Original Research

She’s Just Not That Into Me: Sexual Self-Concept Among Heterosexual Men Who Identify as Involuntary Celibates

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Abstract

Emerging adult men experiencing involuntary celibacy are increasingly self-identifying as “incels.” Popular culture has painted a negative view of incel men. Nonetheless, almost no research has addressed the experiences of incels or systematically compared incels to their peers to identify whether actual differences exist in psychological functioning. In this study, we surveyed a total of 129 emerging adult men (75 incels and 54 non-incels) to determine if and how incels differ from their non-incel peers. MANOVA results indicated that incels disproportionately struggled with low self-esteem, social anxiety, difficulty approaching women, and optimism about partnered sexual experiences compared to their non-incel peers. Incels also endorsed concepts related to social hierarchies, which suggested a vulnerability to gender role strain related to current hegemonic notions of masculinity. Such concerns have implications for psychotherapeutic intervention and may additionally facilitate understanding of how hegemonic masculinity may impact sexual self-concept.

Keywords: incels, involuntary celibacy, hegemonic masculinity, emerging adults

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Introduction and Purpose

Sexual self-concept is an evaluation of an individual’s feelings and actions related to sex, and it is invariably impacted by the society in which an individual was reared. Cultural practices and expectations play a role in the development of sexual self-concept by providing templates for sexual behavior and milestones (Carpenter, 2010; James-Hawkins, 2019; Schalet, 2011). Sexual self-concept is based upon the positive and negative experiences people accumulate as they transition to young adulthood (Carpenter, 2010; James-Hawkins, 2019; Schalet, 2011). A great amount of attention within psychology has been turned towards the impact of sexual development of emerging adults. Nonetheless, there has been a dearth of work related to the experiences of individuals whose sexual development follows a different trajectory than their peers (Boislard et al., 2016; Gesselman et al., 2017). Regardless of the wide variation observed within non-pathological sexual development, emerging adults often feel pressure to engage in sex in early adulthood as a result of societal messages (especially those linking sexuality and masculinity) and comparing experiences to peers. As such, communication about sexuality is common among emerging adults.

Communication among emerging adults has been facilitated by the internet, including individuals who feel they have not met their sexual milestones “on time.” In such communities, emerging adults are able to express feelings, find support, and receive validation of their difficulties in finding sexual partners. Simultaneously, these communities may alienate involuntary celibates (“incels”) from other cohort members. Thus, the incel community may be characterized as a primarily online community composed of emerging adults whose identities are informed by perceived missing of sexual milestones (Donnelly, 2001; Ging, 2017; Glace et al., 2021; Speckhard et al., 2020).

A lack of scientific inquiry into the incel community has placed incels in a position where they feel misunderstood by professionals and society at large. This misunderstanding can negatively impact the development of incels, who are then pushed towards online communities made up of people with similar backgrounds and experiences (Ging, 2017; Glace et al., 2021; Speckhard et al., 2021). While this ostracization results in a form of community, it is also alienating. Furthermore, recent events have brought incels into mainstream culture. What was previously a misunderstood but mostly unknown group of people has become both more well-known and directly associated with violent actions towards women (Byerly, 2020). Incels, as an informal group formed through interactions online, have no strict entry criteria beyond self-identified involuntary celibacy and are vulnerable to being colored by the actions of individuals within the group regardless of the actual similarities between the average group member and the perpetrator.

As stated, limited scientific inquiry has hampered understanding of those within this community. The purpose of this paper is to increase the understanding of the incel community and to assist in preparing psychologists to address the unique needs of incels. To do this, we investigated the attitudes and behaviors of incels and contrasted them to those held by non-incels. Determining if there were significant differences in the ways incels view themselves may aid in identifying potential areas to address in treatment. Secondly, in this research, we examined incels’ beliefs in the value of group-based hierarchies by comparing relative levels of social dominance orientation between incels and non-incels. Incels may be prone to holding hegemonic beliefs about masculinity while also perceiving themselves as unable to meet the standards of hegemonic masculinity. This contradiction would reasonably contribute to negative psychological outcomes. Overall, this paper makes a meaningful contribution to understanding how incels view themselves and how they differ from their peers and guides ways in which psychologists may conceptualize this unique group of men.
Literature Review

What is “Typical” Sexuality?

When examining a community of people who define themselves by their experience of being “behind” their peers in terms of sexual development and expression, it is important to consider what milestones they feel they should have met. While variation in sexual development is typical, cultural messages and media reports create internal expectations against which individuals measure themselves (Scaptura & Boyle, 2019). It is important to acknowledge that many trajectories of sexual development and expression lead to healthy outcomes, yet incels have been distressed by not meeting perceptions of “typical” milestones. This requires some consideration of sexual milestones because what is “typical” varies by context (Bishop et al., 2020).

One method of identifying what might be considered typical development is by understanding mean ages for when sexual milestones have occurred. Survey data suggested that dating was expected to begin during adolescence, with individuals who start dating earlier having been prone to earlier sexual interactions, a trend that has remained relatively stable over time (Scott et al., 2020; Thornton, 1990). Between 9th and 12th grade, about 50% of boys had engaged in vaginal intercourse, with the number rising to nearly 80% by age 24 (Copen et al., 2016; Martinez & Abma, 2020; Szucs et al., 2020). Despite ambiguity regarding what “loss of virginity” means (Carpenter, 2001), researchers have reported that sexually experienced adults expected virginity loss to occur sooner than sexually inexperienced adults. The majority of adults expected that virginity loss would occur between 16 and 18 years old, and sexual inexperience and late virginity loss were stigmatized within U.S. culture (Gesselman et al., 2017). Furthermore, perceptions related to the sexuality of others were skewed. There was a discrepancy between the number of sexual partners reported by heterosexual men and women; the reported number has been found to change based on the survey context (Duffy, 2018; Mitchell et al., 2019). People believed that the number of sexual partners women have had was notably higher than the number of partners women reported having had and that the number of times people have had sex within a month was largely overestimated, reflecting unrealistic expectations of sexual activity (Duffy, 2018). There was substantial evidence supporting the idea that a distortion exists in the beliefs about the sexual activities of other individuals, with most reports having indicated a belief that other people were more sexually active than they actually were (Duffy, 2018). Incels may be especially sensitive to exaggerated estimates of sexual engagement among their peers.

Who is an Incel?

Incels are an emerging and understudied group who feel they have been misrepresented in the media (personal communication, SergeantIncel, 2018). Motivated by the lack of information on the incel community, Donnelly et al. (2001) initiated one of the earliest investigations aimed at describing it. Further, Donnelly et al. (2001) identified differences in social experiences and self-perceptions between incel and non-incel men.

Donnelly et al. (2001) defined an involuntary celibate as “one who desires to have sex but has been unable to find a willing partner for at least 6 months” (p. 159). While the importance of self-identification in determining who is an incel was noted, this definition did not take self-identification into account. Some individuals who have identified as incels have sought and engaged in partnered sex in less than a year. Conversely, others who might have desired to engage in partnered sex but who were not able to do so in more than a year may not have self-identified as being an incel. Additionally, those who identified as asexual (individuals who report little or no sex drive) would be unlikely to self-identify as incels due to a lack of desire to engage in partnered sex. Who is an incel is therefore an interaction of desire to engage in partnered sex, lack of such experience, and self-identification as a member of the incel community (Gareth, 2012).
Where gender is concerned, previous research pointed to the phenomenon occurring among women (Donnelly et al., 2001). However, the incel community has come to be understood as being predominantly composed of younger men who are unable to locate sexual partners, in part due to some incel communities endorsing hatred toward women (Jaki et al., 2019).

Research into involuntary celibacy has remained scarce. Instead, celibacy researchers have tended to focus on either religiously motivated celibacy (Baumann et al., 2017; Becker, 2011) or celibacy chosen by an individual for reasons such as not desiring to be in a romantic relationship (Gareth, 2012; Siegel & Schrimshaw, 2003). The research that included incels often failed to adequately conceptualize involuntary celibacy, such as by failing to separate voluntary and involuntary celibates (Kiernan, 1988) or by using samples that may not reflect those who identify as part of the incel community.

**Sexual Self Concept and Hegemonic Masculinity**

While a lack of partnered sex is the hallmark of an incel identity, the importance of partnered sex and the impact it has upon the identity of an individual is an important component of human experience in general. Sexuality is often used as an indicator of intimacy and emotional connection (van Lankveld et al., 2018; Yoo et al., 2014). Additionally, coupling is considered to be a normal part of development within most cultures and is an expected outcome as an individual matures. The idea that regular sexual activity is linked to a healthy relationship is a common one, and level of sexual activity is predicted by the level of satisfaction within a relationship, thereby lending some support to this perception (Dewitte & Mayer, 2018; Yoo et al., 2014). As such, sex is likely representative of a wider set of concerns for incels, such as possible future success in relationships and their success in enacting social roles, rather than simply a desire to engage in partnered sexual activity.

When examining sexual self-concept for incels in particular, one challenge is how to assess sexual self-concept without relying on measures of sexual activity. Incels by definition are not engaging in partnered sex, so measures need to focus on an individual’s perception of and beliefs about their sexuality rather than rely on behavior. To that end, we utilized measures of sexual self-efficacy, sexual optimism, and dating confidence. Sexual self-efficacy measures perceptions about one’s ability to effectively address the sexual aspects of the self but crucially does not require partnered sex, making it ideal for our purposes (Deutsch et al., 2014; Snell, 1998). Sexual optimism differs in that, rather than measuring confidence in one’s ability to handle sexuality, it measures beliefs about how positive and rewarding future sexual aspects of one’s life would be (Deutsch et al., 2014; Snell, 1998). Additionally, a measure of dating confidence was determined to be useful given the strong linkage between sexual activity and interpersonal intimacy (van Lankveld et al., 2018). Dating confidence is an individual’s confidence in pursuing or engaging with individuals in whom they are interested and was expected to be positively correlated with sexual self-efficacy and sexual optimism.

Developing a sexual self-concept is an important part of adolescence and is linked to future sexual success, relationship success, and lower levels of emotional distress (Boislard et al., 2016; Cense, 2019; Roberson et al., 2017). Sexual self-concept is heavily influenced by the experiences and messages to which an adolescent was exposed, with positive early experiences being linked to more developed sexual self-concepts (Hensel et al., 2011; van Oosten et al., 2018). While much of the sexual self-concept research has been conducted on women and adolescent girls, evidence suggests that the development of sexual self-concept was closely related to the sexual expression of adolescents and emerging adults, regardless of gender (Boislard et al., 2016). Given that current incel culture is composed mostly of emerging adult men, the influence of masculinity on sexual self-concept is relevant (Ging, 2017).

Masculinity is a socially constructed idea of what it means to be a man and, as society has changed, what it means to be masculine has also shifted (Levant & Powell, 2017). Hegemonic masculinity (HM) is the dominant masculine ideology within Western society. It provides the typical template by which men are socialized (Connell & Messerschmidt, 2005; Rosenman et al., 2018). The constellation of masculine
characteristics that make up HM is restrictive emotionality, self-reliance through mechanical skills, negativity toward sexual minorities, avoidance of femininity, the importance of sex, toughness, and dominance (Connell & Messerschmidt, 2005; Smith et al., 2014). The standards of HM are restrictive and, in striving to behave in accordance with HM, men often find themselves engaging in behaviors that harm their relationships with others (Smith et al., 2015).

Attempting to meet the standards of HM is damaging for men regardless of their success in meeting those standards. Restrictive emotionality, self-reliance, and toughness can leave men isolated and unable to form meaningful connections with the people around them. Additionally, success in the HM framework is a limited commodity. The focus on meeting HM ideals naturally leads to hierarchical comparisons where an individual’s worth is measured in comparison to others. This limited definition of success means that most men fail in their attempts to meet the idealized standard of masculinity even if they are striving to enact the constellation of masculine characteristics. Men who strive to live up to these standards but are unable to do so are affected both by the negative consequences of HM-affirming behaviors, but also by the discrepancy between themselves and the idealized view of masculinity they hold (Levant & Powell, 2017; Smith et al., 2015).

The inability of incels to engage in partnered sex, especially when compared to societal expectations and self-comparison to peer sexual activity, places incels in a precarious situation where a core component of masculine identity is threatened. This strain between aspiration and reality has had deleterious effects on both the physical and mental health of men (APA, 2018; Boislard et al., 2016; Levant & Powell, 2017; Levant & Richmond, 2016). The efforts by incels to form communities of individuals dealing with similar concerns showed that this effect is prevalent and acute enough to motivate efforts to alleviate the effects. Additionally, incels’ efforts to organize and seek assistance demonstrated a marked concern with their situation (Donnelly et al., 2001).

While this study focused primarily upon incels’ sexual experiences, it seemed likely that incels may have broader difficulties with meeting HM standards while feeling pressured to strive towards them. When previous researchers explored the experiences of incels, they chose to utilize a life course perspective (Donnelly et al., 2001). Donnelly et al. (2001) stated, “A life course perspective suggests that persons who become off time in regard to life transitions involving sexuality begin to feel as though they are no longer traveling the same path as their peers” (p. 161). While the current study did not rely on a similar framework, it is notable that in understanding their own life course, incels are likely to feel they have not met sexual milestones on time or have not been granted access to stereotypically masculine activity (i.e., having sex with women). They may feel judged by other people (especially other men), view women as unavailable, and subsequently report more distress than other men.

When this feeling of being behind one’s peers is combined with the prevalence of distortions in perceptions of normal sexuality it can amplify the impact of feeling off time, creating a unique cocktail of negative beliefs that lead to dysfunction. Importantly, this helps to address the effect of the belief in the involuntary nature of an incel’s celibacy (Gareth, 2012; Ging, 2017; Glace, 2021). Individuals who have chosen celibacy did not experience the same difficulties reported by incels (Gareth, 2012).

**Hypotheses**

We hypothesized that the perception of failing to meet expectations for typical sexual transitions or culturally promoted levels of sexual activity had implications for the sexual self-concept and for mental health more broadly. To assess this position, we tested the following hypotheses:

H1. Incels would report lower sexual optimism than non-incels.

H2. Incels would report lower sexual self-efficacy than non-incels.

H3. Incels would report lower dating confidence than non-incels.
H4. Incels would report lower levels of social assertiveness than non-incels.
H5. Incels would report lower self-esteem than non-incels.
H6. Incels would report higher levels of social anxiety than non-incels.
H7. Incels would report higher social dominance orientation than non-incels.
H8. Incels would report less egalitarian attitudes than non-incels.

Methods

Participants

Seventy-five self-described incels and 54 non-incels participated in this study. No significant differences were observed in age; incels had a mean age of 25.76 years old ($SD = 7.32$) while non-incels had a mean age of 26.26 years old ($SD = 7.65$). Review of Table 1 revealed that most participants were White, and about three-quarters had more than a high school education. Non-incels were more likely to be full-time students than incels. Additional demographic information is reported in Table 1.

Table 1. Participant Demographics

|                | Incels ($n = 75$) | Non-Incels ($n = 54$) |
|----------------|-------------------|------------------------|
|                | $n$    | %     | $n$    | %     |
| Race           |        |       |        |       |
| Asian          | 4      | 5.3   | 4      | 7.4   |
| Asian American | 2      | 2.7   | 0      | 0     |
| Black/African American | 3   | 4.0   | 0      | 0     |
| Hispanic/Latino| 3      | 4.0   | 3      | 5.6   |
| White          | 57     | 76    | 45     | 83.3  |
| Biracial       | 2      | 2.7   | 0      | 0     |
| Other          | 3      | 4.0   | 2      | 3.7   |
| Employment     |        |       |        |       |
| Employed-full time | 28   | 37.3  | 14     | 25.9  |
| Employed-part time | 11   | 14.7  | 4      | 7.4   |
| Student-full time | 24   | 32    | 27     | 50    |
| Student-part time | 1    | 1.3   | 0      | 0     |
| Retired        | 1      | 1.3   | 0      | 0     |
| Unemployed     | 10     | 13.3  | 9      | 16.7  |
| Education      |        |       |        |       |
| Some High School | 4     | 5.3   | 1      | 1.9   |
| High School    | 20     | 26.7  | 12     | 22.2  |
| Associates/Trade school | 8   | 10.7  | 4      | 7.4   |
| Some College   | 18     | 24    | 16     | 29.6  |
| Bachelor’s Degree | 15   | 20    | 14     | 25.9  |
| Master’s Degree | 7     | 9.3   | 5      | 9.3   |
| Doctoral Degree | 3     | 4.0   | 2      | 3.7   |
Instrumentation

Self-Esteem
Global self-esteem is a person’s overall sense of worthiness (Rosenberg, 1965; Schmitt & Allik, 2005). The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) is a 10-item measure that uses a 4-point Likert scale to assess global self-esteem. One of the most commonly used measures of global self-esteem, the RSES, has been repeatedly found to be a valid and reliable measure of self-esteem. The scale has been tested across cultures and with large sample sizes and the results have shown minimal variation. For example, Schmitt and Allik (2005) reported that while internal consistency varied slightly across samples from different cultures, results were still within acceptable limits (α = .70 to α = .90). The RSES has occasionally been criticized as possibly conflating multiple correlated factors into a single value. Nonetheless, McKay et al. (2014) found that the RSES had a unidimensional structure. In our study, the RSES was found to have excellent internal reliability (α = .92).

Willingness to Date
The survey of heterosexual interactions (SHI) was developed to screen participants for research on shy, non-dating, college-age men. Specifically, it was designed for use with heterosexual men to assess shyness (i.e., unwillingness to approach a potential partner) and non-shyness (i.e., willingness to approach a potential partner; Gilmartin, 1987). The SHI is composed of 20 items that use a 7-point Likert response system. Previously, the SHI was effectively used to predict which individuals would endorse higher levels of anxiety within the experimental conditions and with a greater amount of interaction with women on self-report measures (Twentyman & McFall, 1975). In our study, the SHI had excellent internal reliability (α = .96).

Assertiveness
The modified version of the Gambrill-Richey Assertiveness Inventory (AI) was developed to gauge the assertiveness of participants in the following three areas “(1) degree of discomfort in relation to specific situations, (2) judged probability of engaging in a behavior, and (3) identification of situation in which a person would like to be more assertive” (Gambrill & Richey, 1975, p. 551). The AI included a subscale aimed specifically at measuring social assertiveness. This measure, the social assertiveness subscale, is a 4-item scale that uses a 5-point Likert response system (Willis et al., 1998). Willis et al. (1998) described the AI subscale validity, noting that there is little to no correlation between the three assertiveness factors and that each factor made a distinct contribution to the model. In our study, the inventory had acceptable internal reliability (α = .64).

Sexual Optimism and Sexual Self-Schema
The multidimensional sexual self-concept questionnaire covers a wide array of factors related to sexual self-concept (Snell, 1995; 1998). In the current study, only the sexual self-schema and the sexual optimism subscales were utilized. The sexual self-schema subscale was utilized to gauge the belief in the sexual capacity and performance of an individual and the sexual optimism subscale measures beliefs in future capacity to engage in sexual relationships. Past studies (Snell, 1995; 1998) reported that the reliability of the sexual self-schema subscale was determined to be within an acceptable range (α = .87). The validity of sexual-self schema subscale was determined through a correlation with traits thought to be associated with more concrete sexual beliefs, such as contraceptive use in males (r = .60), viewing one’s current sexual relationship as important (r = .34), rating the value and benefit of sexual relationships more highly (r = .56, to r = .91). Higher scores on the sexual self-schema were also positively associated with being in a current relationship (F = 5.43, p < .01). In our study, the sexual self-schema subscale had excellent internal reliability (α = .90).

The sexual optimism subscale’s reliability was determined to be acceptable (α = .66) when used with men (Snell, 1995). The validity of the sexual optimism subscale was determined through a correlation with traits such as rating the value and benefit of relationships more highly (r = .78), feeling that they both contributed and received a benefit from sexual relationships (r = .91 and r = .63 respectively), and measures of secure attachment (r = .57; Snell, 1995). In our study, the sexual optimism had strong internal reliability (α = .89)
Social Interaction Anxiety
The social interaction and anxiety scale short form has been used as a general measure of anxiety related to social interactions (Fergus et al., 2014). The version designed by Fergus et al. (2014) was selected for use in this study. The SIAS short form demonstrated internal consistency that was comfortable for a scale this size (α = .74). In addition, the items within the scale were correlated within an acceptable range (.23–.39) and the test was strongly correlated to the original measure (r = .68, p < .01). What made this version the preferred option was the greater incremental validity on predictors of depression symptoms (r = .53, p < .01) and self-worth (r = -.38, p < .01; Fergus et al., 2014). In our study, the SIAS had strong internal reliability (α = .85).

Social Dominance Orientation
The Social Dominance Orientation-7 short form (SDO7-SF) is the most current version of the Social Dominance Orientation scale, which was developed to measure social dominance orientation. Social dominance orientation has been thought of as views or behaviors supportive of inequality between groups. Composed of the most predictive items from the SDO7, the SDO7-SF measures two subdimensions of social dominance orientation: dominance and anti-egalitarianism. Dominance (SDO-D) reflects an individual’s support for proactive continuation of oppressive hierarchies, while anti-egalitarianism (SDO-E) reflects an individual’s opposition towards actions that would increase equality between groups within a hierarchy (Ho et al., 2015). The dominance sub-dimension was found to be correlated with measures such as racism, nationalism, and zero-sum competition (.38, .21, .28, p < .001, respectively), while the anti-egalitarian sub-dimension was found to be correlated with measures such as political conservatism, opposition to affirmative action, and opposition to racial policy (.25, .21, .40, p < .001, respectively; Ho et al., 2015). The SDO7-SF has been demonstrated to be a reliable measure across racially diverse backgrounds and to have good convergent validity with previous versions of the instrument (Ho et al., 2015). In our study, the SDO7-SF had strong internal reliability (α = .87).

Data Collection
Following IRB approval, the primary researcher contacted the moderators of various social media sites and requested permission to post the study survey. Permission was obtained from four websites to post information about the survey. Three websites were directed toward incels (love-shy.com, reddit.com/brainincels, reddit.com/incelswithouthate, reddit.com/incelstain), while the fourth was a general forum (reddit.com/surveyhsize) that was included to recruit non-incels. While the moderators of an additional website, incels.me, declined the request to post the survey to the website directly, they agreed to place the survey within a discord server frequented by members of the website. Each survey was posted with an identical message that explained the topic of the approximately 10-minute survey as well as the inclusion criteria (i.e., participants had to identify as men, be at least 18 years old, and identify as heterosexual). Only participants who agreed to the informed consent page were allowed access to complete the survey, which consisted of demographic items and six standardized scales. Data collection took place in 2019 and lasted approximately two weeks.

Data Analysis
Initial analyses included a series of Pearson bivariate correlations. Correlational analysis allowed for understanding of relationships, assisted in identifying possible multicollinearity, and thus was useful in determining that conceptually related constructs were truly differentiated from one another (i.e., highly correlated constructs may not be separate constructs or have adequate discriminant validity). To test our hypotheses, we conducted a multivariate analysis of variance (MANOVA). MANOVA is an extension of univariate analysis of variance (ANOVA) and is used when two or more dependent variables are included for analysis. Compared to running a series of ANOVAs, conducting a MANOVA has the benefit of pooling error among the dependent variables, thereby decreasing the chance of type I error (Warne, 2014). Review of
kurtosis and skewness values for each dependent variable were acceptable and equality of variances could be assumed (Box’s $M = 53.86, p = .060$).

Data from all 129 men who participated were included in bivariate correlational analyses. Although most participants completed all scales, three participants (1 Incel and 2 non-Incels) only partially completed the survey, which prevented scoring at least one scale for each of these men. Because of how MANOVAs are computed in the Statistical Package for the Social Sciences (SPSS), data from these three men were not able to be included for between groups analysis (but were included when possible in computing bivariate correlations).

**Results**

Review of Table 2 showed that, as expected, most of the dependent variables were moderately or not related to one another in predictable ways. For example, Table 2 revealed that self-esteem was positively related to willingness to initiate dating requests (heterosexual interactions, $r = .59$), assertiveness ($r = .38$), sexual optimism ($r = .57$), and favorable understanding of self as sexual (sexual self-schema, $r = .35$) and negatively associated with social anxiety ($r = -.56$). Self-esteem was not associated with social dominance orientation. Overall, observations indicated that constructs were independent of, but related to one another with one exception. The one exception to this observation was the relationship between the two SDO scales, which were highly correlated ($r = .90$). Given that the two SDO components (anti-egalitarianism and dominance) are aspects of the total construct, this was not unexpected. In other words, the two subscales may have been measuring two slightly different aspects of the same construct or may have actually been measuring the same construct in different ways.

**Table 2. Pearson Bivariate Correlations Among Variables for All Participants**

| Variable                  | 1    | 2    | 3    | 4    | 5    | 6    | 7    |
|---------------------------|------|------|------|------|------|------|------|
| 1. Self-esteem            | -    |      |      |      |      |      |      |
| 2. Willingness to date    | .59**| -    |      |      |      |      |      |
| 3. Assertiveness          | .38**| .72**| -    |      |      |      |      |
| 4. Sexual optimism        | .57**| .52**| .34**| -    |      |      |      |
| 5. Sexual self-schema     | .35**| .42**| .45**| .44**| -    |      |      |
| 6. Social anxiety         | -.56**| -.52**| -.32**| -.37**| -.12 | -    |      |
| 7. Social dominance       | -.17 | -.10 | -.14 | -.23*| -.27**| -.01 | -    |
| 8. Anti-egalitarianism    | -.07 | -.12 | -.16 | -.16 | -.23**| -.12 | .90**|

*p < .05. **p < .001

MANOVA results revealed significant differences between incels and non-incels $F(8, 117) = 6.83, p < .001$; Wilk’s $\Lambda = .682$, partial $n^2 = .32$. Review of Table 3 shows incels reported significantly lower self-esteem, willingness to interact with women, act assertively, sexual optimism, and sexual efficacy. They also reported significantly higher levels of social anxiety and social dominance attitudes. No between-group differences were found in anti-egalitarian attitudes.
Table 3. Means, Standard Deviations, and MANOVA Statistics

| Variable            | Incels (M, SD) | Non-Incels (M, SD) | F  | p     | η² |
|---------------------|----------------|--------------------|----|-------|----|
| Self-esteem         | 21.16, 5.45    | 26.04, 7.28        | 18.48 | .000  | .130 |
| Willingness to date | 52.36, 24.81   | 73.27, 25.41       | 21.25 | .000  | .146 |
| Assertiveness       | 8.84, 3.23     | 10.31, 3.23        | 6.35  | .013  | .049 |
| Sexual optimism     | 8.58, 4.18     | 14.56, 5.80        | 45.23 | .000  | .267 |
| Sexual self-schema  | 15.20, 5.94    | 18.42, 5.10        | 10.07 | .002  | .075 |
| Social anxiety      | 16.65, 5.00    | 14.58, 5.42        | 4.91  | .029  | .038 |
| Social dominance    | 15.22, 6.28    | 11.83, 5.77        | 9.50  | .003  | .071 |
| Anti-egalitarian    | 13.54, 6.40    | 11.77, 4.85        | 2.83  | .095  | .022 |

Discussion

While the term “incel” has been in use for some time, more men have begun identifying as incels, giving voice to the difficulties these (mostly) emerging adult men face in establishing sexual and romantic relationships. Consistent with Donnelly et al.’s (2001) definition of “incel,” 96% of the incel men in our sample reported not having been able to engage in partnered sexual behavior in the last 6 months. Interestingly, 77% of non-incels also reported not having engaged in partnered sexual behavior in the last 6 months. This observation highlights the importance of “involuntary-ness” and social comparison in understanding incels. While a majority of men who responded to the survey had not engaged in partnered sex in the previous 6 months, those who took on the label of “incel” differed in important ways from their peers. Specifically, we found incels disproportionately struggled with low self-esteem, social anxiety, difficulty approaching women, and optimism about partnered sexual experiences compared to their non-incel peers.

Implications for Psychotherapy

Speckhard (2020) noted that many incels have experienced mental health concerns and have been resistant to seeking help from mental health professionals. This is likely related to how incel men have been pathologized in popular media (SergeantIncel, 2018) and the emergence of pop psychology articles sensationalizing treatment of incels (Romano, 2018). Indeed, we could locate no peer-reviewed articles and only one book for providing therapy to incels; notably, even the title of that text, Understanding and Treating Incels: Case Studies, Guidance, and Treatment of Violence Risk in the Involuntary Celibate Community (Van Brunt & Taylor, 2020), seemed to emphasize the focus on the potential for violence among incels rather than considering other important aspects of incels’ lives. Contemporary research has countered the characterization of incels as inherently violent (Speckhard et al., 2020).

Aligning with Speckhard et al. (2020), our results indicated that incels differ from their peers in important ways; what is unclear is whether incels’ vulnerabilities are the result of their reported difficulty in dating and sexual scenarios or whether these vulnerabilities contribute to reported difficulty in dating and initiating sexual encounters. Psychologists are cautioned to guard against the tendency to adopt explanations of the difficulties faced by incel men in popular culture. In fact, recognition of the pathologizing and ostracism incels
face may be an intervention in and of itself. Supportive intervention may, however, be most useful in combination with efforts aimed at reducing or addressing the cognitive, emotional, and social concerns unique to incels.

Importantly, no systematic research has been conducted to specifically inform treatment planning and intervention selection for working with incels. Nonetheless, psychologists who provide psychotherapy for men should be aware of the constellation of negative self-image and social inhibitions that were correlated with the experience of being an incel. Treatment to address common concerns may need to include social skill development, cognitive restructuring, and role-playing and desensitization to manage anxiety. Cognitive behavioral therapy (CBT) is a promising avenue for promoting healthy change as incel men appear prone to a variety of maladaptive schemas about themselves and the world around them. CBT’s direct work with schemas and thoughts effectively targets the root of the problem. This approach may also help reduce instances of self-fulfilling prophecies, which commonly result from the highly pessimistic self-assessments incel men have endorsed. CBT interventions have been found to be effective for men with esteem issues related to their bodies (Blashill et al., 2017; Klimek et al., 2020). Similarly, incels may find behavioral treatments effective for alleviating symptoms of social anxiety.

Scripting and rehearsing interactions with potential dating partners may serve the dual role of desensitizing incel men and allowing for the examination of previous social behaviors that may have impaired previous dating opportunities. Many incels described feeling anxious about coming across as a “creep” or about unintentionally violating social norms while interacting with potential partners. Helping incel men identify which behaviors could lead to such an interpretation can empower these men to avoid these behaviors when pursuing partners in the future. Finally, while able to facilitate social skill development, therapeutic intervention alone may not result in increasing sexual success, making it important to establish clear goals and expectations with incel clients. Furthermore, while incels often feel an urgent desire to engage sexually with women, such goals may not be attainable in the immediate future, thereby requiring therapy to focus on building coping skills rather than on attempting to increase sexual success.

A final consideration for therapists is that incels may be wary of receiving treatment. Despite endorsing significant psychological distress in other studies, incels were also opposed to seeking psychological services (Speckhard et al., 2020). The belief that their inability to engage in sexual or romantic relationships is the result of physical or genetic factors, as well as inflicted upon them and therefore immutable, can be viewed as egosyntonic, providing an external explanation for their struggles. We suggest that treatment may therefore require agreement upon the issues to be addressed in therapy and the goals to best support that aim.

**Implications for Theory**

Conceptualizations of modern hegemonic masculinity suggest the hierarchical beliefs underpinning masculinity produce negative outcomes for individuals not only while striving to achieve these ideals of masculinity but when individuals fail to achieve these ideals. Social dominance orientation as a measure of an individual’s attitudes towards in-group hierarchies provides support for the notion that incels significantly differ from non-incels in their endorsement of hierarchies as pertinent and natural elements of their experience. The perceived inability to meet these standards might contribute to the development of the constellation of negative psychological characteristics noted above. This provides support for the notion that hierarchical beliefs are not only harmful through the actions they produce, but through the evaluative process they impart, with the resulting discrepancy strain significantly contributing to the negative social and emotional outcomes experienced by incels.

One notable finding was that the difference in SDO between incels and non-incels was only significantly different when looking at the dominance factors, whereas the more passive anti-egalitarian measures showed no significant difference. The dominance factors of the SDO7 have been correlated with misogyny, racism,
anti-immigrant sentiment, and punitiveness, which is consistent with other research finding a significant presence of misogyny, racism, and punitiveness towards outgroups (Ging, 2017; Glace et al., 2021; Preston et al., 2021; Speckhard et al., 2020). This implied that incels are more likely than non-incels to endorse the existence of unjust hierarchies but are no more likely than non-incels to oppose steps to equalize the treatment between groups at varying levels within the hierarchies. This is again consistent with other studies that found incels appeared to follow a hybrid framework of masculinity (Ging, 2017, Glace et al., 2021). This hybrid framework of masculinity involved incels identifying themselves as victims of standards of traditional hegemonic masculinity (even going so far as to take on elements of social justice language to describe their plight) while simultaneously recreating and upholding elements of HM within their community, such as misogyny, hostility towards outsiders, and heterosexual dominance.

In addition to the reported findings, some qualitative statements made in an unprompted comment box at the end of our survey were consistent with previous research and further suggested that incels endorsed a view that considers social hierarchies and divisions as naturally occurring, at least within a sexual or romantic realm. This belief in natural hierarchies, when combined with the belief that incels are members of a disadvantaged group within that hierarchy, may make them less inclined to endorse ideals that would preserve social structures that disadvantage them. However, this opposition to the current hierarchy did not entail a rejection of hierarchies as unjust or even undesirable. Future research should seek to clarify the source of the difference in social dominance orientation. It is important to note that neither our findings on SDO nor the presence of misogyny, hostility, or other elements of HM suggested incels are inherently more violent or dangerous in comparison to other men.

This finding was useful both in supporting the utility of the HM model of masculinity, and it suggested that in addition to working to address issues such as anxiety and skill development it is important to work with clients to develop a healthier view of masculinity and interpersonal relationships that are not driven by the implied competition underpinning hierarchical frameworks. Without addressing this worldview, clinicians may fail to alleviate the discrepancy strain negatively impacting incels. An additional hurdle is the beliefs held by some incels that these characteristics are inherited and immutable, a stance that will impede more traditional psychological interventions is not addressed.

This concern is supported by descriptions of barriers provided by incels as part of our survey. Many individuals mentioned low muscularity, poor hairline, short height, and “not being conventionally attractive” as barriers to their ability to develop romantic relationships. While these characteristics fall within the umbrella of appearance, the traits are all associated with masculinity specifically, something some of the individuals within our sample explicitly mentioned. Personal communications with some incels showed a similar concern with being unmasculine and linked these traits to genetic factors. These perceived barriers suggest a belief that an incels’ inability to adhere to a hegemonic standard is the primary cause of their involuntary celibacy. This view has been standardized within some incel communities and efforts have been made to support it by (mis)representing scientific evidence (Incels Wiki, 2020; incels.co, 2020). Central to this worldview is the idea of evolutionary pressures that restrict some men’s ability to compete for mates. Specifically, the collective worldview encourages looking at dating as a zero-sum game where competition is the proper way to approach a situation rather than focusing on the collaborative elements of relationship building.

**Limitations and Directions for Future Research**

Incels differed from their peers in important ways that have implications for mental health and relational functioning. What is not known, however, is whether the difficulties noted (e.g., lower self-esteem, greater problems dating) are amenable to psychotherapeutic intervention. While we have offered initial suggestions
regarding possible treatment implications, further research is needed to validate (or refute) the suggested approach.

Incels within our sample overwhelmingly listed appearance as a barrier to partnered sex. Fifty-five percent stated it was a major barrier, while only 5% stated it was not a significant barrier. Additionally, 74% of incels reported feeling moderately bad or very bad about their bodies. Only 11% of non-incels reported appearance as a major barrier to partnered sex and only 34% of non-incels reported feeling moderately bad or very bad about their bodies. Our battery did not include any clinical measures related to appearance, which limits our ability to interpret this phenomenon. Future research looking into incels’ beliefs about their appearance may help to determine the clinical significance (if any) of this difference.

Incels are by nature a decentralized group, which means no clear criteria exist for group membership beyond self-identification. Decentralization introduces methodological hurdles when studying incels. For example, a key shared limitation of this study and Donnelly’s study is that participants self-selected to take part in an online survey. Demographic characteristics were similar across the two studies; however, it was unclear as to whether the education bias and underrepresentation of African American men are due to methodological issues or trends in who identifies as an incel; future research may provide additional clarity regarding intersectional aspects of identity. Specifically, utilizing samples obtained from a wider range of sources than online forums would be useful in determining if the cultural, ethnic, and educational levels seen are representative of incels as a whole or just of incels who regularly access these particular online forums.

Additionally, while accessing body image was not a focus of our study, we included a 5-point Likert scale asking for participants to record how they felt about their bodies, with the results ranging from very bad to very good. Incels differed significantly from non-incels in their answers and reported more negative feelings about their bodies. Our data was insufficient to make any diagnostic claims or to suggest this is a clinically significant feature of incels as a whole, but it suggested a need for future research focused specifically on body image within the incel community.

**Conclusion**

Emerging adult men experiencing involuntary celibacy are increasingly self-identifying as incels. Developmental and societal factors (e.g., HM) may provide insights into how such an identity develops. While popular culture has painted a picture of incels as disgruntled and antisocial without regard to possible heterogeneity among those who identify as incels, almost no research has been conducted that supports such assertions. This study joined a handful of inquiries seeking to describe how incels may differ from their peers. Our findings indicated that incels disproportionately struggled with low self-esteem, social anxiety, difficulty approaching women, and optimism about partnered sexual experiences compared to their non-incel peers. Such concerns have implications for psychotherapeutic intervention and may additionally inform the impact of hegemonic masculinity on sexual self-concept.
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