



## Review article

## Gender roles, eating pathology, and body dissatisfaction in men: A meta-analysis

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## ABSTRACT

The current study reviewed relationships between gender roles and (a) eating pathology, (b) body dissatisfaction, and (c) muscle dissatisfaction among men via meta-analysis. Moderators of sexual orientation and type of gender role measure were also investigated. Results revealed the relationship between femininity and eating and body-related variables did not significantly differ from zero. Sexual orientation moderated the relationship between femininity and muscle dissatisfaction (i.e., femininity was negatively related to muscle dissatisfaction for heterosexual but not gay men). Masculinity was negatively associated with eating pathology and body dissatisfaction. Type of masculinity measure moderated the relationship between masculinity and body dissatisfaction (i.e., trait-based measures produced a negative association, multidimensional measures yielded nonsignificant relationships). Type of masculinity measure produced a cross-over interaction when examining muscle dissatisfaction (i.e., trait-based instruments yielded a negative association and multidimensional instruments revealed a positive relationship). Findings highlight the salience of masculinity in men's eating and body concerns.

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## Introduction

Lifetime prevalence rates for eating disorders are estimated at 5.6% (Hudson, Hiripi, Pope, & Kessler, 2007). Although females are 1 to 3 times more likely to be diagnosed with anorexia nervosa, bulimia nervosa, and binge eating disorder, males are 3 times more likely to exhibit subthreshold binge eating disorder and are roughly equal to females in regard to the number of cases of any binge eating (Hudson et al., 2007). Further, clinically, there has recently been an increase in the awareness of males with eating disorders (Greenberg & Schoen, 2008). Relatedly, the prevalence of men's dissatisfaction with their bodies has increased over the last few decades (e.g., Gray & Ginsberg, 2007; Keel, Baxter, Heatherton, & Joiner, 2007) with some reports noting that 43% of men are dissatisfied with their bodies (Garner, 1997). For decades researchers have questioned whether gender differences in eating pathology and body dissatisfaction are a function of sex or rather a function of gender role orientation (e.g., Paxton & Sculthorpe, 1991; Sitnick & Katz, 1984). However, only recently have these investigations focused more thoroughly on men (e.g., Pritchard, 2008). Studying gender roles in men not only adds to the knowledge base on the development and correlates of eating

and body-related dysfunction, but it also has clear implications for the treatment of such concerns, via an integration of gendered perspectives in therapy (e.g., Mahalik, Good, & Englar-Carlson, 2003; Mahalik, Talmadge, Locke, & Scott, 2005). Thus, having a nuanced understanding of the association between gender roles and eating and body concerns among men is important in both theory and clinical practice.

## Gender roles

Gender role orientation has been defined as “behaviors, expectations, and role sets defined by society as masculine or feminine which are embodied in the behavior of the individual man or woman and culturally regarded as appropriate to males or females” (O'Neil, 1981, p. 203). The vast majority of studies that have examined gender roles with eating pathology and body dissatisfaction have used instruments such as the Bem Sex Role Inventory (BSRI; Bem, 1974) or the Personal Attributes Questionnaire (PAQ; Spence, Helmreich, & Stapp, 1974). These instruments assess an individual's gender role through their self-endorsement of stereotypical male and female personality traits. In these measures, masculinity has been largely defined as the possession of instrumental traits (e.g., autonomy, dominance, and assertiveness), whereas femininity has been largely defined as the possession of expressive traits (e.g., empathy, nurturance, and sensitivity). However, it has long been argued that gender roles consist of much more than personality traits (Spence & Helmreich, 1978). For example, in Lippa and Connelly's (1990) work, they

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proposed a new manner in which gender roles could be measured by including items that assess hobbies, occupational interests, and personality traits. This perspective on gender roles seeks to locate attributes which maximally differentiate men from women. In more recent work, Liben and Bigler (2002) have developed a measure that captures three domains of gender-typing: occupations, activities, and traits.

Over the last decade, researchers in the body image and eating pathology literature have begun to utilize new approaches to operationally define gender roles. For instance, Mahalik, Locke, et al. (2003) developed the Conformity to Masculine Norms Inventory (CMNI) in an attempt to address the limitations of prior measures (e.g., BSRI, PAQ) in regard to their restricted domain sampling (i.e., personality traits only). Indeed, the CMNI has gained popularity with researchers interested in masculinity. This has also translated to eating pathology and body dissatisfaction researchers, as several studies have included the CMNI (e.g., Kimmel & Mahalik, 2004, 2005; Parent & Moradi, 2008; Smolak & Murnen, 2008; Tager, Good, & Morrison, 2006) and its companion measure, the Conformity to Feminine Norms Inventory (CFNI; Mahalik, Morray, Coonerty-Femiano, Ludlow, Slattery, & Smiler, 2005; Mahalik, Talmadge, et al., 2005).

In a meta-analysis examining the relationship between gender roles and eating disorders in females, Murnen and Smolak (1997) found that women with higher levels of eating pathology had significantly higher expressiveness (i.e., feminine personality traits) scores than those with less eating pathology—demonstrating a small effect size. Women with higher levels of eating pathology also possessed lower instrumental (i.e., masculine personality traits) scores compared to women with less eating pathology—again, noting a small effect size. Thus, it would appear that for women, high levels of expressivity and low levels of instrumentality relate to higher eating pathology. One explanation as to why expressivity is associated with higher eating pathology is the “femininity hypothesis” (Lakkis, Ricciardelli, & Williams, 1999). This hypothesis posits that stereotypically feminine personality traits such as passivity, dependence, and unassertiveness are related to a desire to seek approval by others, and thus lead to poor self-esteem. Individuals who adhere to this orientation may then utilize excessive restriction, purging, or other extreme methods to obtain an idealized body – which would theoretically achieve others’ approval.

However, in men, expressiveness may serve an additional role, as men who display high levels of stereotypical feminine traits (as well as activities, hobbies, or appearance characteristics) manifest a gender atypical orientation; men are expected to exhibit high levels of stereotypical male traits and behaviors and avoid stereotypically female attributes (e.g., Liben & Bigler, 2002). Past research has consistently found that gender atypical men and boys are negatively evaluated in comparison to their gender typical counterparts (e.g., Blashill & Powlishta, 2009; Martin, 1990). Perhaps then, not only do high levels of expressivity in men represent personality characteristics (e.g., passivity, social sensitivity) that may predispose them to eating pathology and body dissatisfaction but also stigma associated with being gender atypical, which may increase general psychological distress. Indeed, there is some evidence that a gender atypical orientation is predictive of maladjustment (e.g., Blashill & Hughes, 2009; Fitzpatrick, Euton, Jones, & Schmidt, 2005; Skidmore, Linsenmeier, & Bailey, 2006). However, meta-analytic (Whitley, 1984) and prospective data (Barrett & White, 2002) indicate that for both men and women, high instrumentality is related to lower depression whereas expressivity has little to no association with psychological adjustment. Perhaps these discrepant findings are due to sample compositions. For instance, the former studies included gay participants either exclusively (Blashill & Hughes, 2009; Skidmore

et al., 2006) or as a substantial minority (Fitzpatrick et al., 2005). Thus, it is possible that expressivity plays a more important role in regard to psychological distress for gay men compared to their heterosexual peers.

### Eating pathology

Although numerous studies have examined gender role orientation and eating pathology in samples of women (cf. Murnen & Smolak, 1997), fewer (although increasingly) researchers have focused on these constructs in men. One may question the validity of utilizing eating disorder instruments that were designed for women with men. However, men with eating disorders generally mirror their female counterparts in regard to phenomenology of the condition, rates of comorbidity, and levels of body dissatisfaction (Olivardia, Pope, Mangweth, & Hudson, 1995; Woodside et al., 2001). Further, recent studies (e.g., Boerner, Spillane, Anderson, & Smith, 2004; Spillane, Boerner, Anderson, & Smith, 2004) have found the factor structures of commonly used measures of eating pathology to be valid for men—although these measures typically yield less reliable (yet still generally acceptable) scores for men compared to women. Thus, even though some discrepancies exist between men and women who present with clinical levels of eating pathology, the similarities appear to outweigh the differences.

The relationship between gender roles and eating pathology among males remains unclear. In one of the first studies to examine gender roles and eating pathology, Cantrell and Ellis (1991) found—among a sample of undergraduate men—that instrumentality was significantly positively related to weight preoccupation and compulsivity/self-criticism; however, no relationship was found between expressivity and eating pathology. In contrast, Wichstrøm (2006) examined teenage boys and found that expressivity positively predicted bulimic symptoms, demonstrating a large effect size, whereas instrumentality had no significant association. Similar results to Wichstrøm (2006) have been noted in regard to dieting and expressivity in boys (Thomas, Ricciardelli, & Williams, 2000). Still other research examining gender roles and eating pathology among young (Hospers & Jansen, 2005; Pritchard, 2008; Russell & Keel, 2002) and middle-age (Torres, 2007) men have found nonsignificant relationships between instrumentality or expressivity and eating disorder symptomatology, with most studies revealing small effect sizes (Hospers & Jansen, 2005; Pritchard, 2008) and others finding small to medium effects (Russell & Keel, 2002; Torres, 2007).

### Body dissatisfaction

Relatedly, researchers have also investigated the association between gender role orientation and body dissatisfaction in men. Similar to the above findings regarding eating pathology, research on body dissatisfaction and gender roles in men has yielded mixed results. For instance, Russell and Keel (2002) found that among young men, instrumentality was negatively related to body dissatisfaction (producing a medium effect size), whereas expressivity had no significant association with body dissatisfaction—yielding a small effect size. Others (Davis, Dionne, & Lazarus, 1996) have found among undergraduate and graduate student men, both expressivity and instrumentality were significantly related to body dissatisfaction in a negative direction (producing medium effect sizes). Among samples of middle-age men, instrumentality has been negatively related and expressivity positively related to body dissatisfaction—yielding medium effect sizes (e.g., Torres, 2007). Yet still, there remains a collection of studies which have failed to find any significant association between gender roles and body dissatisfaction among undergraduate (Parent & Moradi, 2008) and

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