

HLSC 3750: Addiction and Youth

# Masculinities, Subordinate Masculinities, and Addiction

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2018

# Multiple Masculinities

- Gender is socially constructed and constantly revised
- There are not only multiple forms of masculinity performed by different individuals
- ...
- Multiple performances of masculinity may exist within the same individual at different times and in different contexts

# Discussing Gender – Like Nailing Jello to the Wall ?



Perhaps not – since Jello can hold a shape and may briefly hang there – while gender's form is more tenuous and difficult to nail down

Social Constructions (e.g. gender) are like clear water. They are fluid, amorphous, are hard to describe, until they take on the shape of the containers we put them in



When briefly frozen  
in a moment in time  
they are unique – like  
a snowflake



# Gender Exists in Power Relations

- Between men and women
- Between men and other men
- It intersects with other influences on power relations
  - e.g. racism, wealth/social status, sexual orientation ...

# Hegemonic Masculinities

- Hegemony = Oppression
- Performances of masculinity that serve to perpetuate men's patriarchal dominance over women and privileged position in society
- Often includes those performances of masculinity which are held in high esteem in society
- Should be considered in the plural
- These oppressive and domineering masculinities are not only directed toward women but also men performing subordinated masculinities in a given context

# Masculinities

- **Collective masculinities**- collective patterns of masculinities within social groups
- **Subordinate masculinities** or **marginalized masculinities** – viewed as lesser than ideal masculinity performance
- **Complicit masculinities** – not actively enacting and promoting hegemonic masculinities, yet not resisting these performances either.
- **Oppositional** (Messerschmidt, 1993), **compulsive** (Majors & Billson, 1992), or **protest masculinities** (Connell, 1995) → alternate “hypermasculine” constructions formed in response to oppression by hegemonic masculinities in an attempt to reconstruct their performance of masculinity as the “true” masculinity”

# Useful Framework to Examine the Source of Protest, Compulsive, Oppositional Hypermasculine Performances

**Masculine Resources** (Messerschmidt, 2000; West & Zimmerman, 1987) are contextually available practices (e.g. bullying, fighting, engaging in heterosexuality, engaging in physical activity/sport, acting like a “gentleman”) that can be drawn upon so men and boys can demonstrate to others that they are “manly”. Men use the resources at their disposal to communicate masculinity to others. Limited masculine resources → limits options for demonstrating hegemonic masculinities

**Masculinity Challenges** (Coleman, 1990, p.196) “Such an occasion is where a man’s masculinity risks being called into question.” In other words, masculinity challenges are contextual interactions that result in masculine degradation. Masculinity challenges arise from interactional threats and insults from peers, teachers, parents, and from situationally defined masculine expectations that are not achievable (hence the unachievable and unrealistic representations of hegemonic masculinities can act as a masculinity challenge and can cause men to feel less of a man)



# Protest “Hypermasculinity” Performances

(Influenced by Patriarchal Structures and Hegemonic Masculinities in their Social Context)

- Aggression/ Violence as doing masculinity
- Risk Taking as doing masculinity
  - e.g. driving too fast, not practicing safe sex, not using safety equipment, extreme sports ...
- Unhealthy often compulsive behaviours
  - Heavy drinking
  - Drug use
  - Gambling
  - Smoking
  - Overeating or purposefully eating stuff that is bad for your health
  - Promiscuity/Affairs/Sexual Addiction/Excessive Pornography

# Protest “Hypermasculinity” Performances

(Influenced by Patriarchal Structures and Hegemonic Masculinities in their Social Context) Cont. ...

- Heterosexuality, engaging in sex as doing masculinity (Porn, Affairs, Promiscuity ...)
- Dominating, or exerting power over others, as doing masculinity
- Clothing as masculinity
- Subordinating homosexuals as doing masculinity (“gay baiting”)
- Subordinating women as doing masculinity
- Winning or achieving over others as masculinity

# How Can Masculinities Influence Mental Health

- Link between low social status and poor health outcomes is well established in the literature (Keating, 2009; Krieger, 2001; Marmot & Theorell, 1988; McDaniel, 2013; Therborn, 2013; Wilkinson & Pickett, 2009)
- Status on multiple social gradients exert an intersectional effect on health and well-being (Hancock, 2007; Hankivsky, 2012; Hankivsky & Christoffersen, 2008)
- As one determinant of social status, the social performance of masculinity has been clearly linked to poor health outcomes (Courtenay, 2000; Evans et al., 2011)
- One theory of mental illness suggests that that depression and anxiety may be an involuntary response to status defeat – while agonistic displays are no longer a daily part of life, individuals may be experiencing status defeat in response to their own assessment of their resource holding potential (Hagen, 2011; Price et al., 1994, 2004, 2007; Sloman et al., 2003)

## Relative Inequality Related Stress (Increased Allostatic Load)



↓ **Oxytocin**  
(Impaired Attachment)

↓ **Serotonin**  
(Depression/Mental Illness)

### **SAM Axis Activation**

↑ Epinephrine  
↑ Norepinephrine  
(CVD, HTN,  
Earlier Death)

## Anxiety & Chronic Psychological Stress

### **L-HPA Axis Activation**

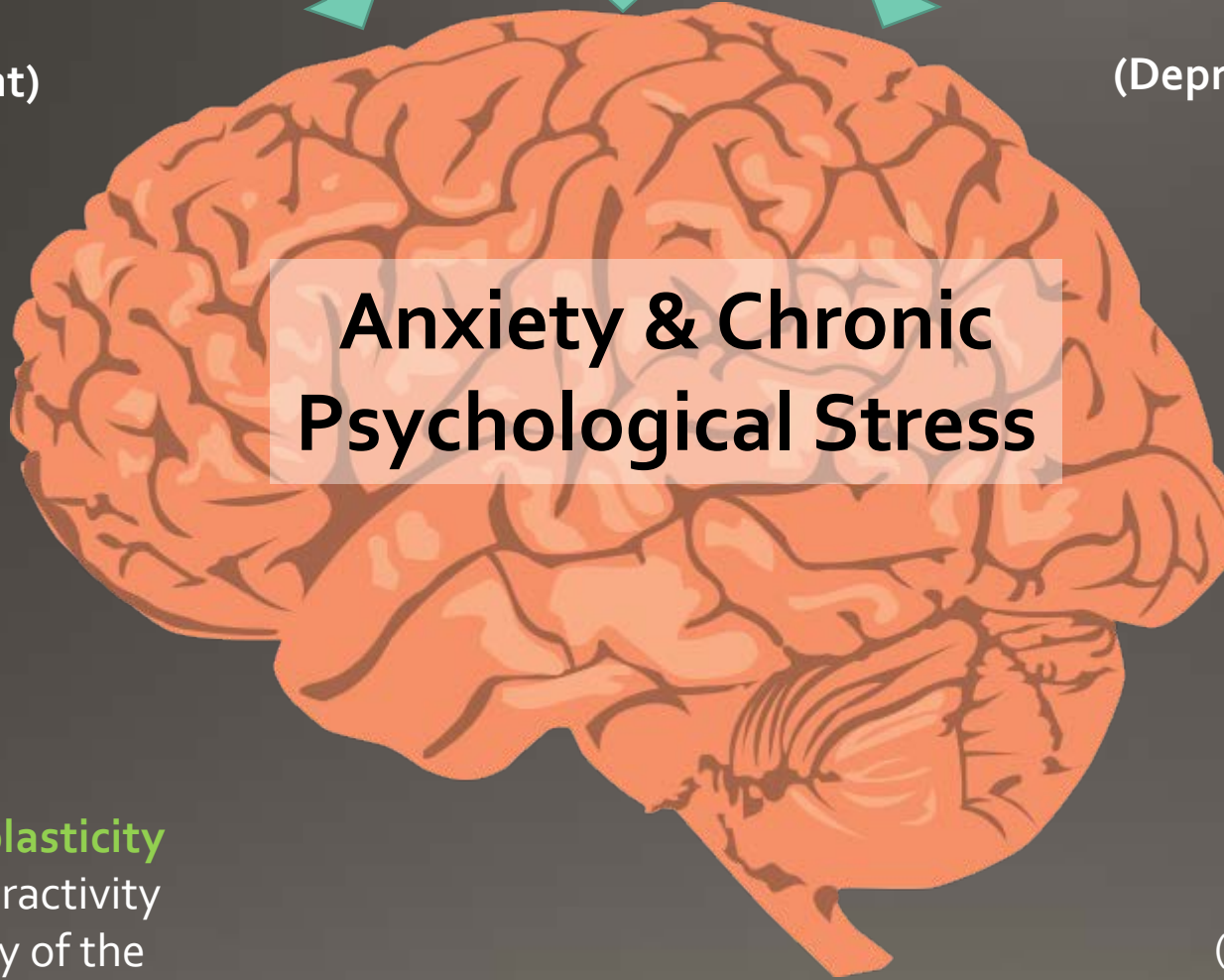
↑ **Cortisol**  
(Depression/  
Diabetes/ Metabolic  
Syndrome)

### **Structural Neuroplasticity**

- Amygdala hyperactivity
- Delayed atrophy of the hippocampus and prefrontal cortex

↑ **Neuroimmune Function**  
(Autoimmune Conditions)

(Keating, 2009; Krieger, 2001;  
McEwen, 1998, 2003, 2005; Price et  
al., 1994, 2007; Raleigh et al., 1984;  
Sloman et al. 2003; Wilkinson &  
Pickett, 2009)



# Looking for the Social Echoes of Depression

Addictions Alcohol, drugs, gambling, sex ... – (self-medication or numbing

Avoidance

Withdrawal

Overeating

Workaholism

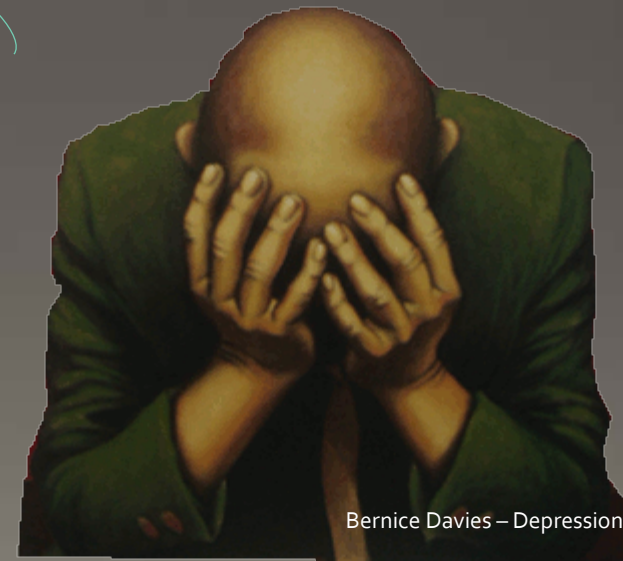
Obsessive Hobbies

Crime  
Risk-Taking  
Anger  
Violence  
Suicide?

"Acting Out"

"Acting In"

Sadness → Depression



# One study of gay and bisexual men had shockingly high levels of depression and suicidal ideation

## Prevalence Rates

- Unadjusted prevalence rate of mood and anxiety disorders
  - Heterosexual men - 5.1%
  - Gay men - 15.8%
  - Bisexual men - 13.8%
- Lifetime suicidality
  - Heterosexual men 7.4%
  - Gay men – 25.2%
  - Bisexual men – 34.8%

## Odds Ratios

- Mood and anxiety disorders
  - Gay men – 3.06 (206% higher risk)
  - Bisexual men – 2.38 (138% higher risk)
- Suicidality
  - Gay men – 4.13 (313 % higher risk)
  - Bisexual men – 6.32 (532% higher risk)

(Brennan et al., 2010)

**Table 1.** Proportion of Canadian Men Experiencing Major Depression (MD)<sup>a</sup> by Sexual Orientation

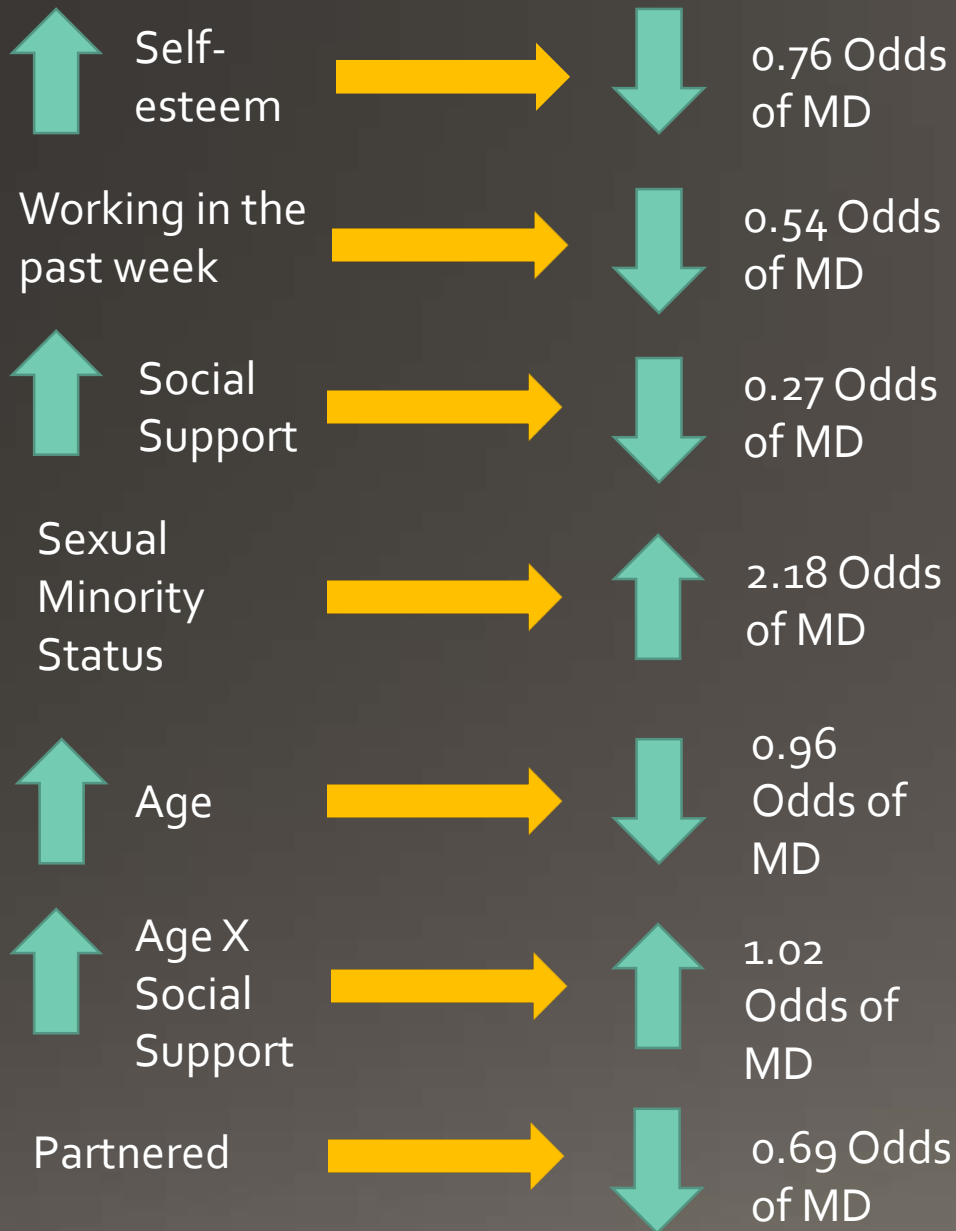
Sexual Orientation	Proportion with MD (BSE)	Proportion without MD (BSE)	Sample Size (n)	Chi Squared Test Statistic (X <sup>2</sup> )
Heterosexual	5.1% (.25)	94.9% (.25)	25290	X <sup>2</sup> =44.3***
Homosexual	12.5% (2.36)	87.5% (2.36)		
Bisexual	10.2% (2.80)	89.8% (2.80)		

**Note.** MD= Major Depression; <sup>a</sup> Major Depression corresponds with a CIDI-SF-MD predicted probability of  $\geq .90$ ; BSE= Bootstrapped Standard Error; n=weighted sample size; \*\*\*p<0.001

(Kellett, 2017– Not yet published)



# Logistic Regression of Social Gradient Predictors on Major Depression (MD)



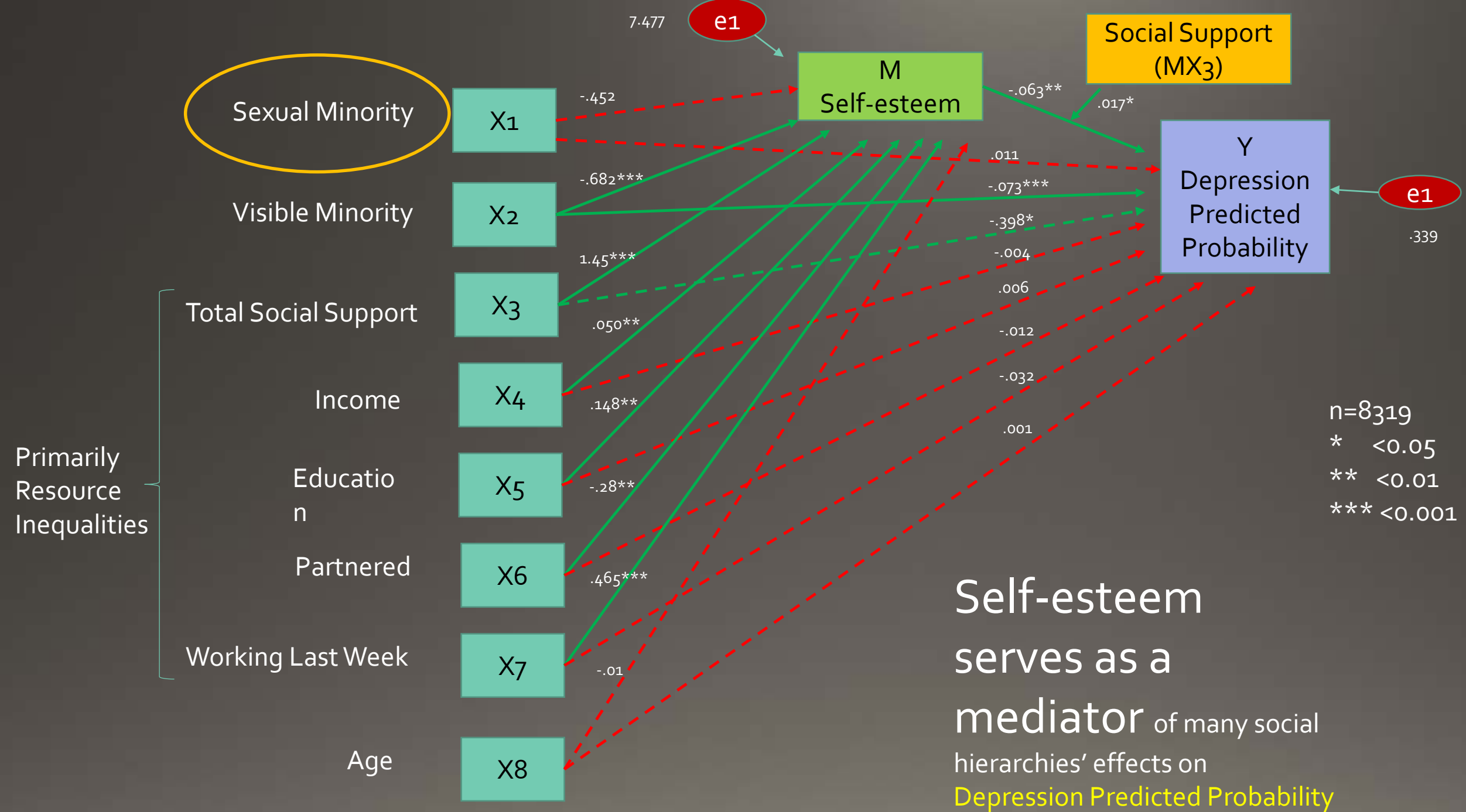
**Bootstrapped Logistic Regression of Major Depression<sup>a</sup>**

Variable	Regression Coefficients (B) (Bootstrap SE)	Wald Statistics	Odds Ratios [95% CI]
Self-Esteem -C <sup>b</sup>	-.277 (.026)	-10.63***	0.758 [.720, .797]
Worked Last Week	-.625(.17)	-3.79***	0.535 [.387, .740]
Total Social Support-C <sup>b</sup>	-1.32 (.36)	-3.68***	0.268 [.132, .540]
Sexual Minority	.780 (.23)	3.43**	2.181 [1.40, 3.41]
Age-C <sup>b</sup>	-.047 (.02)	-2.73**	0.954 [.922, .987]
Age X Total Social Support	.020 (.01)	2.54*	1.020 [1.005, 1.04]
Partnered	-.380 (.19)	-2.00*	0.683 [.471, .991]
Visible Minority	-.47 (.26)	-1.80	0.628 [.378, 1.04]
Education-C <sup>b</sup>	.054 (.03)	1.58	0.105 [.987, 1.13]
Income-C <sup>b</sup>	-.001 (.03)	-0.05	0.998 [.944, 1.06]
Constant	-4.45 (.72)***		

Note.  $X^2(10, n=9667)=243.66, p<.001$ ; <sup>a</sup> Major Depression corresponds with a CIDI-SF-MD predicted probability of  $\geq .90$ ; <sup>b</sup> All Continuous variables were mean centred; Pseudo  $R^2=0.163$ \*\*\*; \*  $P<0.05$ ; \*\* $p<0.01$ ; \*\*\* $p<0.001$ ; Bootstrap SE = Bootstrapped Standard Error; CI = Confidence Interval

Gay	.812 (.26)	3.12**	2.252 [1.35, 3.75]
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# Men & Suicide



# Lifetime Suicidal Ideation

All significant differences except for between Urban and Rural men – interesting since literature suggests higher suicide rates among rural men (? Adherence to hegemonic masculinities and response bias)

(Kellett, 2016 – Not yet published)

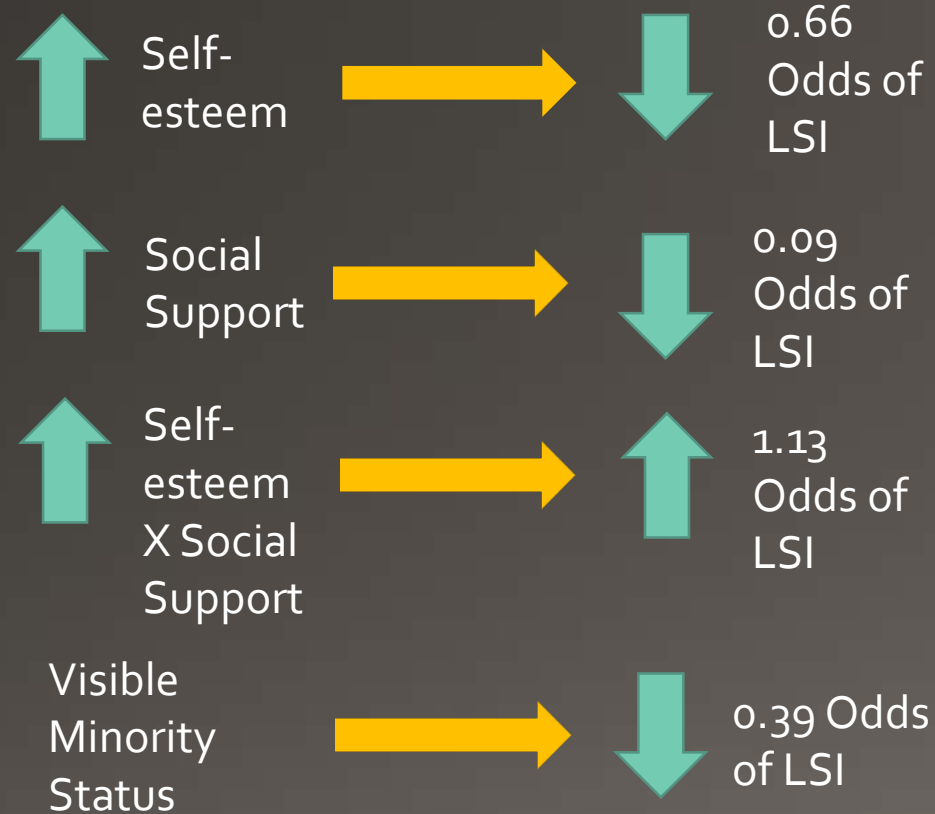
*Table 1. Proportion of Canadian Men Experiencing Suicidal Ideation during their Lifetime (LSI)*

Group	Proportion with LSI (BSE)	Proportion Without LSI (BSE)	Sample Size (n)	Chi Squared Test Statistic ( $\chi^2$ )
<b>Overall</b>				$\chi^2=$
Men	8.1% (.003)	91.9% (.003)	22771	
Women	10.7% (.004)	89.3% (.004)	27015	
				$\chi^2=$
Urban Men	8.0% (.003)	92.0% (.003)	22771	
Rural Men	8.7% (.004)	91.3% (.004)		
<b>Generational Cohort</b>			22771	$\chi^2=$
Veterans (1920-40)	3.4% (.005)	96.6% (.005)		
WWII (1941-45)	5.6% (.008)	94.4% (.008)		
Early Boom (1946-51)	7.6% (.008)	92.4% (.008)		
Late Boom (1952-65)	8.9% (.007)	91.1% (.007)		
Bust-Gen X (1966-71)	10.2% (.012)	89.8% (.012)		
Gen Y (1972-92)	8.8% (.005)	91.2% (.005)		
Gen Z (1993-2012)	5.1% (.009)	94.9% (.009)		
<b>Sexual Orientation</b>			16876	$\chi^2=$
Heterosexual	8.8% (.004)	91.2% (.004)		
Homosexual	25.1% (.048)	74.9% (.048)		
Bisexual	23.8% (.061)	76.2% (.061)		
<b>Partnered</b>				$\chi^2=$
Yes	% ( )	% ( )		
No	% ( )	% ( )		
<b>Employed Last Week</b>			21701	$\chi^2=$
Yes	7.6% (.004)	92.4% (.004)		
No	10.4% (.007)	86.6% (.007)		

*Note.* LSI= Lifetime Suicidal Ideation; BSE= Bootstrapped Standard Error; n=weighted sample size

# Lifetime Suicidal Ideation (LSI)

## Logistic Regression



**Table 5.** Bootstrapped Logistic Regression of Lifetime Suicidal Ideation

Variable	Regression Coefficients (B) (Bootstrap SE)	Wald Statistics	Odds Ratios [95% CI]
Self-Esteem -C <sup>a</sup>	-.424 (.11)	-3.89***	0.655 [.529, .810]
Total Social Support-C <sup>a</sup>	-2.39 (.89)	-2.68**	0.092 [.016, .526]
Self-Esteem X Total Social Support	.122 (.05)	2.41*	1.130 [1.02, 1.24]
Visible Minority	-.952 (.45)	-2.10*	0.386 [.158, .940]
Sexual Minority	.546 (.34)	1.62	1.727 [.892, 3.34]
Income-C <sup>a</sup>	-.037 (.03)	-1.25	0.963 [.908, 1.02]
Worked Last Week	-.254(.23)	-1.05	0.782 [.495, 1.24]
Education-C <sup>a</sup>	-.019 (.04)	-0.44	0.981 [.898, 1.07]
Age-C <sup>a</sup>	-.003 (.01)	-0.32	0.997 [.982, .1.01]
Partnered	-.027 (.21)	-0.13	0.974 [.639, 1.48]
Constant	-7.84 (2.42)**		

Note.  $X^2(10, n=3413) = 82.04, p < .001$ ; <sup>a</sup> All Continuous variables were mean centred; Pseudo  $R^2 = 0.086$ ; \*  $P < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$ ; Bootstrap SE = Bootstrapped Standard Error; CI = Confidence Interval

**Table X.** Proportion of Canadian Men Experiencing Suicidal Ideation during their Lifetime (LSI)

Sexual Orientation	Proportion with LSI (BSE)	Proportion Without LSI (BSE)	Sample Size (n)	Chi Squared Test Statistic (X <sup>2</sup> )
			16876	X <sup>2</sup> =75.9***
Heterosexual	8.8% (.41)	91.2% (.41)		
Homosexual	25.1% (4.8)	74.9% (4.8)		
Bisexual	23.8% (6.2)	76.2% (6.2)		

**Note.** LSI= Lifetime Suicidal Ideation; BSE= Bootstrapped Standard Error; n=weighted sample size; \*\*\*p<0.001

# Odds of Lifetime Suicidal Ideation based on Sexual Orientation

Control Variables	Gay	Bisexual
Unadjusted	OR= 3.45*** [1.06, 5.79]	OR= 3.23 *** [1.67, 6.25]
Adjusted for Statistically Significant Predictors	OR <sub>adj</sub> = 2.35* [1.20, 4.61]	OR <sub>adj</sub> = 1.45 [.470, 4.49]
Adjusted for all Social Gradient Predictors	OR <sub>adj</sub> = 2.21 [-.011, 1.60]	OR <sub>adj</sub> = 0.789 [.252, 2.47]

Note. \* p<0.05; \*\* p<0.01; \*\*\*p<0.001

# Summary of Findings

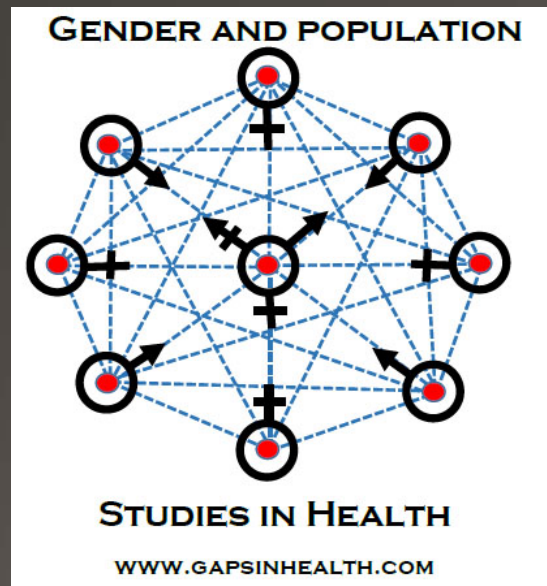
- Social support and current employment are strong negative predictors of men's depression and suicidal ideation
- Men's self-perceived status, as measured by self-esteem, was the strongest predictor of MD and LSI in Canadian men
- Self-esteem appears to completely or partially mediate the effect of many resource inequalities on depression, while social support also moderates the effect of self-esteem on Depression Pred. Prob.
- Sexual minority men exhibit significantly higher levels of MD and suicidal ideation, and over twice the odds of MD compared to heterosexual men. However, when controlling for the effect of other social gradients, the direct effect of sexual minority status on DPP and LSI is not statistically significant – suggesting this pattern of MD/LSI may be due to sexual orientation's influence on other social gradients

# Implications

- Pursuing interventions that seek to strengthen men's social support networks and employment level may exert the greatest positive impact on Canadian men's mental health
- Interventions that encourage men to reframe their assessment of their perceived social status may prove promising in improving mental health
- Etiological models of mental illness that allocate blame to status on a single or small number of social gradients may miss the inherent complexity associated with the intersectional nature of social gradients
- Rates in Gen X and Y bear watching. Are the higher rates age effects or cohort effects? If it is a cohort effect it may foreshadow higher rates in future older Canadians



# Contact Information



Gender and Population Studies  
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