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Mister In-between

A Case Study of Masculine Identity and Health-related Behaviour

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Abstract

The study of young men's health-related behaviour offers an opportunity to examine the links between masculine identity and social behaviour. This article presents a case study of a 19-year-old man living in London, who describes himself as different to his peers on several important dimensions, including his engagement in health-related behaviours. The case study demonstrates the importance of health-related social behaviours such as drinking, drug use, physical activity, sport and sexual behaviour in the construction of a masculine identity. This case study also reveals that the way in which men position themselves in relation to different discourses of masculinity can have important implications not only for their masculine identities, but also for their health-related behaviour.

Keywords

- *health behaviour*
- *identity*
- *masculinity*
- *qualitative*

THERE IS widespread concern about the health-related behaviour of young men. Young men are more likely than other members of the population to drink excessively and use illicit drugs (Condon & Smith, 2003; de Visser, Rissel, Smith, & Richters, 2006; Rickards, Fox, Roberts, Fletcher, & Goddard, 2004), to be killed in traffic accidents (Office of National Statistics, 2003) and to engage in risky sexual behaviours (de Visser, Smith, Rissel, Richters, & Grulich, 2003; Hubert, Bajos, & Sandfort, 1998). However, not all men engage in these unhealthy behaviours, and men may engage in some risky behaviours but not others. It is therefore important to identify factors that influence young men's engagement in unhealthy behaviours. Previous research indicates that young men's health-related behaviour is influenced by a range of factors including personality, attitudes and beliefs, and perceived or actual peer behaviour (Albarracín, Johnson, Fishbein, & Muellerleile, 2001; Andrews, Tildesley, Hops, & Li, 2002; Caspi et al., 1997; Johnston & White, 2003; Kuntsche, Rehm, & Gmel, 2004; von Sydow, Lieb, Pfister, Hofer, & Wittchen, 2002; Wardle & Steptoe, 2003).

Gender is an under-examined, but potentially important influence on health-related behaviour (Courtenay, 2000). The study of the interactions between gender identity and young men's health-related behaviour may therefore allow important insights into the links between masculinity and social behaviour. To understand and change young men's unhealthy behaviour it is important to consider three related issues: the relationship between different discourses of masculinity; the role of health-related behaviour in the active construction of a masculine identity; and the meanings of 'masculine' behaviour and masculine identity to young men.

Structure—relationships between discourses of masculinity

Recent research has revealed that rather than there being one single masculinity, there exist several different ways of being masculine (Edley & Wetherell, 1999; Frosh, Phoenix, & Pattman, 2002; Mac an Ghail, 1994; Speer, 2001). Although different discourses of masculinity exist, many men endorse and aspire

to 'hegemonic masculinity' (Connell, 1987, 1995), the dominant discourse of masculinity characterized by physical and emotional toughness, risk taking, predatory heterosexuality, being a breadwinner and so on. To be hegemonically masculine is to display competence in specific social domains, including sport, alcohol and drug use, and sexual activity. Elements of hegemonic masculinity are commonly set up in binary opposition to their alternatives, so that anything other than the hegemonic form is immediately non-masculine (e.g. Gough & Edwards, 1998; McQueen & Henwood, 2002). For example, masculine sporting competence is opposed to non-masculine (or feminine) inactivity or lack of skill. Thus, whether or not a man engages in particular health-related social behaviours may have implications for his masculine identity. Men who reject hegemonic masculinity in preference for other modes of masculinity do so with awareness of the status of hegemonic masculinity and the inferior status of alternative forms as either complicit with hegemonic masculinity, subordinated or marginalized (Connell, 1995).

Process—the active construction of masculine identities

The existence of different discourses of masculinity begs the question: 'How do men come to identify with a particular discourse of masculinity?' Positioning theory (Davies & Harré, 1998) proposes that individuals actively create identities by positioning themselves (or being positioned) in relation to dominant and subordinate discourses in their cultural context. Such positioning facilitates or demands particular patterns of behaviour. Connell (1995) suggests that masculine identities are formed consciously through body-reflexive practice: men's ideas about masculinity shape how they use their bodies, and in turn, this behaviour shapes their conceptions of masculinity, and how their behaviour compares to societal expectations and peer expectations of 'real' men. For example, Connell (1995, p. 62) describes one man's experience of anguish at not wanting his father to see him throw the ball while playing cricket because he did not throw 'the way a good strong boy should throw it'; rather he threw it

'like a girl'. An awareness of social discourses of masculinity allows (or forces) men to align themselves with particular discourses and to monitor their behaviour accordingly. Men who endorse and aspire to hegemonic masculinity will be expected (by themselves and others) to act accordingly. Similarly, rejection of hegemonic masculinity entails particular patterns of behaviour.

What it means to be masculine is to embody physically and portray verbally competence in particular social domains, including sport and physical activity, alcohol and drug use, and sexual activity (Connell, 1987, 1995; Courtenay, 2000). Men who reject aspects of hegemonic masculinity or fail to meet some of its behavioural standards may fear being labelled as wimps (Edley & Wetherell, 1997). Men who fail to demonstrate competence, or reject demands for competence in particular 'masculine' domains may place an increased emphasis on competence in other 'masculine' behaviours (Messerschmidt, 2000; Willott & Griffin, 1999). It is therefore interesting to examine whether men can strategically trade off masculine competence in one health-related behaviour to compensate for shortcomings in other domains.

Meaning—the meaning of masculinity

In addition to considering the processes whereby men may develop a masculine identity through health-related behaviour, it is important to consider the meanings of masculinity to young men, and to consider how men who reject hegemonic masculinity experience and understand their difference from other men. What does it feel like for a man to reject hegemonic masculinity and develop and manage an alternative masculine identity?

The best research on boys as active subjects is interpretive and critical, prioritising the meanings boys attach to their actions and locating these in relation to structures or institutionalised practices embodying power relations. (Frosh et al., 2002, p. 52)

Some researchers have used psychoanalytic insights to understand investments in particular subject positions (Frosh, Phoenix, & Pattman, 2003; Gough, 2004; Hollway, 1984). Others have

focused on conscious decision making involved in group affiliation and individual positioning (Widdicombe & Wooffitt, 1995). The latter approach is concordant with Connell's (1995) notion of self-conscious body-reflexive practice, and suggests that it is possible to examine masculine subjectivity by asking men to reflect on their experiences.

The aim of this study was to use Interpretative Phenomenological Analysis (IPA; Smith, 1996) to privilege young men's personal experiences of masculinity and health-related social behaviour, but also to try to understand the experiences of individual men in relation to social structures and discourses of masculinity. Other modes of qualitative data analysis allow an analysis of social structures (discourses of masculinity), and/or the processes whereby discourses of masculinity are appropriated and reproduced. IPA can also be used for these purposes, but adds an important third element: given its focus on subjective experience and meaning making, IPA allows an investigation of the meanings of masculinity to young men, and a consideration of how men who reject hegemonic masculinity experience and understand their masculinity.

Methods

Most research in health psychology and social psychology takes a nomothetic approach to establish general laws about human behaviour. In contrast, IPA takes an idiographic approach, which reflects a concern with the details of particular cases and with understanding meanings rather than formulating general causal laws (Smith, Harré, & van Langenhove, 1995). The idiographic approach does not argue against the possibility of formulating general laws. However, it suggests that such formulation should start with intensive idiographic studies and move to the general, rather than the other way around (Smith et al., 1995). With such an approach it is enlightening to consider cases that deepen our understanding of social and psychological phenomena—e.g. a young man who does not endorse hegemonic masculinity and its associated health-related social behaviour. There is not, therefore, a need to ensure that the cases studied are representative of all members of the population of interest.

Procedure

The case study reported here comes from a qualitative study of masculine identity and health-related social behaviour among men aged 18–21 living in London. Semi-structured interviews were conducted by the first author in a quiet private setting on a university campus. Interviews were recorded and transcribed verbatim. Names and other identifiers were replaced with pseudonyms. The interviews were semi-structured. This mode of data collection was chosen because it allowed the interviewees to discuss in detail and in their own words particular aspects of their lives and their experiences (Willig, 2001). At the start of the interview respondents were asked to describe how they spend their free time. There was no request for information about particular social behaviours. After giving an overview of their social activities, respondents were then asked more detailed questions about the different behaviours they mentioned in response to the initial question, especially physical activity, alcohol consumption, drug use, sexual activity and driving. If respondents did not spontaneously mention these particular health-related behaviours, they were asked about them directly. Respondents were also asked about their ethnicity and socioeconomic background.

Interviewee

Rahul is a 19-year-old second-year undergraduate. Having skipped one year at school, he is younger than his classmates. He attended a private school near London. Rahul's parents were born in India. His mother has lived in Britain since age 2 and is a Christian. In comparison, Rahul's father migrated to Scotland in his early 20s, having been brought up as a Hindu in India. Like other students participating in this study, Rahul responded to an advertisement on a central London university campus. This interview was not selected to be representative of all interviews. It was selected because the interviewee's orientation to hegemonic masculinity and his stated difference from other men provided an opportunity to examine the process of masculine identity development and the importance of health-related behaviour to this process.

Analytic process

IPA draws on traditions of phenomenology and symbolic interactionism in attempts to understand how people make sense of their experiences. It is founded on a belief that the analysis of identity through talk is possible because the accounts of themselves that people give to themselves and others—whether orally, in writing or sub-vocally in their heads—become part of their identities (Smith, 2003). IPA is phenomenological in that it is concerned with the subjective meanings people ascribe to experiences, but it recognizes that there is a process of interpretation by the researcher. This process can be described as a double hermeneutic: the researcher making sense of the interviewee making sense of his/her experience (Smith, 1996). However, it is important to note that an interest in personal meaning does not preclude the use of IPA to identify and examine social discourses. Rather, the critical approach entailed in IPA can provide information about personal experience *and* discourses shared within particular social contexts *and* the links between the two (e.g. Flowers, Hart, & Marriot, 1999; Smith, 1996).

The interview transcript was read in full several times to give familiarity with the interview as a whole. Notes were then taken and recorded on the transcript to reflect the initial impressions made by different passages within the transcript. Further systematic reading of the transcript and the coding notes on the transcript enabled the identification of conceptual themes that captured the essence of the initial notes and codes. These conceptual themes were then clustered into superordinate themes (e.g. the codes 'different from other men—drinking', 'different = better', 'different from other Asians' and 'different from rich whites at school' were clustered in the superordinate theme 'difference'). The process of analysis in IPA is iterative: coding at higher order levels is accompanied by a return to the original interview transcript to ensure that the coding and analysis accurately reflect the descriptions and explanations given by interviewees. In IPA, analysis examines both semantic content and language use (Smith, Jarman, & Osborn, 1999; Willig, 2001): the researcher attends to justification (e.g. 'I try to be as humble as possible'), colloquial terms, unusual phrases, implicit and

explicit assumptions (e.g. 'Obviously I've tried it') and emotionally evocative accounts (e.g. 'I find it quite scary').

Where possible in this article extracts are analysed to identify structures (discourses), processes (positioning and behaviour) and meaning (reflexivity and emotion), with the aim of showing the relationship between these three elements.

Analysis

Difference

Central to Rahul's description of himself was his stated difference from almost every group he identified. In the following passage he highlights two levels of difference on the basis of race: first, being Asian in an otherwise all-white school; and second, being different from other Asians as a result of not growing up in an Asian migrant community:

I went to school in a pretty much 99 per cent majority white population in there, and a very, very kind of upper-class, um, situation . . . um, I grew up in a different way to a lot of people, especially at [university name], who are at this university, um, a lot of Asians and stuff who grew up in other, around other Asians and stuff, I have a much different perspective to them due to the fact of having not grown up around that. So—not that that's a bad thing. I enjoyed it. It's just that that's a very different thing, and people can see that in me that I'm not like those other Asians that you see around, or like those other . . . like, other kids from that area, because I'm like a mix of the two, and in a different way to other people.

To this we can add another level of difference due to having a Christian mother and a Hindu father, and a unique hybrid British-Indian identity. Rahul's description of the upper-class nature of his school stands in contrast to his report that his parents started out living in a one-bedroom flat in Edinburgh. Rahul thereby described himself as being different from others on the basis of four key sociodemographic variables—ethnicity, culture, religion and class. Indeed, he described himself as unique: unlike white young men; unlike Asian young men; unlike upper-class young men. It is apparent from this account that from childhood, Rahul

has been aware of being different and of being a different kind of different from others. Furthermore, this difference exists in socio-demographic factors beyond his control. Many people in his situation might find alienation from the white majority and from other minority members to be distressing. However, in marked contrast, Rahul finds this liberating, and celebrates his different difference: 'I'm unclassified. My whole thing—And I, personally I love it . . . because you can mix everything from, or you can take all the best things from all the different cultures.'

The sociodemographic factors Rahul identified are imposed from the outside and are difficult or impossible to change. However, he is able to orient himself in particular ways to the expectation inherent in being labelled as 'Asian', 'Indian', 'British', 'Hindu', 'Christian', 'not upper class' and so on. The way in which Rahul actively appropriates or mixes particular elements of the different imposed identities allows him to forge his own 'unclassified' identity. Rahul expresses joy at being able to blend his own unique mix and not to be pinned down by labels that might be imposed by others. This section has examined the ways in which Rahul experiences difference imposed from external sociodemographic characteristics, and shows that despite this difference being imposed from the outside, he revels in the agency he does have to forge a unique identity. Rahul also talked about the importance of being different from other men his age in domains such as health-related behaviour wherein difference is more clearly linked to agency.

Identity, discourse and health-related behaviour

When asked to describe his patterns of alcohol consumption, Rahul reported that he enjoys drinking socially, then immediately began a series of comparisons between himself and others:

I: When you are going out, I mean, how much and how often do you drink alcohol?

R: I . . . I, I enjoy drinking . . . ah . . . just socially. I wouldn't enjoy . . . I don't really go out and say 'Oh I'm going to go out and get really plastered tonight', or anything like that. It's just not my, not in my nature to do stuff

like that. 'Cause one thing I just, I just don't like the feeling of not knowing what you're doing or where you are, or stuff like that. Obviously I've tried it and didn't enjoy it too much, but . . . ah, so I think I know my limit now, and just . . . to know that and think 'That's enough for me' and I can just still be myself, kind of thing, um . . . It's more like, our course is quite difficult, and I . . . we work hard, so it's more of a relaxation thing. I just do it to relax with my friends and chill out. Not go crazy. Though, you know, we do go crazy, but it's on rare occasions, not every night, kind of thing. One, my wallet can't handle it, and two, my body can't handle it either, so, um . . . so that's basically it. Um . . . I, I used to do it more often than I do now.

In describing his patterns of drinking, Rahul identified several discourses of drinking, many of them characterized by a dyad of oppositional positions. He identified a discourse of 'social drinking versus getting plastered', the goal of the former being enjoyment and sociability, the goal of the latter being intoxication. Related to this was a second discourse of 'controlled drinking versus going crazy', whereby the former is characterized by knowing what one is doing and being oneself, and the latter is characterized by being out of control. A third discourse of alcohol consumption addressed 'knowing natural limits (from experience)': different people have different tolerances for alcohol and different capacities to drink, and some people know this through experience whereas others do not. A fourth discourse was related to the fact that whatever one's capacity for alcohol consumption, there are 'costs associated with drinking', which may be physical and/or financial and which may influence patterns of alcohol consumption to a greater or lesser extent. Although it is enlightening simply to identify these discourses of drinking, it is also interesting to consider how Rahul positions himself in relation to these discourses, and what this means for his sense of self.

As in the previous section, Rahul made assertions of difference in several distinct domains, some imposed—i.e. knowing his natural limits, and not having money to spend on drinking, and some chosen—i.e. choosing drinking to relax. He compared his patterns of drinking favourably to supposed or actual peer norms

and aligned himself with the moderate, sensible element of the discursive dyad. He added that unlike others: 'I would have as much fun going to a gig and going crazy there with absolutely no, you know, no need, you know, for any type of stimulant at all.' Rahul's comparisons portrayed his patterns of drinking as more sensible and mature than those of others. Yet he was at pains to portray himself as someone who has in the past, and still occasionally does, engage in the excessive drinking characteristic of hegemonic masculinity. In a 'wet' student culture there may be pressure to justify a decision to limit alcohol consumption. Rahul therefore presented himself as both an experienced drinker (as required by hegemonic masculinity), but also as a mature drinker who knows his limits and drinks socially, while still managing not to be too boring by continuing to have occasional night when he does 'go crazy' with alcohol. Rahul described his struggle to find a secure authentic masculine identity as a light drinker in a student subculture in which drinking (and excessive drinking) is commonplace. He emphasized that although they may be shaped by a natural capacity to drink ('my limit'), his patterns of drinking are authentic ('in my nature'), being the result of a personal choice based on experience ('I've tried it').

Rahul also positioned himself as having rejected the predatory heterosexuality characteristic of hegemonic masculinity:

I've never been, like 'Oh, let's go out and look for girls!' kind of thing. It was more just I used to go out with my friends and if girls used to come up they used to come up. And if they didn't, they didn't. [. . .] Whereas I know for a lot of blokes their main aim for going out is to do that. Just go out and flirt with girls and this and that. And, you know . . . it seems a very, kind of, hollow kind of lifestyle to have.

The hegemonic standard of masculine heterosexuality from which Rahul distanced himself is defined by a quest to 'look for' and 'get' girls. Rahul described a desire for more authentic interpersonal relationships, stating that having meaningful relationships is more important than 'just going out and getting laid'. However, he was keen to point out that he *could* easily pick up women if he wanted to: 'I'm not big-headed. I try to be as humble as possible, but it wasn't,

like, a big deal for us to go out and, you know, get a girl, or anything like that.' As was the case when explaining alcohol consumption, Rahul referred to past experience when describing deviation from hegemonic masculine behaviour. He was well aware of the implications of rejecting the expectations of hegemonic masculinity. It was therefore important to remind himself (and convince the interviewer) that he has in the past, and presumably still could (if he wanted to) demonstrate the heterosexual competence demanded by hegemonic masculinity. Thus, in Rahul's account, his refusal of hegemonic heterosexual masculinity is not due to a failure to meet this standard, but is a chosen authentic position based on experience.

Using competence as credit

In the year prior to the interview, Rahul was captain of his university's first hockey team. In relating this fact, Rahul thereby described his competence in the traditionally 'masculine' domain of sport and physical activity (although it should be noted that hockey may not be as traditionally masculine as rugby or football). However, he had decided not to continue playing because of the time and effort involved with training and travelling to matches, and because 'the copious amounts of drinking that they do just doesn't really appeal to me too much'. This statement reiterated his earlier description of his patterns of drinking, and reinforced his position as different from men who do not question the link between hegemonic masculinity and alcohol consumption. However, Rahul noted that he was able to use his position as team captain and one of the best players on the team to deflect any pressure to engage in bouts of drinking with his team-mates:

R: . . . because I was better than most of the players, they didn't, like, pressure me into drinking, because . . . you know, it was kind of like I could say to them 'Forget it', or whatever. Um . . . that was, that's personally me, but then I have friends who . . . weren't quite as experienced as me at hockey, but just to kind of get into the group I think they felt the need to partake in that.

I: Mm-hm. So you were kind of able to . . . because of the skill and being a good hockey player, there wasn't so much pressure to?

R: Pretty much, yeah.

It appears that it may be possible for men who reject aspects of hegemonic masculinity to transfer credit for competence in one 'masculine' domain to other domains. In Rahul's case competence in a domain that happened to be health promoting allowed him to resist pressure to engage in unhealthy behaviour. In counterpoint, his team-mates who were less capable in the sporting arena were more exposed to the pressure to drink with the team, but could earn positive regard by joining in team drinking sessions.

Obviously . . . appearance and reality

On numerous occasions when describing his health-related social behaviour, Rahul used the word 'obviously'. When discussing binge drinking, Rahul said 'Obviously I've tried it and didn't enjoy it too much.' When discussing using cannabis, Rahul said 'Obviously I tried it . . .', but added 'obviously I haven't done anything harder'. However, Rahul's past behaviour could not have been obvious to the interviewer. When Rahul used the word 'obvious', he was presenting himself as experienced after explaining that compared to his same-age peers he consumes less alcohol and drugs. He may have been trying to convince the interviewer that his (self-defined) low levels of alcohol and drug use are due to personal choice rather than a lack of capacity. The word 'obvious' may also be used to offer support for the maturity of his position compared to that of most young men: of course he is experienced—like other men, he has drunk excessively and used various illicit drugs—however, unlike many other young men he sensibly limited his drug use to 'soft' drugs, and he has now limited his use of both alcohol and illicit drugs.

Rahul's frequent use of the word 'obvious' also appears to be suggesting that the interviewer should be able to tell what kind of person he is from his appearance. However, Rahul had a conflicted response to judgements on the basis of appearance. At times he expressed shock and disappointment that people would make such judgements. However, elsewhere he described his own use of such judgements (see later). Rahul described a recent experience in a nightclub

when because of what he as wearing people mistook him for a drug dealer:

R: I went to a gig the other night and, um . . . I was just wearing a hoodie jumper like this and a bottle of water. I had a bottle of water. And people just came up to me and started giving me money, and saying ‘Give me some whatever.’ And I’m just like ‘I’m sorry I have nothing to give you.’ [both laugh] Um, it’s very strange. The culture is definitely there, but depending on the places that you go—

I: —Sorry, so because of what you were wearing it looked like you were dealing?

R: Yeah. Exactly. Because of what I was wearing there is just the stereotypical view you’re a drug user and you’re selling stuff.

Rahul stated that it is ‘very strange’ that he was mistaken for a drug dealer simply because of his attire. His emphasis of the fact that he had a bottle of water may have meant to him that it was clear that he was not even drinking alcohol, let alone using drugs. However, the bottle of water could also have been taken by others to be a marker of a drug dealer or user warding off dehydration. In relating this story, Rahul also conveyed the message that he is cool enough to be mistaken for a drug dealer, even though illicit drug use is something he does not endorse. In this way he is ‘both having his cake and eating it’, gaining from his appearance as being cool enough to be a drug user or dealer, and yet rejecting both this pattern of behaviour and the practice of making assessments of people solely on the basis of their physical appearance.

Rahul also made a distinction between appearance and function when talking about physical appearance and athletic ability: ‘It’s just a personal thing, but you can go to a gym and you can bulk up and look really big, but if you can’t run for 5 minutes then it’s not really worth it.’ By stating ‘It’s just a personal thing’, Rahul indicated that other men hold a different opinion of masculinity and physical appearance in which looking ‘really big’ is valuable in itself. By making a distinction between appearance and capacity or reality, Rahul appeared to be rejecting an imposed form of hegemonic masculinity in favour of an authentic, individual masculine identity. However, despite making

such claims, he was aware of the importance of outward appearances:

R: I know that at school I had the best car because it was different. Because people thought ‘Oh, get a look at that!’ It’s not the type of car you see every day, you know, a 17-year-old driving around in a 45-year-old Beetle. So . . .

I: And so what was that like for you getting that kind of attention?

R: I enjoyed it. And it was, er . . . and I dunno, that’s just my personality in that I, ah . . . I just normally stick out like a sore thumb anyway.

I: Right.

R: So, I just thought I’d play up to it a bit more.

When describing his difference in the first section of the analysis, Rahul described the ways in which his ethnicity, culture, religion and class positioned him as between categories. Although Rahul was passive in this positioning on the basis of demographic characteristics, he noted that he felt positive about being unclassified (‘I love it’). In the extract above, we see that he actively reinforces his (life-long) feeling of difference to claim a unique identity that he enjoys. Rahul’s description of seeking attention based on a different appearance shows that at times he does give value to appearance and not the underlying reality, and that at times he makes use of his physical difference by ‘sticking out like a sore thumb’ to assert his difference and individuality. His statement that his car is the best because of its difference echoes his claims of superiority to others because of his racial/cultural difference and uniqueness.

It is noteworthy that in his descriptions of his health-related behaviour, Rahul emphasized his agency in choosing to be different (on the basis of experience). As noted at the beginning of the analysis section, many people in Rahul’s position may have found difference from other young men in terms of ethnicity, culture, religion and class to be alienating and disempowering. However, in marked contrast, Rahul has seized on his difference as a way of forging a unique masculine identity that is enacted via various health-related behaviours, but which is still

measured by himself and others with reference to the hegemonic standard of masculinity.

Discussion

This study adds to existing knowledge about health-related social behaviour among young men by showing that if we wish to understand young men's health-related behaviour, we need to consider factors other than beliefs and attitudes related to these behaviours. In addition to quantitative studies of young men's health-related social behaviour (which can be overly mechanistic) there is a need for qualitative research that considers social contexts and personal meanings. The qualitative analyses presented in this article show that contextual factors and personal broad beliefs about masculinity and identity clearly influence health-related behaviours such as drinking, drug use and sexual behaviour.

Rahul's experience appears to be similar to that of other young men who reject hegemonic masculinity (Edley & Wetherell, 1997): they nevertheless develop their identities with reference to the hegemonic standard, and may fear being labelled a 'wimp'. This is because hegemonic masculinity is often defined in terms of binary opposites (e.g. Gough & Edwards, 1998; McQueen & Henwood, 2002). Despite distancing himself from certain aspects of hegemonic masculinity, Rahul emphasized his agency and his competence in health-related 'masculine' domains: his decisions to drink in moderation, not use drugs and not pick up women were not due to incapacity, but due to disinclination. He thereby made an important distinction between choice and ability (see Speer, 2001). Paradoxically, rejection of certain elements of hegemonic masculinity may be accompanied by the embodiment of other elements of hegemonic masculinity: men who do not drink may emphasize their individuality and rationality, two traditionally 'masculine' characteristics (Speer, 2001).

Frosh et al. (2002) noted that the identity of 'authentic' masculinity might be taken up in an elitist way by men who fail in terms of hegemonic masculinity, by disparaging boys and men who blindly endorse and aspire to hegemonic masculinity. However, rather than emerging from failure to meet the hegemonic standard,

Rahul's assumption of an elite position of authenticity is founded on his competence in several 'masculine' domains. The beauty of Rahul's identity as an authentic individual is that he can have his cake and eat it too, by rejecting the need to conform to hegemonic standards of masculinity while also feeling confident that he could meet this standard if he chose to. In order to stand out as different, Rahul relies on a clear system of classification. He can only maintain (and celebrate) his position of difference and of being unclassified by being acutely aware of social norms and of hegemonic masculinity. Rahul gave examples of engaging in body-reflexive practice (Connell, 1995). He frequently referred to discourses of masculinity, and evaluated his behaviour and experiences in the light of dominant discourses of masculinity and in comparison to men who subscribe to these discourses and norms. Such processes highlight the importance of qualitative research that examines the links between discourses, positioning, health-related behaviour and identity.

The self-denial of drinking, drug use and sex as resources for constructing and enacting masculinity mean that Rahul relies on other ways of performing masculinity. This study adds to previous research into masculinity and social behaviour (Connell, 1995; Frosh et al., 2002; Messerschmidt, 2000; Willott & Griffin, 1999) by showing that competence in one health-related 'masculine' domain can be used to compensate for lack of competence in, or a disinclination to engage in, other 'masculine' behaviours. Such trading of competence may be essential, because men who reject hegemonic masculinity do, nevertheless, construct alternative masculine identities with reference to the hegemonic standard. Rahul noted that the positive regard provided by being the best player on his hockey team made it possible for him to resist pressure to drink. This finding has implications for health promotion, because its corollary is that men may use health-compromising behaviour to enhance their masculine status. This finding also suggests that encouraging healthy 'masculine' behaviours such as sport will provide health benefits, and may also reduce the potential harms associated with alternative health-compromising behaviours used for constructing masculine identities. However, such an approach may be limited by encouraging individuality rather than

collective action to improve men's health. This approach could also lead to victim blaming of men who do engage in unhealthy or risky behaviour. Furthermore, such an approach reinforces, rather than challenges, the gendering of health-related behaviours.

Using IPA and privileging Rahul's subjective experience provided information about this particular individual, but also his perception of the discourses of masculinity available within his social milieu. It may not be possible to generalize to the broader population the results of this case study. Indeed, Rahul emphasized his difference from other young men. Furthermore, the use of idiographic case studies is based on finding interesting cases which challenge or deepen existing understandings of social and psychological phenomena (Smith et al., 1995) This case study does, however, offer important insights into the links between development of a masculine identity and health-related social behaviour.

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