

**Gender Role Conflict, Masculine Body Ideals, and Male Body Dissatisfaction:
Examining the Gender Self-Socialization Development Model**

by

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Abstract

The purpose of this study was to gain understanding into the development of body image in men by examining the Gender Self-Socialization Model. Specifically, the study assessed variables related to gender roles, masculine body ideals, and body image satisfaction to explore their potential relationships and influences between one another. The study found that while the measurement of the Gender Self-Socialization Model did not accurately predict the development of body image dissatisfaction in men, there is an important relationship between Gender Role Conflict, body image ideals, and body satisfaction in men generally.

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I. Introduction

Background

At the 2017 TEDWomen Conference, actor Justin Baldoni presented a keynote entitled, “Why I’m done trying to be ‘man enough.’” He spoke of his own struggles of masculine conformity that involved internalizing his feelings and becoming consumed with exercise and fitness. Baldoni (2017) then described his own informal experiment involving his social media feed, which had primarily been dominated by female followers. Baldoni guessed that his large female following was due to his frequency of posting about emotionality, both interpersonally and intrapersonally. He decided to begin filling his social media feed with posts about his workouts, meal plans, and tips for physical fitness. As a result, he not only amassed a large male following rapidly, but he began being noticed by major media publications. One such publication even offered him an award. Summarizing his thoughts regarding his informal study, Baldoni stated:

It’s totally cool for men to follow me when I talk about guy stuff, and I conform to gender norms. But if I talk about how much I love my wife, or my daughter, or my 10-day-old son, how I believe marriage is challenging but beautiful, or how as a man I struggle with body dysmorphia, or if I promote gender equality, then only the women show up. Where are the men? (2017).

Baldoni’s experience is an example of the impact of strict gender norms and the related perceptions of masculinity in our society. The impact of gender roles and norms has been a topic of research for many psychologists. Research has shown that observance and adherence to gender roles begins as early as age three, and gender-related behaviors continue to develop

throughout childhood and adolescence (Kohlberg, 1966; Deaux & Major, 1987). A number of models offer explanations for the development of gender roles, from gender roles developing as a biological construct for early humans' survival, to gender roles resulting from patriarchal society's attempts to create power and privilege imbalances (Cosmides, Tooby, & Barkow, 1992; Eagly & Wood, 1999). Most gender role development models agree that development happens in stages, involving differing levels of self-identification, group identification, and adherence to gender norms and behaviors (Eagly & Wood, 1999; Kohlberg, 1966; Spence, 1993). As gender roles and behaviors develop, however, negative impacts in key areas such as depression, anxiety, substance use, self-esteem, psychological well-being, and help-seeking also occur, especially for men (Addis & Mahalik, 2003; Berger, Levant, McMillan, Kelleher, & Sellers, 2005; Blazina & Watkins Jr., 1996; Cohn & Zeichner, 2006; Good & Wood, 1995; O'Neil, 2008). Research suggests these negative health and wellness consequences in men are due primarily to gender role conflict (Arellano-Morales, Liang, Ruiz, & Rios-Oropeza, 2016; Good & Wood, 1995; Kaya, Iwamoto, Brady, Clinton, & Grivel, 2019; Murray & Lewis, 2014).

Gender role conflict, or the negative impact of societal gender roles on an individual, appears across racial identities and sexual orientations (O'Neil, Good, & Holmes, 1995). African American, Asian American, and Hispanic/Latino men experiencing gender role conflict all had significantly related issues with one or more of the following psychological concerns: self-esteem, depression, anxiety, marital satisfaction, and overall psychological well-being (Brewer, 1998; Fragoso & Kashubeck, 2000; Lily, 1999; Shek, 2005). In studies looking into gender role conflict within gay men, significant associations were shown between gender role conflict and intimacy, depression, anxiety, and psychological well-being (O'Neil, 2008). Additionally, these

potential impacts on mental health are not limited to Western-cultured, American men. Research into gender role conflict has shown decreases in aspects of psychological well-being for individuals in England, Australia, Indonesia, Canada, and Japan (O'Neil, 2008).

Body image is also strongly related to gender roles and norms, as feelings regarding one's body are often a component of their gender identity expression (Tobin, Menon, Hodges, Menon, Spatta, & Perry, 2010). In tracking the development of body image and body satisfaction, the literature is dominated by studies on White girls and women who show steady increases in body image concerns over time with sharp increases around puberty (Cash & Pruzinsky, 2002; Ricciardelli & McCabe, 2001). In tracking body image development in boys, however, there does not appear to be as strong of a trend (Cohane & Pope, 2001). While some studies have found decreases in body satisfaction throughout childhood and adolescence, other studies have found increases in body esteem after puberty or no significant changes at all (Cohane & Pope, 2001). Researchers have hypothesized that body image theories developed by studies concerning women do not accurately conceptualize the experience of body image for boys and men because of different body ideals, motivations, and cultural and societal influences (Cash & Pruzinsky, 2002; Cohane & Pope, 2001).

Body image dissatisfaction is typically conceptualized by focusing on the White woman's experience, centered on the internalization of the "thin ideal" (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). This conceptualization in body image research often leads to results showing increased dieting and exercise behaviors, anorexia, and bulimia in women, but often fails to show any significant amount of body dissatisfaction in men (Casper & Offer, 1990, Perez, Voelz, Pettit, & Joiner, 2002). In reality, the percentage of men in the United States who

were dissatisfied with their overall physical appearance increased from only 15% to 43% from 1972 to 1997, and 28% percent of men stated that they would give up at least three years of their life to achieve their weight goal (Pope, Phillips, & Olivardia, 2000). While these percentages show a general sense of body dissatisfaction in men, there is a lack of research explaining the specific male experience of body dissatisfaction (causes, development, etc.). This gap in the literature creates a concern for accurate and appropriate clinical treatment of men with body image concerns. The research that exists shows a difference between the experiences of body image development for men and women, which means that the treatment of such concerns should be different as well.

While the unique relationship between male gender roles and body image has started to be explored, there is not an established framework or conceptual lens through which to view the relationship. One potential framework is the Gender Self-Socialization Model (GSSM, Figure 1), developed as a framework to explain the complex and interconnected process individuals experience during childhood as they explore and form their gender identities. The GSSM separates gender development into three sides of a triangle, all of which work interdependently. These three components are gender identity, gender stereotype, and attribute self-perception. Within each component, multiple constructs and methods of measurement exist. The GSSM posits that there are five different components of an individual's overall gender identity: membership knowledge, gender contentedness, felt pressure for gender conformity, gender typicality, and gender centrality. Membership knowledge is an individual's basic understanding of gender; gender contentedness is the satisfaction an individual feels about their gender; felt pressure for gender conformity is the internalization of gender stereotypes and the importance of

adhering to them. Similarly, gender typicality is the extent to which an individual feels similar or different to their gender, and gender centrality is the importance of gender to the individual's overall identity (Tobin et al., 2010). Within the current study, gender identity was measured through the GSSM's felt pressure to conform items, as well as through the Gender Role Conflict Scale (O'Neil, 2008) in order to understand the domains in which individuals feel pressure to conform.

The GSSM offers valid measurement methods for both gender stereotype and attribute self-perception. Focusing on specific attributes, gender ideologies, subgroup stereotypes, and experimentally manipulating stereotypes offers more valid information for gender stereotype than asking individuals to check off items on a checklist. For attribute self-perception, the GSSM stresses the need to assess interest, importance, ability, and desire behind different thoughts and behaviors related to gender and the individual (Tobin et al., 2010). In the present study, gender stereotype was assessed by measuring masculine body ideals, while attribute self-perception was assessed through body dissatisfaction and body image importance. The validity of the GSSM in these body image domains can be tested using the model's own set of hypotheses: the stereotype emulation hypothesis, the stereotype construction hypothesis, and the identity construction hypothesis (Tobin et al., 2010).

The GSSM is a recently established model, so not many studies have tested the model in its entirety, with no known previous studies testing the model in an adult population. While the model itself focuses on the experience of children and adolescents, as that is the time when gender identity is primarily formed, the model can be applied into adulthood in order to understand how different identity beliefs and perceptions were formed (Tobin et al., 2010). Most

studies so far have used the GSSM's framework for assessing gender identity from different angles, such as gender typicality or felt pressure to conform. These studies have found that these aspects of gender identity increase over adolescence in boys more so than girls and influence psychosocial development (Hoffman, Dumas, Loose, Smeding, Kurtz-Costes, & Regner, 2019; Menon & Hannah-Fisher, 2019). Gender centrality has been researched primarily as it relates to the self-concept and other self-identities of both children and adults, finding that gender appears more important to an individual's self-concept in childhood (Luhtanen & Crocker, 1992; Ruble, Alvarez, Bachman, Cameron, Fuligni, Garcia, & Rhee, 2004).

Rationale

There is a paucity of research connecting gender role conflict and body image in men. However, the internalization of gender roles and body ideals begins in childhood and continues to increase in strength across adolescence, creating significant decreases in body esteem, body satisfaction, and psychological well-being (Obeid, Norris, Buchholz, Henderson, Goldfield, Bedford, & Flament, 2018; O'Neil, 2008; Pope et al., 2000). Gender role conflict may be one avenue to explain the disparate findings on body image dissatisfaction in men (as compared with women) (Murray & Lewis, 2014; O'Neil, 2008). The existing research suggests that gender role conflict may impact levels of body esteem and body dissatisfaction throughout the lifespan, as well as experiences of pressure to reduce weight, drive for muscularity, muscle dissatisfaction, body fat dissatisfaction, depression, anxiety, and negative attitudes toward help-seeking (Cash & Pruzinsky, 2002; Murray & Lewis, 2014; O'Neil, 2008; Pope et al., 2000).

The current literature surrounding male body image does not provide information related to the development of body image concerns for men, specifically the interactions between factors

such as gender roles and stereotypes. This study aimed to combine the various disconnected pieces of literature surrounding male gender roles and body dissatisfaction by connecting them through the framework of the GSSM. Gender identity was measured by assessing felt pressure to conform and gender role conflict; gender stereotypes was measured by assessing masculine body ideals; attribute self-perception was measured by assessing body image importance and dissatisfaction. This study has the potential to further strengthen the GSSM's validity as a gender development model and shed light on the development and experience of male body image and dissatisfaction. In doing this, clinicians will have a greater understanding of the development of body image concerns for men and can create empirically-supported treatments and models for addressing these concerns in their practice.

Research Questions and Hypotheses

Due to the continuous research into body image dissatisfaction and advances in gender development frameworks, this study examined the following questions and hypotheses:

Research Question 1 and Hypothesis 1a tested the validity in using *Gender Role Conflict* and *Felt Pressure to Conform* simultaneously to measure gender identity. Based on the literature that created both constructs, the current study conceptualized *Gender Role Conflict* as a deeper look into what specific domains the individual is feeling pressure to conform to, within the general *Felt Pressure to Conform* measure (O'Neil, 2008; Tobin et al., 2010).

1. Are *Gender Role Conflict* and *Felt Pressure to Conform* related constructs?
 - a. *Gender Role Conflict* and *Felt Pressure to Conform* will have a low to moderate positive association.

Research Question 2 and Hypotheses 2a, 2b, and 2c reflected the stereotype emulation hypothesis within the GSSM, which states that the more an individual identifies with a particular gender and views specific stereotypes for that gender, the stronger the individual will desire and place importance on displaying those stereotypes (Tobin et al., 2010). Previous research has shown gender role conflict to significantly impact men's body satisfaction, but without the theoretical framework of a gender development model such as the GSSM (Murray & Lewis, 2014).

2. Does the stereotype emulation hypothesis within the Gender Self-Socialization Model remain valid concerning adult male body image?
 - a. The structural model (Figure 2) for the stereotype emulation hypothesis will demonstrate adequate fit in the proposed directions as evidenced by χ^2 , CMIN, and RMSEA.
 - b. Higher levels of *Felt Pressure to Conform*, *Gender Role Conflict*, and *Masculine Body Ideals* (high muscularity, low body fat) will predict greater *Body Dissatisfaction*.
 - c. Higher levels of *Felt Pressure to Conform*, *Gender Role Conflict* with low endorsement of *Masculine Body Ideals* (high muscularity, low body fat) will predict lower *Body Dissatisfaction*.
 - d. High endorsement of *Masculine Body Ideals* (high muscularity, low body fat) with lower levels of *Felt Pressure to Conform*, *Gender Role Conflict* with will predict lower *Body Dissatisfaction*.

Research Questions 3, 4, and 5, as well as their respective hypotheses, attempted to add to the mixed literature surrounding gender conformity outcomes for men. Research into this area has found both positive and negative outcomes, ranging from body and relationship dissatisfaction to overall increases in psychological well-being (Griffiths, Murray, & Touyz, 2015; Kaya et al., 2019). Some researchers believe the discrepancy between opposing outcomes is a result of invalid measures, most typically conformity indexes that do not assess the individual's own feelings and beliefs, but rather their knowledge of stereotypes (Tobin et al., 2010). The present study aimed to use more specific gender conformity measures to gain greater insight into its relationship with male body image.

3. Does *Felt Pressure to Conform* predict endorsement of masculine body ideals (high muscularity, low body fat) and body dissatisfaction in men?
 - a. Greater *Felt Pressure to Conform* will predict endorsement of traditional masculine body ideals (high muscularity, low body fat) and greater body dissatisfaction in men.
4. Does Gender Role Conflict related to Restrictive Emotionality predict endorsement of masculine body ideals (high muscularity, low body fat) and body dissatisfaction?
 - a. Men with greater Restrictive Emotionality will predict endorsement of traditional masculine body ideals (high muscularity, low body fat) and greater body dissatisfaction.
5. Does Gender Role Conflict related to Success, Power, and Competition predict endorsement of masculine body ideals (high muscularity, low body fat) and body dissatisfaction?

- a. Men with greater Success, Power, and Competition will predict endorsement of traditional masculine body ideals (high muscularity, low body fat) and greater body dissatisfaction.

Operational Definitions

Gender Role Conflict: the negative psychological impact of gender roles on the individual or others. This occurs when “rigid, sexist, or restrictive gender roles result in restriction, devaluation, or violation of others or self” (O’Neil et al., 1995). In this study, gender role conflict will be measured by using the Gender Role Conflict Scale (O’Neil, 2008), with higher scores indicating negative psychological impact. GRC represents the specific domains of felt pressure to conform, which measured gender identity in the Gender Self-Socialization Model framework.

Success, Power, Competition: Beliefs regarding the utilization of power and competition to achieve success, which are measured through the Gender Role Conflict Scale (O’Neil, 2008).

Restrictive Emotionality: Inability to express one’s feelings due to fear or lack of emotional language, which is measured through the Gender Role Conflict Scale (O’Neil, 2008).

Restrictive Affectionate Behavior Between Men: Inability to express feelings and thoughts with other men due to restriction, as well as engaging in physical touch, which is measured through the Gender Role Conflict Scale (O’Neil, 2008).

Conflict Between Work and Family Relations: Perception of restrictions in balancing work, school, and family relations that may result in “health problems, overwork, stress, and a lack of leisure and relaxation,” which is measured through the Gender Role Conflict Scale (O’Neil, 2008).

Stereotypical masculine body ideal: This construct will be measured using the Bodybuilder Image Grid-Original (BIG-O) which presents participants with a grid of male figures displaying various combinations of body fat and muscularity (Hildebrandt, Langenbacher, & Schlundt, 2004). The stereotypical masculine body ideal is defined by the bottom-left corner of the grid, which displays male figures with low body fat and high muscularity (Appendix E). Within this study, stereotypical masculine body ideal represented the gender stereotype component of the GSSM.

Body Image: Generally considered the evaluation and feelings toward one's physical appearance. Most body image researchers agree however that body image is a concept that includes many variables such as weight satisfaction, body perception, body esteem, body concern, appearance evaluation, body dysmorphia, body satisfaction, and more (Cash & Pruzinsky, 2002). As the GSSM states is necessary when measuring attribute self-perception, the importance of body image to the individual was assessed using the Body-Image Ideals Questionnaire (BIQ; Cash & Szymanski, 1995). High scores on the Importance subscale of the BIQ indicate a strong sense of importance regarding the appearance of general and specific body ideals.

Body (Di)Satisfaction: Overall positive regard toward appearance and functionality of one's body (Cash & Pruzinsky, 2002). In this study, the BIQ was used to measure body dissatisfaction in addition to body image importance. Using discrepancy scores, higher scores on the BIQ indicate more body dissatisfaction.

Significance to Counseling Psychology

A primary responsibility of counseling psychologists is to use the best available research to guide psychotherapy with clients. Every client that walks into the therapy room expresses their gender in some form, and therefore must deal with society's expectations and norms as to how they express their gender. By understanding the different effects strict gender norms and beliefs can have on individuals, psychologists will not only be able to determine and provide appropriate treatment, but they will also become better advocates in their pursuit of social justice and equality. In addition, a vast number of people will experience body image concerns at some point in their lifetime. As we see body image concerns rising in men, it is important to seek understanding regarding the ways body image differs and relates across gender expression, and the ways in which gender role conflict impact body image concerns.

II. Literature Review

Models of Gender and Gender Role Development

There are a number of developmental models for the understanding and conceptualization of the development of gender and gender roles. Gender schema theory states that, as children, we learn the attributes and characteristics of our sex based on society's gender schema. These gender schemas guide the gender-related thoughts, beliefs, and behaviors of individuals as they interpret and navigate their surrounding environment (Bem, 1981; Martin & Halverson, 1981). Observing gender roles through an evolutionary lens, psychologists believe that the differences between genders developed as a necessary mechanism to survive the different physical and social stressors in early life (Cosmides et al., 1992; Eagly & Wood, 1999). An opposing theory states that gender roles are created as a result of the societal patriarchy that creates an imbalance of power and privilege for different genders (Eagly & Wood, 1999). This imbalance creates specific roles and responsibilities for each gender, which leads to the formation of different physical and emotional characteristics for each gender (Eagly & Wood, 1999). Cognitive-developmental gender theory states that children go through stages of identifying their gender, understanding gender stability and constancy, and adopting gender-stereotypical behaviors based on same-sex models in their environment (Kohlberg, 1969). The multifactorial gender theory includes the variability of gender typicality among different individuals by stating that there is a gender self-appraisal process after a gender identity is formed. This appraisal process is when the individual forms their idea of what is typical for their gender based on their own perceived attributes and gender stereotypes (Spence, 1993).

The Gender Self-Socialization Model. One promising, though more recent gender development model that accounts for gender identity, gender stereotypes, and attribute self-perception is the Gender Self-Socialization Model (GSSM; Figure 1). The GSSM was created to combine different models of gender role development by highlighting the interactive relationships between gender self-identity, gender stereotypes, and attribute self-perception (Tobin et al., 2010). The Gender Self-Socialization model was used within this study, as it most accurately reflects the unique interactions between three equally important aspects or sides of development: gender identity, gender stereotype, and attribute self-perception.

Gender Identity in GSSM. The first aspect of the GSSM is gender identity. GSSM outlines five different components of a person's gender identity: membership knowledge, gender contentedness, felt pressure for gender conformity, gender typicality, and gender centrality. *Membership Knowledge* is an individual's basic understanding of gender categories and what category they belong to, typically developed before the age of seven. This construct has typically been considered a product of cognitive growth through child development, but more recent research has suggested that gender self-identification could begin before adoption of gender-specific behaviors or thoughts (Kohlberg, 1969; Mischel, 1966; Zosuls, Ruble, Tamis-LeMonda, Shrout, Bornstein, & Greulich, 2009). *Gender Contentedness* refers to the satisfaction an individual feels with their gender. Research into gender contentedness shows that the construct is heavily influenced by the individual's perceived match to gender stereotypes, with desire for cross-gendered behaviors and thoughts creating decreased gender contentedness (Egan & Perry, 2001). *Felt Pressure for Gender Conformity* is the internalization of gender stereotypes and importance of similarity to other same-gender individuals. While most studies have used general

gender conformity scales, the added variable of felt pressure to conformity provides more information regarding societal influence on an individual's internalization of conformity as opposed to simply having knowledge of typical gender stereotypes (Tobin et al., 2010). Conformity to gender and social norms has been shown to have both positive and negative outcomes, which often depend on the amount of privilege and power a person holds (Mahalik, Locke, Ludlow, Diemer, Scott, Gottfried, & Freitas, 2003). Looking specifically at men, studies show that conformity to masculine norms can lead to greater muscle dissatisfaction, body ideal dissatisfaction, and risky health behaviors (Griffiths et al., 2015; Hamilton & Mahalik, 2009; Kimmel & Mahalik, 2005). *Gender Typicality* is the extent to which an individual feels similar or different to their gender, which is usually influenced by gender stereotypes. A major concern within this construct is addressed repeatedly in research that demonstrates the variability in what individuals believe is "typical" for different genders, which also appears to vary dependent on the age of the individual (Carver, Egan, & Perry, 2004; Egan & Perry, 2001). *Gender Centrality* is the importance an individual places on gender in respect to their overall identity (Tobin et al., 2010).

Gender Stereotype in GSSM. The second aspect of GSSM is gender stereotypes. GSSM recommends four different approaches for accurately measuring an individual's internalization of gender stereotypes: focusing on specific attributes, gender ideologies, subgroup stereotypes, and experimental manipulation of stereotypes (Tobin et al., 2010). By focusing on specific attributes for a study, researchers can understand not only the stereotype knowledge of different individuals, but the self-perceived validity, importance, and group projection of the stereotype as well (Tobin et al., 2010). Similarly, examining gender ideologies sheds a light on the impact of

larger societal norms, such as traditional gender role adherence, intergroup bias and sexism, traditional masculine traits, and gender-related body ideal perfectionism (Tobin et al., 2010). Stereotyping occurs within genders as well, through subgroup stereotyping. This process creates further stereotypes and hierarchies within genders that affect both gender identity and self-perception. For example, boys who spend most of their time playing sports may be stereotyped as strong but unintelligent, while boys who prefer activities such as chess or reading may be stereotyped as smart but weak (Martin, Ruble, & Szkrybalo, 2002). Finally, gender stereotypes can be measured through experimental manipulation by applying modeling and labeling strategies to participants (Tobin et al., 2010). Within the current study, the aforementioned gender-related body ideal perfectionism plays a large role in not only creating the belief that men should look a specific way, but that failure to match this body ideal impacts your gender identity beliefs.

Attribute Self-Perception in GSSM. The final construct within the GSSM is attribute self-perception. Typical assessments of attribute self-perception simply measure whether or not the individuals describe themselves a certain way or if they display a certain behavior (Tobin et al., 2010). Assessments that are more accurate include items that assess interest, ability, importance, desire, and potential outcomes or future self-descriptions (Tobin et al., 2010). The importance behind the numerous assessments for each of the GSSM's three constructs is rooted in the fact that gender is an identity constructed by the individual based on their own cognitions and experiences. Two individuals may both identify as "men," but have completely different ideologies, stereotypes, and behaviors associated with being a man. Concerning body image, the importance of body image could play a large role in an individual's experience of male body

stereotypes and their felt pressure to conform to that stereotype. If men do not view body image ideals as important, than male body stereotypes and felt pressure to conform may play a smaller role in gender development, according to the GSSM.

Gender Conformity

Conforming to sociocultural gender norms can have positive and negative consequences, which depend on the amount of power and privilege an individual holds (Mahalik et al, 2003). People with societal power determine sociocultural norms and expectations, while all other individuals experience the consequences of conformity or non-conformity to those set expectations (Mahalik et al, 2003). Therefore, conformity to masculine or feminine norms depends on the gender role a person is expected to belong to in society, and often relates to body image concerns. For instance, women who have high levels of conformity to feminine norms displayed increased body consciousness, negative body image, and feedback on physical appearance (Adams, Behrens, Gann, & Schoen, 2017). However, female student athletes who endorsed higher levels of conformity to masculine norms did not show any greater body esteem than their non-athlete counterparts (Steinfeldt, Zakrajsek, Carter, & Steinfeldt, 2011).

Research into the impact of conformity to masculine norms has been mixed, showing both positive and negative impacts on psychological well-being depending on the domain of conformity being measured (Kaya et al., 2019). For men, greater masculine gender norm conformity predicted increased muscle dissatisfaction and muscularity-focused disordered eating, while greater feminine gender norm conformity in men predicted greater muscle dissatisfaction and disordered eating for thinness and muscularity (Griffiths et al., 2015; Steinfeldt, Gilchrist, Halterman, Gomory, & Steinfeldt, 2011). Men who display higher

conformity to masculine norms are also more likely to experience relationship dissatisfaction and to engage in violence, despite their age, racial identity, or education level (Amato, 2012; Burn & Ward, 2005). Increased conformity to masculine norms has also been shown to predict increased risky health behaviors, risky sexual behaviors, body ideal distress and substance use in gay men (Hamilton & Mahalik, 2009; Kimmel & Mahalik, 2005). In contrast, men who conform less to traditional masculine norms exhibit a higher frequency of health-promoting behaviors, (Courtenay, 2000; Mahalik, Burns, & Syzdek, 2007).

Gender Role Conflict

Gender role conflict (GRC), a construct that reflects tension between specific domains within “felt pressure to conform” in the gender identity aspect of GSSM, was developed to address causes and consequences of pressured sociocultural gender norms in men (O’Neil et al., 1995). GRC looks at the specific ways in which an individual may feel the pressure to conform, being defined as:

GRC is a psychological state in which socialized gender roles have negative consequences on the person or others. Gender role conflict occurs when rigid, sexist, or restrictive gender roles result in personal restriction, devaluation, or violation of others or self. The ultimate outcome of this kind of conflict is a restriction of the human potential of the person experiencing the conflict or a restriction of another’s potential (O’Neil, Good, & Holmes, 1995, pp. 166-67).

The original theoretical framework of GRC is the assumption that men’s fear of femininity, due to societal implications of being a feminine man, causes men to develop problematic and

restrictive behaviors (O'Neil, 1990). Over time, the construct has grown past fear of femininity and toward a more general idea of what inner conflicts and reactions occur when men do not conform to different masculine stereotypes, making it a similar concept as felt pressure to conform within the Gender Self-Socialization Model (O'Neil, 2008; Tobin et al., 2010).

Higher levels of gender role conflict have been associated with decreased psychological well-being, lower life satisfaction, increased alcohol consumption, increased body dissatisfaction, mental health stigma, depression, decreased help-seeking behaviors, and less resiliency (Arellano-Morales et al., 2016; Galligan, Barnett, Brennan, & Israel, 2010; Good & Wood, 1995; Kaya et al., 2019; Murray & Lewis, 2014; Uy, Massoth, & Gottdiener, 2014; Vogel, Wester, Hammer, & Downing-Matibag, 2014). Additionally, men who engage in violent behaviors are more likely to have higher levels of GRC (Amato, 2012). The experience of gender role conflict has also been shown to correlate among fathers and sons, suggesting a nature and nurture role in the development of GRC (Coleman, O'Neil, & Ferris, 2019).

Gender role conflict impacts various individuals across age groups, cultural backgrounds, sexual orientations, and gender identities (Berger et al., 2005; Blazina, Pisecco, & O'Neil, 2005; Carter, Williams, Juby, & Buckley, 2005; Murray & Lewis, 2014; O'Neil, 2008; Simonsen, Blazina, & Watkins Jr., 2000). While different cultures around the world may hold somewhat differing gender norms, gender role conflict remains constant as an issue for men despite the country they live in (O'Neil, 2008).

Body Image

Body image is an overarching and multidimensional construct that includes self-perceptions, attitudes, feelings, and behaviors related to physical appearance (Cash & Pruzinsky, 2002; Evans, Roy, Geiger, Werner, & Burnett, 2008). Due to the wide range of variables included in body image, the construct affects cognitive, behavioral, and emotional functioning (Cash & Pruzinsky, 2002).

Body image investment and evaluation are also influenced by interpersonal experiences and cultural socialization, as well as physical and personality characteristics (Cash, 2002). Within relationships, body image is consistently related to perceived relationship quality and sexual satisfaction in both men and women (Ambwani & Strauss, 2007; Boyes, Fletcher, & Latner, 2007; Sanchez & Kiefer, 2007; Woertman & Van den Brink, 2012). Specifically for men, body image has been positively associated with sexual satisfaction and perceived relationship quality, with sexual satisfaction mediating the relationship between body image and perceived relationship quality (Carvalheira, Godinho, & Costa, 2017; Friedman, Dixon, Brownell, Whisman, & Wilfley, 1999; Sprecher, 2002; Van den Brink, Vollman, Smeets, Hessen, & Woertman, 2018).

There are both negative and positive aspects of body image. Positive body image can be described as a loving, respectful acceptance of one's physical appearance and body functionality, and often includes characteristics such as body appreciation, body functionality perspectives, and broad conceptualizations of beauty (Wood-Barcalow, Tylka, & Augustus-Horvath, 2010). Body appreciation and body acceptance have been shown to correlate positively with self-esteem, adaptive coping, positive health behaviors, and intuitive eating (Jauregui-Lobera, Bolanos-Rios,

Santiago-Fernandez, Garrido-Casals, & Sanchez, 2011; Clark & Tiggemann, 2008; Andrew, Tiggemann, & Clark, 2016), as well as negatively correlating with disordered eating, self-objectification, and social comparison (Jauregui-Lobera et al., 2011; Clark & Tiggemann, 2008). By contrast, negative body image is seen as the preoccupation and unhealthy emphasis on one's body shape and weight (Von Spreckelsen, Glashouwer, Bennik, Wessel, & de Jong, 2018). Negative body image is linked to self-esteem, depression, disordered eating behaviors, compulsive exercise, sexual behaviors, and emotional well-being (Cash & Pruzinsky, 1990; Cash & Fleming, 2002; Forrest & Stuhldreher, 2007).

Body Image Dissatisfaction

Dissatisfaction with one's body results in various cognitive, emotional, and behavioral consequences. Body dissatisfaction in women of various cultural backgrounds can result in psychological distress, unhealthy eating/dieting behaviors, appearance anxiety, and body surveillance (Adams et al., 2017; Fitzimmons-Craft, Harney, Brownstone, Higgins, & Bardone-Cone, 2012). The experience of body image dissatisfaction is heavily influenced by sociocultural factors. Thin ideal internalization is the most widely researched and discussed form of societal influence on women's body image, particularly cisgender, heterosexual White women. Internalization of thin ideal can be defined as the process of receiving messages through socialization and media that suggests a person is valued more by the thinness of their body, which leads the message receiver to accept this idea as true and change their inner thoughts, attitudes, and behaviors about their own bodies (Thompson et al., 1999; Thompson & Stice, 2001). While body image ideals differ depending on culture, body image dissatisfaction is constantly present across women from different racial and ethnic identities (Akan & Grilo, 1995;

DeLeel, Hughes, Miller, Hipwell, & Theodore, 2009; Olvera, McCarley, Rodriguez, Noor, & Hernandez-Valero, 2015; Perez et al., 2002). Body image dissatisfaction occurs across different sexual identities, with lesbian women experiencing equal amounts of body dissatisfaction as heterosexual women and gay men experiencing more body dissatisfaction than heterosexual men (Beren, Hayden, Wilfley, & Grilo, 1996; Striegel-Moore, Tucker, & Hsu, 1990). Findings are mixed when examining the relationship between age and body image, with some studies showing high levels of body dissatisfaction in older age ranges for women (Allaz, Bernstein, Rouget, Archinard, & Morabia, 1998; Lewis & Cachelin, 2001; McGuinness & Taylor, 2016), and other studies displaying inverse correlations between age and body dissatisfaction (Hayslip Jr., Cooper, Dougherty, & Cook, 1997; Nelson, Kling, Wangqvist, Frisen, & Syed, 2018)

Body image dissatisfaction in women. Women with high levels of body image dissatisfaction typically display a number of disordered eating symptoms and behaviors, such as dieting preoccupation, unhealthy weight modification behaviors, anorexia, and bulimia (Casper & Offer, 1990; Perez et al., 2002; Rosen & Gross, 1987). In addition to physical factors, body image dissatisfaction threatens the mental health of individuals by increasing depression, as well as decreasing self-esteem, quality of life, and psychological well-being (Forrest & Stuhldreher, 2007; Furnham & Greaves, 1994; Gouveia, Frontini, Canavarro, & Moreira, 2014; Kostanski & Gullone, 1998). For instance, research on body image dissatisfaction in women have found that internalization of a “thin ideal” begins in early childhood and predicts the development of body dissatisfaction and negative self-perception (Clay, Vignoles, & Dittmar, 2005; Forbes, Adams-Curtis, Rade, & Jaberg, 2001; McArthur, Holbert, & Pena, 2005). As time goes on and individuals age, the motivation to meet the thin ideal and pressure from sociocultural norms

decreases (Pruis & Janowsky, 2010). For college women, the overwhelming majority indicate a self-perception of being overweight and engaging in dieting behaviors (Hawks, Madanat, Smith, & Cruz, 2008). The inevitable failure of meeting the impossible feminine body ideal has been shown to create gender-related stress, social comparison, body shame, body surveillance, self-objectification, body dissatisfaction, and general distress (Bekker & Boselie, 2002; Moradi, 2010). In marginalized populations, such as the transgender community, the sociocultural thin ideal can cause harm. Transgender women may view thinness as a way to reduce masculine sex characteristics, which becomes a necessary strategy due to the transphobic verbal and physical harassment they endure otherwise (Ahmed & Jindasurat, 2014; Witcomb, Bouman, Brewin, Richards, Fernandez-Aranda, & Arcelus, 2015).

Body image dissatisfaction in men. While men have often appeared to be more satisfied with their bodies than women (Cash & Pruzinsky, 2002), shifts in cultural expectations for male appearance have produced a common theme in which men display a “drive for muscularity” (Labre, 2005; McCreary & Sasse, 2000). The ideal male body has developed into a body type that is muscular, lean, physically strong, and sexually attractive to others (Burlew & Shurts, 2013; Filiault, 2007; Slevin, 2008). The internalization of the male body ideal increases body image dissatisfaction and muscle dysmorphia in men, with increasing numbers of men and adolescent males expressing a sense of pressure to conform to body ideals (Grieve, Truba, & Bowersox, 2009; McCabe & McGreevy, 2010) This drive for muscularity in men may increase the likelihood of experiences such as body dissatisfaction, disordered eating, steroid use, and compulsive exercise (Chittester & Hausenblas, 2009; Hausenblas & Fallon, 2002; Parent & Moradi, 2011). Compulsive exercise behaviors are exhibited by men as a way to achieve the lean

and muscular ideal, but has also been connected to physical injuries, psychological distress, addictive behaviors, and neglect of social/occupational obligations (Gulker, Laskis, & Kuba, 2001; Landolfi, 2013; Sundgot-Borgen, 2004). For sexual minority men, the internalized slim and muscular body ideal appear to not only determine attractiveness and social acceptance, but also their masculinity and HIV status (Brewster, Sandil, DeBlaere, Breslow, & Eklund, 2017; Chaney, 2008; Levesque & Vichesky, 2006; Morgan, 2008). Sexual minority men also display dissatisfaction with specific components of their body, such as muscle size, weight, height, and penis size, which lead to psychological impairment on quality of life (Griffiths, Murray, Mitchison, Castle, & Mond, 2019). Body dissatisfaction specifically focused on body weight has been shown to influence depression in individuals while controlling for gender, BMI, and age (Richard, Rohrman, Lohse, & Eichholzer, 2016), while appearance anxiety in men has focused primarily on the upper torso (Davis, Brewer, & Weinstein, 1993).

Objectification Theory

Objectification theory is one mechanism by which body image dissatisfaction may develop. Objectification experiences are rooted in experiences with sociocultural norms regarding gender and body ideals (Frederickson & Roberts, 1997; Moradi, 2010). This theory explains that in Western culture, girls and women are socialized in a way that bases their value on their physical appearance, both directly and indirectly, as well as placing them under constant evaluation from men. This in turn leads the individual to develop a self-objectifying perspective in which the individual views their own body as an object (Frederickson & Roberts, 1997). For example, advertisements often portray women as sexual objects that have men staring at them and giving them attention based on their looks, regardless of the advertised product (Zimmerman

& Dahlberg, 2008). A more direct example would be women being told to “smile” more or dress in certain ways, implying that it is their responsibility to appear a certain way for others (Hess, Adams, & Kleck, 2005). Objectification theory suggests that these experiences may result in the internalization of other’s perspectives to the point of individuals defining themselves based on the perspectives of others (Frederickson & Roberts, 1997; Moradi, 2010). Objectification theory has been primarily conceptualized with regard to women, based on sexualized gender stereotypes that begin as early as age 12 and heavily increase during college (Slater & Tiggemann, 2002; Snapp, Hensley-Choate, & Ryu, 2012). Self-objectification can potentially lead to body shame, anxiety, body dysmorphia, body dissatisfaction, and disordered eating, as well as perceived and realized threat of harassment, violence, and rape (Adams et al., 2017; Watson, Marszalek, Dispenza, & Davids, 2015). Objectification theory is also starting to be applied to men, as the cultural expectations and ideals of the male body have increased (Strelan & Hargreaves, 2005). Sexual minority men are potentially vulnerable to objectification as they are being objectified by men in the same way as women, but they also encounter sexually objectifying images through various media platforms such as dating apps, social media, and pornography, which impacts body preoccupation and perceived attractiveness (Brewer et al., 2017; Kozak, Frankenhauser, & Roberts, 2009). Despite sexual minority men reporting more pressure to be considered attractive to men than heterosexual women and men, objectification is related to body dissatisfaction for across various sexual identities (Leit, Gray, & Pope, 2002; Yelland & Tiggemann, 2003).

Body Image Measures

The conceptualization of body image in the literature has led to various methods of body image dissatisfaction measurement. For instance, body image measurement has been construct

specific, as in the focus on weight-based body shame, especially related to the thin body ideal. For instance, the Body Image-Acceptance and Action Questionnaire (BI-AAQ) was developed to measure an individual's ability to experience and accept feelings, thoughts, and behaviors related to one's body weight (Sandoz, Wilson, Merwin, & Kellum, 2012). While the BI-AAQ demonstrates strong validity and reliability, research with the assessment has been primarily conducted with Caucasian women samples. Similarly, the Body Image Avoidance Questionnaire (BIAQ) assesses the level of avoidance strategies or thoughts related to one's physical appearance, often referencing weight and thin body idealization in its items (Rosen, Srebnik, Saltzberg, & Wendt, 1991). The thin ideal has also been included in the majority of items within the most revised version of the Sociocultural Attitudes Towards Appearance Questionnaire-4 (SATAQ-4) which measures the individual's internalization of societal norms and ideals, specifically referencing the thin ideal for women (Schaefer et al., 2014).

Other body image measures have focused on discrepancy specific measurement between how an individual perceived their actual body in comparison to a body ideal. These measures have been both survey-based and figural in style, but have been primarily related to the thin ideal construct. For instance, the Body-Image Ideal Questionnaire (BIQ) is a popular body image assessment that measures that importance of body specific items (weight, strength, proportions) and the discrepancy between actual and ideal body images (Cash & Szymanski, 1995).

Non-traditional Body image Measures. Unfortunately, traditional measures of body image do not fully explore concerns of those who are not as preoccupied with weight and perceived attractiveness, which may include men, particularly those that adhere to traditionally masculine norms (Brewster et al., 2017). The measures that do explore body image concerns

regarding muscularity include the Bodybuilder Image Grid- Original (BIG-O) which can be used to assess the perceived and ideal body images for men based on muscularity and body fat (Hildebrandt, Langenbucher, & Schlundt, 2004; Mayo & George, 2014). Another measure, the Muscle Dysmorphic Disorder Inventory (MDDI) is made up of three subscales that assess for drive for size, appearance intolerance, and functional impairment (Hildebrandt et al., 2004). A similar scale is the Male Body Attitudes Scale (MBAS), which measures body fat dissatisfaction and muscularity dissatisfaction (Tylka, Bergeron, & Schwartz, 2005). The Drive for Muscularity Scale (DMS) assess an individual's desire and performed behaviors to increase muscularity (McCreary & Sasse, 2000).

Body Image and the Gender Self-Socialization Model

To date, a paucity of studies have utilized body image related constructs to assess the stereotype emulation hypothesis of the GSSM in men. However, many studies have demonstrated a strong association between gender role conformity, gender role conflict, and body image disturbances in men (Griffiths et al., 2015; Hamilton & Mahalik, 2009; Kimmel & Mahalik, 2005; Murray & Lewis, 2014; Steinfeldt et al., 2011). As noted in Figure 1, body image related constructs map on well to hypothesized associations in the GSSM. Specifically, the construct of felt pressure to conform will act as an assessment tool for gender identity, with gender role conflict serving as a way to highlight specific domains of gender conformity related to body image ideals. Likewise, gender stereotypes can be assessed by examining masculine body ideals, and the attribute self-perception aspect of the GSSM can be assessed by measuring the importance of specific body ideals. As such, exploration of the stereotype emulation

hypothesis, stereotype construction hypothesis, and identity construction hypothesis of the GSSM using body image is a warranted next step of the research body. Testing all three hypotheses simultaneously is beyond the scope of the current study, so for that reason the stereotype emulation hypothesis was the focus as it relates the closest to the overall research question of felt pressure for gender conformity and gender stereotypes impacting self-perception. Further testing of the additional hypotheses within the GSSM may be pursued based on the results of the present study.

III. Method

For the proposed study, the validity of the GSSM was tested as it relates to body image within men using one of its own hypotheses, the stereotype emulation hypothesis (Tobin et al., 2010).

Research Questions and Hypotheses

1. Are *Gender Role Conflict* and *Felt Pressure to Conform* related constructs?
 - a. *Gender Role Conflict* and *Felt Pressure to Conform* will have a low to moderate positive association.
2. Does the stereotype emulation hypothesis within the Gender Self-Socialization Model remain valid concerning adult male body image?
 - a. The structural model (Figure 2) for the stereotype emulation hypothesis will demonstrate adequate fit in the proposed directions as evidenced by χ^2 , CMIN, and RMSEA.
 - b. Higher levels of *Felt Pressure to Conform*, *Gender Role Conflict*, and *Masculine Body Ideals* (high muscularity, low body fat) will predict greater *Body Dissatisfaction*.
 - c. Higher levels of *Felt Pressure to Conform*, *Gender Role Conflict* with low endorsement of *Masculine Body Ideals* (high muscularity, low body fat) will predict lower *Body Dissatisfaction*.
 - d. High endorsement of *Masculine Body Ideals* (high muscularity, low body fat) with lower levels of *Felt Pressure to Conform*, *Gender Role Conflict* will predict lower *Body Dissatisfaction*.

3. Does *Felt Pressure to Conform* predict endorsement of masculine body ideals (high muscularity, low body fat) and body dissatisfaction?
 - a. Greater *Felt Pressure to Conform* will predict endorsement of traditional masculine body ideals (high muscularity, low body fat) and greater body dissatisfaction.
4. Does Gender Role Conflict related to Restrictive Emotionality predict endorsement of masculine body ideals (high muscularity, low body fat) and body dissatisfaction?
 - a. Men with greater Restrictive Emotionality will predict endorsement of traditional masculine body ideals (high muscularity, low body fat) and greater body dissatisfaction.
5. Does Gender Role Conflict related to Success, Power, and Competition predict endorsement of masculine body ideals (high muscularity, low body fat) and body dissatisfaction?
 - a. Men with greater Success, Power, and Competition will predict endorsement of traditional masculine body ideals (high muscularity, low body fat) and greater body dissatisfaction.

Design

This study utilized a descriptive and correlational between-subject design to examine whether increased felt pressure to conform, gender role conflict, and more traditional masculine body ideals predict greater body dissatisfaction. Correlational analyses were also used to identify the level of association between felt pressure to conform and gender role conflict as constructs.

Participants

Sampling size and statistical power. While the Gender Self Socialization Model has not been tested in regard to male body image prior to this study, previous research into masculine conformity, muscle dissatisfaction, and disordered eating found very small effect sizes of $r^2=.17$ at $p<.05$ and $r^2=.22$ at $p<.01$ (Griffiths et al., 2015). Based on this information, the current study needed 264 participants with a small anticipated effect size ($r=.22$ at $p<.05$) and .80 being the desired power level using G-Power (Faul, Erdfelder, Buchner, Lang, 2009).

Inclusion/exclusion criteria. Within this sample, individuals who identify as men (cisgender and transgender, 18 or older) were eligible to participate. Any individuals identifying as other genders or younger than 18 were excluded from participating in this study.

Sampling methods. Adult men (18 or older) were recruited to participate in this study through two methods. The first method was recruitment through Auburn University's College of Education Research Participation System (SONA), which works with undergraduate education classes to provide course credit for study participation. Due to the limited age range within the undergraduate population, the second method of recruitment was through Prolific, a research participation website that allows researchers to connect with and pay individuals for their participation. This method will allow participants unaffiliated with Auburn University and with various ages (over 18) to participate.

Procedures

After receiving university institutional review board (IRB) approval, an online survey with all study measures was distributed through the two sampling methods described above.

Eligible Auburn University students were able to access the study through the SONA system website, while other participants accessed the study through the link distributed via Prolific. An information letter was provided to participants at the beginning of the study to provide basic study information and contact information for researcher.

Ethical Issues. In order to increase confidentiality and decrease the level of risk to participants, all information collected was anonymous. This was ensured by utilizing a study link that takes participants to an anonymous web browser that restricts the collection of personal information, such as email or location. No identifiable information was collected, as it was not pertinent to the goals and objectives of the study, and all study results were reported in the aggregate. There was limited risk for participants involved in this study. However, certain individuals may have experienced some distress related to body image and disordered eating concerns. As a way to manage this risk, the end of the survey included a link to resources to provide information and guidance for individuals who encounter body image and disordered eating concerns.

Measures

Demographics questionnaire. The Information Letter and Demographics Questionnaire were created for use in this study (Appendix A and B). This questionnaire was used to gather necessary background information such as gender, age, and racial/ethnic identity.

Felt pressure for gender conformity. The felt pressure for gender conformity subscale within Egan and Perry's (2001) Gender Identity multidimensional measure was used for the present study (Appendix C). Through the framework of the Gender Self-Socialization Model,

this subscale not only provided an additional dimension to the participant's gender identity, but also allowed the researcher to assess the level of felt pressure the participant feels and where the pressure may be coming from (parents, peers, self). This subscale consisted of 10 items that are presented in the Harter response format as to reduce any bias based on more "favorable" item responses. Initial analyses showed strong internal consistency, with Cronbach's alpha at .92 and remaining stable with .82 after 6 months (Egan and Perry, 2001). Similar studies showed internal consistency for this subscale at .75 and .92 (Kornienko, Santos, Martin, & Granger, 2016). The main limitation with the subscale was that it had primarily been used in children and adolescents, with no known use in adults. Therefore, some of the wording was changed to display more age-appropriate vocabulary (e.g. "women" instead of "girls," "men" instead of "boys").

Masculine body ideal. In order to accurately assess the masculine body ideals of participants as compared to their own perceived body image, the Bodybuilder Image Grid-Original (BIG-O) was included within the study (Appendix E). Participants were presented with a grid of different masculine body images that are drawn with various levels of body fat and muscularity. Both ideal and actual body images were selected by participants to complete the measure. Validation studies for the BIG-O are limited but preliminary analyses display strong test-retest reliability ($r=.84 - .94$) and convergent validity (Hildebrandt, Langenbacher, & Schlundt, 2004; Mayo & George, 2014). While other measures with more validation analyses exist, they lack the inclusion of muscularity, an essential piece of research into male body image. The BIG-O is typically used as a measure of body dissatisfaction by calculating the discrepancy between the individual's ideal and perceived current body image. For the present study, the BIG-O was used to determine what individual's perceive as the ideal male body, based on their figure

selection. The figures in the bottom-left quadrant of the grid (low body fat, high muscularity) were considered the typical masculine ideal, therefore representing gender stereotype within the GSSM.

Body dissatisfaction. Utilizing a body image measure that also highlights the individual's perception on the importance of body image is vital in order to follow the Gender Self-Socialization Model's guidelines for measuring attribute self-perception. In this study, body dissatisfaction was measured through the Body-Image Ideals Questionnaire (BIQ; Appendix F), which compares self-perceived and ideal body characteristics to create three dimensions of results for analysis. The BIQ includes items that assess for general and specific body image perceptions, such as height, weight, muscularity, etc. Validation testing demonstrated strong internal consistency for the BIQ, with the three dimensions (Discrepancy, Importance, and Weighted Discrepancy) reaching alpha levels of .75, .82, and .77, respectively (Cash & Szymanski, 1995). The BIQ also proved to have strong discriminant validity when compared with a social desirability measure and showed strong convergent validity from other body image measures, due to its inclusion of the Importance subscale (Cash & Szymanski, 1995). Body dissatisfaction will be calculated by finding the discrepancy between the individual's perceived specific body image and the importance of that body image to the individual (Cash & Szymanski, 1995). The inclusion of the Importance subscale into the BIQ's calculation of body dissatisfaction allows this construct to fit into the GSSM's criteria for valid measurement of attribute self-perception.

Gender role conflict. The Gender Role Conflict Scale (GRCS; Appendix D) has remained the most used measure for men's gender role conflict for over thirty years. The GRCS

breaks down the construct into four different domains: (a) Success, Power, and Competition (SPC); (b) Restrictive and Affectionate Behavior Between Men (RABBM); (c) Restrictive Emotionality (RE); (d) and Conflicts Between Work and Family Relations (CBWFR). These domains were assessed and validated through O'Neil's preliminary factor analyses conducted while constructing the GRCS. The GRCS is a 37-item self-report instrument that was developed by O'Neil as a way to assess the interpersonal and intrapersonal impact of strict conformity to traditional male roles that restrict men from fully responding to their environment and expressing themselves (O'Neil, 2008). Participants indicate the degree to which they agree with the statement by selecting a number between 1 (strongly disagree) to 6 (strongly agree). Due to the GRCS's wide use in studies related to gender role conflict, the scale itself has been validated and analyzed a multitude of times. The construct validity of the GRCS has been analyzed several times, with intercorrelations of items and domains ranging from .35 to .68 (O'Neil, 2008). These factor analyses have been conducted in individuals of various racial/ethnic identities, genders, and sexual orientations (O'Neil, 2008). Internal consistency for the GRCS has remained constant through its years, with a range of .71 to .91 for men of diverse sociocultural backgrounds (O'Neil, 2008).

Analyses

Initial analyses consisted of standard correlational and descriptive statistics. For Hypothesis 1a, bivariate correlations were used to determine association between Gender Role Conflict and Felt Pressure to Conform. The main analyses for the present study were completed using a structural equation model with Masculine Body Ideal as the moderator for Hypotheses 2a, 2b, and 2c. These hypotheses represented the stereotype emulation hypothesis, which acts as

a validation test for the GSSM's explanation of body image development in men. Multiple regression analyses were utilized to test and analyze Hypotheses 3a, 4a, and 5a, which looked at Felt Pressure to Conform and Gender Role Conflict as potential predictors of male body image ideals and dissatisfaction.

Summary

While the research into the gender-specific experience of body image and satisfaction for men has increased, there is still a gap in the literature surrounding the unique relationship between male gender identity, gender stereotypes, and attribute self-perception related to male body image ideals and satisfaction. This study aimed to not only understand a theoretical framework for men's development of body ideals through the Gender Self-Socialization Model, but also examined the impact of gender role conflict within that framework and for the first time with an adult male population.

IV. Results

Overview

The current study sought to explore the relationship between male gender identity, gender stereotypes and conformity, and male body image. This relationship was explored to confirm the Gender Self-Socialization Model, as well as to examine the potential impacts of gender identity and stereotypes on male body image. This study utilized a descriptive and correlational between-subject design to gather data and conduct analyses. The following chapter reports the results of the analyses used to test the study hypotheses.

Bivariate Correlations

Hypothesis 1. Correlations were examined between the five major variables of Success, Power, and Conflict (GRC), Restrictive Emotionality (GRC), Felt Pressure to Conform, Masculine Body Ideal, and Body Image *Dissatisfaction* ($n = 286$; Table 1). Specifically, the GRC subscales were tested against Felt Pressure to Conform in order to test Hypothesis 1a, which stated that Gender Role Conflict and Felt Pressure to Conform would have a low to moderate positive association. Moderate, positive correlations were found between the variables of Success, Power, & Competition and Restrictive Emotionality ($r=.311$), as well as between Success, Power, & Competition and Felt Pressure to Conform ($r=.262$). These findings support Hypothesis 1a, demonstrating a low positive association between Gender Role Conflict and Felt Pressure to Conform.

Structural Equation Modeling

Hypothesis 2. Structural equation modeling was used to determine model fit for the Gender Self-Socialization Model as it relates to Felt Pressure to Conform, Gender Role Conflict, Masculine Body Ideal, and Body Image Dissatisfaction, which was stated in Hypothesis 2a. Hypotheses 2b, 2c, and 2d were also tested through structural equation modeling, which examined the potential predictive power of the latent variable Gender Identity and Masculine Body Ideal on Body Image Dissatisfaction.

First, confirmatory factor analyses were performed for the variables Felt Pressure to Conform ($\chi^2 (20) = 40.55, p < .05; CFI = .91; TLI = .87; RMSEA = .06$) and Gender Role Conflict (with subscales of Restricted Emotionality, Success, Power, & Competition, Restricted Affectionate Behavior Between Men, and Conflict Between Work and Family Relations; $\chi^2 (623) = 1299.62, p < .05; CFI = .838; TLI = .827; RMSEA = .062$). A measurement model was used to evaluate the latent constructs of Felt Pressure to Conform and Gender Role Conflict. The measurement model did not demonstrate adequate fit ($\chi^2 (1) = 1.898, p = 1.683; CFI = .996; TLI = .976; RMSEA = .056$) and modification indices did not suggest a stronger fit was possible within the data. As such, the measurement model was limited to the latent variable Gender Role Conflict (with subscales of Restricted Emotionality, Success, Power, & Competition, Restricted Affectionate Behavior Between Men, and Conflict Between Work and Family Relations). This measurement model showed adequate fit ($\chi^2 (493) = 1066.68, p < .05; CFI = .85; TLI = .84; RMSEA = .064$). The structural model was tested using the maximum likelihood estimation. The model assessed direct path coefficients from the hypothesized predictors (Gender Role Conflict and Masculine Body Ideal) and the Interaction Variable (Gender Role Conflict x Masculine Body Ideal) to the criterion

(Body Image Dissatisfaction). The interaction variable (as a moderator) was determined utilizing the residuals centering approach, as outlined by Steinmetz, Davidov, and Schmidt (2011). This approach takes the residuals from regression analyses on each indicator variable in order to avoid any dependency between indicator and latent variables (Steinmetz, Davidov, & Schmidt, 2011). The initial model demonstrated poor fit ($\chi^2 (23) = 39.48, p < .001$; CFI=.864; TLI=.787; RMSEA=.119). Modification indices suggested the covariates would be better indicated with paths between error terms in both Gender Role Conflict and the interaction variable of Gender Role Conflict and Masculine Body Ideal. The final model (Figure 3) displayed adequate fit ($\chi^2 (28) = 39.48, p = .07$; CFI=.978; GFI=.972; RMSEA=.038). The direct path coefficient from Masculine Body Ideal ($\beta = .21, p = .037$) was significant, however the direct path coefficient from Gender Role Conflict ($\beta = .41, p < .001$) was not significant. Since Felt Pressure to Conform did not adequately measure Gender Identity within the model, Hypotheses 2a, 2b, 2c, and 2d were rejected, all of which reflected the stereotype emulation hypothesis of the Gender Self-Socialization Model. However, when using Gender Role Conflict in place of Felt Pressure to Conform, adequate model fit was achieved.

Regression Analyses (Hypotheses 3, 4, and 5)

Felt Pressure to Conform and Gender Role Conflict as predictors of Masculine Body Ideal. Regression analyses were conducted to test the hypotheses that high levels of Felt Pressure to Conform predict endorsement of stereotypically Masculine Body Ideals (3a), while higher levels of Success, Power, & Competition and Restricted Emotionality within the GRC predict endorsement of stereotypically Masculine Body Ideals (4a and 5a). Felt Pressure to Conform did account for a significant proportion of the variance in the dependent variable of Masculine Body

Ideal ($F(3, 282) = 5.604, \beta = .156, p=.010$), with an R^2 of .056. Success, Power, & Competition also accounted for a significant proportion of the variance in Masculine Body Ideal ($F(3, 282) = 5.604, \beta = .150, p=.017$), with an R^2 of .056. Hypotheses 3a and 4a were, therefore supported. However, Restrictive Emotionality did not account for a significant proportion of the variance in Masculine Body Ideal ($F(3, 282) = 5.604, \beta = -.069, p=.254$) and, therefore, Hypothesis 5a was rejected.

Felt Pressure to Conform and Gender Role Conflict as predictors of Body Image

Dissatisfaction. Regression analyses were also conducted to test the hypotheses that high levels of Felt Pressure to Conform predict increased Body Image Dissatisfaction (3a), while higher levels of Success, Power, & Competition and Restricted Emotionality within the GRC predict increased Body Image Dissatisfaction (4a and 5a). Felt Pressure to Conform did not account for a significant proportion of the variance in the dependent variable of Body Image Dissatisfaction ($F(3, 282) = 8.055, \beta = -.113, p=.056$) with an R^2 of .079 and Hypothesis 3a was rejected. Success, Power, & Competition did account for a significant proportion of the variance in Body Image Dissatisfaction ($F(3, 282) = 8.5055, \beta = .141, p=.024$) with an R^2 of .079, as well as Restrictive Emotionality ($F(3, 282) = 8.5055, \beta = .206, p=.001$) with an R^2 of .079. Hypotheses 4a and 5a were, therefore, supported.

Table 1
Correlations for Study Variables

Variable	Body Image Satisfaction	Success, Power, & Competition (GRC)	Restrictive Emotionality (GRC)	Felt Pressure to Conform
Body Image Satisfaction	1.000			

Success, Power, & Competition (GRC)	0.172	1.000		
Restrictive Emotionality (GRC)	0.237	0.304	1.000	
Felt Pressure to Conform	-0.051	0.277	0.109	1.000

V. Discussion

The purpose of this study was to gain understanding into the development of body image in men by examining the Gender Self-Socialization Model. Specifically, the study assessed variables related to gender roles, masculine body ideals, and body image satisfaction to explore their potential relationships and influences between one another. The study found that while the measurement of the Gender Self-Socialization Model did not accurately predict the development of body image dissatisfaction in men, there is an important relationship between Gender Role Conflict, body image ideals, and body satisfaction in men generally.

While the measurement of the GSSM did not prove to be an accurate model fit for the current study, a number of other hypotheses were supported by study analyses. First, Felt Pressure to Conform and Gender Role Conflict proved to be related, yet distinctly independent constructs. Both measures deal with levels of gender conformity, but Gender Role Conflict focuses on specific areas of masculine conformity while Felt Pressure to Conform assesses a general sense of conformity based on gender identity. This moderate correlation allowed Gender Role Conflict to be the sole gender identity variable in the structural equation model when Felt Pressure to Conform did not demonstrate adequate fit within the confirmatory factor analysis. This exclusion of Felt Pressure to Conform rejected the hypotheses surrounding the Gender Self-

Socialization Model, but did allow adequate fit to be achieved within a structural equation model including Gender Role Conflict, masculine body ideals, and body image dissatisfaction.

The structural equation model did not show significance within the path from Gender Role Conflict to body image dissatisfaction, but did show significance between masculine body ideals and body image dissatisfaction, as well as within the interaction of masculine body ideals and Gender Role Conflict's path to body image dissatisfaction. Further regression analyses demonstrated that higher levels of Felt Pressure to Conform and the GRC subscale of Success, Power, & Competition predicted stronger endorsement of masculine body ideals, while higher levels of GRC subscales Success, Power, & Competition and Restrictive Emotionality predicted higher levels of body dissatisfaction. These results begin to display further evidence into the relationship between Gender Role Conflict, gender conformity, masculine body ideals, and body image dissatisfaction, which will be explored in further detail throughout this chapter.

Gender Self-Socialization Model

The results from this study shed new light on previous literature related to male gender roles, gender development, and masculine body image and ideals. Firstly, the current study results do not validate the Gender Self-Socialization Model's ability to explain the development of male body image. In previous literature, the Gender Self-Socialization Model has proven successful in the development of beliefs surrounding gender-typed thoughts and behaviors, such as recreational activities, physical attributes, occupations, and personality traits (Tobin et al., 2010).

In combining previous literature with current study results, it is possible that gender roles create an impact on an individual's body image, but this impact occurs after the development of their gender identity. Boys as young as eight-years-old show dissatisfaction with their body, with

data trends suggesting that this dissatisfaction increases with their age throughout high school (Blyth, Simmons, Bulcroft, Felt, Van Cleave, & Bush, 1981; Cohane & Pope, 2001; Folk, Pedersen, & Cullari, 1993). Based on previous literature surrounding the development of gender identity, children identify with their gender at a young age, suggesting that body image dissatisfaction occurs once children identify with a particular gender and begin attempting to conform to norms of that gender (Kohlberg, 1969; Spence, 1993). While the development of gender identity and body image are connected, it may be hard to develop a model that attempts to account for both simultaneously.

The Gender Self-Socialization Model is founded in two main principles: that an individual creates cognitive associations with their own self and groups, and that these cognitive associations interact with one another to create a sense of identity within the individual (Greenwald, Banaji, Rudman, Farnham, Nosek, & Mellott, 2002; Tobin et al., 2010). Interpreting the current study's results through this theoretical lens suggests that body image satisfaction may be a result of the interactions within the model, as opposed to being a factor within the model itself. However, an individual's gender stereotyped beliefs regarding gendered bodies plays a role in both the development of gender identity, according to the GSSM, as well as the level of body image satisfaction (Kowner, 2004; Robinson, 2018; Tobin et al., 2010). This finding suggests that even though body satisfaction is not included within the developmental process of gender identity, it is dependent upon the stereotypes and ideals created within gender development.

Felt pressure to conform

The current study also failed to support the use of Felt Pressure to Conform as a measure of an individual's gender identity, as posited by the Gender Self-Socialization Model (Tobin et al., 2010). The GSSM provides theoretical explanations and framework for why gender identity needs to be measured in multiple ways, such as Felt Pressure to Conform. Numerous studies have affirmed this measurement method when applied to school-aged children as they navigate their beliefs, behaviors, and emotions surrounding gender (Carver, Younger, & Perry, 2003; Egan & Perry, 2001; Sanchez & Crocker, 2005). However, no studies to date have linked the use of both Felt Pressure to Conform and Gender Role Conflict into one latent Gender Identity variable. This may be due to the fact that Felt Pressure to Conform measures perceived social repercussions of failed gender conformity, such as shame or criticism, while Gender Role Conflict measures internal repercussions of gender conformity, such as restricted emotionality and desire for power (Egan & Perry, 2001; O'Neil, 2008; Tobin et al., 2010). Studies also show that felt pressure for gender conformity appears to decrease as children grow older, suggesting that the Felt Pressure to Conform measure may be difficult to use with an adult population (Carver, Younger, & Perry, 2003; Egan & Perry, 2001).

However, it is unclear why there may be a decrease in felt pressure as children move into early adolescence. In regard to body image development, body esteem and satisfaction have been shown to fluctuate throughout this time period, with social comparisons and peer influence acting as factors for both boys and girls (Barker & Galambos, 2003; Carlson Jones, 2004; Raufelder, Braun, Latsch, Wilkinson, & Ittel, 2014). One potential explanation is that, by early adolescence, individuals have already developed a sense of their gender identity and no longer

feel an outward pressure to conform, but rather an internal desire to identify with the group they have begun to associate themselves with. In other words, once a child or adolescent decides that they identify with the “boy” group, they now strive to meet the expectations of group membership that have been created as part of the identity development process (e.g. muscularity, leanness, etc.). This idea is reinforced by the current study’s finding of gendered body idea’s influence on body image satisfaction.

Gender Role Identity and Body Image Dissatisfaction

Data from the current study did succeed in displaying a relationship between the male gender role and body image satisfaction. Previous literature showed body dissatisfaction for men, usually centered around muscularity and leanness (Galli & Reel, 2009; Morrison, Morrison, & Hopkins, 2003; Steinfeldt, Gilchrist, Halterman, Gomory, & Steinfeldt, 2011). Other studies have appeared to show a lack of body image concerns for men when compared to women (Ambwani & Strauss, 2007; Cash, 2004; McGuinness & Taylor, 2016), but findings from the current study support the idea that the experience of body image satisfaction in men is specifically related to their gender role and therefore different than the experience of body image satisfaction within other genders. By connecting the experience of body image dissatisfaction in men to their perceived gender role, this provides evidence against research that measures body image development in the same way across different gender identities. For example, if body image development in men is related to their drive for success and restricted emotionality, whereas body image development in women is related to peer and societal influences on their specific body shape, then research that only focuses on body size will undoubtedly find more significant body image concerns in women than men. Moving forward, research into male body

image needs to take into account the gender-related motivations for the experience of body image development in men.

The influence of masculine body ideals on body image satisfaction was also supported within the current study. Research has shown that most men consider the ideal masculine body to be lean and muscular (Hobza & Rochlen, 2009; Weinke, 1998). Furthermore, this body ideal has been shown to have impacts on eating and exercise behaviors, mental health, and body satisfaction (Kaya et al., 2018; Parent & Moradi, 2011). The current study provided additional evidence to support the idea that endorsement of a traditionally masculine body ideal impacts the level of satisfaction men have with their own bodies.

Novel Study Findings

In addition to supporting results from previous research, the current study has also added new information to the experience of body image concerns as they relate to men. First, results showed that men who feel greater pressure to conform to traditionally male gender norms predicted endorsement of a stereotypically-masculine body ideal with high muscularity and low body fat. Past studies that have examined male body ideals discuss the desire for men to be considered strong and athletic, but have not shown the additional the power of pressure to conform on the construction of body ideals (Cohane & Pope, 2001; Hildebrandt et al., 2004). This finding provides evidence for a societal influence on the masculine body ideal, rather than an innate desire in men to be strong. In applying this concept to clinical work, the focus for men seeking help related to body image concerns should be reducing their felt pressure for gender conformity, rather than a focus on eating and/or weight-influencing behaviors. Future research may shed light

on the treatment focus shift's ability to alleviate concerns related to men's body image, specifically when compared to traditional body image concern treatment modalities.

The inclusion of Gender Role Conflict within the current study also shed light on new perspectives regarding the impact of traditional gender roles on men's body image. The two subscales of focus, Success, Power, & Competition and Restrictive Emotionality, both proved to be predictors of certain aspects within male body image. Restrictive Emotionality predicted body image dissatisfaction, stating that men who feel as though they cannot express their emotions openly have greater body image dissatisfaction. While Gender Role Conflict has been associated with body image satisfaction previously, examining the predictive capabilities of specific subscales furthers existing research (O'Neil, 2008). The current findings create a clearer picture for the impact of society's stigma against emotional expression in men, which is two-fold; men who report high levels of Restrictive Emotionality not only experience greater body image dissatisfaction, but also feel less able to talk about the difficult emotions that accompany being dissatisfied with their body. So, as a society, we have not only created a male stereotype that creates distress within men, but also inhibits them for talking about and alleviating that distress. Results from the current study show that, in order to decrease body image satisfaction, both individual and systemic level changes need to be made in order to create less stigma around emotional expression within men. This also reinforces previous statements in this paper that reflect the need for clinical interventions related to body image to focus on pressured aspects of male gender conformity rather than traditional cognitive approaches focused on specific behaviors.

The Success, Power, & Competition subscale proved to successfully predict both stereotypically-masculine body ideal endorsement and body image dissatisfaction for men. In other words, the current study supports the idea that men who feel being powerful and successful is a necessary component of their masculinity will be more likely to endorse high muscularity, low body fat body ideals, and experience greater body dissatisfaction. Similarly to Restrictive Emotionality, this finding further elaborates upon previous research that connected Gender Role Conflict with body image concerns (O'Neil, 2008). Based on the above findings, men who feel pressure to conform to the gender norms of Success, Power, & Competition are actually being set up for failure. In order to fit the stereotypes that have been created for them, men create body ideals that portray success and power, but not reality. The disconnect between ideal and reality leads not only to body dissatisfaction, but potentially feelings of failure that conflict with the idea of men being successful and powerful. Taking this idea further, the inherent problem with men feeling like they need to be competing and successful is that not everyone who competes can be successful. Even if every man who feels the pressure to obtain these idealistic male bodies was to succeed in doing so, the drive for men to be competitive and more powerful will continue to push the ideals further and further into unrealistic and dangerous territories. Once again, the novel findings from this study reinforce the need for clinical approaches toward male body image concerns to focus on the impacts of the male gender role and pressure to conform to these stereotypes.

Limitations

There are limitations within the current study that may impact the generalizability of findings, as well as helping to explain certain results, or lack thereof. First, the sample within this

study is predominately White, despite utilizing different recruitment methods in order to create a more diverse sample. The homogeneity of the sample creates concern when attempting to apply the study findings to individuals or communities with different cultural backgrounds. While previous literature into Gender Role Conflict has found congruency in data from men across various cultural and ethnic backgrounds, further body image research into men with different racial, socioeconomic, and other cultural backgrounds is needed (O'Neil, 2008). Similarly, the majority of college-aged participants came from a predominately White institution located in the Southeast of the United States. The lived experiences of college students vary from institution to institution, so no definitive findings for college-aged men can be assumed based on the current study.

The study was conducted entirely online, which also brings about certain limitations and potential interferences with the data. Participants not only took the survey in various environments and settings, but there is no possibility for the researcher to know what those settings were and their potential impact on survey responses. While response time was recorded and attention check items were included in order to ensure proper focus was involved in participant responses, the lack of physical presence during participation limits the full extent to which the researcher can trust participant responses.

Another major limitation of the current study is the use of the GSSM within an adult population. The majority of research uses the GSSM in children and adolescents, as that is the main period of time in which gender identity and beliefs are being developed (Tobin et al., 2010). Specifically regarding the Felt Pressure to Conform scale, the measure had to be reworded in order to fit the ages of participants for the current study, as the items reflected activities and

behaviors more suited for children. It is possible that the rewording of the measure may have impacted its ability to be accurately used as part of the latent Gender Identity variable within the structural equation modeling analysis. However, the reliability for this sample does not suggest that the rewording had any significant impact on the accuracy of the Felt Pressure to Conform measure. As stated previously, it may be that the main impacts of gender conformity transition from socially-derived consequences to intrinsic consequences, which the Felt Pressure to Conform measure does not account for within its items (Carver et al., 2003; Egan & Perry, 2001; O'Neil, 2008; Tobin et al., 2001).

Future Directions

The information gathered within the current study presents various implications for both future clinical work and research. In regard to research, the way in which we theorize about gender roles and development requires more attention. This study showed the nuance of multiple factors contributing to the overall sense of gender an individual feels, but a more in-depth model of how men develop their sense of gender identity within societal norms is still lacking from current literature. More specifically, the current study provided evidence for the use of more detailed gender identity measures. As the concept of gender is being thought of more and more as various, interacting continuums rather than a single binary line, the way in which we measure gender has to adapt. Through its use of multiple, related measures, this study was able to gain important information around how an individual conceptualizes their own gender that would have been lost if a basic demographic question was asked instead.

When thinking about the construct of Gender Role Conflict, studies examining the predictive power of Gender Role Conflict and masculine body ideals on male body dissatisfaction need to

be replicated with more diverse samples. Socioeconomic status, age, racial identity, and sexual orientation may interact with these variables in important ways. As shown in previous meta-analyses examining Gender Role Conflict, men of various cultural backgrounds and identities are impacted by GRC (O'Neil et al., 1995; O'Neil, 2008). In addition, the experiences of men who also identify with a disempowered identity are known to be adversely affected in various areas of psychological well-being, making the intersectionality of men's identities a necessary component in further research (Carter, Williams, Juby, & Buckley, 2005; Thompson, Pleck, & Ferrera, 1992). For example, at the time of this paper being written, the COVID-19 pandemic is in full-force within the United States. Knowing that individuals within racial minorities are being significantly more impacted by the pandemic, and that a subscale within GRC addresses an internalized pressure to neglect health needs, there is a strong possibility that this interaction will create an entirely different experience for the way that men within marginalized racial identities feel toward and treat their own bodies (Garg, Kim, & Whitaker, 2020; Kirby, 2020). This is one example of a multitude of ways that the intersection of men's identities create different lived experiences, all of which are crucial for the assessment and treatment of men in clinical settings. By gaining insight into these interactions, we can have a better understanding of Gender Role Conflict and body image ideals and concerns within all men.

Similarly, future research could focus on the compared experiences of body image dissatisfaction and Gender Role Conflict between cisgender and transgender men. As previous research has shown, individuals who identify as transgender have body image concerns that are intertwined with their gender identity, so much so that gender affirmative treatments have been used successfully to treat disordered eating (Testa, Rider, Haug, & Balsam, 2017). Given this

knowledge, Gender Role Conflict may play a large factor within the body image ideals and satisfaction of transgender men, potentially to a larger degree than that of their cisgender peers.

Finally, further research is needed into the development of body image ideals and satisfaction within men. While this study failed to accept a model to explain male body image development, results did show a relationship between Gender Role Conflict and body image dissatisfaction. This data shows preliminary evidence for the connection between male body image and gender roles, suggesting that their development is related. By figuring out a specific model that explains this development, researchers and clinicians would be able to pinpoint critical points in time for research and interventions targeting the creating of positive male body image.

Practice Implications

Data from the current study also provides key information to guide future clinical work. The majority of clinical interventions designed for body image and disordered eating concerns are based on research primarily focused on women (Hilbert, Petroff, Herpertz, Pietrowsky, Tuschen-Caffier, Vocks, & Schmidt, 2019; Linardon, Wade, de la Piedad Garcia, & Brennan, 2017). In treatments that are focused on men, none include evidence-based treatment based on Gender Role Conflict (O'Neil, 2008). Similarly to how gender-affirmative treatments can help reduce body image and disordered eating concerns in transgender populations, Gender Role Conflict-based treatments may help reduce the same concerns within men. By focusing on the harmful Gender Role Conflict behaviors, such as restricted emotionality or focus on success and power, clinical treatments may see larger rates of success in reducing body image and disordered eating concerns within men.

The findings from this study also further affirm the use of Gender Role Conflict as an important variable when creating evidence-based treatments for clinical work within male populations. Gender Role Conflict has been proven to associate with clinical interests such as body image concerns, disordered eating and dieting behaviors, substance use, depression, anxiety, and violent behaviors (O'Neil, 2008). As clinicians continue to treat men for various clinical concerns, it is becoming clear that Gender Role Conflict needs to be included within those treatments in order to fully understand the framework and background of presenting concerns, therefore offering the best and most effective treatment as possible.

What became clear while interpreting the analyses from this study is that gender stereotypes have a large impact on gender identity and body image development, and these stereotypes are processed early on in childhood. Parents, teachers, and any professionals working with children should be mindful of the ways in which gender stereotypes can create harmful beliefs and ideals about bodies and how they “should” look. Individuals in positions of advocacy and power should implement body-inclusive language, education, and behaviors into classrooms, after-school programs, and other places in which children learn and spend time, in order to create more realistic and positive body ideals.

Conclusion

Masculinity is an ever-evolving term, yet many men feel trapped within traditional gender roles that lead to internalized distress and externalized problematic behaviors. Focusing on body image, the results from this study show an important connection between Gender Role Conflict, masculine body ideals, and body image dissatisfaction. Moving forward, when considering research or clinic treatments focused on male body image, the lived experiences and beliefs

surrounding one's gender must be taken into account in order to fully understand and treat men struggling with their body image.

While body image satisfaction may not be a main factor within gender identity development, it is significantly influenced by the gender stereotypes we create during that development. The images we see in public media and on digital screens all have a lasting effect on how children understand gender and their own identity. By creating unrealistic norms and stereotypes for specific genders, we are not establishing order or helping others figure out who they are. We are limiting people from expressing themselves in the truest and most authentic way they know. If we switch our lenses to be more accepting of non-traditional norms or expectations of genders, new generations of people will be able to form their identities based on their own self, as opposed to the box they have to force themselves into.

VI. References

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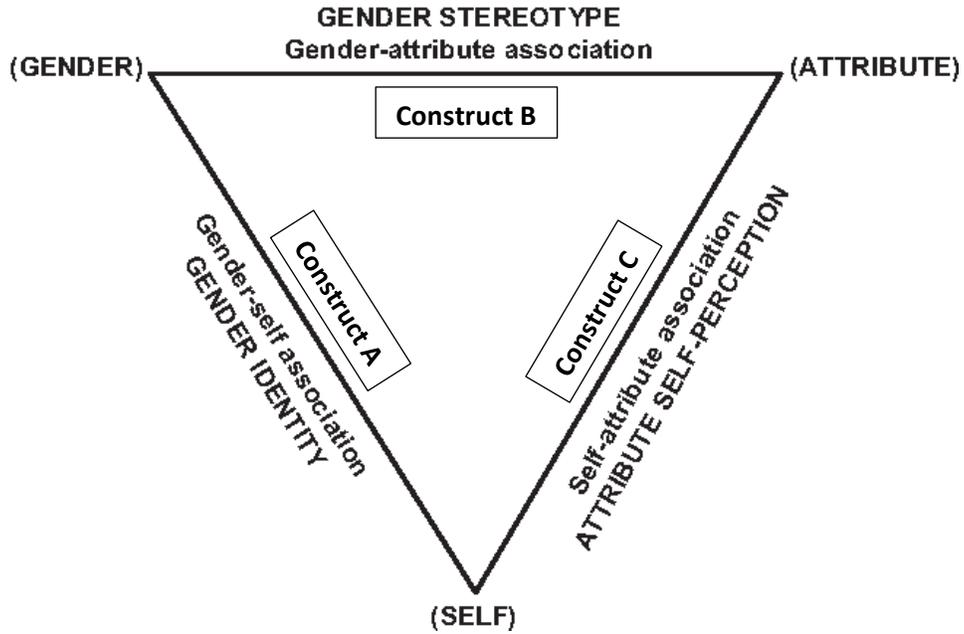
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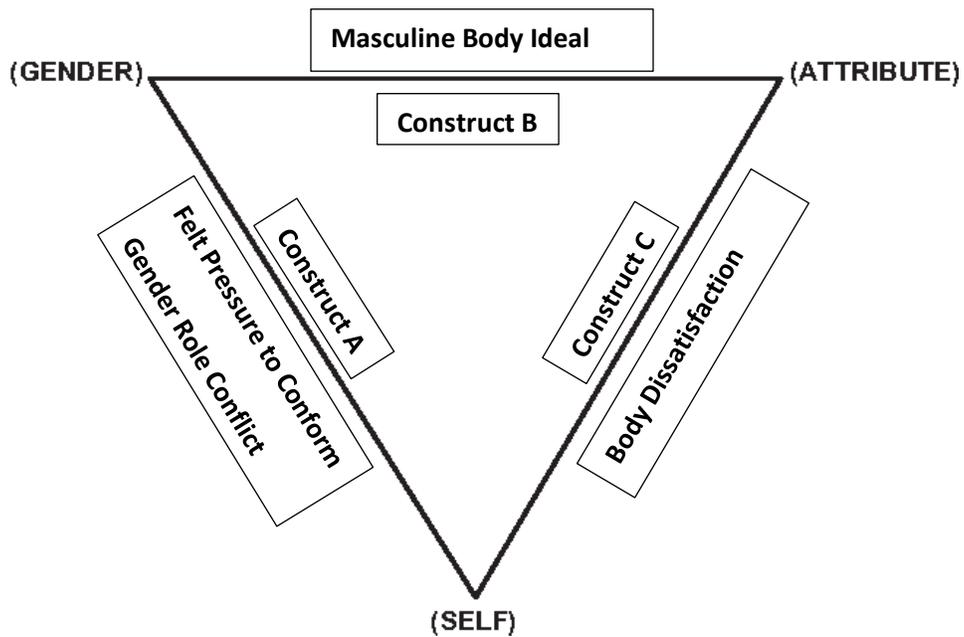
VII. Figures

Figure 1

Gender Self-Socialization Model (Tobin et al., 2010)

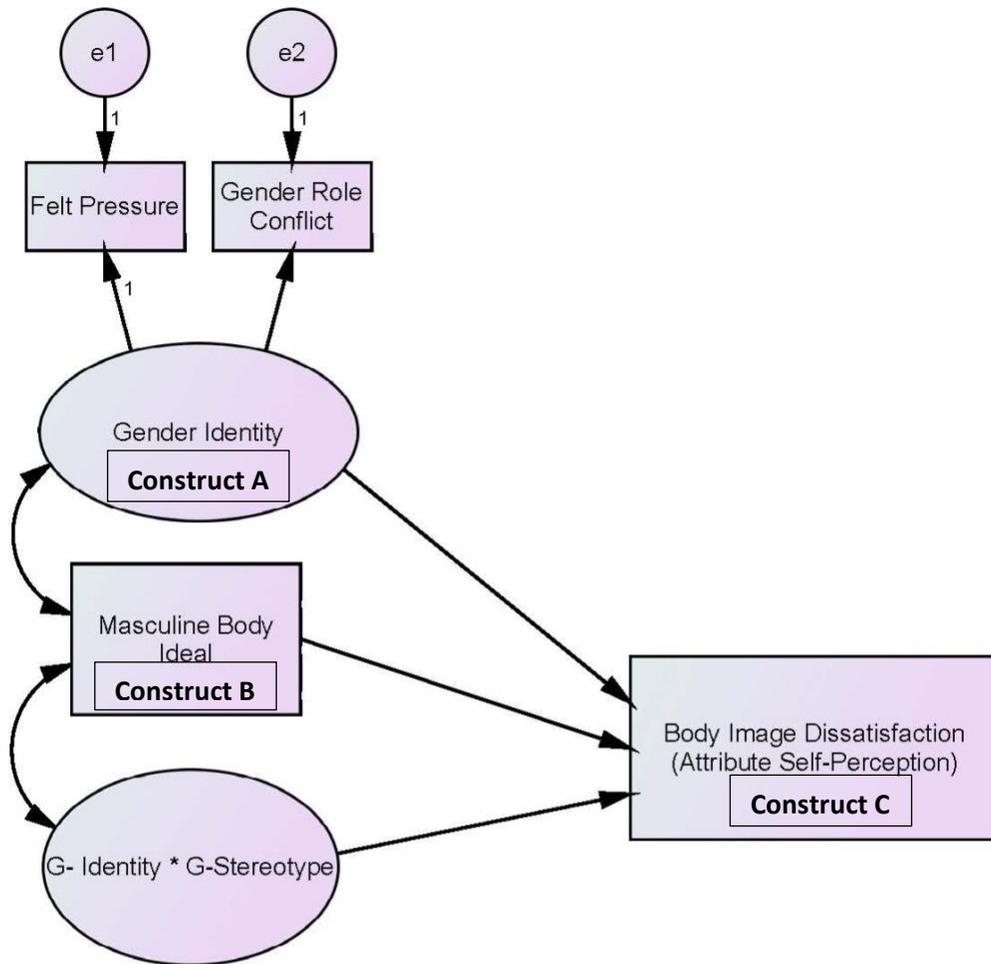


Original GSSM.



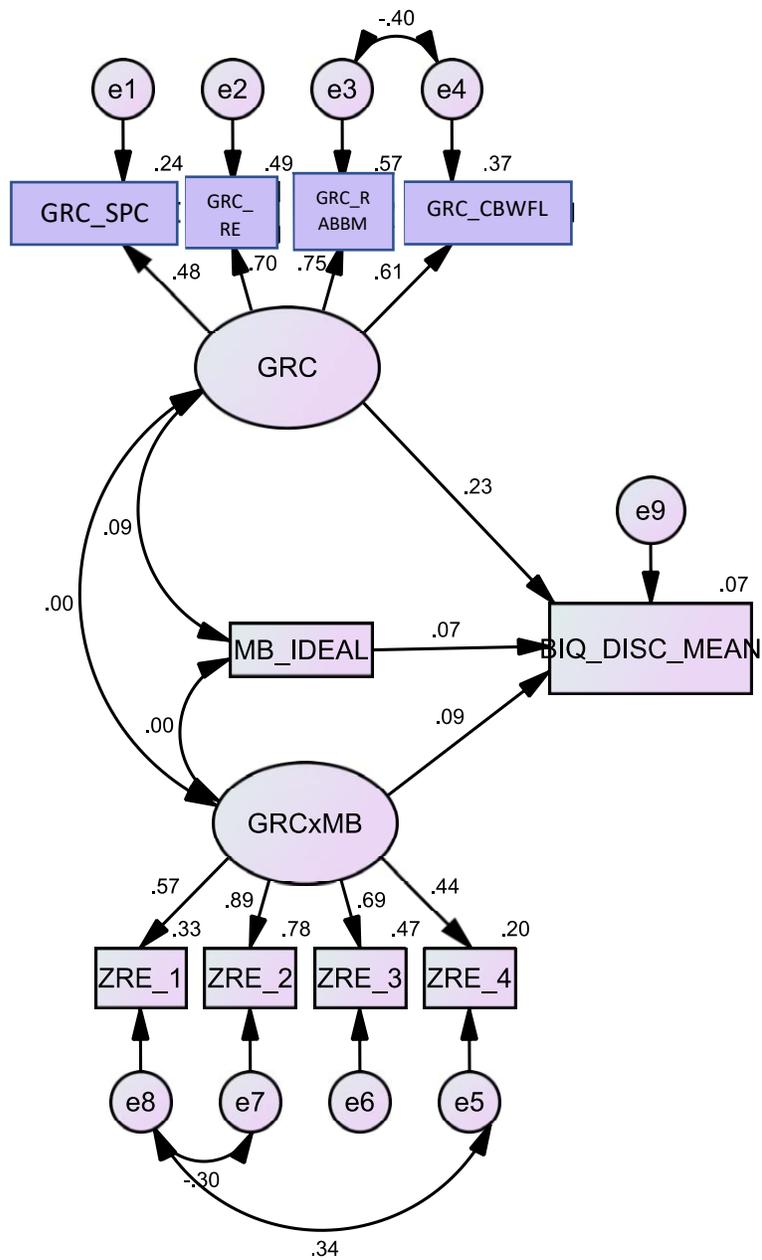
GSSM with Current Study Constructs

Figure 2



**Test of the Stereotype Emulation Hypothesis
of the
Gender Self-Socialization Model**

Figure 3



VIII. Appendices

Appendix A: Information Letter

Principal Investigator Contact: Jonathan Mitchell, M.A.
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Department: Special Education, Rehabilitation, Counseling/School Psychology

Faculty Advisor Contact: Dr. Evelyn Hunter
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Auburn University

Department: Special Education, Rehabilitation, Counseling/School Psychology

You are invited to participate in a research study that explores gender roles, body image, and psychological well-being. The purpose of this study is to gain understanding about the relationships between gender roles, body image satisfaction, and psychological well-being among individuals within college-aged men.

If you choose to participate in this study, you will be asked to respond to a questionnaire regarding your own body image satisfaction, gender role behaviors, and psychological well-being. The questionnaire will take approximately 20-25 minutes to complete. Your survey responses will be anonymous and data from this research will be reported only in the aggregate.

Your participation in this study is completely voluntary. You may decide to discontinue participation at any point by simply closing your web browser. There is no risk to participating in this study beyond the normal levels of discomfort (if any) in discussing body image and psychological well-being. Benefits include sharing your experiences so that we gain greater understanding of body satisfaction and psychological well-being in college-aged men.

Please retain a copy of this consent form for your records. If you have questions, or concerns, please contact Jonathan Mitchell at the email/number listed at the top of this form.

The Auburn University Institutional Review Board has approved this document from October 19th, 2019 to August 19th, 2020. Protocol #19-477 EX 1910. If you have questions about your rights as a research participant, you may contact the Institutional Review Board by phone (334)-844-5966 or e-mail at hsubjec@auburn.edu.

Participant's Agreement:

I have read the information provided above and I voluntarily agree to participate in this research study as shown by my continuation of this survey.

Appendix B: Demographics Questionnaire

1. **Age:** (free response)
2. **Which gender best describes you?**
 - a. Man
 - b. Woman
 - c. Gender Non-Conforming
 - d. Prefer to Self-Describe
3. **Please select the ethnicity you feel best describes your background:**
 - a. African American or Black
 - b. American Indian or Alaska Native
 - c. Asian American or Asian
 - d. Hispanic or Latino/a/x
 - e. Middle Eastern
 - f. Multiracial
 - g. Pacific Islander
 - h. White or Caucasian
 - i. Multiple Ethnic Identities (please specify)
 - j. Other (please specify)
4. **Which sexual orientation best describes you?**
 - a. Asexual
 - b. Bisexual
 - c. Gay or Lesbian
 - d. Heterosexual
 - e. Questioning/Unsure

- f. Prefer to self-describe

**Appendix C: Egan and Perry's (2001) Felt Pressure Scale
(adapted for adult male population)**

- | | | |
|---|-----|--|
| <p>1. Some men think the men they know would be upset if they wanted to do an activity women typically do</p> | BUT | <p>Other men don't think the men they know would be upset if they to wanted to do an activity women typically do</p> |
| <p>Very true for me Sort of true for me</p> | | <p>Very true for me Sort of true for me</p> |
| <p><input type="checkbox"/> <input type="checkbox"/></p> | | <p><input type="checkbox"/> <input type="checkbox"/></p> |

2. Some men think their parents would be upset if they wanted to learn an activity women typically do, BUT other men don't think...
3. Some men don't think their parents would be upset if they wanted to learn to knit or sew, BUT other men do think...
4. Some men get really mad if someone says they're acting like a woman, BUT other men don't...
5. Some men don't think other men would be upset if they wanted to learn an activity that only women usually do, BUT other men do think...
6. Some men don't think that other men would be upset if they wanted to learn to knit or sew, BUT other men do think...
7. Some men don't think their parents would mind if they wanted to learn ballet or baton twirling, BUT other men do think...
8. Some men don't like men who sometimes do things that women usually do, BUT other girls don't dislike men who...
9. Some men think their parents would be upset if they wanted to play with girls' toys as a child, BUT other men don't think...
10. Some men think the men they know would mind if they wanted to learn ballet or take baton twirling lessons, BUT other men don't think...

Appendix D: Gender Role Conflict Scale

Instructions: In the space to the left of each sentence below, write the number that most closely represents the degree that you Agree or Disagree with the statement. There is no right or wrong answer to each statement; your own reaction is what is asked for.

Strongly						Strongly
Agree						Disagree
6	5	4	3	2	1	

1. ____ Moving up the career ladder is important to me.
2. ____ I have difficulty telling others I care about them.
1. ____ Verbally expressing my love to another man is difficult for me.
4. ____ I feel torn between my hectic work schedule and caring for my health.
5. ____ Making money is part of my idea of being a successful man.
6. ____ Strong emotions are difficult for me to understand.
7. ____ Affection with other men makes me tense.
8. ____ I sometimes define my personal value by my career success.
9. ____ Expressing feelings makes me feel open to attack by other people.
10. ____ Expressing my emotions to other men is risky.
11. ____ My career, job, or school affects the quality of my leisure or family life.

12. ____ I evaluate other people's value by their level of achievement and success.

Strongly

Agree

6

5

4

3

2

Strongly

Disagree

1

13. ____ Talking about my feelings during sexual relations is difficult for me.

14. ____ I worry about failing and how it affects my doing well as a man.

15. ____ I have difficulty expressing my emotional needs to my partner.

16. ____ Men who touch other men make me uncomfortable.

17. ____ Finding time to relax is difficult for me.

18. ____ Doing well all the time is important to me.

19. ____ I have difficulty expressing my tender feelings.

20. ____ Hugging other men is difficult for me.

21. ____ I often feel that I need to be in charge of those around me.

22. ____ Telling others of my strong feelings is not part of my sexual behavior.

23. ____ Competing with others is the best way to succeed.

24. ____ Winning is a measure of my value and personal worth.

25. ____ I often have trouble finding words that describe how I am feeling.

26. ____ I am sometimes hesitant to show my affection to men because of how others
might perceive me.

27. ____ My needs to work or study keep me from my family or leisure more than
would like.

28. ____ I strive to be more successful than others.
29. ____ I do not like to show my emotions to other people.
30. ____ Telling my partner my feelings about him/her during sex is difficult for me.

Strongly						Strongly
Agree						Disagree
6	5	4	3	2		1

31. ____ My work or school often disrupts other parts of my life (home, family, health leisure).
32. ____ I am often concerned about how others evaluate my performance at work or school.
33. ____ Being very personal with other men makes me feel uncomfortable.
34. ____ Being smarter or physically stronger than other men is important to me.
35. ____ Men who are overly friendly to me make me wonder about their sexual preference (men or women).
36. ____ Overwork and stress caused by a need to achieve on the job or in school, affects/hurts my life.
37. ____ I like to feel superior to other people.

FACTOR STRUCTURE

Factor 1 - Success, Power, Competition (13 items)

Items – 1, 5, 8, 12, 14, 18, 21, 23, 24, 28, 32, 34, 37

Factor 2 – Restrictive Emotionality (10 items)

Items – 2, 6, 9, 13, 15, 19, 22, 25, 29, 30

Factor 3 – Restrictive Affectionate Behavior Between Men (8 items)

Items – 3, 7, 10, 16, 20, 26, 33, 35

Factor 4 – Conflicts Between Work and Leisure – Family Relations (6 items)

Items – 4, 11, 17, 27, 31, 36

Total Number of Items = 37

Appendix E: Bodybuilder Image Grid

BIG

On the following page, you will find a grid of male figures. Look at them closely. Please recognize that these bodies may not be completely accurate representations of you personally or bodies you think to be attractive. You will see two numerical scales along the top and right hand side of the grid: a) the Body Fat scale on the top that ranges from extremely low body fat (0) to extremely high body fat (120), and b) the Muscle Mass scale along the right hand side that ranges from extremely low muscle mass (0) to extremely high muscle mass (100). For each of the following questions, you will be asked to choose where on these scales the male body asked about falls. You will indicate for each the desired body fat score (on the scale of 0-120 as marked on the grid), and desired muscle mass score (on a scale of 0-100 as marked on the grid) that correspond to the "ideal" figure as requested.

1. What do you think is the best approximation of your CURRENT body (assume figure has your height)?

Body Fat Scale Score: _____

Muscle Mass Scale Score: _____

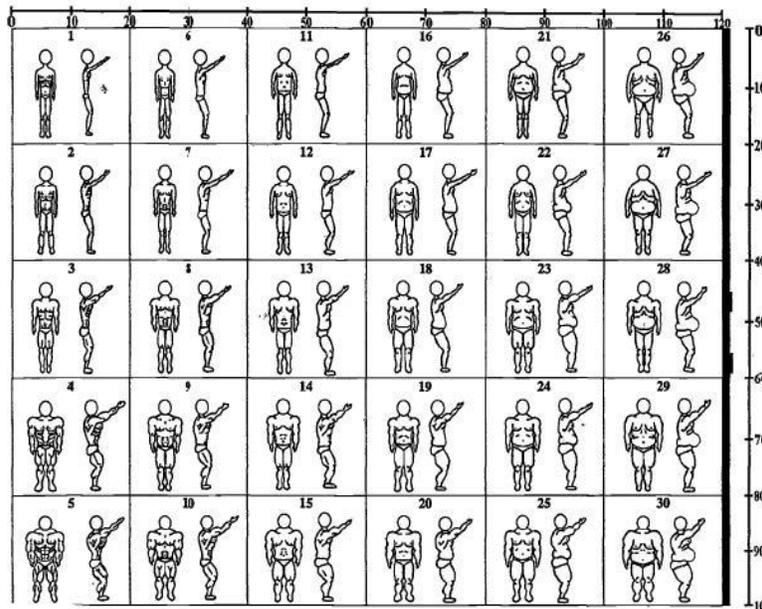
2. What do you think is the best approximation of your IDEAL body?

Body Fat Scale Score: _____

Muscle Mass Scale Score: _____

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Appendix F: Body Image Questionnaire

Body Image Questionnaire

Instructions. Please read carefully:

Each item on this questionnaire deals with a different physical characteristic. For each characteristic, think about how you would describe yourself as you actually are. Then think about how you wish you were. The difference between the two reveals how close you come to your personal ideal. In some instances, your looks may closely match your ideal. In other instances, they may differ considerably. On **Part A** of each item, rate how much you resemble your personal physical ideal by circling a number from 0 to 3.

Your physical ideals may differ in their importance to you, regardless of how close you come to them. You may feel strongly that some ideals embody the way you want to look or to be. In other areas, your ideals may be less important to you. On **Part B** of each item, rate how important your ideal is to you by circling a number on the 0 to 3 scale.

1.

a. My ideal height is:

0 _____ 1 _____ 2 _____ 3

Exactly As I Am Almost As I Am Fairly Unlike Me Very Unlike Me

b. How important to you is your ideal height?

0 _____ 1 _____ 2 _____ 3

Not Important Somewhat Important Moderately Important Very Important

2.

a. My ideal skin complexion is:

0 _____ 1 _____ 2 _____ 3

Exactly As I Am Almost As I Am Fairly Unlike Me Very Unlike Me

b. How important to you is your skin complexion?

0 _____ 1 _____ 2 _____ 3

Not Important Somewhat Important Moderately Important Very Important

3.

a. My ideal hair texture and thickness is:

0 _____ 1 _____ 2 _____ 3

Exactly As I Am Almost As I Am Fairly Unlike Me Very Unlike Me

b. How important to you is your hair texture and thickness?

0 _____ 1 _____ 2 _____ 3

Not Important Somewhat Important Moderately Important Very Important

4. a. My ideal **facial features** (eyes, nose, ears, facial shape) are:

0 _____ 1 _____ 2 _____ 3

Exactly As I Am Almost As I Am Fairly Unlike Me Very Unlike Me

- b. How important to you are your facial features?

0 _____ 1 _____ 2 _____ 3

Not Important Somewhat Important Moderately Important Very Important

5. a. My ideal **muscle tone and definition** is:

0 _____ 1 _____ 2 _____ 3

Exactly As I Am Almost As I Am Fairly Unlike Me Very Unlike Me

- b. How important to you is your muscle tone and definition?

0 _____ 1 _____ 2 _____ 3

Not Important Somewhat Important Moderately Important Very Important

6. a. My ideal **body proportions** are:

0 _____ 1 _____ 2 _____ 3

Exactly As I Am Almost As I Am Fairly Unlike Me Very Unlike Me

- b. How important to you are your body proportions?

0 _____ 1 _____ 2 _____ 3

Not Important Somewhat Important Moderately Important Very Important

7. a. My ideal **weight** is:

0 _____ 1 _____ 2 _____ 3

Exactly As I Am Almost As I Am Fairly Unlike Me Very Unlike Me

- b. How important to you is your weight?

0 _____ 1 _____ 2 _____ 3

Not Somewhat Moderately Very

Important Important Important Important

8.

a. My ideal chest size is:

0 1 2 3

Exactly As I Am Almost As I Am Fairly Unlike Me Very Unlike Me

b. How important to you is your chest size?

0 1 2 3

Not Important Somewhat Important Moderately Important Very Important

9.

a. My ideal physical strength is:

0 1 2 3

Exactly As I Am Almost As I Am Fairly Unlike Me Very Unlike Me

b. How important to you is your physical strength?

0 1 2 3

Not Important Somewhat Important Moderately Important Very Important

10.

a. My ideal physical coordination is:

0 1 2 3

Exactly As I Am Almost As I Am Fairly Unlike Me Very Unlike Me

b. How important to you is your physical coordination?

0 1 2 3

Not Important Somewhat Important Moderately Important Very Important

11.

a. My ideal overall physical appearance is:

0 1 2 3

Exactly As I Am Almost As I Am Fairly Unlike Me Very Unlike Me

b. How important to you is your overall physical appearance?

0 1 2 3

Not Important Somewhat Important Moderately Important Very Important

