black women are expected to take care of the children; Black men are supposed to be the head of the household; Black women are to be reserved; and Black men are supposed to have power (Shahid et al., 2017). These gender-role traits have had an impact on Black men and women and have often led individuals to try to distinguish between what is right and what is not, based on gender. As has been suggested, this can lead to an increase in stressors that both Black men and women endure because of such expectations (Shahid et al., 2017).

To address the gaps in the literature, several hypotheses guided our analyses:

H₁: There will be a significant difference between Black male and female college students in conforming to gender-role norms

H₂: There will be a significant difference between Black male and female college students conforming to gender-role norms and gender-role stress

H₃: There will be a significant difference between Black male and female college students conforming to gender-role norms and depression.

RESEARCH METHOD

Participants and Procedures

Data were gathered through a convenient sample from a historically Black campus located in the Southeastern region of the United States. The students were randomly chosen from a male dorm and female dorm. The students were asked a

specific question regarding their gender identity and biological sex to determine identification of *only* cisgender students. Additionally, there were also one undergraduate psychology course chosen at random that received extra credit points for participating in the study.

The sample demographics were fairly consistent with the general student groups in every area, except gender. For the present study, all participants self-identified as Black ($n = 120$). There were more males ($n = 70$) than females ($n = 50$). Most of the students classified themselves as undergraduate ($n = 118$). The majority of students reported their sexual orientation as heterosexual ($n = 115$).

Upon Institution Review Board (IRB) approval, participants were asked to complete an informed consent form and the surveys based on their gender identity (e.g., male or female). Participating students were able to receive an incentive of a care package that included a variety of snacks for their participation.

Measures

CMNI. The Conformity to Masculine Norms Inventory-46 (CMNI-46; Parent & Moradi, 2009) is often used to assess masculine gender-role conformity. It is a 46-item measure where items are rated on 4-point Likert Scale (*0-Strongly Disagree to 3-Strongly Agree*), where higher scores indicate more endorsement of that particular role norm. Nine masculine role norms are assessed in this measure: Winning (e.g., “In general, I will do anything to win”), Emotional Control (e.g., “I tend to keep my feelings to myself”), Primacy of Work (e.g., “My work is the most important part of my life”), Risk-Taking (e.g., “I frequently put myself in risky situations”), Violence (e.g., “Sometimes violent action is necessary”), Heterosexual Self-Presentation (e.g., “I would be furious if someone thought I was gay”), Playboy (e.g., “If I could, I would frequently change sexual partners”), Self-Reliance (e.g., “I hate asking for help”), and Power over Women (e.g., “In general, I control the women in my life”). An examination of the Masculinity Norms subscales revealed that there is strong support for validity (Parent & Moradi, 2009). Evidence has shown that the subscales differentiated men from women and men who engaged in high-risk behaviors from those who did not. Additionally, there is strong convergent and concurrent validity. To compare reliability and validity with other masculine inventories, Mahalik et al. (2005) used the Brannon Masculinity Scale Short Form (BMS; Brannon & Juni, 1984), the Male Role Norms Inventory (MRNI; Levant et al., 1992), and the Gender-Based Attitudes toward Marital Roles Scale (GBATMR; Hoffman & Kloska, 1995). Using a Pearson Correlation, the results indicated that the CMNI-46 scores were significantly correlated with scores from the BMS, MRNI, and the GBATMR.

CFNI. The Conformity to Feminine Role Norms Inventory (CFNI; Mahalik et al., 2005) is a measure that was designed to assess women’s conformity

to a variety of feminine role norms found within the dominant culture in the United States. It is an 84-item measure where items are rated on 4-point Likert Scale (*0-Strongly Disagree to 3-Strongly Agree*), where higher scores indicate more endorsement of that particular role norm. Eight feminine role norms are assessed in this measure: Nice in Relationships (e.g., “It is important to let people know they are special”), Involved with Children (e.g., “I would baby-sit for fun”), Thinness (e.g., I would be happier if I was thinner”), Sexual Fidelity (e.g., “I would feel extremely ashamed if I had many sexual partners”), Modesty (e.g., I feel uncomfortable being singled out for praise”), Involved in Romantic Relationship (e.g., “When I am in a romantic relationship, I give it all my energy”), Domestic (e.g., “It is important to keep your living space clean”), and Investment in Appearance (e.g., “I spend more than 30 minutes a day doing my hair and make-up”). This measure scale has shown high internal consistency estimates and test/retest reliability over a period of 2 to 3 weeks (Mahalik et al., 2005).

AMGRSS. The Abbreviated Masculine Gender Role Stress Scale (AMGRSS; Swartout et al., 2015) is a 15-item scale, shortened from the original 40-item scale that assesses men’s masculine gender role stress. Items are rated on a 6-point Likert scale (*1-Not at all stressful to 6-Extremely Stressful*). Sample items include rating one’s level of gender-role stress as it relates to: “Being outperformed at work by a woman,” and “Having your children see you cry.” Likert Scale Item Response Theory has shown that the abbreviated scale has held promise of capturing the same information as the full 40-item scale. Relative to the 40-item scale, the total score of the abbreviated scale has demonstrated comparable convergent validity and shown reliability in various domains such as masculine identity, trait anger, alcohol involvement, and anger expression (Swartout et al., 2015). Higher scores indicate more masculine gender role stress.

FGRS. The Feminine Gender Role Stress Scale (FGRS; Romero, 2008) is a 39-item scale, proven to exhibit high reliability and construct validity that assesses the cognitive tendency to appraise threats and challenges to femininity as stressful. Items are rated on a 6-point (*1-Not at all stressful to 6-Extremely Stressful*). The dimensions assessed within this measure include: Fear of Unemotional Relationships, Fear of Physical Unattractiveness, Fear of Victimization, Fear of Behaving Assertively, and Fear of Not Being Nurturant. Sample items include rating one’s level of stress as it relates to: “Being perceived by others as overweight,” and “Having to deal with unwanted sexual advances.” The Cronbach’s coefficients of each of these five factors indicates good internal consistency, and the test-retest reliability over a two-week period is .82 (Romero, 2008). Higher scores indicate more feminine gender role stress.

BDI-II. The Beck Depression Inventory-II (BDI-II; Beck et al., 1996) is a one of the most widely known scales. It has been reported highly reliable in any

given population. It consists of 21 items that contains four self-evaluative statements scored on a Likert scale from 0 to 3. Participants are asked to report their experiences of each item experienced during the past two weeks. Responses are summed, ranging from 0 to 63, with higher scores indicating more depressive symptoms. Regarding construct validity, the BDI-II can show differences between those who are depressed and those who are not. Test-retest reliability has been studied and has shown consistency within weeks apart. This scale also has high construct and convergent validity. The BDI-II has been given to outpatients in clinical settings and has shown accurate measurements for symptoms for depression. Factorial validity has also been established by the inter-correlation of the responses to the 21-items (Dozois et al., 1998).

Analysis Plan

Before analyzing data from the quantitative surveys, the data was screened on the univariate and multivariate levels. Additionally, descriptive statistics were calculated for the dataset. This included gender, age, and sexual orientation. Data were screened for individuals who failed to complete the requirements of the study (e.g., identifying as a Black cisgender college student). Only participants who completed at least 80% of each measure were examined. The primary analysis considered of an Independent Samples *T*-Test to compare the means between the two unrelated groups (e.g., Black males and Black females) on the same continuous dependent variables (e.g., stress and depression). First, we ensured that the stress and depression dependent variables could be measured on a continuous scale. Second, we ensured that the gender-role conformity independent variable consisted of two categorical independent groups (e.g., Black males and Black females). Next, we checked for independence of observations to determine no relationship between the observations in each group or between the groups themselves. As an important assumption, this was done to ensure that there were different participants in each group with no participant being in both the Black male or Black female group. Then, we checked to ensure there were no significant outliers. Finally, we checked for normality and homogeneity of variance to ensure the data were normally distributed for both Black males and Black females and that both the comparison groups had the same variance.

RESULTS

Preliminary Analyses

Prior to conducting our main analyses, we screened data for missing values, univariate and multivariate outliers, and violations of normality. Missing values, univariate outliers, and multivariate outliers were minimal (i.e., less than 2% of the total sample).

Primary Analyses

To test the hypothesis that there would be a significant difference between Black male and female college students in conforming to gender-role norms, an independent samples *t*-test was performed. As can be seen in Table 1, this hypothesis was supported. The assumption of homogeneity of variances was tested and satisfied via Levene’s *F* test, $F(118) = 1.30, p = .26$. The independent samples *t*-test was associated with a statistically significant effect $t(118) = -5.21, p = .000^{**}$. Thus, it can be concluded that there is a statistically significant difference between Black male and female college students’ conformity to gender-role norms and that Black female college students are conforming more to their gender-role norms compared to Black male college students based on the Mean for both conditions. Cohen’s *d* was estimated to be 0.9, which is a large effect size based on Cohen’s (1992) guidelines. Group statistics are reported in Table 1.2.

Table 1
Conformity to Gender-Roles Among Black Male and Female College Students

	F	Sig	T	df	<i>p</i>	MD	SED	95% Confidence Interval of the Difference	
Equal variances assumed	1.30	.26	-5.21	118	.000**	-13.47	2.59	Lower -18.59	Upper 8.35
Equal variances not assumed			-5.30	111	.000**	-13.47	2.54	Lower -18.51	Upper -8.43

Note. F= Levene’s *F* Test; Sig= Significance of *F* Test; T= T-Test; df= Degrees of Freedom; MD = Mean Difference; SED= Standard Error of Difference. *** $p < .001$.

Table 1.2
Conformity to Gender-Roles Group Statistics

Cisgender	<i>N</i>	M	SD	SEM
Male	70	42.83	14.51	1.73
Female	50	56.30	13.14	1.86

Note. *N* = Number in Sample; M= Mean; SD = Standard Deviation; SEM = Standard Error of the Mean.

To test the hypothesis that there would be a significant difference between Black male and female college students' conformity to gender-role norms and stress, another independent samples *t*-test was performed. As can be seen in Table 2, this hypothesis was supported. The assumption of homogeneity of variances was tested and satisfied via Levene's *F* test, $F(118) = 3.59, p = .06$. The independent samples *t*-test was associated with a statistically significant effect $t(118) = -6.79, p = .000^{**}$. Thus, it can be concluded that there is a statistically significant difference between Black male and female college students' conformity to gender-role norms and reported levels of stress. Specifically, Black female college students are conforming more to their gender-role norms and reporting significantly higher levels of stress compared to Black male college students based on the Mean for both conditions. Cohen's *d* was estimated to be 1.28, which is a large effect size based on Cohen's (1992) guidelines. Group statistics are reported in Table 2.2.

Table 2
Gender-Role Stress Among Black Male and Female College Students

	F	Sig	T	df	<i>p</i>	MD	SED	95% Confidence Interval of the Difference	
Equal variances assumed	3.59	.06	-6.79	118	.000**	-6.38	.94	Lower -8.24	Upper -4.52
Equal variances not assumed			-7.08	117	.000**	-6.38	.91	Lower -8.16	Upper -4.59

Note. F= Levene's *F* Test; Sig= Significance of *F* Test; T= T-Test; df= Degrees of Freedom; MD = Mean Difference; SED= Standard Error of Difference. *** $p < .001$.

Table 2.2
Gender-Role Stress Group Statistics

Cisgender	<i>N</i>	M	SD	SEM
Male	70	58.34	5.54	.66
Female	50	64.72	4.32	.61

Note. *N* = Number in Sample; M= Mean; SD = Standard Deviation; SEM = Standard Error of the Mean.

Finally, to test the hypothesis that there would be a significant difference among both Black male and female college students' conformity to gender-role norms and depression, a final independent samples *t*-test was performed. As can be seen in Table 3, this hypothesis was not supported. The assumption of homogeneity of variances was tested and satisfied via Levene's *F* test, $F(118) = .59, p = .45$. The independent samples *t*-test was associated with a statistically significant effect $t(118) = -1.07, p = .29$. Thus, it can be concluded that there is not a statistically significant difference between Black male and female college students' conformity to gender- norms and reports of depression. The scores among Black male college students do not vary too much more than the scores for Black female college students. Cohen's *d* was estimated to be 0.2, which is a small effect size based on Cohen's (1992) guidelines. Group statistics are reported in Table 3.2.

Table 3
Gender-Role Stress Among Black Male and Female College Students

	F	Sig	T	df	<i>p</i>	MD	SED	95% Confidence Interval of the Difference	
Equal variances assumed	.59	.45	-1.07	118	.29	-2.04	1.91	Lower -5.81	Upper -1.73
Equal variances not assumed			-1.12	117	.27	-2.04	1.83	Lower -5.66	Upper 1.58

Note. F= Levene's *F* Test; Sig= Significance of *F* Test; T= T-Test; df= Degrees of Freedom; MD = Mean Difference; SED= Standard Error of Difference. *** $p < .001$.

Table 3.2
Depression Group Statistics

Cisgender	<i>N</i>	M	SD	SEM
Male	70	12.40	11.27	1.35
Female	50	14.44	8.71	1.23

Note. *N* = Number in Sample; M= Mean; SD = Standard Deviation; SEM = Standard Error of the Mean.

DISCUSSION AND CONCLUSIONS

This study explored Black male and female college students' conformity to gender-role norms and its impact on gender-role stress and depression. The findings supported Hypothesis I in large part and indicated that there is a statistically significant difference between Black male and female college students' conformity to gender-role norms, and Black female college students are conforming more to their gender-role norms compared to Black male college students. Hypothesis II was also supported, resulting in a statistically significant difference between Black male and female college students' conformity to gender-role norms and levels of gender-role stress. Finally, Hypothesis III was not supported because there was no statistically significant difference between Black male and female college students' conformity to gender-role norms and reports of depression, particularly in this sample.

The results of this study suggest that Black female college students are striving to meet the expectations and standards set forth by their gender-roles and are experiencing feminine gender-role stress. Instead of seeking help, most Black female college students suffer in silence in attempts to meet the expectations of others while maintaining the façade of strength, determination, and resilience (Abrams et al., 2014; Jones & Shorter-Gooden, 2003; author's name removed for blind-review, 2019). This is known as the conflict between traditional femininity ideology and the Strong Black Woman ideology (Davis et al., 2018). The Strong Black Woman Ideology is specific to Black women's adherence to both traditional (e.g., caretaking) and nontraditional (e.g., independence/self-reliance) feminine norms, which is expected to be associated with stressful experiences. Thus, a potential reason this sample of Black female college students are endorsing more conformity to gender-role norms and experiences of stress is due to striving for femininity from a traditional perspective as well as a nontraditional one.

Additionally, Black male college students are also reporting conforming to gender-role norms and experiences of stress, although to a lesser degree compared to Black female college students. Such findings are consistent with the literature related to gender-role conflict that Black men often experience (Wade & Rochlen, 2013). Black men often experience competing masculinities-one culture of masculinity from a Eurocentric perspective and the other from a more Afrocentric perspective (Wade, 1996; Wester, 2008). Such findings do support the relationships between gender-role conformity and psychological distress in Black men (Carter et al., 2005; Wester et al., 2006). Sources of such relationships are related to the obstacles of racism and discrimination that inhibit Black men's fulfillment of male role expectations, thus resulting in reported levels of stress (Wade & Rochlen, 2013).

Therefore, this study's implications include the need for an intervention to help both Black male and female college students feel free to express their perceptions of masculinity and femininity both in a traditional or nontraditional sense without being impacted psychologically. Both Black male and female college students experience a "double-edged sword effect," where they want to be accepted within the dominant society (e.g., endorsement of traditional roles), while also wanting to be a part of their own cultural group (e.g., endorsement of nontraditional roles). Thus, such gender-role conflict can result in psychological consequences. Based on research conducted by Kundu and Cummins (2013), results suggest that students are often conforming particularly on college campuses due to the need for affiliation, accuracy, and a positive self-concept. Therefore, it is crucially important for counselors, therapists, and the campus community to create a campus climate that allows for students to feel accepted, validated, and respected for endorsing their perspective gender-role norms and perceptions of masculinity and femininity without feeling marginalized or alienated for doing so. Moreover, researchers should explore ways to prevent or reduce stress from occurring when college students may feel like they cannot meet the demands of society. It is acceptable for students to choose opposite from others and not feel as if they have done wrong or chosen incorrectly, yet they chose what they felt was right. Such decisions can impact overall psychological well-being.

Limitations and Conclusions

The present findings should be interpreted with respect to some key limitations. First, the measures administered were self-report in nature, thus administering observational measures would lend to more complete and unbiased data. Second, this study was correlational and was conducted at a single point in time. Thus, it does not allow causal conclusions about the temporal order of these variables. Third, this study was conducted at a single institution in the Southeastern region of the United States with only Black male and female participants. Thus, the results may vary in different contexts or in more diverse samples of college students. Fourth, this study only used an independent samples *t*-test for analysis to determine significant differences between males and females in relation to experiences of stress and depression rather than more advanced statistical analyses such as Structural Equation Modeling to determine the direct relationships of these constructs. Finally, research has previously shown that the measures administered in this study were normed, standardized, and used primarily on European males and females. Although this study may contribute to the literature by examining these concepts in a primarily Black sample, these instruments are limited in research involving more diverse samples.

In conclusion, the findings of this study indicate the need for an intervention to help both Black males and females understand the importance of being themselves in the midst of what society says is appropriate by gender. When studying conformity, it is clearly shown that individuals submit to pressure when authority is in control (Kundu & Cummins, 2013). Thus, it is important in the field of psychology that we continue to discuss the concept of *liberation* and empower our young Black men and women to embrace their gender-roles and not submit themselves to White, Eurocentric values and norms. Although White, Eurocentric values and norms are considered “the standard,” Black values and norms are also equally important to explore and potentially adhere to. Future studies should seek to incorporate a more thorough understanding of Afrocentric values and norms and explore if adherence to such norms impact experiences with stress and depression among Black cisgender male and female college students.

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