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Editorial Report

Linda Peña

Editor-in-Chief

A male looks into the mirror. What does he see? Does the reflection's reality meet with his ideal image? Does he view himself with feelings of self-worth and contentment? Or does he turn away in self-loathing and despair? All of these questions are relevant to how men judge their outer and inner image. In this issue, the *Journal of the Health Resource Center* addresses specific topics pertinent to men such as: identity roles, body image disorders, drug and alcohol abuse, testicular cancer and male contraception.

The mind plays a significant role in evaluating oneself and may use judgment criteria adopted from societal environments, including family and peers. This input from others affects males and the choices made for their self-image creation. If men value themselves by standards set by others, they preclude their own self-development and risk losing their true self. There are mental and physical risks that develop when males suppress their own identity. Often through suppression, males can experience anger, anxiety, depression and suicide ideology. Some men use alcohol and/or drugs to temporarily alleviate these negative feelings. However, this is only a temporary "fix" and often drugs and alcohol can lead to more serious issues resulting in even further discomfort. Therefore, it is critical for men to discover and develop their own unique "male code" that allows them to live comfortably within their own skin.

For time in memorial, hair, clothing and grooming were considered female traits. However in review, fashion history indicates male clothing styles often showcased a man's virility. As today's male evaluates his image, he may decide fashion is not enough to enhance his appearance. If he only focuses on his physical deficits, he may take drastic actions, such as cosmetic surgery, drastic diets, relentless exercise regimes and/or steroids to attain this imagined 'body perfect.' Similar to alcohol and drugs, these unhealthy actions may lead to further extremes such as eating disorders, muscle dysmorphia, and steroid abuse.

Often males are portrayed as stoic figures, those who never feel pain or experience sickness. This falsehood hinders men from seeking positive health practices. All men need to take stock of their own health and visit medical centers when needed. For men, significant areas of concern are: infectious STIs, safer sex practices, testicular cancer, male contraception, and alcohol, tobacco, marijuana and other drug use.

Learning to accept your image without condemnation is critical; no matter what shape, size, sexual preference, and ethnicity is reflected. The following articles define men as multi-layered and deeply dimensional. Man is not defined by his mirror reflection, but rather by his own true nature, personality, beliefs, goals and desires. Look again! Now, who do you see? ■

Mirror, Mirror on the Wall

Ralph Davis and Linda Peña

According to historical documentation, male body image has always been a strong indicator of masculinity. However, this image is always in a state of constant flux because of what current trends are deemed as desirable. Therefore, men strive to attain a coveted body image that is defined by physical traits, such as hair, body contours and/or fashion. When looking into a mirror, a male may be pleased with his reflection, while another looks on with dissatisfaction and yearns for an idealized vision. Those who are dissatisfied and wish to make changes in their physical being, can take positive steps towards altering their reflections through such behaviors as eating healthier, exercising more frequently and taking a heightened interest in their grooming and fashion habits. However for others, these changes are not enough. Their quest for the ideal physical form becomes problematic when their dissatisfaction leads to risky behaviors that harm their physical health as well as their psychological and emotional state of being.

When a man looks at himself in the mirror, what does he see? Does he compare his reflection to an ideal image? Is he content with his reflection or dissatisfied? Body image is a complex issue that confuses the minds of many American males. The confusion stems from conflicting body image ideals based upon pre-conceived truths, perceptions, imagination, emotions, and physical response. Sadly, the ideal image many males create for themselves does not meet with reality. “In the past two decades, the British Medical Journal reports the number of men who openly report dissatisfaction with their physical appearance has tripled.”¹ As a result of this dissatisfaction, an increasing number of males develop low self-esteem and self-worth. According to a recent Harvard University study, “men are getting the same medicine that women have had to put up with for years, trying to match an unattainable ideal in terms of body image.”²

Emphasis upon self-image is not a recent phenomenon, but rather an ongoing psychological process that began with early man. An interesting truth is that male image never remains a constant, but continuously changes as evidenced through historical accounts. Often changes in male image occurred as a result of societal dictates. Today, men are influenced by what they observe in the media. Currently, sports heroes, movie stars, artists, and musicians set desired standards for fashion and the male image. Some males may long for the asexual body of a fashion model, while others covet the rippled muscled torso of a well-known athlete; and then there are those who are content with their own physical traits. For those who are not content, a risk arises in that these males may push themselves to dangerous extremes to achieve their idealized body image. They may practice behaviors that are hazardous to their physical and emotional health. For some males, these behaviors lead to steroid use, eating disorders, and the development of muscle dysmorphia.

Packaging the Male Image

To understand how *mirror male image chasing* is problematic, past historical changes in masculine imagery must be examined. In reviewing history, it is evident that male imaging is in constant change. Not only do physical traits play an important factor in the construct of image, but also fashion trends, both in clothing and grooming. A common held myth is that only women

place emphasis upon fashion. But history documents both genders use fashion to highlight specific physical traits deemed desirable throughout different periods of history. Another myth is that only women dressed provocatively to showcase their sexuality. To the contrary, history proves that males, as well as females, used fashion to display their bodies and create sexual tension. Analogous to women wearing apparel to showcase bosoms or reveal glimpses of legs, men were bolder. In the fourteenth century, European clothing accentuated male anatomy, as evidenced in men wearing short jackets and long leggings that revealed the shape of their genitals.³ By the late fifteenth century, the thin body type was no longer preferred, but instead a heavier and more muscular physique was preferred. Also, the codpiece, a sheath that enclosed the penis, was developed.³ Historians claim men chose to wear larger codpieces because it symbolized their idealized sexual prowess. An excellent example of a codpiece is seen in an oil painting by an unknown painter, completed sometime between the years of 1537–1562. The painting hangs in the Walker Art Gallery, Liverpool, England. Additionally, it cannot be claimed that women were the only gender that accessorized. During the sixteenth and seventeenth centuries, historians regard male European dress as more feminized. It was considered highly fashionable for males to be adorned with decorative accents such as ruffles around the neck and loose fitting silk shirts, enormous cuffs, ribbons, ornate shoe buckles, hats with plumage and wigs.⁴ During this era, being ornately dressed symbolized masculine power, virility and strength.

This ornate embellishment carried over across the Atlantic to colonial Williamsburg. Men wore intricately decorated embroidered negligee caps to bed.

King Henry the VIII wearing a codpiece.
<http://www.liverpoolmuseums.org.uk/walker/exhibitions/henry/walkershenry.asp>



• Mirror, Mirror •

Because the fashion at the time was wigs, many men shaved their heads. At bedtime they would remove the wigs and wear night caps to retain body heat and protect their shaved heads.⁵ However, in the eighteenth century, there was a shift from an elaborate style to a more tailored look, as evidenced in men wearing fitted jackets. Tailors designed suits that highlighted a man's shoulder width. The width of a man's shoulders was symbolically indicative of his strength of character. Interestingly, throughout a major portion of history, men's trousers were designed to highlight the contours of a man's legs. Tight pants stayed in vogue until the mid-nineteenth century. Then trends began to shift and unfitted trousers became stylish and remain so today.⁴

In America, ethnicity and racial discrimination were contributing factors towards creating male fashions and style. During the 1930s and 40s, African-American males struck out against discrimination through their image and fashion. In order to combat the stereotypes of their race, they chose fashion as their voice for self-expression. During the "swing era," the zoot suit became popular amongst young African-American males. By wearing this suit, they proclaimed they were "cool and confident."⁶ This image is presented in the description of three young African-American men from Ralph Ellison's *Invisible Man*.

Tall and slender...their collars high and tight about their necks, their identical hats of black cheap felt set upon the crowns of their heads with a severe formality above their conked hair?... Their legs were swinging from their hips in trousers that ballooned upward from cuffs fitting snug about their ankles; their coats long and hip tight with shoulders far too broad to be those of natural men.⁷

Zoot, as a verb, means something done or worn in an exaggerated style, but as a noun it is the ultimate in clothes. Primarily, young African-Americans and Hispanic-Americans wore this suit. The craze began in lower economic neighborhoods, in such cities as New York, Los Angeles, Detroit, Chicago and Atlanta. Everything was exaggerated, from the V knot tie, the zoot chain, the tight collar, the wide flat hat and the Dutch type shoes. Men who wore this suit also characteristically slicked their hair back smooth. For some to achieve this effect, they might need to straighten the hair using a mixture of lye, eggs, and potatoes.

Today, men continue to dress in ways that identify their unique style of manhood. Surfers, skateboarders, gang members, computer nerds, artists, etc. can be identified by their clothes, how they wear their hair, and by tattoos and piercings. Male group members will buy specific clothing brands, and often cut and style their hair to fit the accepted image. According to the group-look, some males may wear cut-off T-shirts and expose muscled arms with tattoos, while others wear sandals exposing bunions that signify their status as a seasoned surfer. A CSULB skateboarder boasted that his scars indicated the risks he takes when skateboarding. Similar to men of yesteryear, his chosen image showcases attributes that define his masculine strengths.

Desired Physical Traits

When we speak of men packaging themselves, who is it for? Many male students contend they use "the other" as their reflector. If they look "good" in the eyes of those they respect, they are validated and content with their image. Whether one is heterosexual, gay, transgendered or bisexual, male body image is often associated with sex appeal, virility, and power. During the 1950s, 60s, 70s and 80s, movies, television, and advertisements presented the alpha man as desirable. He was a man who possessed contrasting personalities. He could be quiet and brooding, as well as assertive and powerful. Height was regarded favorable because it conveyed physical dominance and commanded attention. Strong facial features were the ideal complement to a full frame.⁴ Another physical trait indicative of male power was hair. Because of the military, crew cuts were viewed to be worn by men of action. Toy manufactures produced crew-cut action-dolls exemplifying men of courage and strength. During this era, boys were influenced to strive for this action-figure look.⁸

However, during the 1970s, masculine strength and assertiveness were questioned. It was the era of "flower power" and citizens began to challenge the United States military and political establishment. Males and females were dropping out from society. There was emphasis placed on peace and love as opposed to war and hate. Young men were wearing flowers in their hair. Sexual freedom and blurring gender lines softened some of the stigma attached to feminization, real or imagined. Rock stars were superseding film stars in setting the agenda for male fashion and overall body image. Once again, men began to accessorize their fashion. Bright colors, ruffles, unique designs, and stylized clothes were now being worn not only by rock stars, but by the average guy on the street.

Throughout history, hair plays an important role in male imaging. For some, masculinity is represented by hair mass. Thus, hair loss and receding hairlines can threaten some men's sense of identity. While others positively accept the loss and/or may even choose to shave off all their hair and become fashionably bald. For those who cannot accept hair loss, they may go to great lengths to retain and create hair growth by investing in creams, hair plugs, wigs, and expensive hairstyling. A positive indicator of male imaging at CSULB is the fact that all types of hairstyles can be seen. There are males who showcase total baldness, while others fling shoulder-length hair across their shoulders. For some, their heads becomes an object of design through the use of multi colored dyes, unique shavings, and tattoos. For all men, hair or no hair plays a significant factor in the packaging of their self-image.

During the 90's, cosmetic surgery served as a means through which men permanently changed their physical image. Nowadays, some men choose cosmetic surgery to attain a desired body image.

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Elective male cosmetic surgeries are as follows: liposuction, lip augmentation, facelifts, breast reduction and abdominoplasty or “tummy tuck.” While this latter procedure occurs more often amongst middle age men, muscle-enhancing cosmetic surgery is utilized by younger males. In recent years, plastic surgeons can improve muscle contour with cosmetic implants and “sculpting” techniques.⁹ Sadly, this increase in male cosmetic surgery only substantiates man’s dissatisfaction with his mirror image. For some males, their goals are never met.

Image Quest Hazards

Media images in magazines, television, and movies can produce a negative effect on a male’s opinion of his body image. Research documents that exposure to ideal body types in the media cause dissatisfaction in both men and women.¹⁰ Studies indicate males who were shown pictures of muscular men had lower levels of body satisfaction than those shown pictures of normal males. Data collected demonstrates men, as well as women, are pressured to look a certain way. In addition to images seen in the media, toy manufactures also play an influential role in dictating the desired male image. Over the years, action figures such as G.I. Joe have become more muscular. In fact, these toys are so muscular, they represent a body form unattainable to even world class body builders, let alone to the average guy who might work out three to four times a week.¹¹

For all men, no matter their sexual or gender orientation, image becomes a crucial issue that they confront. Of recent, the standards young men aim for are increasingly unattainable. A clear example of this standard is displayed in a photograph of tennis player, Andy Roddick on the cover of Men’s Fitness. According to an ABC internet source, Roddick was shocked by the final photograph used, claiming that his biceps had been enlarged through photo editing. (Editor’s note: *This comment by Andy Roddick was found at <http://abcnews.go.com/gma/story?id=3217331> and could be subject to opinion and or conjecture.*) However, it is important to note that if his biceps were photographically enhanced, the message sent to males is that even the body of a phenomenal tennis star is not good enough.

For most men, changes in fashion and physical traits do not cause harm to one’s physical and emotional health. As young males develop, choices regarding fashion, hairstyle, and mannerisms are normally viewed as positive steps taken towards developing self-esteem. However, for some males, there are increasing signs that attaining a specific body image proves harmful. In fact, their goal attainment becomes an obsession and can lead to muscle dysmorphia, steroid use, and eating disorders.

Muscle Dysmorphia

For hundreds of years, males have relied upon food to help build healthier bodies. Serious male body builders, are

vigilant in eating only foods beneficial towards guaranteeing a desired weight and muscle development. However, males involved in this sport run the risk of developing an unhealthy obsession in regard to their body image. Unfortunately, this obsession has spread to the main stream in male culture. Many men look to improving their physical image through the development of muscle contours.

Developing muscles is not problematic, unless one is never satisfied with the outcome. There are some males who obsess about having a small and underdeveloped body image. Even if they have good muscle mass, they believe their muscles are inadequate and are concerned that they are too little and too frail. This obsession with body and muscle contour is a body image disorder called muscle dysmorphia.¹² In attempting to fix their perceived small build, muscle dysmorphics compulsively lift weights, do resistance training, and exercise. Muscle dysmorphics typically cannot or will not stop their excessive exercise even if they are injured. “The constant preoccupation with perceived muscular inadequacy can interfere with school, career accomplishments, friendships, and romantic relationships.”¹²

Males afflicted with muscle dysmorphia resist treatment because they are content the way they are. Most fear becoming weak if they stop exercising. Through their compulsive weight-lifting regiments, dysmorphics experience damaged muscles, joints, cartilage, tendons, and/or ligaments. Sometimes the bodily damage is so severe they are unable to continue with the training and it is only then that they are forced to seek treatment for their disorder. The most promising treatment method includes suggested courses of action from a sports medicine physician and athletic counselor.

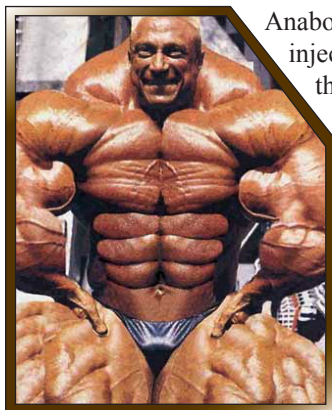
Steroids

As previously mentioned, body image misconceptions are presented to males from the time they are young. Their G.I. Joe was a muscle enhanced action doll that symbolized the ideal physical male image. It is no wonder that young men are confused with fantasy and reality. This confusion causes them to set unrealistic body image goals for themselves. In order to achieve this unnatural body image, some males resort to using methods that could prove harmful. One such technique is the use of steroids.

Steroids, commonly referred to as anabolic steroids, are synthetically produced variants of the naturally occurring male hormone testosterone. “The full name of this class of drugs is androgenic (promoting masculine characteristics) anabolic (tissue building) steroids (class of drugs).”¹³ Some of the common street names for anabolic steroids include Arnolds, gym candy, pumpers, roids, stackers, weight trainers, and juice.¹⁴

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Currently, there are more than 100 different types of anabolic steroids that have been developed, and each requires a prescription to be used legally in the United States.¹³



Anabolic steroids can be taken orally, injected intramuscularly, or rubbed on the skin when in the form of gels or creams. In addition, males may use another mode of steroid use called “pyramiding.” “This is a process in which users slowly escalate steroid use (increasing the number of drugs used at one time and/or the dose and frequency of one or more steroids) reaching a peak amount at mid-cycle and gradually tapering the dose toward the end of the cycle.”¹³ Some may feel this method of steroid use is only found in

http://www.hec.ohio-state.edu/bitf/muscle_dysmorphia.htm

Olympic athletes and professional sports figures; however, this is not the case. Research indicates that younger and younger males are resorting to early steroid use. Males who are playing on “club” sports teams are feeling pushed to use steroids because competition has become so intense. There are parents who have encouraged their 6th – 8th graders to use steroids in order to guarantee they might have more playing time on the field. This encouraged use can be substantiated because of the ease with which young males can procure steroids. Research indicates 17.1% of eighth graders, 30.2% of tenth graders, and 41.1% of twelfth graders surveyed in 2006 reported that steroids were “fairly easy” or “very easy” to obtain.¹³

Some males may choose to use steroids not for sport’s enhancement, but instead, to improve their physical appearance. Steroids are desirable because they produce results with less work. However, males must be placed on the alert, for anabolic steroids can be abused and result in a wide range of adverse side effects. Most of the effects are reversible if the abuser stops taking the drug, but some can be permanent. In addition to the physical effects, anabolic steroids can also cause increased irritability and aggression.¹⁴ The major side effects from abusing anabolic steroids can include liver tumors and cancer, jaundice (yellowish pigmentation of skin, tissues, and body fluids), fluid retention, high blood pressure, increases in LDL (bad cholesterol), and decreases in HDL (good cholesterol).¹⁵ In addition, there are some gender-specific side effects:

- Shrinking of the testicles
- Reduced sperm count
- Infertility
- Baldness
- Development of breasts
- Increased risk for prostate cancer¹⁵

Eating Disorders

Healthy eating is a positive method used for assisting one to attain and/or maintain a specific weight. However, there are more males developing eating disorders as a result of wanting to control their weight. What exactly constitutes a healthy diet? The answer is the practice of making choices about what or how much one eats with the intention of improving or maintaining good health. Positive eating strategies vary from person to person. However, in order to achieve a specific body image, men may think that they are making wise eating choices, but in truth have acquired extreme food intake habits that are actually diametrically opposed to good health.

In general, males have difficulty recognizing their natural hungers, whether for food, positive relationships, job satisfaction, and/or acquisition of their body image goal. Too many men eat for emotional reasons, as in substituting food for feelings. Others continue with the gluttony of youth, eating large portions, not consciously realizing the amount they are consuming. It is important to learn to identify your body signals. Each individual must understand what food intake is healthy for them and discover their beneficial daily calorie consumption. It does not matter when one eats or whether one adheres to “three meals a day.” However, what is significant is that an individual meets their daily dietary needs. Males may eat three meals per day or eat a large breakfast, skipping lunch, and eating a large dinner. Others simply eat a number of smaller meals throughout the day. What still remains the cornerstone of a healthy diet is the content and amount one eats.

When body image becomes related to food intake, serious problems can occur. In an attempt to attain that idealized male image, males may develop obsessive dietary behaviors. For these men, the previously mentioned muscle dysmorphia becomes a serious risk, as well as developing eating disorders. Long thought to be connected only to females, anorexia nervosa and bulimia nervosa have claimed more and more male victims. Currently, men find themselves vulnerable to societal expectations of an idealized body type. Abnormal eating behaviors among men who think they aren’t thin enough are comparable to muscle dysmorphia in men who think they aren’t muscular enough. This increase in males with abnormal eating habits may be particularly troubling because many researchers acknowledge the tendency of men and boys to keep their practices secret, and their reluctance to seek treatment.⁸

Although the number of men with eating disorders continues to increase, experts claim the male rationale for eating disorder behavior is different than similar actions taken by women. Throughout the brief history of eating disorders, it has been theorized that the causes of these behaviors are rooted in psychological conflicts within the individual.⁸ This school of thought subscribes to the belief that the disorders are caused by psychological trauma from the victim’s childhood. The eating disorder may be a way for the person to block out such traumas. This may be true for female victims of eating disorders, who were the focus of many of the research projects, but this has not been

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substantiated among male subjects. For males, the onset of eating disorders seems to be accompanied by socio-cultural pressures.⁸ The research actually shows that young men and boys from different cultures developed eating disorders in similar ways. It starts with the messages received in childhood. In an era where body image is used to sell everything, men are finding themselves in the same predicament as women, trying to attain a near impossible body type. For years, women dealt with the largely male expectation that they look a certain way, no matter what blueprint has been pre-determined by their genes. In true karmic fashion that expectation is now just as applicable to men.

The latest research shows that males account for 10% to 15% of bulimic patients, while 0.2% of all adolescent males meet the diagnostic criteria for bulimia.¹⁶ With bulimics, body weight is usually normal, although the person perceives themselves as overweight. Between males and females, there is not much variance in the statistics related to anorexia. Both genders suffer from a weight loss of 15% or greater below the expected weight and most suffer from extreme depression.¹⁷ In their research, Carlat, Camargo, and Herzog uncovered an additional risk factor for males. It was determined through their study that homosexuality/bisexuality or asexuality was a significant risk factor for the development of eating disorders. Their research indicated "homosexual men have shown that they are more dissatisfied with their body weight and shape than heterosexual men and that they consider their physical appearance to be more important to their sense of self."¹⁶

Conclusion

Of recent years, equality between genders is a primary goal. Unfortunately, the equality of body image dissatisfaction is not considered a positive step forward. In today's society, men, too, are challenged to keep forever youthful and defy the laws of gravity. Males look at their image and wish to be something they are not. The natural process of aging is deemed as a negative, and at whatever cost, males are in quest of a "forever youthful image." Sadly, this dissatisfaction is not only felt by men who are aging, but by males in their teens and early twenties. As many males look into their mirror, they focus on an idealized form they are not, instead of seeing the attributes of who they truly are.

Males, wishing to be something they are not, become vulnerable to depression and susceptible to a never ending quest to create their perfect image. It is critical that males look at their image in the mirror and take stock of whom and what they are. Let their focus be placed upon what they possess, not upon creating what they think will bring them happiness. If one cannot let go of the false image, they will remain imprisoned in make-believe, never developing their attributes in "real time." As further research reveals the psychological and health damages caused by chasing the false image, it is hoped that society will begin to value people for their own individualities and style. A male's value is connected to his contributions to himself, to society, and to his environment; not his look as he is doing so.

Look closely into the mirror and embrace your real-self image and within that image go and live the life that is yours. ■

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Testicular Cancer: The Cancer that Affects Young Men

Jocelyn Lopez and Heidi Burkey

Testicular cancer affects young men between the ages of a 15 and 35. The impact can be devastating; however, a great deal of progress has been made in regards to treatment. If the cancer is diagnosed early, the more successful the outcome. Almost 95% of cases are curable due to better screening techniques and technological advances in surgeries and treatment procedures. Raising awareness of self examination and early diagnosis among men is also critical because 96% of testicular tumors are malignant and often spread before it is diagnosed. The goal of this article is to empower young men to practice early detection techniques, such as the testicular self examination, and to take control of personal behaviors and actions that can lead to a stronger, longer, and healthier life.

Mark, a college student, visited his doctor because he was concerned over a large lump in his testicle that had been present for about one year. He complained of pain in his left leg, as well as weakness and numbness in the lower parts of the left side of his body. Because this pain and weakness were so severe, he had been using crutches to get around campus. Mark had also lost about 20 pounds in the last year. Finally, Mark decided to visit his family doctor. She performed a physical examination and a hard mass was detected in his right testicle. X-rays of Mark's lungs showed multiple nodules. His doctor ordered a CT (computed tomography) scan of the abdomen and a mass was found eroding the left side of the pelvis and pushing into the buttocks muscle. Unfortunately, Mark was diagnosed with Stage III nonseminoma testicular cancer (TC). His prognosis was poor and he only lived another two months.¹ If Mark had gone to his doctor when he first noticed the testicular lump, the outcome might have been different; a life saved as opposed to one lost.

According to the American Cancer Society (2006a), it is estimated that approximately 8,000 men were diagnosed and 370 men died of TC in 2006.² TC represents only 1% of all cancers in males; however, it is highly prevalent among men between the ages of 15 and 35.³ Between 1947 and 1981, cases of TC rose 205% in the U.S. among young men.^{1,4} White men are more likely than those of other races/ethnicities to be diagnosed with TC.²

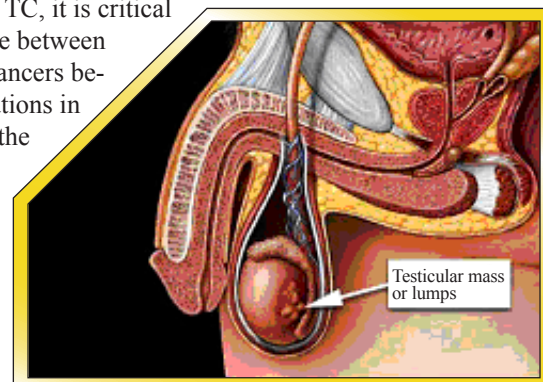
Many college-age men have feelings of invincibility: they feel that they will not be affected by diseases. Just as the previously mentioned young man was shocked to discover his diagnosis, so too are students surprised to discover that this cancer is prevalent in their age group. Health-seeking behaviors of men are very different than for women. They are more likely to have gone more than two years without having a physician's visit. The lack of health seeking behaviors puts men at a higher risk of dying from a disease due to the delay in treatment.^{5,6} Because of the diagnosis differential observed between men and women, men who have TC may only be diagnosed in later stages of the disease. However, if diagnosed in the early stages of the disease, the prognosis for TC is quite good.³ It is estimated by Kane and Wohl (1997) that 95% of TC cases are curable due to better screening techniques and technological advances in surgeries and treatment procedures. Raising awareness of self examination and early diagnosis among men are also critical issues because 96% of TC tumors are malignant and often spread before it is diagnosed.⁷

What is Cancer?

Generally, when we are healthy "...our cells will grow, divide and die in an orderly fashion."⁸ Our body will repair injuries and dying cells will be replaced with new ones only if necessary when we are fully grown. Cancer is the uncontrollable proliferation of abnormal cells. According to the National Men's Resource Center (2006), these cancerous cells, also known as neoplasms "accumulate and can develop into tumors that compress, invade and destroy normal tissues" and harm body functions. Cancer cells may spread to other parts of the body through the bloodstream or the lymph system.⁸ The lymph system is a network of organs that produce and transport lymph, a slightly yellow fluid that carries lymphocytes to and from the lymph nodes and helps to collect foreign microbes.⁹ A major part of the body's immunity relies upon this lymph system. Since cancer cells are carried in the blood and lymph, they can settle in different parts of the body and create clusters of tumor cells. This process of tumor cells spreading to a new area of the body is called metastasis. Although cancer may spread to a new location, it still keeps the name from where it originated. For example, if TC spreads to the lungs it is still referred to as TC.⁸ One important and reassuring fact to remember is that not all tumors are cancerous; these would be called benign tumors. Those tumors that do contain cancerous cells are called malignant.⁸

Testicular Cancer

The testicles are located within a sac of skin known as the scrotum, which hangs below the base of the penis. Testosterone (a male hormone) and sperm (gamete or reproductive cell) are both produced in the testicles. A variety of cells make up the testicles, thus several types of cancers could develop here. When diagnosing a patient with TC, it is critical to differentiate between the types of cancers because of variations in the course of the disease, survival rates, and treatment options.¹⁰



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TC may begin development in either one or both testes. TC is a general term for several distinct, but related neoplasms (an abnormal new growth of tissue; a tumor). Germ cell tumors, stromal tumors, and secondary testicular tumors are the three different types of TC.¹⁰ Germ cells in the testicles are the cells that produce sperm. Tumors in the germ cells account for almost 93% of all TC cases. The two main types of germ cell tumors that occur in men are seminomas and nonseminomas (the suffix -oma means tumor). They spread in different ways and are recognized by their appearance under the microscope.^{3, 10} Because so few TC cases are attributable to stromal and secondary tumors, the following discussion will focus only on germ cell tumors.

Seminoma

An estimated 45% of all TC cases are attributable to seminomas, which are the most frequently occurring germ cell tumor. Generally, patients will discover a seminoma in the early stages of the disease. The possibility of seminomas spreading to other parts of the body (metastasizing) is low.³ There are three different stages of seminoma.

Stages of TC	
Stage I	Cancer confined to the testicles only
Stage II	Cancer has spread to lymph nodes in the abdomen
Stage III	Cancer has spread beyond lymph nodes to other regions in body (organs, such as liver and lungs)

Stage I is restricted to the testicles. Stage II has metastasized to the lymph nodes in the abdomen. Stage III has spread beyond the lymph nodes to other body organs, such as the lungs or liver.¹¹ Most cases of TC are diagnosed in Stage I (75%), in Stage II (20%), and Stage III (5%).

Seminomas are classified into two varieties: typical (classic) and spermatocytic. Approximately, 90% of seminomas are considered typical that often affect men between their 30s and early 50s. Spermatocytic seminoma is usually diagnosed among men over age 55, which represents the other 10% of seminoma cases. Spermatocytic seminomas vary from typical seminoma because they grow slowly and generally do not metastasize.¹⁰

Nonseminomas

Nonseminomas are germ cell cancers that usually begin at an earlier stage in life than seminomas. Generally, men between the ages of 15 and 40 are most impacted by this form of TC.¹⁰ Four types of nonseminoma include embryonal carcinoma, yolk sac carcinoma, choriocarcinoma, and teratoma. The majority of nonseminoma tumors are mixed with at least two of the previously mentioned types.^{10, 12}

Embryonal carcinoma: This is the second most common of all nonseminoma germ cell cancers. A pure form accounts for about 30% of all TCs. Usually, it occurs in the 20s and very rarely after age 50.³ Embryonal carcinoma often develops rapidly and metastasizes outside the testicles.¹⁰

Yolk sac carcinomas: Children who get TC are most affected by this type of nonseminoma (about 75%). Adults rarely develop yolk sac carcinoma in its pure form. Often yolk sac carcinomas are found next to other germ cell elements.³ A protein is released from the yolk sac tumors called alpha-fetoprotein (AFP), which is helpful in the diagnosis of this type of TC. Treatment of this carcinoma is usually successful in children; however, adult cases are not as easily cured.¹⁰

Choriocarcinomas: This is a very rare and aggressive type of TC that most often affects adults. Choriocarcinomas often spread rapidly to other organs of the body, including the lungs, bone, and brain. This carcinoma is usually detected with other types of nonseminoma cells in a germ cell.¹⁰

Teratomas: Teratomas are germ cell tumors that resemble each of the three layers of a developing embryo, which are the endoderm (innermost layer), mesoderm (middle layer), and ectoderm (outer layer). Mature teratoma, immature teratoma, and teratoma with a malignant transformation are the three most common types of teratoma cancer of the testicles.¹⁰

Risk Factors for Testicular Cancer

A risk factor is something that increases the chances of getting a disease. According to the National Cancer Institute (2006b), the following are the most often observed risk factors for TC:

- Having had an undescended testicle
- Having had abnormal development of the testicles
- Having had a personal or family history of testicular cancer
- Having Klinefelter's Syndrome (males having an extra X chromosome)
- Being white¹³

Research indicates family history of TC is a significant factor. Studies report a six times higher incidence pattern in families where a brother or a father has developed the disease.¹²

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Symptoms

There are many symptoms associated with TC; however, having one of these symptoms does not necessarily mean that you have cancer. If you notice any of these symptoms, see a medical professional for a full examination. The following symptoms are associated with TC:

- A lump or enlargement in either testicle
- A feeling of heaviness in the scrotum
- A dull ache in the abdomen or groin
- A sudden collection of fluid in the scrotum
- Pain or discomfort in a testicle or the scrotum
- Enlargement or tenderness of the breasts
- Unexplained fatigue or a general feeling of not being well¹¹

Detection and Diagnosis

Testicular examination is an important part of a male physical examination. The American Cancer Society recommends that testicular examination be a regular part of a routine cancer related check up.^{8, 10} However, most men discover TC by themselves either by accident or while performing testicular self-examination. The usual first sign is an enlarged testicle or painless lump on a testicle. Typically, the lump is reported to be about the size of a pea, but sometimes it can present as large as a marble or even an egg.

It is important to bring any of the signs and symptoms discussed above to a medical provider's attention as soon as possible. A general physician examination will be performed by a medical provider. A health history will also be collected to assess the patient's behaviors, previous illnesses, and any family history of the disease. If a mass is detected with a physical examination, an ultrasound test will be performed. Ultrasound exams are conducted using high-energy sound waves that pass through the tissues and organs make echoes, which show as an image (sonogram). This is a harmless and painless method for detection. Blood tests are also performed; these are called serum tumor marker tests. Tumors sometimes release substances into the blood and these substances are called tumor markers. Alpha-fetoprotein (AFP), beta-human chorionic gonadotropin (β -hCG), and lactate dehydrogenase (LDH) are the three tumor markers. If the medical provider determines that a tumor may be present, then a biopsy of the mass is performed. The biopsy sample that is collected will be checked for cancer cells. A surgeon will collect the sample by removing the tissue through the groin, not directly through the scrotum. Depending on the type of cancer discovered in the biopsy procedure, a treatment plan is determined.^{11, 13}

Treatment

A great deal of progress has been made in regards to treatment of TC. If the disease is diagnosed early, the more successful the outcome. As previously highlighted, it is always necessary to

consider the different types and stages of TC. A patient needs to carefully consider all options for possible treatment plans. When choosing a treatment plan, a patient should consider some specific factors, which include: type and stage of their cancer and overall health. It is ideal for a new TC patient to seek a second opinion. A second opinion will offer further information and facts that would assist in making appropriate treatment choices.

Another critical factor to consider is where the actual treatment process is going to take place. The best chance for a successful outcome is in a hospital that treats many patients with TC. If it is possible, talk with other patients who have gone through similar treatment procedures. Often cancer patients relate that it is important to focus on just the next step in their treatment plan in order to decrease anxiety.¹⁴

Surgery

TC treatments include radical inguinal orchiectomy (surgical removal of the testicle or testicles), radiation therapy and chemotherapy. During surgery, the testicle(s) are removed through the groin and the "...cut is made through the spermatic cord that attaches the testicle to the abdomen."⁸ If both testicles are removed, no sperm cells can be produced and a man becomes infertile. Nerve damage can occur if lymph nodes are removed in the region. Ejaculation control problems can surface after this surgery. Surgeons can use nerve-sparing surgery, which has a 98% rate of success. Storing frozen sperm (sperm banking) is an option for those men who wish to preserve their sperm for future procreation. Because the scrotum may look empty if a testicle(s) is removed, a prosthesis can be inserted for a more natural look.⁸

Radiation Therapy

Radiation therapy utilizes high-energy rays (such as x-rays) or particles (such as electrons, protons, or neutrons) directed at the testicular area to destroy the abnormal cells or at least to hinder their development. Generally, it is used when the cancer has spread outside of the testicles. To protect fertility, the remaining testicle is covered with a special device during the treatment procedure. Side effects include a temporary sunburn-like skin response, fatigue, nausea or diarrhea.⁸

Chemotherapy

Utilizing drugs for the treatment of cancer is called chemotherapy. This treatment method is also known as "systemic therapy" because the drugs will be distributed through the circulatory system, which should obliterate the cancer cells. Chemotherapy is either taken orally or it is given by injection. However, many times healthy cells are also affected. Side effects include nausea, vomiting, temporary hair loss, mouth sores, increased risk of infections, bleeding, bruising, fatigue, and digestive troubles.^{8, 14}

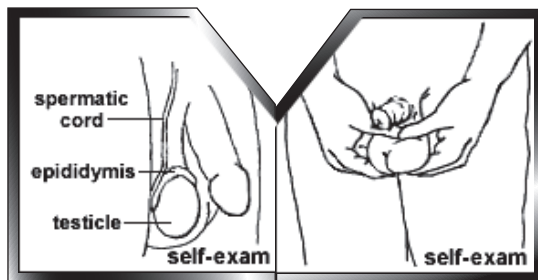
• Testicular Cancer •

Prevention

The American Academy of Family Practice recommends that all young males, ages 13 to 39, have a clinical testicular examination, especially those who have some of the main risk factors for TC.¹⁵ Testicular self examination (TSE) is the best prevention approach for young men to take. This short process of examining one's own testicles is fast, painless and could save a life. Increasing young men's knowledge about this cancer is critical for early detection and thereby decreasing mortality rates.¹⁶ Since early detection is a key to better survival rates, it is highly recommended for men to take into serious consideration the monthly practice of TSE. Knowing how the testicles feel normally is important so that if there is a change, it will be identified quickly. Instructions on testicular self-examination are included in the section below.

Instructions for Performing Testicular Self-Examination (TSE)

On December 11th, 12th, and 13th 2006, the CSULB Health Resource Center conducted a Men's Health Clinic Needs Assessment amongst male students on campus. Interestingly, the survey indicated only 50% of male students knew how to perform a TSE. Therefore, it is important to include the following proper TSE technique as presented by the Nemours Foundation (2005).



- Perform the TSE after taking a hot shower or bath because the skin of the scrotum is relaxed. This will make it easier to perform the TSE.
- Examine one testicle at a time. Use both hands to gently roll each testicle (with slight pressure) between your fingers. Place your thumbs over the top of your testicle, with the index and middle fingers of each hand behind the testicle, and then roll it between your fingers.
- You should be able to feel the epididymis (the sperm-carrying tube), which feels soft, rope-like, and slightly tender to pressure, and is located at the top of the back part of each testicle. This is a normal lump.
- Remember that one testicle (usually the right one) is slightly larger than the other for most men - this is also normal.
- When examining each testicle, feel for any lumps or bumps along the front or sides. Lumps may be as small as a piece of rice or a pea.
- If you notice any swelling, lumps, or changes in the size or color of a testicle, or if you have any pain or achy areas in your groin, let your doctor know right away.

Most detected lumps or swellings are not cancerous; however, they should be examined immediately by a medical provider. TC has a highly successful cure rate (95%), particularly if it is caught in the early stages, so it is important to make an appointment immediately to see a medical provider.¹⁷ If medical insurance coverage is a problem, there are numerous free or low cost clinics available throughout the U.S. that can provide this service. Most college campuses provide free medical services to students and this type of physical examination would be included.

Conclusion

Lance Armstrong is a prime example of the possibility of a successful outcome in regards to TC. A professional bicycle racer who has won numerous international competitions, he has overcome this devastating disease. Armstrong began feeling a lack of energy, coughing up blood, and had pain in one testicle. He was diagnosed with TC in 1996. The cancer had already spread throughout his body to the lungs and brain. A testicle was removed and he received chemotherapy. Two cancerous tumors also had to be removed from his brain. Armstrong completed his treatment by the end of 1996 and returned to cycling competition by 1998. Astonishingly, only three years after being diagnosed, Lance Armstrong won the Tour de France in 1999, which is deemed as one of the most demanding worldwide athletic events.¹⁸

Through decades of research, it has been confirmed that men are less likely to seek health care early enough to prevent more serious morbidity and premature mortality. This behavior is believed to be rooted by theories of masculinity and expectations of male role behaviors. Furthermore, male gender theories posit that men will ignore vague symptoms that might be the first cues to act on health screening behaviors. Unfortunately, many men do wait until symptoms are severe and the disease has advanced to a more critical stage. Hence, the mere fact that men die on average of 7 years earlier than women is proof that a shift in the gender normative behaviors is needed. The goal of this article is to empower young men to practice early detection techniques, such as the TSE and to take control of personal behaviors and actions that can lead to a stronger, longer and healthier life. ■

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The Man Code

Ryan Tong

From birth, much of our life has been predetermined for us by class, ethnicity, and gender. With these demographics we accept cultural norms. In conforming to these norms, our lives may go down a path that was not particularly chosen by us. As men, we follow pre-existing ideals of manhood, many of them built upon the oppression and suppression of others. This article brings to light disturbing elements of male misbehaviors and fallacies that are commonly accepted. In becoming conscious of these dysfunctions, men are able to take control of their own behaviors and create a unique identity rather than one dependent upon the domination of others.

There is a common, often unspoken code of behavior by which men live. Some guidelines may be serious while others may be humorous. For instance, never talk to another man in the bathroom unless you are both on equal footing, either urinating or waiting in line. For all other bathroom situations, an “I recognize you” nod is acceptable etiquette.¹ Also, when questioned by a friend’s girlfriend, never provide any information as to his whereabouts and one might even choose to deny his very existence.² While these previously noted male rules illustrate behavior men are accustomed to using, there are other codes, if followed, can result in severe consequences. Sometimes these unspoken principles can influence how and with whom males interact.



Normalized behavior is difficult to observe because as men, we participate in it everyday. As these behaviors are normalized, actions become dictated. Freedom to make choices becomes limited. Often much of a man’s life is predetermined by class, ethnicity, and gender. In adhering to these norms, a man may travel a path, not particularly chosen by him. It is significant to remember our lives are filled with choices, and these choices reflect upon our character. Men can choose to be tyrants or guardians. This article brings to light disturbing elements of male misbehaviors and fallacies. However, by directly confronting these shortcomings, men are able to make changes in their behavioral choices that ultimately can improve their lives and cause not only positive results for them, but for those around them.

Conformity Defines Masculinity

At birth we have no concept of gender, nor do we distinguish between positive and negative. All we perceive is without judgment. For men, the formation of male identity starts from birth. Boys are given the blue hat and girls are given the pink. As we grow and learn, our parents and our environment instruct us in what is desirable. One such common assumption, taught to many young boys was revealed in research done by McCreary. This as-

sumption suggests that more muscular men are perceived as more masculine.³ And in reverse, non-muscular men are viewed as less masculine.³ It is crucial to understand masculinity is a learned identity. Men are not biologically inclined to be the “strong silent type.” Culture and society sets forth acceptable masculine attributes.

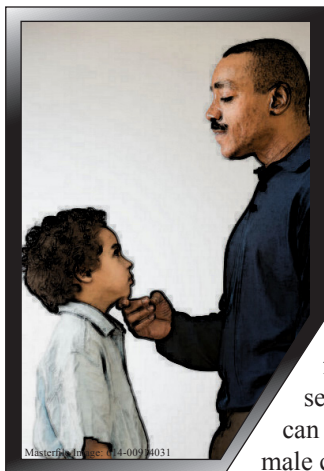
Many males promote, “Boys don’t cry.” Problems are caused by this male-based dictate because often there is no alternative offered for tears. Therefore, males learn early to hide their emotions. For growing young men, their peers prescribe their manhood. The pressure to conform is much stronger for men as opposed to women.⁴ Research from developmental psychologists asserts that peers and parents more rigidly enforce gender role norms for males.⁵ For instance, when girls play with trucks there is less negative response than when boys wear their mother’s jewelry or clothes. Parents are fearful that sons who play dress-up with feminine accessories may be demonstrating homosexual tendencies. Therefore, by approving or disapproving of some actions, a boy’s behavior is curbed. Adolescent males will categorize their traits as acceptable and unacceptable, good and bad, masculine and feminine.

As boys begin to make distinctions between good and bad behaviors, they often choose actions that please others. This desire for approval leads to wanting acceptance from a group. According to Social Identity Theory, “identification with an in-group provides both a source of identity and a sense of self-worth to people.”⁶ When we identify ourselves within a group, it gives us a sense of distinction, and affirms what we believe. “An inclination to perceive the in-group (i.e., the self) positively and out groups (which constitute the “not self”) negatively exerts a profound influence on one’s attitudes toward others and their ascribed attributes based on perceived group membership (i.e., stereotypes). Stereotypes of the in-group thus tend to be positive, whereas stereotypes of out-group tend to be negative.”⁷ If we view ourselves as different from each other, we are liable to feel our self-esteem to be “more than” or “less than” in comparison to our peers. It is unlikely that we consider ourselves on an equal standing. There is more focus placed on our differences, rather than the similarities. Fostering the “differences” was seen in the highly publicized Columbine shootings in 1999. Before the horrific killings, male students had teased the Columbine shooters. They had viewed them as the “other,” and within this dynamic of in-grouping and out-grouping became intolerant of their persona. However, the shooters were just as intolerant as those that had teased them, albeit in their extreme actions taken in opposition to being marginalized.

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Traditional Masculinity

The Columbine shooters were males who did not exhibit dominant (hegemonic) characteristics of masculinity. In America, males are taught what characteristics are desirable for men to display: confidence, strength, emotional detachment and success. Popular culture tells us who we should be and as children



we naturally buy into these masculine molds. Conversely, we are also taught what is undesirable; for example insecurity, displays of weakness, showing of emotion (e.g., boys don't cry) and failure. As we grow and develop towards manhood, we are shaped by our culture, family and friends. An example is boys wanting to emulate male role models or heroes as seen in a favorite television show. Through the seemingly innocent act of pretending, can boys take on dominant hegemonic male characteristics that stay with them as they mature into men?

In his article "Heroes, Metanarratives, and the Paradox of Masculinity in Contemporary Western Culture," K.A. Boon claims the paradox of masculinity shows the irony of masculine ideals. Heroes in our culture are the manifestation of desirable masculine characteristics.⁸ Real and fictional, heroes are the men we aspire to be. However, this attempt to be heroic is a dilemma within itself because men who aspire to be heroic fail, and men who do not, are marginalized. According to Boon, "They either embrace the mythic figuration of the hero which they inevitably fail to embody, or they reject the mythic figuration of the hero and thus fail to embody the culturally coded definition of a man."⁸ Few figures in American pop culture were as successful as the Marlboro Man. His single image transformed a cigarette company, whose slogan was "Mild as May," into a masculine powerhouse. The Marlboro Man's appearance embodied traditional American frontier mentality: independent, strong, stoic, tough and adventurous. The Philip Morris Company capitalized upon America's love of the mythical cowboy hero and used this image to create a false connection between strength, independence and cigarettes. The irony is that what made the Marlboro Man famous also, killed him. Wayne McClaren and David McClean, two prominent Marlboro Men, died from lung cancer.⁹ While the heroic image of the Marlboro man symbolizes invincibility, the real men were vulnerable and died from the reality of cancer.

And others find disillusionment to be "real men" in their attempts to cope with losing. Much of our culture praises winners, but winning is singular, so the vast majority of children become losers. There are recorded incidences in which extreme negative action was taken in retaliation towards being viewed as a loser. An example of one such occurrence is the following:

Thirteen-year-old Greg Harris Jr.—nicknamed Little Greg, or L.G.—pitched three innings that day...L.G. was standing in line at the snack bar when Jeremy approached and started to tease and push L.G. Moments later, L.G. pulled his bat from his bag and swung at Jeremy twice, hitting him first in the leg, and then in the head... Jeremy was rushed to the emergency room and was pronounced dead two hours later...L.G. was sentenced to 12 years of confinement in a youth detention center.¹⁰

While this situation seems extreme, it remains important to view the motivating factors. To the victor go the spoils, to the loser, shame.

Traditional masculinity can lead to feelings of isolation. Striving to be the strong silent type can cause one to distance themselves from others. "The more intimately a man is known, the less likely he is to be aligned with the hero figure; thus, the less masculine he is likely to appear."⁸ This emotional distancing can make it easier to be violent against strangers. By adopting male hegemonic characteristics, men can justify they are doing the right thing against an 'enemy' and therefore feminize and/or ridicule their opponents. Post 9/11, U.S. soldiers were granted hero status in the invasions of Iraq and Afghanistan; moreover, Arab suicide bombers were revered for making the ultimate sacrifice. However, it must be remembered that not all actions taken were heroic. Through government and military investigations, facts released now indicate some soldiers tortured prisoners, while the suicide bombers targeted innocent people. "War is fought by men against other men, not by heroes against the wicked."⁸ Therefore, another puzzle is presented in this idea of heroes being men who set themselves apart from others. Just as distance may create heroes, distance also dehumanizes enemies. In truth, hegemonic masculinity can negatively result in the exclusion and domination of lesser groups.

Ethnicity

Hegemonic masculinity depends upon the subjection and domination of other groups and masculinities. Viewing this phenomenon in a cultural sense, we see the same competition and ethnicity subjugation of cultural groups in the United States. Minority men generally endorse the same hegemonic masculine traits as white men, if not more so.¹¹ Generally speaking, most cultures (Arab, European, African, and Hispanic) are patriarchal, males hold more power than women. Considering that cultural communities originated with patriarchal systems from their homelands, hegemonic masculinity became a standard that was common to all. In these cultures, hegemonic masculinity already accepts beliefs of gender roles and male domination. Male hierarchy over women usually goes hand in hand with an established ranking order for masculinity levels. "There is nothing inherently problematic with hierarchy or segregation until the structures cause or create social behaviors that disadvantage and threaten—as when alcohol use or abuse is a factor in sexual aggression and gay bashing."¹²

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Ethnic groups tend to label acceptable masculinity roles as in “cool pose” for African Americans and “machismo” for Latino Americans. These groups promote masculine values of sexual conquests, aggressiveness and domination. According to Hammond & Mattis, “cool pose” for African Americans is defined as behaviors that send the message of pride, strength, and control.¹³ Similarly, “machismo” is defined as “exaggerated forms of male gender role behaviors such as heavy drinking, toughness, aggressiveness, risk taking and virility.”¹⁴ The difference between “cool pose” and “machismo” is the latter term originated from Latin American Spanish influences, whereas the former phrase stemmed from reaction towards negative images of African Americans in the United States primarily created by those seeking domination.

Asian American men however, developed a different form of masculinity. Historically, Asian American men are shown to be simultaneously hyper-sexualized and emasculated. In the U.S., partially due to this racially based emasculation that has existed since the mid 1900’s, Asian American men were forced to take over occupations traditionally held by women. Work such as cooking, house cleaning, laundry and care-giving provided Asian American men the means to survive, but did not affirm a strict male identity. During this same time period, Asian American men were depicted as seedy rapists, calculating spies and perverts. “Historically, this racialized masculinity was both hyper-masculinized and desexualized as a way to limit economic and racial opportunities in the United States.”¹⁵ Since then, Asian American men were marginalized and effectively emasculated by mainstream culture. In addition, “...unlike white men, both immigrant and U.S. born Asian men view their masculinities not in opposition to their femininity.”¹⁶ Asian men possess a less concrete ideal of masculinity, thus allowing them to express more readily traits traditionally defined as feminine. Thus, Asian men are able to express emotion, intimacy, vulnerability and friendship more openly with other men. By not being allowed to internalize popular masculine ideologies, Asian American men have developed a fluid and less restrictive masculinity.

Gender/ Sexuality

What does it mean to be a man? How does one prove they are masculine? In order to do so, many men perceive they must display accepted masculine characteristics. Furthermore, a male must be vigilant against exhibiting any feminine characteristic such as compassion or empathy, for fear they would be regarded as less masculine. For hegemonic masculinity to stay in power, all other populations must be suppressed. Such as the students from Columbine who did not fit into the hegemonic masculine ideal, they were social rejects and as an attack on their masculinity were labeled “fags.” Being called a faggot implies a male has no sexuality, is not virile, and is powerless. Therefore, in a hegemonic sexual order, these Columbine students were designated to be at the lowest level of masculinity.

There are some gay men who are a combination of both masculine and feminine traits. They possess a masculine body, but exemplify feminine personality characteristics and behaviors. Since they embody both gender traits, they cannot always be clearly marginalized as less sexual than the hegemonic male. Gay men are often not competing for the same goals. For hegemonic masculine men, homosexual men threaten social order and thus their power to control.¹⁷ Due to a compulsion to dominate, hegemonic males react strongly against homosexual men. Hegemonic males are hypersensitive towards men who demonstrate any feminine traits. Ergo, when gay men act in a feminine manner, hegemonic males are disgusted. However, there is irony with their line of thinking because hegemonic masculinity, in itself, could be considered similar to homosexuality in how men receive self-validation. As homosexual men seek attention from same gender, hegemonic males also need to impress other men in order to be considered masculine.¹⁸ Kimmel asserts, “Masculinity is a homo-social enactment. We test ourselves, perform heroic feats, and take enormous risks, all because we want other men to grant us our manhood.”¹⁹ Manhood is constantly being assessed, to indicate who measures up and who does not. Often homosexual men reject the normal standards of competition for masculine approval, via sports, sexual exploits and work. Thus gay men become objects of hate and are marginalized.

Hegemonic Masculinity and Health Risks Stress/Shame

Stress arising from hegemonic masculine attitudes is largely gender based. The conflict originates from the restrictive attitudes and expectations one imposes on the self. The self-image we presume to be ideal is constantly beyond reach because it exists in unison with the undesired self. In their work entitled “Fifteen Years of Theory and Research on Men’s Gender Role Conflict: New Paradigms for Empirical Research,” James O’Neil, Glenn Good and Sarah Holmes have identified four dimensions where this gender conflict occurs, “(a) success, power, and competition; (b) restrictive sexual and affectionate behavior between men; (c) restrictive emotionality; and (d) conflict between work and family relations. Research has shown that men who experience conflict in one or more of these dimensions tend to have lower self-esteem, lower levels of intimacy, and higher levels of anxiety and depression.”^{3,20} Stress stems from having unattained goals, regardless if the aspirations are realistic or unreachable.

“Empirical and theoretical work in the study of shame indicates that feelings of shame are experienced when people fail to meet goals or societal standards.”²¹ Surprisingly, shame can arise for men when in athletic competition with women. For instance, hegemonic men claim to be more proficient than women at sports. Male role norms specify that men are expected to perform well and demonstrate mastery in athletics, particularly in comparison with women.

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When a man loses to a woman in an athletic competition, he may experience more stress than if he lost to a man because athletic competition is a masculine-gender-relevant context in which men should prevail over women.²² Also, shame can pertain to not being able to balance work and school. In a study conducted on 343 university men, “the results showed that the RE (Restrictive Emotionality) and CWFR (Conflicts Between Work and Family Relations) gender role conflict factors accounted for a statistically significant variance of shame in participants... when men experience gender role conflict around the expression of emotion or the balancing of work/school and family relations, they appear to be more likely to evidence higher levels of shame.”²³ The expectation that men are in control of all aspects of their life at all times is unrealistic.

Inability to Express Emotions Stoicism

Some men attempt to protect themselves in a shroud of hardness. Immovable and solid as a rock, men attempt to not show any vulnerabilities. They learn any demonstration of emotion is usually frowned upon, thus they bottle the emotion deep inside. “Boys and men may come to associate their masculine identity with extreme stoicism, such experiences of strong emotions may cause men to feel intense shame.”²⁴ A stoic attitude is comparable to the strong silent type. In sports, we learn not to show pain. Coaches will instruct the athlete, “Walk it off.” Early in adolescence, males are taught the only attitude to display is apathy. Hegemonic men fear emotions because they might appear vulnerable and somehow less in control. This is an illogical conclusion because emotions are a natural biological response to different situations. One cannot control or curb emotions. Just as one cannot hold their breath indefinitely; males cannot suppress emotions indefinitely. Eventually, these feelings will surface, either positively or negatively.

Avoiding these emotions could lead to a condition called Alexithymia, a psychological state defined as: the difficulty to verbalize emotions. Men with Alexithymia are incapable of identifying their own feelings as well as those of others. They tend to socially conform and use action rather than words to express emotion and avoid conflicts.²⁵ According to Silva, boys understand that to become a man, they must stay as far away from the feminine as possible. This could influence them in not getting too close to other boys due to their restricted emotions. This emotional self-restrictive behavior can result in an individual isolating.²⁵ Alexithymia is associated with other disorders such as substance abuse, eating disorders, Post Traumatic Stress Disorder (PTSD), and hypertension.²⁵

Violence

Many cultures around the world believe that risk taking and violent behavior are inherent within men.²⁶ This belief enables men to blame their tempers and attribute their risky behavior to biology. In actuality, men use violence as a way to avoid feeling

shame. Since hegemonic males associate emotions with weakness, they will “stuff their feelings.” As mentioned previously, these feelings will eventually come out in spite of all attempts to keep them hidden. A way in which these unwanted feelings reveal themselves is through acts of anger or aggression. A number of clinical observations suggest that men may express hostility and aggression to terminate vulnerable emotions, such as shame.²⁷ It is significant to remember, that shame causes feelings of emasculation. “Men may use aggression as a strategy to regulate their emotions, transforming negative and painful emotions into expressions of anger and violence to avoid girlish or non-male emotions.”²⁸ The implications of this inability to properly express emotions can lead to disorders such as Alexithymia and domestic violence.

For some hegemonic males, the inability to positively express emotions can lead to acts of domestic violence. Male batterers tend to be men who lack emotional development. “Endorsement of undeveloped masculine ideology correlates to a man’s failure to recognize depictions of forced sex as rape.”²⁹ Such males are unable to discern when a woman is resisting sexual attention, and therefore can become threatening and dangerous to women. To further compound the situation, men unable to manage strong feelings may find the only way to express the emotions within themselves is through violence. “Male batterers may seek out emotional intimacy from romantic relationships; however, the very intimacy being sought brings with it a threat to the external mask of emotional equilibrium and can bring about feelings of shame... for male batterers rage in intimate relationships appears out of all proportion to what triggered the action... This type of rage is usually found when one’s essential identity feels threatened.”³⁰ Men who feel their masculinity compromised can react out of context. An insignificant event will trigger them to lash out in an uncontrollable manner. As with the Columbine shooters inappropriately venting their anger, male batterers react violently to being emasculated. When they fear reacting emotionally out of control, they may act out through extreme forms of physical violence to bring a sense of control and power back into their lives.

Men who are unable to acknowledge and accept their emotions tend to be more volatile and have less control over anger.²⁴ Additionally, they tend to overtly display anger more often than men who have more emotional control. “Masculine gender-role socialization contributes to men’s aggressive tendencies by limiting alternative emotional expressions and/or interfering with men’s ability to tolerate vulnerable feelings.”³¹ Men tend to react to shame in two ways, one is an explosive outburst and the other is silent brooding. When men feel vulnerable, they sense they are out of control. By using anger, they hope to regain emotional control. While it may appear to be an effective defense against vulnerability, anger works against the hegemonic male because they become a threat to others through their physically and verbally assaulting behavior. Without outlets to diffuse their anger, some men erupt in enraged outbursts.

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Furthermore, they will justify their horrific actions, claiming they did it for the sake of a cause. This is heard in the following quote taken from a high school shooter, similar to those students at Columbine. "I am not insane. I am angry.... I am not spoiled or lazy; for murder is not weak and slow-witted; murder is gutsy and daring. I killed because people like me are mistreated every day. I am malicious because I am miserable."³²

Michael Kimmel and Matthew Mahler begin their article "Adolescent Masculinity, Homophobia, and Violence" with a quote from Hannah Arendt, a renowned German philosopher, who theorized about power. She stated, "Generally speaking, violence always arises out of impotence. It is the hope of those who have no power." It is important to recall the Columbine shooters were referred to as "faggots" by male classmates. In spite of the fact that none of the boys were found to be homosexual, the label was used to emasculate them. Homophobic remarks are common in American high schools, 81% of all high school students in America report hearing homophobic language used by their peers frequently.³³ When homophobic comments are made, these terms can marginalize a male's masculinity. For the name-callers, they hope to assert dominance over those who threaten their masculinity. Fear of loss of masculinity plays a significant role in school violence.³² In an attempt to reassert their manliness, these emasculated boys may act out extreme acts of rage because of their desperation.

Depression

Depression is a common condition among men, furthermore, 50% of men whom admitted to having bouts of depression, did not discuss it with anyone. "The linkage between depression and femininity may provide men with the strongest motivation to hide their depression from others...because depression is frequently accompanied by feelings of powerlessness and diminished control, men may construe depression as a sign of failure."³⁴ Men will avoid treating depression because they see psychological problems as a weakness. Most men will attempt to deal with depression on their own because of this attitude. If left without help, depression can be a downward spiral, and sometimes have a fatal result. "Nearly half of men over age 49 nationally who reported experiencing an extended depression did not discuss it with anyone."³⁵ The data was gathered from self-reported men; the real figures could be much higher. In addition to the life consequences of depression, the very serious risk of suicide endangers many men. Suicide rates are 4 to 12 times higher in men than women.³⁶ Additionally, men account for seven of eight suicides in ages 15 to 24; an age demographic where suicide is the third leading cause of death.³⁷ As with hegemonic masculinity, depression is self-destructive. "The main difference between non-depressed and depressed men is that the latter use substances, persons, or actions as their basic sources of self-worth and self-esteem and not as healthy supplements to it."³⁸ Self-confidence arising from one's own character rather than being dependent upon external factors could help prevent depression. Less reliance upon external approval allow men to be in control of their own self-image.

In reference to depression, the National Institute of Mental Health presented comments from two different men about their mental disorder. Paul Gottlieb was a publisher in the art world, with a knack for turning museum catalogues into international best sellers. Sadly, he died in 2002, shortly after having done this interview. And Rodolfo Palma-Luion was born in Chile and came to the United States as a child. He recently graduated from the University of Michigan and is now working for the university. It is important to note that both men discuss their sense of isolation from others as a symptom of depression. Both men began to shut down emotionally and cut off from those around them. Also, Rodolfo addresses the issue of his ethnicity as playing some part in his depression. When asked why it took him seven years to seek help, Paul indicates he thought he would get through it on his own. Remember a sign of masculinity is to be stoic, even if that means not seeking medical treatment.³⁹

The National Institute of Mental Health offers testimony from men who have suffered from depression and how they recovered from it.
<http://menanddepression.nimh.nih.gov/>



Paul Gottlieb

Can you describe how it feels?

A feeling of isolation, a feeling of being cut off from the people around you, of not being able to, almost of being underwater, sort of emotionally underwater, you know, not being able to make direct physical contact. You lose interest in physical contact, in sexual relationships, you become very worried.

When did you realize something was wrong?

I remember the first time I knew something really was wrong; I was talking with one of my colleagues in the company in which I worked, a publishing house, and I just burst into tears. And I had no idea why that had happened.

Did you consider suicide?

You are, you are pushed to the point of considering suicide because living becomes very painful. You are looking for a way out; you're looking for a way to eliminate this terrible psychic pain.

Why did you wait 7 years to get help?

Your tendency is just sort of wait it out, you know, let it get better. You don't want to go to the doctor. You don't want to admit to how bad you're really feeling. If I had not been lucky enough to have relief, I might well have killed myself.

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Rodolfo Palma-Luli6n

What were the first symptoms of depression?

I just felt terrible and I didn't know why it was, I didn't want to face anyone, I didn't want to talk to anyone. I didn't really want to do anything for myself because I felt so, I felt like I was such an awful person that there was no real reason for me to do anything for myself.

Describe how you felt?

I just didn't feel any emotions, I just couldn't feel. My real feeling was just pure numbness, I just couldn't feel sad, I couldn't really feel happy; it was almost like I was under water with like my eyes and my ears all shut off and I was just there.

How did depression affect you at school?

I didn't read a book, I barely went to class. I just couldn't wake up in time for class. If I had a class at two, I'd sleep till three. So whatever I did, I just didn't do it.

Did being Latino make a difference?

Yeah, I totally think being Latino made it harder. Cause there is a silence over things. There's just things you don't talk about. And um, when I told my parents I had depression, I was like look Mom, I'm depressed, you know I can't deal with things anymore, I don't think I can finish school. My mom was like you're not depressed! Your brother went through, through a period, you know what? You're gonna get over it.

Physical Health

On average, men die almost seven years younger than women. In addition, for all of the fifteen different leading causes of death, men lead in every category.³⁷ The reason for these deaths is not a result of differences between male and female body composition, but rather caused by men's lack of health care behaviors. According to the American Cancer Society, cancer rates for men have increased by more than 20% in the past 35 years, while cancer rates for women have stayed the same.²⁶ No dietary rise in preservatives or smog emissions can be blamed because women are being affected by the same factors. Research and data collected has indicated men need to modify behavior and adopt health prevention strategies. There is no quick fix to live a better life, men must take responsibility and work everyday to improve the standards of their health through daily actions.

For centuries, it has been promoted that men are more powerful and are structurally constructed superior to women.²⁶ This belief causes men to hypothesize that they never need to see a doctor and that they never need to consider participating in a preventative health program. Furthermore, men might seek high risk behaviors because it makes them appear more masculine. "A man may define the degree of his masculinity... by driving dangerously or performing risky sports – and displaying these behaviors like badges of honor. In these ways, masculinities are defined against positive health behaviors and beliefs."²⁶ We see men doing irresponsible actions every day. Usually, it is a car driven by a man that speeds past you on the freeway, and when watching video clips from *Youtube*, we observe males doing mindless and dangerous stunts.

Another area in which men surpass women is work-related deaths. Although they comprise only half (56%) of the U.S. workforce, men account for nearly all (94%) fatal injuries on the job.⁴⁰ More disturbing are facts related to sexual health. "Real men ignore precautions for AIDS risk reduction, have multiple sexual partners, and reject displeasuring the penis. Abstinence, safer sex, and safer drug use compromise manhood."⁴¹ The consequences of these behaviors accelerate the spread of sexually transmitted infections (STIs) and HIV throughout our communities. Unfortunately, these men who engage in reckless behavior counteract, the work and millions of dollars being spent yearly to prevent these diseases. Another common association with masculinity is drinking alcohol. According to West, "... masculinity is still defined by hard drinking, casual sex, aggression, and competition."¹² Some men continue to think the more risks taken determine one's level of masculinity. However STIs, physical injuries and alcohol poisoning do not take into consideration the masculinity levels of their victims.

Our social behaviors and choices need to change now. "By dismissing their health needs and taking risks, men legitimize themselves as the stronger sex. In this way, men's use of unhealthy beliefs and behaviors helps to sustain and reproduce social inequality and the social structures that, in turn, reinforce and reward men's poor health habits."²⁶ We are the biggest threat to ourselves. Social acceptance however, undermines any progress that men may make towards a happier and healthier lifestyle. The illusion of invincibility causes many health problems and the fear of being seen as weak prevents men from seeking help. If male behaviors are not modified, expect increases in cancer rates, obesity, and drunk-driving accidents. Simply put, if men want to live longer, visit the doctor, eat healthier, practice safe sex, drink in moderation and get regular exercise. In addition, think twice about your definition of masculinity before jumping off of a third story building to impress friends. Ultimately, men need to stop depending on the influence of others and ask themselves, "How do I define my own individual masculinity?"

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Manhood Evolved

“There are, however, a number of traits that tend to take away from the general egalitarianism, happiness, balance and harmony in men’s relationships and interactions with their loved ones. Such include an inability to experience intimacy, closeness, and emotional connectedness with their significant others, their general inclination to resort to anger and violence when faced with frustrating situations, their consistent and persistent refraining from house-care and childcare work, and their tendency to consider sexuality and emotionality as two separate and distinct entities to be pursued for their own sake.”⁴² Many challenges males experience are a result of their adherence to archaic ideals. Every emotion that we experience is human; it is within our own biology and individuality. If one is gay, straight, transgender, queer, or lesbian, these are only aspects of how one defines their masculinity. What is significant is the acceptance of all aspects of our unique “maleness.”

The standards set by hegemonic masculinity are neither attainable nor important. Success, the primary focus of hegemonic masculinity is essential to manhood and yet success itself is a mental evaluation. Even a fool can think himself to be a man; it is perception, not action that is important to hegemonic masculinity. Invincibility is an impossible achievement. The belief that one is invincible leads individuals to take unnecessary risks. The stoicism and distance created by acting as a “real man” can lead to negative behaviors such as depression, seeking superficial relationships and isolating. In addition, this isolation often leads to prejudice and discrimination. Therefore, it is time to create and be secure in a new form of masculinity. “We argue that contemporary men need to negotiate a reconstruction of their sexuality, given the clash between the old and new paradigms of essentialist and postmodernist ideologies.”⁴² If one develops their masculinity based upon their own individuality, they will come to value themselves and others for their unique differences and attributes. A desire to meet specific male criteria will become unimportant. In order to define what it means to be a man, one must re-evaluate what it means to be a man. Men of today have an opportunity to liberate themselves from the confines of a hegemonic male role model and choose their own masculinity guidelines based upon who they are. ■

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Editor's Note: Even though this article was written in fall 2006, the urgency of its theme became tragically apparent once again on April 16, 2007, as a Virginia Tech University student, Cho Seun-Hui, shot and killed 32 students before killing himself. Similar to males described in this article, Cho felt ostracized because of his differences; and in this marginalized state of mind, his resentments and anger grew bolder until he became justified in taking the lives of innocents for the imagined harm done to him and countless others like himself.

Male Contraceptives: A Preview of Now and the Future

Arianne Stamps

Are males responsible for birth control? Would men be willing to pop a pill that brings their sperm count down to zero? Or do men still think that, beyond condoms, birth control is mainly a woman's responsibility? Would women trust men to take an active role in birth control? These are thought-provoking questions for men and women to ponder. Recent surveys indicate men do want to take a more active role in contraception. Even though currently on the market no "pill" exists for men, there is extensive research and development underway for effective male contraceptives. Some of these experimental contraceptives are RISUG, injected plus and suspensories. However, until these are available, there are other birth control methods men can use now. An important contraceptive step is verbal intercourse, before sexual. Begin by talking honestly with your partner about contraception. It is critical for males to share in the responsibility.

If asked to classify the following terms: contraceptives, pregnancy, or family planning as masculine or feminine, many would choose the latter. This choice can be contributed to a preconceived notion that those specific terms deal with female biology and therefore it is a woman's responsibility. Thank goodness, times are changing. Currently, more men are participating equally in pregnancy prevention. Males are demanding new and innovative contraceptives to assist them in sharing responsibility with their partner. Because of increasing male interest, researchers and pharmaceutical companies are beginning to listen and are taking subsequent action.

Possible Barriers in the Development of Male Contraceptives

An underlying debate about male contraceptives is the myth that men will not take the responsibility for birth control seriously, nor vigorously administer or adhere to the necessary steps for pregnancy prevention. Several studies indicate that this myth does not hold true for the vast majority of men. In fact, at the conclusion of a recent male contraceptive trial conducted by the World Health Organization, it was revealed, 85% of their participants wished to continue using the experimental contraceptive.¹

In addition to stereotypical assumptions, there is a further hindrance complication for developing a viable male contraceptive. The goal is to produce an effective contraceptive that will not interfere or deter a healthy male libido. As with any medical treatment or medication, there can be side effects, but the loss of a sexual drive would definitely make any procedure or medication undesirable. Contrary to all the medical advancements and comprehension that scientist may know about the human body, the male reproductive system is still something that has much to be discovered. In reality, research on the male reproductive system is lagging at least 50 years behind female reproductive studies.²

Male Contraception Is Not New

Male contraceptives are nothing new and have existed for centuries. Condom use dates back to 1000 B.C. with the ancient Egyptians. These ancient barriers were constructed of materials such as linen or goat's gut, and were used in Europe as a means of combating sexually transmitted infections (STIs). Thin pieces of leather and tortoise shell were fashioned as contraceptives in early Japanese culture. And the Chinese wrapped oiled silk paper around the penis, while Romans used tampons dipped in herbs and

condoms made of goat's bladder.³

Another type of male contraceptive is coitus interruptus or withdrawal. This is the practice of consciously withdrawing the penis from the vagina before an ejaculation has occurred, as well as coitus reservatus, the practice of suppressing or delaying an ejaculation.⁴ Both methods have been used by countless cultures, in the past as well as the present, to prevent pregnancy. However, the use of latex condoms has the highest effectiveness rate for prevention of pregnancy and sexually transmitted infections. (STIs).

Some men become squeamish when thinking about going under the knife to have a vasectomy. But this minor surgery is considered to be a very effective way in which to guarantee male contraception. As in most choices, there are advantages as well as disadvantages for having a vasectomy. Due to the permanence of this procedure, it really is not a viable option for younger men or men that want to leave their family planning options open. In addition, this procedure is limited to those that not only have access to healthcare, but are in a financial position to afford a vasectomy.

How About a Male Pill?

Currently, there isn't a male version of the pill for women on the market, but the advancements of future male contraceptives are well into development. Researchers are still seeking the most effective formulation, dosage, and delivery method of potential male hormonal contraceptives (MHC). Rather than taking a pill once a day, it appears the MHC will be an implant or injection. At the present, there is nothing commercially available. Another interesting developmental aspect is that regulatory agencies and developers expect MHCs to be better products than female hormonal contraceptives. Whereas female hormonal contraceptives may have some side effects, researchers are attempting to produce MHCs with no negative consequences.⁵ Within a few years, women will hopefully no longer have the exclusive responsibility for taking prescription contraceptives.

Hormonal Contraceptives

The Australia based Anzac Research Institute tested a small group of men on a procedure that combines a testosterone infused implant along with an injection of progestin. The treatment is meant to signal the brain into halting the production of sperm. The research, lead by Professor David Handelsman, has shown great promise in becoming a temporary treatment for contraception.

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Participants had to have an implant placed under their skin every four months that contains testosterone. An implant affords one the freedom of not remembering to take a pill every day. Unfortunately, while this treatment reduces the production of sperm, it also reduces the production of testosterone.⁶

It will be sometime before this treatment is brought to the mainstream market. One reason for the delay is that the previously mentioned test group only contained 55 men.⁶ During this contraceptive trial period, these men were instructed to use no other form of birth control. The men reported no pregnancies until treatment had ceased. However, it is necessary for trials to be conducted on a larger sample size and over an extended period of time. An important consideration for all research is financial backing. Therefore, pharmaceutical companies must continue to support this research.

A “Warm & Natural” Contraceptive

For men who wish to become fathers, they might be advised not to wear underwear or pants that are too tight because this type of clothing may prohibit an adequate amount of sperm from being produced. There is some truth in this advice, as evidenced by what farmers have known for hundreds of years. They know that when male livestock have testicles that do not descend, infertility is highly probable. This condition is known as cryptorchid. In the early part of the twentieth century, it was discovered what was actually causing infertility for animals with cryptorchid: testes that are held closer to the body are subjected to a slightly elevated increase in temperature as opposed to testes that properly suspend away from the body. This 1 - 2° C increase in temperature has an effect on the production of sperm.⁷

Due to our knowledge about heat and the testes, there are several ideas about ‘warm and natural’ contraceptives. One such contraceptive method is based on the idea of frequent and prolonged emersion in hot water. This concept would require men to spend a designated amount of time submerged in heated water. With diligent usage of this submersion technique, a man’s sperm count would indeed decrease. The desired result of oligospermia (lacking enough sperm to facilitate fertilization) would take some time to actually transpire. Sperm production is not immediate; it can take a couple of months for matured sperm to become viable and as a result it takes a couple of months to reach the point when elevated heat begins to reduce the sperm count.⁸ In the meantime, for the two to three months it takes to achieve oligospermia, another form of birth control has to be used.

Another heat utilizing contraceptive is suspensories. These specially designed male briefs allow the testes to be pushed closer to the body in order to raise the temperature inside. They have to be worn daily and consistently for long hours to achieve the desired outcome. Results won’t become apparent until a couple of months of stringent use. The effects are reversible as tested in a trial where the participants wore the suspensories for one year.

Approximately within a year, their sperm count returned to pre-trial levels.⁷

Blocking the Vas Deferens

In the male reproductive anatomy, the vas deferens is a tube through which sperm travels to the urethra. By effectively blocking this passage and not allowing sperm to move on into the urethra would essentially provide contraception against pregnancy. Currently, there is on-going research directed towards effectively blocking this passage and could be the next accepted wave in male contraceptives. As previously mentioned, men can surgically have their vasa deferentia (plural form of vas deferens) cut in a procedure known as a vasectomy.⁹

However, this being a permanent contraceptive procedure is not suggested as an option for couples wanting to have children in the future.



Experimental Male Contraceptives Reversible Inhibition of Sperm under Guidance

Not yet approved, there are new treatments that simulate a vasectomy without the harsh permanence. Reversible Inhibition of Sperm under Guidance (RISUG) is one of these procedures. RISUG is injected directly into the vasa deferentia and is a substance, composed of styrene maleic anhydride (SMA) and dimethylsulfoxide (DMSO). This injection creates a barrier and also breaks the sperm membrane. Without this membrane, the molecules and enzymes needed in sperm to attach and disband the outer layer of the ovum are damaged, rendering the sperm useless.¹⁰

RISUG is still in the many phases of trials. One of the preliminary trials of men implanted with RISUG, indicated only light swelling in the testes, but no complications. The initial procedure takes about 15 minutes and has substantially less side effects than a vasectomy. Currently, RISUG is in Phase III trials that are being conducted in India.¹⁰

Injected Plugs

In China, a procedure very similar to RISUG serves as a substitute for vasectomies. A liquid injection of either medical-grade polyurethane (MPU) or medical-grade silicone rubber (MSR) is infused into the vasa deferentia. Within minutes, the room temperature liquid polymer hardens and creates a barrier for sperm. The solidified polymer is kept in place by clamping the vasa deferentia on both sides of the plug. This technique takes 30 minutes to perform under local anesthesia. It mimics vasectomies, but is reversible.¹¹

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Initial studies have revealed that injection plugs administered with MPU have a better result than those injected with MSR. Definitive opinions on why this is so are still inconclusive and speculative. Those injected with MPU take about 18 – 24 months to reach a point of azoospermia, not having any measurable level of sperm in the semen. A study of a group of 150 men, who each had received MPU plugs (some for up to 5 years) and desired a reversal, had 85% of pre-plug sperm count within 2 years and 15% within four years.¹¹

Contraception Steps for Now

Surprisingly, there is much that men can do now even though there is no male contraception pill or injection available. Obviously, abstinence still remains the only 100% effective method for male contraception. More than likely, there are few males willing to even consider this course of action. Therefore, the next critical step is to talk with your sexual partner. Often, intimacy is thought to be connected only with the sexual act, but what has been revealed by many couples is that intimacy begins long before the sexual intercourse. Instead, students describe the 'verbal intercourse' often becomes the true act of intimacy. It is during these talks that both partners can be honest and open with one another as far as sharing their sexual preferences, ideas on how to prevent infection from STIs, techniques for safer sex and their options for contraception.

Another suggestion is for couples to take the Sexual Health Awareness Workshop (SHAW) offered through the Health Resource Center, Student Health Services. Qualified health educators, discuss the importance of a yearly pelvic exam for women, current STI facts, offer safer sex guidelines and practices and highlight various forms of contraception. When partners take the workshop together, they open lines of communication between themselves on important issues that affect them both. Hopefully, through their on-going discussions, they can make wise choices for their future together. The workshops are offered Tuesdays, 10 am – 12 pm and Thursdays, 3:30 – 5:30 pm. If interested, please call (562) 985-4609 to make an appointment or ask any further questions.

Conclusion

With the ever-increasing advancement in science and research, the future contains endless possibilities for male contraceptives. As highlighted in this article, male contraception is important for men to consider and take action. For too long, females have played the leading role in contraception because of their biology. It is time for males to assume equal responsibility. In time, some of these futuristic forms of contraception may be as easily accessible as going into your local drug store. But until then, males take care of yourself and your partner. Make sexual choices that will lead to healthier relationships. Until one is prepared to begin a family, use precaution and contraception as positive steps for the future. ■

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Confessions of a Substance Abuser: College Males Speak About Motivations and Behavioral Risks for Drug Use

Anthony Benjamin Cabangun

College is a time in which men experience great growth that not only includes physical growth, but increased development in emotion, knowledge, responsibility and experience. Within the growth of experience, collegiate culture opens the door to an array of life lessons. From experiencing a first relationship, a first real job, a first college final exam, one gains their respective sense of morality and values, which become standards that are ultimately applied and utilized in their daily life. Embedded in the collegiate experience are spaces for experimentation. It is in college when students are widely exposed to numerous drugs, alcohol, sexual activities, and other possible chancy behaviors. Being away from home and gaining a sense of independence, causes students to make choices often different from those made in the past to similar situations. Some of these choices may lead to experimentation in drug use and may be done with peers at fraternity and/or sorority parties, nightclubs, and other social-based venues. Male students may feel they are making these choices of their own free-will or may face pressures induced by peers, partners, and other unexpected variables.

With experimentation, male students may encounter consequences. Some may have an unpleasant occurrence as a result of a drug and decide to never use that substance again. For other unfortunates, their use may be a lethal dose, resulting in death, or major health and/or psychological problems from only one night of experimentation. And then there are those who experience neither the former nor the latter and are plunged into a lifestyle, arguably worse than either. Many college students become frequent abusers and some become addicted to their respective substances of choice.

According to a Cornell University study, alcohol, marijuana, and crystal meth constitute the top three substances of choice among college-aged students.¹ What characteristics do these three substances possess that cause substance abuse among college students to be so high? What risks and consequences can students expect when experimenting, or when frequently using these substances? The following will explore various hazards associated with the abuse of alcohol, marijuana, and methamphetamine, relying on secondary sources developed by researchers in the discipline of substance abuse. Personal interviews and testimonials will serve as primary sources for the exploration of motivations behind the use and abuse of these substances. Some names have been changed to protect the identity of specific students.

Jack, Jim and Jose Evenings with a Binge Drinker

A CSU Fullerton student, Ryan Son, recalls an evening of heavy drinking. He states, "I don't remember much of that night. I just had a few more drinks than I can take...and I think I passed out on the couch at a club I was at. Then the security guard kicked me out. Next thing I knew was my friends finally found me on the bench passed out and my shoes were stolen! I have more fun when I'm intoxicated, especially at clubs. My friend ended up having to give me a piggy-back ride to the car." (R. Son, personal communication, August, 2006)

Alcohol and college: it's almost as if the words are synonymous. Many high school graduates, preparing for college life, hold expectations and attitudes that glorify alcohol consumption during their university years. In college student orientations across the nation,

alcohol policies are "bold printed" in university literature. For most colleges, there is zero tolerance for alcohol and drug use, especially for under-age students. Drinking on campus is highly discouraged. Student organization guidelines always caution against any use of alcohol, while dormitory residence coordinators are trained to identify signs of alcohol consumption in the student rooms. However the emphasis placed on alcohol restrictions might actually have an opposite affect, in that incoming freshmen become more focused on how to drink without getting caught.

Despite the rules, regulations, risks, and consequences resulting from excessive drinking, male students continue to drink in an overly exaggerated fashion. College men practicing irresponsible and excessive drinking are labeled as binge drinkers, individuals who consume five or more drinks per sitting, at least once in a two week period.² During the summer between high school and college, many males experience drastic changes in drinking behaviors. "Contemporary college men drink more than they did in high school and more heavily than their non-college counterparts, and the gap is widening."³ College campuses are bombarded with alcohol consumption problems, resulting in a rise of disciplinary procedures. Several national studies indicate approximately two out of five college students are binge drinkers. This excessive drinking is associated with problems such as property damage, physical injuries, unwanted sexual advances, and encounters with police.²

Alcohol, Aggression, and Violence

Regardless of on-campus efforts to minimize binge drinking, a growing number of students simply go off-campus to engage in practices where there is less authority to monitor behaviors. These arenas include off-campus parties, fraternity and sorority parties, bars, and nightclubs. Venues for alcohol consumption commonly create an environment for violence to occur amongst students. Hugo Diaz, a junior at CSU Long Beach explains, "Whether it's a relationship drama, a personal beef, or any other social disputes, a lot of guys end up fighting at parties. A lot of parties I've been to end up being broken up because of unexpected fights between people that weren't even invited." (H. Diaz, personal communication, August, 2006)

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Many studies draw correlations between alcohol and violence. However, alcohol is considered the facilitator, and not the instigator. Unfortunately, research only stresses correlation, not causation factors. "Among men who became involved in a violent bar event, the more drinks they had consumed, the more severe the injury to themselves as well as to the other person or persons involved."⁴

Another significant factor that plays into male violence is clinical depression. Many men are not inclined to seek treatment for depressive symptoms, possibly because the symptoms may not be recognized as indicative of depression or because of male socialization.⁵ Instead, when they are feeling "down" they may choose to change their state of mind through the use of alcohol. Unfortunately, alcohol being a depressant only leads to their moods becoming darker and releasing anger they have been suppressing.⁵

Alcohol and Risky Sexual Behaviors

Studies indicate students who are frequent alcohol consumers are more likely to engage in sexual intercourse when compared to students who drink less. Among men aged 18 to 30, one specific study revealed that 35% of those surveyed engaged in sexual intercourse after consuming five to eight drinks, and 45% of males surveyed engaged in sexual intercourse after consuming eight or more drinks. This was compared to only 17% of men engaging in sexual intercourse after consuming two or less drinks. In addition, heavy drinkers are five times as likely as non-heavy drinkers to have at least ten sex partners in a year.⁶ This direct parallel to increased alcohol abuse and sexual intercourse leads to further hazards. The same study revealed heavy alcohol use is associated with having multiple sex partners, which is a primary risk factor for transmission of STIs, including HIV.⁶

alcohol consumption is a component. Angelo Tan, a fourth year student at Mt. San Antonio College explains:

I'd usually be more aware of my surroundings, and cautious about situations that I'd place myself in. All I had to drink that night was a Three Wise Men, you know, Jack Daniels, Jimmy Bean, and Jose Cuervo. Okay and maybe a couple beers here and there. Next thing I know, I'm almost in bed with some girl I don't even know. It was not a desired sexual situation that I welcomed, nor expected. (A. Tan, personal communication, August, 2006)

Hopefully in the future, Angelo will draw a connection between the Jack Daniels, Jimmy Bean, and Jose Cuervo as contributing factors to sex acts that might be later regretted.

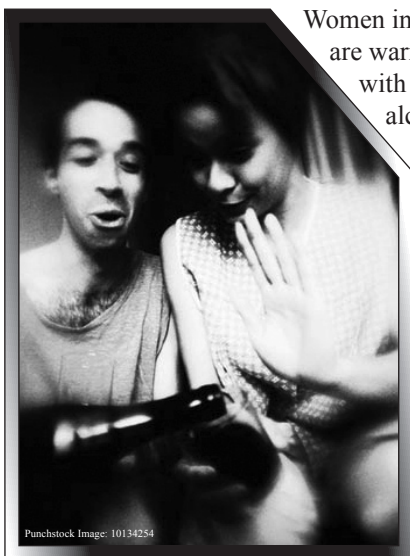
Individuals, who may welcome sexual advances, must remember lowered inhibitions, as a result of alcohol consumption, may lead to unsafe sexual practices. "Alcohol use directly affects the likelihood of having a casual partner and not discussing sexual risk-relevant topics. These behaviors in turn work against the probability of taking protective actions."⁷ In the following remarks, Ryan Son recalls an evening he experienced.

One night after the bar, we went back to my place. I knew what was going to happen; it's just that it happened so fast—I didn't realize until after the night that we never used a condom. I think if I drank less that night, I would have been able to stop myself and pull out the condoms. I just remember us laughing and stumbling into bed, and then I woke up the next morning. (R. Son, personal communication, August, 2006)

Conversations with Mary Jane Books, Papers, Coffee, Cigs and a Joint

Recently a CSULB student remarked, "There are so many things going on with life at the moment, so much that you want to forget about. Weed, in a way, makes you dumb and air-headed; you just end up forgetting about everything. Usually, half of the people I smoke with try it for the first time because they are experimenting with substances. The other half is people who use it for the same reasons I do, to relax and de-stress." (Marc M., personal communication, September, 2006)

Students refer to it as Aunt Mary, Baby, Mary Jane, Blaze, Bobo, Hash, Rip, Pakalolo, Santa Maria, Doobie, Ganja, Weed, Love Leaf, and, of course, the infamous 420. Though the casual consumption of alcoholic beverages and cigarettes enhance the "normal" ambience of the college social scene, parties have recently become an increasingly common space for students to engage in the illicit use of marijuana. Contrary to popular belief among students, marijuana (cannabis) is still considered an illegal substance. However, despite the illegality involved, marijuana use among higher institution students continues to steadily rise. Bedrooms, dorm rooms, beaches, parks, and even cars are littered with pipes, roller paper, and bongs that encourage marijuana use.



Women in collegiate atmospheres are warned of the risks associated with heavy drinking. Consuming alcoholic beverages lowers inhibitions, increasing the likelihood of risky behaviors. Men, however, are not cautioned as consistently as women. This gender specific method of cautioning is flawed—"a survey of 17,000 collegiate youth found that heavy episodic drinkers were nearly three times as likely to have multiple sex partners in the past month than were non-heavy episodic drinkers."⁷

Today, considerable amounts of men are reporting sexual assault. Contrary to popular belief that only women are sexually assaulted as a result of binge drinking, rising reports indicate men, too, are being assaulted because they are in situations where high

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Student life has become submerged in an array of books, papers, coffee, cigarettes, and now, the joint. Studies conducted by the Harvard School of Public Health observed a near 10% increase in marijuana usage, spanning from 1990 to 2000.⁸ Though many students argue the drug is harmless, most are unaware there are any hazards associated with frequent cannabis use.

THC and the Gateway

Cannabis is the umbrella term used to describe any substance, including marijuana, created from the plant of the same name. Substances made from this plant are categorized as psychoactive, mind altering drugs. All forms of cannabis contain THC (delta-9-tetrahydrocannabinol), the active psychoactive ingredient in marijuana. Of recent, marijuana has been used for medicinal purposes, usually when manufactured in pill form. This pill can be used to suppress nausea associated with cancer treatments and pain management for various chronic conditions, as well as for managing weight among AIDS patients. Though some argue marijuana use cannot lead to addiction, over 120,000 people every year enter treatment programs for marijuana abuse.⁹

As harmless as students perceive cannabis to be, research indicates it may act as a gateway drug, leading to the use of other unsafe substances. One study indicated, “nine out of ten students (91%) who use marijuana participate in additional high risk activities, such as heavy drinking, and/or heavy cigarette smoking.”⁸ Also, the Harvard study indicated, “students who frequently use marijuana spend more time at parties, socializing with friends, spend less time studying, and are more likely to have a B average or less.” Studies indicate very few young people engage in the use of other substances without first experimenting with marijuana. In fact, the risk of using cocaine has been estimated to be more than 104 times greater for those who have tried marijuana than for those who have never tried it.⁶ Recent research indicates marijuana may alter brain chemicals, making users particularly vulnerable by priming the brain for other drug use.⁸ Today, based upon the premise that marijuana is a gateway drug, researchers are examining how long term use of 9THC may create changes in the brain. These brain changes are being studied for any correlations between marijuana abuse leading to addictions in other drugs, such as alcohol and cocaine.

Risks Associated with Marijuana Use

Though the recreational use of marijuana creates side effects that many students enjoy, frequent users may experience an array of dangerous short term and long term affects. According to the Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, risks include short and long term effects.

Short Term Effects:

- Feelings of Intoxication
- Rapid Heartbeat
- Dry Mouth and Throat

- Bloodshot Eyes
- Loss of Coordination and Reaction Time
- Difficulty Listening or Speaking
- Reduced Ability to Perform Tasks Requiring
- Concentration/Coordination: such as driving a car
- Altered Motivation and Cognition Skills
- Paranoia
- Intense Anxiety and Panic Attacks
- Psychological Dependence

Long Term Effects:

- Decreased Ability to Concentrate, Learn, and Remember
- Delay of the Onset of Puberty among Men
- Decreased Sperm Production among Men
- Disruption of the Menstrual Cycle among Women
- Inhibition of Egg Discharge from the Ovaries
- Increased Cancer Rates
- Increased Rates of Respiratory Problems and Diseases
- Lowers the Ceiling of Ambition

However for most users, the short and long term effects are rarely of any concern. One reason for such little caution taken is the drug’s availability. Many associate easy access to safety. Also, students receive or buy marijuana from people they trust and respect, such as: peers, close friends or family members, as revealed in the following comments from a CSULB student.

I first tried marijuana because my sister wanted me to try it with her. The first time was pretty confusing. It felt good, I felt relaxed. I felt like I had more confidence, like I could say anything. I think most guys in college use the drug because a lot of their peers use it, so they are curious to see what all the buzz is about. Marijuana is easier to get in college than it is when you’re in high school. Almost anyone knows someone who can hook you up with it. I think that also contributes to the high usage of weed among college students. (Hugo D., personal communication, September 2006)

Marijuana and Sex?

Many students do not associate marijuana as a precursor to sexual intercourse. Most people only connect substance use and sex with alcohol. Despite that preconception, one study found that 52% of those who used marijuana in the previous year had two or more sex partners in that same period, compared with 16% of those who never used marijuana.⁶ Remember, any increase in sexual partners raises the risk for contracting STIs, especially if safer sex is not practiced. Records indicate “students under the influence” of a psychoactive drug are less likely to use safer sex techniques.

Party and Play with Tina Exploring the Crystal Meth Epidemic

A UCLA student, Brian Nguyen, details an interesting

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phenomenon that would re-occur, while he lived with his roommates. He recounts:

I would always awake to the sounds of my roommates usually around 4 a.m. or 5 a.m. There were sounds that scared me, sounds of scrubbing, vacuuming, crashing and clanging, laughing and even arguing. The next morning when I would leave for class, I would find the apartment spotless, shining, organized, and new, as if a maid service came in the middle of the night to dramatically transform the previously trashed, beer bottle decorated living room and kitchen, into a newly purified model home. This would happen a couple times a week. I began to notice a rhythmic pattern of dirty apartment, clean apartment, dirty apartment, and clean apartment, each state divided by loud midnight episodes from my roommates. I never realized they were meth users until I read about the effects experienced by an injection drug user. I even found out later they were dealing. They were dealing crystal meth in my apartment, without me even knowing about it! (B. Nguyen, personal communication, September, 2006)

Brian's experience is just one of many associated with the crystal meth epidemic in the United States and countries worldwide. The tale Brian tells appears as normal among meth users and those affected by meth users, especially on the college campus. Contrary to the popular belief of binge drinking and marijuana use as the dominant behaviors of college partiers, the use of crystal meth is on the rise among males aged 18-24. "Regular users and abusers of amphetamine-type stimulants have included athletes, college students, and those desiring quick weight loss."¹⁰ Students may think the number of meth users is low on their campuses, but may be surprised to know most crystal meth users chose to keep their drug behaviors hidden; a result of the stigma associated with any injection drug use.



Origins of Methamphetamine

Meth began as a West Coast phenomenon, with most use and production concentrated in a few cities in California and Hawaii.¹¹ These two states acted as prime locations for the origination of drugs spread across the country—California and Hawaii are sites of international borders. In the 1980s, meth spread from city to city as a result of motorcycle biker gangs being primary users. The 1990s saw an increased presence of crystal meth, due to the creation of small toxic labs.¹¹ Individuals were converting a room

in their home, a bathroom, or even a garage into a mini-lab from which to create crystal meth. Most meth ingredients are purchased from local drug retail stores. Meth lab workers are cautious not to buy in bulk from a single location to avoid suspicion from local authorities. This precaution arose following the discovery of various home labs after individuals purchased suspiciously large amounts of pseudoephedrine from local drug stores. Home labs still exist, even though national security has become tighter when compared to ten years ago. The rise in security has caused many labs to move across borders, now causing an international problem, as well as increased drug smuggling problems.

"According to the DEA, the number of super-labs seized in the United States dropped from 246 in 2001 to only 55 in 2004."¹¹ This presents a paradox. Drug labs in the United States have dropped because of the efforts of security, but internationally, especially in surrounding countries, the meth problem has increased. Smugglers have also found other ways to import their drug by using established contacts who deal with other illegal substances. "Mexican criminal organizations, based in Mexico and California, began to produce high-purity, low-cost, methamphetamine in "super-labs." These Mexican trafficking organizations have relied on their established networks for smuggling cocaine, heroin, and marijuana, to spread crystal meth throughout the country."¹¹

Meth in the Gay Community

The gay community has seen an increased rate of meth use, especially in social venues. Meth has been used in a social context, as a pre-party foremat before engaging in sexual encounters, as well as a method to add increased "entertainment" in clubs and parties. Among men who have sex with men (MSM), while on drugs, their sexual behavior is known as "party and play."¹² The "party and play" scene among the gay community, also known as "PnP," is on the rise. The terms "party and play" and "tina" refer to slang words used in the gay community to discreetly describe crystal meth use. "Party"—meaning, smoke, inject, or snort meth, and then "play"—meaning engage in sexual intercourse. "Tina," short for Christina, is derived from crystal meth. Many gay men look for casual sexual encounters websites advertising meth use and sex. Also, personal advertisements for casual encounters can be found on widely used college bulletin sites. The following is an example in which the posting discreetly advertises for meth by capitalizing the "T" in party, and using the word "favors," in this case, implying party favors as defined as drugs.

Cute 24 year old completely vers.6'2@ 174 brwn/brwn 30w in shape. Looking to hang out, parTy a little watch some porn and have some fun. Just be in shape, age unimportant... Looking for someone with favors who wants to hang, I'll definitely make it worth ur while. Yur pics get my face pic, just send an e-mail...

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Crystal meth use in the gay community has resulted in the spread of HIV and other STIs, due to lack of protection used during sexual intercourse. "Men who reported poppers, crystal meth, cocaine, marijuana, Viagra™, or alcohol use before or during sex were significantly more likely to report unprotected anal intercourse."¹² Various risky behaviors also exist among users depending on the method employed by which to administer the drug. A study comparing meth injectors with non-injectors found "...injectors had more sex partners, more insertive anal sex with casual partners, more vaginal sex with regular and casual partners, and more trading of sex for money or drugs. Eighty-nine percent of participants indicated that unprotected sex was the most likely route of exposure to HIV. Twenty-four percent identified intravenous drug use as the most likely source of HIV infection."¹³ This presents a "double hitter" problem in the gay community. HIV exposure doubly increases as meth users are exposed to infection through unprotected sex and sharing needles.

Meth and the Heterosexual Community

Despite the prominence of crystal meth use among the gay community, heterosexual men are not free from the methamphetamine epidemic. "Recent heterosexual meth users were more likely than men who had never used meth to be sexually active with a female partner, have multiple female partners, have a casual or anonymous female partner, have anal intercourse with a casual or anonymous female partner, have a female partner who injected drugs, or have ever received money or drugs for sex from a male or female partner."¹⁴ The risks of HIV infection and exposure to sexually transmitted infections also parallel those of meth users among the gay community. The Centers for Disease Control and Prevention further states:

Recent meth users were no more likely to have been tested for HIV or chlamydial infection than were men who had never used meth. Among historical meth users, sexual activity with higher HIV-transmission risk was identified primarily among those with main female sex partners only. A gonorrhea outbreak in six central California counties in 2004 noted substantial meth use among heterosexual patients, particularly when compared with MSM patients.¹⁴

Both communities, heterosexual and homosexual, suffer cyclical drug-related sexual stimulation problems, resulting in continued use of crystal meth. "Seventy-four percent of male meth users reported that their sexual thoughts, feelings, and behaviors became associated with meth, 77% indicated that meth made them obsessed with having sex, and 53% said they had participated in riskier sexual acts, for example, anal sex, while under the influence of meth."¹⁴ This sexual drive only appears under the influence of the drug, therefore causing both heterosexual and homosexual males to engage in risky sex practices.

Risks Associated with Methamphetamine Use

Not only are the users of methamphetamine affected, but also friends, family and other individuals who associate with users

are affected. These effects can be social, mental, emotional, and even physical. Users experience numerous problems from methamphetamine abuse. These include "...increased health care expenditures, premature deaths from overdosing, impaired productivity, motor vehicle accidents, and violence and crime in order to obtain money to continue or maintain use."¹⁰ Along with these long term effects come psychosocial consequences, such as: increases in talkativeness and aggressiveness. Actions may become compulsive, repetitive, less organized, and the users themselves are suspicious and self-conscious. Users may experience increased breath-rate, heart rate, fevers, sweating, dry mouth, headache, paleness, blurred vision, dizziness, tremors, loss of coordination, seizures, and even collapse.¹⁰

Brian's "clean freak" roommates described in the beginning of this section certainly exemplify some of these behaviors while using meth. Brian described his roommates experiencing obsessive-compulsive behaviors associated with cleanliness, resulting in massive, intensive, and extensive cleaning of the apartment kitchen, living room, and bathroom. Brian also related that his two male roommates, who were also a couple, would engage in violent arguments, resulting in rages of physical abuse. "Sometimes I would hear screaming, and then hear crashing of furniture. I would come out of my room the next morning to see holes in the walls, or broken chairs and plates. I would seriously fear my roommates when I had suspected they were smoking before coming home."(B. Nguyen, personal communication, September, 2006)

Student Discussion: Perceptions of Motivations Behind Substance Use/Abuse

Participating in this discussion were several male CSULB students. They were asked to respond to the following question: What do you think motivates college students to engage in substance use/abuse?

According to Ryan Tong (22), "It's a stress reliever. Sometimes I just want to go out and have fun and drink. It's peer pressure, maybe even self-pressure and genetics, too. Drinking is an accepted norm, everyone is expected to party hard for his or her first two years, and everyone does. Those who don't, do not have that great of a time when compared to those who do. That's what I mean by self and peer pressure. Even those who don't continue to use certain substances; they will be exposed to it at least once within their college career. I see it as an initiation rite into college."(R. Tong, personal communication, August, 2006)

Zach Woolfork (25), adds, "I think most students view alcohol and drug use as a means for social reasons. My motivation behind drinking a glass of wine is relaxation. What I normally do is drink wine and get on my play station and just chill."(Z. Woolfork, personal communication, August, 2006)

In reflection, Josh Anderson (24), states, "In all honesty, my life is constantly hectic; I have about an hour leeway between events

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each day whether it is personal fulfillment, school, work, or volunteering. I know that I don't have to do it all, but I like to keep myself engulfed with things that make me happy and productive. I use some substances as a means to "get away" without necessarily going away. I don't have time to physically leave my surroundings, but by engaging myself into these substances, I finally have a way to relax and let loose. I know that there might be other alternatives, some healthier, but it truly is the easiest way by my schedule. These substances are easily attained. Most college students are lazy, it [drugs] is easy to get a hold of and it gets you through whatever time you may have whether it is 5 minutes or 5 days. There are other alternatives, but this way allows you to consciously disappear from your surroundings without having you leave them."(J. Anderson, personal communication, August, 2006)

Troy Bishop (19) concludes, "It [alcohol] makes me feel loose and chill. Sometimes it feels nice not to worry about other things. I believe a lot of students use [substances] because of peer pressure; pressure from fraternities, to sororities, to gangs, clubs, and everything in between."(T. Bishop, personal communication, August, 2006)

Grant Ericsson (23) believes, "I drink alcohol because it's a great way of altering my consciousness from a dull, stressed attitude, into a more relaxed, euphoric state of mind. I think younger college age students are motivated in substance use/abuse to be "accepted" into a certain group, peer pressure, hoping to get perceived a certain way such as being "cool" and to "live" the college experience."(G. Ericsson, personal communication, August, 2006)

Stephen Parker (18) states, "Drugs are the easiest, fastest, and might be the best SHORTCUT to happiness. I had never really been a hard drug abuser where I would do these things on my own, but there would be times that I would have an urge. Some of these times I would go to have a drink, because it made me feel better. When times were worse, I would much rather have smoked marijuana because I feel it has a stronger effect. It was much better to feel a buzz than to feel whatever it was that was bothering me. When the times are hard, it is easier to just go down to the store and drink down a bottle to help you feel better. Also, alcohol is very "social." Just like smoking cigarettes and/or marijuana, most people are introduced to it as a social thing whether it is two or ten people. Growing up in high school, I was a very shy guy and alcohol was one of the things that helped me jump out of my shell. At some point, I felt like I needed it to have fun. But all in all, drugs are just a way to get away, quick and as far from your brain as possible to forget everything you REALLY have to live through."(S. Parker, personal communication, August, 2006)

Danny Nei (23) discusses new incoming students, "New college students are usually first timers for everything. The first time they try something, I'm sure it turns out to be a "fun" experience." It probably even gave them a new found confidence. Even courage to talk to someone they were attracted to. I'm sure they were under

the impression that addiction would never happen to them. But some end up falling to addiction before it's too late to stop."(D. Nei, personal communication, August, 2006)

Eddie Rodriguez (20) addresses on-campus residency, "Dorm life opens the door to many spaces for experimentation. Alcohol and marijuana allow you to let loose, especially when you're in the influence of your peers. College is an environment where a lot of people use and/or abuse, so there's this cultural norm present, where it seems okay to experiment with new substances." (E. Rodriguez, personal communication, August, 2006)

Greg Lim (19) speculates, "Being a college student gives you a sense of newfound independence. Combine that with curiosity, and feelings of rebellion and you get substance use, among other things."(G. Lim, personal communication, August, 2006)

It seems as if most students feel substance use is an outlet from stress, anxiety, and any other feelings associated with the life of a college student. Some students referred to substance use as a means of boosting confidence. Since issues of confidence may arise in social situations—such as parties, students may engage in the use of these substances in these social venues. This may contribute or even explain the large use/abuse of substances in parties among the student population. Also, it is important to remember that some students may be using because they are trying to treat a possible mental disorder. Unbeknownst to them, their feelings of sadness, depression and or manic stages could be symptoms of clinical depression and/or bipolar disorder. Remember to talk to a specialist if one is experiencing long spans of depression or feelings of discomfort. These are symptoms that should not be treated with alcohol or drugs.

Conclusion

There has been much concern over the use, abuse, and consequences associated with marijuana, crystal meth, and alcohol, especially among the college student population. Many fear the stressful life of the student may lead to the use/abuse of various substances, therefore resulting in an increased risk of serious consequences. However, this conclusion could be regarded as faulty decision making. Since the life of a college student is deemed hectic, exhausting, fast, and demanding, alcohol and other substances are used as an escape from this lifestyle. The answer to minimizing use and abuse of substances among the student community lies in the hands of the users themselves, and the campus leaders. Campuses nation wide have created Alcohol, Tobacco and Other Drug Programs (ATOD) which specialize in events, workshops, and education to promote awareness of the dangers of substance use/abuse. Here at CSULB, the ATOD Program office is located in the Student Health Services, (562-985-2520).

Studies show policies aimed at reducing access to alcohol and drugs will also encourage more responsible sexual behavior among teens, and possibly,

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lead to reductions in teen pregnancies, abortions, and sexually transmitted diseases.¹⁵ However, The Journal of Alcohol Research and Health suggests programs should provide more services than just education.¹⁶ They describe effective programs as “addressing social pressures to drink, teaching resistant skills, including developmentally appropriate information, promoting peer leadership and peer-led components, providing teacher training, and providing interactive services.”¹⁶ Activities and alternative outlets need to be created for the students to ensure relief from stress, and the daily routine of college life. Students suggest:

I think the best way to stop drug and alcohol use on campus is to have more activities available for the campus community. The more concerts, films, workshops, game nights, or whatever else students can think of, the less students will go out to parties and encounter these situations. (Hugo D., personal communication, September, 2006)

Make stricter rules and make classes harder. Scare students into not doing drugs or drinking while in college (laughs).” (Marc M., personal communication, September, 2006)

The key is getting the frats, sororities, and other large clubs and organizations involved in planning more events on campus for students. The more students get involved, the less likely are they to find themselves in a random party doing drugs and drinking alcohol. (Nino L., personal communication, September, 2006) ■

Resources for further Substance Abuse information please contact:

CSULB Alcohol, Tobacco and Other Drugs (ATOD) Program

Division of Student Services, Student Health Services
562-985-4609

CSULB Counseling and Psychological Services (CaPS)

Division of Student Services, BH-226
562-985-4001

Outpatient Alcohol & Drug Free Program

Long Beach Dept. of Public Health
2525 Grand Avenue Room 210
Long Beach, CA 90815
562-570-4100

Substance Abuse Foundation of Long Beach

3125 East 7th Street
Long Beach, CA 90804
562-987-572

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STUDENT HEALTH SERVICES

DIVISION OF STUDENT SERVICES

HEALTH SERVICES OFFERED:

MEDICAL EXAMS
IMMUNIZATIONS
X-RAY
LABORATORY
PHARMACY

FOR QUESTIONS OR APPOINTMENTS

PLEASE CALL: 562-985-2727
ALSO VISIT: [WWW.CSULB.EDU/SHS](http://www.csulb.edu/shs)



HEALTH RESOURCE CENTER

OUTREACH PRESENTATIONS:

PRESENTATIONS ON HIV/AIDS, STIS AND BIRTH CONTROL ARE AVAILABLE UPON REQUEST FOR ALL CAMPUS CLASSES AND ORGANIZATIONS.

NUTRITION COUNSELING:

INDIVIDUAL COUNSELING SESSIONS TO HELP YOU MEET YOUR NUTRITIONAL NEEDS.

RAPID HIV TESTING:

FREE AND CONFIDENTIAL COUNSELING AND TESTING.

SHAW:

SEXUAL HEALTH AWARENESS WORKSHOP HELPS ENHANCE YOUR KNOWLEDGE OF CONTRACEPTIVES, STIS, AND BREAST AND TESTICULAR SELF-EXAMINATION.

FOR MORE INFO

PLEASE CALL: 562-985-4609
ALSO VISIT: [WWW.CSULB.EDU/HRC](http://www.csulb.edu/hrc)

