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# Personality correlates of a drive for muscularity in young men

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#### Abstract

The female *drive for thinness* [DT] and the male *drive for muscularity* [DM] reflect the pursuit of two culturally explicit, gender-specific, body shape ideals. While a large body of research has confirmed a set of personality vulnerability traits related to DT in women, little is known about the personality correlates of DM. We hypothesised that a similar psychological profile would characterize both. We assessed a sample of young men on measures of neuroticism, perfectionism, narcissism, and appearance and fitness orientation, and used multiple regression procedures to determine the utility of each in predicting DM. Our hypothesis was strongly supported; results indicated that all the traits except narcissism were significantly and simultaneously related to DM, together accounting for 40% of the variance. Given the strong links among DM, steroid use, and excessive weight training, we can infer that these psychological characteristics also increase the risk of potentially risky and unhealthy behaviours in young men as they do in young women.

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Keywords: Drive for muscularity; Neuroticism; Perfectionism; Narcissism; Appearance

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## 1. Introduction

In recent years, studies have found little difference between young men and women in their substantial concern about physical appearance (e.g. Harris & Carr, 2001; Luciano, 2001). Young adults also place a similarly high emphasis on physical attributes when evaluating a sexually desirable partner (Regan & Joshi, 2003). While we can infer that the pursuit of physical attractiveness is, therefore, an important goal for both sexes, the icons of bodily perfection are vastly different for women and men—the former is slight of build and very lean, while the male counterpart is tall and extremely muscular with a minimal amount of body fat.

### 2. Drive for thinness

For decades, psychology has proffered theories about how and why our culturally-based, mediadriven, obsession with body size has fostered a normative *drive for thinness* in young women (e.g. Owen & Laurel-Seller, 2000; Polivy & Herman, 2002; Striegel-Moore, McAvay, & Rodin, 1986). Researchers also have identified certain personality factors that are consistently found in women who become preoccupied with achieving the slender ideal; and they have studied how these traits contribute to the development of eating disorders such as anorexia nervosa (AN).

#### 2.1. Anxiousness

In both clinical and non-clinical samples, anxiousness (defined variously as neuroticism, harm avoidance, and trait anxiety) is a strong correlate of eating-disorder symptomatology (e.g. Davis, Claridge, & Fox, 2000; Gual et al., 2002; Vervaet, Audenaert, & van Heeringen, 2003); and its persistence after recovery in AN patients has implicated it in the aetiology of this disorder (Bloks, Hoek, Callewaert, & van Furth, 2004). Prospective research has also shown that neuroticism is a significant predictor of the incidence of eating disorders in adolescent and young adult women, again confirming its potentially causal influence (Cervera et al., 2003). The hypersensitivity that characterizes neuroticism is likely to foster a more critical self-evaluation of one's body, and a proneness to internalize the pervasive social pressures to achieve an ultra-slender body shape, in young women who have high levels of this trait. However, it is also true that high neuroticism is a risk factor for almost all types of psychiatric disturbance (see Claridge & Davis, 2001). Therefore its predictive utility for eating disorders is likely to occur only in combination with, or as a moderator of, more disorder-specific personality factors.

#### 2.2. Perfectionism

Perfectionism is another prominent clinical feature of eating disorders—and behaviours related to these disorders, such as weight preoccupation, dieting, and a *drive for thinness* (e.g. Davis, 1997; Lilenfeld et al., 2000; Woodside et al., 2002). The finding that high levels of perfectionism are still present in AN patients after weight restoration also implicates it in the aetiology of these disorders (Bastiani, Rao, Weltzin, & Kaye, 1995; Srinivasagam et al., 1995). In longitudinal research, perfectionism has been related to poor treatment outcome at a 6–24 month period following

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