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Masculinities and Ethnicities: Ethnic Differences in Drive for Muscularity among British Men and the Negotiation of Masculinity Hierarchies

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**Abstract**

Although relatively little is known about ethnic differences in men’s drive for muscularity, recent theoretical developments suggest that ethnic minority men may desire greater muscularity to contest their positions of relative subordinate masculinity. The present study tested this hypothesis in a sample of 185 White, 180 Black British, and 182 South Asian British men. Participants completed self-report measures of drive for muscularity, need for power, adherence to traditional cultural values, and ethnic group affiliation. Taking into account between-group differences in body mass index, results indicated that White men had significantly lower drive for muscularity than Black and South Asian men, who were not significantly different from each other. In addition, greater need for power was significantly associated with higher drive for muscularity in ethnic minority, but not White, men. Greater adherence to traditional cultural values, but not ethnic group affiliation, was associated with lower drive for muscularity in all ethnic groups. These results suggest that ethnic minority men may desire greater muscularity as a means of negotiating masculinity and attendant ideals of appearance.

*Keywords*: Drive for muscularity, Masculinity, Ethnicity, Need for power, Cultural values

Reviews of the literature on body image concerns and disordered eating in women have revealed significant ethnic differences, at least historically (e.g., Crago, Shisslak, & Estes, 1996; Pate, Pumariega, Hester, & Garner, 1992; Wildes, Emery, & Simons, 2001). For example, the authors of one early review concluded that, “whites experience greater eating disturbance and body dissatisfaction than their non-white counterparts” (Wildes, Emery, & Simons, 2001, p. 548). In explanation, it has been suggested that ethnic minority women have more flexible beauty ideals (Webb, Warren-Findlow, Chou, & Adams, 2013) or do not internalise mainstream Euro-American norms of beauty, particularly the thin ideal (e.g., Swami, Airs, Chouhan, Padilla Leon, & Towell, 2009). Conversely, increasing levels of body dissatisfaction among ethnic minority women in post-industrial societies may reflect increasing idealisation of thinness in media aimed at this demographic (e.g., Dawson-Andoh, Gray, Soto, & Parker, 2011) and, consequently, greater internalisation of the thin ideal (Snapp, 2009).

In contrast, much less is known about ethnic differences in men’s body image. This is important because, unlike women worldwide who typically desire a thinner body (e.g., Swami et al., 2010; Swami, Tran, Stieger, Voracek, & the YouBeauty.com Team, 2015), men typically desire a muscular physique accompanied by minimal body fat (e.g., Edwards, Tod, & Molnar, 2014; McCreary, 2007). These findings have led some scholars to propose that the key to understanding men’s body image is drive for muscularity – a perception of having an underdeveloped musculature combined with a desire to increase muscle mass (McCreary, 2012; Morrison, Morrison, Hopkins, & Rowan, 2004). Indeed, studies consistently show that men have significantly higher scores on measures of drive for muscularity compared with women (e.g., McCreary & Saucier, 2009) and higher drive for muscularity among men has been associated with a host of adverse outcomes, including lower self-esteem and life satisfaction, higher rates of anabolic steroid and supplement use, and greater symptoms of depression and body dysmorphic disorder (for a review, see McCreary, 2012).

Most research on drive for muscularity has focused on men in Western cultures (see Ricciardelli, McCabe, Williams, & Thompson, 2007), but emerging work has examined cross-cultural differences. One study of university students found that men in Hong Kong had lower drive for muscularity compared men in the United States (Jung, Forbes, & Chan, 2010). Other related work has explored drive for muscularity in non-Western contexts, but the focus of these studies is typically on the factorial validity of body image measures (e.g., Campana, Tavares, Swami, & da Silva 2013). By contrast, very little work has focused on ethnic differences in drive for muscularity within particular societies. This is important, firstly, because second or later-generation immigrants differ in many ways from individuals living in their native cultures (Forbes, 2010). In particular, the everyday lived experience of ethnic minority individuals – that is, the first-hand accounts and impressions of living as a member of a minority or oppressed group – can be very different to that of majority groups. Examining ethnic differences in drive for muscularity within specific societies is also important from a practical point of view, as it may identify groups that require targeted intervention.

Recent theoretical developments in our understanding of men’s body image and the impact of ethnic minority status on male embodiment point to possible ethnic differences in drive for muscularity within national contexts. For one thing, scholars are increasingly placing drive for muscularity within a socio-political context, wherein muscularity is seen to symbolise dominance and power (Swami et al., 2013). More specifically, developing one’s musculature is viewed as a behavioural and attitudinal response to men’s threatened masculinity (Griffiths, Murray, & Touyz, 2015; Swami & Voracek, 2013), which in turn allows men to (re)assert their dominance over perceived threats. Although scholars have typically centred the source of that threat around women and gender equality (Mescher & Rudman, 2014; Mills & D’Alfonso, 2007), the same perspective can be applied to the ways in which ethnic minority men negotiate their body image ideals within hegemonic ethnic hierarchies.

In North America and Western Europe, at least, ethnic minority men occupy positions of subordinate masculinity relative to White privilege (Connell & Messerschmidt, 2005). This hierarchical subordination may lead to negative stereotypes of ethnic minority men, including in terms of their physique. As a consequence, some ethnic minority men may desire or develop greater muscularity as a means of negotiating masculine ideals. That is, they may seek to counter their perceived lower status and power through the development of muscle mass (cf. Swami et al., 2013; Swami & Voracek, 2013). Unique ethno-cultural factors may also contribute to their greater drive for muscularity. For example, experiences of marginalisation, racism, or alienation influence perceptions of lower status or power, which in turn impact on the way in which ethnic minority men experience embodiment (Liu & Concepcion, 2010). Likewise, experiences of acculturative stress may contribute to negative body image, as has been found among Hispanic American men in relation to their muscle satisfaction (Warren & Rios, 2013).

Studies that have specifically examined ethnic differences in drive for muscularity within singular national contexts have produced mixed results. One study with university students reported no significant differences in muscularity dissatisfaction between White, African American, Asian American, and Hispanic American men (Grammas & Schwartz, 2009), although Asian American identity was a significant predictor of muscle dissatisfaction. Similarly, Asian American male undergraduates have been found to have significantly higher drive for muscularity and rates of compulsive exercise compared with African American and White men (Kelly, Cotter, Tanofsky-Kraff, & Mazzeo, 2015). On the basis of these findings, it might be argued that it is not ethnic minority status *per se* that contributes to higher risk of drive for muscularity, but rather the specific experience of Asian ancestry (Ricciardelli et al., 2007; Yang, Gray, & Pope, 2005).

Asian men typically have smaller body frames compared to African American and White men, and may also experience greater perceived difficulty putting on muscle mass. One qualitative study of men of Asian ancestry in Australia showed that the sample were aware that Asian body types are not suited to extreme muscle-gain (Watt & Ricciardelli, 2012). This may place Asian men at greater risk for drive for muscularity, insofar as they perceive a larger discrepancy between their current and ideal body sizes. Compared to men of other ethnic groups, Asian men may also be perceived as less masculine (Wilkins, Chan, & Kaiser, 2011), which may contribute to a desire to gain muscle mass in order to counter negative stereotypes. Asian men may also experience competing pressures to conform to masculine and muscular ideals, on the one hand, and traditional Asian values that run counter to the highly muscular and “macho” concept of Western masculinity (Pompper, 2010). This dual pressure, in turn, may place Asian men at higher risk for negative body image.

Of course, these issues may be contextually-circumscribed and the lived experience of ethnic minority men in one national context may not generalise to another (see Holmqvist Gattario et al., 2015). This is important because, to date, the vast majority of research of body image among ethnic minority men has taken place in North America, with limited research in other national settings. Some research in the United Kingdom suggests that ethnic male embodiment, and specifically enhanced muscularity and physicality, is increasingly becoming an arena for challenging perceived ethnic inferiorities within the context of hegemonic masculinity (van Hout & Kean, 2015). At the same time, however, the available evidence from studies of women’s body image suggests that findings from North America may not be exactly mirrored in other national settings, including the United Kingdom (e.g., Swami et al., 2009). This, in turn, requires direct comparisons of men’s body image among different ethnic groups, which the present study sought to achieve.

**The Present Study**

The present study examined differences in drive for muscularity among White, Black British, and South Asian British men in the United Kingdom (UK). These groups were selected because they represent the three major ethnic groups in the UK, as identified in the most recent census, and only men who were born and residing in the UK were sampled to remove any potential confound with respondent nationality (i.e., all participants were British citizens). As a preliminary hypothesis, and based on the earlier discussion of muscularity as a means of negotiating masculine ideals, it was hypothesised that African Caribbean and South Asian men would have significantly higher drive for muscularity than British White men (Hypothesis 1). As a further test of the assumption that ethnic minority men’s drive for muscularity is underpinned by perceptions of status and power, this study examined associations between drive for muscularity and need for power, which refers to an internal motivation reflecting a need to influence and control others, as well as to be recognised and applauded by them (Bennett, 1988). Although previous work has shown that need for power does not predict drive for muscularity among a largely British White sample (Swami et al., 2013), it was hypothesised that significant associations would emerge when tested in ethnic minority men specifically (Hypothesis 2).

In addition to need for power, the present work also examined associations between drive for muscularity and two constructs that have been found to be protective factors in relation to ethnic minority women’s body image in the UK (Swami & Hendrikse, 2013), namely a sense of belonging and affirmation of one’s own ethnic group and traditional cultural values. In the first instance, ethnic minority men who more strongly affirm their own ethnic identity and who perceive a greater distance from other ethnic groups may have lower drive for muscularity because they adopt more flexible, ethno-centric norms of appearance (Swami & Hendrikse, 2013). Similarly, greater adherence to traditional cultural values among ethnic minority men may promote a sense of collectivism and a concomitant devaluation of appearance enhancement or muscularity development. In short, it was hypothesised that ethnic affirmation and adherence to traditional values would be negatively associated with drive for muscularity among South Asian and African Caribbean men (Hypothesis 3). Conversely, no significant associations were hypothesised between ethnic affirmation and adherence to traditional values, respectively, and drive for muscularity in White men.

**Method**

**Participants**

Participants were 547 men from the community in Greater London, UK, of whom 185 were of White ancestry, 180 of Black British ancestry, and 182 of South Asian British ancestry. All participants were born in, and residents of, the UK. Participants ranged in age from 18 to 60 years (*M* = 24.64, *SD* = 8.50) and in self-reported body mass index (BMI) from 15.04 to 37.80 kg/m2 (*M* = 24.91, *SD* = 4.38). In terms of marital status, 34.7% were married, 6.8% were cohabiting but not married, 52.4% were single, 1.1% were divorced, and the remainder were of some other status.

**Measures**

**Drive for muscularity**. Drive for muscularity was measured using the Drive for Muscularity Scale (DMS; McCreary & Sasse, 2000), a 15-item measure of the extent to which respondents desire a more muscular body. Items were rated on a 6-point scale (1 = *Always*, 6 = *Never*) and scores for all items are reverse-coded so that higher scores represent greater drive for muscularity. The DMS has been shown to have a two-factor lower-order structure among men, representing attitudinal (7 items, sample item: “I wish that I were more muscular”) and behavioural dimensions (8 items, sample item: “I lift weights to build up muscle”). However, the two factors also load onto a single, higher-order factor among UK men (McPherson, McCarthy, McCreary, & McMillan, 2010). The use of subscale and overall scores is discussed in the Statistical Analyses section below. Scores were computed as the mean of items, with higher scores reflecting greater attitudinal or behavioural dimensions, or greater overall drive for muscularity. McCreary (2007) reported that the DMS has acceptable reliability as well as good construct, concurrent, convergent, and discriminant validities. In the present study, Cronbach’s α for the both subscales and overall DMS scores was ≥ .76 for all groups.

**Need for power**. Participants in this study completed the nPower subscale of the Index of Personal Reactions (Bennett, 1988). The nPower subscale is a 13-item measure of an individual’s desire for roles or responsibilities that permit the application of sanctions, coercion, or force so as to make others behave in intended ways (sample item: “I would enjoy being a powerful executive or politician”). All items were rated on a 5-point scale (1 = *Extremely uncharacteristic of me*, 5 = *Extremely characteristic of me*). Following reverse-coding of several items, an overall score was computed as the mean of all items. Higher scores on this measure reflect greater need for power. Bennett (1988) reported that the nPower subscale had good patterns of validity and reliability. In this study, Cronbach’s α for this measure was ≥ .78 for all ethnic groups.

**Traditional cultural values**. Adherence to traditional cultural values was measured using the Asian Values Scale (AVS; Kim, Atkinson, & Yang, 1999). Although the 36-item scale is nominally reflective of Asian values, the AVS in fact measures adherence to traditional cultural values, including conformity to norms (Kim & Hong, 2004), seeking family recognition through achievement and success, emotional self-control, humility, collectivism, and filial piety. None of the items in the scale refer to any specific ethnic group (sample item: “One should be humble and modest”). All items were rated on a 7-point scale (1 = *Strongly disagree*, 7 = *Strongly agree*) and several items were reverse-coded prior to analyses. Although the measure consists of several subscales, these have been shown to have poor internal consistency coefficients and an overall score is preferred (Kim et al., 1999). Therefore, an overall score was computed as the mean of all items, such that higher scores reflect greater adherence to traditional cultural values. Kim et al. (1999) reported that overall AVS scores have good construct validity. In the present study, Cronbach’s α for this scale was ≥ .76 for all groups.

**Ethnic identity affiliation**. Participants completed the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992), a 12-item scale consisting of two subscales (three further items are used solely for the purposes of identification and categorisation by ethnicity and were omitted from the survey). Ethnic Identity Search (5 items) refers to a developmental and cognitive component related to the exploration of one’s own ethnic identity and ethnic affiliation (sample item: “I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs”), whereas Affirmation, Belonging, and Commitment (7 items) refers to an affective component related to a sense of belonging to one’s ethnic group (sample item: “I have a clear sense of my ethnic background and what it means for me”). All items were rated on a 4-point scale (1 = *Strongly disagree*, 4 = *Strongly agree*) and subscale scores were computed as the mean of items associated with the subscale. Higher scores reflect greater exploration of one’s ethnic identity and a greater sense of belonging to one’s ethnic group, respectively. The MEIM has been shown to have good psychometric properties, including construct validity and internal consistency (Roberts et al., 1999). In the present study, Cronbach’s α for all subscales was ≥ .75 for all groups.

**Demographics**. All participants were asked to provide their demographic details consisting of age, ethnicity, marital status, height, and weight. For ethnicity, participants were presented with a slightly adapted version of the higher-order categories in the ethnic group question from the 2011 UK Census in England (Office for National Statistics, 2015). Specifically, participants were presented with a list of five options and asked to select the one that best represented their ancestry: White (English/Welsh/Scottish/Northern Irish/British/Irish/Gypsy or Irish Traveller), Black British (Black/African/Caribbean), South Asian British (Indian/Bangladeshi/Pakistani), Mixed/Multiple ethnic groups, or Other ethnic group. Height and weight data were used to compute participants’ self-reported BMI as kg/m2.

**Procedures**

Ethics approval was obtained from the relevant university ethics committee. Participants from all three ethnic groups were recruited in the same way. Specifically, six researchers directly recruited participants from their social networks using a convenience sampling method. Potential participants who met inclusion criteria (i.e., of adult age, born and resident in the UK) were invited to take part in a study on health and culture. If they agreed to participate, they were provided with an information sheet that notified them of their rights as participants and asked them to provide informed consent. Next, participants were asked to complete the ethnic group question described above. If they indicated they were of mixed ethnic groups or of other ancestry, they were thanked and did not complete the questionnaire. If they were of White, Black British, or South Asian British ancestry, they completed a paper-and-pencil questionnaire in which the order of presentation of the scales within the survey packet was counter-balanced. All participants took part on a voluntary and anonymous basis and were not remunerated for participation. Upon return of completed questionnaires, participants were provided with a debrief sheet that contained further information about the study along with contact information of the corresponding author.

**Results**

**Preliminary Analyses**

In order to check for possible confounding effects, a series of between-group analyses was performed with respondent age, self-reported BMI, and marital status. Descriptive statistics (*M* and *SD*) for participant age and BMI, as well as DMS subscale and overall scores, are reported in Table 1 as a function of ethnic group. An ANOVA showed that there was no significant between-group difference in age, *F*(2, 545) = 2.46, *p* = .087, ηp2 < .01. A chi-squared test revealed no significant difference in the distribution of marital statuses across groups, χ2(8) = 13.44, *p* = .097, ϕ = .10. On the other hand, there was a significant between-group difference in BMI, *F*(2, 545) = 5.73, *p* = .003, ηp2 = .02. Independent-samples *t*-tests showed that South Asian participants had significantly lower BMIs than White participants, *t*(366) = 3.39, *p* = .001, *d* = 0.41, and Black participants, *t*(361) = 2.32, *p* = .026, *d* = 0.24. White and British Black participants were not significantly different from each other in terms of their BMIs, *t*(363) = 1.02, *p* = .307, *d* = 0.11. For this reason, participant BMI was included as a covariate in the next set of analyses.

**Between-Group Differences in Drive for Muscularity**

To test for ethnic differences in DMS subscale scores, a multivariate analysis of covariance (MANCOVA) was conducted with the subscale scores as dependent variables, ethnicity as the independent variable, and BMI as a covariate. Results showed a significant omnibus effect of ethnicity, *F*(4, 1086) = 18.58, *p* < .001, ηp2 = .06. Covariate BMI also reached significant in this analysis, *F*(2, 543) = 7.19, *p* = .001, ηp2 = .03. Looking at the analysis of covariance (ANCOVA) results specifically, there was a significant between-group difference for the Attitudinal subscale, *F*(2, 544) = 9.74, *p* < .001, ηp2 = .04. Independent-samples *t*-tests showed that White participants had significantly lower scores than South Asian participants, *t*(366) = 2.85, *p* = .005, *d* = 0.30, and Black participants, *t*(363) = 4.31, *p* < .001, *d* = 0.45. There was no significant difference between South Asian and Black participants, *t*(361) = 1.69, *p* = .091, *d* = 0.18. Likewise, the ANCOVA results showed that there was a significant between-group difference for the Behavioural subscale, *F*(2, 544) = 32.28, *p* < .001, ηp2 = .11. Independent-samples *t*-tests showed that White participants had significantly lower scores than South Asian participants, *t*(366) = 6.99, *p* < .001, *d* = 0.73, as well as Black participants, *t*(363) = 6.84, *p* < .001, *d* = 0.72. There was no significant difference on Behavioural scores between South Asian and Black participants, *t*(361) = 1.34, *p* = .182, *d* = 0.14.

An ANCOVA was also computed to examine ethnic differences on DMS overall scores, with ethnicity as the independent variable and BMI as a covariate. Results of this analysis revealed a significant between-group difference, *F*(2, 544) = 23.41, *p* < .001, ηp2 = .08. Covariate BMI did not reach significance in this analysis, *F*(1, 544) = 0.71, *p* = .339, ηp2 < .01. Independent-samples *t*-tests showed that White participants had significantly lower drive for muscularity than South Asian participants, *t*(366) = 5.56, *p* < .001, *d* = 0.58, and Black participants, *t*(363) = 6.20, *p* < .001, *d* = 0.65. On other hand, there was no significant difference between South Asian and Black participants in their overall drive for muscularity scores, *t*(361) = 0.39, *p* = .699, *d* = 0.04. Overall, this pattern of results provides support for Hypothesis 1.

**Correlations and Multiple Regressions**

To examine associations between drive for muscularity, need for power, traditional cultural values, and the MEIM subscales (Hypotheses 2 and 3), a series of bivariate correlations were computed between these variables (age and BMI were also included in these analyses). These analyses were conducted with overall DMS scores only, which is the preferred method of scholars using the DMS (e.g., Swami et al., 2013). Further, because we are interested in within-group effects, these bivariate correlations were computed for each ethnic group separately. Separate analyses enable us to examine patterns of associations between each variable within each group separately and are, therefore, suitable for testing Hypotheses 2 and 3.

Among White participants, overall drive for muscularity scores were significantly correlated with age (*r* = -.24, *p* = .001), BMI (*r* = .24, *p* = .001), and traditional cultural values (*r* = -.20, *p* = .006), but not need for power (*r* = .08, *p* = .281), ethnic identity search (*r* = .05, *p* = .537), and ethnic affirmation (*r* = .03, *p* = .698). Among South Asian participants, drive for muscularity was significantly correlated with age (*r* = -.24, *p* = .001), need for power (*r* = .32, *p* < .001), and traditional cultural values (*r* = -.26, *p* < .001), but not BMI (*r* = -.06, *p* = .437), ethnic identity search (*r* = .01, *p* = .858), and ethnic affirmation (*r* = -.06, *p* = .392). Finally, among Black participants, drive for muscularity was significantly correlated with age (*r* = -.40, *p* < .001), need for power (*r* = .22, *p* = .003), traditional cultural values (*r* = -.37, *p* < .001), but not BMI (*r* = -.07), ethnic identity search (*r* = .05, *p* = .542), or ethnic affirmation (*r* = .13, *p* = .091).

To further examine these associations, multiple hierarchical regressions were computed with drive for muscularity as the criterion variable for each ethnic group separately. Participant age and BMI were entered in a first step, whereas need for power, traditional cultural values, ethnicity identity search, and ethnic identity affirmation were entered in a second step. Results of the three hierarchical regressions are reported in Table 2. Multicollinearity diagnostics for all regressions indicated that multicollinearity was not a limiting issue (VIFs ≤ 2.07). Among White participants, the second step of the regression was significant, *F*(6, 178) = 5.11, *p* < .001, Adj. *R*2 = .12, with younger age, higher BMIs, and lower traditional values predicting greater drive for muscularity.

Likewise, the second step of the regression with Black participants was significant, *F*(6, 173) = 10.50, *p* < .001, Adj. *R*2 = .24. Among this group, greater drive for muscularity was predicted by younger age, lower traditional values, and higher need for power. Finally, among South Asian participants, the second step of the regression was significant, *F*(6, 176) = 8.72, *p* < .001, Adj. *R*2 = .20, with younger age, greater need for power, and lower traditional values predicting greater drive for muscularity. Taken together, the regression results provide evidence for Hypothesis 2: need for power significantly predicted drive for muscularity in Asian and Black, but not White, men. However, support for Hypothesis 3 was mixed: neither of the MEIM variables predicted drive for muscularity in any of the three groups. Conversely, lower traditional values was significantly associated with higher drive for muscularity in all three groups.

**Discussion**

The present study examined ethnic differences in drive for muscularity in a sample of British men. The results highlighted significant ethnic differences, with men from ethnic minority groups – specifically Black British and South Asian British men – showing greater drive for muscularity compared with White men. In addition, the results of this study suggest that greater need for power was associated with higher drive for muscularity in ethnic minority men, but not White men. Greater adherence to traditional cultural values also appeared to be associated with lower drive for muscularity in all groups, which was contrary to the hypothesis that this association would not be significant in White men. Broadly speaking, these results are consistent with a perspective in which ethnic minority men attempt to counter their positions of subordinate masculinity by aspiring to, and developing, greater musculature.

In the first instance, the results of this study showed that Black British and South Asian British men had significantly higher drive for muscularity than White men. This was true not only of overall drive for muscularity scores, but also scores on the DMS subscales. Effect sizes were generally moderate-to-large, although a larger effect was found for the behavioural dimension of drive for muscularity compared to the attitudinal dimension. It is also noteworthy that the present study found no significant differences in drive for muscularity between Black British and South Asian British men. At first glance, this would seem to run counter to previous studies suggesting that Asian American, but not African American, identity is associated with higher rates of muscle dissatisfaction (Grammas & Schwartz, 2009; Kelly et al., 2015). It is quite possible that findings from North America do not generalise to other national contexts and that the lived experience of minority status is culturally circumscribed, at least in relation to men’s body image.

Consistent with the idea that ethnic minority men may negotiate ethnic hierarchies of masculinity through musculature development, the present study found significant associations between need for power and drive for muscularity only in ethnic minority men. Conversely, the lack of a significant predictive association between need for power and drive for muscularity among White men is consistent with previous research with a predominantly British White sample (Swami et al., 2013). It seems plausible that, to the extent that ethnic minority men occupy positions of subordinate masculinity (Connell & Messerschmidt, 2005), they may desire or develop greater muscularity in order to counter perceived lower status or power. That is, ethnic minority men – particularly those who have a greater need for power – may desire greater muscularity as a means of negotiating masculinity and attendant ideals of appearance. Cultural factors specific to ethnic minority men may also enhance these tendencies. For example, experiences of racism or marginalisation may heighten awareness of power differentials, which in turn impact of the ways in which ethnic minority men use their bodies to navigate hierarchies of masculinity (Liu & Concepcion, 2010; van Hout & Kean, 2015).

Of course, this attempt at explanation should be treated with caution. It is quite likely that the experiences of ethnic minority men that contribute to drive for muscularity are heterogeneous. For example, men of South Asian ancestry may be at higher risk for drive for muscularity because of their smaller relative stature, perceived difficulties gaining muscle mass (Watt & Ricciardelli, 2012), or more negative perceptions of masculinity (Wilkins et al., 2011). While ethno-cultural definitions of masculinity appear to be evolving among South Asian communities (Lawrence, 2011), it also seems likely that some Asian men desire greater muscularity to contest social space in defiance of what they see as stereotypical portrayals of frail Asian male bodies (Haywood & Mac an Ghaill, 2003; Hill, 2015). That is, the desire for greater muscularity among South Asian men should be viewed within the context of quests for new British Asian identities that emphasise health and strength, and a rejection of their bodies as inferior (Bramham, 2003).

These specific concerns may be less prominent among Black British men, who have to contend with other stereotypical depictions of Black masculinity. For example, narratives and portrayals of “blackness” typically emphasise physicality and muscularity, or pure athleticism. In this sense, blackness as it is produced in popular culture operates as a signifier of difference (Gray, 1995), serving to reproduce hegemonic racialised order (Hobson, 2005). As such, some Black British men may desire greater muscularity because they have internalised these narratives of blackness or merely because they experience pressure to conform to the embodiment of Western masculinities (Lawrence, 2011). Of course, these negotiations of masculinity among ethnic minority men are fluid. For instance, Thangaraj (2010) finds that “Indo-Pak” masculine identities in North America are formed in relation to blackness, rather than whiteness. Still, the underlying current that shapes these processes and their greater drive for muscularity would appear to be ethnic minority men’s position of relative subordination within hierarchies of masculinity.

Broadly speaking, the present results are consistent with recent theoretical developments in our understanding of men’s body image, which has sought to position drive for muscularity specifically within frameworks of dominance and power (Swami et al., 2013). It would seem that developing one’s musculature can be viewed as a response to threatened masculinity (Griffiths et al., 2015; Swami & Voracek, 2013), with men in subordinate positions of masculinity in the UK experiencing greater drive for muscularity. In this sense, ethnic minority men may desire or develop greater muscularity in order to negotiate and deal with landscapes of masculinity and power. This has important implications of scholarly understandings of men’s body image, insofar as it highlights the role played by socio-political contexts in shaping men’s drive for muscularity.

This study also found that greater adherence to traditional cultural values was associated with lower drive for muscularity in all ethnic groups. Although this finding is consistent with previous work showing that greater adherence to traditional cultural values is associated with more negative attitudes toward cosmetic surgery among British ethnic minority women (Swami & Hendrikse, 2013), the significant association in White men is noteworthy. Greater adherence to traditional cultural values may be associated with lower emphasis on appearance, particularly if it is for personal gain. Such values may also promote beliefs about the importance of means of achieving success and competence other than through appearance. These interpretations may help to explain why the relationship with traditional cultural values was significant in all ethnic groups, including White participants. In contrast, no significant associations were uncovered between drive for muscularity and exploration and affirmation of one’s ethnic group, suggesting that ethno-centrism *per se* may not be associated with men’s drive for muscularity.

Although one of the strengths of this study is its community sample, the convenience method of recruitment means that these findings should only be generalised to the wider British population with caution. More than this, the focus on ethnicity may obscure other relevant intersections between ethnicity and body image. For example, because measures of socioeconomic class or social status (e.g., education) were not collected in the present study, it is difficult to ascertain to what extent these constructs may have affected the present results. Certainly, across cultures at least, the idealisation of muscularity is affected by the socioeconomic status of respondents (e.g., Swami & Tovée, 2005). As such, it would be useful to know whether the present findings on ethnicity would hold were socioeconomic or social class dimensions concurrently measured.

Likewise, there is evidence of increased prevalence of negative body image among sexual minority men (Morrison, Morrison, & Sager, 2004). More specifically, drive for muscularity may reflect a desire among sexual minority men to overturn heteronormative masculinity, as expressed through heterosexism and homophobia (Brennan, Craig, & Thompson, 2012; Kimmel & Mahalik, 2005), suggesting possible common ground with the present work. Thus, the intersection of sexual orientation and ethnicity may be particularly important, especially if it places some men at greater risk for negative body image. Indeed, in qualitative research with gay and bisexual men from ethnic minority groups, Brennan et al. (2013, p. 397) highlighted how “multiple forms of oppression might produce often conflicting demands and socio-cultural ideals of body image”. As such, future research should explore this intersection in greater depth and address how experiences of ethnicity and sexual minority status influence male embodiment.

In the present work, the predictor variables entered into the regression explained less than a fifth of the variance in drive for muscularity, which points to another limitation. A richer picture of drive for muscularity can be developed by including a greater range of variables in regression models, including those that are known to be associated with men’s body image such as personality traits (Benford & Swami, 2014) and exposure to masculine ideals (Hobza & Rochlen, 2009). More than this, extensions of this work will require greater attention to the limits of self-report data, especially if ethnic minority status leads some men to over-express a desire for muscularity to conform to notions of masculinity (see Lu & Wong, 2013). Qualitative work may offer an important tool in this regard, as it provides a more in-depth account of men’s lived experiences in relation to their bodies. Finally, future work could also examine the generalisability of the present findings by examining ethnic differences in drive for muscularity in other national, and particularly non-Western, contexts. This would certainly be in line with recent calls for scholars to move away from relying on White male students and for greater theory-driven research with a wider range of populations (Edwards et al., 2014).

Converging evidence suggests drive for muscularity is a public health concern, insofar as it places some men at greater risk for higher rates of psychological ill-being, anabolic steroid and supplement use, exercise dependence, and body dysmorphic disorder (for a review, see McCreary, 2012). The present work adds to this research by showing that ethnic minority men in the UK have higher drive for muscularity than White men, which may in turn place them at greater risk for adverse outcomes. As such, the present results may be important for service and healthcare providers who work with ethnic minority men; that is, it may be useful to assess for issues related to drive for muscularity in these groups so that early and targeted intervention can be promoted if necessary. In a similar vein, understanding the influence of ethnic minority status on male embodiment may help with the development of specific interventions designed to enhance the body image of these groups of men. More broadly, scholars, practitioners, and policy-makers will need to be cognisant of both the nature of men’s particular negotiation of masculinities as well as ethno-racialised lived experiences.

**Footnotes**

1 Comparing the fit of the models using Fisher’s Z test showed that the the *R*2 values for the Black and Asian groups, respectively, were significantly different from that of the White group (Zs = |2.86|-|2.94|, *p*s < .001), while the Black and Asian groups were not significantly different from each other (Z = |0.82|, *p* = .191). This suggests that the regressions for ethnic minority men explained significantly more of the variance in drive for muscularity than did the regression for White men.

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Table 1. *Descriptive Statistics for Key Participant Demographics and Drive for Muscularity Scale Scores as a Function of Ethnicity.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Variable | White  (*n* = 185) | | Black British (*n* = 180) | | South Asian British (*n* = 182) | |
|  | *M* | *SD* | *M* | *SD* | *M* | *SD* |
| Age | 24.94 | 7.86 | 24.40 | 8.55 | 23.16 | 7.25 |
| Self-reported body mass index | 25.09 | 4.20 | 24.62 | 4.50 | 23.60 | 4.19 |
| Drive for muscularity – Attitudinal | 3.07 | 1.22 | 3.64 | 1.33 | 3.42 | 1.16 |
| Drive for muscularity – Behavioural | 1.79 | 0.87 | 2.24 | 0.85 | 2.54 | 1.19 |
| Drive for muscularity – Total | 2.43 | 0.94 | 3.03 | 0.89 | 2.99 | 0.98 |

Table 2. *Results of the Multiple Hierarchical Regressions with Drive for Muscularity as the Criterion Variable.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | White (*n* = 185) | | | | | Black British (*n* = 180) | | | | | South Asian British (*n* = 182) | | | | |
|  | B | SE | ß | *t* | *p* | B | SE | ß | *t* | *p* | B | SE | ß | *t* | *p* |
| Age | -.03 | .01 | -.24 | -3.48 | .001 | -.04 | .01 | -.41 | -5.78 | < .001 | -.03 | .01 | -.24 | -3.23 | .001 |
| Body mass index | .06 | .02 | .25 | 3.51 | .001 | .01 | .01 | .04 | 0.54 | .593 | -.01 | .02 | -.01 | -0.19 | .848 |
| Age | -.03 | .01 | -.24 | -3.46 | .001 | -.03 | .01 | -.31 | -4.13 | < .001 | -.04 | .01 | -.29 | 4.21 | < .001 |
| Body mass index | .05 | .02 | .23 | 3.16 | .002 | .01 | .01 | .01 | 0.11 | .909 | -.02 | .02 | -.09 | -1.33 | .187 |
| Need for power | .13 | .14 | .11 | 0.96 | .336 | .42 | .17 | .23 | 2.56 | .011 | .51 | .12 | .33 | 4.36 | < .001 |
| Traditional cultural values | -.27 | .13 | -.16 | -2.15 | .033 | -.45 | .13 | -.28 | -3.49 | .001 | -.38 | .13 | -.22 | -3.02 | .003 |
| Ethnic identity search | -.01 | .14 | -.01 | -0.10 | .921 | -.10 | .14 | -.07 | -0.72 | .471 | -.03 | .17 | -.02 | -0.19 | .852 |
| Ethnic identity affirmation | -.11 | .20 | -.08 | -0.58 | .563 | -.11 | .13 | -.07 | -0.85 | .398 | -.21 | .17 | -.14 | -1.22 | .225 |