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Intimacy in Men: The Androgynous Male

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INTIMACY IN MEN: THE ANDROGYNOUS MALE

Melissa Jane Hillig, BA



An Abstract Presented to the Faculty of the Graduate School
of Lindenwood University in Partial Fulfillment of the
Requirements for the Degree of
Master of Art
2000

Abstract

The purpose of this study was to determine the relationship between intimacy and masculinity in men. Subjects completed the Bem Sex Role Inventory (BSRI). The scores were then correlated with levels of intimacy, as measured by the Miller Social Intimacy Scale (MSIS). The scores were determined for sixty-two male, middle class, volunteers, aged eighteen and above. The outcome of the study showed a significant inverse correlation between intimacy and masculinity, and a modest positive correlation between femininity and intimacy. Androgynous individuals reported a significantly higher degree of intimacy than masculine individuals.

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I dedicate this thesis to my wonderful family. To my husband, Jack, for all your love and support. Thank you for being my constant source of motivation and not letting me give up. To my parents and my brother for always being available to listen and understand, even though you have heard it all before. Lastly, to my sister for being my private and grossly underpaid counselor, thanks for everything. I love you all.

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Chapter 1

The importance of intimacy and the effect it has on an individual's well being has been the focus of much research (White, K.M., et al., 1986; Elbedour, S., Shulman, S. & Kedum, D., 1997; Twohey, D. & Ewing, M., 1995; Moss & Schwebel, 1993). Intimacy has been noted as an important component in the happiness of an individual. Intimacy has a dramatic impact on the well being of men and women. Moss & Schwebel (1993) believe that the degree of intimacy an individual can achieve has an effect on that individual's development socially, personally, as well as on his or her health. Intimacy maintains an important role in people's "...successful passage through developmental stages, solidification of friendships, attainment of marital happiness, and success in psycho-therapeutic encounters" (Moss & Schwebel, 1993, 32).

Intimacy has normally been viewed as an aspect of female characteristics, with disregard to the effects the lack of intimacy can have on men in their lives. The tendency to equate intimacy with femininity has damaged the ability for men to achieve higher levels of intimacy. Twohey & Ewing (1995) state that " men are disadvantaged when female characteristics are equated with mental health because society teaches men to disassociate from the feminine" (p. 56).

Current research indicates that a healthy individual is one that exhibits both masculine and feminine traits. Until recently, gender has not been viewed as a

psychological concept, but rather a biological fact. Constantinople (1973) concluded that "the assumption that masculinity and femininity are at opposite ends of a continuum was inaccurate" (p. 391). Men possess feminine characteristics such as intimacy and are healthier when they are able to access these characteristics. According to Grimmell & Stern (1992) "prior to 1973, psychologists generally assumed that psychological health was promoted by a congruence between one's physical and psychological gender" (p. 294). A healthy individual, mentally and physically, was a man who possessed masculine traits or a woman who possessed feminine traits. Gender has since then transformed from a biological fact to a psychological concept.

Constantinople's (1973) beliefs of gender constructs brought forth the theory of androgyny, which encompasses the belief system that an individual can simultaneously possess both masculine and feminine characteristics. An androgynous individual is one that can elicit either masculine or feminine traits, such as intimacy, depending upon which characteristics best fit the particular situation.

The study of gender elicits further examination of gender roles and their stereotypes. In the early 1970's the description of a healthy adult was congruent with the description of a masculine male (Twohey & Ewing, 1995). Today, terms that were generally considered feminine such as relational, connected, and

intimate are more frequently used to describe a healthy adjusted individual, regardless of gender.

Intimacy is a construct that plays an integral role in an individual's mental health. There has been little research regarding intimacy and levels of masculinity in men. The lack of intimacy in an individual's life has shown to lead more individuals to counseling due to the onset of depression and other emotional illnesses (Grimmell & Stern, 1992). It is necessary to examine the factors surrounding a man's inability to achieve intimacy. Also, research in this area would be beneficial to understanding men's roles in marriage, and the results could be applied to marriage and individual counseling. Additionally, the study will increase knowledge in the area of intimacy and gender which may lead to an increased understanding of the importance of integrating both feminine and masculine constructs to create an androgynous individual.

Statement of Purpose & Hypothesis

The purpose of the study is to determine the relationship between masculinity, as measured by the Bem Sex Role Inventory (BSRI), and levels of intimacy, as measured by Miller Social Intimacy Scale (MSIS). It is proposed that men with higher levels of masculinity will have lower levels of intimacy. The study also aims to determine the relationship between femininity and levels of intimacy. It is hypothesized that men with higher levels of femininity will have higher levels of intimacy.

Chapter II

Intimacy

Intimacy is the glue that holds relationships together. It is what keeps individuals connected to each other. Without the closeness that is gained through intimacy individuals would remain unconnected from each other. Intimacy is a construct that holds importance in the development, health and happiness of an individual. Intimacy can be defined as the "level of commitment, and positive, affective, cognitive, and physical closeness, one experiences with a partner in a reciprocal relationship"(Moss & Schwebel, 1995, p. 32). Intimacy encompasses physical closeness, emotional closeness and disclosure to another individual with the focus not only on romantic relationships but also friendships. Intimacy refers to a "counter-pointing as well as a fusing of identities" (Erikson, 1968).

Intimacy is established during an individual's developmental process and promotes the connecting of two individuals. Intimacy plays a part in one of Erik Erikson's stages of psychosocial development. Erikson (1968) proposes that there are several stages of psychosocial development, each stage involving a specific crisis. In young adulthood individuals are faced with two psychosocial crises in development, one being intimacy vs. isolation. In this stage individuals are faced with the task of self-disclosure, or the sharing of their thoughts and feelings, with another person. If individuals are unable to achieve

intimacy, they are then left with feelings of isolation. The expected or desired outcome of this crisis is that the individual is able to be reciprocated in an intimate relationship and to experience love, not loneliness.

Intimacy gained through all types of relationships may provide individuals with more general life satisfaction. Miller & Lefcourt (1982) state that a "number of researchers have noted the importance of closeness with others (including closeness with spouse, with friends, or with family members) for the prediction of healthy functioning"(p. 515). Intimacy, a connection with another person, male or female, aids in the achievement of a higher quality of life. Turner & Helms (1989) propose that "intimate relationships provide partner's with a sense of security and attachment"(p. 98). Incorporating a successful relationship into an individual's life can lead to a healthier person. Research has shown that there is a connection between intimacy and healthy adjustment (Cunningham & Strassberg, 1981; Waring et al., 1981). The men and women who are more capable of achieving intimate relationships will be higher functioning individuals.

Intimacy & Gender Roles

Gender Development

It is difficult to examine the topic of gender without first exploring a few theories of gender development. "There is considerable evidence that sex typing schemas function to regulate children's behavior"(Martin & Halverson, 1981, p.

1121). Gender development takes place in children through the information processing model known as gender schema theory.

Two aspects of gender schema theory are sex-typing and stereotyping which are ways children gather information about sex appropriate behavior. Martin & Halverson (1981) examined how and why sex-typing and stereotyping are maintained, and how they influence behavior, cognition and perception. Sex-typing is the process in which children categorize things as appropriate for males or females. An example of sex-typing would be that dolls are for girls and trucks are for boys. Stereotyping can be explained as a way in which children classify behaviors or actions as male or female. An example of stereotyping would be that boys are doctors and girls are nurses. In other words, sex-typing involves the classification of objects and stereotyping involves the classifying of behaviors.

There are two schemas involved in sex-type and sex-role learning. The first, "in-group out-group" schema consists of all the general information children need in order to categorize objects, traits and roles as either being female or male. The second schema is the "own-sex" schema. This schema is narrower and more specific, than the first schema. "Own-sex schema" contains the information children have about the objects, traits, and roles that characterize their own sex.

The overall, or "in-group out-group" schema contains the information about what is appropriate for both sexes. A boy can rely on the overall schema to determine that boys play with trucks and that girls play with dolls. "Own-sex

schema" will help the boy in understanding that boys are tough and rugged and play with trucks. Martin & Halverson (1981) believe that "both bits of information are necessary so the boy can act consistently with his own sex by playing with trucks and not by playing with dolls"(1123).

Children progress in the types of sex related knowledge that they acquire. Acquisition begins with behaviors and activities and then progresses to more subtle information such as psychological traits associated with sex roles. The acquisition of knowledge in the overall schema leads to the elaboration of the child's own sex schema and the lack of development of the opposite sex schema. Once children adopt the sex schema the information processing associated with schemas increases likelihood that these beliefs will be maintained. Sex schemas develop as part of the child's self socialization.

Leslie Brody (1985) suggests that "with development, boys increasingly inhibit the expression and attributions of most emotions, such as intimacy, whereas girls increasingly inhibit the expression and recognition of socially unacceptable emotions, such as anger"(p. 105). Differences between boys and girls could possibly be adaptations of their innate differences in temperments of the two genders. Another explanation of the differences could be due to adaptations as a result of current cultural stereotypes.

Boys at a young age become socialized to behave in specific gender appropriate ways. These ways decrease a man's ability to exhibit and freely experience emotions such as those labeled feminine. Beginning as young as preschool age, intimacy, happiness, sadness, fear, and general emotionality are associated with girls, and consequently anger, hostility, and motivation are associated with boys. According to Brody (1985) these stereotypes have drastic effects "...on children themselves, who may conform to such sex role stereotypes in certain contexts because of social desirability pressures" (p. 138). Children become gender typed through the reinforcement of acceptable behaviors.

Behaviors such as intimacy are mainly acceptable in the girls' behavior and not generally in the boys' behavior. Brody (1985) presents evidence which is consistent with the belief that men and women are socialized at a young age. Children are learning socially acceptable traits and behaviors.

Intimacy Development

As stated earlier, Erikson (1968) proposes that in young adulthood, adolescents face two psychosocial crises. The first crisis is to develop a sense of personal identity or to risk identity confusion. The second crisis involves the achievement of intimacy and is considered the defining psychosocial crisis of the late adolescent and early adult years.

Much of the research on intimacy derives from Erikson's theory. For Erikson, the intimacy crisis involves the ability to experience an open, supportive, tender

relationship with another person without fear of losing one's own identity in the process. According to Erikson (1968), "an indication of the degree of identity development achieved in an individual is evident from the manner in which the adolescent or young adult deals with the next critical development issue, intimacy". When a secure individual's sense of identity has taken place, true intimacy can be achieved.

In 1979 Hodgson & Fischer conducted a study examining the differences in the processes of identity and intimacy development among college youth. Fifty males and fifty females were given measures of identity status, intimacy status and self-esteem. Hodgson & Fischer (1979) determined that more females than males were found to be intimate. The achievement of intimacy seemed more closely related to identity in males than in females. In other words, whether or not intimacy was achieved in males is affected by the result of the identity crisis that boys face in young adulthood. The intimacy levels that females have are set previous to the identity crisis and remain the same regardless of the outcome of the identity crisis.

Women were found to have greater capacities than men do for experiencing high levels of intimacy. Hodgson & Fischer (1979) also concluded that a certain level of identity development must precede a readiness for intimacy among males. In order to achieve intimacy, men need to be somewhat secure in their identity. However, women are able to achieve intimacy and develop identity almost

simultaneously, suggesting that a woman's identity develops from what traits she finds successful in attracting the appropriate mate.

In 1987, Buhrmester & Furman conducted a study concerning the development of companionship and intimacy in children. Subjects rated the importance and extent of companionship and intimate disclosure experienced in social life in general and in each of eight types of relationships. Companionship was perceived as a desired social provision, as well as intimacy.

Buhrmester & Furman (1987) discovered that girls often reported greater intimacy in friendship than boys report. It also appeared that male to male friendships never achieve the same level of intimate disclosure as female to female friendships. "The differences noted in the study were consistent with traditional adult masculine and feminine stereotypes that hold that women are open and expressive in relationships with each other, whereas men are more task oriented and reserved" (Buhrmester & Furman, 1987, p. 1108).

Buhrmester & Furman also examined cross sex relationships in children and adolescents. The boys placed an increased level of importance on intimate relationships with the opposite sex than on any relationship previously. Boys found girls to be more "sensitive and expressive disclosure partners and therefore able to provide this type of intimacy" (p. 1110). In adulthood, the researchers (Buhrmester & Furman, 1987) state that men and women are both more comfortable in disclosing more in depth, or being more intimate with females

rather than with males. The Buhrmester & Furman (1987) study suggests that intimacy is an important aspect to both boys and girls at a variety of young ages.

White, et al. (1986) conducted a study on intimacy maturity in young married couples. The study of thirty-one young married couples assessed scores on each dimension of intimacy maturity and was analyzed in relation to gender, gender role, and marital adjustment. Researchers found that regardless of what the woman's level of intimacy maturity may be "...wives appear to be most adjusted in their marriages if their husbands show intimacy maturity" (White et al., 1986, p. 160). In other words, the husband's level of intimacy is the key to the couples level of marital adjustment.

Researchers believe that relationships, like individuals, can develop and that any intimate relationship can be characterized in terms of levels of maturity. According to White, et al. "any individual who has several close same-sex friends and who has made a loving in-depth commitment to a heterosexual partner would be classified as intimate" (p. 152, 1986). The development of intimacy is viewed as an ongoing process. Individuals develop a readiness for intimacy, but actual intimacy is the process of acquiring successful relationships.

Hypermasculinity

Another theory of intimacy development can be examined through the hypermasculinity vs. hyperfemininity model. The masculine male may desire intimacy and feel relieved to express it somewhat with a female but it seems

unlikely that men are fulfilling their overall need (Hamburger et al., 1996). Men are generally faced with a set range of emotions that they are allowed to explore due to the traditional gender roles. Men are socialized to be the machismo male from a very early age. "Hypermasculinity and hyperfemininity are two gender specific personality dimensions that represents adherence to extremely traditional gender role ideologies"(Hamburger et al., 1996, p. 158).

As mentioned previously, individuals are socialized from childhood to accept that men and women are simply not the same. As a result people are subjected to different sets of behavioral norms (Bem, 1984). "Gender role ideologies represent specific expectations that define how men and women ought to behave within society and with each other"(Hamburger et al., 1996, p. 170).

Traditional gender role ideologies gave birth to the hypermasculinity model. These traditional ideas are generally ones in which men are viewed as more significant than women are, and it is accepted as a given that men will exert control and dominance over women. It is believed that because women generally exhibit emotions and feelings, they are inferior. Mosher & Sirkin (1984) "identified a personality dimension, hypermasculinity, which represents a man's adherence to an extreme set of stereotypic beliefs about the attributes of 'real men' (eg: aggressiveness, virility and toughness) and their relationship with women"(Hamburger et. al., 1996, p. 163).

Hypermasculinity is comprised of three components. The first component is that men believe that danger is exciting. Second, hypermasculine men view

violence as an acceptable expression of a man's power and dominance over others and a necessary component of masculinity. Lastly, men hold a hardened sexual attitude with no consideration of the partner's feelings. Aggression, violence, and an unfeeling attitude are the components of a hypermasculine male. With the traditional gender ideologies holding a steady place in society, men are socialized to turn completely away from anything feminine.

Nahon and Lander (1992) stated that behavior such as limited self-disclosure is a self-fulfilling prophecy created by society and the attitudes of health professionals, not inborn masculine traits (Twohey & Ewing, 1995). In other words, men believe that they are not supposed to possess such characteristics as intimacy and therefore enforce the stereotype on themselves. The ability to be intimate is an inherent male trait but since intimacy is primarily associated with femininity, men are discouraged from experiencing such feminine traits. In society, intimacy is a characteristic that has been associated solely with feminine behavior.

The masculinity model was the theoretical framework for a study by Grimmell & Stern (1992). According to the masculinity model, psychological health depends primarily upon the possession of masculine traits regardless of physical gender. The researchers found that masculine traits are in fact more esteemed by the participant population than feminine traits and concluded that the masculine traits are more valued. Both men and women "described an ideal

person who is significantly more masculine than they themselves are, and neither sex had an ideal person that was significantly more feminine than self"(p. 295).

Grimmell & Stern (1992) "investigated whether individual gender role ideals moderate the relationship between gender roles and psychological well being"(p. 294). The study was to determine the degree to which gender specific traits represent met or unmet ideals, and if gender specific traits are a better predictor of psychological adjustment rather than personal gender role alone. The researchers suggest that gender roles can diminish an individual's well being by causing conflicts between an individual's belief of the gender appropriate behavior and the actual behavioral needs of a situation.

Grimmell & Stern (1992) in this model found that "whenever a person's gender role prescriptions and proscriptions come into conflict with the demands of that person's actual life situation, the person will experience reduced psychological well being"(p. 300). A man may possess the ability to project feminine characteristics but due to the emotional strain it causes on him, he is unable to even attempt to demonstrate them.

Intimacy & Men

O'Neil & Egan (1992) believe that the integration of masculinity and femininity would result in a healthier man. Men who can incorporate both constructs would be able to achieve intimacy and access it freely. The researchers described this theoretical model, the "Superman model". Superman represents the fully integrated male. The Superman side would represent the aspect of the

highly masculine male, leaving Clark Kent to represent the mild mannered feminine side.

Clark Kent and Superman are two separate constructs that coexist in one male body. Superman appears only when the situation elicits such purely masculine behavior. He discloses this identity when he is needed to be the fully masculine male, to rescue damsels in distress. Clark Kent, the sensitive feminine side, is present when the situation elicits his situationally appropriate behavior. An individual who can be both Superman and Clark Kent is one who can access any feminine or masculine trait when the situation requires it.

O'Neil & Egan further hypothesize that "men are on a journey to become more personal, disclosive, and vulnerable in a relationship" (Moss & Schwebel, 1993, p. 34). Man's journey includes defense systems, and fears of femininity; it is resolved with men achieving an intimacy that is similar to the intimacy women experience. Men are journeying through life with the ultimate goal of becoming Superman, the fully integrated male. The researchers suggest that men have the mere ability to change and display their feminine side, disregarding societal pressures.

Blazina & Watkins (1996) state that "...men who adhere to traditional masculine ideology may be at risk for higher levels of depression, anxiety, anger, and substance use and abuse"(p. 462). Furthermore, traditional males may believe that feelings are unnecessary, time-consuming baggage. These men are satisfying their need to keep what is expected of them consistent with their actual

personality. Men tend to deny their femininity by projecting feelings such as being helpless, and vulnerable onto women.

If the man can successfully repress femininity externally then he may believe that it can be repressed internally. The result of the repression may be for "...traditional men to vehemently deny, distance themselves from, and control feminine qualities in themselves, as well as in others" (Blazina & Watkins, 1996, p. 464). Men may inevitably feel the need to deny certain emotional experiences because they are incompatible with the characteristics of the male identity.

Good, et al. (1996) conducted a study to examine the relationship between masculine role conflict and specific symptoms of psychological distress. Masculine role conflict occurs when a man desires to express himself in a way that conflicts with what society perceives masculine. It is apparent that the more traditional conceptions of masculine gender roles may lead to more psychological difficulties. Good, et al. (1996) found that masculine role conflict was determined to be associated with more severe symptoms of distress not previously studied such as paranoia and obsessive compulsivity.

Good, et al. (1996) further state that "given the relations between a range of psychological symptoms and masculine role conflict, it appears that men in U.S. society might be psychologically healthier if they did not attempt to limit their feelings, cognition's, and behaviors to those prescribed by masculine gender roles"(p. 44). Furthermore, it has been shown that men who attempt to confine themselves to traditional roles, such as restrictive emotionality, or limiting

intimacy, may experience distress. Restrictive emotionality was associated with four symptoms of distress such as interpersonal sensitivity, paranoia, psychoticism, and depression. Men who are unable to achieve a range of emotions including intimacy are experiencing severe consequences.

Men possess feminine characteristics but because of societal pressures they are rarely able to exhibit such feminine emotionality, as intimacy. A healthy individual is one that has fully integrated both feminine and masculine traits. A healthy man would be one that is able to be intimate when the situation requires it.

Intimacy & Androgyny

The incorporation of both masculine and feminine characteristics will result in an integrated individual, an androgynous individual. "The traditional conceptualization of sex role identity assumed that there were two gender linked, and therefore dichotomous sex roles, masculinity and femininity"(Constantinople, 1973, p. 389). The androgyny theory rose as a result of Constantinople's research negating that masculinity and femininity were a part of the same continuum. Individuals can be both masculine and feminine, and that the most healthy gender orientation was one containing elements of both. "If there is a more to the concept of psychological androgyny, it is that behavior should have no gender" (Ballard-Reisch, & Elton, 1992, p. 294).

People should no longer be socialized to conform to outdated standards of masculinity and femininity, but they should be encouraged to be "androgynous"

(Bem, 1975). Children should be taught to elicit both feminine and masculine behaviors, expressing emotions and experiencing intimacy. Bem (1974, 1975) further concludes that an androgynous gender orientation facilitates situationally flexible behavior and fosters more full integrated human beings than traditional gender roles. The most productive and healthy gender orientation is androgyny. It is believed that an individual's psychological well being will be maximized when that individual has an androgynous gender orientation.

Androgynous individuals are "...behaviorally flexible with respect to all manner of gender related phenomena" (Ballard-Reisch, & Elton, 1992, p. 298). An individual needs to attain 'behavior flexibility' in order to remain healthy and achieve successful relationships. Behavior flexibility can be defined as an individual's willingness or ability to exhibit both masculine and feminine behaviors as the situation demands (Bem, 1975).

"An Androgynous sex role thus represents the equal endorsement of both masculine and feminine attributes" (Bem, 1975, p. 637). Individuals who have attained androgyny have a balance between masculine and feminine qualities and are able to utilize different traits of both constructs. A more integrated man would be able to access more traditionally feminine traits such as intimacy, which is an integral part of mental and physical health.

An androgynous individual would be able to remain sensitive to the changing constraints of the situation and engage in whatever behavior seems most appropriate in the moment regardless of the stereotype attached. An individual

would be able to react outside the current narrow restrictions. For example, a man may be able to respond to a situation with another man by freely expressing his emotions and achieving intimacy, whereas before in the strict constraints of masculinity he may not have had the freedom to do so.

Hence, men who have sex-typed personalities will tend to avoid or exhibit lower levels of cross sex-typed behaviors, including intimacy. On the other hand, the sex-reversed individual would be as narrowly confined as the appropriately sex-typed. For example, a highly feminine male or masculine female would be just as limited in his or her self-definition, as a masculine male or feminine female. "A non-androgynous sex-role can seriously restrict the range of behaviors available to an individual as he or she moves from situation to situation"(Bem, 1975, p. 636).

Summary

The purpose of the study is to determine the relationship between masculinity and femininity, as measured by the Bem Sex Role Inventory (BSRI), and levels of intimacy, as measured by Miller Social Intimacy Scale (MSIS). It is hypothesized that men with higher levels of masculinity will have lower levels of intimacy, and men with higher levels of femininity will have higher levels of intimacy.

Chapter III

Participants:

Participants consisted of 62 male volunteers. Thirty volunteers were recruited on a Saturday afternoon at Southern Illinois University at Edwardsville's (SIUE) library. Ten additional volunteers were recruited from the Social Service field at a local hospital. An additional 20 more were gathered from a business office environment, half from the collections business and the remaining half from computer sales. All participants were recruited on a voluntary basis. Ninety-six percent of the 62 participants were Caucasian. Forty-eight percent of the volunteers were married, with the remaining 52% single, or unmarried. Table 1 shows the distribution of age and income levels of the subjects.

Table 1: Demographic Data of Participants

Variable		n	%
Age	18-25	30	48.4
	26-35	18	29.0
	36-45	12	19.4
	> 45	2	3.2
Income	< 19,000	23	37.1
	20-29,000	4	6.5
	30-39,000	17	27.4
	40-49,000	6	9.7
	> 50,000	12	19.4

Instruments:Miller Social Intimacy Scale (MSIS):

The MSIS (Appendix A) is a 17 item measure of intimacy developed by Rickey Miller and Herbert Lefcourt in 1982. The measure is structured so as to permit an assessment of intimacy in the context of friendship or marriage. There are 17 intimacy items with six questions requiring frequency ratings and eleven questions requiring intensity ratings both types of questions are on a 10 point Likert scale.

Questions 1-6 on the MSIS have responses varying in intensity from Very Rarely (1) to , Some of the Time (5), to Almost Always (10). The remaining questions have responses varying in intensity from Not Much (1), to A Little (5), to A Great Deal (10). Two of the items (#2, & #14) are reversed scored so the rating of 10 is scored as 1 and vice versa. The remaining items are all keyed by their face value so a rating of 10 would be a 10. The items are all added together and divided by 17, the number of questions resulting in an average on a scale of 1-10, with a higher score indicating a higher degree of intimacy.

The MSIS had a test retest reliability of $r = .96$ ($p < .001$) over a two month interval and $r = .84$ ($p < .001$) over a one month period. The test-retest reliability of the MSIS suggests that there is some stability in the maximum level of intimacy experienced over time. Subjects who described their closest relationship as characterized by high levels of trust and intimacy on the 52 item Interpersonal Relationship Scale (IRS) also scored high on the MSIS ($r = .71$, $p < .001$). Subjects who described themselves as lonely on the UCLA Loneliness Scale also scored low on the MSIS ($r = -.65$, $p < .001$). The mean MSIS scores for descriptions of the subject's closest friends were significantly greater than for

descriptions of their casual friends, $t = 9.18$, ($p < .001$). The psychometric data reported suggests that the MSIS is a valid and reliable measure of social intimacy.

Bem Sex Role Inventory (BSRI):

The BSRI (Appendix B) was developed by Sandra L. Bem in 1974 to measure masculinity and femininity. The BSRI is a self-report measure composed of 60 adjectives. Twenty items are considered positive masculine characteristics, another twenty are considered positive feminine characteristics, and the remaining twenty are a mixture of positive and negative characteristics that are considered neutral, neither masculine nor feminine.

Participants are asked to rate the frequency with which the 60 adjectives are descriptive of themselves, using a 7 point Likert scale that ranges from Never or Almost Never (1) to Always or Almost Always (7). There are 20 adjectives each that are categorized as feminine, masculine, or neutral. The ratings of each of the 20 adjectives in the feminine category are added together and then divided by 20 resulting in an average feminine score. This is repeated for the items in the masculine category to get an average masculine score. The androgynous score is obtained by subtracting the masculine score from the feminine score.

Once the androgyny score is obtained the individual can be classified in one of the five categories in this sub-scale. On the androgyny scale if an individual scores $> +1$ they are classified as Feminine; $+0.5$ to $+1$ is Near Feminine; -0.5 to $+0.5$ is Androgynous; -0.5 to -1 is Near Masculine; & > -1 as Masculine.

The test-retest reliability has been reported to be high for both masculinity and femininity scales ($r = .90$) after a four week interval (Bem, 1974). Although, the BSRI has been criticized for the incorporation of less valued feminine items

and the single dimension measure of gender-roles, it still remains the most widely used test and is highly appropriate for this study.

Procedure:

Participants were recruited through a sample of convenience on a voluntary basis, and instructed that all information would be kept completely confidential. Participants were administered a packet containing an instructional and demographic sheet, the MSIS, and the BSRI. Along with the packet, the volunteers were given a manilla envelope to place their completed test in. Once the participants finished taking the tests they were instructed to put it in the manilla envelope and put it in the basket which was placed at the information desk. The researcher would then collect the completed tests in one hour.

Individuals who were recruited from the hospital, collection agency, and computer sales company were asked to read the instructions, complete the test, place it in the addressed and stamped envelope and place it in the mail. Once all surveys were received, the tests were hand scored, a t-test was performed, to test for significant differences between androgynous and masculine identified individuals. Correlations between intimacy and femininity, and intimacy and masculinity were also computed.

Chapter IV

Participants were categorized based on their BSRI scores. Of the participants, 43.5% of them scored as Masculine, 14.5% scored as Near Masculine, 32.3% scored as Androgynous, and the remaining 9.7% scored as Near Feminine. Table 2 shows the distribution of the BSRI categories for the subjects.

Table 2: Distribution of BSRI Categories

BSRI	n	%
Androgyny	20	32.3
Masculinity	27	43.5
Near Masculine	9	14.5
Near Feminine	6	9.7

The mean score of the masculinity scale for all the entire sample was 108, with a standard deviation of 13.24. The mean score of the femininity scale for the entire sample was 89.76, with a standard deviation of 15.56. The mean score of the intimacy scale was 7.67, with a standard deviation of 1.26. Table 3 shows the means and standard deviations of all three scales.

Table3: Means and Standard Deviations
for Masculinity, Femininity, & Intimacy Scales

Scale	Mean	Std. Deviation
Masculinity	108	13.24
Femininity	89.76	15.56
Intimacy	7.67	1.26

In order to test the hypothesized relationship between masculinity and intimacy, a Pearson's r correlation was computed. The Pearson's correlation was $r = -0.483$ ($p < 0.001$) suggesting a strong inverse relationship between masculinity and intimacy. Hence, those who were high on masculinity were likely to be have low intimacy levels. A Pearson's correlation was also computed in order to test the relationship between femininity and intimacy. The Pearson's correlation was $r = .222$ ($p < 0.001$) suggesting a modest but significant relationship between femininity and intimacy.

Finally, t-tests were run to test for differences in intimacy between androgynous individuals ($n = 20$) and masculine individuals ($n = 27$). A significant difference, ($t = 3.47$, $p = 0.001$) was found with androgynous individuals scoring significantly higher on the intimacy scale. Due to the lack of

sufficient numbers of individuals who scored near-feminine and near-masculine it was not feasible to run a t-test to test for differences between these groups. Table 4 shows the results of the t-tests for differences in intimacy between androgynous and masculine subjects.

Table 4:

Results of t-test for Differences in Intimacy Between Masculine & Androgynous

Subjects

BSRI category	n	Mean	Std. Deviation	t
Androgynous	20	8.10	.95	3.47*
Masculine	27	7.07	1.04	

* $p < 0.05$

Chapter V

The results of the study were as predicted and supported the proposed hypothesis that a correlation existed between levels of intimacy and masculinity. There appeared to be a significant inverse relationship between levels of masculinity and intimacy at $r = -.483$ ($p < .001$), suggesting that men who possess higher levels of masculinity reported lower levels of intimacy.

A modest association was shown between the femininity scores and intimacy at $r = .222$ ($p < .001$). These results suggest that femininity is not as important a predictor of intimacy. On the BSRI, individuals are scored on femininity scales and masculinity scales that are independent of each other. The results suggest that high levels of femininity may not be as strongly associated with a high level of intimacy, whereas a lower degree of masculinity more strongly predicts a higher degree of intimacy.

The inverse relationship between masculinity and intimacy may suggest that men who conform to the stereotypical masculine traits have a more difficult time experiencing intimacy (Mosher & Sirkin, 1984). Men are often limited in the range of emotions or feelings they are permitted to elicit (Hamburger et al., 1996). It may be more difficult for a highly masculine male to experience intimacy than for an androgynous male. According to Mosher & Sirkin men are often socialized to be more dominant and aggressive (1984). A man's emotionality is often repressed in an effort to fulfill the masculine stereotypes, limiting his ability to be intimate (1984).

As expected none of the participants were classified as Feminine on the BSRI. The majority, 43.5%, of the subjects scored as Masculine on the BSRI, representing almost half the men participating. The majority of the participants scored as Masculine or Androgynous. These two categories accounted for 75.8 % of the participants, leaving the remaining 24.2 % as Near Masculine and Near Feminine.

According to Sandra Bem (1974) a healthy individual is one that can incorporate both masculine and feminine characteristics. Men are considered to be healthiest if they can exhibit behavior flexibility or individuals that can be either feminine or masculine when the situation demands it. There were 32.3% of the participants that were categorized as Androgynous; these individuals scored significantly higher on the intimacy scale, relative to those classified as Masculine. Such findings support the theory that a more integrated or androgynous male has more capacity to exhibit feminine behaviors such as intimacy.

According to Ballard-Reisch & Elton, men with behavior flexibility are considered psychologically healthy (1992). Sandra Bem states that men who are explicitly feminine, or feminine males, are not necessarily healthy (1974). Furthermore, highly feminine males would be considered sex-reversed which confines the individual to act in one certain way in any given situation (Bem, 1974). Bem states that a sex-reversed man or feminine male would not be able to exhibit behavior flexibility (1974). In other words, the feminine male does not

have the balance between masculine and feminine as that of the androgynous man.

Sandra Bem states that "in a society where rigid sex-role differentiation has already outlived its utility, perhaps the androgynous person will come to define a more human standard of psychological health" (p. 162, 1974). A balance between femininity and masculinity is the key to a healthier individual, male and female.

Of the demographic data collected, no statistically significant correlation was found between either intimacy, or masculinity and any of the demographic traits. More research is needed that would provide subjects in each of the five categories of the BSRI. Research should be done in consideration to gender differences in emotional development as a function of different familial, socio-cultural and interpersonal roles to which males and females must adapt (Brody, 102, 1985).

Limitations

There are some limitations to this study that should be considered. A non-random volunteer sample was used in this study which may have affected the results. Subjects were acquired through convenience sampling, instead of a random sampling. Another limitation to this study is that the subjects were mainly Caucasian. The lack of cultural diversity hinders the applicability of the results to diverse populations. The majority of the subjects, 48.4%, were ages 18-

25, with very few subjects over the age of 45. In order to provide the best range of data there needs to be a wider range in the age of the participants.

Implications for Counseling

The present results represent an initial step in the growth of our understanding of the development of intimacy. The present study may aide mental health professionals in understanding the value of intimacy as well as how the lack of intimacy may affect men and their relationships.

A clear implication for counseling is that these specific qualities and characteristics identified as feminine, or expressive, by the BSRI (ie; sensitive to needs of others, tender, eager to soothe hurt feelings) are important to develop in men. These feminine qualities may help men in the ability to achieve intimacy. Counselors may want to assist clients in the development of some more feminine traits in order to help men achieve androgyny.

Currently society is faced with a range of social, political, psychological, and economic issues that are associated with our rapidly changing gender roles. This study may help mental health professionals to understand a piece of the psychological dimensions of gender roles. It may also help in the development of a better understanding of the relationship between gender roles, gender role conditioning, and components of mental health, in order to encourage

psychological health in men and women. Counselors with a better understanding of gender roles may be able to help individuals face these issues and promote psychological health in their adult clients.

Appendix A

Dear Participant,

I am a graduate student at Lindenwood University and I am trying to complete my thesis in order to earn my Master's degree in Counseling. I am interested in gathering information on the topic of intimacy. If you could please complete the surveys attached I would be extremely grateful.

Please do not put your name or any other identifying information on the packet. I do ask that you provide the demographic information requested below. The demographic data is gathered only for statistical purposes. All information from the demographic sheet and the surveys will be kept anonymous. Please read the instructions carefully and answer all the questions.

Thanks again for your help.

Sincerely,
Melissa Hillig

Please circle the best answer.

Demographic Data:

Age: 18-25 26-35 36-45 45 & Up

Race: Caucasian African-American Hispanic Asian Other

Occupation: Student Business Health & Social Service Professional

Blue Collar Food & Service

Socioeconomic Status: 19,000 & under 20-29,000 30-39,000

40-49,000 50,000 & over

Marital Status: single married divorced widowed

Relationship Status: No Relationship Dating

Dating Exclusively Committed Relationship

Make an X by the statement which describes yourself:

_____ I consider myself mostly heterosexual.

_____ I consider myself mostly homosexual.

Appendix B
Miller Social Intimacy Scale

Please use the answers to describe your relationship with your closest friend or significant other. Please circle the number that most accurately coincides with your response.

Part A:

Very Rarely
Some of the Time
Almost Always

1) When you have leisure time how often do you choose to spend it with him / her alone?

1 2 3 4 5 6 7 8 9 10

2) How often do you keep very personal information to yourself and do not share it with him / her?

1 2 3 4 5 6 7 8 9 10

3) How often do you show him / her affection?

1 2 3 4 5 6 7 8 9 10

4) How often do you confide very personal information?

1 2 3 4 5 6 7 8 9 10

5) How often are you able to understand his / her feelings?

1 2 3 4 5 6 7 8 9 10

6) How often do you feel close to him / her?

1 2 3 4 5 6 7 8 9 10

Part B:

Not Much
A Little
A Great Deal

7) How much do you like to spend time alone with him / her?

1 2 3 4 5 6 7 8 9 10

8) How much do you feel like being encouraging and supportive to him / her when he / she is unhappy?

1 2 3 4 5 6 7 8 9 10

9) How close do you feel to him / her most of the time?

1 2 3 4 5 6 7 8 9 10

10) How important is it to you to listen to his / her very personal disclosures?

1 2 3 4 5 6 7 8 9 10

11) How satisfying is your relationship with him / her?

1 2 3 4 5 6 7 8 9 10

12) How affectionate do you feel towards him / her?

1 2 3 4 5 6 7 8 9 10

13) How important is it to you that he / she understands your feelings?

1 2 3 4 5 6 7 8 9 10

14) How much damage is caused by a typical disagreement in your relationship with him / her?

1 2 3 4 5 6 7 8 9 10

15) How important is it to you that he / she be encouraging and supportive to you when you are unhappy?

1 2 3 4 5 6 7 8 9 10

16) How important is it to you that he / she show affection?

1 2 3 4 5 6 7 8 9 10

17) How important is your relationship with him / her in your life?

1 2 3 4 5 6 7 8 9 10

Appendix C

Instructions: Indicate by choosing the number on a scale of 1-7 how well each of the following characteristics best describe you. Use the following scale:

- (1) **never or almost never true**
- (2) **usually not true**
- (3) **sometimes but infrequently true**
- (4) **occasionally true**
- (5) **often true**
- (6) **usually true**
- (7) **always or almost always true**

Example:

Sly

Score (1) if you are **NEVER OR ALMOST NEVER** sly

Score (2) if you are **USUALLY NOT** sly

Score (3) if you are **SOMETIMES BUT INFREQUENTLY** sly

Score (4) if you are **OCCASIONALLY** sly

Score (5) if you are **OFTEN** sly

Score (6) if you are **USUALLY** sly

Score (7) if you are **ALWAYS OR ALMOST ALWAYS** sly

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- | | |
|--|---|
| <input type="checkbox"/> self reliant | <input type="checkbox"/> assertive |
| <input type="checkbox"/> yielding | <input type="checkbox"/> flatterable |
| <input type="checkbox"/> helpful | <input type="checkbox"/> happy |
| <input type="checkbox"/> defends own beliefs | <input type="checkbox"/> strong personality |
| <input type="checkbox"/> cheerful | <input type="checkbox"/> loyal |
| <input type="checkbox"/> moody | <input type="checkbox"/> unpredictable |
| <input type="checkbox"/> independent | <input type="checkbox"/> forceful |
| <input type="checkbox"/> shy | <input type="checkbox"/> feminine |
| <input type="checkbox"/> conscientious | <input type="checkbox"/> reliable |
| <input type="checkbox"/> athletic | <input type="checkbox"/> analytical |
| <input type="checkbox"/> affectionate | <input type="checkbox"/> sympathetic |
| <input type="checkbox"/> theatrical | <input type="checkbox"/> jealous |
| <input type="checkbox"/> has leadership abilities | <input type="checkbox"/> sensitive to the needs of others |
| <input type="checkbox"/> truthful | <input type="checkbox"/> willing to take risks |
| <input type="checkbox"/> understanding | <input type="checkbox"/> secretive |
| <input type="checkbox"/> makes decisions easily | <input type="checkbox"/> compassionate |
| <input type="checkbox"/> sincere | <input type="checkbox"/> self sufficient |
| <input type="checkbox"/> eager to soothe hurt feelings | <input type="checkbox"/> conceited |
| <input type="checkbox"/> dominant | <input type="checkbox"/> soft spoken |

___ likable

___ masculine

___ warm

___ solemn

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___ willing to take a stand

___ tender

___ friendly

___ aggressive

___ gullible

___ inefficient

___ acts as a leader

___ childlike

___ adaptable

___ individualistic

___ does not use harsh language

___ unsystematic

___ competitive

___ loves children

___ tactful

___ ambitious

___ gentle

___ conventional

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