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CHAPTER 3

Role of Masculinity and Femininity in the Development and Maintenance of Health Risk Behaviors

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INTRODUCTION

A large body of research has examined the role of individual factors in the development and maintenance of health risk behaviors (Brannon & Feist, 2007; Marks et al., 2004; Ogden, 2007; Sarafino, 2004). Health risk behaviors are those that are known to contribute to illness and injury and are the leading causes of death, disability, and social problems among youth and adults. These include drinking excessively, using drugs, eating too much and becoming overweight, and undertaking too little physical activity.

However, individual factors alone cannot fully explain the development and maintenance of health risk behaviors. Health risk behaviors develop and are maintained in a gendered milieu and are very context dependent. The study of masculinity and femininity provides one
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method for investigating the underlying sociocultural context of health risk behaviors.

Masculinity and femininity have been conceptualized as multidimensional constructs that include gender role stereotypes; adherence to traditional gender role norms; gender role conflict; and gender role stress. These constructs reflect stereotypes about the beliefs and behaviors typically attributed to men and women, which are acquired as they learn about the world and their roles in it (Basow, 1992; Deux & Major, 1987). As Bem (1977) has pointed out, cues related to the social roles attributed to gender membership are among the most highly salient in society and these become assimilated into gender-cognitive schema by an early age. More specifically, once the gender-cognitive schema are established, they play a controlling role in the perception of subsequent behavior and judgments about its appropriateness. Gender-cognitive schema are internalized during the development of personality/identity and form a fundamental basis for social comparisons (Brannon, 2008). They are used to evaluate how men and women see themselves as fitting these stereotypes or differing from these in terms of self-presentation and in their social interactions.

The following extracts from the film Gran Torino, (Eastwood, 2008) scripted by Nick Schenk (2008), also illustrate how young men are socialized into masculinity, and the complex interactions between gender and culture in our contemporary Western societies.

**Phong:** "Tao's not a man. Look at him in the kitchen, washing dishes like a woman. Even his sister gives him orders and he obeys. (p. 9)

**Smokie:** That's exactly the point, Tao. Spider told me how everybody walks all over you and shit. I mean, look at you, out here working in the garden like a woman. (p. 17)

**Sue:** It's tough. [speaking about Hmong boys] The boys float around. The fathers belong in a totally different world and the boys have no one to turn to.... The boys don't ask their fathers for advice because over here, their fathers no longer have the answers. Hmong boys become almost invisible, they end up banning together and it all goes to hell from there. (p. 76)

**Walt:** The girls go to college and the boys go to jail. (p. 76)

**Tao:** You said yourself I'm, worthless and I have soft little girl hands. (p. 79)

**Walt:** That's exactly the point. I know some guys in the trades, but you have to get your shit together. We have to man you up bit.... You have to learn how guys talk." (p. 79)

It is clear that the nature of many health risk behaviors is gendered (Addis & Mahalik, 2003; Garfield, Isacco, & Rogers, 2008; Helgeson, 1994). For example, men display more drinking problems and women engage in more eating problems. However, many of the current and mainstream health perspectives in psychology, sociology, medical
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sciences, and epidemiology do not assign a central role to either gender or culture (Courtenay, 2000):

... health-related beliefs and behaviours, like other social practices that men and women engage in, are a means for demonstrating femininities and masculinities. (p. 1385)

Few health scientists, sociologists and theorists identify masculinities—and rarely even male sex—as a risk factor; few still have attempted to identify what it is about men, exactly, that leads them to engage in behaviours that seriously threaten their health. Instead, men's risk taking and violence are taken for granted. (p. 1396)

In this chapter, we first review the four main approaches that have been used to conceptualize masculinity and femininity. These include the trait approach, the focus on men's attitudes toward the traditional male gender role, the male gender role conflict/stress, and the qualitative approach, which allows the researcher to more fully understand the dynamic and nonstatic nature of gender. We will review and integrate studies that have examined these different approaches in the domains of substance use and abuse, with a main focus on alcohol consumption; body image and body change strategies, and the context of sport; disordered eating, with a particular focus on binge eating; and other health risk behaviors in men. In addition, we will discuss our model of confirmatory and compensatory motivations with particular reference to the domain of alcohol use and abuse. However, we will also show how confirmatory motivations underlie all of the other health risk behaviors reviewed in this chapter. Finally, we will discuss ways of devising more effective preventative and intervention strategies, which promote the view that “there is more than one way to be masculine” (de Visser & Smith, 2007, p. 611).

CONCEPTUALIZATIONS AND MEASUREMENT

Increasing attention is being paid to lifestyle issues related to masculinity and their ill effects on health and well-being (de Visser & Smith, 2007; Luck, Bamford, & Williamson, 2000; Watson, 2000). Moreover, an increasing array of different aspects of masculinity has been described in recent times (Edley & Wetherell, 1997; Frosh, Phoenix, & Pattman, 2002; Peralta, 2008). In this chapter, however, we are more interested in the persistence of some of the original traits described as “hegemonic masculinity” (Connell, 1995; Connell & Messerschmidt, 2005). On the basis of Connell’s (1987) influential work in the field, “the ideal or hegemonic man in contemporary Western societies has been described as EA [European American], young, heterosexually active, economically successful, athletically inclined and self-assured” (Peralta, 2007, p. 742). Hegemonic traits are exclusive and rigidly stereotypical. They present
binary oppositions and either-or choices. Alternative behaviors attempting to introduce flexibility are judged to be fundamentally nonmasculine (e.g., McQueen & Henwood, 2002).

Capraro (2000) has also described masculinity as being inherently paradoxical and contradictory. In his view, the expectations imposed on men contain an inherent paradox. The contradiction in the masculine gender role lies in the competing demands of men’s social status and the development of individuality. The fact that the drive for “power” as a member of the “dominant” gender can simultaneously engender the experience of “powerlessness” presents a paradox. The sense of powerlessness stems from the recognition that the developmental potential as an individual is being circumscribed. In line with this view, we will present evidence that continuing adherence to hegemonic traits per se can but maintain rather than resolve this paradox.

Over the past 40 years, a range of different conceptualizations of masculinity and femininity have been proposed; however, these share much in common, and when examined closely, they are more similar than different. For example, one of the most widely accepted criteria for masculinity is the absence of feminine characteristics (Courtenay, 2000; Mussap, 2008; Pleck, 1981). This is reminiscent of the earliest conceptualizations, where masculinity and femininity were conceived as a bipolar factor rather than as two distinct factors (Constantinople, 1973). In line with this early view, some personality inventories still depict masculinity and femininity as a bipolar factor. These include the masculinity-femininity subscale of the (a) Vocational Preference Inventory (Holland, 1985); (b) Minnesota Multiphasic Personality Inventory (MMPI-2) (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989); and (c) California Psychological Inventory (Gough & Bradley, 1996).

The following section provides a review of the main measures that have been used to assess different aspects of masculinity and femininity. These include gender role stereotypes and gender traits, male role norms, gender role conflict, and masculine gender role stress.

**Gender Role Stereotypes, Gender Traits, and/or Gender Identity**

The terms “gender role stereotypes,” “gender traits,” and “gender identity” are often used interchangeably when referring to well-validated measures that assess masculinity and femininity. Extensive evidence shows that masculinity and femininity are well-defined and independent factors, and there is little support for the notion of a bipolar factor (Brems & Johnson, 1990; Marsh & Myers, 1986; Spence, 1993). Furthermore, most studies have described scales of masculinity, which frequently contain only desirable masculine characteristics, as assessing socially desirable self-assertiveness, instrumentality, or competence; while femininity, which also is often only investigated using desirable characteristics, has been described as assessing nurturance
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and expressiveness (Brems & Johnson, 1990; Marsh & Myers, 1986; Spence, 1993).

Gender stereotypes, however, do not only include desirable aspects of personality. Masculine and feminine socially undesirable characteristics are also seen to be important traits (Spence, Helmreich, & Holahan, 1979), and they may even be more significant in certain circumstances. However, the study of these negative characteristics has received less research in comparison with the positive ones (Helgeson, 1994; Ricciardelli & Williams, 1995).

Most researchers in the literature have assessed masculinity and femininity using the Personal Attributes Questionnaire (PAQ; Spence, 1993) or the Bem Sex-Role Inventory (BSRI; Brems & Johnson, 1990; Spence, 1993); however, the PAQ only examines desirable aspects of masculinity and femininity (Hunt, 1993; Spence, 1993) and while the BSRI does include undesirable feminine traits (e.g., gullible) it does not include undesirable masculine characteristics. Also the problem with the BSRI is that although it includes undesirable feminine items, these items are not separated from the desirable characteristics. Therefore, any results obtained from the femininity scale may be difficult to interpret (Grimmell & Stern, 1992; Spence, 1993). The abbreviated version of the BSRI has been modified to include only desirable aspects of both masculinity and femininity (Bem, 1981).

Two subscales designed to assess socially undesirable aspects of masculinity and femininity, called the External Personal Questionnaire (EPAQ), were devised by Spence et al. (1979). The negative masculinity scale, which assesses the socially undesirable aspects of agency (e.g., arrogant, bossy, and aggressive), has been found to be reliable and valid. However, the negative femininity scale, which includes socially undesirable items such as whiny, gullible, and nagging, has been found to be unreliable (Helgeson, 1994; McCreary, Saucier, & Courtenay, 2005) and it does not appear to theoretically assess undesirable femininity. In response to these problems, Helgeson (1993) developed a new scale consisting of eight items (“I always place the needs of friends and family above my own”). This scale has high internal consistency and good divergent and convergent validity (Helgeson, 1993). Helgeson (1994) has also used the terms “agency” and “communion” to refer to socially desirable gender traits. On the other hand, she uses the terms “unmitigated agency” and “unmitigated communion” to refer to the socially undesirable traits. Specifically, Helgeson (1994, p. 416) defines unmitigated agency “as the focus on self to the exclusion of others, and unmitigated communion involves a focus on others to the exclusion of the self.”

Another survey instrument that has been designed to assess undesirable aspects of masculinity and femininity, in addition to the desirable aspects, is the Australian Sex-Role Scale devised by Antill, Cunningham, Russell, and Thompson (1981). This scale is modeled very closely on Spence et al.’s (1979) original scale and has been specifically designed and validated for the Australian population. The Australian Sex-Role
Scale consists of four subscales: desirable/positive masculinity, desirable/positive femininity, undesirable/negative masculinity, and undesirable/negative femininity. The reliability and construct validity of the four subscales have been extensively demonstrated (Antill et al., 1981; Marsh & Myers, 1986; Ricciardelli & Williams, 1995; Russell & Antill, 1984). The intercorrelations among the scales and factor analyses show that the four dimensions are moderately correlated but sufficiently distinct. The more highly related subscales for both men and women are (a) positive/desirable masculinity and negative/undesirable femininity, and (b) positive/desirable and negative/undesirable masculinity (Ricciardelli & Williams, 1995). However, as the scale was developed in the late 1970s, over 30 years ago, the content needs to be updated and revalidated.

More recently, Kulis, Marsiglia, Lingard, Nieri, and Nagoshi (2008) relabeled Spence et al.'s (1979) and Antill et al.'s (1981) “negative/undesirable masculinity” as “aggressive masculinity,” “positive/desirable masculinity” as “assertive masculinity,” “positive/desirable femininity” as “affective femininity,” and “negative/undesirable femininity” as “submissive femininity.” The labels “aggressive,” “assertive,” “affective,” and “submissive” are more informative and better capture the constructs being measured than the original labels “positive” and “negative” and “desirable” and “undesirable.” In addition, they developed 13 new items based on their factor analytic work to assess the four constructs. Specially, the new scale consists of three items to assess positive/assertive masculinity (e.g., “I express my opinion even when others disagree”), three items to assess negative/aggressive masculinity (e.g., “I am rude to others”), three items to assess positive/affective femininity (e.g., “I spend my time helping others”), and four items to assess negative/submissive femininity (e.g., “I feel timid around other people”) (Kulis et al., 2008).

**Gender traits and styles of control.** There is also a marked correspondence between positive and negative gender traits and the four styles of self-control described by Shapiro (1994). Positive masculinity equates with an assertive style of control described as acting to change a condition (e.g., assertive, confident, and responsible). Negative masculinity is associated with an assertive style of control described as overcontrol (e.g., aggressive and bossy). Positive femininity is linked to a yielding style of control, which relates to being accepting of the giving over of control (e.g., gentle, patient, accepting), while negative femininity is associated with a negative yielding style of control. Finally, negative yielding describes a style of control, which acknowledges having too little control, and it includes characteristics such as being indecisive, timid, and dependent.

**Male Role Norms**

Another approach to studying masculinity has been to focus on men's attitudes toward the traditional male gender role. This approach, which focuses on the negative aspects of masculinity, examines social norms
that “prescribe and proscribe what men should feel and do” (Thompson & Pleck, 1986, p. 53). Two scales designed to specifically assess traditional attitudes toward men are the Male Role Norms Scale (MRNS; Fischer, Tokar, Good, & Snell, 1998; Thompson & Pleck, 1986) and the Conformity to Masculine Norms Inventory (CMNI; Mahalik et al., 2003).

The MRNS as examined by Fischer et al. (1998) consists of four factors. The first factor, status/rationality (six items), measures beliefs about the importance of men gaining respect and acting rationally. The second factor, violent toughness (three items), assesses beliefs about the importance of men using physical violence. The third factor, antifemininity (seven items), assesses the belief that it is important to reject anything that is perceived as feminine. The final factor, tough image (six items), measures the importance of the belief that men should maintain a veneer of independence and toughness. Adequate levels of internal consistency for these four scales have been found; and exploratory and multiple sample confirmatory analyses have supported the construct validity of the MRNS (Fischer et al., 1998). In addition, the MRNS has been found to correlate with other measures of masculine ideology (Eisler & Skidmore, 1987).

The CMNI has been designed to more broadly assess normative aspects of conforming to masculinity and it specifically assesses the affective, behavioral, and cognitive dimensions of masculine gender role norms (Mahalik et al., 2003). The inventory consists of 11 subscales that were retained as a result of factor analysis: Winning; Emotional Control, Risk Taking; Violence, Power Over Women, Dominance, Playboy; Self-reliance, Primacy of Work, Disdain for Homosexuals, and Pursuit of Status. The inventory consists of 132 items whereby each of the 11 subscales are made up of four statuses (i.e., extreme conformity, moderate conformity, moderate nonconformity, and extreme nonconformity) and include one affective, one behavioral, and one cognitive item.

The CMNI has been well validated (Mahalik et al., 2003). Moderate to high levels of internal consistency have been reported for the CMNI subscales. The CMNI has also been shown to have high test-retest reliability over a 2-3-week period. Additionally, the differential validity of the CMNI has been supported by comparisons of men and women on health-related questions; and the CMNI subscales are significantly and positively related to other masculinity-related measures.

**Gender Role Conflict/Stress**

The third approach also focuses on the negative aspects of masculinity and more specifically on the aspects of “the male gender role that are sources of conflict or stress for men” (Helgeson, 1995, p. 70). This approach addresses one of the fundamental dilemmas at the core of the masculine stereotype. In order to achieve acknowledgment of their manhood, men are required to comply with interpersonal and situational demands dictated by stereotypes even though this often entails
overriding their own innate, psychological, and emotional needs. According to O’Neil (1990), it is this “discrepancy” between the conflicting demands of circumscribed membership versus the desire for self-actualization and individual growth that is at the root of gender role conflict. Two of the main scales developed within this approach are the Gender Role Conflict Scale (GRCS; O’Neil, Helms, Gable, Davis, & Wrightsman, 1986) and the Masculine Gender Role Stress Scale (MGRSS; Eisler & Skidmore, 1987).

Gender role conflict occurs in men who experience psychological tension or conflict when they deviate from or violate gender role norms or when they try to meet or fail to meet masculinity norms (Moradi, Tokar, Schaub, Jome, & Serna, 2000; O’Neil, 1990; O’Neil, Good, & Holmes, 1995). Four gender role conflict factors identified by O’Neil et al. (1986) and as assessed by the GRCS that are particularly relevant to adult men are success, power, and competition; restrictive emotionality; restrictive affectionate behavior between men; and conflict between work and family relations. The first factor, Success, Power, and Competition (12 items), is defined as achieving wealth and power through competitive behavior. The second factor, Restrictive Emotionality (10 items), is defined as having difficulty in expressing one’s feelings or the inability to deal with others’ emotions. The third factor, Restrictive Affectionate Behavior between Men (nine items), is defined as having limited ways of expressing one’s sexuality and affection to other males. The fourth factor, Conflict between Work and Family Relations (six items), assesses perceived conflict between family and work demands.

High levels of internal consistency and moderate to high levels of test–retest reliability have been reported for all four subscales (Good et al., 1995; O’Neil, 2008). Moreover, the construct validity of this widely used scale has been determined by item reduction procedures and factor analysis (O’Neil, 2008; O’Neil et al., 1986). The validity of the GRCS is also supported by its significant relationship with anxiety (Sharpe & Heppner, 1991) and depression (Good & Mintz, 1990). The discriminant validity of the GRCS has been provided by its negative correlations with self-esteem (Sharpe & Heppner, 1991), the likelihood of seeking help (Good, Dell, & Mintz, 1989; Good & Wood, 1995), social desirability (Good et al., 1995), and sex role egalitarianism and homophobia (O’Neil, 2008). In addition, the GRCS has been shown to have convergent validity with other masculinity measures such as the MRNS and the CMNI (described in the previous section) and the MGRSS (described below; O’Neil, 2008).

The MGRSS was designed to assess masculine gender role stress that occurs in men who perceive certain gender-typed situations as threatening or stressful (Eisler, Franchina, Moore, Honeycutt, & Rhatigan, 2000; Eisler & Skidmore, 1987). Men may feel that they cannot meet the male role expectations of the situation, or they are required to act in a way that contradicts the traditional male gender role (i.e., in a femininity-typed manner). Eisler and Skidmore (1987) identified the following
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circumstances as stressful for men: feeling physically inadequate, having to express emotion, experiencing performance failure, being subordinate to women, and feeling intellectually inferior.

Each of the above cases is assessed by one of the five subscales of the MGRSS and these were validated by factor analysis. The first subscale, Physical Inadequacy (nine items), assesses stress appraisal related to fears of not being physically or sexually competitive. The second subscale, Emotional Inexpressiveness (six items), measures male difficulties in expressing feelings of pain, fear or affection, or dealing with the emotions of others. The third subscale, Subordination to Women (nine items), assesses males appraisal of stress due to a perceived competitive threat from women. The fourth subscale, Performance Failure (eight items), measures the stress of potential failure to perform to masculine standards in the work and sexual domains. The fifth subscale, Intellectual Superiority (seven items), measures men's fears that they may not have a high intellect.

Moderate to high levels of internal consistency, and good test–retest reliability, have been reported for the MGRSS subscales (Eisler, Skidmore, & Ward, 1988). In addition, the validity of the MGRSS has been supported by findings of positive correlations between the MGRSS and scores on measures of hostility (Walker, Tokar, & Fischer, 2000), anger, and anxiety (Eisler & Skidmore, 1987; Eisler et al., 1988). The scale has also demonstrated construct validity via correlations with other measures of self-reported stress (Eisler et al., 1988), and differential validity where there has been support that it significantly distinguishes men from women (Eisler & Skidmore, 1987).

It is important to note that although the GRCS and the MGRSS were developed independently, there is a fair degree of conceptual and empirical overlap between some of the subscales of these two measures (Monk & Ricciardelli, 2003; O'Neil, 2008). For example, the subscale “Restrictive Emotionality” from the GRCS is very similar to “Emotional Inexpressiveness” from the MGRSS. In addition, the subscales of the GRCS and the MGRSS have also been shown to be moderately correlated with subscales from the MRNS (Monk & Ricciardelli) and the CMNI (Mahalik et al., 2003). These findings suggest that it is not possible to fully separate men's attitudes toward the traditional male gender role and aspects of the male gender role that are sources of conflict or stress for men.

Interview Studies

While there has been extensive research devoted to the development of well-validated psychometric measures of masculinity, qualitative methods, particularly, grounded and modified grounded theory (Ridge, Plummer, & Peasley, 2006), have been used to more explicitly examine the situational contexts where gender stereotypes and gender role norms are displayed. In particular, these include health risk behaviors in the
drinking (de Visser & Smith, 2007; Mullen, Watson, Swift, & Black, 2007; Peralta, 2007) and the sporting context (e.g., Bhana, 2008; Grogan & Richards, 2002; Ricciardelli, McCabe, & Ridge, 2006). The qualitative approach also allows the researcher to more fully understand the dynamic and nonstatic nature of gender (Peralta, 2007) and to more fully examine how the individual's subjective experiences cannot be separated from the broader social context (de Visser & Smith, 2007). In particular, unstructured interviews are used to understand the ways men interpret events from their own perspective (Strauss & Corbin, 1990; Stringer & Genat, 2004) and to more fully examine "cognitions and emotions underlying descriptions of subjective experiences" (de Visser & Smith, 2007, p. 599). Ideas and themes emerge from the data and are closely connected with participants' "lived experiences" (Smith, 2003). Other methods such as surveys and experimental research are viewed as less appropriate, since language, literacy, and life experiences can lead to misunderstandings and misinterpretations, particularly with men from different cultural and socioeconomic backgrounds. Interviews are also invaluable as men's answers can be probed in more depth than would be possible in a structured survey.

**SUBSTANCE USE AND ABUSE**

Several studies show that the gender gap between men's and women's use of substances, particularly alcohol, is decreasing (e.g., Kulis et al., 2008; Ricciardelli, Connor, Williams, & Young, 2001). However, women continue to "drink less alcohol and have fewer alcohol-related problems than men" (Mullen et al., 2007; Nolen-Hoeksema, 2004). Despite the weakening of some of the cultural taboos about heavy drinking among women, sociocultural norms continue to be more permissive about men's drinking (Bailly, Carman, & Forslund, 1991; Lo, 1995; Peralta, 2008). Heavy drinking among women is still viewed as "shameful" and "stigmatizing behavior unbecoming of women" (Peralta, 2007, p. 753). On the other hand, drinking has long been seen as "a primary symbol of manliness" (Lemle & Mishkind, 1989, p. 213). As explained by Kaminer and Dixon (1995, p. 171):

> Men are envisaged, *a fortiori*, as having superior drinking 'skills'—they can drink more, and faster, than women. Their superiority in this domain derives from the notion that drinking is a behaviour that comes to them more naturally.

Capraro (2000, p. 308) argues that there are at least two routes which link alcohol and masculinity:

> ... one route starts at traditional male-role attitudes, passes through alcohol use, and ends in alcohol problems; another route starts at masculine gender role stress and ends directly in alcohol problems. (p. 308)
These two routes and the evidence supporting these will be discussed in the following sections. Moreover, the relationship between masculinity and alcohol is paradoxical as “men’s alcohol use is related to both men’s power and men’s powerlessness” (Capraro, 2000, p. 307). This view is also reflected by Peralta (2007, p. 747): “Heavy alcohol use demonstrates bodily power and superiority. Ironically, however, heavy and prolonged alcohol use in fact weakens one’s body.”

**Gender Role Stereotypes, Gender Traits, and/or Gender Identity**

The findings between gender traits and alcohol use and abuse has been summarized by Nolen-Hoeksama (2004, p. 985):

Feminine traits (e.g., nurturance and warmth) are associated with less use and fewer alcohol problems. Undesirable masculine traits (aggressiveness and overcontrol) are associated with heavy and problematic alcohol use. Socially desirable masculine traits (instrumentality) are associated with fewer drinking problems. Patterns are generally the same for males and females. One study found that gender differences in gender role traits mediated gender differences in alcohol use and problems.

However, the picture is more complex than the above. In addition to the findings summarized by Nolen-Hoeksama (2004), some studies have shown that problem drinking is associated with lower scores on both masculinity and femininity (Sorrell, Silvia, & Busch-Rossnagel, 1993; Williams & Ricciardelli, 1999); and other studies have shown that high scores on negative femininity are also associated with problem drinking (Williams, 2009; Williams & Ricciardelli, 2008).

Williams and Ricciardelli (1999) studied the relationships between gender stereotypes and drinking behaviors, using both positive and negative measures of masculinity and femininity as assessed by the Australian Sex-Role Scale (Antill et al., 1981). Problem drinking was assessed using the Short Form Michigan Alcoholism Screening Test (SMAST, Zung, 1979). The SMAST is a screening instrument designed to assess problem drinking behaviors (e.g., “Have you ever been arrested for drunken driving, driving while intoxicated or driving under the influence?”). The participants were 422 university students (179 men and 243 women). Interestingly, the findings were the same for men and women and are consistent with the view that the more men and women resemble each other on gender dimensions such as masculinity and femininity then the more similar their behaviors on a range of areas including self-esteem, delinquent behavior, and substance abuse (Helgeson, 1994; Huselid & Cooper, 1994; Ricciardelli & Williams, 1995).

More specifically, Williams and Ricciardelli (1999) found that two canonical variates summarized the relationships between gender stereotypes and drinking behaviors. The first canonical variate indicated that high negative masculinity (e.g., “aggressive,” “feels superior,” “rude,” and
“noisy”) but low positive femininity (e.g., “patient,” “sensitive to the needs of others,” “gentle,” and “appreciative”) predicted alcohol consumption and problem drinking as assessed by the SMAST. This was labeled “confirmatory” drinking because it depicts a style of drinking that reinforces gender stereotypical images about alcohol use; masculine characteristics are typically associated with high levels of alcohol consumption. Another way of summarizing the first canonical variate is that it describes men and women who use alcohol to affirm their masculinity and to demonstrate their power, strength, and stamina (Mullen et al., 2007). The combination of gender scores using both the dimensions of high negative masculinity and low positive femininity also corresponds to what Helgeson (1994) has described as unmitigated agency or unmitigated masculinity; an emphasis on one particular set of gender traits to the detriment of the others.

The second canonical variate highlighted another group of drinkers who are at risk of developing drinking problems. Both men and women with low scores on both positive masculinity (e.g., “confident,” “strong,” “responsible,” and “firm”) and positive femininity (e.g., “patient,” “sensitive to the needs of others,” “gentle,” and “appreciative”) had higher scores on the SMAST. These students can also be described as “undifferentiated,” as they do not identify with either masculine or feminine traits (Bem, 1974). The second canonical variate was labeled as “compensatory” drinking as it suggests that alcohol can be used to express both masculinity and femininity. As argued by Mullen et al. (2007, p. 154), “men are supposed to be powerful but when they do not feel powerful they may use alcohol to compensate. . . . heavy drinking makes men feel more powerful, stronger and assertive.” Similarly, many men have difficulty in expressing emotions and other “feminine” traits, but they are able to express these traits when they are drinking. As explained by Peralta (2008, p. 387), “through alcohol, men were able to express their emotions, which would otherwise be bottled up and difficult to share given existing gender norms.”

In two more recent studies with community adult samples of men (aged between 18 and 42 years), Williams and Ricciardelli (2008) and Williams (2009) found that it was negative femininity, as assessed by Australian Sex-Role Scale, that predicted high-risk drinking behaviors. Williams and Ricciardelli (2008) assessed high-risk drinking using the Alcohol Use Disorders Test (AUDIT, Saunders, Assland, Babor, de la Fuente, & Grant, 1993). The AUDIT is a 10-item scale that assesses the number of standard drinks consumed on a typical occasion, frequency of binge drinking, symptoms of alcohol dependence, and alcohol-related problems. In the other study, Williams (2009) assessed high-risk drinking using the number of standard drinks consumed during a typical session and the frequency of drinking per week.

Negative femininity is characterized by a yielding interpersonal style, which includes traits such as being “dependent,” “timid,” “anxious,” “worrying,” and “self-critical” (Williams & Ricciardelli, 2003). However,
these traits are in direct conflict with those prescribed and proscribed for men (Thompson & Pleck, 1986) and may be a major source of stress. Therefore, men who identify strongly with negative feminine traits may be primarily using alcohol in a compensatory way, that is, to feel more powerful and confident. It is also important to note that the men in Williams and Ricciardelli (2008) and Williams (2009) were from a community and an older sample than those in their earlier study (Williams & Ricciardelli, 1999). Therefore, their reasons for drinking are likely to be very different from those of university and younger men.

In another recent study, Williams, Richardson, and Ricciardelli (2009) examined the relationships between gender stereotypes, as assessed by the Australian Sex-Role Scale, and problem drinking, as assessed by the AUDIT, among adolescent boys aged between 14 and 18 years. In this study, a high identification with negative masculinity but a low identification with negative femininity predicted problem drinking as assessed by the AUDIT. In contrast to the pattern of drinking among a community sample of adult men, the findings among adolescents are more consistent with the notion of confirmatory drinking, one of the main dimensions found among university students (Williams & Ricciardelli, 1999). Among young men, heavy drinking is an expression "of a specific type of masculine identity-one that is wild, tough, popular, youthful, aggressive, competitive, confident, and anti-feminine" (Peralta, 2007, p. 746).

Similar findings with adolescent boys have also been verified in a different cultural context, that is, Mexico, where "gender differences in substance use have been larger and more persistent" than other industrialized countries (Kulis et al., 2008, p. 250). For both boys and girls (aged between 13 and 22 years), Kulis et al. (2008) found that negative masculinity was associated with higher levels of alcohol use and other substances (i.e., cigarettes, and marijuana), while positive femininity was associated with less recent use of alcohol and marijuana and less binge drinking. Positive masculinity was associated only with perceptions of more widespread substance use by peers and friends, and receipt of more substance offers. On the other hand, negative femininity was associated with none of the examined variables.

In order to more fully test the relationships between gender stereotypes and different aspects of substance use and abuse, studies are needed, which track gender-related self-descriptions in relation to drinking patterns and other drugs over time. Moreover, how much of a protection positive femininity has against alcohol-related problems and other types of substances also requires a longitudinal study. Finally, the findings clearly suggest that more than one gender dimension is required to fully summarize the interrelationships and that the results may also vary in different age groups and drinking environments (Bush, 1990; Ricciardelli & Williams, 1997). Heavy drinking among younger men may be more about affirming their masculinity and fitting in with their peers. On the other hand, heavy drinking among middle-aged men may
be more closely associated with compensatory motivations where alcohol is used to regulate mood and stress. Studies are needed to fully examine drinking patterns in relation to gender stereotypes in a range of age groups.

**Male Role Norms**

Consistent with the notion of confirmatory drinking, studies have provided support for the relationship between the adherence to traditional attitudes toward men and alcohol use. Early studies demonstrated that the rigid endorsement of normative masculinity is positively related to greater alcohol use in adolescent males (Huselid & Cooper, 1992; Lye & Waldron, 1999; Pleck, Sonenstein, & Ku, 1993). Similarly, McCreary, Newcomb, and Sadave (1999) examined the relationship between adherence to normative masculinity and alcohol consumption in college males. This study showed that the overall adherence to traditional male role norms predicted high alcohol intake, but not alcohol-related problems. More recently, Monk and Ricciardelli (2003) also found that higher scores on Antifemininity, one of the subscales from the MRNS, which was designed to measure traditional attitudes toward men, was associated with the frequency of drinking and higher levels of alcohol-related problems as assessed by both the AUDIT and the SMAST, and cannabis-related problems as assessed by the Drug Abuse Screening Test (DAST) (Dawe & Mattick, 1997). Men who rigidly endorse the antifemininity male role norm avoid stereotypically feminine behaviors and attitudes, and they enact behaviors that reflect the way men are expected to behave (McCreary et al., 1999; Truman, Tokar, & Fischer, 1996).

The use of illicit drugs, such as cannabis, is not usually considered an aspect of normative masculinity, in the same way that alcohol is considered (Lye & Waldron, 1999). However, normative masculinity does prescribe risk taking as another way for young men to reinforce their masculinity (Copenhaver & Eisler, 1996; Courtenay, 2000; Eisler & Blalock, 1991; Lemle & Mishkind, 1989; Lye & Waldron, 1999), and the high use of illicit drugs such as cannabis can be viewed as high-risk-taking behavior (Courtenay, 2000; Jessar, Chase, & Donovan, 1980; Lemle & Mishkind, 1989; Pearson, 1998; Shanahan & Hewitt, 1999). Support for the view that traditional attitudes toward men may be related to drug use has also been provided by Pleck et al. (1993). Pleck et al. (1993) found that the endorsement of the toughness, antifemininity, and status norms from the MRNS were correlated with illicit drug use, especially cannabis use, in adolescent males. However, Lye and Waldron (1999) did not find a relationship between illicit drug use and adherence to traditional male gender norms in teenage males. Levels of illicit drug use may be too low among this age group to reliably detect significant relationships.

Monk and Ricciardelli (2003) also found lower scores on one of the other subscales, which assessed traditional attitudes toward men,
status/rationality from the MRNS, predicted higher frequency of drinking, and higher frequency of cannabis use in the last 12 months and during the lifetime. The men who strongly endorse the male role norm of status/rationality value respect, status, a successful career, and rational decision making (Fischer et al., 1998). It has been argued that cannabis induces an unmanly state of harmony and passivity (Lemle & Mishkind, 1989); therefore, young men may be less likely to use cannabis to reinforce the aspect of masculinity measured by Status/Rationality. Previous research has differentiated between the frequency of substance use versus substance-related problems, particularly in relation to alcohol (e.g., Mooney, Fromme, Kivlahan, & Marlatt, 1987). It has been suggested that the frequency of alcohol use is largely determined by social factors (e.g., Vogel-Sprott, 1974); therefore this index of drinking is more likely to indicate drinking for social reasons than problem drinking. On the other hand, the presence of substance-related problems may be more indicative that alcohol, cannabis, and other drugs are being used as a means of self-medicating symptoms of stress, anxiety, depression, and other aspects of negative emotionality. However, further research is needed to more fully examine the relationship between different dimensions of the male gender role and both the frequency of substance use and substance-related problems.

More recently, Good et al. (2008) examined the relationship between the CMNI and drinking behaviors among adult men (aged 18–91 years) who have experienced brain and/or spinal cord injuries. Specifically, the CMNI assesses attitudes, behaviors, and cognitions reflecting conformity to masculinity norms found in the dominant U.S. culture. It is a more recent measure than the MRNS (Fischer et al., 1998) and it assesses a broader array of attitudes, behaviors, and cognitions. The MRNS developed in the 1980 and 1990s assesses status/rationality, violent toughness, antifemininity, and tough image. The CMNI developed in the late 1990s and the early twenty-first century assesses winning, emotional control, risk-taking, violence, power over women, dominance, playboy attitudes, self-reliance, primacy of work, disdain for homosexuals, and pursuit of status (Mahalik et al., 2003). Good et al. (2008) found only one of the subscales, dominance, to be associated with consuming a greater number of drinks per drinking episode, and binge drinking. However, dominance is a central dimension of the masculine identity, and the findings are again consistent with the view that heavy is being used to confirm men's masculinity.

**Gender Role Conflict/Stress**

The other approach to studying masculinity, that is, the focus on gender role conflict and gender role stress, has also been found to be useful in understanding the development and maintenance of alcohol-related problems in men (Blazina & Watkins, 1996; McCreary et al., 1999). However, the motivation here is not on whether men are drinking to affirm their
masculinity or to compensate for their perceived “powerlessness,” rather men are drinking to alleviate and regulate their negative emotions.

One of the main dimensions of gender role conflict and gender role stress, restrictive emotionality, or the inability to express emotions and handle the emotions of others, is significantly correlated with various negative psychological states in men. These include a negative attitude to seeking help (Blazina & Watkins, 1996), alexithymia (difficulty in expressing feelings) and fear of intimacy (Fischer & Good, 1997), paranoia and psychoticism (Good et al., 1995), low self-esteem, greater anxiety and depression (Cournoyer & Mahalik, 1995; Sharpe, Heppner, & Dixon, 1995), shyness (Bruch, Berko, & Haase, 1998), and global psychological distress (Fischer & Good, 1997). One of the views in the literature is that alcohol is used as a means of self-medicating symptoms of stress, anxiety, depression, and other aspects of negative emotionality (e.g., Blazina & Watkins, 1996; Colder, 2001; Holahan, Moos, Holahan, Cronkite, & Randall, 2001; Isenhart, 1993).

Men who are experiencing gender role conflict may also use alcohol as a socially acceptable coping mechanism (Blazina & Watkins, 1996; Lemle & Mishkind, 1989). Blazina and Watkins (1996) examined the direct relationship between both alcohol and illicit drug use and gender role conflict (Blazina & Watkins, 1996). This study showed that the success, power, and competition factor was significantly related to increased alcohol use in college men, while restrictive emotionality was significantly related to illicit drug use. This finding has also been verified more recently in a group of adult men who had experienced brain and/or spinal cord injuries (Good et al., 2008).

Monk and Ricciardelli (2003) also found that the main correlate of both alcohol and cannabis involvement was one of the GRCS subscales, Restrictive Emotionality. In particular, higher scores on Restrictive Emotionality were associated with higher scores on the AUDIT, SMAST, frequency of cannabis use over the year, and lifetime cannabis use in young men. Men who rigidly adhere to restrictive emotionality norms have difficulty in expressing their feelings or coping with the expression of emotion in others (Cournoyer & Mahalik, 1995; O’Neil, 1990; O’Neil et al., 1986). Men are socialized to avoid stereotypically feminine behavior and attitudes, and emotional expression is viewed as stereotypically feminine behavior, as it reflects weakness and vulnerability. Therefore, to appear masculine and dominant, and to avoid social condemnation, men become emotionally stoic (Cournoyer & Mahalik, 1995; O’Neil et al., 1986, 1995). Longitudinal studies and in-depth interview studies are needed to more fully understand that nature of these relationships.

In contrast to Blazina and Watkins (1996) and Good et al. (2008), Monk and Ricciardelli (2003) found no relationship between the GRCS factor, success, power, and competition, and alcohol or cannabis use and problems. Men who score high on success, power, and competition are driven to succeed professionally, and they engage in domineering,
powerful, and controlling behaviors (Mahalik, 1999). The fact that success, power, and competition did not predict alcohol-related problems in Monk and Ricciardelli (2003) may be due to the different nature of their sample, and the fact that age and education levels were employed as covariates. Blazina and Watkins' (1996) sample was highly educated, who were predominantly middle class, and expected to have professional careers after finishing college. Monk and Ricciardelli's (2003) sample included men from a cross section of the community, where only 24% had a college qualification and 27% had not completed high school. Therefore, the young men in this study were not all as highly educated as college samples, and hence may not be experiencing conflict related to their professional lives, or be concerned with climbing the corporate ladder.

The studies were also conducted in two different countries; two in the United States (Blazina & Watkins, 1996; Good et al. 2008); the other in Australia (Monk & Ricciardelli, 2003). Therefore, there may be cross-cultural differences in either masculinity and/or drinking patterns that may further explain some of the discrepancies. For example, the drinking culture in Australia is closely tied to a leisure-loving lifestyle around the beach and the pub, and there is a strong emphasis on mate­ship (Hibbins, 2005). These cultural values may serve to weaken the emphasis on success, power, and competition. Further studies are needed to more fully examine how the sources of gender role stress may differ across countries and culture.

Gender role stress has also been found to be important in predicting alcohol-related problems in men (McCreary et al., 1999). As with gender role conflict, gender role stress may be indirectly related to alcohol involvement because of its significant relationship with other negative psychological states (Copenhaver & Eisler, 1996). For example, gender role stress has been found to predict high levels of anger, irritation, negative attributions, and the endorsement of aggressive responding in a sample of college men (Eisler et al., 2000). Therefore, men who are reporting high levels of gender role stress may also use alcohol to self-medicate or relieve psychological tension in a way that does not violate gender role norms (Copenhaver & Eisler, 1996; Eisler, 1995).

However, gender role stress may be also directly related to alcohol consumption in men. One study showed that two scales developed to assess gender role stress, performance failure and physical inadequacy, were directly related to alcohol-related problems in a clinical sample of male problem drinkers (Isenhart, 1993). In addition, McCreary et al. (1999) found a direct relationship between overall gender role stress and alcohol-related problems in a group of college males. In contrast, Monk and Ricciardelli (2003) found that the MGRSS subscales contributed little unique variance in addition to that accounted by the gender role conflict and the traditional attitudes toward men subscales. In fact, as has already been discussed, there is a fair degree of overlap among the subscales. Therefore, as has already been noted in previous section, a great deal of research is needed to further examine the nature of the
interrelationships among the different aspects of the male gender role and their subscales, as most of these scales have been developed independently of each other (Thompson, Peck, & Ferrera, 1992).

**Interview Studies**

Three recent interview studies have provided additional support for the view that drinking is often used to express both masculinity and femininity; and in either “confirmatory” or “compensatory” ways. In one study, de Visser and Smith (2007) conducted in-depth interviews with 31 men [17 students and 14 un(der)employed men], and five group interviews with 27 men [two groups of university students, two groups of un(der)employed men, and one group consisting of both students and un(der)employed men] from the United Kingdom (aged between 18 and 21 years). Two of the major themes highlighted how drinking affirms masculinity: “equation of drinking with masculinity” and “trading masculine competence.” Specific aspects of masculinity identified by men in the study were drug use, sex, and fighting:

> Young men are competitive in these domains and rank their performances: the more they drink, the more highly they are regarded. (de Visser & Smith, 2007, p. 601)

De Visser and Smith also showed that if men were competent in one traditionally masculine domain (e.g., sport), this often excused nonmasculine behavior in other domains. On the other hand, if men’s masculinity were compromised in a main area, such as in the case of unemployment, then men “may attempt to demonstrate their masculinity by drinking” (de Visser & Smith, 2007; p. 609). This latter theme highlights how men may also use alcohol in compensatory ways, in this case to compensate for their lack of employment.

In another study from the United Kingdom, Mullen et al. (2007) conducted 10 focus groups and 12 in-depth individual interviews with men aged between 16 and 24 years. The focus groups ranged in size from 5 to 10 participants and purposefully targeted a broad range of men: (1) men from the community with high levels of unemployment and living with family; (2) men from the community who were comfortable and economically secure and living with family; (3) university students from a mixed social class and living independently or with family; (4) football team from a working class neighborhood living independently or with family; (5) young gays from a mixed social class living independently; (6) young employed and unemployed fathers living with partners or separately; (7) college students with manual and semi-skilled manual training living with the family; (8) workers living independently or with family; (9) “unsettled” young men living independently or with family who had literacy, young offender, or other issues; and (10) ethnic minorities living independently or with family.
As with many of the other studies reviewed in this section, one of the main findings that emerged from the analysis of the focus group and individual interviews with men from a broad cross section of the community was the consistent theme that young men used drinking to affirm their masculinity:

Younger men viewed drunkenness as an important element of drinking, and the associated behaviours and consequences were valued with their group. As they matured the consequences of being drunk became less acceptable and their views on what constituted a good night out changed. (Mullen et al., 2007, p. 157)

However, there was also an acknowledgment that drunkenness was more acceptable among youth and that this became less important as they matured. This again highlights the need for studies to track the development of drinking patterns and their relationship to masculinity over time.

Mullen et al.'s (2007) findings also highlighted the acceptability of heavy drinking and drunkenness among young men's drinking but negative attitude's associated with young women's drinking.

What emerges from our analysis is a paradox. There is a male preference for drinking in mixed-sex groups, but the knock-on effect of harder drinking by young women is that they are perceived to be competing with the young men to define the nature of the drinking experience. This is a challenge that the younger participants (16–18) feel more uncomfortable about ... It seems clear from this study that our male respondents believed there was a double standard in relation to drinking and drunkenness by young men and women. Binge drinking for women was still viewed as a stigmatized activity, although respondents consider women's drinking to be a meaningful part of relationship building, both with other women and young men. Respondents were aware that women were transgressing traditional codes of femininity. Their drinking was not condoned in the same way as it is for young men. (Mullen et al., 2007, p. 161)

In another study, Peralta (2007, 2008) conducted interviews with 78 college students; 41 men and 37 women from the United States. Three main themes were consistent with the notion of confirmatory drinking emerged from the data: “markers of embodied masculinity; stories and trophies,” “alcohol-induced risky behavior, aggression, and competition,” and “exaltation of drinking and stigmatization of non-drinking behavior.” In addition, several men also discussed the way they used alcohol to excuse “gender blunders” such as the display of feminine qualities (e.g., crying and writing poetry). This is consistent with the notion of compensatory drinking as it suggests that alcohol consumption may act as a gateway for men to express feminine practices, while still upholding their masculine identity (Peralta, 2008). This view was also discussed in the way men use alcohol and other drugs as a means of expressing their femininity and coping with their negative emotions.
BODY IMAGE AND BODY CHANGE STRATEGIES

Another main domain that has been frequently studied in relation to masculinity and femininity is body image and body change strategies (see also Chapter 6 by Drummond and Chapter 7 by Ryan and Morrison in this book). Central to the Western stereotype of masculinity are physical prowess, virility, and dominance (Jandt & Hundley, 2007; McCreary et al., 2005; Pleck, 1981). This stereotype has been implicated in men’s fears of appearing physically inadequate and their desire for muscularity, physical bulk, and strength. Moreover, given that many women “have taken on and excelled in traditionally male roles in western societies, men have turned to muscle development as one of the few means available to them to affirm and display their masculinity” (Mussap, 2008, p. 73). Therefore, the pursuit of muscularity, particularly in the sporting context, provides another opportunity for men to affirm their masculinity.

**Gender Role Stereotypes, Gender Traits, and/or Gender Identity**

A review of the literature has been conducted by Gillen and Lefkowitz (2006, p. 27) and they concluded:

Research demonstrates a link between femininity and appearance orientation in women (Jackson et al., 1988; Timko, Striegel-Moore, Silberstein, & Rodin, 1987), but less is known about this association in men. Although one study showed an association between femininity and appearance orientation in both men and women across the lifespan (ages 10–79; Pliner, Chaikem, & Flette, 1990), other works suggest that gender-typed men (i.e., men who are masculine) may be more orientated toward their appearance than other men are (Anderson & Bem, 1981).

One of the earliest studies to examine the relationship between gender stereotypes and body image concerns was conducted by Borchert and Heinberg (1996). Borchert and Heinberg used the BSRI to assess actual and ideal masculinity and femininity among a group of college men. Discrepancy scores were computed by subtracting ideal from actual scores for both masculinity and femininity. Masculinity discrepancy scores, indicating lower perceived masculinity, was found to be correlated with higher levels of body dissatisfaction as assessed by the Figure Rating Scale (Stunkard, Sorenson, & Schlusinger, 1983) and the Eating Disorders Inventory (Garner, Olmsted, & Polivy, 1983).

In a more recent study also targeting college men, Gillen and Lefkowitz (2006) found that men who identified more closely with masculinity, as assessed by the BSRI, evaluated their appearance more positively, as assessed by the Multidimensional Body-Self Relations Questionnaire (Cash, 2000). Moreover, higher scores on both masculinity and femininity were also associated with higher levels of body satisfaction but there
was no relationship between masculinity and appearance orientation. This latter subscale assessed the importance of appearance, the amount of personal attention given to appearance, and the degree of behavioral investment in grooming the body (Cash, 2000).

In another recent study, Brown and Graham (2008) examined both heterosexual and gay men who were recruited from gyms and university gay social groups (aged between 20 and 42 years). Heterosexual men who scored high on masculinity (as assessed by the BSRI) were found to be most satisfied with their bodies (assessed by the Body Esteem Scale, Franzoi & Shields, 1984) while gay men who scored low on masculinity were the least satisfied with their bodies (Brown & Graham, 2008).

Therefore, overall, the research shows that masculine traits are correlated with lower levels of body dissatisfaction (Borchert & Heinberg, 1996; Brown & Graham, 2008; Gillen & Lefkowitz, 2006). However, men are often unconcerned with their overall physical appearance and tend to resist representing their bodies as objects of aesthetic interest (Grogan & Richards, 2002), possibly because this is not seen as a legitimate masculine domain. However, in more recent years, the focus on men's body image has shifted to muscularity (Ricciardelli & McCabe, 2004).

Only one study that has examined masculinity was identified, using the trait approach, and body image concerns associated with muscularity. McCreary et al. (2005) examined the EPAQ, which includes an assessment of both the negative and positive aspects of masculinity and femininity in relation to his Drive for Muscularity Scale (DMS). The DMS was specifically designed to assess men and women's desire to have a more muscular body (McCreary & Sasse, 2000; McCreary et al., 2005). McCreary et al. (2005) in their sample of university students found that only negative masculinity was found to be associated with the DMS. These findings again illustrate that negative gender traits are more important than the positive dimensions; however, they are also consistent with the view that the pursuit of muscularity is being driven by confirmatory motivations to affirm men's masculinity. Further research is now needed to also examine the relationship between masculine traits and the pursuit of more extreme body changes strategies such as steroid use and bodybuilding.

**Male Role Norms**

In comparison with work on alcohol, there has been less research that has examined men's identification with male role norms in relation to either body image concerns or men's drive for muscularity. However, overall, the findings are also consistent with the notion that the pursuit of muscularity is a way of displaying and confirming men's masculinity.

In one study on university men, McCreary et al. (2005) examined the relationship between the total MRNS and the DMS. The
researchers found that total scores on the MRNS to be associated with the DMS. In another study, Kimmel and Mahalik (2005) investigated the relationship between the CMNI, the Masculine Body Ideal Distress Scale (MBID; Kimmel & Mahalik, 2005), and the Body-Image Ideals Questionnaire (BIQ; Cash & Szymanski, 1995) in a large sample of gay men recruited from web-based discussion group (aged between 18 and 74 years). Neither the CMNI nor the MBID were associated with the BIQ scores. These findings may be due to the fact that the researchers only examined total CMNI scores. The CMNI has been shown to be multidimensional and consists of 11 subscales (Mahalik et al., 2003). However, the CMNI was found to be associated with the MBID scores. In contrast to the BIQ, the MBID has a more specific focus on having a muscular masculine body and thus may provide a better way of testing the relationship between masculinity and the drive for muscularity.

More recently, Smolak and Murnen (2008) investigated the relationship between the CMNI and the DMS among college men. However, Smolak and Murnen examined the subscales of the CMNI, and also examined the drive for thinness (DT) as assessed by the Eating Disorders Inventory and the drive for leanness (DL) as assessed by a new scale devised by the researchers. Three subscales from the CMNI, surveillance, winning, and disdain for homosexuals, were found to be directly related to the DMS and DL, and surveillance was also associated with the DT. On the other hand, the relationship between Pursuit of Status and DT was a negative one. Clearly, these results suggest that masculinity "is related in different ways to DL, DM [DMS], DT..." and "these relationships deserve additional investigation, including longitudinal and perhaps experimental research" (Smolak & Murnen, 2008, p. 259). Moreover, the relationships also need to be investigated in younger and older groups of men.

As there are no instruments that assess social norms that "prescribe and proscribe what men should feel and do," among children or adolescents, Smolak and Stein (2006) created a new scale for their study on adolescent boys. This was an eight-item scale to assess the investment adolescent boys (aged 11–15 years) have in the traditional masculine gender role with a specific focus on strength and athleticism (e.g., "Guys should be able to throw a ball farther than most girls can."). Consistent with expectations, the endorsement of traditional masculine gender role predicted higher levels of drive for muscularity among boys. In addition, a quadratic function of the endorsement of the male physical attributes, and the interaction of media and endorsement of male physical attributes were also significant predictors. Specifically, the significant interaction showed that as the endorsement of the male physical attributes increased, then the media effects on DMS decreased. In addition, the quadratic function showed that DMS scores increased more dramatically once endorsement of male physical attribute scores reached a low to moderate range.
Gender Role Conflict/Stress

Emerging research is found to be consistent with the view that men may be pursuing muscularity to not only confirm their masculinity but also to alleviate and regulate their negative emotions, as was the case of substance use. In one study, McCreary et al. (2005) examined the relationship between the GRCS and the DMS among university men. Two of the subscales from the GRCS, Success, Power, and Competition, and Conflict between Work and Family, were found to be associated with the DMS.

More recently, Mussap (2008) also showed that specific stressors associated with adhering to the masculine gender role stress are related to both men's body image concerns and to their participation in body change strategies aimed at attaining muscularity and physical bulk. Mussap (2008) found that total scores on the MGRS were associated with body dissatisfaction, drive for muscularity, DT, restrained eating, eating concerns, purging and binge eating among adult men in a group of adult men recruited from university classes and gymnasiums (aged 18–40 years). Moreover, body dissatisfaction was found to be a mediator of the relationship between gender role stress and body change strategies; and the relationship between MHRS and weight loss was stronger or in some cases only evident in men with self-reported ineffectiveness and/or affective problems. As the study utilized a cross-sectional design, it was not possible to separate causes from consequences or "rule out the possibility that gender role stress and body change simply co-occur in men or stem from a common, underlying psychosocial factor" (p. 84). However, given the patterns of findings relating to mediation and moderation, the findings are more consistent with a causal link between the two (Mussap, 2008), and the results "demonstrate that concerns with masculinity, in particular, concerns with deviating from masculine gender role, translate into concerns with leanness and muscularity" (p. 86).

However, as noted by all of the above researchers, one of the main limitations in this field continues to be the dearth of longitudinal studies. As all the reviewed studies are correlational and cross-sectional, they cannot inform us about the direction of causality. As concluded by McCreary et al. (2005, p. 91)

...does an increase in masculinity cause an increase in perceived masculinity, and if so, which dimensions of masculinity are most strongly influenced by their potential causal relationship? Or, could increases in perceived masculinity (e.g., from changes in others aspects of a person's life) cause an increased desire to become muscular? Or, could the association be cyclical? Experimental research is needed to address these questions.

Interview Studies

As with the domain of alcohol, interview studies have also shown how the drive for boys to attain lean and muscular bodies, particularly within
the sporting context, is a way of confirming their masculinity. The sporting context provides males with an acceptable and nonthreatening medium for explicitly discussing and comparing their bodies with other males (Ricciardelli et al., 2006). The way in which sport permeates much of young men's lives and reinforces notions of hegemonic masculinity has been summarized by Drummond (2002, p. 130):

The playing arena at training or in competition, the locker room, or social settings beyond the sporting context, such as bars or night clubs, are all locations in which this masculine identification and solidarity is reinforced. Boys' sport has been cited as a testing ground for uncomplicated admission into adult society.

In an earlier study, Grogan and Richards (2002) identified that there are limited contexts where adolescent and older males feel justified in discussing their body image concerns. Grogan and Richards in a group study of preadolescent, adolescent, and adult males, observed that males in all age groups found discussions of muscularity acceptable primarily within the boundaries signifying masculinity, that is, when it was closely linked to fitness and athleticism. Moreover, although the adult males gave primarily cosmetic reasons for wanting to attain the lean and muscular look, the men and boys in all age groups resisted representing men's bodies as objects of aesthetic interest by shifting their discussions to how bodies looked in relation to function, fitness, and/or health.

Ricciardelli et al. (2006) further showed that sport was an important socializing force for improving boys' social standing and peer popularity (e.g., White, Duda, & Keller, 1998). However, they also found that boys used their bodies through sport as a way of displaying their masculinity and, more specifically, as a way of demonstrating their strength as opposed to weakness. This is very similar to the confirmatory style of drinking outlined in Section "Substance Use and Abuse," and is more fully illustrated by the following quote from a 17-year-old boy:

So, at the end of the day I'm not particularly concerned, but I would like bigger muscles first and foremost for its benefits in the sporting arena and I s'pose it would have social benefits as well ... the whole stereotype, fitting in with the masculine image. (Ricciardelli et al., 2006, p. 583)

Even boys as young as 8 years old assert their masculinity via sport. This was demonstrated in a recent interview study conducted by Bhana (2008) with 8- and 9-year-old boys from South Africa. Bhana does not provide the details of the specific number of boys interviewed but she studied boys from two schools: "one poor and black, the other rich and predominantly white" (p. 6). Consistent with the findings from Ricciardelli et al. (2006) who interviewed adolescent boys aged between 15 and 17 years, "the dominant themes that emerged were a preoccupation with bodily strength, toughness, aggression, competition,
disparagement of ‘weaker’ boys and girls and the deployment of racist discourses” (Bhana, 2008, p. 12). Moreover, Bhana (2008) concluded that “as long as the investments in sport produces a masculine image based on domination, attempts to use sport to build socially responsible citizens in South Africa are not likely to succeed” (p. 12). This again illustrates the paradox of masculinity highlighted by Capraro (2000), that is, men are both powerful and powerless in their pursuit of masculinity.

DISORDERED EATING

Disordered eating “is defined as problem eating attitudes and behaviors that occur on a continuum ranging from concerns about body weight and shape, extreme weight control methods which include fasting, and excessive exercise, and binge eating to eating disorders such as anorexia and bulimia nervosa” (Ricciardelli & McCabe, 2004, p. 179). Disordered eating is also highly gendered in nature as significantly fewer men develop eating disorders; however, it is also more difficult to diagnose eating disorders as men are less likely to use extreme weight loss methods and many of the binge eating patterns that are seen as abnormal or inappropriate in women are socially sanctioned for men (Ricciardelli & McCabe, 2004). In addition, it is also important to consider that disordered eating, and in particular, binge eating, can be viewed as an appetitive behavior. The similarities between disordered eating, in particular, binge eating and addictions involving alcohol and other drugs, have frequently been noted (e.g., Baumeister & Heatherton, 1996; Fairburn, 1995; Sayette, 2004; Williams & Ricciardelli, 2003; Williams et al., 2009).

Gender Role Stereotypes, Gender Traits, and/or Gender Identity

A large number of studies have investigated and confirmed the role of femininity and masculinity in disordered eating (for reviews, see Johnson, Brems, & Fischer, 1996; Lancelot & Kaslow, 1994; Murnen & Smolak, 1997), and several of these have included community and student samples of men. The majority of studies have found that a high identification with feminine traits is linked to disordered eating in both men and women (Hawkins, Turell, & Jackson, 1983; Lakkis, Ricciardelli, & Williams, 1999; Paxton & Sculthorpe, 1991; van Strien & Bergers, 1988; Wichstrom, 1995). One of the explanations proposed for the “femininity hypothesis” is that the identification with characteristics typically labeled as “feminine,” such as passivity, dependence, and unassertiveness, reflect a need of approval from others and low self-esteem (Boskind-Lodahl, 1976; Paxton & Sculthorpe, 1991). Therefore, both women and men, who identify strongly with feminine
traits, and in particular, negative feminine traits, may use chronic dieting and other extreme weight loss behavioral methods as means of alleviating their low self-esteem and as means of achieving what they perceive to be the ideal body form. This “compensatory style of eating” is similar to the compensatory style of drinking highlighted in Section “Substance Use and Abuse.”

In one study on male university students, which included both heterosexuals and gays, Lakiss et al. (1999) found that gender stereotypes predicted DT, restrained eating, and binge eating. Moreover, irrespective of sexual orientation, higher scores on negative femininity predicted higher scores on each dimension of disordered eating. These results are consistent with the majority of previous studies that have shown that various aspects of disordered eating are related to higher levels of femininity (Boskind-Lodahl, 1976; Paxton & Sculthorpe, 1991), and they again highlight that negative traits are more important than the positive ones. Negative femininity encompasses stereotypic behavior associated with passivity, dependence, and unassertiveness.

The “femininity hypothesis” has also been supported in preadolescent boys aged between 8 and 10 years (Thomas, Ricciardelli, & Williams, 2000). Higher scores on femininity, as assessed by the Children’s Sex Role Inventory (Boldizar, 1991) predicted higher levels of dieting and greater preoccupation with eating and binge eating, as assessed by the Children’s Eating Attitude Test (Maloney, McGuire, & Daniels, 1988). However, the negative dimensions of gender stereotypes were not evaluated as the Children’s Sex-Role Inventory only assesses positive/desirable gender traits.

The importance of evaluating the negative gender stereotypes is further illustrated in a more recent study that examined adolescent boys aged between 14 and 18 years (Williams et al., 2009). In this study, a higher identification with negative femininity predicted restrained eating; moreover, a higher identification with negative masculinity predicted binge eating. As we have already seen earlier in this chapter, negative masculinity is equated with an assertive style of control described as overcontrol, which may involve aggression, manipulation, and bullying (Shapiro, 1994), and it is a main correlate of problem drinking. Given that binge eating also shares many similarities with problem drinking, and is socially sanctioned for men, it is not surprising that negative masculinity is also a correlate of binge eating. In addition, this reflects a “confirmatory style of eating,” which closely parallels the confirmatory style of drinking outlined in Section “Substance Use and Abuse.”

Although the majority of studies have supported the “femininity hypothesis,” other hypotheses linking gender traits to disordered eating have been proposed (Johnson et al., 1996; Lancelot & Kaslow, 1994; Murnen & Smolak, 1997). One group of studies has demonstrated an overall negative relationship between masculinity and disordered eating (see Murnen & Smolak, 1997 for a review). In other words, a poor
Identification with masculine traits is linked to disordered eating. This finding is consistent with the “femininity hypothesis,” as a low identification with masculine traits is also indicative of low self-esteem (Johnson et al., 1996). However, another group of studies has shown that higher masculinity is associated with higher levels of disordered eating (Cantrell & Ellis, 1991; Silverstein, Carpman, Perlick, & Perdue, 1990). However, this relationship may apply more to women as proponents of this view argue that social expectations require women to be both masculine and feminine, which then leads to gender role conflict. To alleviate the stress and tension resulting from conflicting societal demands women may use disordered eating, in particular, binge eating.

A final view, which has received only limited support among women, maintains that an undifferentiated gender personality (low femininity and low masculinity) may lead to disordered eating (Lewis & Johnson, 1985). Individuals with poorly defined gender attributes are likely to have poor self-definitions and low self-esteem, which makes them more vulnerable to developing disordered eating. This “compensatory style” of eating also parallels the “compensatory style” of drinking described in Section “Substance Use and Abuse” (Williams & Ricciardelli, 1999). In order to fully evaluate this hypothesis, interview studies that examine strategies that men use from their own lived experiences need to be conducted. Our understanding of the development of disordered eating among men continues to be far too influenced by what we know about women’s eating (Ricciardelli & McCabe, 2004). Qualitative studies with preadolescent, adolescent, and adult men are needed in this domain.

**Male Role Norms and Gender Role Conflict/Stress**

Furthermore, researchers need to examine men’s identification with male role norms and the GRCS in the disordered eating domain, as no studies, which included these measures, were located. Moreover, only one study was identified that examined the MGRSS in relation to men’s problem eating, and this is described in Section “Disordered Eating.” Consistent with the view that men may engage in binge eating and other related behaviors to alleviate negative emotions, Mussap (2008) found a relationship between the total scores on the MGRSS and restrained eating, purging, and binge eating among adult men. Additional studies are now needed to verify these findings.

**OTHER HEALTH RISK BEHAVIORS**

It is not possible to cover all health risk behaviors in this chapter. Other topics are covered in other chapters in this book (e.g., see Chapter 11 by Madsen for psychotherapy for men with paternal depression, in this
book). However, it is important to consider men’s health risk and health-promoting behaviors more broadly.

It has been frequently shown that men do not seek help as much as women because of their greater independence and self-reliance (Addis & Mahalik, 2003). More specifically, Good and Wood (1995) identified a pattern of relationships between gender role conflict and help seeking that the authors labeled “double jeopardy”:

Different components of gender role conflict were associated with both an increased likelihood of depressive symptoms and more negative attitudes towards seeking psychological help. (Addis & Mahalik, 2003, p. 8)

Helgeson (1994, 1995) has also highlighted how masculinity may place men at risk of heart disease and poor adjustment to heart disease through direct and indirect associations with poor social supports and low health care. Specifically, Helgeson’s correlational studies have shown that negative masculinity (as assessed by the EPAQ) is related to impaired social networks and poor health behavior, and positive masculinity is associated to better illness adjustment, “possibly by creating positive beliefs about their self-concepts and recovery” (Helgeson, 1995, p. 95).

In a more recent study, Mahalik, Burns, and Syzdek (2007) also found a negative relationship between total scores on the CMNI and health-promoting behavior in a sample of adult men recruited from listservs from the internet (aged between 18 and 78 years). Specifically, men reported greater frequency of health-promoting behaviors when they conformed less to traditional masculine norms. The examined health risk/health-promoting behaviors included (1) consuming more than two alcoholic drinks per day; (2) using a seat belt; (c) physical fighting; (d) seeking someone to talk to when dealing with a troubling issue; (e) getting an annual physical examination; (f) using tobacco; (g) exercising at least 30 min a day three times a week; and (h) eating at least five servings of fruit and vegetables per day.

The “double jeopardy” and the “paradox of masculinity,” as they apply to men’s health risk behaviors more broadly, are best summarized by Courtenay (2000, p. 1397):

By dismissing their health needs and taking risks, men legitimise themselves as the “stronger” sex. In this way, men’s use of unhealthy beliefs and behaviours helps to sustain and reproduce social inequality and the social structures that, in turn, reinforce and reward men’s poor health habits. … Naming and confronting men’s poor health status and unhealthy beliefs and behaviours may well improve their physical well-being, but it will necessarily under-mine men’s privileged position and threaten their power and authority in relation to women.

Thus as with the substance use and the pursuit of muscularity, many men may be primarily engaging in other health risk behaviors in order to affirm and legitimize their masculinity.
The diminution of emotional expression on the grounds that emotion is stereotypically associated with femininity is bound to create a paradox for men. It is a strategy that largely ignores the crucial role of implicit and explicit emotion in the development of identity (see Bosma & Kunnen, 2001 for a review). As already indicated, hegemonic gender stereotypes dictate an either–or distinction. This selective process becomes problematic when the choices are unmitigated. When some traits are stressed at the expense of others, there is a failure of a more balanced experience of well-being (Helgeson, 1994; Williams & Ricciardelli, 1999).

Attempting to by-pass the demands for recognition and expression of emotion creates difficulties for masculinity along both intra- and interpersonal dimensions as seen when men experience gender role conflict and/or stress. The fundamental quality of masculinity is that of self-efficacy but successful strategies of self-management and self-efficacy require collaboration between cognition and emotions. The ways in which explicit and implicit emotion can facilitate or impair strategies of self-regulation are becoming better known (Baumeister, Zell, & Tice, 2007). The self-monitoring of the potential competition between cognition and emotion is necessary for the maintenance of self-awareness (McClure, Botvinick, Yeung, Greene, & Cohen, 1997).

On the interpersonal front, human beings are social animals. Social situations involve self-conscious emotionality (Tracy & Robins, 2007) and self-consciousness of the demands of the negative dimensions of masculinity can engender shame and guilt as negative affect (Stuewig & Tangney, 2007). The competing demands of the situation can challenge what Greunewald, Dickerson, and Kemeny (2007) have called Social-Self Preservation Theory. Repression of emotion is ultimately inefficient because the cognitive/emotional conflict attendant upon an exclusive and rigid definition of masculinity forms a trap of self-limitation rather than self-empowerment. The therapeutic goal, therefore, must be to expand the self-limitations inherent in masculinity in the direction of what Hermans and Hermans-Jansen (2001) have described as the multilayered and multivoiced self. In everyday situations, individuals must move between different and sometimes even opposed positions, and these call for different emotions. Men need to be made aware of the personal and social possibilities of a more multilayered and democratic sense of the self, and the negative dimensions of the gender role stereotypes need to be changed in the direction of a more flexible, balanced, and androgynous sense of identity. This is also consistent with the views of Capraro (2000, p. 313) who has highlighted the need to promote "healthy masculinity" that "connects men in healthy relationships with other men, family, and intimate partners."
The Jamesian concept of promoting self-consciousness, which incorporates the experience of being both an “I” and a “Me,” is one useful framework for working with men to broaden their self-image and develop a more dynamic sense of self (Sarbin, 1986). The “I” is the “knower” or the author of the experience, and the “Me” is the “known” person or the socially embedded actor. When seen as a form of psychodrama, this narrative framework can provide an autobiographical approach for men to develop their self-knowledge and how they interact with others (Verhofstadt-Deneve, 2001). Men are asked to consider their current self-image (Who am I with my potentials and shortcomings?), their alter-image (What are other people like?), and their meta-self image (How am I viewed by others?). In addition, men are also asked to consider their ideal-self (What would I like to be or become?), their ideal alter-self (What should others be or become like?), and their ideal meta-self (How should others perceive me?). The overall aim of these discussions is to focus on unraveling the internal contradictions inherent in the stereotyping of masculinity and for men to develop a more dynamic personal and collective identity that will be more effective when interacting with others in different social contexts. Men will also learn to be more mindful in attending to themselves and others in open, accepting, and discerning ways (Shapiro & Carlson, 2009).

The distinction (Williams & Ricciardelli, 1999) between confirmatory and compensatory motivations for engaging in health risk behaviors also has implications for the development of effective preventative and intervention strategies for men and women. Compensatory motivations suggest a comparatively weaker sense of the self, which would need to be strengthened using other means than by the use of alcohol (or other health risk behavior) as a change agent. Men and women need to be taught skills to improve their self-esteem and self-concepts. They also need to be taught to use more active and less emotional focused styles of coping and self-regulation (e.g., problem-focused coping; distraction and blunting). On the other hand, confirmatory motivations indicate that men and women's self-image would benefit if masculinity were moderated and more attention was given to the expression of femininity. In these cases, more emphasis needs to be placed on developing interpersonal skills and social supports, group participation, and reducing Type A behavior (e.g., hostility, anger, aggression, and competition; Helgeson, 1994).

The research findings outlined in this chapter also have important health promotion and psychotherapeutic implications for children and adolescents. The fact that domain-specific perceptions about self-control over drinking and in other domains can be related to the adolescents' sense of interpersonal motivations and to the intrapersonal social dynamics of gender stereotypes, which points to a fertile ground for the development of health education strategies. Stereotypes that carry different prescriptions for boys and girls are learned early particularly in environments that already support stereotypes (Powlishta, 2000; Whitley & Egisdottir, 2000). Education about the often crucial skills of
self-regulation need to be set within the context of social learning about identity and the expectancies concerning self-control that have been shown to be related to gender stereotypes. One approach to fostering change would be to focus on the inherent gender role conflicts found in patterns of yielding and assertion, which are ascribed predominantly to one gender but not to the other (Helgeson, 1994). The emphasis on self-perception also fits well with the foundational stages of the Transtheoretical Model of Behavior Change that emphasizes consciousness raising, self-reevaluation, self-liberation, and learning about stimulus control (Ogden, 2007).

FURTHER CONSIDERATIONS AND CONCLUSIONS

As argued by de Visser and Smith (2007, p. 611) we need to promote the view that "there is more than one way to be masculine." For example, in de Visser and Smith's (2007) study, some men "rejected associations between masculinity and drinking, and instead endorsed a strong masculinity characterized by rationality, health, integrity, free thought, and resisting social pressure" (p. 610). Therefore, "the challenge for harm reduction strategies ... is to help men from diverse social and cultural backgrounds to develop masculine identities that do not entail harmful behaviours such as excessive alcohol consumption" (de Visser & Smith, 2007, p. 612).

The link between masculinity and health risk behaviors in the context of culture and ethnic minority status remains unexplored. However, it is likely that the experience of gender role stress, and the manifestations of this stress, will be more marked among men from ethnic minority groups. Men from cultural minority groups are more likely to be vulnerable to gender-specific stressors, as these societies show less tolerance to minority men compared to women, and cultural minority men often hold subordinate positive positions in the workplace and experience a greater loss of power and status than men from the dominant cultural group (Twenge & Crocker, 2002). In addition, as different cultures value diverse aspects of masculinity from the mainstream culture (i.e., educational achievements versus sporting prowess), this is likely to be another source of stress for minority groups.

In this chapter, we reviewed the relationship between different conceptualizations of masculinity and femininity in the development and maintenance of different health risk behaviors. Specifically, we examined substance use and abuse with a main focus on alcohol consumption; body image and body change strategies in the context of sport; disordered eating; and a broader array of health risk and health-promoting behaviors. A summary of the three main motivations for engaging in the health risk behaviors and the gender dimensions underlying these motivations is provided for each of the four domains in Table 3.1.
<table>
<thead>
<tr>
<th>Domain</th>
<th>Confirmatory Motivations</th>
<th>Compensatory Motivations</th>
<th>Regulating Conflict and Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance use and abuse</td>
<td>High negative masculine traits and low feminine positive traits</td>
<td>Low positive masculine traits</td>
<td>Restrictive emotionality and success, power, and competition from the GRCS</td>
</tr>
<tr>
<td></td>
<td>Toughness, anti-femininity and status/rationality from the MRNS and dominance from the CMNI</td>
<td>and low positive feminine traits</td>
<td>Performance failure and physical inadequacy and total scores on the MGRSS</td>
</tr>
<tr>
<td></td>
<td>“Context of young men’s drinking and drunkenness,” “alcohol-induced risky behaviour, aggression, and competition,”</td>
<td>“Trading masculine competence” and “gender blunders” from interview studies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and “exaltation of drinking” from interview studies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drive for a muscular body</td>
<td>High negative masculine traits</td>
<td>High negative feminine traits</td>
<td>Success, power, and competition, conflict between work and family, and total scores on the MGRSS</td>
</tr>
<tr>
<td></td>
<td>Identification with total scores on the MRNS and the CMNI</td>
<td>Low feminine and low masculine traits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fitness, athleticism, and sport from interview studies</td>
<td></td>
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</tr>
<tr>
<td>Disordered eating</td>
<td>High negative masculine traits</td>
<td></td>
<td>Total score on the MGRSS</td>
</tr>
<tr>
<td>Other health risk behaviors</td>
<td>High negative and low positive masculine traits</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total scores on the CMNI</td>
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</tbody>
</table>
The first cluster included confirmatory motivations that men used to affirm and further legitimize their masculinity. These are evident in each of the four domains summarized in Table 3.1 and are indicated by high negative masculine and/or low positive feminine traits, and an identification with traditional male role norms that “prescribe and proscribe what men should feel and do” (Thompson & Pleck, 1986, p. 53). These confirmatory motivations are also evident in the themes that emerged from the interviews in both the drinking and sporting context.

The second cluster included compensatory motivations and they were only noted in the domain of substance use and disordered eating. They were indicated by low positive masculine and low positive feminine traits, and high negative feminine traits. Men who identify with any of these traits may use either alcohol or eating to compensate for their feelings of powerlessness and/or low self-esteem. In the interview studies, men also discussed the use of alcohol to excuse their “gender blunders” (Peralta, 2007, 2008), and to compensate for other areas in the lives where they were underachieving, such as in the case of unemployment.

The third cluster, regulating conflict and stress, was noted in the domain of substance use and abuse, the drive for muscularity and in the domain of disordered eating. This highlighted another underlying motivation for engaging in these health risk behaviors, that is, the goal to alleviate and regulate one's negative emotions, which was assessed by the GRCS and the MGRSS.

In each of the domains we emphasized the paradox of masculinity, that is, men are both powerful and powerless. In addition, we highlighted that rigidity is the enemy while flexibility is the friend.

REFERENCES


