Does masculinity affect progress made in a forensic therapeutic community?

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Abstract

The Hypermasculinity Inventory (Mosher and Sirkin 1984) is revised and used to investigate whether aspects of masculinity play a role in change during time spent in a forensic therapeutic community (TC). The revised scale identified three conceptually distinctive elements of masculinity that were different to the original inventory comprising behavioural, value and attitudinal components. It was proposed that masculinity would play a mediating role between time spent in the TC and change on outcome measures.

A total of 202 male residents of HMP Dovegate Therapeutic Community convicted of a range of predominantly violent offences completed a battery of psychometric tests at six monthly intervals to consider whether baseline masculinity score and scores on a variety of outcome measures altered. Progress was assessed by change in scores on measures of self-esteem, hostility, stages of change and behaviour. It was predicted that those spending longer in the Therapeutic Community would have a lower baseline masculinity score and show greater change in their masculinity score. It was further expected that as masculinity score decreased, scores on outcome measures would show positive improvement. Those exiting the TC before eighteen months were expected to have a higher baseline masculinity score and demonstrate less change on outcome measures than those staying for eighteen months.

Results indicated that those with a higher masculinity score on entry to the therapeutic community tend to stay longer and showed the most significant change on outcome measures. Masculinity was not found to have the proposed mediating role between time spent in the TC and outcome. Additional cluster and discriminant analyses found four typologies of masculinity and although not significantly differentiating in their progress toward change, differences are noted and their possible influence on treatment outcome highlighted, making the identification of masculinity type during assessment important in devising a treatment plan. Findings are discussed in terms of contra indicative results and the challenge posed by the higher drop out rates of low masculinity scorers. Limitations of the current study and possible future research are also discussed.
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Thank you of course to my husband Andrew who has been my rock throughout a long, often tedious and challenging process. His confidence and support has never faltered throughout my most negative of days and I would not have got this far without him.

Finally I would like to dedicate this entire thesis to Callum. He somewhat disrupted my well thought out plans for completion but has added a surprising dimension to the final piece of work and has put the entire thing into a more realistic and sensible perspective, making me a much better and happier person.

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Chapter 1: Thesis outline

The present research considers constructive change within a prison therapeutic community (TC). In particular the construct of masculinity is examined and the role aspects of masculinity may play in male TC participant's receptivity to change. The current study adapts and applies a revised version of Mosher and Sirkin's (1984) Hypermasculinity Inventory to a forensic population. The revised scale serves as a tool to explore the extent to which, and effect an adverse masculinity constellation has on progress made by male participants in a prison therapeutic community (TC).

The proposition offered by this thesis is that a TC resident's negative masculine attributes are negatively associated with receptivity to constructive change through the experiences offered by immersion in a therapeutic community. The work presented in the following chapters provides an account of interventions within the context of the nothing works/what works debates, a narrative of therapeutic community origins and the aims of the community operating within HMP Dovegate where this research took place. There is also an exposition of current thinking about the nature of masculinity and its particular association with criminality. The issue of instrumentation is approached and the case made for revising an established measure of masculinity. The application of the revised scale shows there to be adaptation to aspects of masculinity by those experiencing the therapeutic community for an extended period of time however the postulated mediating effect of the masculinity constellation was not demonstrated.

The overall aims of the thesis are:

1. to derive an integrated model of problematic masculinity as it relates to a male forensic population
2. to revise and validate a measure of problematic masculinity
3. to apply the measure and assess the hypothesised mediating role problematic masculinity may have in making progress within a prison therapeutic community

The underlying logic supporting this thesis' proposition is as follows:-

1. the notion that identification with adverse masculine values is associated with problematic behaviours. In their theoretical research applying the macho personality constellation to the forensic field, Zaitchik and Mosher (1993:235) argue that several
studies show men who identify with macho ideals are significantly more likely to engage in
dangerous and anti-social behaviours and that this has “implications for the criminal justice
system in the areas of prediction and treatment”;

2. that it is possible to measure the degree of identification with a constellation of adverse
masculine attributes and, as Archer (1994a) proposes, there is a link between
endorsement of such attributes in a questionnaire and the enactment of associated
problematic behaviours;

3. that there needs to be a triangulation of research methods. Thompson and Pleck
(1995) argue that to be credible, studies of masculinity should utilise behavioural
observation, clinical standards and/or third-person reports rather than relying solely on self-
report measures that may reduce the validity of the findings. Similarly, research with
forensic populations has frequently concluded that such a population may be exceptionally
prone to social desirability responding and bias. This study therefore incorporates the use
of behavioural observation and third-person case notes as well as self-report measures to
assess attitudes and behaviour.

1.1 Chapter composition
The therapeutic community is just one of many interventions used to address offending
behaviour and impact offender rehabilitation. A history of offender rehabilitation covering the
"Nothing works" era, the "What works?" literature, the use of prison programmes such as
Enhanced Thinking Skills and Reasoning and Rehabilitation and the development of
programmes with community support in the form of the therapeutic community is reviewed and
discussed in chapter two. It is suggested that the “Nothing works” position was unduly
pessimistic as subsequent meta-analytic research did find positive outcomes from
programmes. The therapeutic community allows complete immersion in a programme and
research from HMP Grendon indicates positive and optimistic evaluative findings.

Chapter three examines the therapeutic community in more detail, reviewing its origins and
developments. Conceived in the first half of the 20th Century the history of the TC is discussed
including the two types of TC, hierarchical and democratic and the differences in British and
European versions. The practicalities of placing a TC within prison walls, the typical prison TC
regime and a more detailed picture of HMP Dovegate, the first purpose built prison TC is also
The concept of gender is discussed and analysed in chapter four. Two prominent schools of thought, biological determinism and social constructionism are identified. The measurability of gender is also considered with two principal methods explained, dimorphic essentialism and gender bipolarity. A more contemporary approach, gender diagnosticity is introduced and explained. The integrated theoretical position proposed by the current study is explained, taking elements from both biological determinism and social constructionism, situating masculinity and femininity along a bipolar dimension and accepting that both males and females can hold and demonstrate both masculine and/or feminine beliefs and behaviours.

The fifth chapter examines masculinity in more detail, considering a range of theories in particular those aspects which are particularly relevant to male hetero-sexuality. Machismo is identified as an ideology not necessarily achieved but what many strive to accomplish. Hegemonic masculinity defined as the dominant form of masculinity in any society at any one time, thus a fluid concept is explained. Significant space is given to contemporary theories concentrating on modern machismo and its demonstration. Marginalised males beholding the ‘nothing to lose’ culture are discussed against the back-drop of crime, violence and anti-social behaviour. It is argued that criminality is a route for some to obtain power and resources given the inaccessibility of other (legitimate) routes. The current study's model of problematic masculinity is explained in detail, identifying three constituent components: sensation-seeking, chivalry and gratuitous sex and violence. The existence of such a masculinity constellation and its potential effects within the forensic therapeutic community environment are considered and the theoretical basis for the mediating role this may play in response to change explained.

Chapter six identifies a range of instruments previously used to measure and assess gender, following both bipolar and dualistic models. Measures specifically assessing masculinity are identified and previous usage reviewed. Use of the Hypermascuiinity Inventory (Mosher and Sirkin 1984) is examined in greater detail and the difficulties of scale revision considered. The use of both qualitative and quantitative methodologies appraised and different methods to assess therapeutic change identified, ending with an outline of the cognitive, attitudinal and behavioural measures used in the current study.
Chapters seven and eight describe and explain the revision of the Hypermascuiinity Inventory. By modifying its content and terminology the scale is brought up to date and made more relevant to a British population by removing outmoded terminology and the American bias of the scale. The forced choice format was reviewed and changed to a Likert scale. A qualitative element was added to the scale allowing consideration of an individual’s type of masculinity as well as its extent. The steps taken to reach the final version of the revised scale, including the reliability failure of the qualitative element is examined in detail. The theoretical notions behind the formulation of the qualitative element are discussed and suggestions for further use made.

Chapters nine and ten address the main question of the thesis, namely ‘Does problematic aspects of masculinity effect progress made in a forensic therapeutic community?’ The final scale, named the Masculinity Assessment Scale (MAS) is used with residents of HMP Dovegate Therapeutic Community. The results of statistical analyses, including tests of association, difference, regression, mediation, discriminate function and cluster analysis, are presented in text, table and graphical format. Chapter ten discusses that although a mediation effect of masculinity was not identified a significant association was found between baseline problematic masculinity score and time spent in the therapeutic community, those with a higher score spending longer in therapy and showing the most reduction in score over time. Confirming previous research eighteen months was identified as the optimum length of time to spend in the community for significant change in masculinity score to occur. Four profiles of masculinity were identified by cluster analysis. Change in score over time on a number of psychological measures did not however significantly differentiate between the groups, despite the identification by discriminate function analysis of different journeys of change for each.

Chapter eleven provides a discussion of the findings suggesting that although the present conceptualisation of problematic masculinity failed to have a directly mediating effect as predicted, nevertheless, aspects of masculinity do play some role in change. Other factors are proposed to be intervening in the relationship between masculinity and therapeutic outcome. It also appears possible that certain aspects of masculinity need to be present to prevent early termination of therapy as those with a higher masculinity score at baseline tend to spend significantly longer in therapy. A number of limitations are identified in the current study including research gender bias, sample bias and limited sample size.
A number of empirical studies are conducted in this thesis. It is intended these follow a logical progression of relevance to address the hypotheses proposed. The sequence of these studies is shown in figure 1.1.

Figure 1.1 Flow diagram of empirical study

Three studies for the Hypermasculinity Inventory
1. Updating the HMI
2. Re-evaluating the amended scale
3. Reliability and validity

Five studies for the Projective Technique
1a Devising content
1b Reliability: Interviewer gender
2. Validity
3. What is masculine?
4. Masculinity Assessment Scale (MAS)
5. The forensic population and the MAS

Progress of change in residents of HMP Dovegate Therapeutic Community
Evaluation of changes in masculinity and outcome

Test of mediational model
Mediation analysis

Identification of typologies of masculinity
Cluster and discriminate analysis
The revision of the original Hypermasculinity Inventory for a new population with different components of a masculinity constellation highlights the importance of continuous reviewing of measurement tools, particularly when using with different cultures at different times. Methodologically and practically this study has highlighted the difficulties of researching an incarcerated population, such as access, availability, researcher and participant bias, socially desirable responding and time constraints. It is contended that the logic of developing a qualitative constituent of the scale was sound, and there are lessons to be learnt from the failure to achieve a reliable and valid measure. These are discussed.

The findings of the current research do have some potential practice applications in terms of suitability for entry into a prison therapeutic community. Having established an association between low masculinity score and premature termination of therapy it is suggested that community managers could utilise extent of engagement in the masculinity constellation as a screening tool for the likelihood of an individual staying in the community for the optimum eighteen months required for significant change to occur with individual targets set based on responses to the revised scale. Further research could investigate the presence of masculinity in a different population, repeat the study over a longer time period to consider further change and the longevity of any change made after the TC experience. Although not as conclusive as intended the current study provides an interesting insight into the presence and complexities of the masculinity constellation in a forensic establishment.
Chapter 2: Offender Change

The debate about the most effective way of dealing with law-breakers is longstanding. Rehabilitation aims are typically presented as an alternative to more punitive retributive objectives of incarceration. The following chapter provides a critical narrative of progress made in the field of offender treatment from the early 1970s when rehabilitative and punitive interventions alternated dependent on the political stance of the Government of the time. The use of rehabilitation programmes with offenders and the introduction and progress of therapeutic communities is a particular focus of this chapter.

2.1 “What works?”

The “What Works?” literature on offender rehabilitation emerged as a refutation of the “Nothing Works” premise derived from Robert Martinson’s 1974 review of 231 offender rehabilitation evaluations. In his seminal article, “What Works? Questions and Answers About Prison Reform” Martinson concluded that, “the rehabilitative efforts that have been reported so far have had no appreciable effect on recidivism” (1974:25) and further that present methods, “cannot overcome, or even appreciably reduce, the powerful tendencies of offenders to continue in criminal behavior” (1974:49). The “Nothing Works” term was adopted to describe this pessimistic view and Martinson’s conclusions reified into fact (Sarre 1999), despite his 1979 retraction and revision of his conclusion to, “some treatment programs do have an appreciable effect on recidivism.” (1979:244) and the revelation that the article was published without the consent of his co-researchers. By comparison the official report (Lipton, Martinson and Wilks 1975) concluded that, “the field of corrections has not as yet found satisfactory ways to reduce recidivism by significant amounts ... a far more guarded response and left the door open to rehabilitative optimism.” (Sarre 1999:3). However Martinson’s 1974 claim remained influential and contributed to the policy of a return to hard sentencing, the predominance of punishment and the handing out of just deserts to law-breakers in the later 1970s and the 1980s (McMurran and Hollin 1994).

However while the ‘nothing works’ orthodoxy had a large impact on the USA and Great Britain, the Canadian prison system continued to promote rehabilitation. Paul Gendreau and colleagues challenged the ‘nothing works’ debate by developing new programmes open to evaluation, by demonstrating that imprisonment without rehabilitation had the worst effects and that a successful return was to be had from rehabilitation. This Canadian research created a
more optimistic environment for rehabilitative intervention and contributed to the re-direction of
'nothing works' into a 'what works' debate (Rose 2002).

The most convincing evidence in support of offender 'treatment' derives from meta-analyses
conducted during the second half of the 1980s. McGuire and Priestley (1995) provide a
detailed overview, from which positive effects are found. Garrett (1985) considering 111 studies
with 13,000 participants identified a significant treatment effect. Losel and Koferl (1989)
considering the German 'sociotherapeutic' regime identified a modest positive effect for highly
recidivistic long-term offenders, while Lipsey (1992) in an analysis of 397 studies including
40,000 participants found 64.5% of studies to demonstrate a positive reduction in recidivism.

McGuire and Priestley (1995:9) explain how a large number of meta-analyses result in an
overall reduction in recidivism of between 10% and 12% which although appearing relatively
small hides a wide variation in actual effect size. Meta-analysis also allows insight into the
success of the methods reviewed. Lösel (1995:91) concludes that, "mostly cognitive-
behavioural, skill-oriented and multi-modal programmes that yield the best effects. Less
structured approaches such as case work or individual or group counselling are repeatedly less
successful.". Lösel (1995) however warns that the effect size achieved can depend on analysis
design, effect size criteria and the outcome measures used. Similarly it is possible for a
programme to achieve both positive and negative results as, "within the treatment practice one
can do something right as well as something wrong." (Lösel 1995:92).

Such research has drawn attention to what works for offender rehabilitation as well as what is
less successful. Historically the immediate and frequent response to offending behaviour is
punishment and typically imprisonment. Meta-analytic reviews suggest punitive measures as a
sole initiative have a net destructive effect and actually increase recidivism rates (McGuire and
Priestley 1995). A prison sentence according to the punitive principle is intended to deprive the
offending individual of his/her freedom, with the restriction of liberty itself being punishment.
Imprisonment has three main intended outcomes; to deter the individual from engaging in crime
again, to deter others from crime by setting an example, and the immediate incapacitation of
the individual for the protection of society. However there is little empirical evidence to support
the effectiveness of such outcomes (McGuire and Priestley 1995). Research into offence
motivation highlights how the possibility of imprisonment, "plays little active part in their [the
offenders] thinking in the moments immediately prior to an offence" and studies demonstrate,
there is little evidence that the deterrent impact of the prison is substantial or even satisfactory." (McGuire and Priestley 1995:11). The usefulness of imprisonment as a deterrent to others also has little support, due in part to the difficulty of testing such a hypothesis. Although being imprisoned is universally agreed to be an undesirable experience, this in itself does not confirm its impact as a deterrent due to the complex interaction of factors that influence criminal behaviour (McGuire and Priestley 1995).

A number of studies have considered the effect of incarceration on crime rates asking whether increases in the prison population result in a reduction in the crime rate. The evidence suggests not. A 1% change in the level of crime requires a 25% change in the use of a custodial sentence (McGuire and Priestley 1995). Home Office research findings of 1997 and 1999 both consistently found no significant difference between reconviction rates for custody and community penalties (Kershaw and Renshaw 1997; Kershaw, Goodman and White 1999). Similarly, Roberts (1997a) draws attention to the 'failure' of custodial sentences when considering reconviction rates. The present study is aware of the use of reconviction rates as a crude outcome measure. This does not demonstrate psychological change as such and it is this outcome which is of more interest to the present thesis.

Historically, dealing with offenders has tended to take either a constructional or a deterrent approach. The constructional approach involves replacing undesirable behaviours with desirable behaviour. Deterrence generally occurs in the form of a fine, community or custodial sentence depending on the severity of the crime. However McGuire (2002) concludes that follow-up studies of individuals dealt with in different ways by the courts suggest most offenders' likelihood of re-offending is little influenced by the sentences imposed and appear impervious to the effects of negative sanctions, with some studies finding those serving longer sentences actually show increases in recidivism. Similar findings have been found for capital punishment, boot camp style punishment and intermediate community sanctions (McGuire & Priestley 1995). McGuire (1997) in his memorandum to the Home Affairs Select Committee highlighted the limited capacity of sentencing to influence the behaviour of persistent offenders. He suggests that a number of methods for working directly with offenders can accomplish the desired effect if designed and delivered in an appropriate way, implying that sentencing may itself be a place for intervention while the actual vehicle of change resides in the service or intervention applied.
2.2 Programmes

During the early 1990s in response to findings in the United States that interventions effectively reducing reconviction were cognitive-behavioural in nature, the English and Welsh prison services introduced offending behaviour programmes. These were intended to be a systematic, reproducible set of activities in which offenders participate (Debidin and Lovbakke 2005). The General Accreditation Panel was introduced by the Prison Service in 1996 to formalise the process of implementing such programmes and to ensure the principles of effective practice were employed (Debidin and Lovbakke 2005). In 1999 community based supervision programmes for offenders were introduced as was the Joint Prisons/Probation Accreditation Panel, later renamed the Correctional Services Accreditation Panel (CSAP) and accredited cognitive skills programmes were, “rapidly rolled out across both services.” (Debidin and Lovbakke 2005:32).

Such programmes were, and remain, multi-modal targeting criminogenic needs. They are skill-oriented, based on cognitive-behavioural theories and address deficits in thinking and behaviour. It is thought that by improving cognitive and social functioning, other criminogenic needs may also be addressed. Such programmes include Reasoning and Rehabilitation (R&R), Enhanced Thinking Skills (ETS) and Straight Thinking On Probation (STOP). R&R, developed by the Correctional Services Canada, is an intensive cognitive skills programme for high-risk offenders. Based on a longitudinal project incorporating a literature review spanning forty years, research indicated that effective programmes needed to influence cognitive deficits to report successful results. The R&R programme follows a multi-modal format, intending to modify many aspects of an offender’s behaviour, including egocentricity, impulsiveness and failure to understand the views and feelings of others (Lipton, Pearson, Cleland and Yee 2002). Piloted in Canada, initial results showed an 18% reconviction rate over 9 months compared to a 69% reconviction rate for a comparison group. Since 1988 the programme has been adopted across Canada, USA and Europe. The UK’s STOP programme (Straight Thinking On Probation) is based on the principles of R&R, and has been found to have a better than expected reconviction rate at 35% compared to an expected 42% (Raynor and Vanstone 1994 cited by Lipton, Pearson, Cleland and Yee 2002). The Prison Service’s Enhanced Thinking Skills Programme (ETS) is similarly modelled on the R&R programme (Blud and Travers 2001), utilising the same model of change by targeting thinking as the key mechanism for change, suggesting, “offending behaviour should be seen as underpinned by an antisocial self-narrative that the individual has developed over the life course” (Blud and Travers 2001:253) and
explaining anti-social behaviour in terms of a range of socio-cognitive deficits which significantly impair how one sees the world, him/herself, others and how he/she reasons and reacts. Differences between the two programmes include; length, R&R is nearly twice as long as ETS; addressing of critical reasoning, R&R incorporates a specific module while ETS indirectly addresses the issue; perspective taking, an entire module in ETS, but integrated with other skills in the R&R programme; and problem-solving, a larger amount of time being spent on problem-solving in R&R than on ETS (Blud and Travers 2001). These and other programmes common to the prison and probation services in Great Britain are summarised in table 2.1.

Table 2.1 Cognitive-behavioural programmes for offenders

<table>
<thead>
<tr>
<th>Programme</th>
<th>Summary</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasoning &amp; Rehabilitation (R&amp;R)</td>
<td>Canadian programme, multi-modal format, addressing cognitive deficits to modify behaviour</td>
<td>Lipton, Pearson, Cleland and Yee (2002)</td>
</tr>
<tr>
<td>Enhanced Thinking Skills Programme (ETS)</td>
<td>Prison Service group work programme similar to Reasoning &amp; Rehabilitation addressing thoughts and attitudes to change behaviour</td>
<td>National Probation Directorate (2002a)</td>
</tr>
<tr>
<td>Cognitive Skills Booster Programme</td>
<td>A programme to be completed after R&amp;R or ETS to refresh and practise skills previously learnt</td>
<td>National Probation Directorate (2004)</td>
</tr>
<tr>
<td>JETS Living Skills</td>
<td>Based on ETS but specific to juvenile offenders, addressing thinking and behaviour associated with offending</td>
<td>HM Prison Service (2004)</td>
</tr>
<tr>
<td>Cognitive Self Change Programme (CSCP)</td>
<td>For high risk violent offenders who demonstrate reactive or instrumental violence. Uses individual and group sessions equipping prisoners with skills to help control violence</td>
<td>HM Prison Service (2004)</td>
</tr>
<tr>
<td>Healthy Relationships Programme (HRP)</td>
<td>For men convicted of or who have admitted abusive violent behaviour in the home</td>
<td>HM Prison Service (2004)</td>
</tr>
<tr>
<td>Programme</td>
<td>Description</td>
<td>Source</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Chromis</td>
<td>Complex and intensive programme for psychopathic individuals to help reduce their violent tendencies</td>
<td>HM Prison Service (2004)</td>
</tr>
<tr>
<td>Think First</td>
<td>Teaches problem solving skills and applies to offending behaviour</td>
<td>National Probation Service (2004)</td>
</tr>
<tr>
<td>One-to-One Offending Behaviour</td>
<td>Teaches problem solving skills, moral reasoning, perspective taking, self-management and social skills</td>
<td>National Probation Directorate (2002b)</td>
</tr>
<tr>
<td>Aggression Replacement Training (ART)</td>
<td>Teaches moral reasoning, social skills and anger management to improve an offender's handling of social situations</td>
<td>Hollin, McGuire, Palmer, Bilby, Hatcher &amp; Holmes (2002)</td>
</tr>
<tr>
<td>Controlling Anger and Learning to Manage it (CALM)</td>
<td>For males who have offended through anger or other loss of emotional control. Addresses expressive but not instrumental violence</td>
<td>National Probation Directorate (2004)</td>
</tr>
<tr>
<td>Focus on Violence (separate male and female programmes)</td>
<td>Intends to break cycle of violence by exploring thoughts, feelings, interaction with environment and the consequences of violence</td>
<td>Hollin, McGuire, Palmer, Bilby, Hatcher &amp; Holmes (2002)</td>
</tr>
<tr>
<td>The Drink Impaired Drivers Programme</td>
<td>Utilises education and attitude change methods to alter the behaviour of those convicted of a drink drive offence with an aggravating feature i.e. second offence</td>
<td>crimereduction.gov.uk (2003)</td>
</tr>
<tr>
<td>Programme for Reducing Individual Substance Misuse (PRISM one-to-one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex Offender Treatment Programme (SOTP)</td>
<td>Offence-focused targets i.e. reduction of minimisation and justification of offending, enhancement of victim empathy, management of risk factors</td>
<td>Friendship, Mann &amp; Beech (2003)</td>
</tr>
</tbody>
</table>
As previous research suggests, Lipton, Pearson, Cleland and Yee (2002) also conclude that programmes combining cognitive-behavioural techniques with factors such as targeting structured approaches and programme integrity appear the most successful in reducing recidivism while interventions, “based on more punitive measures actually appear to increase the chances of reoffending” (Lipton, Pearson, Cleland and Yee 2002:89).

The existence and success of such programmes resulted in Rose writing an article in 2002 in The Observer claiming that prison (with the incorporation of such programmes) does actually work. However Juliet Lyon, Director of the Prison Reform Trust maintains that prison (presumably with or without cognitive-behavioural programmes) is not the answer to crime. She is concerned with the rapidly rising prison population in Britain, identifying it as a “human warehouse” where, “the boredom, hurt and anger of prisoners in overcrowded, under-resourced jails is creating a reservoir of future crime.” (Lyon 2002). Lyon advocates the use of fewer prison sentences, more community penalties and the replacement of custodial remand with intensive good quality bail support schemes. Remand prisoners are utilising severely stretched resources and undertaking the prison regime unnecessarily (60% of remand prisoners are acquitted and one in five do not receive a custodial sentence Lyon (2002). Lyon recognises the place of prison in the criminal justice system but suggests the place should be as a, “last resort, properly equipped and able to cope with those who really need to be there.” (Lyon 2002).

2.3 Increasing efficacy
McGuire (2002:3) proposes that rather than ‘what works’ in relation to offender rehabilitation the contemporary questions asked should be, “what works, when, where and with whom; and why do the various combinations of such elements form the patterns they do?” Meta-analysis suggests rehabilitative programmes are most successful with more persistent and serious offenders particularly if they focus on criminal activity risk factors (McGuire 2002). The variability of effect size of various intervention programmes has been highlighted by research, allowing the conclusion that effect can be maximised by combining particular elements within a programme. Andrews (2001 cited by McGuire 2002) identifies eighteen elements important in maximising effect size which he labels ‘principles of human service’. These principles include:
• basing interventions on a psychological theory of criminal behaviour and adopting a personality and social learning perspective whilst avoiding retribution, restorative justice and deterrence strategies;
• utilising community orientated settings;
• allocating individuals to risk appropriate services and interventions;
• utilising multi-modal approaches and matching services to an individual’s learning style, motivation, aptitude, age, gender, ethnicity and ability.

He suggests strategies should be developed for monitoring continuity with guidelines enabling staff to exercise discretion in the application of principles and that procedures should be in place for monitoring programme and treatment integrity. Attention should be given to staff development while programmes should be adapted suit the local context and client group.

McGuire (2002:25) agrees that programmes need to have an individual focus as, “the more areas of a person’s life on which it is possible to have influence, even if only an indirect one, the greater the likelihood of securing and maintaining change.”, suggesting a programme is simply, “a structured sequence of opportunities for learning and change...involves some advance planning and preparation...(and) their impact is substantially influenced by the manner and setting in which they are delivered” (McGuire 2002:27), thus programme completion rates are strongly linked to an individuals motivation (Blud and Travers 2001).

Such evidence suggests alternative forms of criminal justice interventions are required to reduce recidivism. As well as the cognitive behavioural programmes undertaken in prison an additional approach in response to the conclusion that simple confinement does not deter offending behaviour was considered. As well as investigating cognitive-behavioural patterns previous research also highlighted the connection between the offender and society, suggesting, “deviant behaviour represents a breakdown of the relationship between the individual and the structured society of which he or she is, by virtue of time and place of birth, a member” (Roberts 1997b:3) and that, “those who have been damaged by adverse social processes or who have been unable to engage in social processes should benefit from a reparative socialising experience.” (Roberts 1997b:7). The Therapeutic Community presents such an opportunity and often also offers the cognitive-behavioural programmes described previously, enabling the opportunity to, “heal and/or correct by offering membership of an
optimised social environment, consciously designed to act as a therapeutic instrument." (italics as original) (Roberts 1997b:8).

The following chapter describes the therapeutic community in more detail.
Chapter 3: Therapeutic Communities

The history of the therapeutic community relates to the growing awareness of the harm done to people by unsympathetic institutional regimes of the 1940's, 50's and 60's (Roberts 1997b). This coincided with the suggestion that those suffering personality or character disorders due to interruption of normal socialisation process through trauma, stress or fundamental disagreement with conformist societal values may benefit from re-discovering the normative 'social contract' (Roberts 1997b). Research highlighted the potential short and long-term physical and psychological damage that can be done to individuals by inappropriately managed human environments (Roberts 1997b), which made it clear that a well designed human environment can contribute to improving health, happiness, self-expression and stability. The therapeutic community is intended to be such an environment. The therapeutic community (TC), as an intervention has four basic features;

- an informal atmosphere;
- regular meetings;
- participation in running the community;
- residents as auxiliary therapists.

There is no staff/resident divide, rules are formed by the community in a democratic manner allowing, "the delegation of responsibility to residents in a 'living and learning' environment...that encourages open expression of feelings and exploration of relationships (and) will facilitate self-control." (Kennard 1983 cited by Blackburn 1993:387).

3.1 Historical Development

The huge emotional trauma inflicted on soldiers during the Second World War led to the establishment of proto-type TCs including The Retreat, Chestnut Lodge and Northfield Military Hospital. Bridger, Anthony, Foulkes, de Mare, Casson, Main and James developed an effective and successful TC type regime at Northfield Hospital. Maxwell Jones founded a similar programme in Mill Hill Neurosis ('effort syndrome') Unit, London illustrating the strength of peer-group support in group situations, the ability of communication to disperse anxiety, and the value of senior patients in passing on therapeutic and hospital culture information to new admissions (Whiteley 1980). These findings Jones then applied to the 100-bedded Industrial Neurosis Unit at Belmont Hospital, later renamed the Social Rehabilitation Wing and finally Henderson Hospital in 1959 (Dolan 1997). A therapeutic model was pioneered at The Cassel Hospital by Tom Main, combining life in a therapeutic community with psychoanalytic
psychotherapy (Roberts 1997b) and enabling the identification of therapeutic community principles by the suggestion that it is not the structure which is decisive for human relations but the culture, that the TC is a culture of enquiry into personal, interpersonal and intersystem problems (Dolan 1997).

With Henderson identified as perhaps the ‘original’ British therapeutic community, it is important to document its expansion and influence on TC development. As Jones developed the group approach it became clear it was not only appropriate for wartime victims but could be extended to treat many “social misfits and neurotic casualties” (Dolan 1997:49). The treatment moved away from the traditional authoritarian and hierarchical hospital approach toward a more collaborative, democratic and open style. More patients were referred by the Courts, Rehabilitation Offices, Social Work agencies and prisons, with many identified as psychopathic, schizoid, schizophrenic, substance addicted, sexually perverted and psychoneurotic (Dolan 1997). By the time of its renaming to the Henderson Hospital in 1959 the Henderson was well known for its unique treatment of psychopaths and for its therapeutic community ideology. By 1965 its patient population included 65% with a criminal conviction (Dolan 1997).

3.2 European development

The 1960’s saw the development of the therapeutic community in Europe and concentrated on TCs for mental health and personality disorder patients rather than specifically for offenders. Kennard (1999) suggests there are now 11 European countries boasting their own TCs with Finland and Germany the most advanced. Kennard (1999) argues that a combination of Maxwell Jones’ influence and Matti Isohanni’s ideas of introducing TCs into a variety of settings including old people’s homes, a geriatric ward, a home for disabled war veterans, psychiatric rehabilitation centres and institutions for children and adolescents have resulted in Finland being at the forefront of TC applications in Europe. Isohanni was also responsible for the setting up of a 20 year programme of research in an acute psychiatric ward modelled on TC principles. The Finnish Milieu Therapy Association provides support to TCs and emphasises staff training. Germany’s TC development began in 1966 with the development of the social-therapeutic prison. Although not explicitly based on the TC regime the participation of inmates and staff in daily procedures and decisions is an important part of their programmes (Kennard 1999).
During the 1960's TCs became the ideological solution to Italy's asylum problem. TC opposition however saw them as aggravating the problem by segregating the mentally ill from society. Thus with a large amount of opposition from traditional psychiatric forces traditional system TC development was stunted. By comparison the Greek Open Psychotherapeutic Centre (OPC), a private non-profit making organisation founded in 1980 supervises four day-attendance TCs and relevant training programmes. Free of university and public health service constraint the Centre places an emphasis on formal training for mental health professionals and provides formal recognition of TCs in the psychiatric field. Staff attendance at the annual Windsor Conference also ensures continuing links and exchange of views between the OPC and TCs in other countries (Kennard 1999), enabling progress and expansion.

Norwegian TCs with their quality assurance system providing routine outcome evaluation, and the basis for future research is described by Kennard (1999:243), as "an example of how therapeutic communities can develop in the future". Holland's TC movement by comparison appears wanting. From the 1960's to the 1990's TCs were an established part of mainstream psychiatry and a large amount of research was produced. However economic pressures resulted in TC closure and interest in the Therapeutic Community Association declined. Today, TCs are not as well situated in Holland as they were 30 years ago and although "the knowledge, skills and dedication are still there....the early champions and motivating forces seem to have gone." (Kennard 1999:237).

What can be seen from this brief description of therapeutic community existence in Europe is that each country tends to follow its own ideas and methods. From the evidence presented above, what contributes to securing a TC's position is a combination of recognised staff training, organised programmes of research and the development of an association of professionals with a shared genuine interest in the TC. Although not a guarantee of survival these elements consistently feature in countries that have a well-established system of TCs.

3.3 Preliminary evaluation

Rapoport and a team of researchers began disseminating their research findings from Henderson. The numerous studies were collated into a book Community as Doctor in 1960, but were not well received by the American and British anthropological and sociological journals or even the unit itself. One of Rapoport's findings was that the TC method was not as widely applicable as Maxwell Jones had first envisaged. Strict selection was required as it was found
those with a weak ego-structure could be further damaged by the intensive social and inter-
personal pressures of the regime and the conflict between psychotherapeutic, treatment and
rehabilitation aims was highlighted. Despite these warnings Jones' ideas and the Henderson
model was the template on which other TCs all over the world were based, for example the
Psychopathic Unit at the Van der Hoeven Clinic in Holland, and TC units in maximum security
prisons at Chino, California, and others in the UK, with many sending their staff to Henderson
for training.

Henderson continued producing evidence for the viability of its approach in the treatment of
psychopathy, personality disorder and delinquency. However with changes to legislation
today's Henderson has a different look with 'legal psychopaths' excluded, but does remain a
specialist resource for the treatment of up to 29 severe personality disordered voluntary clients
(patients are not admitted under the 1983 Mental Health Act) for a maximum of one year. Its
aim remains that enquiry will lead to a better understanding of deviant or unhealthy previous
behaviour which may result in altered interpersonal behaviour and improved psychosocial
functioning (Dolan 1997).

Contemporary research produced by Henderson includes measures of psychological well-
being and borderline phenomenology as well as behavioural measures of recidivism and
readmission, showing significant improvements following therapy, but demonstrating the
greatest efficacy for those who stay longest in therapy and those genuinely motivated to
engage in treatment (Dolan 1997). Henderson continues to be important in TC development as,
"clinical and research expertise continues to inform policy and practice in the areas of
psychopathic disorder and mentally disordered offenders in general.\) (Dolan 1997:69). Further
research findings are reviewed in greater detail in a subsequent section.

As previously demonstrated Henderson does treat a relatively large number of patients with a
criminal record. However it is not their sole purpose to confine people who have broken the
law, they exist to treat those with personality disorders, and the offending behaviour of many of
their patients is most likely a consequence of their disorder, and although appearing
contradictory in nature; medical treatment v confinement, therapeutic communities have been
established in and 'successfully' run in prisons.
3.4 TCs within prisons

Grendon Underwood opened in 1962 as a prison offering socio-psychiatric treatment to serious offenders with personality disorders and until 2001 was, "the only prison in the United Kingdom totally created for, and continuing to operate as, a collective of therapeutic communities." (italics as original) (Cullen 1997:75). The creation of a TC in a prison setting has to contend with numerous hostilities and contradictions, for example the housing of a non-hierarchical, rehabilitative regime within the confines of a hierarchical, structured and confining establishment, dealing with suspicion from staff and prisoners alike whilst attempting to fuse with the traditional prison model. Comprising of five TCs on separate wings, Grendon is a medium secure prison holding approximately 250 adult males with at least 18 months of a custodial sentence to serve alongside an Assessment unit for up to 26 referrals, a Pre-Release and Pre-Transfer Unit for up to 16 and a Healthcare Unit for 12. The therapy offered follows a flexible multi-modal model, allowing residents to test their new skills either within the TC grounds or by temporary release to outside work or family (Cullen 1997). Research at Grendon provides evidence for its success by way of lower reconviction rates, and a link between time in therapy and the likelihood of reconviction (Taylor 2000), these and other research findings are discussed in more detail later in this chapter.

HMP Dovegate Therapeutic Community is the first purpose-built prison therapeutic community (Grendon by comparison was originally a psychiatric hospital). Opening in November 2001 it houses 200 adult male prisoners across 4 individual communities with an Assessment and Resettlement Unit and a High Intensity Programme unit for those requiring more intensive therapy before admittance to a TC. A more detailed description follows later in the chapter.

A number of TCs have opened adjacent to mainstream penal establishments, for example The Max Glatt Centre at HMP Wormwood Scrubs, the Special Unit at HMP Barlinnie (now closed), Gartree TC at HMP Gartree and the Chiltern Unit at HMP Aylesbury Young Offenders Institution. Opening a TC unit within a mainstream prison is similarly not without its difficulties.

Firstly it appears a definitional contradiction to establish a therapeutic unit in an institution that is primarily for punishment, existing to separate criminals from society and where most criminals want their stay to pass as quickly and easily as possible (Cullen 1997). Additionally the basic ethos of a democratic TC is in direct conflict with the underlying assumptions of security, good order and control inherent in the prison system (Cullen, Newell and Woodward...
1997). However a number of meta-analyses (Lipsey 1992, Garrett 1985 cited by McGuire and Priestley 1995) have demonstrated the efficacy of engaging offenders in treatment programmes, such as ETS and R&R. These programmes accompanied by the supportive and collective environment of the TC could be the most effective way of rehabilitating those identified as worthy of exclusion from society. Cullen's (1997:75) statement that "people are sent to prison as punishment, not for punishment..." highlights this reasoning. Prison TCs hold a 'culture of enquiry' ethos, intending to reduce social divisions and engaging community members in decision-making, alleviating potential tensions by encouraging tolerance of others in a supportive and accepting atmosphere. Individual and collective responsibility is encouraged alongside reality confrontation and the realisation of the validity of other's opinions. Prison TC aims include the improvement of self esteem and self-worth; the improvement of behaviour towards others; and the reduction of occurrence and severity of future crimes (Cullen 1997).

TCs launched in an established prison often occupy the physical space of a disbanded specialist unit, such as a vulnerable prisoner unit or hospital wing. Disadvantages and advantages accompany these prior associations. Inmates and staff may associate the residents in the new TC with the original purpose of the wing and for example label them as having mental health issues. In comparison it is beneficial to TC staff and residents to occupy their own space and be separate from the discipline culture of the main prison (Rawlings 1998). The 'lock-up' culture of a prison provides a physical constraint. Locked doors and gates hinder the free and democratic culture granted to those in the TC. The TC unit is frequently expected to fit into the prison routine at the expense of its own timetable, for example, meals supplied to all wings by a central kitchen are delivered at a time irrelevant to the individual regimes of each community and can interrupt therapy or education. This system also makes the incorporation of food preparation (seen by TCs situated independently as an important aspect of therapy) impossible (Rawlings 1998). TCs outside prison walls are largely run and maintained by residents, forming an essential part of their work skills training, impossible for a TC within prison walls where such maintenance is carried out by paid personnel leaving the TC to 'make-up' work, which does not have the therapeutic value of real work which the whole community is reliant upon for its successful operation (Wexler 1997).

Mandatory drug testing, cell searches and lock-up are all components of prison life forced onto the TC. In a democratic TC residents discuss issues and behaviour they are unhappy with and
decisions are based on group agreement. If any 'prison' issues such as matters of administration and visits are in contention there is little opportunity for democratic discussion in the TC that sits within prison rules. This makes living in a TC within prison walls and its rules challenging for both staff and residents. It could be argued that this aids therapeutic development by exposing residents to challenges similar to those they may experience in the wider community once released. Advocates of offender rehabilitation may also argue that it is better to have TCs for offenders within prison rules with all the ensuing difficulties rather than not have TCs for offenders at all.

The TC regime aims to reduce social divisions and enfranchise community members, "involving them in the exercise of power through choice and engagement in the process of rule-making." (Woodward 1999:163). TC members comply with the rules as they internalise them during the process of forming them. If regular prison practices are removed or modified to meet the TCs democratic demands, mainstream inmates feel aggrieved that this new unit is receiving special treatment and staff may feel challenged by a seemingly uncontrollable new system. Effort is required to "build bridges of understanding" between the two models (Woodward 1999:163), and a good relationship is required between the two to enable a healthy TC to develop (Rawlings 1998). Equilibrium needs to be found between prison and TC allowing a balanced relationship between the two, (the failure of which it is thought contributed to the close of Barlinnie's Special Unit in 1995). However such bridging should not be too tight to jeopardise security or disrupt the therapeutic regime. Rawlings (1998:293) suggests the problem is not one of how do we make the TC fit into the prison culture but rather how do we manage the lack of fit? How HMP Dovegate, the therapeutic community at the centre of the current study, manages this is, is described in the following section.

3.5 HMP Dovegate Therapeutic Community

Established in 2001 HMP Dovegate Therapeutic Community is the first purpose-built prison TC in the UK. Addressing the difficulties associated with establishing a TC within prison boundaries, the TC remains geographically and conceptually distinct from the mainstream prison by occupying a separate space to the main building and not allowing TC and mainstream inmates to mix. Located within the prison's boundary wall, the TC does have to follow the security procedures of the main jail, such as lock-down. Similarly resident meals come from the Main's kitchens, but timings are worked around the therapeutic regime to cause as little disruption as possible. The TC is run by democratic rule allowing residents freedom of
speech and decision making powers. However alliance to the policies, regulations and restrictions necessary in a penal institution are maintained, prioritising security and safety.

On arrival potential residents enter the Assessment and Resettlement Unit (ARU) where they are assessed for TC suitability over a four week period. Once on a unit, every weekday is split into three main parts. Mornings begin with a business meeting followed by a community meeting or a small therapy group. Afternoons are devoted to work or education and evenings are free for association. The small therapy group and community meetings are central to the community. They serve to "create and develop the atmosphere of trust, respect and honesty which is so important in allowing the therapeutic process to take effect" (Woodward & Hodkin, 2000: 48).

The small group is where most therapy is accomplished. Each group consists of up to 10 residents including at least one member of staff. The groups are open-ended and democratically organised with each member encouraged to share his story starting including earliest memories and current circumstances. Criminal history, particularly index offence(s) and related behaviour must be covered. Such exploration endeavours to identify in-depth patterns of behaviour, possible motives and similarities in offending and non-offending behaviour and to challenge the maintenance of those patterns. The group also provides the opportunity to consider links between current feelings, thoughts and behaviour with previous behaviours, including offending.

Immediately after small groups, the whole community convenes to share a brief feedback summary. The content of this feedback is a description of the groups that took place, including who said what, group mood and group dynamics. Feedback is not open to correction or discussion at this time (but may be returned to by groups or the whole community in later meetings). After this meeting the staff hold feedback and analysis sessions without residents in attendance. These meetings allow for staff feedback and enable the understanding of events in the small group. These meetings also allow staff; time to monitor individual and group progress; to deal with issues arising from the arrival of new community members; and to cope with their own personal needs, feelings and relationships.

Community meetings are essential to the community process and are held twice a week for one hour. Their purpose and function include:
• A forum for all community members, staff and residents to meet;
• An opportunity for residents to hold and practise positions of responsibility;
• A forum for presenting information to everyone, for example community rule changes and work details;
• A venue for the community to nominate, discuss, consider and elect representatives to any and every, aspect of the community's work and responsibilities;
• The appropriate setting for inter-group and intra/inter-community issues, for example issues concerning relationships between one community and another within the establishment.

Residents and staff mix informally within the TC whenever groups or feedback are not being conducted. Residents are encouraged to take on work or education commitments, such as working in the kitchen or garden or undertaking an educational qualification.

Being both geographically and organisationally separate from the main prison as well as enjoying a range of privileges foreign to the main building it is intended that TC members will appreciate these differences and reciprocate with commitment to the regime and the community. An increased level of responsibility is given to the members in the form of tasks that the rest of the community rely on them to fulfil. All forty residents potentially suffer if one does not complete his job, for example cleaning the dining room tables. It is intended that having such responsibility whilst in the community allows the individual a better understanding of how he should be conducting himself to enhance his chances of not re-offending once released. Encouraging residents to talk about any grievances demonstrates how it is not necessary to resort to anger and violence when facing a disagreement or confrontation. Talking and walking away is demonstrated frequently within the units as forty men learn to live with one another whilst also dealing with personal issues and challenges. HMP Dovegate Therapeutic Community therefore tries to optimise the TC environment within the limitations set by the mainstream prison regime and environment.

3.6 TC outcomes

In her review of the research literature Rawlings (1999:180) suggests British TCs have "traditionally shown ambivalence about evaluating treatment outcomes" due to difficulties in identifying positive outcomes that require possibly unwarranted value judgements, and that
changes may take place over much longer periods than a one or two year follow-up usually allotted to such studies. A number of researchers (Cormier 1975; Lloyd, Mair and Hough 1995) stress that reconviction, the typical assessment of success is actually a poor outcome measure for treatment programs because positive change is not necessarily related to recidivism and that re-offending rates of persistent offenders slow with age regardless of treatment. Gunn et al (1978 cited by Rawlings 1999:181) suggest that treatment in a TC, "cannot be expected to overcome all the social and environmental factors that affect a recidivist's prospects of reconviction.", but despite such concern reconviction continues to be a major standard on which treatment success is assessed.

Warren (1994:317) in her comparison of HMP Grendon and Oak Ridge TC questions what exactly is meant by Therapeutic Community. Her commentary identifies the differences that can be found between two institutions with the same title. She suggests that TCs for offenders can, "differ vastly in almost every respect, leaving little more similarity between them than their claim to the label of "therapeutic community"", making comparative evaluations difficult.

However a number of studies have reported some positive findings. Dolan's (1998) study of Henderson Hospital shows treatment can affect change in general health, penal service use, core personality disorder features and in the impulsive behaviour associated with personality disorder. Dolan, Warren and Norton (1997) considering change in borderline personality disorder symptoms one year after specialist in-patient TC treatment found reliable and significant improvements were positively related to length of stay, while Schinka, Hughes, Coletti, Hamilton, Renard, Urmann and Neri (1999) found TC treatment to have positive effects on personality characteristics and functioning. Copas, O'Brian, Roberts and Whiteley (1984) found residents who were more emotionally expressive, anxious, intropunitive and hostile but not overly aggressive or self-damaging were more likely to have no reconvictions in a five year post-treatment period.

Warren, McGauley, Norton, Dolan, Preedy-Fayers, Pickering and Geddes (2003) undertook a systematic review of treatment effectiveness of interventions for severe personality disordered individuals. Including 117 national and international studies from a computerised database and a survey of over 6,000 professionals, conducted between 1993-2001, pharmacological, physical, therapeutic community, cognitive-behavioural, dialectical, cognitive-analytical therapy and psychodynamic psychotherapy interventions were all considered. A range of outcome
variables were considered including DSM personality disorder, recidivism, self-harming behaviour and Axis-1 symptoms. Due to the variability in participant type, study design and outcome measures few statistical comparisons were able to be made, with descriptive comparisons made instead.

Warren et al (2003) did however conclude (p5) that:

"The Therapeutic Community (TC) model ... currently offers the most promising evidence [of treatment effectiveness]. It has been shown to be effective in producing long-term symptomatic and behavioural improvements in both personality disordered clients and in offender populations. One study of a TC in a prison setting found moderate evidence for effecting lower recidivism rates up to seven years post treatment. The TC model represents a useful framework within which other treatment interventions can be applied."

Cullen (1992) found a reconviction rate of 33.2% for Grendon graduates compared to 42% and 47% for incarcerated adult males in England and Wales. He also found those released after eighteen months of therapy had a lower reconviction rate than those released before this period. Jones (1988) concluded that time spent in treatment and reason for leaving therapy were both significantly linked to reconviction rates with reconviction rates highest for those spending brief periods of time in therapy and significantly lower for those attending for a year or more. Newton (1998) found on release TC graduates' scores were significantly closer to normal on all scales measured and that change was greatest for those staying at least a year, while residency itself was accompanied by changes in personality, hostility and locus of control. Similarly Messina, Wish and Nemes (2000) found clients staying for a full 12 months had better outcomes including reduction in drug use, arrest and increased employment, compared to those staying for a shorter period of time, and Cullen's (1992) conclusion that the length and quality of therapy appear to differentiate significantly those who do not re-offend from those who do also supports these findings. Hollin et al (2004) suggest the presence of a dosage effect, finding that those offenders completing an appropriate Pathfinder probation programme had significantly lower reconviction rates than those not-completing or those assigned to an inappropriate programme, thus length of stay and programme type appear crucial elements to level of success. Hollin et al however do warn of a selection effect. For example is it the case that those individuals completing a programme would have had lower reconviction rates irrelevant to their participation in a programme, or is it confirmation of the programmes success? This is a possibility that needs to be considered by all programme evaluation studies.
Taylor (2000) comparing Grendon graduates, a Grendon Waiting List group (WLG) and a General Prison Group (GPG) over 7 years found substantially more reconvictions for those in the WLG than for those from the GPG. It is suggested that this may be due to Grendon selecting higher risk offenders and those with an increased long-term risk of reconviction when compared to the norm for the general prison population. Those in the Grendon graduates group had less reconvictions than those in the WLG, and were less likely to be reconvicted of violence. These results replicate Marshall’s (1997) similarly designed 4-year reconviction study of HMP Grendon. Glider, Mullen, Herbst, Davis and Fleishman’s (1997) results also strongly support the effectiveness of the TC within a correctional setting. Not only did they find the recidivism rate considerably lower than that reported for an incarcerated population, but a significant majority of participants continued in treatment post-release, demonstrating their recognition of the need for treatment beyond the short-term. Positive psychosocial changes and participant satisfaction demonstrates the effectiveness of the program in dealing with factors often correlated with substance abuse. This study also stressed the importance of support and treatment in the external community to continue the changes begun during incarceration as length of time in external community treatment and total treatment (incarceration plus external community treatment) were found to be the best predictors in multiple regression equations for re-arrest and probation violations.

The challenges that face the individual post-therapeutic community have also been identified as contributing to whether they have a successful outcome. Morant’s (2004) study considering the effect of the leaving process and subsequent experiences of Henderson residents highlights how the transition from therapeutic community living to real world living can be extremely difficult. One interviewee explained how the therapeutic community environment is very different to the outside world and labelled Henderson as, “this little glass house of idealistic thinking…” (Morant 2004:272). Once in the outside community residents reported experiencing a series of ‘ups and downs’ and, “the gradual building up of a structure to daily life and a network of resources” (Morant 2004:276) was cited as a requirement to making improvements, while personal relationships and social interactions were cited as being the most difficult areas to deal with. It is important to remember that it is not a case of once therapy is completed residents are ‘cured’ and able to return to the outside community and to the ‘real’ world without returning to previous behaviours. Many internal and external factors play a role in whether the individual becomes rated as a therapeutic community success story and recidivism
is not the only necessary measurement of success. Personality characteristics, attitudes and behavioural changes also make ideal measures of change.

Robertson and Gunn (1987:677) suggest the therapeutic community regime is not a ‘treatment’ but a ‘catalyst’ for motivated individuals. In a ten year longitudinal study they found no differences in the severity or frequency of crimes committed by Grendon graduates and matched controls, proposing that offender characteristics such as motivation and intelligence alongside the TC regime affect behaviour. Rawlings (1999) warns that we do not know whether it is time in treatment or the type of individual accepted into the therapeutic community that accounts for successful findings.

Finney (2003) highlights the effect of patient characteristics on the treatment process; affecting access to treatment, treatment selection, planning, involvement and outcomes, as well as affecting links in the causal chain connecting treatment provision and patient involvement to proximal and ultimate outcomes. Patient characteristics can affect the quality of the therapeutic alliance developed between therapist and client, thus affecting and being affected by the treatment provided, influencing the impact treatment has (Clarkson 2003). In the present study the presence of an individual treatment provider is perhaps not as relevant, however the impact of patient and provider characteristics may be greater than in the one-on-one alliance described above. In the therapeutic community treatment providers are also treatment clients. The influence of patient characteristics may therefore be dual-dimensional, the same characteristics influencing both client and therapist perspectives, thus potentially making it harder for a good quality therapeutic alliance to develop.

As previously explained patient characteristics appear a crucial factor in treatment outcome. It is suggested in the present thesis that problematic aspects of masculinity may be one such characteristic affecting attitude and behaviour within the therapeutic community. The current study proposes that the problematic ‘masculinity constellation’ consists of the trait of sensation-seeking, lack of or excessive chivalrous attitudes and values and gratuitous sexual and violent behaviour. The levels of these elements may influence an individual’s receptivity to the TC regime and his propensity for change. The potential influence of the proposed components of masculinity on experience of the therapeutic community is the focal point of the current study and is discussed in further detail in subsequent chapters.
Chapter 4: Gender - male-female or male, female

This chapter deals with the issue of gender and its role in society, specifically within western countries. A wealth of research has produced differing positions regarding the meaning and influence of gender with two main schools of thought considered: biological essentialism and social constructionism. These two positions are explained and critically assessed in the following pages, although other formulations are present in the literature and will be mentioned it is the biological and social models that are the primary focus. What emerges from this is whether gender can be measured and assessed. Two views dominate the field; dimorphic essentialism and bipolarity. The former sees masculinity and femininity as two separate and distinct constructs, the latter locates the two at opposite ends of a gender continuum. What to measure in the assessment of masculinity and femininity similarly creates disagreement among researchers. Lippa (2001) suggests a gender diagnosticity approach when measuring masculinity and femininity, based on personality, interests and occupation.

The current study proposes a masculinity constellation which combines elements from the biological essentialism and social constructionism approaches, placing masculinity and femininity along a bipolar continuum, allowing an individual to occupy any point along that continuum. In addition the characteristics implicit in the model are accessible and amenable to measurement. The formulation of this model is explained and discussed.

Gender plays a large part in the way individuals conduct themselves. Sex stereotypes pervade society, effecting behaviour and perceptions of self and other's behaviour. Gender linked associations permit a broad range of inferences from a relatively small amount of information. Physical appearance is possibly the most utilised gender linked vehicle for information regarding an individual's sexual orientation, occupation, role behaviours and traits (Mosher 2004).

Debate as to whether gender is biologically or socially determined has challenged numerous disciplines through decades of research. Gender role is the display of behaviour that is identified as suiting male or female gender. An early definition of the term 'gender role' was given in 1955 by John Money in his discussion of hyperadrenocorticism (Di Ceglie 1995). Money suggested individuals follow socially constructed gendered patterns of behaviour. By comparison others argue people are biologically determined, that physiological sex at birth
determines gendered personality (Money's research is discussed further below). Both schools have an established set of arguments and provide empirical evidence questioning the assumptions of the other. In addition Evolutionary theory suggests differences between men and women originate from the process of natural selection (Archer and Lloyd 2002) with general principles operating throughout the animal kingdom leading to the different dispositions of the two sexes. It is argued by evolutionary psychology that only through considering evolved dispositions can we understand why culture takes the form it does. However this theory does little in the way of explaining differences within the sexes and explaining cross cultural evidence that male patriarchy and dominance is not universal and is variable dependent on the criteria used. In addition evolutionary theory does not take into consideration warfare, patrilocal residency and complex economies as influences on the establishment of male domination which it explains solely in terms of sexual reproduction, concentrating on differences between the genders in terms of disposition rather than actual behaviour (Archer and Lloyd 2002). Social and cultural based theories (e.g. Eagly 1997) counteract many of the explanations placed by evolutionary theories for the differences between men and women, suggesting sex differences in social behaviour arise from the widespread division of labour between men and women as a consequence of socialisation and situational influences starting in childhood.

Early gender research conceived masculinity and femininity as one personality trait but by the 1970's masculinity and femininity were considered to be separate and were labelled instrumentality and expressiveness (Spence, Helmreich and Stapp 1974). More recently social constructionists have argued masculinity and femininity are all in the mind of the perceiver, that they simply embody cultural stereotypes rather than psychological realities. Others suggest masculinity and femininity are “undefinable and should be banned from the scientific vocabulary” (Lippa 2001:168-169). Such debates surrounding the conception and existence of masculinity and femininity are discussed over subsequent pages.

4.1 Definition
Sexual biology, chromosomes, hormones, genitalia and roles in human reproduction provide the physiological determinates of becoming and being male or female. Physical differences have also been associated with personality differences, for example research has found males to be more aggressive, braver, extroverted and independent compared to women who are more sensitive, dependent on others, introverted and emotionally labile (Oakley 1985).
There are many theories about gender formation and whilst acknowledged are not considered in great detail here as the two dominant lines of argument; biological determinism and social constructionism are considered the most dominant in the research literature. Examples of alternative formulations include social identity theory which proposes identity is formed by comparing oneself to similar others, enabling in-group selection and by comparing one in-group with other groups on social categorisations, which when internalised contribute to the formation of one's social identity. This theory suggests that women are the disadvantaged group whose social identity stems from comparisons with men and results in negative characteristics and inferior status as comparatively men are the more dominant and powerful group (Skevington and Baker 1989).

Psychoanalysis, pioneered by Freud in the 19th Century suggests identity development is a complex process involving conflicts between instinctual desires and the demands of society. Erikson proposed a stage model of development spanning the entire life cycle, emphasising the psychosocial as well as the biological and recognising the importance of one's proposed future as well as ones past in developing personality (Pervin 1996).

Bandura's (1977) Social Learning Theory suggests people learn through direct observation and imitation of others. By storing in memory actions and subsequent rewards, punishments and consequences an individual learns how to behave according to their biological sex. Studies of pre-school children reveal they construct gender distinctions through which they organise their daily lives and maintain the gender boundary between boys and girls (Cook-Gumperz and Scales 1996), thus it is at pre-school age that gendered behaviours are learnt.

The present study proposes an integrative model of gender, combining elements from both biological and social schools of thought, thus the additional theories briefly described above do not greatly assist in this project and so are not further utilised in this thesis. Rather than a single theory approach the current model suggests a marrying of nature (biology) and nurture (social constructionism), resulting in the notion of a (problematic) masculinity constellation consisting of traits, attitudes and behaviour. These two approaches are described in more detail.

4.2 Biological Determinism

Biological determinism proposes that biological factors (as opposed to social or environmental) determine behaviour as a result of events in the nervous system (Toates 2001), that “biology is
destiny" and our "behavior (is) preordained by our ancestral past" (Knudson-Martin 2003:7). Kimura (2004) refers to more recent research suggesting the effects of sex hormones on brain organisation occur so early in life that boys and girls actually have different brains, thus environment alone can not be responsible for gendered behaviour. Baron-Cohen's work concentrates on biologically determined differences between male and female brains, suggesting the empathising-systemising (E-S) theory (Baron-Cohen 2003). According to this theory each person has one of three particular brain types, either an empathising type called the female or the E brain, the systemising, male or S type, or the balanced, B type. Research on children suggests that on average more females have the empathising type and more males the systemising type. Evidence supports both social and biological causes with clear evidence for biological determinants such as hormones being apparent from birth (Baron-Cohen 2003).

Similarly research on animals suggests it is the level of exposure to sex hormones early in life that differentiates males and females. If a young male rat with functional genitalia is deprived of androgens male sexual behaviour reduces and more female sexual behaviour is expressed. If a young female rat is exposed to androgens she displays more male sexual behaviour throughout adulthood. Such life long effects of exposure to sex hormones are characterised as organisational as they appear to alter brain function permanently during a critical period in prenatal or early postnatal development. Kimura (2004) concludes from this that sexual orientation and gender identity must have a significant biological component. Archer (2004) cites research on vervet monkeys that found male monkeys spend longer playing with typically masculine toys and female monkeys with typically feminine toys, a finding similar to that found in young humans, suggesting there are early sex-typed perceptual biases which humans and primates share.

Ahuja (2004) cites research on men born with cloacal extrophy (CE; a rare condition where boys are born without a penis). Of the 16 genetic males studied 14 had been reassigned surgically, socially and legally as female. All 14 had typically male hobbies and behaviour, only five felt truly female and only one had ever played with dolls. Eight felt male and were attracted to women, of whom four were actively pursuing penile reconstruction. The authors concluded that children who are born genetically and hormonally male may still identify as male despite looking and being raised female. Similarly, girls exposed to elevated androgen levels during prenatal development tend to spend more time than most girls playing with male associated toys such as cars and are more likely to choose boys as their playmates, suggesting a possible
link between early hormones and play preferences (Kalat 1998). Archer (2004) discusses a number of studies demonstrating the influence of prenatal hormone levels on early sex-typical behaviour such as language development and eye contact, suggesting the presence of influences that pre-date the impact of cultural representations of gender.

By comparison Money and other social constructionist advocates argue that it is nurture and not nature that is responsible for our gendered actions, suggesting it is our interpretation of masculine and feminine roles, behaviours and beliefs regarding the categorical essences of male and female that influences behaviour. Raymond (1979 cited by McCracken 1998) claims, "behavior is not the inevitable playing out of biological imperatives but a cultural performance", supporting the social constructionist view that nurture and not nature determines behaviour.

4.3 Social Constructionism
The social constructionist argument places nurture over nature proposing that gender is not an inevitable result of biology but highly contingent on social and historical processes. Geertz's (1973) suggestion that human nature can not be independent of culture counters machismo advocates blaming inequality between the sexes on masculinity itself determining male power and masculine supremacy. Lipton (1998) suggests social learning can override programmed genetic behavior, as conscious and unconscious experiences influence perceptive functioning, resulting in changes in gene expression (Siegel 1999). Edley and Wetherall (1996) propose cultural influence to be a framework through which people conduct and make sense of their lives passed down from generation to generation, implying an element of choice and decision-making. Gender role norms, arranged as gender scripts in scenes relevant to ideologies of gender, are the rules and standards that guide and constrain masculine and feminine behaviour within society; bonding men to men, women to women and differentiating men from women. This gender belief system contains descriptive beliefs and prescriptive opinions about males and females (Mosher 1991) and is adopted by the individual from observation and by being told when young what is acceptable and unacceptable behaviour for men and women. This results in males and females learning "what is expected of them when living their gendered lives." (Mahalik, Locke, Ludlow, Diemer, Scott, Gottfried and Freitas 2003:3). Such differential treatment initiates boys and girls to be different from one another in ways determined by adults' preconceptions (Bem 1993). Boys for example learn from observation that other males do not wear pink, that their male idols respond with violence to a challenge and that 'big boys don't cry'. A child's motivations and abilities are channelled in either a
stereotypically male or stereotypically female direction (Bem 1993). Conforming to these norms is an individual choice but deciding not to conform is defined as not meeting societal expectations (Mahalik et al 2003). Reiss, Neiderhiser, Hetherington and Plomin (2000) studying various sibling types found family and environmental factors to interact with genes to stimulate responses, concluding biology alone is not dictating human nature. Bem (1993) labels this gender polarisation; the ubiquitous organisation of social life around the distinction between male and female and suggests that if biological essentialism and androcentrism were removed, "the all encompassing division between masculine and feminine would still pervade virtually every aspect of human experience" (Bem 1993:80). It is this that produces gendered social scripts and constructs and naturalises a gender-polarising link between sex (biologically male or female) and behaviour, thus the male-female distinction is communicated as extraordinarily important and has, or ought to have intensive and extensive relevance to virtually every aspect of human experience (Bem 1993).

Gender therefore appears not as an automated product of human nature but as an accomplishment achieved, produced and reproduced daily (Connell 1987). It is suggested (Connell 1995; Mac an Ghaill 1996) that there is not one gender structure but a range of invariably mobile sites and regimes resulting in local, fragmented and highly contextual gender identities (Connell 1995). Indeed every culture has its own ideas of masculinity and femininity, often utilising more than one style which do not necessarily coexist harmoniously, but creating an ideological battlefield (Edley and Wetherall 1996).

At a micro level masculinity and femininity are achieved through social interaction where different versions are open to challenge and the individual plays the role he/she feels most fitting to achieving particular ends such as impressing friends or warding off criticism. At a macro level gender identity is a lifelong project that involves developing a historical 'life narrative', constructing personal coherence out of the multiple and conflicting ideologies of what it means to be the ideal man or woman (Toerien and Durrheim 2001).

Social constructionism can also be defined by a social discourse of gender. A key characteristic of this debate is the psyche, suggesting we should, "pay attention to the reality of the psyche conceived of an irreducible domain with its own determinants." (Hood-Williams 2001:38), and consider how the meaning of masculinity/femininity moves across texts and contexts via dialogue (Wetherall and Edley 1998).
Cross cultural studies provide further evidence of the role of social influence on gender. Margaret Mead’s work in the 1930’s with three local tribes in the Sepik region of Papua New Guinea considered to what extent the temperamental differences between males and females were culturally determined. Mead found different patterns of acceptable gendered behaviour across the three tribes, all different from the gender role expectations in the United States at that time, leading to the conclusion that culture and society rather than biological innateness determines gendered behaviour (Mead 1963). Similar research (see Oakley 1985 for an overview) highlights the different roles males and females hold in different societies, many being very different to the gendered roles in Western culture.

Research by Terman and Miles (1936) confirms everyday observations of sex differences are grounded from an early age. Using their Masculinity-Femininity test with children produced the same sex differentiation as with adults, supplying evidence of temperamental differences translating into conscious ideals of masculinity and femininity. The occurrence of increasing sex preferences and sex appropriate behaviour as a child grows suggests cultural influences are responsible for such differentiation as does people’s awareness of the diversity between masculine and feminine and the requirement to socially conform. Terman and Miles (1936) also note a correlation between masculinity/femininity scores and certain socio-cultural factors such as age, education level, social class and IQ. They found a higher education level was correlated with increased femininity in boys and masculinity in girls, pointing to the influence of culture rather than biology. Bem (1993) cites American studies of preschool children that found 80 per cent of two year olds can distinguish between males and females based on cultural cues such as hairstyle and clothing whilst as many as 50 per cent of three and four-year olds fail to differentiate males from females using only biologically natural cues such as genitalia and body shape.

Successfully adopting the role society prescribes depends on how children are socialised. From birth, gendered expectations and stereotypical gender qualities are placed on them. At the birth of their child, mothers and fathers are immediately asked “what sex is the baby?” Well-wishers purchase toys and clothes based on whether the baby is a boy or a girl, traditionally pink for a girl and blue for a boy, cuddly toys and dolls for a girl, manly trucks, cars and construction materials for a boy. Thus although society and culture have a great influence on gender formation there is also evidence for the influence of biology. Is it therefore the case that
biology dictates the direction of cultural influence? Money (1963 cited by Oakley 1985) summarises;

"The simple dichotomy of innate versus acquired is conceptually outdated...which is not to say that one should obliterate the distinction between genetics and environment. Rather, one needs the concept of a genetic norm of reaction that defines limits within which genetics may interact with environment and, vice versa, of an environmental norm of reaction that defines limits within which environment may interact with genetics." (Oakley 1985:77-78).

4.4 Measurability: dimorphic essentialism v bipolarity

The measurability of masculinity and femininity is similarly debated throughout the literature. Constantinople (1973) questions the famous dictum: "Everything that exists, exists in some quantity, and if it exists in some quantity, it can be measured"; by suggesting the reverse: "If something cannot be measured, it does not exist" and asks of the forty year history of attempts to measure masculinity and femininity; "what evidence there is for these instruments as measures of M-F (Masculinity-Femininity)" (Constantinople 1973:389).

Attempts at measurement disagree whether masculinity and femininity are two distinct entities in opposition or whether they are facets of the same dimension positioned along a single continuum. The former assumes dimorphic sexual essentialism; the ideological belief that men and women's natures are inherently different (Mosher 1991), that men and women display "congruent erotic sex and congruent gender characteristics because their biological or God-given natures make it so....... jointly creating a heterosexual and heterosocial complementarity" (Mosher 2004). Sex stereotypes assume the presence of dimorphic sexual essentialism by following a dichotomous way of thinking about gender.

Alternatively, do masculinity and femininity sit on a single bipolar dimension, representing two ends of a continuum? English and English (1958) define bipolarity in relation to personality as behaviours at one end point being the complete opposite of those at the other, thereby negatively correlated. The bipolarity approach, according to Constantinople (1973) is adopted in numerous test construction methodologies in three ways:

a) biological sex is frequently used as the appropriate criterion on which to base an item's relevance;

b) by the assumption that the opposite of masculine is feminine, and
c) the use of a single Masculinity-Femininity (M-F) score that places the respondent somewhere along a single bipolar dimension of masculinity and femininity.

One of the earliest works on masculinity/femininity is that by Terman and Miles (1936). They developed the Masculinity-Femininity (M-F) test and examined the relation of M-F to an array of psychological and demographic factors, assuming masculinity and femininity to be bipolar opposites (Lippa 2001). Constantinople (1973) criticises such test construction as relying on gender differentiation for the inclusion of an item, the item's ability to discriminate between the responses of males and females therefore determining its inclusion in the scale, resulting in M-F being defined in terms of sex differences in response. After reviewing the major tests of Masculinity-Femininity, Constantinople concluded that although a large number of the tests are based on the premise of bipolarity there is not enough evidence to conclude that this is the appropriate way of considering masculinity and femininity. She suggests there is enough evidence to assume separate Masculinity, Femininity (M,F) dimensions perhaps in addition to the bipolar M-F dimension. Constantinople also questions the usefulness of studying M-F in a normal population when it appears M-F reflects a number of sub-traits that may or may not be different for the most masculine compared to the least masculine male and the most feminine compared to the least feminine female. Thus if differences are found what do they tell us about M-F in the normal population? Lippa (2001:179) supports such claims, suggesting M-F scales contain "a hodge-podge of items" simply because they have been selected according to their ability to differentiate between the sexes. He suggests their presence is not random but selected because they assess various Big Five factors as well as vocational preferences and interests. Proposed by McCrae and Costa (1985 cited by Zhang 2006) the Big Five personality traits comprise Neuroticism, Extraversion, Agreeableness, Conscientiousness and Openness to experience. Neuroticism can be described as emotional instability with people high on the N scale experiencing feelings of embarrassment, guilt, pessimism and low self-esteem. People with high Extraversion scores tend to be sociable and assertive. Openness to experience is characterised by open-mindedness, active imagination and liking variety. Agreeableness contains attributes such as tolerance of, trusting of, accepting of, and valuing the beliefs of others. People high in Conscientiousness distinguish themselves for their trustworthiness and their sense of purposefulness and responsibility (Zhang 2006). Lippa suggests M-F items should come from personality (utilising the Big Five factors and facets) or from occupational preferences and interests and not from simple gender-related attitudes, beliefs and ideologies. Lippa's approach is explained in further detail later.
After the criticisms of the bipolar approach researchers, particularly feminists, questioned whether the M-F debate should actually be considered as the M, F debate; that masculinity and femininity do not sit on a unidimensional continuum but are conceptually and empirically distinct. Assessment tools such as the Bem Sex-Role Inventory (BSRI; Bem 1974) and the Personal Attributes Questionnaire (PAQ; Spence, Helmreich and Stapp 1974) were based on gender-stereotypic personality traits to distinguish between the genders. Bem introduced the concept of androgyny, the scoring equally on masculinity and femininity alongside traditional assertions of masculine and feminine as well as stereotypical male- and femaleness. In 1977 Bem introduced the undifferentiated scale for those individuals scoring low on both masculine and feminine scales. The introduction of the BSRI moved the focus from differences in responses between the sexes to the consideration of cultural context and the idea that it was acceptable to hold both traditionally masculine and traditionally feminine beliefs regardless of one’s biological sex (Hoffman and Borders 2001).

Bem also formulated gender schema theory, suggesting that sex typing is not about inner personality traits but results from a person’s tendency to conceptualise the world; themselves, others and abstract concepts in terms of male, female and masculine, feminine. This made masculine and feminine not psychological realities but cultural fictions, exemplified by Lippa’s “hodgepodge of traits, behaviours and social roles labelled as masculine and feminine” (Lippa 2001:185) that Bem asserts to “exist only in the mind of the perceiver” (Bem 1987:309).

Studies investigating how laypeople perceive masculinity and femininity found them to use physical appearance, biological characteristics, sexuality and social roles rather than the instrumental and expressive traits frequently utilised by measurement tools. Interestingly most laypeople identify masculinity and femininity as bipolar opposites rather than two distinct dimensions (Myers and Gondo 1982).

Gender research in the 1990's considered defining masculinity and femininity in terms of gender related interests. Such evidence suggests sex-typed interests develop by the time children are toddlers, often before self concept and stereotypes and that gender difference in interests is quite large compared to the differences found in other traits with these differences remaining relatively stable over time compared to mean levels of instrumentality and expressiveness (Lippa 2001).
Where previously gender had been kept separate from personality research despite instrumentality and expressiveness being strongly related to the interpersonal circumplex, new research advocated marrying the two facets together. From observation came the gender diagnosticity (GD) approach to measuring masculinity and femininity; the probability of an individual's gender being based on their gender related interests. Lippa (2001) found computation by discriminate analyses to show GD to distinguish both between the sexes and within the sexes, suggesting M-F may be conceptualised along the same lines as the multifactorial Big Five personality traits as a broad dimension with lower level facets. To this end Lippa (2001:192) advocates a bipolar M-F comprising the following; "M-F as assessed from occupational preferences/interests; GD assessed from occupational preferences, hobbies, interests and everyday activities; gender related appearances and stylistic behaviours; and sexual orientation", linking gender with the interpersonal circumplex and the vocational/interest circumplex and arguing gender-related traits to be true personality traits and not just social constructions.

4.5 An integrated perspective

The present thesis proposes masculinity and femininity should be theorised in terms of both biological predisposition and social constructionism resulting in a bipolar conceptualisation of masculinity - femininity (M-F). By recognising the impact of biology, personality and social influence a dynamic picture of gender is created. It is simplistic to assume masculinity and femininity are with us from the moment we are born, thus unchangeable and resistant to the social world we grow-up in. However it is also naive to suggest we are born under the blank slate metaphor without any predetermining influences on how we develop and come to have our own values and belief systems. A complementary relationship of the two is therefore suggested.

Biological determinism and social constructionism are identified as qualitatively distinct in their proposed models of gender. Taking a purely biological approach obscures the impact of social experience and suggests behaviour is internally pre-programmed, ignoring societal and interpersonal inequalities and suggesting differences are natural and so fixed (Knudson-Martin 2003). Alternatively the idea of genes and brain structure determining behaviour ignores the possibility of flexibility and change, if this were the case all men and all women would behave identically due to innate wiring. Traditional advocates of biological essentialism rely on
evolutionary psychology to explain the motives behind human behaviour believing, “behaviour (to be) preordained by our ancestral past.” (Knudson-Martin 2003:7). However researchers of a more modern biological approach to understanding human behaviour acknowledge an interaction between the brain and the environment, recognising a, “brain that can detect, and correctly respond to, regular patterns in the environment without your conscious awareness” (Quartz and Sejnowski 2002:18), for example when eye movement following a randomly appearing light locates to a position before the light is switched to that position. The circuits of the brain change as we have new experiences, thus our responses change with each experience and new neurons grow in the adult brain in response to the environment, thus the brain’s capacity for flexibility is lifelong. Therefore our understanding of gender should perhaps be placed in the context of a continuous interaction between the brain and the environment (Knudson-Martin 2003).

Research into gene transcribing and gene transmission finds that communication between the body and the environment activates genes, thus perception of the environment controls gene activity (Lipton 1998). This perception plays an important intermediary role between genetics and behaviour, turning on and off genes and stimulating genetic change, producing change in gene expression (Knudson-Martin 2003), and allowing social learning to override programmed genetic behaviour (Lipton 1998). Reiss, Neiderhiser, Hetherington and Plomin (2000) studying siblings with varying shared genetics found that rather than genes acting independently, family and environmental factors interact with genes to produce responses. Such findings highlight the importance of combining both sets of factors when considering how we become the gendered individuals we do. Such research finds that although biology plays a role in shaping gender differences, social processes also influence by shaping how the body responds and develops even at the neuroendocrine and cellular level. Thus explanations for gender differences need to take into account both biological and social factors (Knudson-Martin 2003). Thus the trait or disposition of sensation seeking can be either positive or negative dependent on the social context, for example thrill-seeking may be positive via occupation as a fire-fighter or indulging in hang-gliding during leisure time or may be negative if it involves committing a violent or criminal act. As previously described availability of resources may be the determining factor in whether legitimate or illegitimate methods are utilised by the sensation-seeking personality thus an interaction of biology and social constructionism is occurring.
Lippa's (1990) work on gender diagnosticity highlights the importance of individual differences within the sexes as well as across the sexes, highlighting the need for tools that can assess such differentiation. Research considering the vocational/interest circumplex (specifically the People-Things and Ideas-Data dimensions identified by Prediger 1982) find masculinity and femininity emerge along a bipolar dimension, with men closer to the Things side (a preference for activities involving inanimate and mechanical things) and women closer to the People side (a preference for activities involving people and psychological things), as well as finding gender-related individual differences within the sexes (Lippa 1998). The People-Things dimension therefore can be viewed as a sex-typing dimension within the sexes and a gender dimension across the sexes (Lippa 1998), as gender differences, "are extremely pronounced" along the People-Things dimension of the vocational/interest circumplex (Lippa 2001:171). Research has found these sex-typed interests to develop by the time children are toddlers and often before their gender self-concepts and stereotypes (Lippa 2001) thus favouring the, "conceptualisation of M-F as a single bipolar dimension" (Lippa 2001:194).

As previously discussed studies of laypeople find them to identify males and females on the basis of physical appearance, biological characteristics, sexuality and social roles rather than the instrumentality and expressiveness components suggested by the M and F approach. Gender is not as black and white a concept as sex, one is biologically either male or female, but attitudes and behaviours may demonstrate elements of both typically masculine and typically feminine, thus it appears nonsensical to identify one as either masculine or feminine. No two individuals hold exactly the same views and demonstrate exactly the same behaviours in exactly the same situations thus forcing them into an either or position limits understanding. An approach is therefore needed that considers these differences and allows people to fall along different points of a scale rather than pushing them into one of two categories. A bipolarity approach to masculinity and femininity appears most relevant to people’s everyday understanding of M and F as it allows variation and differing degrees of commitment to traditional masculinity or femininity, with males and females able to lie at similar points along a continuum.

Following this bipolarity approach the scale utilised by the current study considers interests and attitudes that may differentiate problematic aspects of masculinity such that some men demonstrate a greater propensity towards these problematics than others. It is also suggested that scale items should show gender differentiation in response within, “the particular
population being studied during the historical era in which the population is studied" (Lippa 2001:181), thus the current scale is suited to the current forensic population under study. Lippa (2001) recommends men and women should be studied separately to enable validation within the sexes, as results using one scale on both males and females often differ, thus the Masculinity Assessment Scale (a revised version of the Hypermasculinity Scale (Mosher and Sirkin 1984)), focuses solely on men, enabling such within sex differentiation.

As previously noted the individual is not a static being and is subject to change and re-evaluation of attitudes once exposed to social influence and experience. The bipolar approach suggests the possibility of men and women lying at differing or similar points along the masculinity-femininity dimension, that a male and a female may share the same location along this continuum, holding a similar ratio of traditionally masculine and feminine characteristics and interests. Thus the male is not too feminine or the female too masculine instead the two concepts are applicable to us as individuals rather than applicable to us as simply male or female. In the real world we walk down the street and perceive individuals of either sex as appearing predominantly masculine or feminine from our perception of social cues such as hairstyle, clothing, their posture and conversation, thus both masculine and feminine characteristics exist to a differing extent in both sexes.

4.6 Gender: a patient characteristic?
Problematic masculinity may be one of the patient characteristics previously discussed that can affect treatment outcome. The problematic masculinity constellation is proposed to have trait, values and behavioural components identified as sensation-seeking, chivalry and gratuitous sex and violence. The personality trait element of the proposed problematic masculinity constellation is sensation-seeking. Found to be associated with novelty seeking, impulsivity and risk-taking behaviour (Zuckerman 1994) it may be displayed by social as well as anti-social behaviours. Due to the characteristics typically associated with a forensic population such as, hostility, disinhibition, lying and experience seeking (Knust & Stewart 2002), there is a strong possibility that the presence of such a characteristic will affect progress made in the therapeutic community as the sensation-seeking propensity needs to be re-channelled from anti-social into socially acceptable behaviour. For example Horvath and Zuckerman (1993) found sensation seeking to be a strong predictor of criminal behaviour and social violations, and similarly Zuckerman (1994) found the trait to be associated with alcohol and illegal drugs abuse, reckless driving and other rule violation behaviours. Slater, Henry, Swaim and Cardador (2004)
suggest a sensation seeking disposition results in an attraction to media violence and early (adolescent) exposure to media violence predicts later aggression. Collison’s (1996) biography of young offenders however concludes that such individuals are simply utilising available resources when engaging in sensation-seeking behaviour, thus if legitimate methods of risk-taking were available criminal and rule breaking activities would not be employed. Such findings highlight the potential role of the sensation seeking trait in criminal and anti-social behaviour thus the current study highlights the importance of re-directing this personality trait positively. It is suggested that in therapy the individual needs to realise legitimate opportunities are available rather than continuing illegitimate and anti-social expressions of sensation-seeking. In Farley’s model of personality, the Big T (thrill-seeking) ‘positive’ accounts for involvement in entrepreneurship, extreme sports, creative science and art, while the Big T ‘negative’ can account for crime, violence or terrorism, what he calls the dark side of the trait (Munsey 2006). Entrepreneurs such as Bill Gates of Microsoft illustrate how sensation-seeking and risk-taking can be beneficial to oneself and even society as a whole. Similarly society benefits from the risks taken by those in highly stressful and risky occupations such as law enforcement, fire-fighting and the hospital accident and emergency ward, while non-sensation-seeking individuals may not be able to cope with the demands of such an occupation. Therefore the trait of sensation-seeking in itself does not have to be negative it can be beneficial and fruitful if channelled in a positive direction. Relearning their behaviour may pose a challenge to many of the men who have spent a large proportion of their lives behaving irresponsibly and illegally in anti-social acts, but if to benefit from TC therapy such relearning needs to occur.

The attitude and values component of the proposed problematic masculinity constellation has been labelled as chivalry. It is argued that this too has a positive and negative aspect. Positively chivalry is associated with politeness, courtesy and thoughtfulness. However if the chivalrous attitude is under developed or at the other extreme promotes a sense of entitlement, problematic behaviour may manifest. Links have been found between holding both stereotypically traditional attitudes and sexual aggression and violence towards women (Truman, Tokar & Fischer 1996); thus the man displaying traditional ‘gentlemanly’ behaviours may also be the man who feels entitled to sex with a woman (Hill and Fischer 2001) and justified in his demands and perhaps his use of force, both sexually and non-sexually. Use of pornography has been found to encourage such beliefs by reinforcing the relative superiority and power of men over women as well as sending distorted messages regarding female
sexuality. Baker (1992) suggests this encourages abusive and violent behaviour against female victims, thus any identification of women in this way needs to be addressed.

The organisation of the therapeutic community means issues are addressed within a group setting, "which is difficult for some men to deal with" (TC resident pers. comm. February, 2004). The general hostility shown by many to those who have such attitudes may result in reluctance to talk, restricting or even preventing such issues being dealt with. Similarly it is possible that those holding such beliefs which have not translated into behaviour may be reluctant to share their feelings and to discuss the potential of these feelings for fear of the group's reaction, again undermining therapy aims and limiting progress, thus the attitude and value element of masculinity may be damaging to therapeutic progress.

Fed by the trait of sensation-seeking and the values embedded in under developed chivalry or entitlement is the behavioural element of the constellation; gratuitous sex and violence. This is the display of violence and/or sexual behaviour for one's own gratification, without concern for the third party. This may be against a same or opposite sex partner, stranger, acquaintance or familiar other. Violence may be used to assert one's power and control, allowing the maintenance of the individual's 'manly' reputation. This is set against the belief of aggression and violence to maintain status and one's sense of masculine self-identity (Archer 1994), where males compete to outdo one another in a face-saving operation. Such competition may be carried into the TC, where males are constantly in close proximity to one another. Although displays of violence are negatively sanctioned it is possible for competition to still prevail, for example, in sport, education, for the attentions of staff or in a simple 'manly' reluctance to show weakness. This may restrict progress in therapy by preventing the individual from disclosing and dissecting the important issues that he needs to address due to a fear or reluctance to demonstrate vulnerability and/or weakness. Holding negative and sexualised opinions of women may also affect how the individual behaves with female staff, how receptive they are to advice or guidance from female staff as well as affecting their willingness to disclose and discuss issues in front of staff, potentially hindering therapeutic progress.

This study investigates whether the individual's level of problematic masculinity affects receptivity to the therapeutic aims of the TC as measured by change in selected psychometric scores. A specific model of masculinity is proposed and the manner in which masculinity may affect such change is discussed in the next chapter.
Chapter 5: Masculinity

This thesis deals specifically with aspects of masculinity presented at one end of the masculinity-femininity continuum. Identified as a constellation of factors, masculinity is assessed in the present thesis by considering individual differences measured in a self-report format. The assessment considers the aspects of traits, attitudes and behaviours. A trait is defined as, “a particular characteristic that can produce a particular type of behaviour” (Cambridge Dictionary 2005). The first element, traits are biologically pre-determined as well as influenced by social learning (Llewellyn 2003). A trait can be displayed through a variety of behaviours and activities. The second element derives from the concepts of attitudes and values which are also identified as having individual differences since individuals do not all share or have the same strength of attitudes or value systems. These however are not biologically pre-determined but are acquired socially (Stroebe and Jonas 1996) and often follow the norms of the culture in which individuals live and are changeable over time due to amongst other things, social influence, education and imitation. The third element of the proposed masculinity constellation is behaviour, for example the demonstration of the personality traits and attitudes or values in action. Traits and attitudes influence the behaviour undertaken: behaviour stems from an individual’s personality (traits) and the values (attitudes) they hold, thus personality assessment tools typically ask questions related to both attitudes and behaviour to assess personality.

5.1 Masculinity: a complex phenomenon

Connell (1995) explains four theoretical approaches in the understanding of masculinity: essentialist, positivist, normative and semiotic. Essentialist definitions take a core element of masculinity and view men’s behaviour in terms of it. Positivist definitions highlight the factual differences between men and women. Normative definitions recognise these differences and suggest a standard of how men ought to be. Semiotic definitions see masculinity as a set of symbolic differences, such that ultimately masculinity is simply not-femininity. These approaches have all been the subject of criticism and none are universally accepted thus gender remains a disputed concept.

Connell states that gender is an internally complex structure where a number of different logics are imposed. This has consequence in that there are a number of masculinities and any one may be positioned in a number of structures or relationships, thus liable to internal and
historical disruption and contradiction. Archer and Lloyd (2002) suggest commonsense and stereotyping produces the differences seen between the sexes, allowing men a position of superiority over women and granting them the characteristics traditionally associated with being male, steadfastness, level-headedness, stoicism and physical strength. The process of conditioning (not the same as the Pavlovian term conditioning used in psychology) allows these beliefs to be passed from generation to generation, pressurising women to be subservient and to underachieve in the name of patriarchy (Archer and Lloyd 2002).

Mosher (1991) describes a form of masculinity based upon sex-typed activities, appearances, roles and traits believed to characterise the typical or traditional man. Masculinity is not afforded to all men but is a social status achieved by those men demonstrating typical, traditional characteristics identified as the standard for men in that culture at that time. Such an ideology of machismo is defined as, “a system of ideas forming a world view that chauvinistically exalts male dominance by assuming masculinity, virility and physicality to be the ideal essence of real men who are adversarial warriors competing for scarce resources (including women as chattel) in a dangerous world” (Mosher and Tomkins 1988:64). This social construction of masculinity entails assumptions of power, inexplicably linked to aggression and violence. Rather than developing power to (mastery) the macho man settles for power over (domination), thereby macho scripts are self-validating rather than self-fulfilling and as ideology justifies action and action celebrates ideology the ideological script of machismo and a macho personality script resonate (Mosher 1991 italics as original).

5.2 Hegemonic masculinity
Connell (1995) explains how the acceptable form of masculinity varies across cultures and time, how at any one time there is a leading form of masculinity. Identified as hegemonic masculinity this is defined as “the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women.” (Connell 1995:77). Hegemonic masculinity embodies the currently acceptable strategy and so when conditions for the defence of patriarchy change (due to challenge by a group of subordinated men or by women) so too does the dominant masculinity, resulting in a concept that is historically mobile and follows a pattern of ebbs and flows. Femininity and masculinity are not therefore fixed or settled but are accomplished in everyday interactions and shaped by larger social structural patterns. Hegemony refers to the dominance of one group and the
subordination of others, in this case homosexual and other marginalised males as well as all women and are subordinated by methods of inclusion, exclusion and intimidation. Connell (1995) also describes complicit masculinities existing alongside the hegemonic and marginalised masculinities already mentioned. Complicit masculinities are those men who neither practice nor challenge the hegemonic ideal but still benefit from its existence. In reality most men will not meet the ideal but all benefit from the patriarchal society that it creates and despite attempts by those identified as subordinates such as gays, lesbian movements and feminists the dominance of the heterosexual male persists. Bem (1993) suggests women are culturally predisposed to give themselves much less priority than they rightfully deserve while men are culturally predisposed to give themselves a greater priority. Thus it is not by acts of self-construction and self-perception that this inequality is created but by the gender polarising practices of the culture that continue to situate males and females in different and unequal positions within the social structure (Bem 1993) and this Archer (2004) concludes occurs across cultures; "masculinity shows certain consistent features across cultures, particularly an emphasis on toughness and the avoiding anything construed as feminine." (Archer 2004:134).

5.3 Contemporary masculinity: reputation and violence

Traditional machismo was required for survival; for hunting, defending and reproducing. It has been argued that modern males are no longer required to engage in such tasks, they instead channel their energy into competitive and symbolic point scoring among peers. This often taking the form of antisocial and violent behaviour, thereby being destructive rather than productive (Ryder 1994). The enactment of masculinity and the methods utilised to assert it depends on the resources available and socioeconomic status. Collier (2000) suggests interpersonal violence between men viewed within particular social, economic and gendered contexts is a way of 'doing' masculinity. It is typically those with nothing to lose, such as those from economically disadvantaged groups and criminal subcultures who engage in the most hazardous of acts (Daly and Wilson 1988) as more legitimate resources for demonstrating masculinity are unavailable. Hobbs (1994) suggests masculinity has always been a vital resource of what he refers to as working class culture and that despite de-industrialisation, working class communities cling to a muscular or highly specialised imagery in order to define perceived essentials for the maintenance of internal hierarchies. Monahan (1981) found street violence to be most prevalent among lower socioeconomic groups and individuals with a history of alcohol or opiate use, a lower IQ and less educational attainment. Hobbs (1994) claims violent potential has long been an expectation of working class men and provides
evidence of this via the narratives of two working class men who stress their cultural obligation to engage in violent behaviour.

The gendered power experienced by men enables them the freedom to roam and interact with other marginalised males, while females have traditionally been constrained by the demands of the household. Unemployment and lack of a place to call their own results in marginalised males congregating in the street, resulting in this group committing the greatest amount of and most serious type of street crime, their gender and class position making this type of crime easily accessible (Messerchmidt 1986). It is suggested that if legitimate routes to power and authority such as the workplace are non-existent, power and control are exhibited in antisocial ways; "...economic and racial inequality effect not only the extent of crime but also its seriousness and violence...the worse the deprivation, the worse the crime."(Currie 1985:146). That is not to say all marginalised males commit violent street crime but particular conditions associated with capitalism, racism and patriarchy somehow increase within this culture a tendency towards violence (Messerchmidt 1986). Men experience their everyday world from their specific position in society and consequently construct differently their cultural ideal of hegemonic masculinity (Messerchmidt 1994). If legitimate avenues to masculine expression are closed, via occupation for example, street culture allows that expression instead. Messerchmidt (1986) talks of an urban street culture where rebellion becomes a collective solution to prohibitions for marginalised males and street crime and violence become a way of affirming a tough non-fearful image and earning respect among peers. Crime becomes an answer to badly paid demeaning labour, unemployment and racism, with a low wage or no wage becoming an effective explanation for crime (Collison 1996) and persistent predatory street crime and excessive drug use typical risk-taking activities for typical hegemonic masculinity (Jefferson 1994). For those men engaging in the hegemonic ideal their peers become the reference group on which to base demonstrations of masculinity. Young macho men are therefore more likely to behave in extreme macho ways when in the presence of other macho men (Mosher 1993), "group robberies result in more violence not simply because violence is a necessary adjunct to ‘pulling it off’ but also because ‘the guys’ are looking on or participating" (Messerchmidt 1986:64).

Upholding masculine honour is central to the notion of manhood and maintaining reputation for oneself and one’s gang is pivotal to everyday male street etiquette (Connell 1995). To shy from a threat of violence may be more damaging than the physical harm endured in meeting the
challenge. The world of boys and men creates a balance of power through mutual willingness to use threats of violence, therefore when living among violence non-violence becomes dangerous (Mosher 1991). Archer (2004) suggests it is when there is no effective rule of law or moral code along with the disinhibiting influence of alcohol that the culture of honour is more pronounced and is then deemed troublesome.

Violence against women has similarly been reported to be a display of masculine power and ensures men's greater control of available resources. Feminist sociocultural models of rape propose the patriarchal structure of society perpetuates sexual violence against women, while the male dominated structure of society is partly maintained by sexual violence against women (Murnen, Wright and Kaluzny 2002). This view holds that a rapist for example is simply acting out, albeit in an extreme form the values of patriarchal society, male superiority, control and conquest (Messerschmidt 1986). Societies with traditional gender role attitudes of male dominance have a relatively high incidence of rape and sexual assault compared to communities who view the sexes as equal (Sanday 1981). These traditional attitudes encourage men to be violent in the name of masculinity, and women to be sexually passive in the name of femininity. More recent work suggests some females may use this situation to their own advantage, for example some (that is not to say all) girls involved in gangs have been found to emphasise their femininity by condoning sexual infidelity (Messerschmidt 1997).Granting sexual favours to the male members can be a way of raising one's own status among the female gang members, thus through emphasising specific heterosexual meanings and practices gender difference is preserved and specific types of masculinity and femininity validated. In this instance girl gang members are not passive recipients of patriarchy but active participants in the construction of gender relations and orchestrate a form of femininity (Messerschmidt 1997) for their own gain.

Whilst male power over women is stable, benefits all men and is legitimised historically with its patriarchal label, inter-male violence and the establishment of one male over another is interchangeable and open to negotiation, so a dispute may escalate into violence and become a dispute about identity and status, with neither protagonist wanting to lose face and both wanting to maintain reputation. Canaan's (1997) study of working class males revealed the use of alcohol to aid feats of violence and found young men to be ranking themselves relative to those around them identifying who they could, and could not beat up. Such actions are encouraged by peer pressure to prove oneself by not shying from violence but initiating
conflict. Tomsen’s (1997) ethnographic study highlights the importance of the public house and within it the protection and projection of a tough male identity by surviving slights, challenges and assaults, and winning does not matter it is the willingness to partake that counts. The use of alcohol fuels the likelihood of small disputes turning into serious violence, a fact accepted by advocates of the link between a strong male identity and regular heavy drinking. Arguments, assaults and fights are appreciated as part of the pattern of shared rule-breaking and the enjoyment experienced by a general sense of antisocial disorder. Tomsen found evidence for the pleasure experienced by collectively watching and engaging in disorderly and violent behaviour and of the symbolic power contests played out between drinkers and authority figures, a distinctive representation of masculinity, youthful pleasure and disregard for social norms (Tomsen 1997).

Lopez and Emmer (2002) found the use of violence and aggression to be an acceptable and often only considered way of solving situational conflict, of protecting others, as a vehicle with which to demonstrate manhood and proving commitment to gang values and norms. Thus violence becomes a way of expressing and validating one’s masculinity and in masculine street culture a male gains status, reputation and self-respect through gang violence (Messerschmidt 1986). Evidence suggests that such behaviour is a consequence of masculinity and that, as described above some groups are predisposed to engage in negative behaviours to display their masculinity than others. These negative behaviours are identified in the current study as extreme masculinity and are identified as ‘problematic’.

5.4 Hypermasculinity

Within certain groups/cultures extreme demonstrations of masculinity are viewed as the norm. It is how the men have been socialised and so is an everyday occurrence in the home, the workplace and on the street. Mosher (1991:200) labels such behaviour as Hypermasculinity, “a disposition to engage in exaggerated sex-typed performances…… of manly actions in gender-relevant scenes that embody dispositions toward toughness, daring, virility and violence…..to demonstrate not only is he masculine but also hypermasculine…..preferring death to dishonour.” Such men are detached from their feelings, able to experience aggression but not fear, logic but not emotion, sexuality but not sensuality, autonomy but not dependence (Goldberg 1993). Thus hypermasculinity, the engagement of over-zealous traditional gender roles may be displayed via extreme methods such as antisocial and/or criminal behaviour. This
is where masculinity can become problematic, when the trait and attitude results in negative
behaviours. Hypermasculinity is explained in more detail in chapter 6.

5.5 A tri-partite model of masculinity

The present study suggests certain aspects of problematic masculinity form a constellation
comprising trait, attitude and behaviour. It is acknowledged that such a tri-partite constellation
may be too simplistic to cover the complete and complex nature of masculinities but that the
chosen elements are particularly relevant to the population under consideration i.e. law
breakers. Thus although three elements are identified it is suggested that other variables may
also play an influential role when considering the range of masculinities. This may be
particularly apparent when considering different populations. The three elements identified are;
gratuitous sex and violence, chivalry and sensation-seeking.

Sensation-seeking is identified from biological and personality research as a measurable trait,
providing information about preferences for risky and non-risky forms of arousal, "defined by
the seeking of varied novel, complex and intense sensations and experiences, and the
willingness to take……risks for the sake of such experience" (Zuckerman 1994:27). Roberti's
(2004) review of studies relating to sensation-seeking concludes it to be a strong determinant
of interest in stimulating attitudes, behaviours and activities and that its relation to biological
and behavioural correlates makes it a key personality variable. Evidence for a biological basis
of sensation-seeking can be found in studies considering scores on a sensation-seeking scale
in relation to neurotransmitters, hormones and enzymes, with sensation seeking preferences
related to cortisol, norepinephrine, testosterone, prolactin and androgen and estrogen levels,
alongside links to scores on personality inventories (Roberti 2004).

The sensation seeking trait is associated with many risk-taking behaviours, possible cost or
punishment being outweighed by the pleasure of engaging in the activity and the risk which can
be physical, legal, financial or social in nature (Zuckerman 1994). Studies have found
associations between sensation seeking scores and alcohol use, drug use, extreme sports,
unprotected sexual activity, impulsivity and gambling (Roberti 2004). Kish and Donnenwerth
(1969) found high sensation seekers to positively correlate with vocational interests that held
found those with elevated thrill and adventure seeking scores and disinhibition scores to be in
risk-taking professions such as fire-fighting, mountain rescue and mine rescue squads.
Zuckerman (1994) has talked extensively about "good" and "bad" forms of sensation seeking and differentiates impulsive, unsocialised sensation seeking from non-impulsive, socialised sensation seeking. Socialised sensation-seekers score higher on the Thrill and Adventure Seeking (TAS) subscale of the Sensation Seeking Scale (SSS-V), while unsocialised sensation-seekers score higher on the Disinhibition, Experience Seeking and Boredom Susceptibility subscales and the Psychoticism (P) subscale of the Eysenck Personality Questionnaire Revised, as well as having associations with conniving, nonconforming, nonconventional behaviour and a lack of planning skills, often manifesting in psychopathology and criminality (Glicksohn and Abulafia 1998). Knust and Stewart (2002) support a distinction between socialised and unsocialised sensation seeking as found in an offender population. Their offender population was found to hold significantly higher levels of hostility, the unsocialised sensation seeking trait was represented by psychoticism, disinhibition, boredom susceptibility, lying and experience seeking, which in turn significantly predicted hostility in the same way that Zuckerman identified unsocialised sensation seeking to relate to impulsivity. The socialised sensation seeking factor did not relate to hostility.

Knust and Stewart (2002) discuss the implications these results have for offender rehabilitation, suggesting if hostility and aggression are related to unsocialised sensation seeking and if such offenders are high on hostility then it may be possible to implement rehabilitation strategies that concentrate on adapting unsocialised sensation seeking tendencies into more legitimate sources. Previous literature discusses the increasing rate of psychoticism, anti-social behaviour and hostility (Blackburn 1998b; Goma 1995) in prison populations. There is therefore value in exploring the presence of socialised and unsocialised sensation seeking within the general and offender populations, to identify how the same trait is demonstrated via different behaviours. Collison's (1996) biographical narrative of young male offenders suggests not all offenders want to engage in anti-social or criminal behaviour to fulfil their sensation seeking need but that they are simply utilising available resources. For example, one youth declared he would like to go skydiving but cannot afford to so he resorts to stealing cars instead. (Collison 1996). This finding clearly demonstrates how masculinity can be demonstrated via both positive and negative methods and that it is the negative that is identified here as problematic.

The second element of masculinity in the proposed constellation is a chivalrous attitude, defined as, "very polite and honourable behaviour, especially shown by men towards women" (Cambridge Dictionary 2005). Felson (2000) identifies a norm protecting women (NPW) that
discourages would-be attackers and encourages third parties to assist women in danger. This norm is specific to women and Felson (2000) proposes a number of explanatory theories; the physical and structural vulnerability of women; group dynamics; the protection of the reproductive and child-rearing role of women; and the routine activities of males putting themselves at a greater risk of violence as compared to women. Felson's (2000) suggestions are all plausible and he investigates the occurrence of this norm in both public and private domains alongside the relationships of the parties involved. It is suggested the NPW results in third parties responding more negatively to those who attack women than those who attack men; being more likely to intervene when a female is threatened; and that the presence of an audience inhibits violence in male-female conflict but encourages male-male violence (Felson 1982). Research by Shortell and Miller (1970) found children learn NPW at a young age whilst experimental research consistently finds subjects are more likely to deliver shocks to males than females, and are less likely to deliver to females when in the presence of an audience or a mirror, indicating the NPW to be an internalised societal norm (Felson 2000). Evidence from experiments, opinion surveys and the criminal justice system shows third parties react more negatively to violence against females than violence against males and that females are more likely to receive help from males than they are females particularly in the presence of an audience (Felson 2000). Such evidence Eagly and Crowley (1986) attribute to chivalry on the part of male subjects, claiming, “The chivalric code stipulates that men direct their courteous and protective acts toward women, who constitute one class of ‘weak and oppressed’ people whom chivalrous men are supposed to help.” (Eagly and Crowley 1986:285), while William James (1902) believed men’s behaviour to be motivated by the desire to be a hero (Eagly and Crowley 1986).

It is when acts of chivalry are taken to the extreme that this component of masculinity can be problematic. Much research has been conducted on rape-supportive attitudes and their link to sexual aggression, with potential predictors of such attitudes being sought. Traditional ‘masculine’ types; men who self-report more masculine personality traits and a greater adherence to cultural notions of masculinity tend to exhibit a greater endorsement of and proclivity toward sexual aggression against women (Truman, Tokar and Fischer 1996). Hill and Fischer (2001) investigated the underlying element in this relationship and found masculinity factors predicted men’s sense of general and sexual entitlement while both general and sexual entitlement predicted an array of rape-related attitudes and behaviours. Hill and Fischer (2001) found masculine gender roles to be a precursor to a sense of general and sexual entitlement..
It is suggested that entitlement is particularly crucial in understanding rape when the victim knows the offender. Hill and Fischer (2001) claim rape symbolises the fundamental belief of men’s right to have sex with women they know and that men who endorse traditional notions of patriarchy and chivalry may also endorse the entitlement element of masculinity, translating into the right to force sex and/or intimacy with a woman against her will. So if taken to the extreme, chivalry with its apparently ‘gentlemally’ style of behaviour may be more dangerous than at first thought.

Generally men tend to place a great deal more emphasis on sex than women do, reflected in the way they measure themselves in terms of sexual performance from which they obtain a sense of self-validation and self-worth (Baker 1992). The use of pornography supports the previously gained patriarchal information regarding the relative importance and superiority of men to women, and adds additional messages regarding female sexuality, such as women are there to be done to, with sex supporting the masculine belief system assisting feelings of self-worth. Pornography depicts females as sexual objects existing for men’s pleasure (Baker 1992). More extreme forms of pornography explicitly assert men’s power over women, incorporating gagging, blindfolding and even simulating or recording actual rape or death. Pornography also serves to bolster men’s feelings and power against the rising position of women in society, a position that is threatening the once superior position of men. It also allows men to view sex without the intimacy and affectionate aspects that their female partner craves. They no longer see the partner as an emotional human, instead utilising the fantasy or image they have in their mind to obtain sexual pleasure. Another level is reached when men turn to sexual offending to act out the extreme fantasies they harbour from the pornography they have seen. Baker (1992) suggests pornography so distances men from women that it facilitates abusive and violent behaviour as it misinforms men about female sexuality, it tells them women always want sex, that they are available for sex even when they refuse and suggests women secretly enjoy rape and other forms of abuse.

Repetition by regular viewing reinforces men’s relative superior position, a position experienced in all spheres of life. Russell’s (1992) research into sexual offending suggests a significant percentage of the male population has some desire to rape. Reviewing a large number of experiments investigating sexual aggression, Russell (1992) claims between 25 and 60 per cent of male participants admit some likelihood of forcing sex with a woman if they knew they could get away with it, while other studies show pornography is becoming increasingly violent,
presenting a distorted view of rape and sexuality (Russell 1992). Russell (1992) claims the laws of social learning (classical conditioning, instrumental conditioning and social modelling) suggest viewers of pornography can develop arousal responses while empirical evidence demonstrates that pornographic depictions of rape are likely to generate rape fantasies in previously non-force-orientated males. It is these fantasies that research evidence suggests may become hazardous. MacCulloch, Snowden, Wood and Mills (1983) found a pattern of sadistic fantasies played out in a repetitive-compulsive fashion by sadistic patients eventually lead to real assaults. Prentky, Burgess, Rokous, Lee, Hartman, Ressler and Douglas (1989) concur that once the restraints inhibiting the acting out of fantasy are removed, the individual is likely to engage in a series of progressively more accurate trial runs in an attempt to enact the imagined fantasy. These trial runs never exactly match the fantasy (until the final assault), so a new victim is required at each trial. This explains Prentky et al’s (1989) finding of the occurrence of violent fantasy in 86% of their serial murders compared to violent fantasy in 23% of their single murders. As the serial murderer undertakes his trial runs in preparation for the final fantasy being enacted he creates a larger number of victims, compared to the single murderer. Abel and Blanchard (1974) highlight the claims in the psychological literature for concordance between deviant fantasies and the occurrence of deviant behaviour. It should however be noted that holding deviant fantasies does not mean the fantasy is inevitably acted out, others suggest fantasy may act as a substitute for behaviour, that sadistic fantasies may act to discharge anger, permitting the expression of sexual feelings (Kaplan 1979). Problems arise when the disinhibitory factors keeping fantasy as fantasy are removed.

Russell (1992) attributes some responsibility to the pornographic industry suggesting the common portrayal in pornographic material of rape as easy to get away with may contribute to the undermining of inhibitions that might prevent the acting out of rape desires or fantasies. Anecdotal evidence from victims suggests men often decide they would like to try a sex act on a woman after seeing a pornographic display of that act (Russell 1992). It is suggested that those men not previously holding force-orientated desires and fantasies lose their inhibitions against acting out sexual force by seeing the objectification of women in pornographic material. Experiments by Malamuth and Check (1985) and Zillmann and Bryant (1984) demonstrate how easily rape myth acceptance is adopted by both male and female participants and how attitudes towards male/female relationships can change after viewing pornography. Malamuth (1986) also demonstrated that attitudes condoning aggression against women translate into observable laboratory aggression against women, positioning this against the evidence that
pornography increases the acceptance of violence towards women, a connection is established. Russell (1992) warns that correlation does not prove causation and it cannot be assumed that consumption of pornography alone is responsible for participants higher level of acceptance of violence against women but that findings could suggest a sort of cause and effect connection. It is suggested that holding traditional values about women and their place in society coupled with the type of beliefs that are portrayed in pornographic media can result in notions of entitlement and a distorted view of women's sexual availability for example; women are always available for sex; it is a man's right to have his sexual demands met; and women enjoy rape. Such a view may be demonstrated by physically or sexually abusive behaviour.

The dangerousness of an extreme chivalrous attitude, for example manifest as a sense of entitlement is also apparent in the literature on domestic violence, suggesting many men view violence against their spouse as acceptable and a suitable method for obtaining and maintaining a sense of power and control. Greenblat (1983:238) argues, "the marriage license is also a hitting license". This suggests the finding in the current study of a severe dislike of male on female violence could be most relevant to witnessing violence between a couple rather than one's own actions in one's home. The literature suggests violence by husbands reflects general patterns of societal resource allocation and power (Frude 1994) so that husbands/partners utilise violence to demonstrate control and authority over women whom they consider subordinate (Dobash and Dobash 1980) particularly if they perceive them challenging their authority or control (Archer 1994b). It appears the likelihood that a man will resort to violence varies systematically with the amount of support he and his wife receive from larger social networks. As the degree of support available to the wife increases the likelihood of violence against her decreases, with violence being most likely to occur against an isolated individual (Baumgartner 1993), confirming the intermediary affect of an audience.

The general protection of women by strangers has an extensive history. In parts of America in the 18th and 19th Centuries groups such as the Regulators and the Klu Klux Klan punished men known to mistreat their wives (Baumgartner 1993). The methods employed in contemporary society are different but there is still a general abhorrence against male on female violence. Although more hidden than male on male violence research suggests there is little difference on measures of aggression between men involved in domestic violence and those prone to fighting outside the home (Frude 1994), suggesting men with a masculine or macho belief system are likely to exercise power over other men and women through violence (Archer
Thus those exhibiting power over one group i.e. other men, are also likely to exhibit power over women. Exhibitions of dominant power are often violent and abusive, therefore anti-social and so problematic. When chivalry is not taken to such an extreme and remains at the ‘gentlemanly’ door-opening stage with respect for others, it is a positive aspect of the masculinity constellation. It is when such values are taken to the extreme, described above as a sense of entitlement where feelings of right and even ownership prevail that problems may ensue.

In the current study sensation seeking is identified as a trait, chivalry as an attitude and gratuitous sex and violence as a behaviour; the acting out of traits and attitudes, thus sensation seeking and chivalry are associative factors leading to negative behaviours (see figure 5.1). In this example violence and/or sex is used for gain either at the expense of, or with little concern for others. Power, control, reputation and status are central and others are utilised for self gain via violence and/or sex, and can be demonstrated toward both men and women.

Figure 5.1: The relationship between personality, attitude and behaviour in the masculinity constellation
In considering visible violence Messerschmidt (1986) talks of an urban street culture where it is typically those with nothing to lose (young males of lower socioeconomic status, either unemployed or employed in menial labour) who engage in violence against a backdrop of toughness where aggression and violence are utilised to defend or take care of oneself if challenged (Archer and Lloyd 2002). Often violence begins under trivial circumstances as disputed between casual acquaintances, but the trade of insults turns the conflict into a threat towards one's identity (Archer and Lloyd 2002). Whether one is saving face in front of a crowd or for one's own sense of self-esteem, input discrepant with one's central value systems, including personal relationships, possessions, religious and cultural beliefs, is likely to result in an aggressive exchange (Archer 1994a). By dehumanising and victimising the despised object a male who feels his masculinity and status to be threatened can prove his masculine strength (Messerschmidt 1993). Further evidence is provided by Graham and Wells' (2003) research concluding that bar violence has become a normative occurrence in some countries and fighting an expected and pleasurable activity for macho males with violence engaged in to establish one's self as a macho male deserving respect and admiration from peers.

Gratuitous sex is the obtainment of sex or intimate relations for one's selfish gain, irrelevant to the third party. Such behaviour may be indulged in to assert one's sense of authority and control, obtaining what you desire irrelevant to the other's feelings. The assumption of obtaining sex for self-gratification does not assume full sexual intercourse, it may simply be the obtainment of intimacy and does not automatically translate into forced sex. The sex or intimacy may be consensual but the male's objective is self-gratification thus gratuitous sex can be either consensual sex, coerced sex, sexual assault or rape and with a known intimate or a stranger. Finkelhor and Yllo (1985) distinguish between forced sex and rape stating wives who submit to their husband's request for sex as they feel it is their marital duty experience forced sex but not rape. Similarly workplace sexual harassment where one pressurises or bribes a colleague into sex via non-violent threats is technically not committing rape but still the act is non-consensual.

Felson (1993) discusses three goals of sexual coercion: sexual pleasure; harm to the victim and domination of the victim. Sexual pleasure and dominance of the victim maybe intertwined, pleasure is achieved from the ability to dominate, forcing a victim to engage in acts she would not otherwise have engaged in (Felson 1993). Empirical evidence shows enforced intercourse is generally not identified as rape and the attack is identified as justifiable in certain situations.
Sexually aggressive males have been found generally to be more aggressive and antisocial and to hold traditional views about male/female interactions which are associated with rape myth acceptance and subsequently a rape supportive culture (Pollard 1994). Thus an extreme chivalrous attitude, such as a sense of entitlement may result in extreme non-consensual sexual behaviour.

O'Sullivan's (1998) study of gang rapists and wife batterers found the two share the same goal; the use of sex to demean women implying “that ‘getting over’ on women sexually is a particularly ‘masculine’ act of interpersonal dominance” (O’Sullivan 1998:94). Hostility towards women is conceived as an attribute of masculinity, such that, if you love women (and are heterosexual) you want to rape them, or in the batterers case feel a right to sex despite your wife’s protestations. Kersten (1996) speaks of a male fixation with procreation as normative heterosexuality and domination through control over weaker persons mostly women and children that acts as a catalyst to sexual assault and Pollard (1994) concludes, “the ‘macho’ male, whose sense of self-worth is bolstered by the pursuit of dominance and exploitation of the opposite sex, is particularly likely to translate his basic misogyny into sexual violence.” (Pollard 1994:184).

Archer (1994b) suggests violence towards other men and women (including sexual aggression) are inextricably linked in terms of both empirical evidence (males who beat their partners also tend to resolve conflicts outside the home via violence) and ideologically (through the belief that manhood involves achieving and maintaining status through fighting and the gratuitous ownership and control of women and resources through force if necessary) (Archer and Lloyd 2002).

### 5.6 Crime

Research shows men have an elevated crime rate compared to women. However it is not the case that all men commit crime, but that most crime is committed by a specific minority group of men (Hood-Williams 2001). Numerous theories have been posited to explain this occurrence including; attachment theory; the breaking of parental bonds; the increased freedom afforded young males compared to young women; the socialisation process and the encouragement of conformity to gender roles. The latter suggests simply being born male invites an individual to prove his macho-ness. This, Real (1997) suggests, is why risk-taking largely occurs in public situations and is associated not with freedom but with shame if you refuse the challenge.
Young men situationally accomplish public forms of masculinity in response to their socially structured circumstances; that is crime and the anti-social behaviour discussed above serves as a suitable resource for doing masculinity when other resources are unavailable (Messerschmidt 1994). Minority males recognise their marginal status creates nearly insurmountable barriers to success through the traditional avenues of business, the professions and government service (Gibbs and Merighi 1994). The peer group becomes a critical organising setting for the embodiment of public masculinity. For the street-corner youth masculinity does not derive from competition for school office and praise but from violent conflict with other street-corner men. Public masculinity is constructed through hostility to and rejection of all aspects of groups that are considered inferior, such as those of a different race, ethnicity or sexuality (Messerschmidt 1994). Status within ones group is achieved by engaging in criminal activities which provide a masculine sociocultural role, a source of income and a route to social mobility within the community (Gibbs and Merighi 1994). Referring specifically to black youth Staples (1982) suggests crime, economic deprivation and masculinity are interconnected, with the masculine ethic encouraging black males to commit illegal acts as the dominant culture restricts access to socially acceptable ways of achieving those goals. Collison (1996) suggests crime creates a space for the acting out and embellishing of predatory masculinity. Activities such as carjacking, drug dealing, theft and gun ownership are all plausible routes to enforce the marginalised males' feeling of status, affirm his self-identity and establish a reputation within his peer group when legitimate routes are unavailable. Katz (1988) supports this claim by suggesting that street robbery is virtually an entirely male activity that makes little rational sense as a way of making money and thus serves a purely expressive purpose; to assert ones masculinity. Further evidence of robbery being used to affirm status is found in Messerschmidt's (1997) case study analysis of four individuals' distinct approaches to obtaining respect in the masculine world, with robbery being a rational practice for demonstrating masculinity and simultaneously providing the funds to support further masculine accomplishment. Messerschmidt goes on to explain that even when both males and females are involved in crime together, distinct gender roles and divisions are still practiced. The findings described above suggest masculinity may influence an individual's propensity to engage in crime and antisocial behaviour as one strives to declare and defend ones reputation and status. Sensation seeking and gratuitous sex and violence aid the obtainment of that goal.
As previously described an extreme level of chivalry can result in male violence against women. Brownmiller has been criticised for suggesting that rape is, “a conscious process of intimidation by which all men keep all women in a state of fear” but with this statement she addresses the issue that all men have the potential for violence and that social scientists cannot specify which men may be violent (Stanko 1994:40). However by considering the socio-structural context of violence we may shed some light on the connection between masculinity and violence (Stanko 1994), that is, why most men have a greater predisposition towards violence than most women. Scully’s (1990 cited by Stanko 1994) research utilising rapists own explanations for their offences claims sexual violence directed at known or unknown women can be understood within the patriarchal structured relationships of women and men and that for many men violence is not a problem, but a solution to perceived problems. (Dobash and Dobash 1994). Dobash and Dobash (1994) go on to suggest men do not take responsibility for their violence, instead they deny its existence, diminish its meaning and deflect responsibility onto others or, as Messerschmidt (1986:68) concludes, “violence and exploitation are positive and fulfilling expressions of masculinity; they are rewarding acts.”

Hood-Williams (2001) challenges the conclusions of Messerschmidt and others that men commit crime because they are re-producing masculinity, by questioning a number of inherent assumptions. For example how do we explain the following: criminal activity differences between blue and white collar workers; the fact that not all men engage in crime; the seemingly ‘hard’ man activities enacted by street gangs that do not involve defying the law; and where do women who commit crime feature in the display of masculinity debate? Hood-Williams (2001:45) argues, “If everything that men do is masculine then the concept of masculinity is an empty tautology: gender collapses into sex”. Messerschmidt (1997) however recognises that since gender is a social practice accomplished in everyday life, the display of masculinity is fluid and interchangeable. This is illustrated in his account of Malcolm X who changed his life from a ghetto hustler who served ten years for robbery to a family-orientated follower and preacher of the Nation of Islam, supporting the view that crime as a resource for doing masculinity, race, and class is a fluid concept changing over time and context specific. (Messerschmidt 1997). Therefore crime may indeed be used by some to demonstrate masculinity in a specific social setting, but are not used in another social setting, or not used at all, thus class difference therefore often becomes another mitigating factor in discussions of behaviour.
The complex issue of the influence of class or socio-economic difference is not debated here as it is somewhat outside the remit of the present thesis. Similarly the relationship between femininities and crime is not discussed in detail. It is acknowledged that these are critical issues but they will not be addressed in the present study as the current focus is in problematic aspects of masculinity and the predominance of men in criminal populations. Emphasis is therefore on the measurement of masculinity and its subsequent effects and relationships.

5.7 Masculinity and the therapeutic community

Behaviours such as those described above may be the extreme for most men but the norm for others. The present study concentrates on an offender population, specifically those currently convicted of a crime and serving a custodial sentence. Therefore they are known to engage in risk-taking and violent behaviours and as a group represent the extreme end of the behavioural continuum. Such demonstrations of extreme behaviour may or may not be beneficial to an individual's treatment in the Therapeutic Community (TC). Therapy in the TC works on a culture of enquiry, allowing freedom of speech and demanding tolerance of others via permissiveness, support and acceptance. It is therefore essential that the individual tries to understand his behaviour, one's current psychological position and location in life. It is important to reflect on life events and to assess their influence. TC therapy involves listening to the experiences of others, their thoughts and feelings, requiring a level of emotional skill and psychological mindedness as well as the acceptance and support highlighted above. The level of emotional deficit or lack of emotional understanding required to hold problematic attitudes such as those described above and to conduct criminal behaviour suggests such individuals may struggle to deal with the emotional openness required in therapy. TC therapy is about listening to others and assisting them at an emotional level, as well as dealing with one's own problems often including a difficult past. Most of the men finding themselves in the TC have spent many years involved in crime, have never confronted the problems that may have contributed to such behaviour and have continued on the path of a career criminal, ignoring offers of help to confront the issues that if dealt with may make for a better person and a better life, a life away from prison walls. Mainstream prison where many of these men have spent most of their lives is not sympathetic to an emotional individual. Problems and emotions are not appreciated. Violence is often used to 'sort' a problem and democratic dealings are not understood. This is in contrast to the democratic, reality confronting approach of the TC and so may make the TC experience very difficult for some men and hinder their progress. In addition TC therapy attempts to improve self-esteem and feelings of self-worth as well as induce more
considerate behaviour towards others and aims to reduce future offending. It may be that extremes in the proposed tripartite model of masculinity prove detrimental to these TC aims by encouraging the continuation of reputation maintenance and emotion denial at the expense of openness, honesty and communalism. By continuing to engage with previous attitudes (previous behaviour is unlikely to be displayed due to the zero-tolerance of violence ruling in the TC) participants are unlikely to make significant progress towards positive change. Failure to be whole-heartedly involved in the community could result in alienation, negative shifts in self-esteem and sense of self-worth, even reinforcing negative attitudes towards others and reinstating the availability of others for use and abuse.

It is therefore expected if an individual holds the attitudes, possesses the trait element and engages in the behaviour identified by the MAS to an extreme and problematic level he is likely to make less positive progress and more likely to prematurely terminate therapy than an individual not exhibiting to such a level. The elements identified by the Masculinity Assessment Scale (MAS) as comprising masculinity; gratuitous sex and violence, chivalry and sensation seeking may have contributed to the individual’s criminal behaviour and in turn are likely to contribute to the likelihood of their success or otherwise in the therapeutic community. Thus for the individual to change they need to change the methods through which they channel their obtainment of masculinity.

5.8 Hypotheses
Finney (2003:3) suggests, “proximal outcome variables ... cognitions, attitudes, personality variables and behaviours... should be affected by the treatment provided, and should, in turn, lead to positive ultimate outcomes.” The current study proposes that adverse aspects of masculinity will play a mediating role in the relationship between therapy and outcome. Findings such as those described above suggest associations between masculinity and criminal behaviour. If identification with the proposed masculinity constellation is extreme, labelled here ‘problematic’, attitude and behaviour will not be conducive to therapeutic change. It is suggested such problematic aspects of masculinity inhibit receptivity to the therapeutic regime by preventing open disclosure and sharing of personal and emotional information, discouraging commitment to TC principles, inhibiting connections with fellow residents and obstructing the understanding of TC benefits. As a result, significant change is not expected to occur on psychological outcome measures. For change to occur the adverse aspects of masculinity would be expected to change. Thus the proposed masculinity constellation is
hypothesised to play a mediator role between the therapeutic regime and change on psychological measures.

Baron and Kenny (1986:1176) identify a variable, "to function as a mediator to the extent that it accounts for the relation between the predictor and the criterion.". In the present study a three-variable system with two causal pathways is predicted. Figure 5.2 presents the proposed model.

Figure 5.2 Mediation model of masculinity, therapeutic community and outcome

![Mediation model diagram]

Negative aspects or problematic masculinity can be identified as a mediator if the following conditions are met:

- path a; variations in the independent variable (TC) significantly account for variations in the mediator (Masculinity);

- path b; variations in the mediator (Masculinity) significantly account for variations in the dependent variable (Outcome); and

- path c; when paths a and b are controlled for a previously significant relationship between the independent and dependent variables is no longer significant. When path c is reduced to zero there is evidence for a single, dominant mediator. If c is not reduced to zero multiple mediating variables may be present.

However it is suggested that for relationships in psychological research, which often have multiple causes, a more appropriate goal may be to seek to decrease path c rather than totally...
eliminating the independent and dependent variable relationship down to zero (Baron and Kenny 1986). Thus masculinity may be one of many mediators in the relationship between the therapeutic community and the outcome measures. From the proposed theoretical model the following hypotheses are drawn:

a). A longer time spent in therapy will be associated with a greater change in problematic masculinity score.
b). A longer time spent in therapy will be associated with a lower baseline problematic masculinity score.
c). Over time as problematic masculinity score decreases so outcome measures will indicate improvement.
d). Participants exiting therapy prior to spending an optimal eighteen months in the TC will have a higher problematic masculinity score at baseline compared to those who complete a minimum of eighteen months of therapy.
e). Those completing a minimum of eighteen months will show a different amount of change compared to those completing less than eighteen months
f). Problematic masculinity will operate as a mediating variable between time spent in the community and change in outcome measurements.

5.9 Design

These hypotheses were investigated using a design analogous to the Medical Research Council’s Exploratory Trial design (Hollin, Palmer, McGuire, Hounsme, Hatcher, Bilby and Cark 2004). Such designs have clear and precise objectives, but require a more flexible approach so that changes can be made in response to accumulating results, hypothesis testing being data dependent (EMEA 1998). The current hypotheses will be addressed but alterations made in accordance with findings, particularly in relation to hypothesis a, where a “dosage” effect may be central to the investigation.

Ideally a Randomised Control Trial is utilised in evaluation of interventions where participants are randomly assigned to treatment and comparison groups. It is not however possible to utilise such a method in the current study. Collecting data in the Therapeutic Community environment necessitates the use of opportunistic participant recruitment, such that every individual entering the environment is a potential participant and as many individuals as possible are recruited. These individuals have already undergone a type of paper and pencil assessment before the
decision was made to allow them to enter the community, carried out by staff at their sending establishment, thus a method of selection has already occurred, again making the possibility of a randomised control design redundant. Possible access to a non-TC matched control group has also proved difficult on grounds of accessibility to offender records and files in other establishments. The current study therefore makes comparisons between those staying in the TC for the identified "optimum" period of time and those leaving the TC before they reach this time point.

The following chapter describes research tools for measuring masculinity.
Chapter 6: Measurement Tools

Despite or perhaps because of the conflicting viewpoints over the construct of masculinity, a varied array of tools to measure or categorise masculinity have been devised. Some assess both masculinity and femininity, others measure degrees of masculinity. It was argued in the previous chapter that a constellation of masculinity be considered drawing on disposition, values and attitudes and behaviour associated with criminality. The implications, which the present chapter considers is what and how to measure the constellation's constituent elements. The current research frames the measurement issue in terms of (M-F) that is masculinity-femininity lying along the same continuum. The alternative approach is masculinity, femininity (M,F) as two distinct dimensions. Tools to assess both constructions are considered below.

6.1 Masculinity-Femininity or Masculinity, Femininity?

One of the earliest scales to measure Masculinity-Femininity is from Terman and Miles (1936). Based on numerous years of research into how the sexes differ, a mental test of masculinity-femininity was formulated from actual male-female group differences. Entitled the Masculinity-Femininity test, it follows a paper-pencil format on two forms (A and B) consisting of 456 and 454 multiple-choice items. The test was designed to make possible quantitative estimates of the amount and direction of an individual's deviation from the mean of his/her sex and to enable "quantitative comparisons of groups differing in age, occupation, education, intelligence and cultural milieu." (Terman and Miles 1936:6). This scale has been criticised for simply identifying participants as male or female as any item revealing gender difference was taken as evidence of masculinity and femininity regardless of its relevance to the two constructs (Helgeson 1994). Other scales of this time, including Strong's Vocational Interest Blank (1936); Guilford and Guilford's (1936) personality factor analysis, subscales of the Minnesota Multiphasic Personality Inventory (Hathaway and McKinley 1940); and he California Psychological Inventory (Gough 1952) were criticised for having similar flaws (Helgeson 1994).

Research of the 1970s changed direction and considered masculinity and femininity to be two distinct dimensions rather than positioned at opposite ends of a continuum. The Bem Sex Role Inventory (BSRI) (Bem 1974) was a primary example of this new approach. The BSRI is based on a theory of the cognitive processing and motivational dynamics of sex-typed and androgynous individuals (Bem 1979). The premise is that masculinity and femininity are not bipolar constructs but are conceptually and empirically distinct (M, F), defined in terms of sex-
linked social desirability (Hoffman and Borders 2001) and that an individual is identified as either predominantly masculine, feminine or androgynous as a function of his/her endorsement of masculine and feminine personality characteristics (Bem 1974). The test accords that a conventionally gendered person is someone whose self definition and behaviour are intertwined with the stereotyped definitions of gender appropriateness for his/her culture (Bem 1993). Culture classifies attributes into masculine and feminine categories, sex-typed individuals take these grouped attributes as the standard for their behaviour. An androgynous individual reject such a categorisation of attributes and are not sex-typed in their behaviour as they combine both masculine and feminine elements (Bem 1979; 1985). The BSRI does not treat masculinity, femininity as two ends of a single continuum but as two independent scales of culturally defined masculinity and femininity allowing individuals to describe themselves as either high in both (androgynous), low in both (undifferentiated) or high in one whilst low in the other (dominantly masculine or dominantly feminine). This is a direct challenge to Terman and Miles’ (1936) assumption that individuals are either masculine or feminine (Bem 1993).

Androgyny directly challenged all previous notions of masculinity-femininity and is, as Bem defines it, “the absence of any concern for cultural definitions of masculinity-femininity” and that “behaviour should have no gender” (Bem 1993:125).

The BSRI challenged the assumption that masculinity and femininity are core dimensions of human personality, suggesting masculinity and femininity are cultural stereotypes. This perspective was welcomed within the field of feminist psychology. Since its original conception in 1974, the BSRI has been subject to numerous critiques, (Pedhazur and Tetenbaum 1979; Locksley and Colten 1979; Spence and Helmreich 1980), ranging from suggestions that the theory behind the Inventory is somewhat confused, that Bem herself is uncertain of what she is actually measuring, through to a debate regarding the accuracy of the two scoring methods (Hoffman and Borders 2001). Hoffman and Borders (2001) suggest such criticism has actually contributed to the popularity of the BSRI as a measure of masculinity-femininity. More recently Bem herself suggested that human behaviours should no longer be linked with gender, that researchers should stop viewing the world through “lenses of gender”, structuring the world in male and female categories thereby imposing limitations on both sexes (Bem 1993) Despite these criticisms, Bem’s scale is still widely used. Recent use of the BSRI includes consideration of masculinity and femininity in Turkey (Ozkan and Lajunen 2005); effects of hormonal differences in handwriting style (Beech and Mackintosh 2005); and the relationship between masculinity, femininity and criminal thinking (Walters 2001).
Spence, Helmreich and Stapp’s (1974) self-report Personal Attributes Questionnaire, based on Bern’s (1974) low correlation between masculinity and femininity scales, uses the terms “instrumentality” and “expressiveness” to measure the extent to which a person can be classified as masculine or feminine. It is recognised that “instrumentality” and “expressiveness” are terms also common to the literature on aggression, violence being explained in terms of being instrumental i.e. for one’s gain, or expressive i.e. to express emotion (Blackburn 1993). The same terms are used in the current context to explain personality traits i.e. instrumentality characterised by acting upon the world and getting things done, a trait typically assigned to men; and expressiveness characterised by caring for others and expressing emotions, a trait typically assigned to women (Archer and Lloyd 2002). The FAQ is a 55 item (or 24 in the shortened version) self-report measure divided into three subscales Masculinity (M), Femininity (F) and Masculinity-Femininity (M-F) comprising a number of trait descriptions set upon a bipolar scale. Research on college students found M items all relate to instrumental, agentic characteristics while items on the F scale refer to expressive, communal attributes. A mix of both instrumental and expressive items and items described as both were found on the M-F scale. These items were not assigned to either the M or F scale as the data suggested that for these items what is socially desirable differs in the two sexes making it impossible to assign items to either M or F. Analysis also suggested the items are more similar to one another than they are to the items on the M or F scales and the M-F scale holds information not apparent from the M, F scales alone (Spence and Helmreich 1978). The veridicality of stereotypes about personality differences between the sexes was validated for the particular characteristics appearing on the questionnaire, justifying the scale’s use as a measure of masculinity and femininity. Examination of the M-F scale in relation to the M and F scale revealed a positive correlation suggesting a dualistic interpretation. However the M-F scale was found to have a positive correlation with the M scale and a negative correlation with the F scale, suggesting the existence of a bipolar relationship. Spence and Helmreich (1978) acknowledge this results in a, “conceptual embarrassment of having to embrace simultaneously a dualistic and a bipolar model of masculinity and femininity.” (Spence and Helmreich 1978:20).

The current study investigates the influence of masculinity on progress made in an all-male forensic therapeutic community. Masculinity alone is considered due to the associations explained in chapter five of traditional masculine characteristics and conduct with offending behaviour. The following section considers previous attempts to measure masculinity.
6.2 Measuring masculinity

The Male Role Norms Scale (Thompson and Pleck 1986) assesses the structure of the male role norm working with a college sample. The scale produces scores on three subscales; Status, Toughness and Anti-femininity. Thompson and Pleck’s sample demonstrates covariation across the three scales and the three scales correlate better with each other than with two measures of attitudes towards women; the endorsement of norms for feminine activities and the preference for a virgin wife, confirming their validity and reliability. They suggest that although some individuals may endorse traditional attitudes towards men they can also endorse liberal attitudes towards women and traditional attitudes towards women can be accompanied by liberal attitudes towards men thus endorsing and/or rejecting sex-role norms do not necessarily run parallel. Thompson and Pleck (1986) thus conclude the traditional male role to be three-dimensional and distinct from attitudes towards women.

In response to research suggesting the traditional gender roles assigned to men are confining, maladaptive and stress-producing the Masculine Gender Role Stress Scale (MGRSS) was developed to measure masculine gender role stress (Eisler and Skidmore 1987). Rather than considering masculinity as defined by characteristics deemed socially acceptable for men, the concept of masculine gender role stress refers to the cognitive appraisal of specific situations stressful for men, including thoughts, behaviours and events occurring in the local environment. Men may therefore experience stress when they identify themselves as unable to cope with their male role or when a situation requires “unmanly” behaviour; “The MGRSS reflects situations appraised as significantly more stressful by men than by women.” (Eisler and Skidmore 1987:135). The scale identifies three factors comprising masculine gender role stress; Physical Inadequacy; Emotional Inexpressiveness, Subordination to Women, Intellectual Inferiority and Performance Failure. Correlations with the MGRSS and measures of masculinity, anger and anxiety suggest there are certain aspects of the masculine gender role identification that can be maladaptive and stressful. An initial study using the MGRSS (Eisler, Skidmore and Ward 1988) concluded stress appraisal to be gender related with men experiencing more masculine-role stress than women, that the concept of masculine gender role stress (MGRS) can be distinguished from the concept of masculinity and that masculine gender role stress predicts increased anger, anxiety and poorer health behaviours. This highlights how stress can contribute to problem behaviour such as the anger, anxiety and poor health behaviour identified by Eilser and Skidmore (1988). It is suggested by the current study that this stress may contribute toward the negative behaviours shown by the current population,
such as violence and criminal offending. Therefore the presence of masculinity in a population that demonstrate what could be labelled ‘problematic’ masculinity appears crucial to whether therapeutic outcome is assessed as successful. Watkins, Eisler, Carpenter, Schechtman and Fisher (1991) found MGRS scores to be significantly associated with Type A behaviour, hostility, personal loss, life dissatisfaction and elevated blood pressure, thus also presenting consideration for men’s health behaviours. Similarly Isenhart (1993) applying the MGRSS to an inpatient sample of alcohol abusers found high MGRS scorers also scored higher on measures of alcohol abuse than their low scoring counterparts. Moore and Stuart’s (2004) sample of high MGRS scorers reported more state anger, negative intent attributions and verbal aggression than did low MGRS scorers to gender relevant and irrelevant vignettes. Thus gender role stress appears more prevalent in men than women and presents psychological and physiological health concerns for those men experiencing such stress and for those around them, such as partners and family members.

Doss and Hopkins (1998) speak of the difference between male role norms and masculine ideology, the former being culturally constructed expectations of behaviour and the latter the individual’s internalised adaptation of male role norms (Doss and Hopkins 1998). They stress the difficulties of simply applying an Anglo-American devised tool to other cultures, thus the formulation of the Multicultural Masculinity Ideology Scale (MMIS). The scale revealed the presence of two core components of masculinity highly similar across three cultures; a 13 item Hypermasculine Posturing component and an 8 item Achievement component. In addition culturally specific components were also identified. It is suggested such commonality across cultures supports early theories suggesting the existence of an inherent maleness in every man, regardless of cultural background. Doss and Hopkins (1998) point regarding applicability of a scale to more than one culture suggests using a scale with a population other than the one the scale was devised for could result in less than accurate findings. In light of this the current study revises and updates the American Hypermasculinity Scale (Mosher and Sirkin 1984) for use with a British 21st century population.

6.3 The Hypermasculinity Inventory
The formulation of the Hypermasculinity Inventory (Mosher and Sirkin 1984) arose from previous work on calloused sex attitudes towards women (see Mosher and Sirkin 1984) to create the macho personality constellation, defined as "an affective-cognitive structure developed from repeated interactions of fundamental emotions with cognitions, including
beliefs and attitudes, in situations in which the masculine self concept was formed", consisting of three components; violence as manly, danger as exciting and calloused sex attitudes towards women (Mosher and Sirkin 1984:151). These three subscales, reflecting the macho man's desire to appear powerful and to be dominant represent a single, predominant, latent variable although they may be used independently. A final macho personality score is awarded each participant from his responses to the 30-item forced choice measure with the authors concluding the scale to be, "a promising measure of the macho syndrome which is particularly relevant to studies of male violence, delinquent or criminal behaviour, and alcohol- and drug-related behaviour" and is also expected to relate to sexual aggression (Mosher and Sirkin 1984:161). Thus the scale is identified by the current author as particularly relevant for use with a forensic population. Additional use of the scale, as described below similarly justifies this conclusion.

The Hypermasculinity Inventory either in its complete form or as separate subscales has been used to consider a wide variety of variables including aggression (Mosher and Anderson 1986); taste in music (Hansen and Hansen 1991); emotional response (Gold, Fultz, Burke, Prisco et al 1992); mating success (Linton and Wiener 2001); sexual aggression (Lackie and deMan 1997); likelihood to rape (Smeaton and Byrne 1987) and driving behaviour (Krahif, Fenske 2002). A meta-analysis of research relating masculine ideology to sexual aggression (Murnen, Wright and Kaluzny 2002) found the largest effect size was for measures combining various aspects of masculine ideology. To be sexually aggressive towards a woman it appears one needs to be accepting of violence in relationships, hold hostile attitudes towards women and to have an ideology of male power and dominance, a construct labelled hypermasculinity or the macho personality constellation by Mosher and Sirkin (1984). Others have "described a similar construct called "hostile masculinity" ..... and a related construct, "patriarchy ideology" (Sugarman and Frankel 1996), operationalised by measuring attitudes towards violence, gender attitudes and gender schema. The current study suggests this construct consists of trait, attitude/value and behaviour, and is identified as 'problematic masculinities' when taken to the extreme. Masculinity itself is not identified as problematic, it is when that masculinity is excessive in attitude and values and subsequent behaviour; specifically the trait of sensation-seeking, a chivalrous attitude and gratuitous violent and sexual behaviour. It is proposed that the negative behaviours identified by previous research such as aggression, likelihood to rape and drug and alcohol use are extreme demonstrations of masculinity, interpreted as hypermasculine and are thus problematic. Gestures such as holding the door for a woman and
seeing oneself as family breadwinner and protector are all positive acts of traditional masculinity. Masculinity in itself is therefore not identified as problematic it is the degree to which it is utilised that is important.

Murnen, Wright and Kaluzny's (2002) meta-analysis of the HMI and sexual aggression revealed an effect size range of .25-.33 with a total effect size of r = .292 suggesting a positive association between scores on the Hypermasculinity Inventory and sexual aggression. This, the largest effect size across the measures reviewed implicates the acceptance of violence in relationships, hostile attitudes towards women and belief in the male power/dominance ideology, all contained within the inventory's three scales, as increasing the likelihood of sexual aggression. Similarly, Parrott and Zeicher (2003) found an association between a high score on the Hypermasculinity Inventory, choosing the aggressive response option in a laboratory setting and delivering a higher intensity shock than that administered by lower hypermasculinity scorers (F = 7.29, p < .01), and for a longer duration (F = 4.36, p < .05). This suggests a connection between hypermasculinity and sensation-seeking as demonstrated by engaging in risky behaviour. A thrill and adrenaline rush, desired by the sensation-seeking personality (Zuckerman 1994) is obtained by doing something risky and potentially dangerous, demonstrated here by delivering a shock to an innocent party.

Research by Parrott and Zeichner (2003) found responses to the Conflicts Tactics Scale 2 (a 78-item scale assessing prevalence of physical assault as a strategy people use to reduce conflict with their partners), reveals the prevalence of physical assault toward intimates is significantly higher in high scoring hypermasculine men (chi-square = 6.88, p < .01) compared to lower scorers. Barak, Fisher, Belfry and Lashambe (1999) found hypermasculinity to be associated with negative attitudes towards women, rape myth acceptance and negative attitudes towards women as managers while exposure to internet pornography had no effect on responses, suggesting personality predispositions such as hypermasculinity determine these negative attitudes.

Beckett (unpublished) adapted the Hypermasculinity Inventory for use with an adolescent population. This version contains 41 forced-choice items with an additional scale to that devised by Mosher and Sirkin (1984) entitled Adversarial attitudes towards females and sexual minorities. This version of the Inventory achieves a Cronbach Alpha of 0.85, an acceptable level of reliability (Farr, Brown and Beckett 2004), alphas for the individual scales are not given.
Farr, Brown and Beckett (2004) found adolescent sex offenders to display greater hypermasculinity than adolescent non-sex offenders on the callous sexual attitudes towards females and the adversarial attitudes towards females and sexual minorities scale, but to score lower than the non-offender group on violence as manly and danger as exciting scales. Thus it appears differences in the hypermasculine profile of adolescent sex offenders and adolescent non-offenders centre round views of females and appropriate sexual behaviour rather than views of violence and danger (Farr, Brown and Beckett 2004). As previous work suggests this is the component of hypermasculinity most associated with likelihood of sexual offending (Gold et al 1992).

It is findings such as those cited above that contribute to the further exploration undertaken in the present thesis of masculinity in a prison population, and specifically the effect it may have on progress made in therapy. The associations between physical aggression, rape and sexual aggression, and hostile response towards others as well as negative attitudes towards women, rape myth acceptance, and callous sexual attitudes towards women with levels of hypermasculinity cited above provide some support for the conceptual formulation of problematic masculinity and associated criminality. The proposition being asserted in the current research is that higher level of (problematic) masculinity may affect progress in a prison therapeutic community. The HMI is used to measure level of masculinity and identify those falling into the category of "extreme/problematic masculinity", with other psychometric measures serving as indicators of change.

It is important to explain that the HMI is identified here as measuring just one area of masculinity. It is not intended to measure all components that may make up this complex personality constellation. Here it is the problematic extremes that are of interest and as Stockdale, Berry and Schneider (2004) point out the Hypermasculinity Inventory is relevant only to the extremes in male behaviour, thus some of the items are identified by some participants as ridiculous, however they are included for those that do engage in such behaviour or hold such extreme attitudes and presumably it is these individuals who will therefore be identified from the scale as holding a problematic level of masculinity.

The HMI however is not used in its original format as despite many studies using the inventory, it has been the subject of some criticism. Thompson and Pleck (1995) suggest it is relevant only to the extremes of male behaviour as it indicates the possible effect of social forces on
male behaviour as represented by predominantly unsociable attitudes and behaviours, thus it is particularly relevant to the population currently under study but may not be suited to a non forensic population.

Throughout Mosher and Sirkin's (1984) description of the development of their scale it is uncertain whether the concept under discussion is the macho personality constellation or hypermasculinity, as hypermasculinity fails to receive its own definition and is used interchangeably with macho personality constellation. Is hypermasculinity the working definition of the macho personality constellation or is hypermasculinity the extreme of the macho personality as indeed the name suggests. This logical inconsistency is illustrated when Mosher and Sirkin (1984:151) give this label to a young boy; "The hypermasculine boy experiences......". Mosher and Sirkin (1984) go on to suggest that it is later on in a child's years that the "hypermasculine style and hypermasculine actions" (p151) are formed. Conceptual clarity is required here to alleviate this confusion since the Inventory's formulation is based on "a theoretical conception of the macho personality constellation..." (p160). It is only in later work (Mosher and Tomkins 1988:64) that the difference between the two concepts is suggested; "maso scripts exaggerate masculine gender role behaviour.....not just male and not just masculine, the macho must be hypermasculine in ideology and action....".

The current study intends to clarify the confusion described above by revising the Hypermasculinity Inventory, making language, content and format adjustments, bringing the scale into the 21st Century and enabling the collection of richer data.

6.4 Revising a scale

It is not unusual for researchers to update an older scale before they conduct new research, providing evidence for the need of a revision along the way. For example, a number of revisions have been conducted on Zuckerman's (1979) Sensation Seeking Scale (SSS-V). Arnett (1994:289) saw the forced-choice format of the scale as, "frustrating and perplexing to respondents" and particular items as not discriminating on the target issue, for example, physical strength and endurance rather than sensation seeking and age. Additionally, the age of the scale results in outdated language and terminology making it less than suited to a contemporary population. To amend these pitfalls, Arnett created a new scale, the Arnett Inventory of Sensation Seeking (AISS) a scale of items that focused on novelty and intensity of
stimulation of the senses; contains items not intrinsically age-related; does not contain items involving illegal or norm-breaking behaviour, and is measured by means of a Likert scale.

Gilchrist, Povey, Dickinson and Povey (1995:515) comment on the original SSS as being, "in need of updating" in terms of terminology and the examples of adventure-seeking presented and that, "the early normative data are in need of updating." (Gilchrist et al. 1995:516). Haynes, Miles and Clements (2000) however suggest alterations to both the AISS and the SSS-V; removing items from the former and suggesting the subscales of the SSS-V are measuring something in addition to the individual sensation seeking subscales. Thus measurement tools often need updating and reviewing to ensure the suitability of their use for different populations, in different cultures, across different times.

The present research argues that the Hypermasculinity Inventory (HMI) similarly is outdated and in need of revision, particularly if used with a non-American population, who may not be familiar with its American terminology. In addition its creation in 1984 means some of the content is not relevant to today and so also needs amending.

6.5 Quantitative & qualitative design

Questionnaires such as the Hypermasculinity Inventory quantify how masculine individual X is. By comparison, qualitative research considers subjective experiences, thoughts and feelings and their meanings. Qualitative methods give rich and contextual information, conducted in more natural, everyday circumstances, allowing for greater ecological validity (Coolican 1996). Blumer (1969 cited by Hammersley 1997:165) call this, "‘lifting the veil’ that covers reality and ‘unearthing’ what is going on". By considering an individual’s account qualitatively as well as summing their quantitative answers greater insight may be gained into the meaning of an individual’s score. Such an addition could for example contextualise the responses by situating instances where the attitudes/behaviours take place. As with quantitative designs there are various procedures available with which to analyse qualitative data, such as thematic content analysis, grounded theory and interpretative phenomenological analysis.

However debate continues regarding quantitative and qualitative methodologies with researchers frequently positioning the two as, “fundamentally different paradigms” (Hammersley 1997:160). Differences between the two can be summarised as being about: words versus numbers; less precision versus greater precision; rich data versus impoverished
data; unstructured versus structured data collection and natural settings versus artificial settings. However, "our decisions about what levels of precision, structure and context are appropriate in relation to any particular study should depend upon the nature of what we are trying to describe...not on ideological commitment to one methodological paradigm or another." (Hammersley 1997:162). The current research proposes an integrated conceptual model incorporating elements of biological essentialism and social constructionism and utilises an integrated methodological approach. Biological essentialism centres upon the measurable and quantifiable presence of biology. Social constructionism on the other hand considers the less obvious aspects of humankind often assessed via observation or interview. Utilising a more qualitative approach social constructionism relies upon the information provided, often verbally by participants willing to provide detailed information. Biology by comparison requires willing participants but does not consider the finite details. For example a participant may be asked to complete a questionnaire with true or false responses. This is all the information that will be gathered by the questionnaire and can be quantified regarding number of true or false responses to build a picture of the participant. Comparatively a social constructionist interviewing a participant utilises all the information provided by the participant's dialogue, enabling the collection of detailed and richer information compared to the forced true/false response of a questionnaire. The current study therefore combines both approaches enabling the collection of quantifiable responses alongside richer and more detailed information.

Hammersley (1997) provides an interesting discussion of the debate surrounding the differences between quantitative and qualitative research, suggesting that, "the paradigm view of the relationship between quantitative and qualitative approaches is empirically inaccurate....there are not simply two epistemological positions from which to choose...such dichotomies obscure the range of possibilities that is open to us." (Hammersley 1997:166-67). It appears the distinctions between qualitative and quantitative methodologies are not straightforward. A simplistic either or approach is at risk of losing the positive qualities of the discarded method. Is it therefore not desirable and feasible to utilise both methods to create a fuller picture of the phenomenon under study? It is thus suggested here that a combination of quantitative and qualitative methods can be utilised.

It is possible for qualitative work to inform quantitative work, for example from narrative accounts of young offenders a standardised questionnaire may be formulated for use with other young offenders. This approach has been adopted here. From the answers of therapeutic
community residents to a projective test containing scenes of interactions between people, a multiple-choice questionnaire was created. Turning a qualitative projective test into a questionnaire will be of greater practical use in the field as it frees valuable staff resources within a resource restricted environment such as the therapeutic community or prison whilst allowing the gathering of 'quasi-qualitative' data. The projective test is discussed in more detail in chapter eight. A complementary relationship between the two data types provides different information on the same population. This is demonstrated here with the quantitative data collected via the revised HMI informing the extent of an individual's masculinity while the quasi-qualitative data collected via the projective test reflects the type of masculinity favoured. Subsequent chapters explain the revising of the Hypermasculinity Inventory and the addition of the qualitative but self-administered projective technique.

6.6 Measuring change
The purpose of any prison intervention program is change, with the measurement of this change underlying the application and utilisation of program evaluation (Fortune and Hutson 1984). Rhodes and Greenberg (1994) suggest that what constitutes change is conceived differently from therapeutic modality to therapeutic modality, based on implicit and explicit objectives and definitions of what constitutes therapeutic gain. Similarly the method(s) used to assess change are not necessarily straightforward at demonstrating whether change has occurred or not. The discrepancy between criterion measures administered pre- and post-intervention have been used to indicate change and attributed to the program (Fortune and Hutson 1984). However the measurement of change is a, “difficult and highly technical operation….. where the combined effects of measurement and design conditions.” also affect the measurement of change (Fortune and Hutson 1984:197). Wilson and Lipsey's (2001) study of the role of method in treatment effectiveness research highlights the influence of various design and measurement variables on outcome scores, leading them to conclude that, “the effect sizes observed in a typical treatment effectiveness study are in large part a function of method and sampling error...thus a single study will not typically provide a trustworthy indication of the effectiveness of a particular treatment” (Wilson and Lipsey 2001:424).

Additionally, the way outcome measures are operationalised has been found to be associated with as much variance in observed effects as type of design, but, “are not extensively discussed in the literature on experimental methods for studying treatment effectiveness” (Wilson and Lipsey 2001:425). Simply put it has not previously been recognised as important.
enough to warrant such discussion. However Wilson and Lipsey's results suggest otherwise. They show using the natural variation of study features within a treatment domain as an analog to the experiment on experiments (that is attempting to identify the study features that may affect a study's outcome) is the only practical approach to this issue, but that until meta-analysis gives greater attention to coding and reporting and uses more sophisticated techniques to estimate contributions to effect size their study provides an insight into the idea that, "the particulars of the study method can have as large an influence on the findings as the particulars of the intervention under study" (Wilson and Lipsey 2001:426).

The present study acknowledges such difficulties and attempts to avoid some of the inherent problems by both recognising their existence and minimising their influence. The existence of external forces, although not controllable within the study design, are hoped to be contained by virtue of the therapeutic regime. Participants are experiencing the therapeutic regime simultaneously and so are encountering identical outside-TC world-events. This of course does not mean that each participant is affected in the same way by the same events however the occurrence of the events, whilst the individual is in the supportive environment of the TC, may help alleviate any associated negativity. For example during the events of 9/11 and subsequent acts of terrorism affecting the USA and the UK, Dovegate TC residents were given the opportunity and encouraged to discuss and express how they have been affected. Similarly personal difficulties occurring outside the TC walls such as with family and friends are encouraged to be shared and discussed with group members.

Participant recruitment in the current study is random and assignment to groups for statistical analysis is based on an individual's length of stay in the TC and where applicable the explanation for their exit. Although treatment type is the same for all participants, treatment "dosage" may not be the same for all. This is dependent on individual receptivity and willingness to persevere within the therapeutic regime. Participant features such as age, socioeconomic and educational status are recognised as potentially influential on an individual's willingness and receptivity to the therapeutic regime. Although these features cannot be controlled, previous research has found low income to be a risk-factor for crime and a contributing factor to reduced educational attainment (Farrington 1996). This suggests that in general participants from the prison population will be similar in terms of socioeconomic and educational status, thus differentiation between participants regarding such factors is not identified by the current design.
The current study investigates whether cognitive, attitudinal and behavioural changes have been achieved as a result of time spent in the therapeutic community. It investigates whether the particular elements of masculinity studied effect the amount and direction of change made during an individual's time in therapy.

The TC aims to, “heal and/or correct by offering membership of an optimised social environment, consciously designed to act as a therapeutic instrument.” (Roberts 1997:8). It is a safe and trusting environment that facilitates exploration of the resident's criminal behaviour and their avoidance of responsibility (Shine and Morris 2000). It intends to reduce social divisions and enfranchise community members, involving them in rule-making, enabling them to exercise power and freedom of speech. The saving face and reputation maintenance elements of masculinity could endanger this process if the individual feels he can not disclose to others. If chivalry exists in the individual to a greater extent then their opinion of themselves as being powerful and protector of others may be shattered if they become vulnerable as they seek to address emotional issues. Confronting reality and tolerance of others may be hindered if residents feel they do not want to bear all. They may feel unable to let their guard down and so do not deal with pertinent issues thus therapeutic progress is not made. If one has previously used others for self gain (the gratuitous sex and violence component of the proposed constellation) then learning to tolerate and improve behaviour towards others could prove challenging as could the idea of communalism where responsibility is shared by all. Being reliant on and questioned by others could prove difficult for an individual used to having his own way and dealing with potential difference via violence and aggression. The sensation-seeking element of the proposed masculinity constellation could hinder progress by enabling a sense of restlessness with the therapeutic regime. A weekly and daily timetable of activity is followed in the community and the structure of this could prove mundane and monotonous to an individual who seeks excitement. Non-committal could ensue and result in premature termination. Similarly the challenges associated with reality confrontation could prove mundane and tiresome for those seeking escapism and exhilaration, again contributing to premature termination. Improving self-esteem and self-worth could also be discredited by lack of commitment to the regime. Without giving the regime a chance and allowing themselves to become comfortable, therapy could be exited before progress has had a chance to begin.
A number of self-report psychometrics and a behavioural-observation scale have been chosen to gain insight into whether change has occurred. These include: Eysenck's Personality Questionnaire-Revised (EPQ-R; Eysenck, Eysenck and Barrett 1985); the Culture Free Self-Esteem Inventory-2 (CFSEI-2; Battle 1992); the Stages of Change Questionnaire (SCQ; Prochaska and DiClemente 1983); the Hostility and Direction of Hostility Questionnaire (HDHQ; Caine, Foulds and Hope 1967); and the Chart of Interpersonal Reactions in Closed Living Environments (CIRCLE, Blackburn and Renwick 1996). It is intended that through consideration of change in score on the outcome psychometrics and change in masculinity score, an evaluation can be made of whether masculinity influences progress. Self-esteem, tolerance of and behaviour towards others are areas identified by TC aims and principles as essential targets. Progress on these areas is assessed via the CFSEI-2 and the HDHQ respectively. Behaviour is also evaluated by staff observation, measured by Blackburn's Circle, whilst the SCQ allows consideration of a connection between the path of change taken and change in masculinity. As previously described it is intended that these psychometrics will allow an assessment of whether change has occurred and will aid in identifying in whether masculinity has a role to play in this change. Table 6.2 contains a brief description of each of the psychometric measures and previous research findings.
### Table 6.2: Description and previous research findings of psychometrics used to evaluate change

<table>
<thead>
<tr>
<th>Psychometric measure</th>
<th>Description</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPQ-R</td>
<td>106 item, Yes-No questionnaire measuring Psychoticism (P), Extraversion (E) &amp; Neuroticism (N). It includes a Lie scale indicating socially desirable responding. The EPQ-R version amended the original EPQ to improve the psychometric properties of the psychoticism scale.</td>
<td>Rebello, Herrero &amp; Colom (2002) found prisoners score higher on the P, E &amp; N scales compared to non-prisoners. Guilt attributions were negatively correlated with P, external attributions correlated positively with P, mental element attributions were positively correlated with N scores in a Medium Secure Unit male violent sample (Fox, De-Koning &amp; Leicht 2003).</td>
</tr>
<tr>
<td>CFSEI-2</td>
<td>40 item yes/no inventory measuring self-esteem free of cultural influences, resulting in scores of different self-esteem types; General, Social, Personal &amp; a social desirability (Lie) scale.</td>
<td>Carroll &amp; Buhrow (1994) concluded the CFSEI to be useful as a research measure, however Holaday, Callahan &amp; Fabre et al (1996) question its culture-free title.</td>
</tr>
<tr>
<td>SCQ</td>
<td>A 32-item Likert scaled questionnaire assessing the four possible stages of change: Precontemplation; Contemplation; Action &amp; Maintenance.</td>
<td>The SCQ has been extensively utilised in research on health &amp; behaviour. Prochaska &amp; DiClemente (1983) found an integrative model of change to be applicable to self-changing smokers, with stage-specific areas, allowing development of a model of self-change. McConnaughey, Prochaska &amp; Velicer (1983); &amp; McConnaughey, DiClemente, Prochaska &amp; Velicer (1989) found the SCQ provides a reliable method of measuring stages of change in psychotherapy.</td>
</tr>
<tr>
<td>HDHQ</td>
<td>51 item, true/false questionnaire measuring extent of and direction of hostility, awarding a final score that below 0 relates to external hostility and above 0 relates to internally directed hostility. Subscales assess 5 types of hostility; Self-Criticism, Guilt, Acting out Hostility, Paranoid Hostility and, Critical of Others.</td>
<td>Crawford (1977) found long-term prisoners to have higher hostility scores than normals but did not have a significantly different direction of hostility. Violent offenders were more extrapunitive than non-violent offenders, as were those who had previously attempted suicide. Subscales were found to have sufficient internal reliability and adequate construct reliability for research purposes (Arrindell, Hafkenscheid &amp; Emmelkamp 1984).</td>
</tr>
<tr>
<td>CIRCLE</td>
<td>49 item, 3 point Likert scale of staff ratings of interpersonal behaviour, measuring octants of the interpersonal circle (Dominance, Coercive, Hostile, Withdrawn, Submissive, Compliant, Nurturant and, Gregarious), resulting in a profile of interpersonal styles.</td>
<td>Blackburn (1998a) found level of criminality to differentiate across different interpersonal styles in forensic psychiatric patients and identified significant interpersonal components for most personality disordered scales, thus the interpersonal circle provides a partial classification of personality disorders Blackburn (1998c).</td>
</tr>
</tbody>
</table>

These measures have been chosen as outcome measures of change based on theoretical notions, literature discussions and previous research. The current study expects limited change to occur on the EPQ-R due to the stability over time (Matthews, Deary and Whiteman 2003). It is used to identify whether a personality disorder is influencing change on the other measures, thus for those who show no change, explanation may be made in terms of the stability of
personality. The CFSEI-2, measuring self-esteem is identified as a useful research tool (Carroll & Buhrow 1994) and is used in the current study based on previous findings of associations between self-esteem and criminality and the importance placed on self-esteem by TC principles (Cullen 1997). Gibbs and Merighi (1996:80) attribute low self-esteem to violent criminality, identifying ‘psuedomasculinity’, “as a mediating factor between marginal social identity and criminality”. Similarly Sabo (2001:64) discusses how, “some men strive to be hard in order to build self-esteem. Being in prison is a colossal reminder of personal failure.” Thus low self esteem may contribute towards engaging in violence and other criminal activities, to reassert one’s sense of self-worth. By comparison Baumeister, Bushman and Campbell (2000) suggest it is not low self-esteem that contributes towards aggression, but narcissism. They propose interpersonal manifestations of narcissism, an elevated sense of self-superiority and entitlement are associated with violence when perceived to be under threat. Thus the current research is interested in whether low or high self-esteem is associated with elevated masculinity scores and whether the direction of change that may occur across both masculinity and self-esteem correlates. Jones (1989 cited by Jones 1997) found a repertory grid measure of self-esteem (the distance between ‘self’ and ‘ideal self’) and a measure on a self esteem questionnaire both showed deterioration during the initial stages of therapy and improvement in the later stages. This led to the suggestion of a progressive model of change, such that self-esteem deteriorates as criminogenic beliefs are confronted allowing the individual to either return to old patterns of self-esteem reinforcement such as crime or to adopt new positive strategies of enhancement that do not involve previous patterns such as criminality.

The SCQ is used to assess the location of an individual within a stages of change model, where one stage progresses into the next, however it is recognised that an individual may not progress smoothly through these stages but may move forward and then temporarily move back, an expected part of the change process. The model is used here to provide a statistical assessment of progress.

The HDHQ, measuring hostility and direction of hostility has been identified by previous research to be higher amongst the prison population than controls (Crawford (1977). Additionally it appears viable that hostility plays a role in level of masculinity. For example, the notions of saving face and resolving disputes with violence, components of masculine behaviour, appear to stem from hostility and anger towards another, thus it is expected that as level of masculinity decreases so too will level of hostility. Similarly an individual who
demonstrates high levels of hostility but directs such hostility inwards by punishing themselves should experience similar directions of change. It is also possible that the direction of hostility will also change for an individual as well as extent of.

The CIRCLE allows a behavioural measure of change, provided by TC staff. It is suggested that attitude and behaviour will improve as level of masculinity decreases, for example attitude towards others will be more tolerant and conflict will be resolved by calm discussion rather than aggression.

Revising the Hypermasculinity Scale (HMI) enables the operationalisation of masculinity to assess the role it plays in therapeutic change in offenders resident in a therapeutic community. Consideration of a number of psychometrics administered throughout the time spent in therapy allows the identification and quantification of that change at varying time points to establish the type and extent of the relationship between therapy, masculinity and change.

The following chapters address the proposed hypotheses, starting with measuring masculinity by revising Mosher and Sirkin's (1984) Hypermasculinity Inventory.
Chapter 7: Revising the Hypermasculinity Inventory

As previously discussed a number of tools have been developed to assess gender and specifically masculinity. Mosher and Sirkin (1984) devised the Hypermasculinity Inventory (HMI), based on the macho personality constellation (Mosher & Sirkin, 1984; Mosher & Tomkins, 1988), consisting of three subscales: violence as manly, danger as exciting and callous sex attitudes toward women. The scale contains 30 forced choice items to indicate the presence of a macho personality syndrome. The HMI contains statements taken from all male peer groups regarding fighting, sex and dangerous exploits (Mosher & Sirkin 1984). Previous research found a high score on the HMI to be associated with:

- increased aggressive mood in response to professional and amateur boxing films (Russell, 1992);
- angry response to a crying baby (Gold, Fultze, Burke & Prisco et al, 1992);
- experiencing less disgust, anger, fear, shame and contempt at imaginary rape (Mosher & Anderson, 1986) and
- an increased risk of perpetrating violence against women (Parrott & Zeichner, 2003).

The present thesis proposes that whilst the premise of the scale is still sound, the language in which the questions are expressed in the HMI is no longer appropriate. The HMI is culturally specific to the American context in which it was conceived, unnecessarily long and "impractical to use in a long battery" (Ortiz, Abreu, Briano and Bowen 2001:74). In addition clear distinction is not made between hypermasculinity and the macho personality constellation. The terms are used interchangeably throughout Mosher and Sirkin's (1984) paper leaving the reader to assume differences between hypermasculinity and the macho personality constellation. The current thesis therefore intends to make clear the distinction between hypermasculinity and the macho personality constellation as well as updating the scale to suit contemporary British culture.

A series of studies were undertaken to revise the HMI, updating the language, phraseology and themes of the questions to accommodate the differences between American and British culture and the societal changes that have occurred in the twenty years since the scales' original creation. Consideration is also given for the scale's use with a forensic population. Gray (2004) suggests, it is important to monitor measures that contain concepts of cultural and contemporary specificity to ensure that at a given time and within a given setting they are
relevant to the participants. The forced choice format of the original Inventory makes
respondents choose between two opposing attitudinal statements, neither of which they may
agree with. The position adopted by the present thesis is that a five point Likert scale enables a
greater information yield.

Three studies were conducted to revise the Hypermasculinity Inventory. The first study updates
the scale's items based on the responses of 209 male participants. A Principle Components
Analysis reveals the macho constellation to comprise three factors accounting for 32.68% variance.

Study 2 tested the resulting revised inventory and obtains qualitative feedback from an
additional 50 general population males. Subsequent amendments are made resulting in a 17
item scale that assesses masculinity in terms of gratuitous sex and violence, chivalry and
sensation seeking. An explanation of how to calculate and interpret scores, enabling
constructive conclusions to be drawn is given.

Study 3 examines reliability and validity of the revised inventory. Methods used are test re-test
reliability over a 24month period using a random sample of participants from study 1 and
examination of item-correlations. Validity is assessed via face/content validity (the extent to
which the items in the scale adequately represent the construct being measured); convergent
and discriminatory (are items theoretically correlated also empirically correlated and items
theoretically distinct empirically distinct) and criterion validity (how well the scale correlates with
other measures).

7.1 Study 1 Updating the HMI

Participants
The revised scale was piloted on 209 general population males visiting a licensed sports bar in
North Hampshire. This venue was targeted for data collection due to its varied clientele,
attracting both young and middle-aged professionals and unskilled workers, sport fans and
non-sport fans. Data were collected on both weekdays and weekends during the day and in the
evening to ensure a wide range of clientele type in the participant group. Response rate for this
sample was approximately 80%. Demographic information was not collected as only male
participation was required and the age range collected reflected the range of clientele
frequenting the venue.
Scale development

The 60 HMI questions of Mosher and Sirkin’s (1984) Hypermasculinity Inventory (HMI) were reworded to bring them up-to-date and to suit British rather than American phraseology. For example, “Pick-ups should expect to put out”, and “I would rather be a famous prizefighter than a famous scientist” both use American terminology and are somewhat out-dated. Suggested revisions include; “A female picked up in a bar should expect to have sex”, and “I would rather be a respected army sergeant than a respected bank clerk.”

The 60 questions were divided into 5 categories;

- **risk**; for example “I get a huge rush from risky/dangerous situations”
- **violence**; for example “It’s natural for men to get into fights”
- **women**; for example “All women are worthy of respect”
- **substance misuse**; for example “After a few drinks I become very chilled and contented”
- **male sexuality**; for example “Gay men are not real men”

Male sexuality is a new category of questions not featured in the original HMI. How the individual identifies himself is related to the view of himself as a sexual being and to the confidence he has in his sexual orientation, attractiveness and abilities, theoretically and conceptually a pertinent feature of being masculine (Connell 1995). This category was not included in the original inventory as the scale was based on the theoretical macho personality constellation (Mosher & Sirkin, 1984; Mosher & Tomkins, 1988), consisting of violence as manly, danger as exciting and callous sex attitudes towards women. Within this structure there is no mention of the male as sexual being, only of his sexual behaviour in relation to women, thus new questions have been created. The present formulation made male sexuality an explicit feature of the constellation because of findings such as those by Chorn and Parekh (1997:210) that “offenses appeared to have been motivated by a weakened sense of self”, that, “it is a sense of masculine inadequacy and a lack of masculinity that can result in sexual offending” (Farr, Brown and Beckett 2004), and that low self-esteem and levels of masculine inadequacy may manifest in gender role difficulties (Davis and Leitenberg 1987) contributing to the assertion of masculinity through anti-social or offending behaviour.

Two new questions are also added to the substance use category; “After taking drugs I become irritable and anxious”, and “After taking drugs I become chilled and contented”. These
specifically relate to the use of drugs (rather than alcohol which is assessed separately). Not included in the original Inventory the reformulation of the problematic masculinity constellation offered in the present thesis includes these items in the revised scale to be used with a forensic population due to the reported links between substance abuse and crime (Gerhardt 2004) and particularly in light of the finding that, "drug abuse may be the strongest single predictor of recidivism" (Dowden and Brown 2002:261). Connell (1995:111) highlights drug use as part of the "pressured exaggeration of masculine convention" that many young males engage in and cites individual's describing the "massive binges" they went on effectively destroying their lives until they realised they "had to do something drastic" (Connell 1995:58), all in the cause of masculinity.

The original scale uses a forced choice format making respondents choose between opposing attitudinal statements, thus 60 questions contribute to 30 item topics. The current revision argues that a 5-point Likert scale is more effective in that is;

- allows more detailed information;
- increases the researcher's ability to detect differences among individuals (Hamburger, Hogben, McGowan & Dawson, 1996);
- eliminates the need for both a positive and a negative version of each item, thus reducing the scale to 30 items containing questions in both a positive and a negative direction across each of the 5 categories (risk, violence, women, substance use and male sexuality);
- prevents response acquiescence;
- avoids response fatigue by not enduring the participant to an inventory that is both long and obvious (see Appendix 1 for a copy of the revised scale).

Following the structure of the original scale half the items are worded positively and half negatively, for example "It's just plain stupidity to fight"; "I enjoy remembering my past fights", preventing response bias. Thirteen of the thirty items are reversed when scored i.e. a raw score of 1 becomes a calculated core of 5, a raw score of 2 becomes a calculated score of 4 (see table 7.1).
Procedure
Every fifth person who entered the bar was approached and asked if they would complete a questionnaire, allowing the collection of a systematic randomised sample. If with other people, participants were requested not to confer on their answers. Participants were advised that the questionnaire was investigating opinions on a number of social issues. The decision was made not to advise participants that the questionnaire considered masculinity in case this affected responses. A de-briefing page was provided thanking them for their participation, explaining further details of the study and asking them to comment on the format of the questions, the terminology used and question content.

Analysis and results
Participant responses to the items were entered into an SPSS database. Table 7.1 shows the mean score and standard deviation for the thirty items.

Table 7.1: Mean score and standard deviation for the 30 items of the revised HMI

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean score</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1. I like quiet evenings with good conversation *</td>
<td>2.45</td>
<td>.88</td>
</tr>
<tr>
<td>Q2. After a few drinks I become very chilled and mellow *</td>
<td>2.75</td>
<td>1.05</td>
</tr>
<tr>
<td>Q3. It's natural for men to get into fights</td>
<td>2.39</td>
<td>1.08</td>
</tr>
<tr>
<td>Q4. A female who is picked up in a bar should expect to have sex</td>
<td>2.15</td>
<td>1.15</td>
</tr>
<tr>
<td>Q5. Gay men are not real men</td>
<td>2.33</td>
<td>1.25</td>
</tr>
<tr>
<td>Q6. After taking drugs I become irritable and anxious</td>
<td>2.57</td>
<td>.96</td>
</tr>
<tr>
<td>Q7. When I am bored I look for excitement</td>
<td>3.70</td>
<td>.95</td>
</tr>
<tr>
<td>Q8. By not fighting I win anyway *</td>
<td>2.48</td>
<td>1.07</td>
</tr>
<tr>
<td>Q9. I like fast cars and fast women</td>
<td>3.00</td>
<td>1.13</td>
</tr>
<tr>
<td>Q10. Feminine men are creative and sensitive</td>
<td>3.07</td>
<td>1.04</td>
</tr>
<tr>
<td>Q11. After a few drinks I become very aggressive</td>
<td>2.06</td>
<td>.96</td>
</tr>
<tr>
<td>Q12. All women are worthy of respect *</td>
<td>2.08</td>
<td>1.15</td>
</tr>
<tr>
<td>Q13. When I have a drink or two I like to relax and enjoy myself *</td>
<td>1.80</td>
<td>.81</td>
</tr>
<tr>
<td>Q14. Physical violence never solves an issue *</td>
<td>2.40</td>
<td>1.20</td>
</tr>
<tr>
<td>Q15. Men are entitled to have as many sexual partners as they want</td>
<td>3.03</td>
<td>1.25</td>
</tr>
<tr>
<td>Q16. If you insult me, be prepared to back it up with action</td>
<td>2.95</td>
<td>1.06</td>
</tr>
<tr>
<td>Q17. All women deserve equal respect *</td>
<td>2.36</td>
<td>1.17</td>
</tr>
<tr>
<td>Q18. I get a huge rush from risky/dangerous situations</td>
<td>3.42</td>
<td>1.01</td>
</tr>
<tr>
<td>Q19. I enjoy remembering my past fights</td>
<td>2.31</td>
<td>1.12</td>
</tr>
<tr>
<td>Q20. After taking drugs I become chilled and contented *</td>
<td>2.89</td>
<td>.67</td>
</tr>
<tr>
<td>Q21. When I have a drink or two I feel ready for whatever happens</td>
<td>3.14</td>
<td>.92</td>
</tr>
<tr>
<td>Q22. Real men need to have sex regularly</td>
<td>2.75</td>
<td>1.15</td>
</tr>
<tr>
<td>Q23. Taking risks has to be weighed against possible losses *</td>
<td>2.11</td>
<td>.83</td>
</tr>
</tbody>
</table>
Principle components analysis revealed nine factors with eigenvalues above 1, accounting for 58.352% variance with an alpha coefficient of .81.

Figure 7.1 Scree plot of principles components analysis for the revised Hypermasculinity Inventory (n=209)

Analysis of the scree plot in figure 7.1 suggests three factors should be extracted. Factor analysis was re-run specifying a three factor solution. As is typical for principle components, the rotated solution is utilised as it provides the most straightforward solution, accounting for 32.679% variance. Table 7.2 shows the item loadings for each of the three factors.
Table 7.2 Three factor solution and item loadings

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q5 Gay men are not real men</td>
<td>.758</td>
<td>.012</td>
<td>-.077</td>
</tr>
<tr>
<td>Q30 Feminine men deserve to be ridiculed</td>
<td>.679</td>
<td>.229</td>
<td>.062</td>
</tr>
<tr>
<td>Q25 If you get a woman drunk or high she'll let you do whatever you like</td>
<td>.661</td>
<td>.015</td>
<td>.153</td>
</tr>
<tr>
<td>Q27 Gay men should be treated the same as straight men</td>
<td>.591</td>
<td>.351</td>
<td>-.010</td>
</tr>
<tr>
<td>Q4 A female who is picked up in a bar should expect to have sex</td>
<td>.576</td>
<td>.181</td>
<td>.262</td>
</tr>
<tr>
<td>Q22 Real men need to have sex regularly</td>
<td>.570</td>
<td>.001</td>
<td>.141</td>
</tr>
<tr>
<td>Q16 If you insult me be prepared to back it up with action</td>
<td>.530</td>
<td>-.057</td>
<td>.222</td>
</tr>
<tr>
<td>Q19 I enjoy remembering my past fights</td>
<td>.431</td>
<td>.214</td>
<td>.383</td>
</tr>
<tr>
<td>Q24 Lesbians have chosen a particular lifestyle and should be respected for it</td>
<td>.386</td>
<td>.272</td>
<td>.296</td>
</tr>
<tr>
<td>Q29 Some women are only good for one thing</td>
<td>.383</td>
<td>.289</td>
<td>.352</td>
</tr>
<tr>
<td>Q23 Taking risks has to be weighed against possible losses</td>
<td>.378</td>
<td>.022</td>
<td>-.096</td>
</tr>
<tr>
<td>Q3 It's natural for men to get into fights</td>
<td>.371</td>
<td>.220</td>
<td>.235</td>
</tr>
<tr>
<td>Q11 After a few drinks I become very aggressive</td>
<td>.371</td>
<td>.209</td>
<td>.095</td>
</tr>
<tr>
<td>Q12 All women are worthy of respect</td>
<td>.163</td>
<td>.711</td>
<td>-.001</td>
</tr>
<tr>
<td>Q17 All women deserve equal respect</td>
<td>.039</td>
<td>.652</td>
<td>-.013</td>
</tr>
<tr>
<td>Q14 Physical violence never solves an issue</td>
<td>.242</td>
<td>.569</td>
<td>.326</td>
</tr>
<tr>
<td>Q26 It's just plain stupidity to fight</td>
<td>.284</td>
<td>.556</td>
<td>.265</td>
</tr>
<tr>
<td>Q8 By not fighting I win anyway</td>
<td>.159</td>
<td>.477</td>
<td>-.154</td>
</tr>
<tr>
<td>Q10 Feminine men are more creative and sensitive</td>
<td>-.025</td>
<td>.417</td>
<td>-.059</td>
</tr>
<tr>
<td>Q13 When I have a drink or tow I like to relax and enjoy myself</td>
<td>.159</td>
<td>.363</td>
<td>-.304</td>
</tr>
<tr>
<td>Q1 I like quiet evenings with good conversation</td>
<td>.221</td>
<td>.237</td>
<td>.087</td>
</tr>
<tr>
<td>Q2 After a few drinks I become very chilled and mellow</td>
<td>-.117</td>
<td>.212</td>
<td>.046</td>
</tr>
<tr>
<td>Q6 After taking drugs I become irritable and anxious</td>
<td>.049</td>
<td>.070</td>
<td>-.028</td>
</tr>
<tr>
<td>Q7 When I am bored I look for excitement</td>
<td>.064</td>
<td>-.185</td>
<td>.576</td>
</tr>
<tr>
<td>Q18 I get a huge rush from risky/dangerous situations</td>
<td>.131</td>
<td>.030</td>
<td>.540</td>
</tr>
<tr>
<td>Q15 Men are entitled to have as many sexual partners as they want</td>
<td>-.025</td>
<td>.121</td>
<td>.529</td>
</tr>
<tr>
<td>Q20 After taking drugs I become chilled and contented</td>
<td>-.084</td>
<td>.094</td>
<td>-.505</td>
</tr>
<tr>
<td>Q21 When I have a drink or two I feel ready for whatever happens</td>
<td>.359</td>
<td>-.256</td>
<td>.477</td>
</tr>
<tr>
<td>Q9 I like fast cars and fast women</td>
<td>.366</td>
<td>-.115</td>
<td>.448</td>
</tr>
<tr>
<td>Q28 I drive safely, avoiding all possible risks</td>
<td>-.021</td>
<td>.206</td>
<td>.428</td>
</tr>
</tbody>
</table>

Item loadings in bold are identified as significantly contributing to the factor.
Items with loadings less than 0.4 were excluded from all further analysis, these included items 1 ("I like quiet evenings with good conversation"), 2 ("After a few drinks I become chilled and contented") and 6 ("After taking drugs I become irritable and anxious"). Items 1 and 2 share a theme of quietness and calm. Item 6, from the comments made by participants may have a reduced loading because low endorsement fits with being calm or may be a feature of a low response rate. This is supported by the higher loading of item 20 ("After taking drugs I become chilled and contented"), suggesting the possibility that the drug most participants refer to is a relaxant. Alternatively participants may have been reluctant to admit they become irritable and anxious because of their assumptions regarding the questionnaire’s purpose.

The qualitative comments collected from participants were collated. These included: answers being context dependent, some questions being too similar, too many questions based on relationships with women, alcohol and drug questions should not assume consumption, some questions are too ambiguous, a competitive element should be considered, and the direction of the scale should be adjusted so that Strongly agree = 1 and Strongly disagree = 5. Table 7.3 shows the amendments made to individual items based on participant feedback.

<table>
<thead>
<tr>
<th>Item</th>
<th>Participant comment</th>
<th>Revised item</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;After taking drugs I become irritable and anxious&quot;</td>
<td>Assumes all participants take drugs.</td>
<td>&quot;If I take drugs I become irritable and anxious&quot;</td>
</tr>
<tr>
<td>&quot;All women are worthy of respect&quot;</td>
<td>Some but not all women deserve respect so difficult to answer</td>
<td>&quot;I respect most women&quot;</td>
</tr>
<tr>
<td>&quot;After taking drugs I become chilled and contented&quot;</td>
<td>Assumes all participants take drugs.</td>
<td>&quot;If I take drugs I become chilled and contented&quot;</td>
</tr>
<tr>
<td>&quot;Lesbians have chosen a particular lifestyle and should be respected for it&quot;</td>
<td>The meaning of ‘lifestyle’ was questioned – is the question about lifestyle or sexuality?</td>
<td>&quot;Lesbians have made their choice and should be respected for it&quot;</td>
</tr>
<tr>
<td>&quot;Some women are only good for one thing&quot;</td>
<td>&quot;good for one thing&quot; is too ambiguous</td>
<td>&quot;Some women are only good for a quick shag&quot;</td>
</tr>
</tbody>
</table>

In addition to the revisions made to existing questions and the removal of items 1 and 2, two further questions were added: "If my mate is arguing with a bunch of lads I’ll back him up despite knowing he is in the wrong"; and "Winning doesn’t matter it’s the taking part that counts". The former addresses the issue of pack mentality where friendships are centered on group activities with competition and cooperation between group members (O’Sullivan 1998)
and the latter competitiveness. These were identified as important features of being a man by the study's population. The resulting inventory can be found in appendix 2 and is piloted in study 2, described below.

7.2 Study 2 Re-evaluating the amended scale

Participants
50 general population males from the same venue as those in study 1 were approached during both weekday evenings and weekend daytimes to provide a representation of the venue's varied clientele, three months after study 1. It was ensured that participants in study 2 had not taken part in study 1 by asking them whether they had previously completed a questionnaire in this venue. Response rate was similar to study 1 at 75%.

Measure
Version two of the amended Hypermasculinity Inventory as shown in Appendix 2.

Procedure
The revised scale was administered to the new population in the same way as study 1, again asking for feedback regarding utility and comprehension.

Analysis and results
Table 7.4 shows the mean score and standard deviation of each item for version one (7.1 study 1) and version two (current study) of the revised Hypermasculinity Inventory. Alongside this are t-test results identifying whether there is a significant difference in the scores of the two groups on each of the items.
<table>
<thead>
<tr>
<th>Item</th>
<th>Inventory 1 mean (SD) (n=209)</th>
<th>Inventory 2 mean (SD) (n=50)</th>
<th>t-test result</th>
</tr>
</thead>
<tbody>
<tr>
<td>It's natural for men to get into fights</td>
<td>2.39 (1.08)</td>
<td>2.60 (1.05)</td>
<td>-1.26</td>
</tr>
<tr>
<td>A female who is picked up in a bar should expect to have sex</td>
<td>2.15 (1.15)</td>
<td>2.28 (1.43)</td>
<td>-0.61</td>
</tr>
<tr>
<td>Gay men are not real men</td>
<td>2.33 (1.25)</td>
<td>2.56 (1.34)</td>
<td>-1.15</td>
</tr>
<tr>
<td>If I take drugs I become irritable and anxious</td>
<td>2.57 (.96)</td>
<td>2.34 (1.12)</td>
<td>1.47</td>
</tr>
<tr>
<td>When I am bored I look for excitement</td>
<td>3.70 (.95)</td>
<td>3.98 (.89)</td>
<td>-1.91</td>
</tr>
<tr>
<td>By not fighting I win anyway</td>
<td>2.48 (1.07)</td>
<td>2.58 (.99)</td>
<td>-0.58</td>
</tr>
<tr>
<td>I like fast cars and fast women</td>
<td>3.00 (1.13)</td>
<td>3.30 (1.04)</td>
<td>-1.67</td>
</tr>
<tr>
<td>Feminine men are more creative and sensitive</td>
<td>3.07 (1.04)</td>
<td>3.30 (1.04)</td>
<td>-1.42</td>
</tr>
<tr>
<td>After a few drinks I become very aggressive</td>
<td>2.06 (.96)</td>
<td>1.88 (1.00)</td>
<td>1.16</td>
</tr>
<tr>
<td>Most women are worthy of respect</td>
<td>2.08 (1.15)</td>
<td>1.96 (.86)</td>
<td>0.67</td>
</tr>
<tr>
<td>When I have a drink or two I like to relax and enjoy myself</td>
<td>1.80 (.81)</td>
<td>1.58 (1.01)</td>
<td>1.67</td>
</tr>
<tr>
<td>Physical violence never solves an issue</td>
<td>2.40 (1.20)</td>
<td>2.82 (1.41)</td>
<td>-1.94</td>
</tr>
<tr>
<td>Men are entitled to as many sexual partners as they want</td>
<td>3.03 (1.25)</td>
<td>3.14 (1.40)</td>
<td>-0.53</td>
</tr>
<tr>
<td>If you insult me be prepared to back it up with action</td>
<td>2.95 (1.06)</td>
<td>3.14 (1.14)</td>
<td>-1.14</td>
</tr>
<tr>
<td>All women deserve equal respect</td>
<td>2.36 (1.17)</td>
<td>2.00 (1.20)</td>
<td>1.94</td>
</tr>
<tr>
<td>I get a huge rush from risky/dangerous situations</td>
<td>3.42 (1.01)</td>
<td>3.56 (.93)</td>
<td>-0.89</td>
</tr>
<tr>
<td>I enjoy remembering my past fights</td>
<td>2.31 (1.12)</td>
<td>2.12 (1.02)</td>
<td>1.08</td>
</tr>
<tr>
<td>If I take drugs I become chilled and contented</td>
<td>2.89 (.87)</td>
<td>2.74 (1.01)</td>
<td>1.10</td>
</tr>
<tr>
<td>When I have a drink or two I feel ready for whatever happens</td>
<td>3.14 (.92)</td>
<td>3.06 (1.02)</td>
<td>0.56</td>
</tr>
<tr>
<td>Real men need to have sex regularly</td>
<td>2.75 (1.15)</td>
<td>2.84 (1.21)</td>
<td>-0.48</td>
</tr>
<tr>
<td>Taking risks has to be weighed against possible losses</td>
<td>2.11 (.83)</td>
<td>2.38 (1.05)</td>
<td>-1.73</td>
</tr>
<tr>
<td>Lesbians have made their choice and should be respected for it</td>
<td>2.14 (1.84)</td>
<td>1.84 (.89)</td>
<td>2.23*</td>
</tr>
<tr>
<td>If you get a woman drunk or high she'll let you do whatever you like</td>
<td>2.15 (1.02)</td>
<td>2.32 (1.22)</td>
<td>-0.92</td>
</tr>
<tr>
<td>It's just plain stupidity to fight</td>
<td>2.54 (1.11)</td>
<td>2.90 (1.33)</td>
<td>-1.98*</td>
</tr>
<tr>
<td>Gay men should be treated the same as straight men</td>
<td>2.43 (1.411)</td>
<td>2.32 (1.10)</td>
<td>0.64</td>
</tr>
<tr>
<td>Some women are only good for a quick shag</td>
<td>2.42 (1.19)</td>
<td>3.24 (1.38)</td>
<td>-4.27**</td>
</tr>
<tr>
<td>Feminine men deserve to be ridiculed</td>
<td>2.27 (1.12)</td>
<td>2.30 (1.13)</td>
<td>-1.15</td>
</tr>
<tr>
<td>I drive safely avoiding all possible risks</td>
<td>2.93 (1.07)</td>
<td>3.24 (1.38)</td>
<td>3.08**</td>
</tr>
<tr>
<td>If my mate is arguing with a bunch of lads I'll back him up despite knowing he is in the wrong</td>
<td>N/A</td>
<td>3.47 (1.32)</td>
<td>N/A</td>
</tr>
<tr>
<td>Winning doesn't matter it's the taking part that counts</td>
<td>N/A</td>
<td>2.73 (1.41)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Table 7.4: Item mean and standard deviation for two versions of the HMI and t-test statistics p<=0.05, **p<=0.01
Table 7.4 shows significant differences in the mean scores of the two populations for only four of the items, suggesting the adequacy of the items across populations. The bottom two items only appear in version two of the inventory so no t-test scores are calculated.

Principle components analysis was conducted as before. The scree plot (figure 7.2) suggests three factors should be extracted. Principle components analysis was therefore conducted specifying a three factor solution.

![Scree plot](image)

Figure 7.2: Scree plot of principle components analysis for the revised Hypermasculinity Inventory (n=50)

Results revealed only 19 of the 30 items to contribute to the three factor model, using a loading greater than .4 cut-off. Cronbach Alpha coefficients were calculated. In addition items 7 ("By not fighting I win anyway") and 13 ("If I take drugs I become chilled and contented") were found to reduce the reliability alphas of factors 2 and 3 respectively and so were also removed, the final Cronbach Alpha calculation was found to be .81 for the overall scale, for factor 1, .80, for factor 2, .72 and for factor 3, .53. The 17 item 3 factor solution accounted for 46.02% variance with a Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy of .81, where 0.6 is deemed acceptable and the closer to 1 the score, the more variance the factors account for (Brace, Kemp and Snelgar 2003).

As before evaluating the item loadings for each factor led to the labelling of the three factors. Table 7.5 shows the item loadings for each factor and the subsequent factor labels for version 2 of the questionnaire.
Table 7.5 Three factor solution and item loadings

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q5 Gay men are not real men</td>
<td>.759</td>
<td>.091</td>
<td>-.131</td>
</tr>
<tr>
<td>Q30 Feminine men deserve to be ridiculed</td>
<td>.721</td>
<td>.215</td>
<td>-.039</td>
</tr>
<tr>
<td>Q27 Gay men should be treated the same as straight men</td>
<td>.642</td>
<td>.334</td>
<td>-.154</td>
</tr>
<tr>
<td>Q25 If you get a woman drunk or high she’ll let you do whatever you like</td>
<td>.633</td>
<td>.059</td>
<td>.210</td>
</tr>
<tr>
<td>Q4 A female who is picked up in a bar should expect to have sex</td>
<td>.611</td>
<td>.211</td>
<td>.177</td>
</tr>
<tr>
<td>Q22 Real men need to have sex regularly</td>
<td>.560</td>
<td>.056</td>
<td>.228</td>
</tr>
<tr>
<td>Q16 If you insult me be prepared to back it up with action</td>
<td>.515</td>
<td>-.101</td>
<td>.284</td>
</tr>
<tr>
<td>Q19 I enjoy remembering my past fights</td>
<td>.455</td>
<td>.253</td>
<td>.325</td>
</tr>
<tr>
<td>Q17 All women deserve equal respect</td>
<td>.018</td>
<td>.803</td>
<td>-.088</td>
</tr>
<tr>
<td>Q11 I respect most women</td>
<td>.099</td>
<td>.794</td>
<td>.028</td>
</tr>
<tr>
<td>Q14 Physical violence never solves an issue</td>
<td>.239</td>
<td>.607</td>
<td>.324</td>
</tr>
<tr>
<td>Q26 It’s just plain stupidity to fight</td>
<td>.276</td>
<td>.564</td>
<td>.230</td>
</tr>
<tr>
<td>Q18 I get a huge rush from risky/dangerous situations</td>
<td>.133</td>
<td>-.002</td>
<td>.641</td>
</tr>
<tr>
<td>Q28 I drive safely, avoiding all possible risks</td>
<td>-.067</td>
<td>.165</td>
<td>.572</td>
</tr>
<tr>
<td>Q15 Men are entitled to have as many sexual partners as they want</td>
<td>.023</td>
<td>.139</td>
<td>.505</td>
</tr>
<tr>
<td>Q21 When I have a drink or two I feel ready for whatever happens</td>
<td>.374</td>
<td>-.243</td>
<td>.474</td>
</tr>
<tr>
<td>Q9 I like fast cars and fast women</td>
<td>.394</td>
<td>-.042</td>
<td>.474</td>
</tr>
</tbody>
</table>

Item loadings in **bold** are identified as significantly contributing to the factor.

As before participants were asked to comment on the inventory’s usability. Alterations were made according to participant’s comments and can be seen in table 7.6.

Table 7.6 Second item revisions based on participant comments

<table>
<thead>
<tr>
<th>Item</th>
<th>Participant comment</th>
<th>Revised item</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;I like fast cars and fast women&quot;</td>
<td>A double-barrelled question</td>
<td>&quot;I like easy women&quot;</td>
</tr>
<tr>
<td>&quot;Gay men should be treated the same as straight men&quot;</td>
<td>Context dependent</td>
<td>&quot;Gay men are equal to straight men&quot;</td>
</tr>
</tbody>
</table>
Results from the Principle Components analysis, specifically item loadings and the qualitative feedback from participants thus resulted in the revised Hypermasculinity Inventory (Appendix 3).

**Scoring**

In order to interpret scores on the revised inventory raw scores for each factor are summed. For this purpose the scores of items 4, 7, 12, 14, 15, 16 remain stable while the scores of items 1, 2, 3, 5, 6, 8, 9, 10, 11, 13 are reversed, for example a raw score of 1 becomes an actual score of 5 (See appendix 4). The raw score for each factor is converted into a standardised t-score using the following formula:

\[
T = \frac{10(X-M)}{SD} + 50
\]

where \(X\) = participants raw score, \(M = 50\) (standard average score), \(SD = 10\) (standard deviation).

Having converted the raw score for each factor into a t-score it is possible to meaningfully interpret and compare scores across the three factors. Threshold scores have been calculated from normative data allowing comparison of results with those of a normative population. The responses of the 209 participants from study 1 were calculated and means identified, allowing the calculation of thresholds of very low to very high levels of masculinity. A total masculinity score of between 43 and 48 was identified as mid-range whilst less than 36 is low and a score greater than 55 is high. Appendix 4 provides the complete range of normative scores.
7.3 Study 3 Reliability and validity

a). Test – retest reliability

Participants

52 of the 209 participants in study 1 were opportunistically selected to take part in this study.

Measures

Versions one and three of the revised Hypermasculinity Questionnaire (see Appendix 1 and 3) were used. Version 1 the participants had completed as part of study 1. Version 3 used in this study was formulated based on the revisions previously discussed. Due to the third version of the HMI being qualitatively different to the version used in study 1 the 17 items comprising version three were matched with their similar counterpart in version 1 to allow comparison. The remaining 13 items present in version 1 but not in version 3 were removed from this analysis.

Procedure

Approximately 24 months after study 1, clients of the same venue were asked if they had previously completed a questionnaire handed out by the researcher of this thesis. Those who recognised completing such an inventory were asked to complete the third version and were advised of the test–retest purpose of the study. All participants approached agreed to completing the inventory. This sampling method ensured anonymity of individuals whilst allowing test-retest reliability to be assessed.

Analysis and results

The data were inputted into SPSS and total and factor scores calculated for each participant at both time 1 and time 2. An independent samples t-test of the items and total score was performed. This produced no significant difference between total scores at time 1 and at time 2; \( t(258) = 0.976; p > 0.05 \) confirming external reliability. However a t-test of the individual items reveals five of the items to significantly differentiate over time suggesting these items may not be as reliable as desired over time. These items contribute to all three factors suggesting it is not one factor that has specific items that are susceptible to change over time. As such it was decided to keep these five items in the scale. The item mean scores, standard deviation and t-test results are shown in table 7.7.
### Table 7.7: Item mean scores (standard deviation) for time 1 and time 2 data collection

<table>
<thead>
<tr>
<th>Item</th>
<th>Item mean at time 1</th>
<th>Item mean at time 2</th>
<th>$t =$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay men are not real men</td>
<td>2.33 (1.25)</td>
<td>2.46 (1.46)</td>
<td>-.60 (70.759) p=&gt;.0.05</td>
</tr>
<tr>
<td>A female picked up in a bar should expect to have sex</td>
<td>2.15 (1.15)</td>
<td>2.27 (1.27)</td>
<td>-.67 (259) p=&gt;0.05</td>
</tr>
<tr>
<td>I like easy women</td>
<td>3.00 (1.13)</td>
<td>2.73 (1.21)</td>
<td>1.52 (259) p=&gt;0.05</td>
</tr>
<tr>
<td>Physical violence never solves an issue</td>
<td>2.40 (1.20)</td>
<td>2.50 (1.42)</td>
<td>-.46 (259) p=&gt;0.05</td>
</tr>
<tr>
<td>Men are entitled to as many sexual partners as they like</td>
<td>3.03 (1.25)</td>
<td>2.81 (1.39)</td>
<td>1.14 (259) p=&gt;0.05</td>
</tr>
<tr>
<td>If you insult me, be prepared to back it up with action</td>
<td>2.95 (1.06)</td>
<td>2.88 (1.22)</td>
<td>.37 (259) p=&gt;0.05</td>
</tr>
<tr>
<td>I respect most women</td>
<td>2.08 (1.15)</td>
<td>1.73 (.77)</td>
<td>2.59 (115.077) p=&lt;0.05*</td>
</tr>
<tr>
<td>I get a huge rush from risky/dangerous situations</td>
<td>3.42 (1.01)</td>
<td>3.12 (1.25)</td>
<td>1.86 (259) p=&gt;0.05</td>
</tr>
<tr>
<td>I enjoy remembering my past fights</td>
<td>2.31 (1.11)</td>
<td>2.10 (1.30)</td>
<td>1.07 (70.702) p=&gt;0.05</td>
</tr>
<tr>
<td>When I have a drink or two I feel ready for whatever happens</td>
<td>3.14 (.92)</td>
<td>3.02 (1.16)</td>
<td>.82 (258) p=&gt;0.05</td>
</tr>
<tr>
<td>Men need to have sex regularly</td>
<td>2.75 (1.15)</td>
<td>3.56 (1.20)</td>
<td>-4.49 (259) p=&lt;0.05*</td>
</tr>
<tr>
<td>All women deserve equal respect</td>
<td>2.36 (1.17)</td>
<td>1.90 (1.19)</td>
<td>2.50 (259) p=&lt;0.05*</td>
</tr>
<tr>
<td>If you get a woman drunk or high she'll let you do whatever you like</td>
<td>2.15 (1.02)</td>
<td>1.96 (.97)</td>
<td>1.19 (259) p=&gt;0.05</td>
</tr>
<tr>
<td>It's just plain stupidity to fight</td>
<td>2.54 (1.11)</td>
<td>2.15 (1.18)</td>
<td>2.22 (259) p=&lt;0.05*</td>
</tr>
<tr>
<td>Gay men are equal to straight men</td>
<td>2.43 (1.11)</td>
<td>2.40 (1.29)</td>
<td>.14 (70.932) p=&gt;0.05</td>
</tr>
<tr>
<td>I drive safely avoiding all possible risks</td>
<td>2.93 (1.07)</td>
<td>2.48 (1.06)</td>
<td>2.71 (259) p=&lt;0.05*</td>
</tr>
<tr>
<td>Feminine men deserve to be ridiculed</td>
<td>2.28 (1.13)</td>
<td>2.54 (1.31)</td>
<td>-1.32 (71.203 p=&gt;0.05</td>
</tr>
<tr>
<td><strong>Total score</strong></td>
<td><strong>44.24</strong></td>
<td><strong>42.78</strong></td>
<td><strong>.98 (258) p=&gt;0.05</strong></td>
</tr>
</tbody>
</table>

* Significant different identified between time 1 and time 2 mean score

### b). Validity

Different types of validity; face/content convergent; discriminatory and concurrent, of the revised scale were assessed utilising the data collected in the therapeutic community over a two year period spanning 2003-2005 and the quantitative findings of a focus group with five residents from the Assessment and Resettlement Unit (ARU). Findings from both the
quantitative data and the qualitative focus group are described below under the heading of the type of validity they investigated.

**Participants**

202 male offenders (mean age 33.28 years, SD 7.83), 71% identifying as White British, 7.3% Black British and 4.7% Black Other took part in this study. The remaining 17% of participants failed to state their ethnic origin. Participants were resident at Dovegate Therapeutic Community between September 2003 and December 2005, taking part in a larger study investigating social and psychological change. Participants were serving an average of 8 years (96.4 months, SD 363.68) for a range of predominantly violent offences murder, robbery, burglary and rape of an adult being the most frequent.

In addition five participants, self-selected when the researcher asked for volunteers, to take part in a focus group discussing, "What is masculinity?". The consent form designed for the larger study included elements necessary for the facilitation of the current thesis. Consent for participation of the focus group had therefore been obtained prior to the request for participants.

**Procedure**

Participants completed the Masculinity Assessment Scale alongside psychometric data collected as part of the larger study. Secondary analyses were conducted on this psychometric data i.e. the Hostility and Direction of Hostility Questionnaire (HDHQ) and Blackburn’s Circle for those participants taking part in this study and subject to a number of statistical analyses to assess the validity of the revised hypermasculinity scale.

The focus group was conducted to assess face/content validity by gaining insight into what masculinity means to members of the therapeutic community by asking them "What is masculinity?". In addition to the five participants two researchers were present, one acting as facilitator by guiding the discussion if required and the other note-taking on participant behaviour. Eight participants had agreed in advance to take part in the focus group, but withdrew consent on the day the group took place due to other commitments. Rather than postpone the group the decision was made to continue based on the research of Kitzinger (1995) that groups can successfully run with as few as four participants. The focus group ran
for slightly more than one hour, reaching a natural close when participant’s involvement began to falter and conversation began to wane.

**Analysis and results**

**Face/content validity** – From the focus group conducted on the ARU subjective evaluation of content and relevance of the revised inventory’s items was assessed by determining what masculinity means to the study’s participants. These findings alongside the theoretical basis discussed in chapter 4 confirm the face validity of the items selected for the revised version of the scale.

The content of the focus group was transcribed and subjected to thematic content analysis. Krippendorf (1980:21) defines this method as, “a research technique for making replicable and valid inferences from data to their context….involves specialised procedures for processing scientific data…. to provide knowledge, new insights, a representation of “facts” and a practical guide to action.” Content categories are created by collating words and phrases with similar meanings, reducing the data into identifiable and meaningful segments. One researcher considered the transcript and having extracted units of meaning and subsequent content categories by placing together words and phrases with similar meanings that could then be classified an additional researcher considered a section of the transcript to confirm the feasibility of the categories extracted by the first researcher.

Categories identified include masculinity being about:

- **looks**, “and you have to look the part…and nice clothes and your hair has to be well done to go outside...” (Participant B, line 164-166);
- **vanity**, “it’s all vanity init?” (Participant A, line 38);
- **size**, “…it’s nothing to do with muscles” (Participant A, line 12), “Masculinity is” (Participant C, line 13);
- **making your presence known to others**, “I think masculinity is like your aura and how you carry yourself.” (Participant B, line 192);
- **being a good provider and protecting the women and children in your life**, “I’m the man of the house and it’s my job to provide for my kids and my fiancé…..it’s more of a role thing than anything else.” (Participant D, lines 34-36).
Alongside looking and carrying oneself in a particular way participants suggested you should engage in particular behaviours:

- **Being chivalrous**, for example paying the bill, holding doors open for ladies and behaving appropriately when with a female, "I'll pay for it all the way and I'll hold doors open and things like that......there's no way I'd go out with a girl and get totally, and get totally sloshed..." (Participant A, lines 1327-1328, 1332).

- **Not showing fear** and being **willing to physically fight** and rise to a challenge was imperative, "about being in control, that you can hold your weight, you can hold your own." (Participant B, lines 95-96).

- **Showing emotion** such as crying was acceptable if for the right reasons, for example the death of a close friend or relative was okay but welling up at a sad movie was not, "Crying or anything, people just don't accept it." (Participant E, line 1388).

- **Masculinity within a prison** was identified as different to **masculinity on the street**. There was a consensus that most felt stripped of their masculinity when in prison by acts such as strip searches and having to take orders from officers, "I think prison also, also degrades you like, your manliness, through things like being strip searched..." (Participant D, lines 1777-1778). The TC was identified as a less masculine establishment than mainstream prison and that the masculinity present in the TC is different to the masculinity in mainstream prison. It was suggested that due to the no violence rule of the TC, some of the less manly individuals verbally challenge the 'men' of the community which they, "wouldn't do that in, in another environment" (Participant A, line 1506) as they know a fight will not ensue in the TC due to rules. This difference between mainstream and TC masculinity results for some in a feeling of increased safety, that one does not have to be, "on my guard all the time" (Participant A, line 1599), that, "there's not so many egos" (Participant B, line 1574).

- There was also some consensus that **masculinity gets one into trouble**, "I think being masculine, masculinity doesn't, it just gets you......in a lot more trouble than, I dunno" (Participant A, lines 1481-1484).

Findings from the focus group support the theoretical concept behind the use of a scale to assess masculinity within a forensic setting by highlighting the importance placed on image and size and its existence within the prison system. Making your presence known and being of a particular size, not showing fear and being willing to fight all ensure competition and that a
pecking order exists among inmates. This is emphasised by the existence of rules against violence in the TC and the claim that the TC is less masculine than mainstream prison establishment. The claim that masculinity gets you into trouble suggests it may be a reason for many of the men having criminal convictions that resulted in prison sentences. The areas of chivalry and violence are considered by the revised inventory and are identified as important elements of masculinity by the focus group participants. It is suggested that sex was not discussed by the participants due to the presence of two female researchers. The potential effect of researcher gender is discussed further in chapter eight but is a possible explanation for the focus group participants not mentioning sex.

**Convergent and discriminatory validity** – As above, the responses to the revised Hypermasculinity Inventory (N= 202) were utilised to consider the convergent and discriminate validity of the scale. Bivariate correlations were conducted on the items in each factor to assess whether items within a factor converge and whether items discriminate between factors. The range of inter-item correlation coefficients for each factor are presented in table 7.8 with the subsequent significance level and Cronbach alpha score for each factor. Individual item correlations are presented in Appendix 5.

| Table 7.8: Inter-item correlation coefficients and Cronbach's alpha scores for each factor |
|-----------------------------------------------|-----------------|-----------------|
| **Range of inter-item correlation coefficients (Pearson's r)** | **Significance** | **Cronbach's alpha** |
| F1 | .17 - .54 | p=<0.05 1 item pairing p=<0.01 other item pairs | .80 |
| F2 | .28 - .58 | p=<0.01 | .72 |
| F3 | .12 - .28 | p=<0.05 3 item pairs p=<0.01 6 item pairs p= non-sig. for 1 pairing | .53 |
| **Complete scale** |  |  | .81 |

The correlation coefficients in table 7.8 demonstrate that factors 1 and 2, gratuitous sex and violence and chivalry have excellent convergent validity as all reach significance of p=<0.01 with one item pairing on factor 1 reaching a significance level of p=<0.05. Additionally both have a good reliability alpha. All of factor 3’s correlation coefficients were significant to at least p=<0.05 except for 1 item pairing; item 5, “Men are entitled to have as many sexual partners as they like” and item 16, “I drive safely avoiding all possible risks”, which had a coefficient of
These two items although factoring on the same scale are very different in their content which may explain their lack of correlation. Item 5 significantly correlates with three of the eight items in factor 1, Pearson's r scores ranging from .022 - .207, all reaching statistical significance p=<0.05. This suggests factor 3 is not as good a measure of the sensation-seeking component of masculinity as factors 1 and 2 are of the gratuitous sex and violence and chivalry components. Similarly the alpha coefficient for factor 3 is not as satisfactory as the alphas for factors 1 and 2, this is also found to be the case when subsequently used with the Dovegate Therapeutic Community population (alpha = .1193). Face/content validity analysis of the items in factor 3 reveals a diverse range of topics characterising the trait of sensation-seeking perhaps explaining the lack of correlation between the items and the low alpha score.

**Discriminate validity** is demonstrated by identifying low correlations between the items across factors, for example item 12 in factor 2 is non-significantly correlated with item 8 on factor 3, Pearson's r=.015; p=.834. However analysis of the correlation coefficients across all items reveals fewer non-significant correlations (Pearson's scores ranging from .006 to .136) than significant correlations (Pearson's scores ranging from .137 to .400), suggesting not all scale items accurately discriminate across factors.

The 202 therapeutic community responses were used to assess criterion validity by correlating the revised scale with the Hostility and Direction of Hostility Questionnaire (HDHQ) and the Circle (a behavioural observation measure completed by TC staff about resident's behaviour). These two scales were chosen due to their assessment of less desirable behaviour (for example hostility, coercion, criticism and anger intended toward both self and others) which has theoretical links to both masculinity and a forensic population (discussed in more detail in chapters 5 and 6). Factor 1 (Gratuitous sex and violence) was found to significantly correlate with the Criticism of Others (r=.420; p=<0.05) and Acting out Hostility (r=.538; p=<0.01) subscales of the Hostility and Direction of Hostility Questionnaire (HDHQ). Factor 2 (Chivalry) significantly correlated with Paranoid Hostility (r=-.517; p=<0.01) and Acting out Hostility (r=-.569; p=<0.01) on the HDHQ; and the Coercion subscale of the Circle (r=-.45; p=<0.05). These findings suggest the type of hostility labelled criticism of others is similar in its concept to the current study's factor one, gratuitous sex and violence. Similarly paranoid hostility, acting out hostility and coercion are comparable. This also suggests levels of these three are a part of what is labelled here as chivalry, supportive of the idea that chivalry generally identified as a positive attitude can be dangerous if taken to the extreme.
7.4 Summary

The original 30 item forced-choice Hypermasculinity Inventory (HMI) was created to measure adherence to a macho personality constellation consisting of violence as manly, danger as exciting and callous sex attitudes towards women (Mosher & Sirkin, 1984). The underlying theory, derived from Izard's (1977) work on affective-cognitive structures, proposed a macho personality develops, "from repeated interactions of fundamental emotions with cognitions, including beliefs and attitudes... (Mosher & Sirkin, 1984:151). Mosher and Sirkin (1984) proposed that, beliefs and attitudes become attached to emotions, feelings of interest-excitement in particular, encouraging a hypermasculine style and hypermasculine actions. They suggest a three component model reflecting the man's desire to appear powerful and to be dominant in interactions with others and the environment. Mosher and Sirkin (1984) provide a detailed overview of these three concepts, and examples of such behaviours.

The current thesis argues that Mosher and Sirkin's (1984) work has a number of problems. The differentiation between the macho personality constellation and hypermasculinity remains unclear in their research. The terms tend to be used interchangeably throughout the description of macho behaviour. In introducing the purpose of their original study they refer to a theory of hypermasculinity (p.152) but fail to explain this theory as distinct from or as part of the macho personality constellation.

Their reference to a "hypermasculine boy" during the discussion of childhood socialisation suggests it is parental nurturing that produces masculine behaviour. The statement; “The hypermasculine boy experiences shame and self-contempt when he fails to attain the masculine ideals" and that “the parental use of contempt and humiliation...... is hypothesised to be of major importance in fostering an exaggerated masculine style.” (Mosher and Sirkin 1984:151). They suggest there is a pre-tendency toward hypermasculinity that parental influence brings to the fore. Mosher and Sirkin (1984) therefore appear to propose that hypermasculinity is an inherent trait that with particular socialisation becomes normative. They however fail to provide a definition of hypermasculinity; is it the extreme behaviour of the macho personality constellation or is it a concept in its own right? Throughout their discussion it appears a notion interchangeable with the concept of a macho personality constellation, without clear differentiation made between the two.
The current study supports the notion of a problematic masculinity constellation as proposed by Mosher & Sirkin but argues for a change of emphasis and content given the passage of time since the original's formulation. Thus the contemporary constellation of features that make up problematic masculinity still consists of gratuitous sex and violent behaviour but now includes a values component subsumed under the heading chivalry and a dispositional element, sensation seeking. The extent to which a male subscribes to this constellation determines whether he should be classified as having problematic masculinity likely to be associated with criminality. The three components represent an adherence to a problematic masculine belief system and/or displays of concomitant problematic behaviour. It is proposed that these three elements exist to some extent for most, if not all men and it is the way in which these elements are interpreted and acted upon that can result in problematic masculinity. Problematic behaviour may include; impulsivity, irresponsibility, lack of self-control, risk taking and lack of empathy which often results in anti-social and criminal behaviours. The argument is presented that an individual's dispositional traits and attitudes can be channelled into more sociable rather than the anti-social activities. Thus whilst the underlying disposition may not change, it may be that interventions such as the TC can re-situate a more appropriate context for the enactment of behaviours associated with the disposition. Similarly attitudes and values can be re-orientated to become more socially acceptable.

*Gratuitous sex and violence* as demonstrated by items such as; “If you get a woman drunk or high she’ll let you do whatever you like”, relates to the unnecessary use of violence and/or sex for one’s own gain or the attitude that sex and/or violence are commodities to be used to one’s advantage, often at the expense of or with little concern for others. The male wants to exert himself as the stereotypically tough ‘alpha-male’ who has a reputation to maintain amongst his peers. For example research by Stonewall (Mason and Palmer 1996) suggests homosexuals become victims of violent attacks simply because they are gay, the perpetrator is frequently an unknown assailant who has no knowledge of the victim. The victim is simply attacked on the basis that he is stereotypically gay and serves to assert the perpetrators tough image of fighting those he finds offensive or dislikes. Felson (2002) suggests violence is instrumental, that it is often an act of justice or retribution whether that be an act that only they see as deserved or an act that others may agree with, and if predatory in nature it is likely to be unprovoked, particularly where self-image is concerned. Compared to women men are more motivated to protect their self-image (Felson 2002) and attacking another allows the assertion of one’s masculine image for the benefit of self and witnesses, maintaining a level of honour and self-
satisfaction and in the case of violence towards a partner to demonstrate who is ‘the boss’, making the recipient passive and obedient (Felson 2002). Retaliation is a form of defensive self-presentation, saving face or honour, and an attack on the opposition who also wants to save face, resulting in a spiralling conflict, where small disputes can escalate into severe violence. Further evidence for the initiation of violence to avenge a previous grievance, save face or simply fight for fun is found in Graham and Wells’ (2003) conclusion that bar violence has become a normative occurrence in some countries and fighting has become an expected and pleasurable activity for macho males.

Sex is identified as gratuitous in nature when it involves the satiating of one’s desires at the expense of another. Sexual coercion fulfils this definition; the coercion of one by another for self gratification, by explicit coercion or by non-coercive methods such as persuasion, deception and intoxication (Felson 1993). Felson proposes three goals to be the desired outcome of sexual coercion; sexual pleasure, harm to the target and domination of the target, coercion being the means to the end rather than the end itself. Sexual pleasure may be based on the attainment of sexual gratification as evidenced by research considering the situational context of rape, the attractiveness of victims involved in coercive sex and the relations between sexual arousal and violence (see Felson 1993 for an overview).

Alternatively non-sexual motives may be the driving force for example quests for power, status and self-esteem. Coercion is used to enable feelings of power by dominating and making a victim engage in acts she/he would not otherwise have engaged in (Felson 1993), for example “if you get a woman drunk or high she’ll let you do whatever you like”. The literature suggests males engaging in coercive sex have less inhibitions than males who do not use coercive methods, the former being more likely to engage in other forms of coercion and exploitative behaviours, consistent with Gottfredson and Hirschi’s (1990) argument that repeat criminals rarely specialise in crime type and that rapists tend to have the same profile of pre-convictions and socio-demographic characteristics as non-rape offenders (Alder 1984). Employing explicit or implicit coercive methods to obtain sex, whether for sexual gratification or for power obtainment utilises the victim for self gain and is thus labelled gratuitous.

The chivalry element can be interpreted in terms of ethics, morals, codes of conduct, courtesy and decorum. It is defined as courteousness toward and respect for others, the
demonstration of self-control, kindness and consideration and may be separated into two specific elements:

a) Altruism/empathy – the demonstration of courteousness towards others;

b) Patriarchy – the male as head of the family and protector of women.

The individual may demonstrate one or both of these elements with inventory items such as, “I respect most women” and “Physical violence never solves an issue”. Stobbe (2005) in her identification of implicit power processes describes “pastoral or caring power” which operates by way of “watching over and chaperoning people” (Stobbe 2005:108). Applying this to male and female worker relations in the Argentine auto components industry Stobbe describes how the focus of this power is on the care and welfare of women workers by their male colleagues. Stobbe’s pastoral or caring power can be likened to the patriarchal focus of the chivalry element identified in the current population. The protection of women by men, displayed in Stobbe’s research by employers preferring women to not do heavy work also allows power over and is clearly demonstrated by Stobbe’s examples of women being excluded from the Argentine auto industry due to the heavy, dirty and technical nature of the work or not being promoted to the same positions as their male counterparts due to their perceived lack of natural authority (Stobbe 2005). Thus chivalry may act as a protector against the abusive behaviour apparent in the gratuitous sex and violence element of the proposed constellation.

By comparison extreme chivalry may in itself be problematic, even dangerous if it results in dominance and a sense of entitlement. For example head of the family and protector of women taken beyond reasonableness can result in a relationship dominated by one controlling the other into agreement and submissiveness by persuasion, coercion and even force. Theoretical and empirical examples of this can be found throughout the literature on domestic violence. Research also finds ‘traditional’ gender role attitudes are conducive to a greater acceptance and proclivity toward sexual aggression against women (Truman et al 1996), with masculinity predicting a sense of general and sexual entitlement, in turn predicting rape-related attitudes and behaviours (Hill and Fischer 2001). Thus the extremes of an apparently positive value can also be problematic. The revised version of the Hypermasculinity Inventory considers the lower the score on this element the greater the endorsement of the value. Data from a non-forensic population provide a comparative ‘normative’ level.

Altruism is defined as, “a willingness to do things which benefit other people” (Cambridge Dictionary online 2005). Empirical evidence for this finding is found in Hammond and Mattis'
A 2005 study of what manhood means to a population of African American men. 48.7% of their respondents rated responsibility/accountability as an important element of manhood; being responsible for oneself, one's family and the community. 16.4% of morals, i.e. doing the right thing and 11.2% stated outreach-community involvement (2005). Although this trait may not be routinely associated with the forensic population, it became evident from the focus group reported above that participants have a moral code in how to treat others. Items in the inventory therefore reflect this, "Physical violence never solves an issue" and, "All women deserve equal respect". Eagly and Crowley (1986) found gender differences in helping behaviour, particularly in the presence of an audience, suggesting the protection of women by men is a normative occurrence irrelevant to background thus such beliefs are apparent within the forensic population despite other anti-social behaviours.

The dispositional aspect, sensation seeking relates to excitement and risk taking, demonstrated by items 8 and 3, "I get a huge rush from risky/dangerous situations" and "I like easy women". Similar to Mosher and Sirkin's danger as exciting factor, sensation seeking relates to looking for amusement when bored and enjoying risk taking. This may involve legal but often illegal activities, social and anti-social behaviour. Socially acceptable sources of stimulation include hang gliding or mountain climbing (National Committee on Violence 1990). Some sensation seekers hold risk-taking occupations such as fireman or steeple jack, whilst others resort to anti-social and often illegal activities to obtain their 'buzz'. Research suggests some people may seek out conflict situations that are likely to result in violence simply for the excitement and sensation of the experience (National Committee on Violence 1990). Yet others may engage in promiscuous sexual behaviour and substance abuse.

However the low Cronbach's alpha coefficient for the sensation seeking factor suggests this scale is not an adequate measure. Face validity of the items reveals a varied range of behaviours comprise this trait. The low alpha for the forensic population in particular may be due to the absence of extreme anti-social behaviours, such as violence and crime in the scale's items, possibly the type of behaviour the forensic population may channel their sensation-seeking into. The population may not identify with the items listed, they may not view them as particularly risky or dangerous particularly when comparing them to their own criminal behaviour. Comparatively the normative population may be more likely to engage in the items listed; fast cars and dangerous driving, feeling ready for action after a few drinks and enjoying risky behaviour. Such a poor alpha coefficient limits the utility of this as a subscale and as such
the items will be used to calculate the total score which does have an acceptable reliability, but will not be analysed as a separate scale.

Although the masculinity constellation contains a number of components that together translate into macho behaviour, the three factors, gratuitous sex and violence, chivalry and sensation seeking are not intended for use as individual scales but as components of a total scale score. Mosher and Sirkin's original scale (1984) highlights three factors that make up hypermasculinity but identified three conceptually different and individually measurable areas, violence as manly, danger as exciting and callous sex attitudes towards women. Although stating they comprise the macho personality constellation and advising a single additive score should be employed rather than individual subscales, by the very suggestion of three separate scales suggests the macho personality constellation consists of three distinctly measurable elements, and a number of studies do employ the scales individually (for example; Krahe & Fenske 2002; Fisher & Walters 2003; Parrott & Zeichner 2005).

The current study proposes the macho personality constellation is an all-encompassing characterisation containing three distinct elements that together comprise one concept with the possibility that one or two of the three elements will dominate, providing a profile of masculinity for each individual. To identify such a profile, comparison of the three proposed elements is necessary, by comparing the scores for each factor. Mosher and Sirkin's (1984) scale divides its 30 items equally across three factors, allowing 10 items in each and so an equitable comparison of composite scores, with a score range of 0-10 (Parrott & Zeichner 2003). The current scale, consisting of three elements does not utilise an equal distribution of items across factors. It is therefore not possible to simply compare summed item scores. In light of this, standardised T-scores are calculated for each factor from the raw summed score to allow a fair comparison across factors and the possible identification of a dominant aspect of masculinity within the complete constellation.

In the formula specified earlier the summed raw score is first converted into a z-score, a standard score expressing the distance from the mean in standard deviation units (Gregory 2004). By utilising the distribution of raw scores as the fundamental unit of measurement, and then converting into a T-score a standardised score is calculated. The z-score expressed as a positive or negative decimal fraction above or below 0, for example -2.47, is not particularly user friendly. A variation on the standard score is the standardised T-score, containing the
same information as the standard score with the same distribution plot it is always a positive whole number and produces values other than zero for the mean and 1.00 for the standard deviation (Gregory 2004). T-scores, developed by McCall in the 1920's are often used to report personality test results (Whatley 2005), for example the Minnesota Multiphasic Personality Inventory (MMPI) (Krus 2003), used a mean of 50 and a standard deviation of 10, facilitating the comparison of, "effect size within as well as across studies" (Hunter and Hamilton 2002:553). Computing and reporting standardised scores allows generalisation across studies and allows meta-analytic conclusions to be drawn from patterns across studies (Hunter and Hamilton 2002). Studies utilising T-scores include those by Listiak and Stone (1971); Hall, Williams and Button (1993); Morey and Hopwood (2004); and Howe, Foister, Jenkins, Skene, Copolov and Keks (2005). In the present study converting the raw factor score to a T-score allows more meaningful comparisons across factors.

In altering the format of the Inventory, a Likert scale replaced the forced choice format as it provides a higher upper limit on potential variability (Hamburger et al, 1996), improving the quality of the information obtained. Mosher and Sirkin (1984) justify their use of forced-choice by explaining how the non-reflective decision to engage in dangerous, aggressive or calloused sexual behaviour in everyday life may be paralleled by the selection of macho alternatives in the inventory. That point is not disputed, however it is suggested this could still occur when using a Likert scale. Participant choice of non-macho alternatives is no more likely, but a more authentic portrayal can be achieved with the Likert scale as it is able to measure the extent to which the respondent agrees with a statement rather than simply whether they choose it over the alternative. Although still party to the difficulties associated with self-report measures, this method gives access to a picture of the participant’s disposition by illuminating the level of subscription to the inventory’s items. By comparison the forced-choice method does not gather information on the extent to which the respondent exhibits this behaviour/attitude/disposition, thus an item may be chosen simply because it is more desirable than its alternative, despite not being a fitting description. This Mosher and Sirkin discuss, stating that items reflective of the syndrome may be too undesirable unless paired with undesirable alternatives, for example ‘macho’ versus ‘wimp’. If this is the case then respondents are being forced to make a choice. If the less than macho alternative is less desirable than the undesirable macho item then a true picture of the respondent is definitely not emerging. Being able to rate the extent to which you agree with an item allows the emergence of more accurate and detailed information.
External reliability was confirmed by using the test – retest method. Hammond (1995a) warns the test – retest uses the assumption that the characteristic being measured is stable over time and that differences in scores will be due to measurement error, thus measurement may be at fault rather than the characteristic altering over time. It is suggested that the use of the same individuals from the non-forensic population does offer confirmation of the stability of measurement.

The revised scale was found to correlate with the Acting out Hostility and Criticism of Others subscales of the Hostility and Direction of Hostility Questionnaire, suggesting the revised Hypermascuinity Inventory assesses the same concept as these two subscales of the HDHQ. As previously suggested such uncharismatic behaviour is an expected part of the make-up of individuals from the forensic population thus this positive correlation would be expected.

Although a test may achieve adequate reliability it does not automatically follow that it also has adequate validity; that is it measures what it is intended to measure (Coolican 1996). A number of different methods are available to assess psychometric validity, for example, face, construct, and criterion validity. Previous research has critiqued these methods (Kelly 2005; Sechrest 2005), suggesting that theoretical validity is not confirmatory enough, that an empirical method should be employed. The present study assessed different aspects of validity. Face/content validity refers to the degree to which the construct being measured is adequately represented by the items in the scale and the theoretical linkage between the items and the construct. Assessment is by researcher judgement and insight and although subjective is central to the conclusions drawn and thus remains respected (Garver 1999). A focus group was conducted with members of the therapeutic community to determine what masculinity means to the study’s participants. A range of views were expressed and discussion within the group led to some consensus and an understanding of other’s opinions. Prominent features of the discussion were physical aspects of masculinity compared to emotional aspects, for example the way one appears to others via dress and grooming compared to one’s appearance in terms of presence or aura. Size was identified as not necessarily imperative to one’s masculinity but being able to, “hold one’s own” or face a challenge was. This relates to the physical action and potential for violence attribute of masculinity and is reflected in the revised scale. Attitudes towards women were identified as important, acting politely and appropriately, demonstrating acts of chivalry when accompanying a female, whilst being a “good provider” for one’s wife/partner and children was identified as essential to one’s masculinity. Such beliefs
represent chivalry, the more positive side of masculinity. However such beliefs can be taken to the extreme and result in women as chattel with the male feeling a sense of entitlement over her. The World Health Organisation (2002) claim, "sexual violence is more likely to occur where beliefs in male sexual entitlement are strong" and Websdale and Chesney-Lind (1998) discuss how rape by a known perpetrator can take the form of either forced sex or coercive non-consensual sex, thus the perpetrator assuming a degree of entitlement and right. Being willing to fight, not shying from danger, rising to a challenge, not showing fear and having an air of confidence were all identified as important constituents of masculinity by focus group participants. Such qualities it could be argued come under the umbrella of sensation-seeking, supporting the inclusion of this element in the current model of masculinity.

The identification by focus group participants of differences in masculinity between mainstream prison and the therapeutic community was an interesting and unexpected finding. For some the TC feels safer, others are angered by those individuals who challenge them who they know would not do so in, "a different environment". Such individuals are hiding behind the protection of the TC no violence rule and would not challenge other residents if in a mainstream establishment. There is the suggestion however that generally there are less egos in the TC making life less problematic and people less guarded. A surprising observation by one participant was that masculinity "gets you into trouble". This "trouble" was identified as acts of street violence and crime, created by the need to stand up for oneself. This suggests that if challenged, putting into practice the skills learnt in the TC would be hard especially if others expect a physical reaction, for example if a witness asks, “what the fuck are you doing, are you man or mouse?” (Participant D, line 1493-1494), would it be possible to practice the new skill of not retaliating with violence? Such observations highlight the importance of considering the existence and influence of masculinity in a forensic population and whether it is possible to interrupt the potential link between masculinity and offending behaviour to enable genuine change and prevent recidivism.

Convergent and discriminatory validity can be assessed by considering the correlations of items within the construct being measured, to identify whether constructs that theoretically should be related are in fact empirically related by demonstrating convergence between items and that items theoretically not expected to relate are also empirically unrelated. Trochim (2002) suggests that although there is no standard level at which we want a convergent or a discriminate correlation to be, he proposes convergent correlations should be as high as
possible and discriminate correlations as low as possible, at least lower than the convergent
correlations. The correlation coefficients identify that factors one and two, Gratuitous sex and
violence and Chivalry have excellent convergent validity and both have good reliability alphas,
demonstrating internal reliability. Aside from one pairing all of factor three’s correlation
coefficients were significant. Item 5, “Men are entitled to have as many sexual partners as they
like” and item 16, “I drive safely avoiding all possible risks”, did not significantly correlate.
These two items although factoring on the same scale are very different in their content and
item 5 correlates significantly with four of the five items in factor three. This suggests factor
three is not as good a measure of the sensation-seeking component of masculinity as factors
one and two are of the Gratuitous sex and violence and Chivalry components. As previously
discussed the alpha coefficient for factor three is not as satisfactory as the alphas for factors
one and two thus this factor has been identified as unreliable. Face validity analysis of the
items in factor three reveals the diverse range of topics characterising the trait of sensation-
seeking. All the items provide an insight into sensation-seeking, but question participants on
different aspects of this trait, including; driving, sexual activity, alcohol consumption and
subjectively determined ‘risky’ activities. This diversity in item content may explain the lack of
correlation between the items and the low alpha score.

Previous research suggests personality traits alter to a minimum extent over the adult life span.
Bates and Wachs (1994) identify sensation seeking to be a stable and early occurring trait and
Koopmans, Boomsma, Heath and van Doornen (1995) found genes play a major role in
individual differences in sensation seeking whilst, Pedersen (1991) classified sensation seeking
as being relatively stable thus a minimum amount of change is expected on factor three
(Sensation-seeking). Further evidence is suggested by the personality literature that
documentsthe longitudinal stability of personality traits (Matthews, Deary and Whiteman 2003).
Costa and McCrae (1992) suggests that for most of us personality is set like plaster by the time
we reach thirty and Alwin, Cohen and Newcomb (1991) conclude that attitudes follow this same
pattern of consistency. It is therefore the method by which sensation-seeking is displayed that
the therapeutic community intends to change, turning individuals from anti-social behaviour
such as crime to more positive behaviours such as sport participation.

Correlations for between item factors to determine discriminate validity revealed fewer non-
significant correlations than significant correlations, suggesting the scale items do not
adequately discriminate across factors. Schriesheim et al (1993) suggest that the empirical
data reduction techniques such as factor and cluster analysis employed to refine a measurement tool may result in a number of dysfunctions. They suggest that although the results are pertinent to a measure's construct validity they do not necessarily address the adequacy of the measures content as this is based upon the theoretical and not the empirical relationship between the items (Schriesheim et al 1993).

Similarly Sechrest (2005) suggests social scientists should concentrate more on the validity of the data produced rather than worrying about the validity of the measures used to collect that data. Thus it may be argued that pain-stakingly altering measurement scales to obtain accurate correlations in the interests of validity may not be as important as some believe if the measure manages to obtain data that is relevant for real life use. Thus the current scale is utilised in research assessing change in the therapeutic community despite questionable discriminate validity.

The revising of the inventory, reliability and validity analyses has taken place using the normative population from study one and the forensic Therapeutic Community population where necessary. The scale is intended for use within a forensic setting to assess whether level of masculinity affects progress made in a secure therapeutic community. It would be useful to replicate this study using different populations such as those from a different geographical location or environment such as in an engineering factory, a bank, a building site or with a male football team to compare with the scores identified here as 'the norm'.

A number of limitations are recognised. Researcher bias may have affected the interpretation of participant feedback as well as researcher gender influencing participant honesty. This is considered in more detail in later chapters as previous work by the primary investigator has revealed the presence of socially desirable responding when a female researcher questions an all male group. The public bar setting of data collection may also have affected responses. All participants were approached with the inventory before they purchased alcohol however the informal setting and uncertainty regarding previous consumption of alcohol can not be overlooked.

This part of the thesis reports the revision of the Hypermasculinity Inventory (Mosher & Sirkin, 1984), converting it for British culture in the twenty first century. Within this conversion, both technical and cultural alterations based on theoretical and empirical findings have been made,
resulting in a conceptually different understanding of hypermasculinity and the macho personality than that proposed by Mosher and Sirkkin (1984). Gratuitous sex and violence, Chivalry and Sensation seeking are identified as the underlying elements of the macho personality. The predominance of one or two of these elements will outline the style of masculinity an individual typically engages in.

It is intended the revised Hypermasculinity Inventory can be used as an explanatory device in the applied field, with particular relevance to occupational, forensic and mental health settings. The Inventory may also be used as an empirical tool to further research on masculinity, hypermasculinity and male behaviour.

Previous research suggests a good psychological test should be of an interval scale format, reliable, valid and able to discriminate, qualities central to scientific measurement enabling psychometric efficiency (Kline 1986). It is proposed that the revised Hypermasculinity Inventory meets these requirements and although the creation of such a tool does not enable a complete understanding of male behaviour, it may contribute to our understanding of masculinity at both a theoretical and a practical level.
Chapter 8: Assessing masculinity through pictures: a projective technique

This chapter describes the incorporation of a qualitative element to the quantitative measurement of masculinity, providing the means to identify an individual’s dominant style of masculinity. As previously argued, using a dual approach to measurement is consistent with the integrated model proposed to conceptualise masculinity. A series of studies describe the development of a projective test into a self-completion paper and pencil task. However, reliability and validity analysis failed to reach satisfactory levels and so the use of the test as a qualitative measure of masculinity failed. It is nevertheless felt useful to describe this process as some of the data generated helps to validate the conceptualisation of masculinity adopted in the present thesis and may also offer clues as to how such a qualitative situational component could be developed by future research.

The revised HMI assesses the extent to which an individual engages in the constellation of masculine attributes and through consideration of the subscale scores suggests the style of masculinity predominantly engaged in. This style of masculinity is explored further by a qualitative method of assessment. A projective technique was chosen because of its ability to allow observation of “personality in action with cognitive, affective, interpersonal and meaning-making activities” (Viglione and Rivera 2003:534). Projective methods for assessing individual differences in personality or psychopathology that a) involve the interpretation of patterns of thought, feeling, or motivation expressed in narrative or verbal behaviour or in response to standardised stimuli, and b) are designed to assess implicit processes that are unavailable to conscious introspection." (Weston, Feit and Zittel 1999:226). Projective techniques, elicit the feelings and anxieties, or ‘idiodynamics’ (Semeonoff 1977) of the respondent, allowing the collection of rich material without the participant necessarily revealing such detailed information explicitly. This appears particularly advantageous for use with a forensic population who are inclined to socially desirable responding and deceit. As a participant interprets ambiguous stimuli they inadvertently project their own personality and attitudes into their interpretation. It is intended that a projective task will enable a more refined identification of the type of masculinity the individual typically engages in. Complementing this with the score on the revised Hypermasculinity Inventory enables a picture of both masculine style and the extent to which masculine style may be characteristic of respondents.
8.1 Why a projective technique?

The projective technique is based on the psychoanalytic assumption that people project their personality when responding to ambiguous stimuli. An individual's characteristic patterns of thought, feeling and motivation are expressed in everything they do (Weston et al 1999). Freud used projection or free association and interpretation based on the notion that many psychological processes cannot be assessed by simply asking people to describe them (Weston et al 1999). Western et al (1999:225) attribute the development of projective tests as an adjunct to free association, working on the assumption that "mental contents are represented along associative networks and that these networks can only be assessed using indirect measures". The strength of implicit associations can be assessed indirectly using dependent variables, assessing individual differences in associative networks.

Projective techniques are underpinned by the notion that when attempting to interpret a complex social situation individuals are apt to tell as much about themselves as the phenomena on which they are focused (Morgan and Murray 1935). Sub-consciously inner forces and arrangements, hopes, fears, fantasies and memories are exposed. The field of cognitive neuroscience contains evidence suggesting mental processes, including cognitive, affective, motivational and behavioural are implicit; activated and expressed outside of awareness and conscious volitional control (Weston et al 1999).

Based on the premise that a projective test collects subconscious information from the respondent, a stimulus should be ambiguous, eliciting inner needs, tensions, anxieties and conflicts (Semeonoff (1977), should have a specific psychological target and be objectively scored (Weston et al 1999). Projective tests unlike self-report techniques do not rely on individuals knowing themselves particularly well and are far less sensitive to ego defensive bias.

Projective tests take one of two forms; associative or interpretive. The former involves considering the stimuli and associating it with something, for example this ink-blot looks like X. The latter involves interpreting the presented stimuli to identify a situation, for example a man crouched over a crying child; is he her father and has just told her off, or is she lost and he is a friendly stranger trying to identify her name and where her parents may be? Projective tests can require the respondent to use some form of manipulation, either by writing down their...
responses or by actively arranging pictures or other materials. Other projective tests require a value judgement such as rating stimuli according to liking or preference or choosing between alternative interpretations (Semeonoff 1973).

Rorschach

The Rorschach Inkblot Test, one of the earliest projective tests (devised in 1921) consists of ten inkblots which the participant has to meaningfully interpret, violating reality and stimulating "an intriguing complex of psychological activity" (Exner 1980:566). Exner (1980) studying approximately 100,000 responses to the test found more than 8,000 different explanations to the 10 blots. Early research suggested the test takes an x-ray of the mind, allowing the researcher to directly observe its content. However Viglione and Rivera (2003) contend this is not the case as unlike the target of an x-ray machine personality, "is not a passive recipient of attention" (Viglione and Rivera 2003:534). Personality does not simply cast a shadow onto a plate but is an active organising process. Neither is personality a blank screen on which the participant projects his inner world (Anastasi and Urbina 1996). Projective tests are actually more like problem-solving tasks. Exner (1980:573-4) explains the Rorschach as;

"a set of stimuli which, under given instructional set, provoke into operation many of the "natural" psychological features of the individual that have formed or are forming.... provokes the response tendencies or styles that will ultimately be among those features that mark the person as a personality"

Exner (1980) goes on to state the validity of the idiosyncratic information produced by the test should not be cast aside in favour of assessing the individual's habitual processes, that the researcher should identify the features reflecting the participant's private world as well as the features illustrating basic psychological habits.

TAT

The Thematic Apperception Test (TAT) devised by Morgan and Murray 1935 investigates fantasy, and infers personality dynamics from apperception (Gieser and Stein 1999). A series of pictures of dramatic events are shown to participants, with an interpretation of the actions and an imaginary reconstruction requested. Morgan and Murray state that participants project their deepest fantasies onto the pictures, revealing directional tensions and their innermost thoughts. They suggest the participant exposes latent tendencies of which he/she is
unconscious and the fantasies being projected are inwardly disclaimed thus avoiding complete repression, bringing to the forefront issues that are of immediate consequence.

Although in its seventh decade the Thematic Apperception Test (TAT) still "remains a part of the relied-on fundamentals of most (projective) diagnostic testers" (Holt 1999:99), "involving the psychology of mental content." (McClelland 1999:163) which can be used to access an array of topics. The TAT has proved "itself to be remarkably versatile." (Geiser and Stein 1999:7), serving as a prototype or template for a variety of derivative techniques (Semeonoff 1973). Using the TAT Harrison and Rotter (1945) found reliable ratings on a 3-point and 5-point scale for emotional maturity and stability across two independent examiners with candidates devising stories for five of the TAT cards. Lindzey and Herman (1955) examining the reliability and situational validity of the TAT concluded it to be an instrument sensitive to psychological variation as exhibited by change in performance on the test. Lindzey and Silverman (1959) in their comparison of group and individual administration of the TAT concluded that administering the cards individually elicited better results from participants, compared to administration via a projector. In applying the TAT to feelings of aggression (particularly relevant to the current study) Pollak and Gilligan (1982) investigated sex differences in aggression fantasies between men and women and found men more likely to perceive relationships as dangerous whilst women perceive them as protective.

**Drawing**

A number of more recent projective tests utilise drawing methods (Semeonoff 1973). A number of such tests have been created in relation to the human figure, for example the House-Tree-Person Projective Technique (H-T-P) (Buck 1949) and the Machover Draw A Person Test (MDAP) (Machover 1949) as the most popular. The former attempts to appraise the total personality of a participant with stimuli that are so familiar that in drawing them the participant cannot help but project, allowing insight into the personality, the interaction of the personality with the environment as well as the participant's reactive behaviour (Buck 1949). The latter is a personality analysis based upon the interpretation of drawings of a human figure which in so doing Machover (1949) suggests involves the projection of body image and provides a vehicle for the expression of one's bodily needs and conflicts. Later studies confirm the test to have high validity in identifying personality characteristics (Cull and Hardy 1971).
Criminal Fantasy Technique

The Criminal Fantasy Technique (CFT) (Schlesinger and Kutash 1981) is based on the theoretical relationship of fantasy to behaviour, with the intention of predicting future antisocial behaviour and gaining psychodynamic insights into offenders. By rating responses to scenes on twelve cards on whether they are pathological or non-pathological, significant differences have been found between sex offenders and non-sex offenders. The CFT has been found to differentiate compulsive sex-offenders on the basis of their criminal fantasies, as well as helping in the psychodynamic understanding of such cases. (Schlesinger and Kutash 198; Deu and Edelmann 1997; Deu 1998).

Conclusion

Projective techniques can be used to explore a wide range of theories and concepts. Schaw and Henry (1956:211) suggest, "projectives can be fruitfully assimilated into the body of contemporary personality theory" and can be used as valid instruments within dynamic approaches to personality. Weston et al (1999) supports researchers developing procedures for specific tasks using projective methodologies and Vigilone and Rivera (2003) encourage the value of projective tests in the assessment process, whilst Semeonoff (1973:113) suggests it is, "not whether a particular technique is scientifically respectable, but whether it is something from which valuable..... information can be derived." Thus based on the theoretical notions of the Criminal Fantasy Technique (CFT) (Schlesinger and Kutash 1981) and the Thematic Apperception Test (TAT) (Morgan and Murray 1935), where a standard set of pictures is used and the participant's interpretation of each scene recorded, four studies were conducted to devise a projective test to assess an individual's style of masculinity, to complement the revised Hypermasculinity Inventory.

Although the scoring of a projective test may be considered somewhat arbitrary all tests must be subjected to measurement criteria, usually external reality. Responses cannot be judged as right or wrong but they must be compared to criteria to be of practical use. In the case of the Rorschach test shape congruity is emphasised, in the Thematic Apperception Test (TAT) situational congruity is important, comparing what appears to be happening on the card with potential real events (Weston et al 1999). Semeonoff (1973) explains how it is relatively difficult to test reliability in the projective technique as test-retest and split-half methods cannot deal with or counteract the effects of flexibilities in behaviour. Semeonoff (1973) suggests the only question that needs to be answered is whether behaviour shown during the test relates to the
participant's behaviour and experience outside the test situation and whether valuable
information can be derived.

8.2 Study 1a – Devising the content of a projective test of masculinity

Participants

10 male residents of Dovegate Therapeutic Community volunteered to take part in this study. They were aged between 25-51 years (mean age 37.5 years, SD 5.42) serving sentences of varying lengths (mean length 8 years 7 months (103 months, SD 379.02) for violent offences, having spent various periods of time in communities A and C (mean length 10.4 months, SD 6.78).

Measure

From previous research into masculinity (Connell 1995; Mosher and Sirkin 1984; Sees 1999, 2001) 12 images relating to areas of and issues in everyday life considered to draw on masculine beliefs were identified from contemporary tabloid newspaper, magazine and internet articles. A much larger number of images (approximately 20) were initially selected. These were shown to a second, impartial researcher and after discussion around their ambiguousness but relevance to masculinity the final 12 images were selected. These comprised:

- two different scenes of tension between a male and a female;
- a well muscled bodybuilder training in the gym;
- a man sitting in a graveyard;
- two men kissing;
- two females positioned very close to one another;
- a man skydiving;
- a man bungee jumping;
- three females standing on the side of the road at night;
- two scenes of street violence;
- two females dressed in bikinis on the beach.

These images were mounted onto cards and numbered to ensure easy identification during administration (see Appendix 6).
Procedure
Each participant was seated opposite the researcher and asked if they objected to the interaction being tape recorded. No participant objected. Each participant was read the following instructions:

"I am about to show you a number of cards. Each card shows people in various scenarios. Please study each card and tell me a story regarding what you see on the card. Give as much detail as possible paying particular attention to the roles of the people, emotions you feel and how you think you would react if you were there."

The cards were shown one at a time; participants were handed the card so they could study it at their leisure. In their own time each participant stated their interpretation of the scenario. If the participant gave few details in their explanation the researcher used the following prompts:

- "What is the relationship between the people?"
- "What do you think that person is like, for example their personality?"
- "How do you feel about the people, for example do you think you would like them?"
- "How would you react if you were actually there?"
- "What feelings does it produce in you, if any?"
- Specific to card 1: "What if you were to see her hit him?"
- Specific to card 11: "What if he was to hit her?"

In addition any unclear responses were asked to be explained in more detail.

It was checked that each participant had finished with each card before moving on to the next. The cards were randomly administered to each participant to counter order effects. On completion of the task each participant was thanked for their time and questions relating to the test answered.

Analysis and results
Thematic content analysis (Krippendorf 1980) was employed to analyse the verbatim transcript of each interaction. Words in the text are classified into fewer content categories based on similar meanings and according to the purpose of the investigation. Weber (1990) suggests a
number of advantages to this method compared to other data analysis techniques: the ability to operate directly on text or transcripts of human communication; the combination of both quantitative and qualitative measurement; and the minimisation of the act of measurement affecting data collected as neither the interviewer nor interviewee are aware of the analysis procedure.

Analysis:

1. The recordings of the 10 interactions were transcribed verbatim. Five were considered line-by-line and themes extracted via content analysis, extracting units of meaning and categorising them into themes. Units are observations and/or parts of language identified independently, unconnected to the next unit and has no real or empirical consequence on any other unit. This is a subjective process dependent on the researcher conducting the analysis. Weber (1990) assures investigators that there is no precise way of doing content analysis but that the investigator needs to judge for him/herself the most appropriate method for his/her data. Thus there are few restrictions to the method as long as interpretative decisions are permissible. In the current analysis units were identified according to their meaning, and may consist of single words. When a sentence was found to have greater overall meaning than the sum of its parts (the individual words) it was coded thematically. Weber (1990) suggests this type of coding is time consuming but can result in more detailed information and sophisticated analysis.

2. Over 200 units were identified and categorised into 91 themes (See Appendix 7). Categorising all units into themes involved deciding under which theme a unit belongs, allowing mutual exclusivity of categories. Thematic categories were identified as the process continued, allowing categories to be data rather than investigator driven. If a unit appeared to fit more than one category it was entered into the most appropriate category. However if deemed too ambiguous it was removed thereby maximising the validity of the analysis (Weber 1990).

3. The additional five interactions were considered to assess whether they contained these 91 themes using Holley’s (1973) method of objective scoring, the most useful feature of Holley’s work (Kline 1986), scoring 1 for the presence of a feature and 0 for its absence, allowing the most frequently occurring issues, across all 10 transcripts to be identified.
4. These 91 themes were further reduced into 7 super-ordinate categories by placing together themes sharing a similar meaning or that appear associated, for example the category ‘relationships’ contains themes: women, gender, separation, homophobia, affection, prejudice, love, admiration, manipulation and the police. These themes were categorised under relationships as they are all about one's association and rapport with other people. Similarly the category ‘risk-taking’ contains the themes: clubbers, prostitution, alcohol, adrenaline, risk, excitement and fear. The following represent the derived super-ordinate categories:

- relationships,
- chivalry and decorousness,
- risk-taking,
- memories and places,
- self,
- emotions
- miscellaneous category including units such as ambiguity in participant explanations, opportunities available, the generalisation of concepts discussed and the process of time, including minutes, days, years, past, present and future.

These categories could be subsumed into the factors identified from the quantitative analysis of the revised masculinity scale; Gratuitous sex and violence, Chivalry and Sensation-seeking. Relationships and self combine into Gratuitous sex and violence. Chivalry and decorousness combine with emotions under the heading Chivalry and risk-taking as previously discussed is a behavioural component of sensation-seeking and thus constitutes the Sensation-seeking element of the inventory. The miscellaneous category is not included as it holds a range of themes which are not necessarily appropriately placed in any of the seven themes. ‘Memories and places’ also contains a variety of themes appropriate to all of the three elements as it contains reflections of each, for example positive and negative memories of people, places and incidences.
8.3 Study 1b – Reliability: interviewer gender affect

During data collection for study 1a the present investigator (a female researcher) was informed by a number of participants, some time after they had taken part that they had not been totally honest, that they had adapted their answers due to the interviewer’s gender. When asked they admitted they would have responded differently to some of the cards if the researcher had been male. In the light of this a male researcher undertook an investigation to determine the extent to which the gender of the researcher influences responses made to the projective technique (Lachman 2004).

Lachman (2004) interviewed 30 voluntary male residents, mean age 32.8 years, from HMP Dovegate’s Therapeutic Community, located in the Assessment and Resettlement Unit (ARU) serving sentences ranging from 4 years 6 months to life for a range of violent offences.

Following the same procedure as study 1a, 10 participants were interviewed with the projective cards by CS the present author (identified in subsequent analysis as comparison group 3) and 20 participants were interviewed by Lachman, allowing a total sample size of 30.

Lachman’s (2004) analysis confirms the presence of a significant researcher gender effect when comparing the scores for prisoners interviewed by CS. Lachman’s results showed that the female researcher elicited a higher masculinity score which he thought might be due to, “the forensic environment and the nature and background of the participants” (Lachman 2004:19). It appears there may be potential for the occurrence of a gender bias when responding to the interview-based projective test. As a result it was decided to convert the task to a self completion paper and pencil test. This is described in a later section.

Card efficacy

As a consequence of study 1a and Lachman’s (2004) findings it was thought the task may benefit from a reduction in size. By identifying cards that elicited similar responses it was intended that a number could be removed without affecting the viability of the test.

All 30 responses generated in Lachman’s study reported in brief above, were transcribed verbatim by the present author. Twenty were content analysed following the same procedure used in 1a, identifying units of meaning and themes in terms of the elements of masculinity identified above (Gratuitous sex and violence, Chivalry and Sensation-seeking). The remaining
10 were coded on the identified themes using Holley's objective present/absent method (Kline 1986). This allowed the identification of cards eliciting similar responses as well as the identification of whether a card was ambiguous and produced alternative responses. Four cards were found to elicit similar responses to another card, suggesting that the 4 could be removed, these cards showed; male-on-male violence, a bungee jump, bikini-clad females and male on female violence. This resulted in a task comprising 8 rather than 12 cards (see appendix 8).

8.4 Summary and overview of 1a and 1b results

In the first study analysis allowed the extraction of themes appearing common when responding to the pictures. These themes were congruent with the three factors of the quantitative part of the masculinity scale; gratuitous sex and violence, chivalry and sensation-seeking. The responses of an additional 30 participants in a subsequent study by Lachman (2004) suggested some cards to be eliciting similar responses, allowing the elimination of four of the original cards.

Gratuitous sex and violence refers to the unnecessary use of violence and/or sex for one's own gain or holding the attitude that sex and/or violence are commodities to be used to one's advantage, either at the expense of or with little concern for others. Reputation and status are central and others are utilised for this purpose. Examples included; “whatever any other red-blooded male was thinking” (Participant 10 card 10); “some women, you know deserve it” (Participant 5 card 11); “If I was there I’d probably get motivated and angry myself, join in” (Participant 2 card 3) (Please refer to appendix 6 for more detail). There is an obvious disregard for others identified in these quotations. The participants indicate that people are used instrumentality for enjoyment and/or being taken advantage of, whether it was treating women as objects to be dominated or fighting other males for pleasure and self gratification. Within this category respondents projected as the stereotypically tough alpha-male who has a reputation to maintain amongst his peers. Stonewall's research (Mason and Palmer 1996) described in the preceding chapter highlights the instigation of a violent incident for one's satisfaction, as serving to assert the perpetrator's image of fighting those he finds offensive or dislikes. Felson (2002) by comparison suggests violence is instrumental, is often an act of justice or retribution. Felson (2002) and that men have a stronger motivation to protect their
self-image compared to women thus attacking another allows the assertion of one's masculine image for the benefit of both self and witnesses, maintaining a level of honour and self-satisfaction. Similarly Kerr (2005) suggests the organising of hooligan violence allows the achievement of high levels of self satisfaction and pleasure particularly when a rival gang is defeated. Accompany this with the task of reputation and image saving, violence can escalate out of control with small disputes accelerating into serious incidents of aggression.

Due to the nature of the pictures available for use in the test, more references were made by respondents to gratuitous violence than gratuitous sex. However gratuitous sex was present in comments such as, "some women you know deserve it" and the reported pleasure of many participant when viewing the bikini-clad females, again suggesting the use of another for one's own gratification, or fulfilling one's sense of entitlement to self-satisfaction.

Thus sex is identified as gratuitous in nature when it is self-fulfilling and satisfying at the expense of or with no concern for one's partner. As previously explained sexual coercion fulfils this definition; the coercion of one by another for self gratification, by explicit or implicit means such as persuasion, deception and intoxication (Felson 1993). Sexual coercion acts as the means to an end rather than being the end in itself, and can harbour both sexual and non-sexual motives. The current evidence supports the notion of males identifying females as sexual objects, for example, responses to card 10 which shows two females wearing bikinis. Comments such as, "what nice bodies they've got" (Participant 6) and "Ooh, la, la. That's a nice sight isn't it?" (Participant 8) highlights the way in which the participants view the females in the picture. Answers such as, "in skimpy bikinis, yeah they're alright" (Participant 2), suggests the females are seen from an exclusively sexual perspective. The participants immediately focused on the two females as being of the opposite sex to themselves, seeing them sexually rather than as simply individuals as they did the people on the other cards. That is not to say all participants would coerce the females Into a sexual relationship if they were to meet, but it does highlight the way the male participants saw the bikini clad females compared to how they saw the other people pictured.

Felson (1993) argues that coercion is used to enable feelings of power by dominating a victim and demanding he/she engages in acts for ones own satisfaction. Although it is presumptuous to assume the sexualisation of the depicted females in this study would result in attempts at coercion on the part of the participants, it is suggested that the females are being viewed in a
way that is pleasurable to the participant without consideration for the female as anything other than a sexual object thus the link between seeing the female in a sexual manner and self-gratification.

The second element; Chivalry relates to ethics, morals, codes of conduct, courteousness and decorum. It is defined as courteousness toward and respect for others, the demonstration of self-control, kindness and consideration and may be separated into two specific elements:

c) Altruism/empathy – the demonstration of unselfish concern for others;
d) Patriarchy – the male as head of the family and protector of women.

It is possible for the individual to demonstrate one or both of these elements. Examples include; "That'd be my priority, take her away" (Participant 1 card 11); “Keep it down mate, you know, there’s women and children about…” (Participant 5 card 6) “gently try to make him feel a bit more comfortable” (Participant 5 card 5). The first two quotes relates to patriarchy, the male protecting women and/or children, the latter concerns altruism, the individual caring for another with no apparent reward for himself. Stobbe (2005) describes the former as “pastoral or caring power” which operates by way of “watching over and chaperoning people” (Stobbe 2005:108). This is also apparent in the findings of Eagly and Crowley (1986) where gender differences in helping behaviour, particularly in the presence of an audience were found, suggesting the protection of women by men has a normative status. However this general protection of women by men, for example; most employers preferring men to do the heavy work rather than women, is clearly demonstrated by Stobbe’s examples of women being excluded from the Argentine auto industry due to the “heavy, dirty and technical” nature of the work also enables male power and control, potentially hindering women.

The response “..gently try to make him feel a bit more comfortable” (Participant 5, card 5), is about the concern and protection of others but not specific to females. This is labelled altruism. A relatively modern scientific concept taken from the Latin alter, “the other” literally translating into “other-ism” it was proposed by sociologist Auguste Comte in view of scientific positivism and suggested by a French legal expression, “le bien d’autrui” meaning “the good of others” (Post, Johnson, McCullough and Schloss 2003). Research by Lee, Kang, Lee and Park (2005) found altruists to have a high sense of moral responsibility and of internalised social responsibility to help others who are experiencing difficulties. This supports the justification for the use of this term as many participants felt an obligation and/or need to assist individuals that were in trouble in the cards, such as the female who was in conflict with a man and the male
seen alone in the graveyard. Responses to cards such as these demonstrate that individuals who engage in non-moralistic behaviour (i.e. crime) can still hold morals and values that involve helping and being concerned about others. The empirical evidence of Hammond and Mattis (2005) explained in the preceding chapter, where 48.7% of their male respondents rated responsibility/accountability; 16.4% morals, such as “doing what’s right” (2005:121) to be important, and 11.2% outreach-community involvement as important elements of manhood also demonstrates the existence of morals and social values even in a typically anti-social population. Many of the current participants were found to hold strong beliefs regarding how to treat others particularly women and children, thus both altruism and patriarchy are identified as part of chivalry.

The third element, Sensation-seeking relates to enjoying risky/risqué behaviour, the need for a thrill or buzz. This may involve dangerous feats, violence, substance abuse or sexual promiscuity. Fear was a large element in people’s descriptions of risky activities and one of the reasons why they enjoyed such behaviour, “they spring you back up, that’s the scary part” (Participant 5 card 8). Related was adrenaline buzz and particularly the rush that was gained from dangerous sports, “seeking some kind a thrill” (Participant 2 card 8), “the buzz, the thrill of it” (Participant 6 card 12). Also mentioned by a number of participants was the notion of freedom. A bungee jump and a skydive both represent for many the feeling of being released, being free from any constriction, “It’s just like bein free” (Participant 7 card 8). Particularly pertinent to the forensic population these cards were identified as fun, exciting and fearful as well as representing life outside prison, a sense of autonomy and spontaneity, which at present they do not experience, “I been in prison 15 years.....it's just the ultimate feelin isn't it?” (Participant 8 card 8). Happiness was also attached to the notion of freedom, with the assumption that one would accompany the other, “thinking yeah this is the life” (Participant 5 card 12).

Other participants wanted an altogether different kind of risk and subsequent buzz, wishing to join the anti-social acts such as street and gang violence, “If I was there I’d probably get motivated and angry myself and join in.” (Participant 2 card 3). Research suggests people may seek out unsociable conflict situations that are likely to result in violence simply for the excitement and sensation of the experience. It would be interesting to know whether such individuals feel they engage in anti-social, often violent behaviour to fulfil this sensation-seeking
need, when by comparison socially acceptable sources of stimulation include hang gliding and mountain climbing (National Committee on Violence 1990).

Lachman (2004) demonstrated a gender bias. The presence of such an effect is plausible and is well documented in the literature. Rosenthal (1976) cites a number of studies in which experimenter sex has affected participant results in both verbal learning (Binder, McConnell and Sjoholm 1957) and motor performance (Stevenson and Odom 1963) tasks. An interaction between sex of participant and sex of experimenter is also a well established finding. It has been hypothesised that such effects could be due to the increased competitiveness, higher anxiety or a greater desire to please when the experimenter is of the opposite sex (Rosenthal 1976). Walters, Shurley and Parsons (1962) tested this hypothesis. After sensory deprivation in a flotation tank they questioned participants on the experience and found responses to a question regarding sexual feelings was answered in such a way to earn a rating of psychological richness three times higher when the experimenter was of the same sex as the participant. It has also been found that sex is less likely to be discussed in opposite sex situations but when mentioned by the experimenter opposite sex respondents are more likely to take a negative or moralistic stance than same sex respondents (Rosenthal 1976).

Genders and Player’s (1995) research at HMP Grendon Underwood Therapeutic Community highlights how females are highly conspicuous in such an all-male environment. They explain how empirical research is shaped to some extent by the interests, attitudes and physical presence of the researchers. They go on to explain how their identification by prison inmates and staff as relatively young women created a range of expectations and assumptions making their work both easier and more challenging (Genders and Player 1995). Rapport between researchers and inmates was deemed to be effected. Some inmates found it easy to talk about personal problems while others were more inhibited, particularly if problems were based upon a deviant sexuality. In addition an element of agreeableness of some inmates resulted in partiality. Similarly Etaugh, Houlter and Ptasnik (1988) found male participants were generally more influenced by experimenter gender than female participants particularly when rating a job applicant who was the same gender as the experimenter.

Such evidence supports the plausibility of researcher gender bias, suggesting the requirement of further investigation with the current population in this area.
8.5 Study 2: Validity

Participants
Fifty-five systematically randomised (i.e. every fifth) general population males (n=27) and females (n=28) recruited from the same venue as those in study 1a, age range 18-70 with a mean age of 33 years (SD 8.74). 90.9% self-identified as white British, 1.8% black British, 3.6% white European and 3.6% other.

Measures
The eight remaining cards (man in graveyard; female on male aggression; a close exchange between two females; skydive; two men kissing; three females at the edge of a road; a male brandishing an object towards another; a male lifting weights) were to be rated in terms of how much participants thought each card assessed the three identified elements of masculinity; gratuitous sex and violence, Chivalry and Sensation-seeking.

Procedure
Participants were requested to complete a short paper-pencil questionnaire regarding perceived levels of masculinity. Instructions asked them to rate each of the pictures in terms of the three elements of masculinity: gratuitous sex and violence, chivalry, and sensation-seeking, using the scale, 1 not at all and 5 very much.

Results
Ratings for each card by each participant were put into an SPSS database. Descriptive statistics revealed which cards were identified by participants as reflecting each of the three elements of masculinity. Cards A, B, C, H were rated as not identifying with any of the elements. Cards D and E were identified as sensation-seeking, and F and G were identified as reflecting gratuitous sex and violence (See Appendix 8). None of the cards in the present format were associated with chivalry.

Two further pictures (M, N) were identified by two independent raters as depicting chivalry (Appendix 9) and were added to the test. These two were piloted on a normative randomly selected population (n=50), 24 (48%) males and 26 (52%) females, age range (18-53 years), mean age 27 years and were identified as depicting chivalry by 92% and 90% of the population. Participant ratings of the level of masculinity of each card are shown in table 8.1.
Table 8.1 Number of participants rating each card on each element of masculinity (% of total N)

<table>
<thead>
<tr>
<th>Card</th>
<th>Gratuitous sex and violence</th>
<th>Chivalry</th>
<th>Sensation-seeking</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>13 (23.6%)</td>
<td>14 (25.5%)</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>B</td>
<td>12 (21.8%)</td>
<td>11 (20%)</td>
<td>11 (20%)</td>
</tr>
<tr>
<td>C</td>
<td>3 (5.4%)</td>
<td>5 (9.1%)</td>
<td>50 (90.9%)</td>
</tr>
<tr>
<td>D</td>
<td>16 (29.1%)</td>
<td>7 (12.7%)</td>
<td>6 (10.9%)</td>
</tr>
<tr>
<td>E</td>
<td>51 (92.7%)</td>
<td>1 (1.8%)</td>
<td>42 (76.4%)</td>
</tr>
<tr>
<td>F</td>
<td>4 (7.3%)</td>
<td>3 (5.4%)</td>
<td>7 (12.7%)</td>
</tr>
<tr>
<td>G</td>
<td>3 (6%)</td>
<td>46 (92%)</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>H</td>
<td>5 (10%)</td>
<td>45 (90%)</td>
<td>0</td>
</tr>
</tbody>
</table>

Summary
Consideration of the distribution of participants' identification for each card on each of the elements of masculinity resulted in A and C identified evenly across the three elements and cards A and H as contributing to one element alone by less than 25% of participants. These four cards therefore fail to adequately contribute to the test. The remaining cards; D, E, F, and G were identified by participants as reflecting a primary element of masculinity. With the addition of cards M and N depicting chivalry the final test constitutes six cards assessing three factors of masculinity, two cards for each of the factors. The presence of two cards for each factor increases the reliability of assessment as using only one card may result in an inaccurate reflection of the participant's real attitude.
8.6 Study 3a: What is masculine?

Participants
All 105 randomly selected general population participants from study 2 (55 from the first part of study 2, considering cards A-H and 50 from the second half considering cards M and N) took part in study 3 (51 males, 54 females, age range 18-70, mean age 30 years) simultaneously with study 2, completing the two questionnaires at the same sitting.

Measures
The 6 cards identified in study 2 as discriminating between the three elements of masculinity were presented in a self-administered questionnaire format. Four descriptions were drawn from the most frequently cited scenario definitions by the forensic participants in study 1 and placed adjacent to the cards. The same was done for each card and the four frequently cited possible personal reactions to each scenario. For example:

Scenario
a. He is upset, probably lost a relative and has come here to grieve
b. He has lost a family member. He is obviously very sad
c. He has just come here to chill out, maybe having a bad day. Lots going on in his head
d. He has lost his wife, or brother, or sister, mum or dad. He has just come here to think. He is angry and frustrated and upset

Reaction
1. I would go up to him and ask him if he is ok
2. I would just leave him to it, he needs time to think doesn't he?
3. He has his problems to deal with so I would just leave him alone
4. I would see if he was alright but I would feel a bit uncomfortable. I would tell him to keep his head up, especially if he was a mate

Appendix 10 shows the full set of cards and their accompanying scenario and reaction choices.

Procedure
Participants were asked to rate the interpretations and the reactions in order of masculinity, 1 being the least masculine and 4 the most. Any questions participants had regarding the purpose of the study were answered by the investigator.
Results

Table 8.2 shows the mean level of masculinity rating awarded to each of the four possible scenario interpretations for the six cards.

Table 8.2: Average masculinity rating by general population (n=105) for each scenario interpretation of each card

<table>
<thead>
<tr>
<th>Card</th>
<th>Scenario a</th>
<th>Scenario b</th>
<th>Scenario c</th>
<th>Scenario d</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>2.31</td>
<td>2.56</td>
<td>1.74</td>
<td>3.39</td>
</tr>
<tr>
<td>E</td>
<td>2.22</td>
<td>2.29</td>
<td>3.07</td>
<td>2.93</td>
</tr>
<tr>
<td>F</td>
<td>1.62</td>
<td>2.49</td>
<td>2.33</td>
<td>2.27</td>
</tr>
<tr>
<td>G</td>
<td>2.60</td>
<td>2.60</td>
<td>2.60</td>
<td>3.08</td>
</tr>
<tr>
<td>M</td>
<td>1.60</td>
<td>3.50</td>
<td>1.82</td>
<td>3.08</td>
</tr>
<tr>
<td>N</td>
<td>1.96</td>
<td>1.46</td>
<td>3.48</td>
<td>3.10</td>
</tr>
</tbody>
</table>

Chi-square analysis found of the cards identified in study 2 as assessing masculinity (D, E, F, G), all of G's and half of D and E's possible scenario interpretations failed to be significantly differentiated, the different levels of masculinity ascribed to each interpretation were little different to those assigned by chance. The interpretation for the two new cards (M, N) were significantly differentiated (p=<0.001).

Table 8.3 shows the mean level of masculinity rating for each of four possible reactions to each card.

Table 8.3: Average masculinity rating for each possible reaction to each card

<table>
<thead>
<tr>
<th>Card</th>
<th>Reaction 1</th>
<th>Reaction 2</th>
<th>Reaction 3</th>
<th>Reaction 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>2.96</td>
<td>1.46</td>
<td>3.24</td>
<td>2.37</td>
</tr>
<tr>
<td>E</td>
<td>2.42</td>
<td>2.85</td>
<td>3.56</td>
<td>1.31</td>
</tr>
<tr>
<td>F</td>
<td>2.11</td>
<td>3.37</td>
<td>1.80</td>
<td>2.70</td>
</tr>
<tr>
<td>G</td>
<td>2.80</td>
<td>2.02</td>
<td>3.55</td>
<td>1.65</td>
</tr>
<tr>
<td>M</td>
<td>3.10</td>
<td>1.50</td>
<td>3.52</td>
<td>1.88</td>
</tr>
<tr>
<td>N</td>
<td>1.92</td>
<td>2.88</td>
<td>1.88</td>
<td>3.44</td>
</tr>
</tbody>
</table>

All of the cards identified as assessing masculinity were found to have significantly different levels of masculinity assigned for each reaction. The reactions assigned to each card were all rated as significantly different from one another (p= <0.001) on a scale of 1-4 that superseded
assignment of 1-4 by chance. Thus there was a significant consensus across the population regarding which reactions for each card scored 1-4 in terms of level of masculinity.

Summary
The results indicate scene interpretation fails to significantly differentiate across levels of masculinity. Thus a "what is happening in this picture" interpretation fails to differentiate between levels of masculinity. Alternatively it is possible that the interpretations identified by the forensic population in study 1 failed to be interpreted significantly differently in terms of masculinity when rated by a normative population, thus the section on scenario interpretation was excluded from further use. One's possible reaction to what is occurring in the picture does significantly differentiate across levels of masculinity. Using a four point Likert scale the reactions were rated as significantly different from one another in terms of masculinity and a general consensus regarding which reactions are deemed least to most masculine was established.

This data were therefore used to provide a scoring guideline regarding the level of masculinity attributed to each response. For example results suggest answering 3 to card D is the most masculine response, while answering 2 is the least masculine.

Possible reactions to the scenes depicted in the cards were found to discriminate across levels of masculinity, allowing the identification of masculinity style. By considering the option chosen as a likely reaction to the scene on the card a score can be awarded each of the three elements of masculinity and a dominant element identified. This allows the identification of style of masculinity engaged in, for example choosing more chivalry related reactions than gratuitous violence and sex or sensation-seeking type reactions to the cards suggests the participant tends to engage in a predominantly chivalrous style of masculinity.

8.7 Study 3b: The Masculinity Assessment Scale (MAS)
The previous three studies (Study 1 identifying aspects of masculinity elicited by the cards and identifying a potential researcher gender effect; Study 2 investigating the validity of the cards i.e. the extent to which each card assessed the three identified elements of masculinity; and Study 3 allowing the rating of typical reactions to the cards in terms of perceived level of masculinity.) enabled the identification of ones type of masculinity through a projective test approach. Based on the suggestion of an interviewer bias affect the qualitative element was
converted into a self-completion format, enabling easier application and increasing the likelihood of use in an applied setting.

This study places the quantitative and the qualitative components together to form the Masculinity Assessment Scale (MAS) (See Appendix 12); enabling the identification of an individual’s dominant style of masculinity as well as the extent to which that style is engaged in.

The cards identified as illustrating the three elements of masculinity in study 2 (D, E, F, G, M, N) are situated on paper alongside the 4 reactions to each scene that were identified in study 3 as significantly demonstrating various degrees of masculinity. Instruction asked participants to choose one of the four possible reactions to each picture by circling the letter of the reaction that they feel most applies to how they would react if they were to witness the scene in real life. Utilising the ratings made by the normative population study 3a allows the scoring of the chosen response according to level of masculinity. By adding together the score awarded each card on each of the elements of masculinity the identification of the individuals dominant style of masculinity is made. For example, choosing reaction 1 to card E results in a score of 2 and choosing reaction 2 on card F equals 4. Summing these two results gives a Gratuitous Sex and Violence score of 6. Comparing the total scores for each of the three elements allows the identification of a dominant style of masculinity. (See Appendix 11 for the full scoring guide).

8.8 Study 4 The forensic population and the completed scale

As stated above the projective test was turned into a self-completion format to avoid the potential interviewer bias and achieve more extensive use of the test within an applied setting as self-completion tasks require far less resources than one-to-one interview-based procedures.

The self-administered projective element was added to the revised Hypermasculinity Inventory (HMI), enabling a complete assessment of masculinity. While the revised HMI assesses the extent of engagement in masculine behaviour, the projective test assesses the dominant style of masculinity that the individual tends to engage in: gratuitous sex and violence, chivalry or sensation-seeking.
The complete Masculinity Assessment Scale was subsequently utilised in data collection with residents of Dovegate Therapeutic Community to investigate the central hypotheses of the current study.

**Participants**
56 male residents of Dovegate Therapeutic Community, age range 22-52 years, mean age 33.8 years (SD 7.14), 28.3% sentenced for murder, 16.7% robbery, 11.7% burglary and 6.7% arson and serving an average of 96.81 months (8 years, SD 363.52, range 12-216 months).

**Measures**
The complete Masculinity Assessment Scale: 17 quantitative items and the identification of likely reaction to six scenarios presented as the images previously described.

**Procedure**
Resident on the Assessment and Resettlement Unit (ARU) of the TC participants were asked to complete the MAS as part of a battery of psychometrics for the larger research project. This battery consisted of 13 different measures considering blame, self-esteem, personality, locus of control, criminal thinking style, anger, passivity, hostility and stages of change. All psychometrics were completed in one sitting with participants invited to take a break when they felt necessary. All answers were anonymous and the data inputted into an SPSS database.

**Results**
All six cards factored into three components using principle components analysis and a varimax rotated solution, accounting for 63.6% variance, however consideration of the placement of items revealed one card to not be situated as expected. As shown in table 8.4 card G intended to reflect Gratuitous sex and violence (showing a scene of street violence) is placed in the same component as the two Sensation-seeking cards in component 1. The remaining Gratuitous sex and violence card (three ladies standing by the kerb) was placed on its own as a separate component. The two Chivalry cards are successfully identified within component 2.
Table 8.4 Loadings for each card on the three components extracted by the rotated varimax solution

<table>
<thead>
<tr>
<th>Card</th>
<th>Component 1</th>
<th>Component 2</th>
<th>Component 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>G (G.S&amp;V.)</td>
<td>.77</td>
<td>.16</td>
<td>-.33</td>
</tr>
<tr>
<td>D (S.S.)</td>
<td>.69</td>
<td>-.23</td>
<td>.30</td>
</tr>
<tr>
<td>E (S.S.)</td>
<td>.54</td>
<td>.24</td>
<td>.20</td>
</tr>
<tr>
<td>N (CH.)</td>
<td>-.03</td>
<td>.85</td>
<td>.08</td>
</tr>
<tr>
<td>M (CH.)</td>
<td>.14</td>
<td>.68</td>
<td>-.03</td>
</tr>
<tr>
<td>F (G.S&amp;V.)</td>
<td>.09</td>
<td>.06</td>
<td>.92</td>
</tr>
</tbody>
</table>

There is just one card that is misplaced, and this card could be identified as a reflection of sensation-seeking as well as gratuitous violence, a finding supported by comments of participants who describe the buzz of getting in a fight, further analysis revealed a poor Cronbach’s alpha coefficient of .42 for the projective element of the scale. This is an unacceptable level and suggests the projective component of the scale is unreliable.

Identical analysis with data collected from the normative population at time two (chapter 7, study 4) revealed a similar alpha score of .4251, but a varimax solution with just two components and the cards split across the two components so that one card from each previously identified factor was in each component, rather than the two cards from each of the three factors being together and across three components.

These findings suggest that previous work identifying the type of masculinity an individual engages in from these six scenarios is not generalisable nor is it a particularly reliable method of assessment. In light of these findings using the cards to aid the validity of the quantitative element of the scale was considered. However no significant correlations were identified between the quantitative items and the qualitative scenarios and so the cards could not be utilised in this way.

8.9 General discussion
Masculinity postulated to comprise a constellation of three factors; Gratuitous sex and violence, Chivalry and Sensation-seeking. Alongside the quantitative tool devised to assess an individual’s level of masculinity, an updated and revalidated Hypermasculinity Inventory (Mosher and Sirkin 1984) it was intended the projective test would provide a qualitative contextualising assessment of an individual’s level of masculinity.
The studies reported in this chapter set out to create and validate a reliable projective test to gain further insight into an individual's predominant style of masculinity. Engaging in gendered behaviour is not necessarily negative. It is possible for males to have traditional masculine beliefs without enduring damaging consequences. It is when those beliefs become extreme and/or affect those around them negatively that masculinity becomes problematic. It was intended that by having a qualitative test of masculinity alongside the quantitative measure a more complete picture of an individual's masculinity could be gained.

Hammond and Mattis (2005) found manhood to hold multiple meanings and definitions for their population. Particularly interesting was their identification of an interconnection between self, family and others and the fact that an individual's manhood is defined in terms of interdependence with and in relation to others. Similarly the therapeutic community population frequently spoke of their interactions with others, whether it is being angry and getting involved in a self-gratifying fight, protecting another from harm or offering support to a complete stranger. Participants were not asked to explain what manhood meant to them but through responding to the pictures the projections revealed the individual's notions of masculinity in practice. Of course it is possible that the beliefs and attitudes elicited may be different to the dominant style demonstrated in an individual's actual actions. For example an individual indicating values of protecting another and showing concern at another's distress, demonstrated by the chivalrous element of masculinity does not necessarily mean in reality he behaves in a chivalrous way. The expression of chivalrous values does not match the image of an individual who has an index offence for murder or armed robbery. However Hammond and Mattis' (2005) finding that African American men's manhood can be a redemptive process may explain this apparent contradiction. Their findings suggest that manhood offers opportunities for redemption, rectifying past behaviours and re-establishing compassion through active family and community participation. They cite participants who declare manhood to be about taking responsibility for one's actions, of developing ways to better people's lives both within one's family and within the wider community.

It is possible the current findings are biased by use with a forensic population. Frequently the cards showing violent scenes were trivialised, "just seems like a big fight going on...just violence" (Participant 1 card 3) and it is possible that the association of freedom with risky behaviour would not have been so apparent in a non-forensic population. Given the increased propensity for violence in the forensic population it is possible that the issues pertinent to them
in their campaign of manliness including interpersonal violence being not just acceptable but actually admired with sexual aggression ideologically justified as a man’s right (Mosher 1991) and prison rape being one practice allowing the construction of masculine power hierarchies. (Messerschmidt 2001), would not be fundamental in a non-forensic population’s pursuit of manliness.

The seeming reliance whilst completing this task on stereotypes and forming impressions and expectations based on limited knowledge may reflect an increased tendency for impulsivity, to defend oneself before an attack, to react with violence and abuse when challenged, “He’s even holding himself up look, bad girl” (Participant 3 on card 4) and to see a challenge as an opportunity to prove ones masculinity. On the street this translates into incidents that are characterised by an escalating confrontation over social honour (Tomsen 1993). However this is not exclusive to a forensic population, for example; DiTomaso (1989 cited by Messerschmidt 1997) found shop-floor men attempting to secure the manliness of their job by exaggerating the femininity of women co-workers via sexual harassment.

Indeed the crimes the participants have been imprisoned for may have been vehicles to demonstrate their male status and masculinity. Messerschmidt (1997) claims various forms of crime serve as suitable resources for doing masculinity with men utilising different types of crime to situationally construct distinct forms of masculinity, crime being a resource enjoyed when they lack other resources to demonstrate their manliness (Messerschmidt 2001). This suggests the use of asocial rather than prosocial behaviour to assert the masculine self when more socially acceptable opportunities are unavailable. This is a clear difference between the forensic and non-forensic populations. Both engage in active demonstrations of masculinity but do so utilising very different methods.

Sensation-seeking is one category that may be particularly significant to the forensic population. Zuckerman (1994) cites a number of studies finding a relationship between sensation-seeking, as measured by the Sensation Seeking Scale (SSS-V) and self-reported criminal behaviour, even in children as young as six. The use of drugs and alcohol in offending recidivism (Dowden and Brown 2002; Hanson and Wallace-Carpreta 2004) suggests an increased tendency toward anti-social and even dangerous activities. Findings such as those by Homel and Clark (1994) that overall level of male intoxication was significantly associated with the frequency of aggression supports this connection of the use of leisure time to engage
in anti-social activities that result in masculine competition. Felson (2002) describing the inhibitors of violence such as morals and costs suggests alcohol and drugs, as well as strong emotions and impulsive decision-making prevents inhibitions and results in irrational violence. Felson (2002) adds that alcohol abuse (more common in men than women) may lead to offending third parties and becoming embroiled in conflict, contributing to the use of aggression and violence. Similarly studies exploring sensation seeking and driving whilst intoxicated found a risk-taking personality trait to directly predict alcohol intoxicated driving and indirectly predict the substance-abuse coping mechanism (Zuckerman 1994), concluding that high sensation seekers, "have remarkable confidence in their abilities to survive risky driving and escape legal punishment." (Zuckerman 1994:142), a confidence that may be exhibited in other criminal and/or anti-social activities.

Enjoying risky behaviour appears acceptable within the forensic population. “I'd probably get angry and motivated myself and join in” (Participant 2 card 3). Rule breaking is identified by Tomsen (1993) as a pleasurable experience engaged in for the pure enjoyment it provides, and Marshall (1979) describes a ‘weekend warrior’ culture of young males and a ‘pleasurable festive atmosphere of aggression’. Similarly the belief systems of a forensic population, according to the literature is a level higher than the general population in terms of manliness and the need to prove oneself, to save face and to be the best, with an equating of maleness with displays of obvious physical aggression (Mosher 1991); “I know I could lift that” (Participant 10 card 4). Competition is rife and an innocent gesture may be taken as an insult. Male honour, face saving and impression management have been identified throughout the literature (Mosher and Sirkin 1984; Graham and Wells 2003) as motivation for engaging in conflict, the loser of the battle, whether a battle of strength or wits feeling humiliated and wanting revenge. Such engagement relates to the element of gratuitous sex and violence; using violence and/or sex purely for one's own gain without consideration for others, seeing others as pawns in one's quest for self-gratification. Not only is this demonstrated in responses to the cards depicting violence, “If I was there I'd probably get motivated and angry myself and join in.” (Participant 2 card 3), but also toward the cards showing females. Participants frequently saw the females simply as sexual objects, “nice bum” (Participant 5 card 2), “Mmm….. that would actually be my ideal view probably” (Participant 3 card 10), “nice lookin' birds” (Participant 5 card 10).
A relatively negative picture of masculinity has so far been portrayed, however a more positive element can also be seen in the responses of some of the participants. This element is labelled chivalry and consists of protecting and looking out for women (and often children), “that’d be my priority, take her away, ask him to cool down and take her away” (Participant 1, card 11), “I tend to get involved if the woman is getting hurt…” (Participant 5 card 1), or considering and showing concern for others; “I’d like to go over, I’d say something like are you ok mate?” (Participant 6 card 5); “makes me feel sad when I see people like that” (Participant 7 card 5). Felson (2000) describes a concept labelled ‘norm protecting women’ (NPW), which discourages would-be attackers and encourages third-parties to intervene on behalf of women. This norm Felson explains protects women from males, other females and non-human sources of danger and results in third parties responding more negatively to someone attacking a woman than they would someone attacking a man, being more likely to intervene on behalf of a woman (Felson 2000). Support for NPW is found in historical research, survey and empirical data. Records show wife beating has been illegal in the United States since the 1600s, contemporary survey research shows respondents view violence against wives more negatively than violence against husbands and laboratory subjects and children as well as adults are more likely to deliver shocks to males than they are females (see Felson 2000 for a complete overview).

This instinct to protect females can however become extreme and turn into severe violence against the antagonist, “…if he hit her or something?…. drag him to the floor and stamp all over him” (Participant 2, card 11), “…so I ended up having a fight wiv im (because he hit a female)”, “..probably give him a smack, or, or push him out the way (if he hit her)” (Participant 6 card 11) and it is this aspect of masculinity that needs to be targeted in therapy. Holding beliefs such as chivalry are good as long as the enactment of such beliefs remains social and within the bounds of acceptable normative behaviour. Whether a similarly violence reaction would be seen in a non-forensic population requires further investigation, however research does suggest there is a normative negative attitude regarding violence against women. Mooney (2000) surveying men and women in London found men are less likely than women to say that male on female violence is justified. Similar studies have found respondents to evaluate violence against women more negatively than violence against men (Felson 2002). Analogous findings have been found in experimental studies; male participants aggressing a female target were judged as less moral than a male aggressing a male target (Felson 2002). Felson (2002) in reviewing the historical treatment of domestic violence explains how vigilante groups such as
the Ku Klux Klan engaged in vigilante justice against men who hit their wives while ritual public shaming was applied to domestic violence offenders in 19th century England. The responses of the current participants therefore support Feison's (2002:82) conclusions that, "people respond with greater emotion to violence against women than (violence) against men".

8.10 Limitations

A number of limitations are noted in the development of the projective technique as a tool for assessing masculinity; aside from its poor reliability. By using the task in a self-completion format rather than as an interview based procedure it was intended it would be better utilised in an applied setting. However Wagner (1999) warns that the projective test turned into a multiple-choice or true-false format violated important principles of a projective instrument. The current investigator recognises constraints inherent in turning a projective test into a self-completion task but suggests this as a way to eliminate potential gender interview bias and command greater utility in administration. It is also recognised that the test, in this format becomes subject to the flaws and biases of other self-report measures and loses the advantages associated with the projective technique. The finding that the projective element fails to be a reliable measure identified by its low alpha coefficient suggests it should not be employed as a method to identify an individual's dominant style of masculinity.

However the theoretical and methodological notions behind the test are considered to be worth further investigation. In light of this, consideration is made of the possibility of identifying profiles of masculinity. Using cluster analysis identification of groups of participants who adopt a similar style of masculinity will be investigated. Discriminatory analysis is then employed with the intention of identifying variables which discriminate between these groups allowing an explanatory profile of masculinity for each group to be established, this is investigated in the following chapter.
Chapter 9 Analysis and Results: progress made in the therapeutic community

9.1 Participants
Participants were 201 male residents of HMP Dovegate Therapeutic Community, participating in a wider project evaluating social and psychological change. As can be seen from tables 9.1 and 9.2 the mean age of the population is 33 years and the average prison sentence served eight years. This figure excludes the 57 participants serving life as their sentence length is determined by parole board hearings. Nearly half (42.8%) of the population are serving sentences for murder or robbery. Seventy-one percent identify themselves as white British, 7.3% as black British and 4.7% as black other. Other ethnicities make up 5.7% of the population while 22 participants (11.4%) did not specify their ethnicity.

Table 9.1: Age and sentence length of forensic population

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>33.28 yrs</td>
<td>7.83</td>
<td>21 - 61 yrs</td>
</tr>
<tr>
<td>Length of sentence</td>
<td>96.97 mths</td>
<td>363.68</td>
<td>12 - 216 mths</td>
</tr>
</tbody>
</table>

Table 9.2: Most frequent index offences for the forensic population

<table>
<thead>
<tr>
<th>Index Offence</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder</td>
<td>42 (21.4)</td>
</tr>
<tr>
<td>Robbery</td>
<td>42 (21.4)</td>
</tr>
<tr>
<td>Burglary</td>
<td>25 (12.8)</td>
</tr>
<tr>
<td>Rape of an adult</td>
<td>12 (6.1)</td>
</tr>
</tbody>
</table>

9.2 Measures
The Masculinity Assessment Scale
Table 9.3 shows the mean, standard deviation and range of masculinity scores at baseline.

Table 9.3: Mean and standard deviation of baseline masculinity score

<table>
<thead>
<tr>
<th>Mean</th>
<th>Standard deviation</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.89</td>
<td>8.379</td>
<td>23 - 73</td>
</tr>
</tbody>
</table>
This analysis also reveals an outlier (participant 158) with a particularly high score of 73, which has a distorting effect on statistics (Tabachnick and Fidell 2001). All further analysis is conducted without this individual.

As shown in table 9.4 the mean score and Cronbach’s alpha coefficient for the complete Masculinity Assessment Scale and two of its three subscales; Gratuitous sex and violence and Chivalry is of an acceptable level, but is not acceptable for factor 3 Sensation-seeking.

Table 9.4: MAS Cronbach’s alpha and baseline scores for Dovegate population:

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Total</th>
<th>F1 Gratuitous sex and violence (8 items)</th>
<th>F2 Chivalry (4 items)</th>
<th>F3 Sensation-seeking (5 items)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cronbach’s alpha coefficient</td>
<td>.62</td>
<td>.67</td>
<td>.61</td>
<td>.12</td>
</tr>
<tr>
<td>Baseline means</td>
<td>45.89 (8.38)</td>
<td>45.67 (5.61)</td>
<td>49.05 (3.65)</td>
<td>49.91 (3.10)</td>
</tr>
</tbody>
</table>

Due to the poor reliability of the subscale represented by factor three this was not subjected to additional analyses although the subscale items were still included within the total scale scores.

Outcome measures

As previously described, relevant outcome measures were extracted from the battery of available psychometric assessment conducted as part of the TC regime. Data were considered on four psychometric measures; Blackburn’s Circle, Stages of Change Questionnaire (SCQ), the Hostility and Direction of Hostility Questionnaire (HDHQ), and the Culture Free Self-Esteem Inventory 2 (CFSEI-2) at six-monthly intervals to assess whether participants change during their time in the TC. These four measures were selected as outcome measures due to their
perceived theoretical connections to the population under study. The HDHQ assess hostility and previous research has identified significantly higher levels of hostility in the forensic population when compared to the general population (Knust and Stewart 2002). Many of the men in the current sample are imprisoned for violence and related crimes. Such confrontations often arise from anger and dislike of another, which it is argued is a type of hostility. This hostility and perhaps defensiveness towards others needs to be tackled within therapy to allow progress to be made. Therefore the inclusion of this measure was deemed essential. In relation is if ones self-esteem is low or uncertain one may act defensively to bolster ones confidence and assert ones masculinity and status. It is therefore thought that any changes in score on the Culture-Free Self-Esteem Inventory would be an indicator that the process of change was occurring and may provide a critical foundation on which further change may be built. The Stages of Change Questionnaire has been used to consider the process of change in a variety of studies, many health related. The current study wanted to assess not only change but also the journey of change, thus a stage model was considered suitable to allow investigation of how that journey materialised. Blackburn’s Circle, a measure of observable behaviour is included in the outcome measures to allow consideration of whether self-reported change translates into observable behaviour.

Data were also collected on the Eysenck Personality Questionnaire Revised (EPQ-R) at baseline. This measure is not re-administered at six-monthly intervals with the other instruments as personality is not expected to change over time. Based on the findings of a number of longitudinal studies using different measures of personality, all finding good stability coefficients Matthews, Deary and Whiteman (2003:61) state that those, "studies based explicitly on the Big Five and Eysenck traits...... confirm stability.". Further evidence for personality stability is suggested by Caspi’s (2000) study which considered temperament and personality development from birth to the age of twenty-one years. He found that at age twenty-one those children identified as ‘undercontrolled’ at three years were significantly more likely to report being involved in criminal activities at 21 years, 14% having more than one criminal conviction in comparison to 6% of the ‘well-adjusted’ and 7% of the ‘inhibited’ children. Personality disorders were more prevalent in the undercontrolled group with 7% diagnosed with anti-social personality disorder compared to 3% in the other two groups. Although these associations do not claim cause and effect and social environment, family and peer group needs to be considered, Caspi’s findings do suggest that early childhood temperament may signal future behaviour, thus personality remains relatively stable over time.
The reliability calculations for each of the psychometrics are shown in table 9.5.

Table 9.5: Cronbach's alpha scores for the subscales of each of the outcome measures:

<table>
<thead>
<tr>
<th>Psychometric measure</th>
<th>Cronbach's alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eysenck's Personality Questionnaire-Revised</td>
<td>.80</td>
</tr>
<tr>
<td>Extraversion</td>
<td>.72</td>
</tr>
<tr>
<td>Neuroticism</td>
<td>.83</td>
</tr>
<tr>
<td>Psychoticism</td>
<td>.33</td>
</tr>
<tr>
<td>Addiction</td>
<td>.59</td>
</tr>
<tr>
<td>Criminality</td>
<td>.73</td>
</tr>
<tr>
<td>Lie</td>
<td>.44</td>
</tr>
<tr>
<td>Blackburn's Circle</td>
<td>.65</td>
</tr>
<tr>
<td>Dominant</td>
<td>.77</td>
</tr>
<tr>
<td>Coerce</td>
<td>.78</td>
</tr>
<tr>
<td>Hostile</td>
<td>.78</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>.65</td>
</tr>
<tr>
<td>Subservient</td>
<td>.68</td>
</tr>
<tr>
<td>Compliant</td>
<td>.76</td>
</tr>
<tr>
<td>Nurturant</td>
<td>.85</td>
</tr>
<tr>
<td>Gregarious</td>
<td>.63</td>
</tr>
<tr>
<td>Stages of Change</td>
<td>.70</td>
</tr>
<tr>
<td>Questionnaire</td>
<td>.73</td>
</tr>
<tr>
<td>Precontemplation</td>
<td>.73</td>
</tr>
<tr>
<td>Contemplation</td>
<td>.69</td>
</tr>
<tr>
<td>Action</td>
<td>.77</td>
</tr>
<tr>
<td>Maintenance</td>
<td></td>
</tr>
<tr>
<td>Hostility and Direction of Hostility Questionnaire</td>
<td>.85</td>
</tr>
<tr>
<td>Self criticism</td>
<td>.41</td>
</tr>
<tr>
<td>Guilt</td>
<td>.69</td>
</tr>
<tr>
<td>Acting out hostility</td>
<td>.66</td>
</tr>
<tr>
<td>Paranoid hostility</td>
<td>.50</td>
</tr>
<tr>
<td>Critical of others</td>
<td>.69</td>
</tr>
<tr>
<td>Culture Free Self Esteem</td>
<td></td>
</tr>
<tr>
<td>Inventory -2</td>
<td>.61</td>
</tr>
<tr>
<td>General</td>
<td>.33</td>
</tr>
<tr>
<td>Social</td>
<td>.16</td>
</tr>
<tr>
<td>Personal</td>
<td>.71</td>
</tr>
<tr>
<td>Lie</td>
<td>.08</td>
</tr>
</tbody>
</table>

Reliability analysis revealed a Cronbach's alpha coefficient of .80 for the complete Eysenck Personality Questionnaire Revised (EPQ-R), good alpha coefficients ranging from .83 - .72 for Extraversion, Neuroticism and Criminality scales, but less adequate coefficients for the Psychoticism, Addiction and Lie scales (.33, .59 and .44).

Previous research has also found low alpha coefficients for the Psychoticism scale of the EPQ-R (Ray 1986), suggesting the scale struggles to be universally generalisable to a range of
different populations, although other studies have identified good alphas for the subscales (for example; Shatz 2004). The Psychoticism, Addiction and Lie scales are therefore not used in further analysis due to the potential unreliability of subsequent findings.

Reliability analysis revealed an acceptable Cronbach’s alpha of .65 for Blackburn’s Circle complete scale and acceptable alphas ranging from .65 - .85 for the subscales.

Reliability analysis for the complete Stages of Change (SCQ) produced an acceptable coefficient of .69 and good alpha coefficients ranging from .72 - .77 for the subscales.

Reliability analysis reveals an acceptable alpha of .85 for the complete Hostility and Direction of Hostility (HDHQ) scale and three of the five subscales (.66 – 69). The Self Criticism and Paranoid Hostility subscales with inadequate alpha coefficients are therefore not included in subsequent analysis.

Reliability analysis reveals an adequate Cronbach’s alpha coefficient of .61 for the complete Culture Free Self Esteem Inventory (CFSEI-2) scale and the Personal subscale (.71) but poor coefficients for the remaining subscales. The General, Social and Lie subscales of the CFSEI-2 are therefore not considered in further analysis due to their unreliability within the present population.

9.3 Results: Masculinity and change
A repeated measures ANOVA on those individuals (N=30) who had completed 18 months (the period identified by previous research as critical for significant change to occur), revealed significant differences in MAS total score across the four time points; baseline, 6 months, 12 months and 18 months, \( F(1.8, 51.6) = 30.22; p=<0.0001 \) in a downward trend. A significant linear trend was found across the four time points, \( F(1, 45.3) = 51.59; p=<0.0001 \) and the posthoc Bonferroni identifies significant change \( (p=<0.0001) \) between the four time points, excluding between times 1 and 2. Figure 8.2 demonstrates this significant linear trend across the 18 month period and shows the longer spent in the therapeutic community the greater the reduction is masculinity score across the four time points.
Figure 9.2: MAS score across 18 months in the TC (assessed at four time points)

Consideration of baseline MAS score and total time spent in the TC (n=201) reveals the mean time spent in the TC to be 10.15 months with a standard deviation of 7.37. A Pearson Product Moment correlation demonstrates a statistically significant correlation between number of months spent in the TC and MAS baseline score, Pearson = 0.16; p=<0.05. Figure 9.3 demonstrates graphically the relationship between MAS baseline total score and number of months spent in the therapeutic community. Those with higher baseline scores tend to spend longer in the TC than those with lower baseline MAS scores.

Figure 9.3 Total MAS score at baseline and at number of months spent in the TC
9.4 Drop out

Significant differences were identified in masculinity baseline score for those prematurely leaving the TC at different times. Table 9.6 shows the number of individuals exiting therapy at each recorded time point, their mean baseline score and standard deviation.

Table 9.6: Number of participants, mean baseline score and standard deviation for each drop-out time point

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean MAS score</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>201</td>
<td>45.75</td>
<td>8.18</td>
</tr>
<tr>
<td>0 - 6mths</td>
<td>55</td>
<td>47.38</td>
<td>7.07</td>
</tr>
<tr>
<td>6 - 12mths</td>
<td>31</td>
<td>45.94</td>
<td>6.00</td>
</tr>
<tr>
<td>12-18mths</td>
<td>13</td>
<td>47.00</td>
<td>2.83</td>
</tr>
<tr>
<td>18-24mths</td>
<td>11</td>
<td>50.64</td>
<td>2.62</td>
</tr>
<tr>
<td>&gt; 24mths</td>
<td>1</td>
<td>53.00</td>
<td></td>
</tr>
<tr>
<td>Currently in TC</td>
<td>89</td>
<td>43.83</td>
<td>9.90</td>
</tr>
</tbody>
</table>

A one-way ANOVA was conducted to determine whether the differences in MAS baseline scores are significant. ANOVA analysis shows the identified differences between the drop-out groups to be significant, F(5,195) = 2.53; p<0.05. As the means plot in figure 9.5 shows, aside from a reduction in baseline score for those terminating therapy within the 6-12 month group, the higher the masculinity score at baseline the longer the length of stay in the therapeutic community.

Figure 9.5 Baseline MAS score means for the five therapy status groups
As only one individual terminated therapy having completed more than 24 months this grouping variable is not included in further analysis.

Regression analysis allows the identification of a predictive relationship between variables. This analysis found total baseline MAS score to significantly predict number of months spent in the TC, \( F(1,199) = 5.34; p<0.05 \). Adjusted R square = .02. Masculinity baseline score \( \beta = .16; p = < 0.05 \). The following equation can therefore be used to predict number of months spent in the TC from ones masculinity score at baseline:

\[
\text{Predicted number of months spent in the TC} = 3.632 + .140 \times (\text{MAS baseline score})
\]

A repeated measures ANOVA enabled the identification of differences in mean MAS total score for the different drop-out groups at six-monthly time points, for example those in the 6–12 month drop-out group were assessed at baseline and 6 months enabling comparison of time 1 and time 2 MAS scores, the 12-18 month group have baseline, 6 and 12 month scores, enabling a comparison across 3 time points. Table 9.7 shows the mean total score, value of F and significance level for each drop-out group, across the assessed time points.

Table 9.7: Significant differences in MAS total mean scores across time points for drop-out groups

<table>
<thead>
<tr>
<th></th>
<th>Baseline mean (SD)</th>
<th>T2 mean (SD)</th>
<th>T3 mean (SD)</th>
<th>T4 mean (SD)</th>
<th>F-value</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 6 mths n=55</td>
<td>47.38 (7.07)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-12mths n=31</td>
<td>46.07* (5.98)</td>
<td>45.68 (8.72)</td>
<td></td>
<td></td>
<td>.08</td>
<td>.78</td>
</tr>
<tr>
<td>12-18mths n=13</td>
<td>47.00 (2.83)</td>
<td>48.85 (4.95)</td>
<td>41.85 (11.27)</td>
<td></td>
<td>3.98</td>
<td>.06</td>
</tr>
<tr>
<td>&gt; 18mths n=11</td>
<td>50.64 (2.62)</td>
<td>48.73 (5.06)</td>
<td>45.82 (5.06)</td>
<td>38.91 (10.66)</td>
<td>12.65</td>
<td>.00</td>
</tr>
</tbody>
</table>

* Two participants in this group failed to adequately complete their psychometric measurements at time 2 (6mths) their scores are therefore not included for any of the calculations thus the mean baseline score displayed here is different to that in table 9.5

Table 9.7 shows the longer the time spent in the therapeutic community the greater the reduction in total masculinity score. For those spending between 12 and 18 months in the TC the reduction is just outside the \( p<0.05 \) significance level; whilst for those spending more than
18 months the reduction is statistically significant ($p<0.01$). This is clearly shown in Figure 9.2 above.

No significant differences were identified between the drop out groups in terms of age or index offence. An independent samples t-test found no significant difference across time for those spending more than 18 months in the TC and those spending less than 18 months on factor 1 of the MAS, Gratuitous sex and violence. Significant differences were found between the two groups on factor 2, Chivalry at baseline; $t(199)= 3.04$; $p= <0.01$; time 2; $t(113)= 3.33$; $p=<0.01$ and time 3; $t(60)= 2.75$; $p= <0.01$. (Time 4, the eighteen month assessment is not considered here as there can be no participants identified as spending less than eighteen months in the TC with scores at the eighteen month mark). Table 9.8 shows the mean scores and standard deviation on the two factors for those spending more than and those spending less than eighteen months in the TC.

<table>
<thead>
<tr>
<th>Table 9.8: N, mean score and standard deviation on MAS factors for &gt;18mths &amp; &lt;18mths in TC groups</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline</strong></td>
</tr>
<tr>
<td>&lt; 18mths (N = 168)</td>
</tr>
<tr>
<td>&gt; 18mths (N = 33)</td>
</tr>
<tr>
<td><strong>6 month assessment</strong></td>
</tr>
<tr>
<td>&lt; 18mths (N = 82)</td>
</tr>
<tr>
<td>&gt; 18mths (N = 31)</td>
</tr>
<tr>
<td><strong>12 month assessment</strong></td>
</tr>
<tr>
<td>&lt; 18mths (N = 30)</td>
</tr>
<tr>
<td>&gt; 18mths (N = 32)</td>
</tr>
</tbody>
</table>

As can be seen in table 9.8 those spending more than 18 months in the TC have higher mean scores on the two factors than those spending less than eighteen months, although this finding is only significant for factor 2. This suggests that chivalry may be a necessary attitude for staying a significant period of time in the TC. The caring and protective of others notions of this value may allow one to share and deal with personal issues as well as being able to listen, encourage and assist others, core aspects of the therapeutic community experience.
A repeated measures ANOVA of the two factors across the four time points (n=30) reveals no significant difference between the factors but a significant linear trend across time, F(3, 87) = 3.979; p=<0.05. Figure 9.6 shows that over the 18 month period both factors 1 and 2 decreases in score, factor 2 showing the most significant decline.

9.5 Outcome

Data were collected on four psychometrics measures; Blackburn's Circle, Stages of Change Questionnaire (SCQ), the Hostility and Direction of Hostility Questionnaire (HDHQ), and the Culture Free Self-Esteem Inventory 2 (CFSEI-2) at six-monthly intervals and on Eysenck's Personality Inventory at baseline. Table 9.9 shows the mean score and standard deviation for each of the psychometric subscales at each of the four time points. Mean score and standard deviation information is present only for those completing at least the optimum eighteen months in therapy (N=30). These participants, residents of HMP Dovegate Therapeutic Community are serving sentences (mean sentence length 8years) for a range of offences, predominantly of a violent nature (for example 21.4% murder and 21.4% robbery), spending an average of 10.15 months in the TC. The mean age is 33.28 years and 71% of the population are white British. The EPQ-R statistics are derived from a sample of 178 participants (the remaining 23 participants failed to accurately complete the inventory).

Table 9.9 Mean and standard deviations for each subscale across four assessments

<table>
<thead>
<tr>
<th>Psychometric measure</th>
<th>Baseline mean (SD)</th>
<th>6 month mean (SD)</th>
<th>12 month mean (SD)</th>
<th>18 month mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPQ-R (n=178)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extraversion</td>
<td>13.90 (5.34)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuroticism</td>
<td>14.48 (5.66)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Eysenck Personality Questionnaire Revised (EPQ-R)

Comparison of those spending more than 18 months in the TC with those terminating therapy before 18 months, reveals no statistically significant differences on the Extraversion, Neuroticism and Criminality subscales.

Blackburn’s Circle

A repeated measures ANOVA finds a significant effect of the interaction of subscales and time; F(4.123, 82.461) = 3.16; p=<0.05, this interaction can be seen in figure 9.7.
Consideration of an association between change in score on the subscales and a change in masculinity score found change in coercion to be negatively correlated with change in MAS score at time 2 (Pearson’s r = -.50, p = <0.05) suggesting that a decrease in masculinity score at time 2 results in an increase in coercion score at time 2. Change in MAS score is significantly positively correlated with change in Hostility at time 3 (r = .36, p = <0.05) so that as change in masculinity score increases positively at time three so too does change in hostility score. These associations can be seen in figure 9.8 a). and b).

Figure 9.8 a). Negative correlation between change in coercion and change in masculinity score at time two

Figure 9.8 b). Positive correlation between change in hostility and change in masculinity score at time three
**Stages of Change (SCQ)**

Prochaska and DiClemente's (1983) Stages of Change Model suggests four stages of the process of change. These are:

- **Precontemplation** - not yet acknowledging there is a problem behaviour,
- **Contemplation** - acknowledging there is a problem but not yet ready or not wanting to make a change,
- **Action** - making a change in behaviour
- **Maintenance** - continuing that change in behaviour.

A repeated measures ANOVA of time 1 – time 4 data (N=24) reveals a statistically significant difference of the subscale scores; $F(2.249, 51.734) = 3.46; p=<0.05$; of time; $F(2.093, 48.131) = 368.18; p=<.0001$, but not for the interaction of subscale scores and time; $F(4.815, 110.736) = 2.09; p= >0.05$. This effect is shown in figure 9.9 and demonstrates the similar course the subscales take across the eighteen months.

Figure 9.9 Means of the four subscales across four time points (eighteen months)

A statistically significant negative correlation is identified between change in masculinity score at time 2 and a change on the Action subscale at time 2; $r=-.41; p=<0.05$. As can be seen in figure 9.10 as change in MAS score increases, measure of change in Action decreases, showing an increase in actual score on the Action subscale.
No statistically significant differences were found between change in masculinity score and change in subscale scores at times three and four. The Contemplation subscale has the highest mean score, thus individuals are entering the TC considering change rather than already acting on it and as suggested above perhaps their masculinity level contributes to whether they progress beyond or exit at the six month mark, which typically occurs at the Action stage of the model.

Correlations comparing time spent in the TC and change in subscale scores reveals a statistically significant correlation between change in precontemplation score ($r=0.41; p<0.05$); contemplation score ($r=-0.61; p<0.01$); and action score ($r=-0.55; p<0.01$), at time 2 with total number of months spent in the TC. Figure 9.11 a) – c) shows these correlations.
Hostility and Direction of Hostility Questionnaire (HDHQ)

A repeated measures ANOVA of time 1 – time 4 data (N=24) reveals significant effect of the subscale scores; F(2.46) = 7.43; p=<0.01; of time; F(3,69) = 4.29; p=<0.01, and for the interaction of subscale scores and time; F(6,138) = 2.36; p= <0.05. This interaction is shown in figure 9.12 and demonstrates the movement of subscales scores across eighteen months of therapy, with Guilt demonstrating the most significant linear decrease in score. Criticism of Others demonstrates a decrease from time 2 (6 months), whilst Acting out Hostility shows a rapid increase between times 1 and 2 before scores begin to decrease.

Correlational analysis however reveals that only a change in Criticism of Others subscale score at time 4 is statistically significantly associated with length of time in the TC; R=-.52; p=<0.01. Although changes in subscale scores are apparent at the other time points they are not significantly associated with time in therapy.

Figure 9.12 The interaction of subscales and time spent in the TC

Subscales:
G = Guilt
CO = Criticism of Others
AH = Acting out Hostility
Bivariate correlations show no significant association between change in masculinity score and change in score for each of the subscales at each of the 4 time points.

**Culture Free Self Esteem Inventory – 2 (CFSEI)**

Scoring the CFSEI-2 does not give a score for the complete scale, only scores for each of the subscales. Due to the unstable nature of 3 of the 4 subscales it is not possible to run a repeated measures ANOVA to consider the interaction of the subscales across time. Therefore a bivariate correlation was conducted to assess whether number of months spent in the TC was significantly associated with a change on the Personal subscale of the CFSEI-2. This analysis was found to be non-significant across the optimum 18 months of therapy.

An association between change in masculinity score and change in score on the Personal subscale was also considered for each of the four time points but found to be non-significant.

**9.6 Summary**

This chapter provides descriptive introductory analyses of the effect level of problematic masculinity has on progress made in HMP Dovegate Therapeutic Community by a forensic population.

Scores on the Masculinity Assessment Scale reveal a negatively skewed distribution with a mean score of 45.89. Cronbach's alpha coefficients for the complete scale and for the Gratuitous sex and violence and Chivalry subscales are statistically adequate. The Cronbach's alpha score for the Sensation-seeking subscale is not suggesting this is a less stable component of the MAS and as a subscale not used in subsequent analyses.

A statistically significant difference was identified across the four assessment points spanning eighteen months with respect to the MAS. Statistically significant changes occurred in total masculinity score between 6 and 12 months, and between 12 and 18 months. Change in score between 0 and 6 months was not statistically significant. This is interpreted to suggest that those spending the optimum eighteen months in the TC were found to have a higher masculinity score (as measured by the Masculinity Assessment Scale) at baseline and baseline score was found to successfully predict the number of months spent in the TC. Consideration of drop-out groups (categorised by time of drop-out) revealed no statistically significant
difference of age or index offence between the groups. Significant difference was found
between those spending more and those spending less than the identified optimum 18 months
in the TC on the Chivalry subscale, with a higher score for those staying eighteen months. This
suggests chivalry is an important influence on whether an individual stays in therapy for the
optimum period.

Consideration of the outcome measures was used to assess whether significant change had
occurred for this group of individuals. Statistically significant differences were established for
scores on the Stages of Change Questionnaire. A negative correlation was identified between
change in masculinity score at time 2 and change in Action score. A positive correlation was
identified between time spent in the TC and a change in precontemplation, contemplation and
action scores at time 2. Time 3 and time 4 change scores were not significantly correlated with
time or change in masculinity score suggesting the first six months is the crucial period of
change for the stages of change model. Significant differences were not identified between
those spending more than and those spending less than eighteen months in the TC.

No statistically significant differences were found in extraversion, neuroticism or criminality as
measured by Eysenck’s Personality Inventory between the more than and less than eighteen
months groups. A negative correlation was identified between change in masculinity score and
change in Coercion subscale of the Circle (the behavioural observation measure completed by
staff) at time 2, and a positive correlation between change in masculinity and change in hostility
score at time 3, with differences between the more than and less than eighteen months groups
not found. This significant link between change in masculinity and change in hostility provides
suggestive evidence for the proposed theoretical connection between the two. However this is
not replicated by the subscales of the Hostility and Direction of Hostility Questionnaire. A
significant effect of the subscale scores across time with Guilt showing the most significant
linear decrease in score was found. Criticism of Others decreased from time 2, Acting out
Hostility increased between times 1 and 2 and then decreased. Change in Criticism of Others
score is significantly associated with length of time in the TC at time 4 but a change in
masculinity score is not significantly associated with change in any of the subscale scores at
any time point. It is suggested that acting out hostility could be what the Circle, an
observational measure is considering as it takes a visible form. By comparison the HDHQ is a
self-report measure and is likely to be assessing the internal feelings and emotions which could
be different to displayed behaviour.
Personal self-esteem or a change in personal self-esteem as measured by the CFSEI-2 is not associated with time spent in the TC or a change in masculinity score. This suggests self-esteem was not important within the therapeutic progress of the current population as TC principles would have predicted. It could be that the studied TC sample have suffered the deterioration in self-esteem as suggested by Jones (1989 cited by Jones 1997) and that the measurement period may have been insufficient to see subsequent recovery or the expected rise in self-esteem.

Analyses in this chapter identify statistically significant changes for the studied population in masculinity score with those spending at least eighteen months in the TC demonstrating the most significant change. It is at this eighteen month point where significant association is identified between time spent in TC and change in the Criticism of Others subscale of the Hostility and Direction of Hostility Questionnaire. A significant positive correlation is found between time spent in the TC and change in the Precontemplation subscale at time two and a negative correlation between time in the TC and change in Contemplation and Action scores at time two and a significant negative correlation identified between change in masculinity score at time two and change in Action subscale score at time two. A change in the Coercion subscale of Blackburn's Circle was found to be negatively associated with change in masculinity score also at time two, while a change in masculinity score at time three is positively associated with a change in the Hostility subscale of the Circle.

The following chapter provides more detail and presents further analyses to demonstrate the role problematic masculinity may have in therapeutic progress.
Chapter 10: Mediation Analysis and Results: does masculinity affect progress made in a forensic therapeutic community?

Masculinity is hypothesised to play a mediating role between change and therapeutic progress. Change is assessed via data collected at six-monthly intervals on a range of psychometric measures considering hostility (HDHQ), self-esteem (CFSEI-2), observed behaviour (CIRCLE), and Prochaska and DiClemente's (1983) stages of change (SCQ).

10.1 Mediation

A variable may be identified as a mediator to the extent that it accounts for the relation between the predictor and the criterion variable (Baron and Kenny 1986). The mediation process is explained by a path diagram (figure 10.1), where variations in levels of the independent variable significantly account for variations in the presumed mediator (path a); variations in the mediator significantly account for variations in the dependent variable (path b); and when paths a and b are controlled the previously significant relation between the independent and dependent variable is no longer significant, the strongest mediation effect occurring when path c equals zero (Baron and Kenny 1986).

Figure 10.1 Path diagram of causal chain between IV, DV and a mediating variable

However Baron and Kenny (1986) do suggest:

"a more realistic goal may be to seek mediators that significantly decrease path c rather than eliminating the relation between the independent and dependent variables altogether.....a significant reduction demonstrates that a given mediator is indeed potent....." (Baron and Kenny 1986:1176).

It is suggested that time spent in the TC represents the independent variable, outcome the dependent variable assessed by a change in psychometric test scores across the previously
identified 18 month optimum time period in the TC and masculinity is proposed to mediate the relationship between the two.

It was hypothesised that masculinity would act as a mediating variable between time spent in the therapeutic community and change in score on the four psychometrics employed to assess change. To identify whether change has occurred a change score is calculated for each reliable subscale of each psychometric and for the change in total masculinity score between each time point (baseline to eighteen months) by subtracting the most recent score from the earliest score. For example to work out a change in MAS score between time 1 and time 2, time 2 score is subtracted from time 1 score \((52 - 53 = -1)\). A positive result represents a decrease in actual score over time whilst a negative result represents an increase in actual score.

Correlation coefficients were calculated to assess the presence of a relationship between the change in score on the subscales of the psychometric measures and length of time in the TC, and change in psychometric subscale score and change in MAS score. The significant coefficients identified are shown in table 10.1.

<table>
<thead>
<tr>
<th>Time in TC and:</th>
<th>Change in MAS T2 and</th>
<th>Change in MAS T3 and</th>
<th>Change in MAS T4 and</th>
</tr>
</thead>
<tbody>
<tr>
<td>change in:</td>
<td>change in:</td>
<td>change in:</td>
<td>change in:</td>
</tr>
<tr>
<td>Withdrawn at</td>
<td>Coercion at time 2</td>
<td>Coercion at time 3</td>
<td>Action at time 3</td>
</tr>
<tr>
<td>time 4 (CIRCLE)</td>
<td>(CIRCLE)</td>
<td>(CIRCLE)</td>
<td>(SCQ)</td>
</tr>
<tr>
<td>( r = -.56 )</td>
<td>( r = -.50 )</td>
<td>( r = .45 )</td>
<td>( r = .58 )</td>
</tr>
<tr>
<td>( p &lt; .01 )</td>
<td>( p &lt; .01 )</td>
<td>( p &lt; .05 )</td>
<td>( p &lt; .01 )</td>
</tr>
<tr>
<td>Precontemplation at time 2 (SCQ)</td>
<td>Action at time 2 (SCQ)</td>
<td>Action at time 2 (SCQ)</td>
<td></td>
</tr>
<tr>
<td>( r = .41 )</td>
<td>( r = -.41 )</td>
<td>( r = .48 )</td>
<td></td>
</tr>
<tr>
<td>( p &lt; .05 )</td>
<td>( p &lt; .05 )</td>
<td>( p &lt; .05 )</td>
<td></td>
</tr>
<tr>
<td>Contemplation at time 2 (SCQ)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( r = -.61 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( p &lt; .01 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action at time 2 (SCQ)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(- .55 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( p &lt; .01 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criticism of Others at time 4 (HDHQ)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(- .52 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( p &lt; .01 )</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To assess pathways a, b and c described above and shown in figure 10.1 regression coefficients for pathways a and b and their standard error are calculated and inputted into the Sobel and Aroian Test Calculator (Fife-Shaw 2006) for the significant correlations shown in table 10.1. The resulting value of Z is considered for significance. To be significant Z must be equal to or greater than 1.96. However none of the relationships suggested to be mediated by masculinity proved to be significant.

Calculated Sobel and Aroian Z values demonstrate paths a and b to be non-significant. With pathways a and b non-significant the indirect pathway (pathway c in figure 10.2) is also non-significant. It is therefore concluded that masculinity does not play a mediating role between time in therapy and change in psychometric subscale scores.

The disappointing finding of masculinity not playing a mediating role between time spent in the TC and change, led to a further consideration that different types of masculinity could be identified through further analysis and that these types may display demographic and therapeutic differences. Cluster analysis was conducted to assess whether profiles of masculinity could be identified and the possibility of an association between profile of masculinity and outcome.

10.2 Profiles/typologies of masculinity
Cluster analysis of items on the Masculinity Assessment Scale was used to investigate the possibility of establishing different profiles of masculinity according to responses to the inventory. Cluster analysis seeks to identify homogenous subgroups of cases within a population, relying on the relationships between the objects (items) to describe the underlying structure (Hammond 1995b). It enables the researcher to specify the number of clusters to be used to describe the data structure, based on a, "sound theoretical justification for the solution
chosen." (Hammond 1995b:379). Hammond (1995b) recommends a non-hierarchical partitioning cluster analysis followed by discriminate function analysis using cluster membership as a criterion variable. This allows each cluster to be defined by the composite functions that discriminate them, identifying typologies or profiles of people. Discriminant function analysis shows which variables contribute the most to the definition of each cluster, therefore discriminating between the clusters. These variables are identified as functions and consideration of the items they contain allows a label to be applied to each cluster based on the relative contribution of each function to the membership of each cluster. Eklund (1994) describes research where cluster analysis is used as a confirmatory tool after factor analysis as is the case in the present research.

In the current study k-means cluster analysis using an algorithm that can handle large numbers of cases and requires the identification of the number of clusters by the researcher was employed. This procedure moves cases in and out of the clusters to obtain the maximum separation of the clusters. Three cluster and four cluster solutions were specified. Discriminant function analysis was conducted on both solutions with cluster membership as the grouping variable and the 17 items of the MAS the independent variables. Comparison was made of the loading of each item on each function. The four cluster, three function solution correctly predicted the classification of 97.5% of the population and reflects the results of the previously conducted factor analysis identifying masculinity as comprising three factors; Gratuitous sex and violence, Chivalry and Sensation-seeking. The population were distributed across the four clusters with 61 participants in cluster 1, 50 in cluster 2, 31 in cluster 3 and 60 in cluster 4. The univariate ANOVA shows all 17 items, except item 4 ("Physical violence never solves an issue") to significantly (p=<0.0001) differentiate across group membership. Three functions are identified as significantly discriminating (p=<0.0001) between the groups. Table 10.2 shows the three functions identified, the extent of the variance accounted for by each and the Masculinity Assessment Scale items that contribute to each function.
Consideration of the items in each function allows the identification of function 1 as Gratuitous sex and violence, function 2 Chivalry and function 3 Sensation-seeking. As can be seen in table 10.2 the items in each function are both positively (I drive safely avoiding all possible risks) and negatively (Men are entitled to have as many sexual partners as they want) directed. The labelling of a function is not determined by the direction of the wording of the items but by the item content. The extent of endorsement of each item is identified from an individual’s completion of the scale. Consideration of the functions and the extent of their contribution to each cluster is shown in table 10.3.

From table 10.3 identification can be made of how each function discriminates between the groups. Those in cluster 1 have a high level of F1 Gratuitous Sex and Violence, a very low level of F2 Chivalry with F3 Sensation-seeking falling in between, but a higher F3 relative to the
other groups. This seems to indicate a moderate level of sensation seeking, low levels of chivalric values and attitudes and a high level of gratuitous sexual and violent behaviour. Cluster 2 is indicative of low scores on F1 Gratuitous Sex and Violence, slightly higher but still relatively low on F2 Chivalry and are comparatively high on F3 Sensation-seeking, but remaining low on all functions relative to the other groups. This seems to indicate generally low levels of problematic masculinity. Cluster 3 are relatively equal on F2 Chivalry and F3 Sensation-seeking, and very low on F1 Gratuitous Sex and Violence. This seems to imply a certain level of sensation seeking but which may be situated within more positive values. Cluster 4 are lowest on F3 Sensation-seeking, highest on F2 Chivalry and in between the two on F1 Gratuitous Sex and Violence. Here the functions seem to indicate a more self interested and possibly manipulative masculinity. Consideration of the discrimination between functions across the four groups enables the labelling of each group. Cluster one is identified as Gratuitous sensation-seeking (involving sex and/or violence); cluster 2 as Low functioning (on all three functions); Cluster 3 Chivalrous sensation-seeking (non use of sex and/or violence); and Cluster 4 Self-interested chivalry (involving a gratuitous motive). Figure 10.3 shows the distribution of the TC population (N=201) into the four clusters.

Figure 10.3 Distribution of the population into the four clusters

Cluster labels
1 = Gratuitous sensation-seeking
2 = Low functioning
3 = Chivalrous sensation-seeking
4 = Self interested chivalry

The possibility of differences between the clusters on time spent in the TC was assessed by means of a one-way Analysis of Variance. Statistically significant differences were identified between the groups; $F(3,201) = 6.12; p<0.01$ and posthoc Bonferroni comparison revealed the significant difference to be between clusters 1 and 2; $p<0.001$ and groups 2 and 4; $p<0.05$, 

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with group 1 spending the longest period of time in the TC (12.39 months) and group 2 the shortest (6.72 months).

Cluster 2 spend on average between six and seven months in the TC, compared to the other three groups who spend a minimum of ten months, cluster one spending the longest at just less than twelve and a half months. It has already been identified that spending longer in the TC is most conducive to change, identified by the change in MAS score across the four time points, with eighteen months the point when significant change occurs. For the Gratuitous Sensation-seeking group to be spending longest in the TC is therefore surprising as their style of masculinity is self-gratifying and apparently ignorant of others. In an environment where one has to deal with the emotions of others they would therefore not be expected to do particularly well, however this is not the case as they are the group spending the longest time in therapy.

Statistically significant differences were found between the groups on members spending more than eighteen months in the TC; $F(3,198) = 5.63; \ p<0.01$. Bonferroni comparison reveals the difference to again be significant between clusters 1 and 2 ($p<0.001$) and between clusters 2 and 4 ($p<0.05$). A one-way ANOVA revealed differences in age and index offence across the clusters to not be statistically significant.

As expected a significant difference was similarly identified between the clusters on baseline masculinity score; $F(3,201) = 102.94; \ p<0.001$ as shown in table 10.4. Posthoc Bonferroni comparison revealed the difference to be significant between all groups ($p<0.001$), except between groups 3 and 4, whose difference in score is only 1.46. These two clusters also spend a similar length of time in the TC, 10.00 and 10.80 months respectively.

Consideration of the mean masculinity score for each group at baseline shows cluster 1 do not have the highest masculinity score instead featuring mid-range of the four groups. Cluster two have the lowest score as well as spending the shortest amount of time in the TC, fitting with earlier findings that lower scorers exit the TC the earliest. Group three have the highest mean score overall although not significantly different from group four and these two groups spend a similar length of time in the TC. This and the length of time in the TC, age and index offence findings reported above are shown in table 10.4.
Table 10.4 Differences between clusters on age, time in TC, mean MAS score and index offence

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Mean age</th>
<th>Spending &gt;18mths N=</th>
<th>Mean baseline masculinity score</th>
<th>Index offence %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>34.7yrs</td>
<td>17 (27.9%)</td>
<td>45.84</td>
<td>murder 26.7%, burglary 16.7%, robbery 15.0%, adult rape 10.0%, attempted murder 5.0%</td>
</tr>
<tr>
<td>2</td>
<td>34.0yrs</td>
<td>0</td>
<td>35.40</td>
<td>murder 29.8%, robbery 19.1%, wounding with intent 3.4%, adult rape/minor sex assault child/arson/wounding with intent 4.3%</td>
</tr>
<tr>
<td>3</td>
<td>33.3yrs</td>
<td>5 (16.1%)</td>
<td>52.65</td>
<td>Murder 16.7%, burglary 16.7%, robbery 16.7%, adult rape 10.0%, wounding with intent/arson/kidnap 6.7%</td>
</tr>
<tr>
<td>4</td>
<td>31.4yrs</td>
<td>12 (20%)</td>
<td>51.18</td>
<td>robbery 31.7%, burglary 15.0%, murder 11.7%, wounding with intent 5.0%, ABH/kidnap/drug supply 3.3%</td>
</tr>
</tbody>
</table>

A t-test revealed statistically significant differences in masculinity score for cluster 3 at time 2; t(14) = 3.22; p=<0.01 and at time 3; t(8) = 2.64; p=<0.05 and for cluster 4 at time 3; t(21) = 2.81; p=<0.01. It is possible that change was not significant at time 4 due to low numbers in the analysis, as the mean time spent in the TC for these two groups is 10 and 10.8 months respectively. Significant change was not identified on the two reliable subscales of the MAS, thus overall masculinity score is altered by time spent in the TC but the individual elements of the masculinity constellation are not. It therefore appears both a high and a low level of masculinity contributes to premature termination of therapeutic community involvement thus the mid-range scoring group (cluster 1) spend significantly longer in the TC and show significant change at time 3; t(25) = 4.32; p=<0.001, and at time 4; t(16) = 3.05; p=<0.01, compared to the other clusters.

The next stage of analysis investigated whether discrimination could be made between the identified profiles of masculinity (clusters) according to level of change across the optimum eighteen month period of therapy. Discriminant analysis was conducted with cluster membership as the grouping variable and the change in score on each subscale of each psychometric test; the Masculinity Assessment Scale, Blackburn’s Circle, the Stages of Change Questionnaire, Hostility and Direction of Hostility Questionnaire and the Culture Free Self-Esteem Inventory as the independent variable. This analysis found cluster two, Low Functioning to not feature in any of the change results. This may be because they fail to spend a significant period of time in the TC for either an adequate assessment of change to be calculated or for the therapeutic processes to have had sufficient time to have an impact. A t-
test calculation found significant change does not occur for this group at any of the time points they are assessed. For most of this cluster this is between six and seven months, allowing them only baseline and six-month (time 2) data and therefore only one six month period in which change can be demonstrated.

Neither of the functions were found to significantly discriminate between the groups. Despite this consideration of the discriminatory functions for change in each psychometric measure gives an indication of the different paths different typologies of masculinity take during the process of change.

The cluster 1, Gratuitous Sensation-seeking individuals demonstrate Anti-Social behaviour during the early stages of change, progressing through the stages of change in both a Progressive movement as well as demonstrating both positive and negative directionality of change, scoring relatively equally on the two functions. This suggests that perhaps change is not a smooth and direct progression for them. They exhibit higher levels of External compared to Internal Hostility as well as Non-Consistent changes in Personal self-esteem, thus this group appear to follow an erratic pathway of change.

Cluster three, Chivalrous Sensation-seeking demonstrate more Social than Anti-Social behaviours during their path of change and make positive and negative directional progress through the stages of change. Similar to cluster one this group exhibit greater External than Internal Hostility but do demonstrate Positive change in Personal self-esteem during their time in the TC. Cluster four, Self-interested Chivalry demonstrate a predominance of Anti-Social behaviour, following a Progressive path through the stages of change, displaying both External and Internal Hostility in relatively equal amounts with Positive changes in Personal self-esteem during the eighteen months.

Although significant difference was not found between the clusters on outcome measures, the simple clustering of participants reveals the presence of the different typologies of change within the individuals in the current study. Table 10.5 summaries these findings including the labelling of the discriminant functions; the level of discrimination of each function; the percentage of participants correctly classified by the analysis; and how each function contributes to each cluster.
Table 10.5 Discriminant value of change in subscale scores for clusters 1, 3, and 4

<table>
<thead>
<tr>
<th>Change in Psychometric subscale score</th>
<th>Discriminant functions identified</th>
<th>Level of discrimination &amp; sig. level*</th>
<th>N correctly classified by discriminatory functions</th>
<th>Cluster information (clusters 1, 3, 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masculinity Assessment Scale</td>
<td>F1 = change at 12mths F2 = change at 6 &amp; 18mths</td>
<td>1 = 90.6% 2 = 9.4% WL = .75 &amp; .97; p=&gt;0.05</td>
<td>N = 19 (of 30) 63.3%</td>
<td>1 = higher on F1 3 = negative F1 &amp; F2 4 = higher on F2</td>
</tr>
<tr>
<td>Circle</td>
<td>F1 = Antisocial F2 = Social</td>
<td>1 = 95.4% 2 = 4.6% WL = .00 &amp; .27; p=&gt;0.05</td>
<td>N = 21 (of 22) 95.2%</td>
<td>1 = antisocial, progressing to social 3 = consistent social 4 = consistent antisocial</td>
</tr>
<tr>
<td>Stages of Change</td>
<td>F1 = Progressive movement F2 = Positive-negative directionality</td>
<td>1 = 74.4% 2 = 25.6% WL = .28 &amp; .67; p=&gt;0.05</td>
<td>N = 21 (of 24) 87.5%</td>
<td>1 = equal F1 &amp; F2 3 = higher on F2 4 = higher on F1</td>
</tr>
<tr>
<td>Hostility</td>
<td>F1 = External Hostility F2 = Internal Hostility</td>
<td>1 = 76.1% 2 = 23.9% WL = .16 &amp; .56; p=&gt;0.05</td>
<td>N = 22 (of 24) 91.7%</td>
<td>1 = higher on F1 3 = very high F1 4 = equal F1 &amp; F2</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>F1 = Positive change F2 = Non-consistent change</td>
<td>1 = 64.1% 2 = 35.2% WL = .20 &amp; .53; p=&gt;0.05</td>
<td>N = 19 (of 23) 82.6%</td>
<td>1 = higher on F2 3 = higher on F1 4 = higher on F1</td>
</tr>
</tbody>
</table>

WL = Wilks Lambda statistic, testing the null hypothesis; if p=>0.05, the value of the discriminatory function is the same for all clusters, thus it is not possible to significantly differentiate between them by the identified functions.

10.3 Summary

It was hypothesised that masculinity would act as a mediator between time spent in the TC and change in subscale scores of psychometric tests taken at six-monthly intervals. Some significant correlation coefficients were identified between time in the TC and change in subscale score and between a change in masculinity score and change in subscale score. These relationships were tested for mediation via regression analysis and Sobel and Aroian scores. The latter were found to be insignificant suggesting the aspects of masculinity measured by the MAS are not playing the hypothesised mediating role between time in the therapeutic community and change.

K-means cluster analysis was utilised to investigate the possibility that of types of masculinity are associated with different therapeutic journeys of change. Both a three and four cluster model was considered with the four cluster model proving the most informative, classifying 97.5% of the participants. Aside from one, all items of the MAS were found to significantly differentiate between the four clusters. Three functions were labelled according to MAS item contribution and matched the three factors previously identified as comprising masculinity;
Gratuitous sex and violence, Chivalry, and Sensation-seeking. The extent of each function's contribution to each cluster enables the labelling of each cluster accordingly. This resulted in four clusters identified as: Gratuitous sensation-seeking; Low functioning; Chivalrous sensation-seeking, and Self-interested chivalry.

Significant differences were identified between the clusters in terms of time spent in the TC with the Gratuitous sex and violence cluster spending the longest time (12.39 months) and Low functioning the shortest (6.72 months). The Gratuitous sex and violence cluster also have the largest number of members (27.9%) staying in the TC for the previously identified optimum eighteen month period. Significant difference was identified between the clusters on baseline masculinity score (except for the Chivalrous sensation-seeking and Self-interested chivalry clusters, they have just a 1.46 difference in their mean score). The Low functioning cluster have the lowest score, supporting the earlier finding that it tends to be those with a lower baseline masculinity score that exit the TC the earliest. Chivalrous sensation-seeking and Self-interested chivalry clusters have similar scores and spend a similar period of time in the TC (10.0 and 10.8 months), whilst the Gratuitous sex and violence cluster have a mean score mid-range of the other three clusters but spend significantly longer in therapy. Significant differences were not found between the clusters on age and index offence.

Discriminant analysis was conducted to assess whether the clusters differ significantly on extent and style of change, assessed by change in score on the subscales of psychometric tests measuring observed behaviour, stages of change, hostility and self-esteem. The Low functioning cluster was found not to feature in any of the analysis. It is suggested that this is due to the reduced amount of time members of the cluster spend in the TC (average 6.72 months). This gives them a much smaller period of time for significant change to occur compared to the remaining three clusters. The absence of this cluster in the analysis results in a two function model being produced rather than a three function model as would be expected if four clusters were included.
Chapter 11: Discussion

The current study aimed to develop a theoretically integrated model of problematic masculinity with reference to a forensic population, create a psychometrically sound means to assess this and apply the measure to a prison based therapeutic intervention to determine the role played by problematic masculinity in constructive change. In particular the study set out to identify whether level of problematic masculinity effected changes in hostility, self esteem and behaviour in a forensic therapeutic community population.

The central thesis was that since problematic aspects of masculinity have been implicated in anti-social and criminal behaviour, it was a plausible assumption that these would also be implicated in psychological and behavioural change. Extensive theoretical and empirical research into masculinity, discussed in chapter five, highlights an association between antisocial and criminal behaviour with negative aspects of masculinity. Research suggests masculinity to be an accomplishment not a fixture afforded all men (Connell 1995) and can be channelled into a variety of both positive and negative behaviours. Thus not all men will demonstrate variations of masculinity to the same extent and via the same means. The research literature regarding the influence of patient characteristics on treatment outcome was discussed in chapter two, and treatment access, selection, involvement, quality and outcome have all been found to be subject to patient idiosyncrasies (Finney 2003). Thus it is suggested that masculinity may operate as one of those idiosyncrasies affecting an individual's progress in the therapeutic community. It was also suggested that if masculinity can be redirected from associated negative behaviours demonstrations into more positive displays then a reduction in negative masculinity may be associated with lessening anti-social and criminal behaviours.

Previous research often utilises reconviction as a suitable assessment of therapeutic outcome. However a number of researchers (for example Rawlings 1999) have suggested this is not an adequate measure of therapeutic 'success' due to a range of mitigating factors that may interfere with the accuracy of reconviction rates. These include not being caught for offences committed, and the age-crime curve (Ezell and Cohen 2005) illustrating how, regardless of crime type and criminal propensity, the age distribution of any population is inversely related to its crime rate (Hirschi and Gottfredson 1983). Systematic reviews such as that conducted by Warren et al (2003) considered a wider range of outcomes including psychological measures. The current study utilises change in scores on measures of hostility, the stages of change and
self-esteem as appropriate indices of change in light of the aims of the Therapeutic Community. In addition behaviour is assessed via Blackburn's Circle.

A number of hypotheses were proposed: time spent in the TC would be associated with baseline score and a change in masculinity score; an association would be identified between time spent in the TC and the extent of change in both masculinity and outcome score; participants exiting the TC prior to eighteen months residency (held to be an optimal period) would have a significantly different baseline masculinity score compared to those spending longer than eighteen months; those completing eighteen months would demonstrate a significantly different level of change compared to those spending less than eighteen months, and that masculinity would operate as a mediating variable between time spent in the therapeutic community and change in outcome measures.

11.1 Theoretical model development

In recognising the importance of both nature and nurture and appreciating that genes interact with family and environmental factors to produce behaviour an integrated model of masculinity was considered as a more powerful way to consider problematic aspects in which criminality features.

The proposed model was held to comprise three components; the Sensation-seeking trait, a Chivalrous set of attitude/values and Gratuitous sex and violent behaviour. Previous research suggested that sensation-seeking is a personality trait not altered by time. This comprised the dispositional or biologically determined part of the constellation. Findings showed that this aspect featured in those staying in the TC for more than the optimum eighteen months required for significant change. This suggests that if channelled appropriately, sensation-seeking can be a positive trait with positive outcomes. It is when it is channelled anti-socially and selfishly that negative consequences occur. Thus it is not the presence of the trait per se which is problematic, rather the potential interactional and situational correlates which may lead to anti rather than pro social outcomes.

The concept of chivalrous attitude and values represented a plausible concomitant that might interact with the dispositional aspect of the proposed constellation. This represents a socially constructed element of masculinity and addresses respect and feelings and concern for others, particularly women. At one extreme this may take the form of a controlling patriarchal belief in
women as chattels over whom men have dominion. This is an important element in the
differentiation of those staying in the TC for the optimum eighteen months of therapy and those
exiting prior to this. The former have an elevated Chivalry score which is interpreted as a sense
of entitlement and absence of the ability to see another's perspective. It appears that this does
play some role in willingness to remain in the community. Underdeveloped chivalry as defined
in this study was associated with early drop out and an unwillingness to embrace the process
of change.

The behavioural part of the constellation was concerned with gratuitous sex and violence and
again this component seemed to differentiate TC residents and appears to interact with the
dispositional and values component as implied by the research findings of Farr, Brown and
Beckett (2002) in relation to adolescent sex offenders. They found in a sample of adolescent
sex offenders that those who did not condone the use of violence were less likely to have
callous attitudes towards woman. Farr et al speculated that in some instances higher scores on
hypermasculinity were "healthier" and that it is masculine inadequacies and a lack of masculine
assertiveness that is associated with (sex) offending. Perhaps this is also a general feature of
male aggressive offending.

After consideration of previous research findings and the extensive literature regarding
masculinity as well as the theoretical writings for biological determinism and social
constructionism a merging of the three aspects is proposed by the current thesis. To approach
such a complex concept as masculinity from a singular perspective narrows its explanatory
potential and limits the applicability of this increased range to the variety of situations in which
problematic masculinity is seen. By incorporating the two ideas it is suggested a more thorough
understanding of masculinity, its demonstrations and its effects can be gained. Biologically
determined traits interact with culturally acquired values and attitudes and it is this interaction
that better explains behaviour. Thus a combined perspective operates simultaneously to
enhance a more thorough understanding of the association between problematic aspects of
masculinity and criminal behaviours as well as the role this may play in behavioural change and
desistence from criminal behaviour.

11.2 Measurement development
In order to assess the elements of masculinity identified to comprise a problematic constellation
associated with criminality, Mosher and Sirkin's (1984) Hypermasculinity Inventory (HMI) was
revised for a 21st Century British forensic population. The wording of questions was brought up-to-date with Americanisms removed and the forced-choice format of the measure altered to a Likert scale. The quantitative revision was successful in generating a reliable and valid scale although the sensation seeking subscale was the least stable of the three components. The attitude/values component and the behavioural component of the revised scale did reach adequate psychometric property requirements suggesting that it may be an operational difficulty with the sensation seeking (dispositional) aspect of the scale rather than a failing of the theoretical conceptualisation of its role in masculinity, criminality and change. As previously discussed it may be a discrepancy between that identified as sensation-seeking behaviour by a normative (non-incarcerated) population and that identified by a prison population, thus the scale items were not of adequate variety to accommodate the lifestyles of both.

A qualitative measure was considered to add situational context to refine the measure and provide a greater understanding of the type of masculinity engaged in. A projective test was devised but ultimately was abandoned as it failed to satisfy the requirements of psychometric properties of scale development. The failure of the qualitative element of the test to meet the requirements of psychometric scale development was disappointing. The theoretical basis for its inclusion was that it would enable the identification of an individual’s typical style of masculinity by the method of projection. The failure to meet psychometric test standards could be due to the inability of the projective test to operate efficiently as a self-completion task, a quality deemed necessary for optimal application in the applied field. Alternatively the images selected could be too ambiguous and not eliciting the information required to understand masculinity type. Although not in the format intended the Masculinity Assessment Scale maintains adequate psychometric properties and measures extent of engagement in masculinity whilst offering a brief insight into type. It is suggested that there is still value to be had by the addition of a qualitative element to a quantitative scale to assess type of masculinity as well as the extent of engagement. It is disappointing that the current approach failed to provide a psychometrically sound measure. Nevertheless it seems premature to abandon this approach and the insights this may provide. It is therefore proposed that with further research such an addition could be formulated.

As previously discussed personality trait is not expected to change significantly over time, thus this measure was assessed at baseline only and not repeated at six-monthly intervals with the other psychometric tests. Although to be interpreted with some caution due to the poor
reliability scores for the subscales the following helped toward the validation of the MAS. A statistically significant association was identified between MAS baseline score and the Psychoticism subscale, with those having a higher baseline masculinity score also having a higher Psychoticism score. This is consistent with the proposed theoretical model as the traits associated with psychoticism include; aggressive, assertive, unsympathetic, masculine and tough-minded (Shepherd 2006), traits often expressed by the stereotypical male (Wellard 2002) by embodying a disposition of toughness, daring, virility and violence (Mosher 1991) and not expressing vulnerability or fear (Sees 1999). However this finding must be considered with caution due to the poor Cronbach’s alpha coefficient for the Psychoticism subscale with this population. Rebello et al (2002) found higher Psychoticism subscale scores for a prison population compared to a non-prison population, implying an association between personality and offending behaviour. It is possible that masculinity plays the intermediary role in this association.

As previously discussed those with a higher MAS score at baseline tend to spend longer in the therapeutic community, eighteen months being the optimum period of time for significant change to occur. Comparison of those spending less than eighteen months with those who spend a minimum of eighteen months in the TC reveals differences in scores on the EPQ-R subscales. Those spending less than eighteen months in the TC score higher on all the EPQ-R subscales at baseline, the Psychoticism and Addiction scales significantly differentiating the two populations. Although caution must again be advised in the interpretation of this result due to poor reliability the findings suggest an individual with a relatively high addictive and psychotic personality does not ‘survive’ the eighteen months in the TC required to make significant change. Psychotic symptoms have been commonly identified in criminal populations (Eysenck 1994) and may be a contributory factor to recidivism, thus those scoring highest on this trait fail to reach the identified optimum time period for therapy. It is possible that the range of emotions and inner turmoil known to be experienced when in the therapeutic environment is not managed when an individual is dealing with addiction and psychoticism. Research has found associations between the existence of psychoticism and addiction in both non-addicted and addicted individuals (Haylett 2001) as well as associations between the presence of anti-social personality disorder and addiction (Sher and Trull 1994). It is therefore proposed that the presence of psychoticism and addiction together may present insurmountable difficulties and results in premature exit. Additionally the existence of anti-social personality disorder may also be detrimental to continuing the therapeutic process past a significant point of time, particularly
when empirical research demonstrates the limited success of treatment for those with anti-social personality disorder (Gerstley, McEllan, Alterman, Woody, Luborsky and Prout 1989; Longabaugh, Rubin, Malloy, Beattie, Clifford and Noel 1994).

Previous research has identified a positive relationship between psychoticism and unsocialised sensation-seeking as well as a positive relationship between psychoticism and hostility, although sensation-seeking is not directly related to hostility (Knust and Stewart 2002). The current study also found significant positive correlations between Sensation-seeking, measured by factor three on the Masculinity Assessment Scale and Psychoticism, measured by the EPQ-R and Psychoticism and the Paranoid Hostility and Acting out Hostility subscales of the Hostility and Direction of Hostility Questionnaire at baseline. The association of psychoticism, sensation-seeking and hostility are in line with previous studies and according to such research are widespread within the forensic population. The low Cronbach's alpha of the sensation-seeking element of the MAS is recognised as making it a relatively unstable measure however the similarity of the current findings with previous research into sensation-seeking within the forensic population suggests the indicative nature of the scale's items as an assessment of sensation-seeking as a component of masculinity, but it is not adequate to stand alone as an assessment tool. It is therefore possible that a relatively small amount of alteration may be all that is required for this factor to become psychometrically sound and allow the Sensation-seeking subscale of the Masculinity Assessment Scale to operate as an independent measure of sensation-seeking.

The Masculinity Assessment Scale could be utilised in contributing to an assessment of the individual's commitment to and pathway through therapy. MAS responses could provide additional information when making decisions regarding the viability of the individual entering the TC and the prospect of them making positive progress. In addition the scale could be used to allocate individuals to TC units such as the four units operating within HMP Dovegate. Individuals falling into similar categories or exhibiting masculinity to a similar extent could be located in the same TC unit which may reduce the likelihood of hostilities between men with different manifestations of masculinity. By housing together individuals who are of the same type of or engage in masculinity to the same extent may encourage progress. This may enable a greater likelihood of individuals staying for the optimum eighteen months to enhance the likelihood of a 'successful' outcome.
11.3 Application

The revised Hypermasculinity Inventory, the Masculinity Assessment Scale was administered every six months to the forensic therapeutic community population alongside measures to assess personality, hostility, self-esteem, stages of change and behaviour in order to assess psychological and behavioural change.

The current study found the greater the time spent in therapy the greater the reduction in total MAS score, with eighteen months being the optimum point. This finding supports the first hypothesis and is in accordance with previous research that identifies eighteen months as the optimum period to spend in a therapeutic community for significant change to occur (Cullen 1992). A statistically significant relationship was identified for time and total MAS score for the thirty participants who spent a minimum of eighteen months in the therapeutic community. A repeated measures ANOVA identified a significant relationship across the four assessment time points, although a Bonferroni posthoc test revealed no significant difference between times one and two, suggesting that no significant change occurs in masculinity score in the first six months of therapeutic community participation, it is after this point that significant change occurs. Significant change has occurred in the present population somewhere between the six and twelve month point. Due to the use of bi-annual data collection it is impossible to identify the exact point at which change is significant. Instead a six-month interval period is identified as the significant change point, thus significant change is identified as occurring by the twelfth month.

Consideration of the three factor scores across the four time points revealed them not to be significantly different. A graphical representation of the factor scores across the eighteen months shows a decrease in score for each factor, factor two showing the largest reduction, however these decreases are not significant. This, along with the low alpha score of factor three implies the factors must be used together and not as individual components. It is proposed that the factors be used to identify a tendency toward a type of masculinity but not to extract the subscale items for use without the remaining components of the complete scale. For this purpose differences have been identified between scores on the three factors to demonstrate a significantly greater existence of factors one and two in the forensic population compared to the normative population. As previously discussed it may be the way in which factor three, sensation seeking is channelled into behaviour rather than its simple existence that explains the non-significant difference between the two populations on this factor.
There was no support for the second hypothesis that longer time spent in therapy is associated with lower baseline scores on the MAS. In fact, the opposite seemed to be the case. Significant statistical analysis found the higher the MAS score at baseline the longer the individual stayed in therapy. This suggests that rather than high levels of problematic masculinity being detrimental to remaining in therapy, this may actually be instrumental in engaging the process. It was lower scoring individuals who were more likely to make a premature exit. This is in line with the suggestions by Farr et al (2003) who proposed that a lower level of masculinity is not only associated with offending but also has treatment implications. It seems there may be a need to strengthen some aspects of masculinity on the one hand whilst re-directing other aspects to ensure appropriate assertion in appropriate situations. Further research might usefully develop this finding and could for example investigate whether a particular aspect of masculinity aids therapeutic commitment, such as the sensation-seeking trait that allows an individual to take emotional risks, to open up and speak truthfully, assisting with the therapeutic process? Or is it the tough-mindedness associated with masculine reputation maintenance and face-saving that gives the individual the ability to continue when it gets difficult? It appears that those with higher levels of masculinity as identified by the MAS are better able to stay in the TC. Therefore is it a deficit of some component that contributes to premature termination of therapy? Rapoport’s (1960) early TC research findings found those with a weak ego structure may be further damaged by the social and interpersonal pressures placed on residents by the intensive TC regime.

It is possible that a lack of masculinity, demonstrated by a lower score on the Masculinity Assessment Scale results in a deficit of one or several components of the masculinity constellation, but it was not possible to articulate with any precision what this amalgam was that contributed to remaining or leaving the TC. This may be a competitive element, a strong-will and determination to continue for as long as possible or simply the recognition and motivation that they may be able to actually change if they continue with the regime. All of these factors could contribute to an individual persevering when others may give up thus resulting in their longer stay.

Hollin et al (2004) in finding lower reconviction rates for Pathfinder programme probation completers suggested the likelihood of a selection effect; that those completing the programme would have had lower reconviction rates irrelevant to programme participation. A similar
suggestion is made here; it is not that those with a higher MAS score find the TC regime any less demanding but that it interacts with some other factor(s) allowing them to continue through the therapeutic process for longer than those with a lower MAS score. These factors could be the increased propensity towards toughness, daring and risk-taking associated with being masculine (Mosher 1991), enabling those with higher masculinity scores to ‘survive’ for longer in the TC.

Scores on the original Hypermascularity Inventory have been found to positively correlate with Aggression, Autonomy, Dominance and Exhibition, and negatively correlate with Understanding, Harm-Avoidance and Nurturance (Mosher and Sirkin 1984), suggesting that the former qualities allow the continuation of therapy. However comparison of those scoring above and those below the median at baseline on the Masculinity Assessment Scale show that although differences are noted in subscale scores on the HDHQ, the Circle, the SCQ and the CFSEI-2 at baseline these differences are not statistically significant. Further research utilising different outcome measures could identify if there are other significant differences between the two groups.

The third hypothesis concerned outcome and how masculinity affected progress made in the therapeutic community, measured by change in bi-annual scores on a range of psychometric tests. Results appeared to show that masculinity, based on the finding of differences in baseline masculinity score and time spent in therapy, does have a role to play in the journey of change but is not operating as expected. It was not possible to establish significant differences in that journey of change for the different profiles of masculinity that were identified by cluster analysis. This suggests that masculinity does not function within therapeutic change as proposed. It is possible that other factors are operating in conjunction with and effecting the influence masculinity may have. Further research could investigate this possibility by employing additional measures and identifying their influence in conjunction with further use of the Masculinity Assessment Scale.

The current findings contribute to therapeutic community assessment procedures by suggesting that too much or conversely too little of the masculine attributes considered in the present research effects the length of time an individual will stay in the community, in turn influencing progression and direction of progress.
The fourth hypothesis considered length of time likely to stay in the TC. Baseline MAS score appears to have a predictive connection with premature termination of therapy. Analyses showed those with lower masculinity scores tend to leave the TC earlier. As hypothesised this may be due to aspects of masculinity identified by the MAS. Those with a lower MAS score seem to find life in the TC difficult and are more likely to drop out early when it becomes challenging. This finding could aid TC staff during the assessment process to identify those most likely to stay in therapy for the optimum time period for significant change to occur and those most likely to terminate prematurely. Previous research has found that, "to start a programme but to fail to complete may be disadvantageous with regard to offender recidivism" (Hollin et al 2004:14) and that, "there is a significant time in treatment effect upon the favourableness of recidivism outcomes" (Lipton, Pearson, Cleland and Yee 2002:62), leading Hollin et al (2004:14) to, "signal the issue of non-completion and time actually engaged in treatment as a potential concern ... which merits careful consideration in future programme evaluations." Subsequent detrimental damage to the offender may thus be prevented by identifying pre-treatment or pre-programme participation who is most likely to stay the course and who is likely to leave prematurely, reducing the risk of potential damage to non-completers.

Comparison of the different drop-out groups reveals the optimum period of time for therapy to enable a significant reduction in MAS score to be a minimum of eighteen months. Throughout the eighteen months masculinity scores decrease in a linear fashion, with the greatest reduction occurring between twelve and eighteen months (times three and four), thus significant change is identified at eighteen months. This finding supports previous research claiming eighteen months to be the optimum time for therapy to be effective. Lewis (1973 cited by Jones 1997) found reconviction rates to be significantly lower for those spending a year or more in therapy compared to those spending shorter periods of time and that dropping out of treatment for inappropriate behaviour is a good predictor of future reconviction. Research at Grendon TC finds a lower reconviction rate for those spending more than nineteen months in the TC (Cullen 1997) while Newton (1988) found spending at least twelve months in therapy significantly improves participant's scores on a range of outcome measures. Genders and Player (2004) found that after twelve months in Grendon TC residents identified themselves as having developed insight into the related nature and underlying causes of their difficulties as well as being more trusting of staff and accepting of responsibility, but that it is at or after the eighteen month point that residents had completed a five stage career model of change in therapy. This model involves the recognition of ones problems, the demonstration of a desire to
change, an understanding of the problems, a recognition of how to change and the testing of new coping strategies to demonstrate actual change. Further research could utilise qualitative methods with the current population to assess participant awareness, recognition and understanding of change as well as the consideration of future progress and the continuation of abstinence from crime.

Analysis reveals significant subscale scores do change at twelve months. Factors one and two are identified as changing significantly at the third assessment (twelve months of therapy completed), compared to the eighteen months required for the complete masculinity constellation (measured by total score) to show significant change. As expected factor three does not show significant change over the eighteen month period, supporting the hypothesis that change is not expected to occur in factor three's score due to the trait nature of this factor. (Interpretative caution is however advised due to the low alpha score of the Sensation-seeking subscale.)

Previous research into sensation-seeking supports the view for this to be an unalterable trait. Zuckerman and Kuhlman (2000:999) present a biosocial model of the traits underlying personality and risk-taking, particularly sensation-seeking, and find biological influences including “the D4 dopamine receptor gene (and) the enzyme monoamine oxidase....” Koopmans et al (1995) found genes to play a major role in sensation-seeking differences and Rodgers and Bard (2003) suggest a personality structure that is primarily based on genetic processes is stable over time. Pedersen (1991) found sensation-seeking to have a relatively high degree of stability in his study of mental health and sensation-seeking in adolescents, while Bates and Wachs (1994) identify sensation-seeking to be a stable and early appearing trait. These findings support the classical trait perspective that argues personality traits are biologically based and so not susceptible to the influence of the environment and so do not change over time (Caspi, Roberts and Shiner 2005). Evidence finds that despite the numerous life-changing roles and identity decisions faced during adolescence, “personality differences remain remarkably consistent during this period.” (Caspi, Roberts and Shiner 2005:467), thus if during this period of dramatic change in one’s life personality differences remain intact then one could assume that such differences continue unchanged throughout later life, when less fluctuation is expected, thus scores on sensation-seeking were expected to remain unchanged.
Although total MAS score does significantly change over an eighteen month period, and factors one and two are identified as changing by the twelve month point, whilst factor three is not statistically significantly different, the differences between factor scores over this time are not significant. Although masculinity level does reduce and some adjustment to the various components of the scale has occurred, it is not possible to identify significant differences between the factors as represented in the subscales. Comparison of subscale scores for those identified as currently being in therapy and those having prematurely left identifies some differences. These differences are found for chivalry across the first twelve months of therapy and for sensation-seeking at the twelve month point with those leaving therapy having a significantly higher score on both counts. The component chivalry may therefore be the important element that plays a significant role in whether an individual continues with therapy. Eighteen months has been identified as the significant time point for change to occur, it is at this point that chivalry scores for those currently in therapy actually exceed the scores of those who have left, although these differences are not identified as statistically significant. It could be the case that if a chivalrous attitude develops, a more therapy conducive attitude is enabled.

The argument accounting for the role of the sensation seeking element can be formulated as follows. Those identified as currently in therapy have higher factor three scores than those who have prematurely terminated therapy, thus it may be that it is this dispositional aspect of the masculinity constellation that is required to enable progression in therapy. Is it that emotional chances and risks have to be taken to allow the individual to tackle the issues that are affecting therapeutic progress? It is possible that those who refuse to take chances give up and retire from therapy before sufficient progress is made to allow a significant reduction in total masculinity score. This could be indicative that the sensation seeking aspect has become channelled into more positive behaviours. As previously discussed the personality trait of sensation seeking is itself not necessarily negative it is the way in which the trait is enacted that is deemed negative or positive. Employing the trait to tackle issues pertinent to therapy may be identified as positive, using the trait to commit crime, negative. By comparison, scores on factor one, gratuitous sex and violence follow the same pattern throughout the optimum eighteen months with those terminating therapy early having higher scores than those currently in therapy. Although these differences are not identified as statistically significant it does suggest that unlike the other two factors, factor one is not a behavioural intention which can be maintained and still expect to make therapeutic progress.
Five psychometric measures were utilised as outcomes to assess whether masculinity effects progress made in the therapeutic community. Reliability analysis for all these tests using the Cronbach's alpha coefficient provided mixed results. The calculated alpha coefficients for Eysenck's Personality Questionnaire – Revised is excellent for the complete scale and three of the six subscales, but fails to reach an adequate level for the Psychoticism, Addiction and Lie scales. Acceptable alpha coefficients are found for the complete HDHQ scale and for the Guilt, Acting out Hostility and Critical of Others subscales, but poor for the Self Criticism and Paranoid Hostility subscales. Similarly the calculated alpha values for the CFSEI-2 show adequate reliability for the complete scale and the Personal subscale but fail to reach an adequate level for the General, Social and Lie (social desirability) subscales. Holaday, Callahan, Fabre, Hall, MacDonald, Mundy, Owens and Plappert (1996:548) also found low alpha coefficients for the General subscale and a particularly low alpha for the Social subscale identifying this as an “interesting” finding since the Social subscale would be the one, “most likely to vary or be influenced by a group’s cultural standards”.

The inadequate coefficients found for these scales may be a reflection of the current population, for example that their answering of the items comprising these scales was not complete, not truthful or consistent. The current population have completed a relatively large number of psychometric measures during their assessment period in the therapeutic community and also in previous establishments. This can result in them recognising some of the questionnaires and being able to identify what a questionnaire is about and what it is measuring. This enhanced understanding of the psychometric may enable the individual to fake good or bad, giving false responses on the subscales and making them unreliable. The subscales achieving poor Cronbach’s alpha coefficients can not assure statistical reliability and are subsequently considered with caution.

Blackburn’s Circle is a behavioural observation measure, completed by TC staff at six-monthly intervals. This measure allows the collection of behavioural information in addition to the many self-report measures employed by the study. Significant differences are identified between the Circle’s eight subscales across the eighteen month period, with a change in four subscale scores showing a significant correlation with change in masculinity score. Time two change in MAS score was significantly negatively correlated with time two change in score on the Coercion subscale, thus an increase in MAS score at time two is accompanied by a decrease in Coercion score. Coercion thus appears to be inversely related to degree of masculinity. A
change in level of coercion is negatively related to a change in masculinity score, so there appears to be some relationship in accepting that learning not to coerce others for your own ends is associated with diminishing aspects of problematic masculinity. It is however difficult to work through the direction of this causality.

Change in Hostility score at time three is significantly positively correlated with change in masculinity score at time three, thus as change in masculinity score increases so too does change in Hostility score, and as one decreases so does the other, providing a connection between hostility and masculinity, particularly pertinent at the twelve month mark of therapy. Is it that individuals reaching this twelve month mark have been in the TC long enough to act their true selves, they are no longer trying to make a good impression, thus hostility is more apparent? It is possible that those terminating therapy early or those requesting to leave the TC have a level of hostility that significantly impacts on therapy and contributes to their premature departure.

The longer spent in the TC the smaller the change in score for Compliance at time two and the Withdrawn subscale at time four. Identifying a negative correlation between change in Compliance score at time two and a change in Withdrawn score at time four with length of stay in the TC suggests that participants become less compliant by the six month point perhaps because the TC provides a safe environment in which they want to test the boundaries and assert their status. Additionally no significant change occurs in score on the Withdrawn scale at time four, but is significantly correlated with length of time spent in therapy. Is it the case that the TC provides a space in which participants can be themselves after the initial testing of the boundaries, represented by a change in Compliance score at time two? It should also be noted that this association is identified at time four, a time when few have managed to stay the course. Is it therefore the case that for those whom a change in Withdrawn score does occur do not make it through to the eighteen month point, thus the concept represented by the Withdrawn scale influences therapy continuation or termination.

It is disappointing that change in the other subscale scores on the Circle fail to be related to masculinity and/or number of months spent in the TC. It is possible that the staff's relatively close relationship to participants, seeing them in therapy groups as well as on the unit affects their completion of the psychometric or that the behaviours considered by the Circle fail to be noticed by staff. Such effects could be reduced by employing peer evaluations and/or self
evaluations. However this then introduces a range of additional problems regarding the accuracy and reliability of the assessment process. It is also possible that the Circle itself is not an adequate measure for the therapeutic community population. Intended for use with a Special Hospital population the scale does assess behaviours that would not be apparent on the TC units as they would result in an individual's likely expulsion, for example violence and negative treatment of staff. Future research could consider devising an observational scale specifically for the TC population.

The Stages of Change Questionnaire assesses participants' progress through four stages of change; Precontemplation, Contemplation, Action and Maintenance. Masculinity does not significantly correlate with any of these subscale scores, and so appears not to be associated with stage of change. However a change in level of masculinity was found to be significantly associated with a change in Contemplation and Action scores at time 2. Some aspects of masculinity appear to significantly affect stage of change at the six-month mark if an individual is at the Contemplation or Action stage, such that as masculinity score increases the Action and Contemplation subscales decrease. This might suggest that level of masculinity effects progress through the stages of change model with individuals moving along the continuum from the Contemplation and Action points as masculinity score changes and this appears to occur significantly at the six month mark.

The Hostility and Direction of Hostility Questionnaire assesses level of hostility from a number of subscales of different types of hostility. Aside from the Critical of Others subscale at time two, the six month point, masculinity and subscale scores were found to not correlate at any of the four time points. It is proposed that at the six month point and therefore relatively early stage of therapy, an active aspect of masculinity demonstrated in the TC is to criticise others. Having spent six months in therapy, as previously discussed, individuals may be more confident and whilst dealing with their own issues become critical of others either as a defence mechanism reflecting attention from themselves or to assert themselves within the therapy group. The latter is a fundamental aspect of masculinity, the gaining of reputation and status amongst one's peers. Such reputation and face saving often displayed by antisocial behaviour when on the street has to be contained within the TC thus individuals may attack one another with verbal criticism rather than their previously used physical or verbally abusive methods. By the time the twelve month assessment point is reached it is possible that residents have settled into the task of therapy and are less concerned with asserting themselves at the expense of
others, thus no association is found between the Critical of Others subscale and masculinity score at times three and four.

The association between Critical of Others and MAS at time two could be explained in terms of the individual not realising that his criticism of another is problematic. This is particularly pertinent when residents are encouraged to discuss how they feel and not to keep emotions hidden. Although after an incident he may be made aware of his behaviour by another resident, at the time he may simply view it as a part of the therapeutic process, seeing himself as simply taking a proactive role in therapy. It may take another resident or member of staff to point out how his behaviour has moved from sharing thoughts and emotions to deeper criticism and outright hostility.

The other types of hostility are not associated with MAS scores or with length of time spent in the TC. This is surprising when previous research has found offender populations to have significantly higher levels of hostility compared to the general population (Knust and Stewart 2002). A possible explanation is that during their time in therapy a significant effort is made by individuals to control elements of hostility that they may previously have engaged in. They may identify it as a typical response and so one they should concentrate on changing, for example getting angry when you feel someone has done you an injustice. Therapy teaches participants to discuss their differences, not to keep emotions hidden but to deal with them openly, thus anger or resentment that may turn into hostility is being dealt with from early on in the TC process.

The Culture Free Self-Esteem Inventory-2 assesses three types of self-esteem (General, Social and Personal) as well as socially desirable responding (Lie subscale). Statistically significant differences are found between the subscale scores at all four time points, producing a significant linear trend however the interaction of subscale scores and time is not statistically significant. Therefore although the scales follow a similar path, across time this is not significant. In light of the poor alpha coefficients for the General, Social and Lie scales only the Personal subscale is considered further. A significant difference is found in change in the Personal subscale score and change in masculinity score at times three and four. As masculinity score decreases at time three, scores on the Personal scale increase. At time four as masculinity score decreases the Personal subscale score also decreases. Therefore personal self-esteem appears to not follow a smooth forward progressing path but changes in
self-esteem fluctuate through the eighteen month period, particularly between twelve and eighteen months of therapy. A predictive relationship was not found between change in MAS score and change in personal score at any of the four time points, thus masculinity does not appear to significantly influence personal self-esteem.

Mediation
It was also disappointing that the postulated aspects of masculinity did not act as the predicted mediator between therapy and outcome, as assessed by a change in outcome scores and a change in masculinity score over time. It is suggested that although the identified aspects of masculinity may indeed be important in change and engagement in therapy as discussed above, it may be a more complex relationship and/or accompanied by additional factors that also influence engagement and progress. These additional factors could include: the physical environment; therapeutic alliance and day-to-day running of the unit. Each therapeutic unit is run differently according to the therapy manager’s interpretative perspective on successful therapy management. Each of the managers takes an individualistic stance on how to conduct and run their unit, and bring with them ideas and methods from their previous different and varied backgrounds. Therapeutic alliance may be effected by the running of the unit and the subsequent atmosphere. Not feeling comfortable in the environment is not conducive to therapeutic ‘success’ and, as previously discussed, therapy in the therapeutic community involves helping others as well as helping oneself. Thus individuals need to freely disclose and discuss problems and this is only likely to be facilitated if the individual feels at ease.

Alternatively it is possible that aspects of masculinity are addressed by the TC regime and as a consequence change. They are then directly acted upon and changed aspects of masculinity are then an outcome in themselves and are not acting as a mediator. Problematic masculinity is therefore not the means through which change is achieved but is an alterable factor within the process of change for a forensic population. The findings of the current thesis suggest extreme Chivalry identified here as entitlement is an important element to be addressed in therapeutic change. The finding that this factor is significantly higher in those men that stay for the optimum eighteen months of therapy for significant change to occur suggests the realignment of this attitude/value component is required in therapy to aid and enhance positive change. Further research could consider these issues in light of the current findings and for example utilise the fact that units are run individually to investigate the possible external factors effecting therapeutic outcome adjacent to the role played by an individual’s masculinity.
11.4 Therapeutic pathways

As there was no statistical evidence to support the proposed masculinity constellation operating as a mediator, an alternative approach was considered. This derived from the work by Hudson, Ward and McCormack (1999) on offense [sic] pathways in sexual offending. They focus on problem behaviour process in the relapse prevention of sexual offenders by suggesting that the likelihood of a single re-offence pathway for offenders is unlikely. They utilised a grounded theory approach to develop a model of offence processes. They identified 86 offence profiles as belonging to one of eight pathways, with 3 pathways accounting for nearly three quarters of the offenders. For example pathway one was characterised by positive mood at the outset, appetitively driven with explicit offence planning having a sense of mutuality between themselves and their victim and a positive evaluation of the offending behaviour. Another pathway was characterised by negative affect and explicit planning. Interestingly there were no differences in age, sentence length, or offending length between the different pathways. Despite this being a “disappointing” (p795) finding they argue that their approach is helpful in identifying different treatment needs for offenders. If this reasoning is pursued, then it could be argued that perhaps variations in the TC residents' profiles of masculinity might constitute different approaches to the regime and that this is a promising area for further exploration.

As this was not part of the original formulation, some preliminary analyses are offered to begin developing this line of enquiry. Cluster Analysis considered this possibility by searching for similarities and differences between participants based on their responses to the Masculinity Assessment Scale.

The presence of profiles of masculinity were identified using cluster analysis accompanied by discriminant function analysis, allowing the identification of typologies, or profiles of individuals that cluster based on labelled functions. A four-cluster, three function solution was identified as the most precise method correctly classifying 97.5% of the population. The three functions corresponded with the three factors previously identified to comprise masculinity; gratuitous sex and violence, chivalry and sensation-seeking. The population was separated into the four clusters, with all but one of the seventeen items on the Masculinity Assessment Scale differentiating across cluster membership. The three functions contribute to each of the four clusters to differing extents, allowing the identification of a typology of masculinity for each cluster based on function contribution. Cluster labels were chosen to reflect overall function contribution and therefore character type resulting in the labelling of the four clusters as:
Gratuitous Sensation-seeking; Low-functioning; Chivalrous Sensation-seeking; and Self-interested Chivalry.

The Gratuitous Sensation-seeking group have a high level of the Gratuitous sex and violence function relative to the other two groups but a relatively low level of Chivalry. The contribution of the Sensation-seeking function is in between the other two functions and relatively intermediate compared to the other three groups. This ratio of function contribution suggests gratuitous acts are quite central to the group’s make-up whilst acts of chivalry are relatively low. Sensation-seeking behaviour is also a relatively important component, suggesting the individual seeks thrills and adrenaline rushes throughout life and may engage in violent and/or sexual self-centred acts to attain a high. The group may have convictions for violent and/or sexual offences and tend to utilise others for their own gain. They represent the typical alpha male stereotype of toughness and strength as well as the irresponsibleness and dare-devilishness of a delinquent adolescent. By comparison group two are labelled Low-functioning due to their low figures on all three functions. They score extremely low on the Gratuitous sex and violence function, the lowest of the three groups on the Chivalry function and the second lowest on Sensation-seeking. This group would not be expected to harbour sexual or violence based drives or to have engaged in sexual or violent crimes. However they are also not the most gentlemanly or respectful of the groups, scoring very low on the Chivalry function. It therefore appears that less masculine forces are prompting their criminal activities and lifestyle.

The third cluster identified as Chivalrous Sensation-seeking have a relatively high Chivalry and Sensation-seeking functions but a low Gratuitous sex and violence function. This group seek out adventure and adrenaline fuelled highs but do not engage in gratuitous acts involving sex or violence to achieve it. They may therefore commit crimes without using violence, sex or harming victims (of course all crimes have victims, this issue will not be debated here but purposeful acts of victim violation such as physical violence do not appear to be this group’s motive). The Chivalry function makes a large contribution to the cluster’s profile compared to the other three clusters, again suggesting victim abuse is not a motive. In light of this the group may even be expected to go out of their way to not create unnecessary victims, instead holding traditional values regarding a man’s place in society. However as already discussed this could be made extreme and result in feelings of entitlement and a man’s right. However consideration of the relatively low Gratuitous sex and violence function suggests such attitudes do not translate into violation of a third party. It may therefore be the case that the men in this group
believe a woman’s place is in the home, expects her to keep it clean and tidy and wants dinner on the table every evening for example. By comparison the fourth cluster of participants also have a relatively high Chivalry function but the lowest Sensation-seeking function of all four clusters and a moderate Gratuitous sex and violence function compared to the other groups. This group labelled Self-interested Chivalry may therefore hold the chivalrous and traditional values that group three hold but it may be translated into very different behaviour, thus the presence of the Gratuitous sex and violence function. That is not to say that all those in this cluster engage in sexual or violent offences against females because they hold traditional gender values, it simply suggests there may be an increased propensity based on the groups answers to the Masculinity Assessment Scale. This cluster do however have the lowest Sensation-seeking function of all the clusters. This suggests they are not engaging in violent behaviours for the thrill and adrenaline buzz of cluster one but that their sexual or violent behaviour acts as a means to an end. This group could be expected to have predominantly female related offences such as domestic violence and sexual or non-sexual violence against known or unknown females. Apparently “gentlemanly” chivalrous behaviours may be engaged in to lure unsuspecting victims or may result in the setting of high and unreachable expectations of his wife or partner, which when not obtained results in violence as ‘punishment’. Despite theoretical assumptions no significant differences were found in index offence distribution or mean age for the four groups.

There is an even distribution of participants across clusters one, two and four of 61, 50 and 60 respectively. Cluster three by comparison contains only thirty-one participants. This group have a low gratuitous sex and violence function compared to the other clusters, and in a population imprisoned for predominantly violent offences it is not surprising that a cluster with less violent tendencies has a smaller participation. Despite the significant difference in group size this group are very similar to group four on baseline masculinity score and mean number of months spent in therapy and achieve the highest masculinity score of the four clusters.

Particularly significant differences lie between clusters one and two on number of months spent in the TC, cluster one spending the most and cluster two the least. This is also reflected in the baseline masculinity score, cluster two having the lowest masculinity score and cluster one, although not the highest is significantly higher than group two’s. This fits with earlier findings suggesting it is those with a higher masculinity score that spend longest in the TC and those with a lower score exiting prematurely. As previously discussed this suggests there is
'something', as yet unidentified in the make-up of those with the higher scores contributing to their longer stay.

Hudson, Ward and McCormack (1999) suggest that different offence processes have different treatment needs and issues. This could be applied to the clusters of offenders identified in the current research. It is clear from the function loadings that they follow a different route toward change and will require different treatment needs and assistance. Webster (2005) suggests it may be advantageous to assign offenders to different groups prior to treatment to reduce the likelihood of administering treatment that may be counterproductive to the offender or may produce minimal or limited results. For example some offenders may be unsuited to the informal therapeutic community approach and need a more direct and structured programme of change. Further research could consider the differences between the clusters and the range of possible treatment options available for each.

Discriminant function analysis investigating differences between the clusters on outcome assessed by psychological change found cluster two to not feature in any of the results. This suggests that as a group they may have spent too little time in therapy to achieve significant representation of change for assessment or that their profile is inimical to change. Little or no change might be expected of a resident entering the TC with a cluster 2 (Low Functioning) profile. Consideration was made of the cluster's low masculinity score contributing to their non-significant change and early drop-out rate. Comparison was therefore made between this cluster and the higher masculinity scoring clusters three and four. Masculinity score was found to significantly change over time for clusters three and four but individual subscale scores did not thus despite an overall masculinity score change specific elements of the constellation were not identified as changing significantly. These results suggest both a high and a low level of masculinity contributes to premature termination of therapy whilst a more intermediate baseline masculinity score is accompanied by a lengthier stay in the TC and significant changes at twelve and eighteen months on outcome measures.

The identification of cluster two as having the lowest masculinity score, spending the shortest period of time in the TC and not significantly changing is comparative to the findings of Farr et al (2004) that adolescent sex offenders demonstrate a lack of masculinity on the violence and danger subcomponents of an adapted version of Mosher and Sirkin's (1984) Hypermasculinity Inventory when compared to adolescent non-offenders. The Low Functioning, low masculinity
scoring group in the current study have significantly lower scores on all subscales of the Masculinity Assessment Scale compared to the other groups. This suggests as, Farr et al (2004) do that a deficit in masculinity may be as much of a problem as an excess. The highest scoring groups, clusters three and four in the current study also spend less than the optimum eighteen months in therapy but it is possible that the additional four months that they spend in therapy compared to cluster two aids the journey of change, thus the occurrence of a significant change in masculinity score at times two and three for clusters three and four but not for group two.

Significant difference in extent of change on the outcome measures for the three remaining groups (clusters one, three and four) was not found. Despite the changes in scores not being significantly different between the groups, consideration of the discriminant functions does demonstrate potential differences in the paths that different profiles of masculinity follow in their journey of change. Some follow a smooth, forward, progressive, positive path, dealing with issues as they go, others with positive and negative directionality, some inflicting their internal battles on others as suggested by the Anti-Social behaviour and External hostility functions. Clusters three and four demonstrate Positive changes to personal self-esteem during their time in therapy while cluster one identify with Non-Consistent self-esteem, fluctuating between positive and negative progress. This is similar to their progress through the stages of change, they have elements of both Positive and negative directionality and Progressive change. Cluster three have a Positive and negative directionality along the stages of change, accompanied by Positive self-esteem, while cluster four follow a more methodical Progressive route through the stages of change, accompanied by Positive personal self-esteem. Further analysis confirmed that although interesting these apparent group differences of progress of change do not translate into differences in psychometric test score change.

Despite these differences not being statistically significant they do provide an insight into the many variations of masculinity and subsequent journeys of change that may be present within a TC population. This suggests different aims and methods are required to attain a successful outcome. For example whilst one resident needs to increase his sense of chivalry and understanding for others another may hold beliefs that take this to the extreme and possess a sense of entitlement. Both issues relate to the attitude/values component of Chivalry but need to be addressed in differing, almost opposite ways.
It appears that the role of masculinity in progress made in the therapeutic community is not as hypothesised. Although profiles of masculinity can be identified, significant discrimination of the journey of change with respect to masculinity can not be made. Significant difference exists between baseline masculinity scores and number of months spent in the TC but this does not translate into significant differences in the process of change, despite the identified functions contributing to each clusters journey by differing amounts. Regardless of the theoretical viability of masculinity's role in therapeutic progress and outcome, such a connection does not materialise in practice. This leads to a rethinking of masculinity's role in therapy for the current study and opens up a new arena of research for the gender and prison rehabilitation fields.
Conclusion

This study set out to investigate the possibility that critical aspects of masculinity affect the progress made by individuals in a forensic therapeutic community. Based on the literature of the characteristics and behaviours of traditionally masculine men, theory driven hypotheses suggested level of or extent of engagement in certain masculine traits, attitudes/values and behaviour would effect engagement in therapy and subsequent change, assessed by a number of psychological tools.

This study experienced a number of difficulties not least the practical difficulties of collecting data in a prison environment with the demands of security, prison staff time and availability and prisoner activities. The design of the current study, considering change at all available time points for all available participants may have had a detrimental effect. For example considering change between time one and time two for those spending eighteen months in therapy is not necessarily comparable to change between time one and time two for those spending just seven months in therapy. Being in the TC after time two although not directly affecting change between times one and two does allow the comparison of participants that stay in the TC for different periods of time. In the present study this allows the comparison of those spending more than and those spending less than the optimum eighteen months in therapy to highlight significant differences between the two that are identifiable from early on in therapy or even at admission. For example by identifying such ‘problem’ factors between time one and time two in the current population such problems and their likely outcome, the premature termination of therapy, can be brought to the attention of TC staff and worked on, increasing the possibility of success for future TC generations.

The problem of attrition has been a large factor in the current thesis. Due to reducing numbers as time in TC increased the decision was made to identify the optimum period of time for significant change to occur on the Masculinity Assessment Scale and then compare those staying for this period of time with those terminating prior to this. As data are not available for all participants at all four time points the number of participants spending the full eighteen months is small and may restrict the generalisability of the findings despite eighteen months being the significant period of time identified by previous research as imperative to positive outcome. This is another factor that may have hindered a possible mediating role between masculinity and outcome. The knowledge that eighteen months is the optimum period of time
for change to occur prompted the search for masculinity as mediator to be conducted on those participants who had stayed in the TC for this period. A relatively high attrition rate considerably reduced the number of participants meeting these criteria and may have affected subsequent findings.

The general population on which the original Hypermasculinity Inventory was revised were approached whilst in a public house. As previously discussed the actual amount of alcohol consumption was unknown and although collected at different time points of the bar's opening hours it is possible that a particular type of individual frequents this bar and so a biased and not a general sample was collected. Additionally a wider age range sample may have added to the revising of the scale as would utilising data from different environments rather than from just one.

The failure of the Sensation-seeking subscale of the Masculinity Assessment Scale to attain an adequate Cronbach's alpha coefficient and subsequently be excluded from further analysis meant little conclusion could be drawn from findings utilising this scale. Additional investigation and improvement is required to amend this as the theoretical conceptualisation of the role of sensation-seeking in problematic masculinity and therapeutic change is viable but the operationalisation of assessing this factor requires further consideration.

This study has provided some insight into the complex nature of masculinity and its potential affect on therapeutic outcome. Although not providing a complete picture of cause and effect it has shown that elements of masculinity do play some role within time spent in a forensic therapeutic community. Although the way in which this role operates has not been clarified a connection between time in therapy and baseline masculinity score has been confirmed as has a significant decrease in masculinity score over eighteen months of therapy.

By taking a dual-aspect approach to the investigation of masculinity the current thesis allows the marrying of biology with social/environmental influence and it is argued a more thorough understanding of the concept in question. In the current thesis this approach has had success with the attitude/value and behavioural components of its proposed model of masculinity but has been challenged by the dispositional, sensation-seeking component. It is therefore suggested that although this hybrid approach is theoretically feasible the inclusion of the
dispositional (biological) element needs further consideration to become psychometrically sound.

In addition further research could also develop the pathways approach as the cluster analysis yielded some suggestive and potentially promising findings. The research could be replicated with a different population of offenders for example a drug-rehabilitation therapeutic community or a young offenders therapeutic programme. The current study could be extended to investigate post-TC effect, both when returning to mainstream prison and to the outside community. Continuing to assess for a longer time period with the psychometrics included in this study would allow a more complete picture of the affect of masculinity on therapeutic outcome to be built. Although its findings are not as conclusive or concrete as intended this study does provide an insight into masculinity operating within and around a forensic therapeutic community and provides an interesting perspective on the importance of masculinity in this area of research as well as a novel way of considering this somewhat demanding concept.
References


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Appendix 1  Revised Hypermasculinity Inventory (1)

Please complete all questions by circling the number that is MOST appropriate to YOU, using the following scale:

1 = Strongly disagree
2 = Disagree
3 = Neutral
4 = Agree
5 = Strongly agree

Do not spend too long thinking about the questions, I am interested in your immediate response.

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>1. I like quiet evenings with good conversation</td>
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<tr>
<td>2. After a few drinks I become very chilled and mellow</td>
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<tr>
<td>3. It's natural for men to get into fights</td>
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<tr>
<td>4. A female who is picked up in a bar should expect to have sex</td>
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<tr>
<td>5. Gay men are not real men</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. After taking drugs I become irritable and anxious</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7. When I am bored I look for excitement</td>
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<td></td>
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<tr>
<td>8. By not fighting I win anyway</td>
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<tr>
<td>9. I like fast cars and fast women</td>
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<tr>
<td>10. Feminine men are more creative and sensitive</td>
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<tr>
<td>11. After a few drinks I become very aggressive</td>
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<tr>
<td>12. All women are worthy of respect</td>
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<tr>
<td>13. When I have a drink or two I like to relax and enjoy myself</td>
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<td></td>
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<tr>
<td>14. Physical violence never solves an issue</td>
<td></td>
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</tbody>
</table>

234
1 = Strongly disagree  
2 = Disagree  
3 = Neutral  
4 = Agree  
5 = Strongly agree  

15. Men are entitled to have as many sexual partners as they want  1  2  3  4  5  
16. If you insult me, be prepared to back it up with action  1  2  3  4  5  
17. All women deserve equal respect  1  2  3  4  5  
18. I get a huge rush from risky/dangerous situations  1  2  3  4  5  
19. I enjoy remembering my past fights  1  2  3  4  5  
20. After taking drugs I become chilled and contented  1  2  3  4  5  
21. When I have a drink or two I feel ready for whatever happens  1  2  3  4  5  
22. Real men need to have sex regularly  1  2  3  4  5  
23. Taking risks have to be weighed against possible losses  1  2  3  4  5  
24. Lesbians have chosen a particular lifestyle and should be respected for it  1  2  3  4  5  
25. If you get a woman drunk or high she'll let you do whatever you like  1  2  3  4  5  
26. It's just plain stupidity to fight  1  2  3  4  5  
27. Gay men should be treated the same as straight men  1  2  3  4  5  
28. I drive safely, avoiding all possible risks  1  2  3  4  5  
29. Some women are only good for one thing  1  2  3  4  5  
30. Feminine men deserve to be ridiculed  1  2  3  4  5  

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Appendix 2  Revised Hypermasculinity Inventory (2)

The following statements represent views/beliefs regarding social issues. Please indicate the extent to which you tend to agree/disagree with each statement by circling the number that is MOST applicable to YOU.

1 = Strongly agree
2 = Agree
3 = Neutral
4 = Disagree
5 = Strongly disagree

Do not spend too long thinking about the questions, I am interested in your immediate response.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Neutral</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When I am bored I look for excitement</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. It’s natural for men to get into fights</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. If I take drugs I become irritable and anxious</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. A female who is picked up in a bar should expect to have sex</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Gay men are not real men</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Some women are only good for a quick shag</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. By not fighting I win anyway</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Feminine men are more creative and sensitive</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I like fast cars and fast women</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. After a few drinks I become very aggressive</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I respect most women</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. When I have a drink or two I like to relax and enjoy myself</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. If I take drugs I become chilled and contented</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Physical violence never solves an issue</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Men are entitled to have as many sexual partners as they want</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. If you insult me, be prepared to back it up with action</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
17. All women deserve equal respect 1 2 3 4 5
18. I get a huge rush from risky/dangerous situations 1 2 3 4 5
19. I enjoy remembering my past fights 1 2 3 4 5
20. Taking risks have to be weighed against possible losses 1 2 3 4 5
21. When I have a drink or two I feel ready for whatever happens 1 2 3 4 5
22. Real men need to have sex regularly 1 2 3 4 5
23. If my mate is arguing with a bunch of lads I'll back him up despite knowing he is in the wrong 1 2 3 4 5
24. Lesbians have made their choice and should be respected for it 1 2 3 4 5
25. If you get a woman drunk or high she'll let you do whatever you like 1 2 3 4 5
26. It's just plain stupidity to fight 1 2 3 4 5
27. Gay men should be treated the same as straight men 1 2 3 4 5
28. I drive safely avoiding all possible risks 1 2 3 4 5
29. Winning doesn't matter, it's the taking part that counts 1 2 3 4 5
30. Feminine men deserve to be ridiculed 1 2 3 4 5
Appendix 3 Revised Hypermasculinity Inventory (3)

The following statements represent views/beliefs regarding social issues, please indicate the extent to which you tend to agree/disagree with each statement by circling the number that is MOST applicable to YOU, using the following scale:

1 = Strongly agree
2 = Agree
3 = Neutral
4 = Disagree
5 = Strongly disagree

Do not spend too long thinking about the questions, I am interested in your immediate response.

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gay men are not real men</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
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<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
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<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
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<td>4</td>
<td>5</td>
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<tr>
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<td>4</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. I enjoy remembering my past fights</td>
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<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. When I have a drink or two I feel ready for whatever happens</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Men need to have sex regularly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. All women deserve equal respect</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. It's just plain stupidity to fight</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. Gay men are equal to straight men</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
16. I drive safely avoiding all possible risks

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>neutral</th>
<th>strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3 4 5</td>
</tr>
</tbody>
</table>

17. Feminine men deserve to be ridiculed

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>neutral</th>
<th>strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3 4 5</td>
</tr>
</tbody>
</table>
Appendix 4  
Masculinity Assessment Scale (MAS)

Interpretation guidelines
Add together items for each factor by reversing the raw score i.e. 1 becomes 5, 2 becomes 4, unless specified as remaining static below:

Total score: Items 1, 2, 3, 5, 6, 8, 9, 10, 11, 13 reversed & summed with items 4, 7, 12, 14, 15, 16 which remain static.
Factor 1: Items 1, 2, 6, 9, 11, 13, 15 (static), 17
Factor 2: Items 4 (static), 7 (static), 12 (static), 14 (static)
Factor 3: Items 3, 5, 8, 10, 16 (static)

Simply sum together to obtain total MAS score.

Convert raw score for each factor into z score by using the following formula:
\[ z = \frac{(raw\ score - mean\ score)}{SD} \]

Convert each raw score into t score:
\[ t = (z\ score \times 10) + 50 \]

Use calculated scores to compare with normative guidelines below:

<table>
<thead>
<tr>
<th>Total MAS score</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>score</td>
<td>Interpretation</td>
</tr>
<tr>
<td>&lt; 36</td>
<td>Low</td>
</tr>
<tr>
<td>37-42</td>
<td>Fairly low</td>
</tr>
<tr>
<td>43-48</td>
<td>Intermediate (the norm)</td>
</tr>
<tr>
<td>49-54</td>
<td>Fairly high</td>
</tr>
<tr>
<td>55 &gt;</td>
<td>High</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Factor 1: Gratuitous sex and violence</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>t score</td>
<td>Interpretation</td>
</tr>
<tr>
<td>&lt; 35</td>
<td>Very low</td>
</tr>
<tr>
<td>35-42</td>
<td>Low</td>
</tr>
<tr>
<td>43-55</td>
<td>Intermediate</td>
</tr>
<tr>
<td>56-68</td>
<td>Fairly high</td>
</tr>
<tr>
<td>68 &gt;</td>
<td>Very high</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Factor 2: Chivalry</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>t score</td>
<td>Interpretation</td>
</tr>
<tr>
<td>&lt; 35</td>
<td>Low</td>
</tr>
<tr>
<td>35-50</td>
<td>Intermediate</td>
</tr>
<tr>
<td>50-60</td>
<td>Fairly high</td>
</tr>
<tr>
<td>60-70</td>
<td>High</td>
</tr>
<tr>
<td>70 &gt;</td>
<td>Very high</td>
</tr>
<tr>
<td>t score</td>
<td>Intermediate</td>
</tr>
<tr>
<td>---------</td>
<td>--------------</td>
</tr>
<tr>
<td>&lt; 35</td>
<td>Intermediate</td>
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<tr>
<td>35-45</td>
<td>High</td>
</tr>
<tr>
<td>46-60</td>
<td>Very high</td>
</tr>
<tr>
<td>60-70</td>
<td>High</td>
</tr>
<tr>
<td>70 &gt;</td>
<td></td>
</tr>
<tr>
<td>Q1</td>
<td>Q2</td>
</tr>
<tr>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Q1</td>
<td>Pearson Correlation</td>
</tr>
<tr>
<td>Q2</td>
<td>Correlation Sig. (2-tailed)</td>
</tr>
<tr>
<td>Q4</td>
<td>Pearson Correlation</td>
</tr>
<tr>
<td>Q5</td>
<td>Correlation Sig. (2-tailed)</td>
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<tr>
<td>Q7</td>
<td>Pearson Correlation</td>
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<td>Q8</td>
<td>Correlation Sig. (2-tailed)</td>
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<tr>
<td>Q10</td>
<td>Pearson Correlation</td>
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<tr>
<td>Q11</td>
<td>Correlation Sig. (2-tailed)</td>
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<tr>
<td>Q13</td>
<td>Pearson Correlation</td>
</tr>
<tr>
<td>Q14</td>
<td>Correlation Sig. (2-tailed)</td>
</tr>
<tr>
<td>Q16</td>
<td>Pearson Correlation</td>
</tr>
<tr>
<td>Q17</td>
<td>Correlation Sig. (2-tailed)</td>
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</table>

Appendix 5 Inter-item correlation coefficients for the MAS
<table>
<thead>
<tr>
<th>15 Correlation</th>
<th>(*)</th>
<th>(*)</th>
<th>(*)</th>
<th>(*)</th>
<th>(*)</th>
<th>(*)</th>
<th>(*)</th>
<th>(*)</th>
<th>(*)</th>
<th>(*)</th>
<th>(*)</th>
<th>(*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td>.000</td>
<td>.012</td>
<td>.000</td>
<td>.230</td>
<td>.013</td>
<td>.001</td>
<td>.573</td>
<td>.000</td>
<td>.101</td>
<td>.000</td>
<td>.002</td>
</tr>
<tr>
<td>Q Pearson</td>
<td>.039</td>
<td>.028</td>
<td>.192</td>
<td>.184</td>
<td>.117</td>
<td>.014</td>
<td>.137</td>
<td>.211</td>
<td>.119</td>
<td>.172</td>
<td>.036</td>
<td>.006</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.572</td>
<td>.684</td>
<td>.005</td>
<td>.008</td>
<td>.092</td>
<td>.048</td>
<td>.002</td>
<td>.085</td>
<td>.013</td>
<td>.003</td>
<td>.199</td>
<td>.010</td>
</tr>
</tbody>
</table>

**Correlation is significant at the 0.01 level (2-tailed).**

**Correlation is significant at the 0.05 level (2-tailed).**
Appendix 6  Projective scenarios

The following scenarios were used in study 1.

MATERIAL REDACTED AT REQUEST OF UNIVERSITY
MATERIAL REDACTED AT REQUEST OF UNIVERSITY
Appendix 7: Study 1: Themes identified from content analysis

The following ninety-one themes were identified from content analysis of the interviews collected in; Study 1: Devising the content of a projective test of masculinity.

Relationships, conflict, stress, domestic issues, non-physical conflict, harm to female, children, self, sympathy, memories, guilt, clubbers, public area, females, sex, social situation, the opposite sex, doubt, political correctness, honesty, Amsterdam, prostitution, pity, confusion, gangs, violence, weapons, avoidance, chivalry, football, body language, police, amazement, normalisation, trivialisation, anger, empathy, generalisation, bodybuilding, body-image, training/working-out, homophobia, advice, time, pretentiousness, dislike, sadness, separation, judgement, love, death, hiding, emotions, coping, alcohol, showing-off, stereotypes, ambiguity, pointlessness, affection, reliance, happiness, experience, risk, adrenaline, opportunity, gender, distancing/protection self ("not me"), heights, disgust, consideration, ignorance, prejudice, protection, acceptability, subjectivity, comfort, dreaming/future, decision-making, the coast/sea/beach, associations, movement, embarrassment, blame, manipulation, admiration/envy, humour, excitement, all-seeing, fear, pleasure.
Appendix 11  Scoring guide for qualitative element of the Masculinity Assessment Scale (MAS)

Add together the score awarded the chosen reaction from the following table. Then sum together the two scores for each of the three elements of masculinity. The highest score represents the style of masculinity predominantly engaged in by the respondent.

<table>
<thead>
<tr>
<th>Card</th>
<th>Reaction 1 score</th>
<th>Reaction 2 score</th>
<th>Reaction 3 score</th>
<th>Reaction 4 score</th>
<th>Element of masculinity</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>S.S.</td>
</tr>
<tr>
<td>E</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>S.S.</td>
</tr>
<tr>
<td>F</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>G. S&amp;V.</td>
</tr>
<tr>
<td>G</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>G. S&amp;V.</td>
</tr>
<tr>
<td>M</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>CH.</td>
</tr>
<tr>
<td>N</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>CH.</td>
</tr>
</tbody>
</table>

G. S&V. = Gratuitous sex and violence
S.S. = Sensation-seeking
CH. = Chivalry
The complete Masculinity Assessment Scale (MAS)

Masculinity Assessment Scale (MAS)
The following statements represent views/beliefs regarding social issues, please indicate the extent to which you tend to agree/disagree with each statement by circling the number that is MOST applicable to YOU, using the following scale:

1 = Strongly agree
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Do not spend too long thinking about the questions, I am interested in your immediate response.

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<tr>
<th>Statement</th>
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<th>5</th>
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<tbody>
<tr>
<td>1. Gay men are not real men</td>
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</tr>
<tr>
<td>2. A female picked up in a bar should expect to have sex</td>
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<td>4</td>
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<tr>
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<tr>
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<tr>
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<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
13. If you get a woman drunk or high she'll let you do whatever you like

14. It's just plain stupidity to fight

15. Gay men are equal to straight men

16. I drive safely avoiding all possible risks

17. Feminine men deserve to be ridiculed

The following section is designed to find out how you perceive the actions of others and what your reaction maybe to those actions. Consider the following pictures. Next to each picture are four possible reactions that you may have if you were to witness the event in real-life. Circle the number (1-4) of the reaction that you feel best fits how you would react if you were witnessing the scene in real life.

**Reaction**
1. Someone pass me a sick bag, that's too much that is.
2. That’s nice, that’s how a man should treat a lady.
3. “Go on son”, he wants a bit of her doesn’t he?
4. She looks embarrassed, why doesn’t he just leave her alone?
Reaction
1. Fair play to him, maybe I could do it
2. What if his parachute does not work? I don’t know how he can do it
3. It must be such a buzz, an unbelievable feeling. Such an adrenaline rush, I’d love it I’m sure
4. I can understand why they do it, for the buzz but there is not way I could do it

Reaction
1. If I was to see them I would not say anything
2. I would speak to them. Say hello. Maybe get chatting, flirt a bit
3. I wonder why they do it, there are other ways to make money. They don’t have to do it. I don’t think it is right that they do it. It really is not nice to see. I would not speak to them, I would just walk past
4. I would look of course but that is about it. If they were to say “hello” I would say “hello” back, be polite but that is it

Reaction
1. I would not like to see that. I would walk past and ignore them
2. They should keep it behind closed doors. I would not say anything to them though
3. That makes me angry. If I was on my own I would not say anything but if I was with my mates I would say something, probably cause some trouble
4. They look happy, obviously in love, good for them

Reaction
1. If I was there I would just walk away, would not get involved
2. If I was there I think I would be pretty frightened. I would walk away
3. If I was there I would join in, throw a few punches
4. I would be worried I was going to get hurt. I would call the police if it had not already been done.
Reaction
1. I have done that so many times for my girlfriend/partner, it is nice to make the effort.
2. I bet he has got an ulterior motive.
3. I think that is nice, a man treating a woman like a lady, that doesn't happen much these days.
4. I reckon he will get her drunk so he can get her into bed.