

When boys wear pink: A gendered color cue violation evokes risk taking.

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BRIEF REPORT

When Boys Wear Pink: A Gendered Color Cue Violation
Evokes Risk TakingAvi Ben-Zeev
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A primary way to signal gender differences starting in infancy is via a clothing color cue (pink is for girls, not boys). We examined whether a violation of this seemingly innocuous gendered prescription would lead to differential decision making regarding infants' health and well being. In Experiment 1, participants were given an adaptation of the Asian Disease Problem (Tversky & Kahneman, 1981) describing a flu outbreak expected to affect male infants, who were dressed in pink or blue. Participants tended to choose the risk-averse treatment for boys in blue, consistent with Tversky and Kahneman's theorizing and findings. In contrast, participants tended to opt for the risk-taking treatment for boys in pink, consistent with research highlighting people's tendency to place lower subjective value on the lives of individuals who belong to socially devalued groups. Experiment 2 ruled out a possible expectancy effect with a different natural category. We discuss the reification of clothing color for demarcating masculinity as a societal attempt at policing gender and situate the findings in a cognitive consistency framework.

Keywords: gender prescriptions and proscriptions, stereotyping, cognitive consistency, gender backlash

Recently, a viral photograph of a young boy who chose to wear pink shoes to his first day at preschool evoked a heated debate in social media. The majority of bloggers were opposed to the mother's decision to have allowed her son to wear the pink shoes, in part, because that would: "subject him to being bullied or treated unfairly all because most people associate pink with girls" ("Photograph of Little Boy Wearing Pink . . .," 2012, December 19, para. 6, Huffingtonpost.com). Why would a violation of a seemingly innocuous cue—a young boy wearing pink—have generated such a controversy? Furthermore, are lay perceptions centering on alleged risks for boys who exhibit such seemingly minor gender transgressions predictive of actual consequences?

Clothing color serves as a potent cue for gender categorization, especially in infancy (Shakin, Shakin, & Sternglanz, 1985), because gender cues in jaw lines, brows, and hair length, among other characteristics, are not yet discernable (Brown & Perrett, 1993). Clothing for female infants tends to be multicolored—including but not limited to pink. In contrast, male infants tend to be dressed predominately in blue and to a lesser extent in red and white (but not in pink; e.g., Pomerleau, Bolduc, Malcuit & Cossette, 1990). Although before the 1940s, pink was considered more

suitable for boys than girls (Paoletti, 1987, 2012), pink has become highly diagnostic of gender, such that "pink is for girls, not boys." Consequently, a boy wearing pink appears gender non-normative and is thus likely susceptible to being perceived as socially deviant (for how gender violation creates perceptions of deviance, see Kobryniewicz & Biernat, 1998) and as feminine and thus as more fragile (for perceptions of gender atypical males as weak because of a "femininity stigma," see Rudman & Mescher, 2013).

We ask whether a proscribed feminine color cue on a male infant could have serious repercussions for his well being, in light of findings by Levin and Chapman (1990, 1993) that people tend to place lower subjective value on the lives of socially transgressive group members, resulting in risk-taking decisions about stigmatized individuals' health. Levin and Chapman's research was based on Tversky and Kahneman's (1981) classic Asian Disease Problem, in a gain frame (focus on lives saved):

Imagine that the U.S. is preparing for the outbreak of an unusual Asian disease, which is expected to kill 600 people. Two alternative programs to combat the disease have been proposed. Assume that the exact scientific estimate of the consequences are as follows:

If Program A is adopted, 200 people will be saved.

If Program B is adopted, there is 1/3 probability that 600 people will be saved, and 2/3 probability that no people will be saved (Tversky & Kahneman, 1981, p. 453).

Tversky and Kahneman (1981) predicted and found that most people (72%) chose the risk-averse/sure option (Program A) over the risk-taking option (Program B) in the above problem, in accordance with *prospect theory*. Levin and Chapman (1990,

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1993) qualified these findings in relation to social groups. They found that people opted for risk-averse treatments for members of desirable or socially valued groups (people in the US; hemophiliacs; leukemia patients) but chose risk-taking treatments for members of undesirable or socially devalued groups (people in Iran; IV drug users; AIDS patients).

Building on the research linking social deviance to risky decision making, we examined whether boys dressed in pink would be subject to risk-taking (vs. risk-averse) decisions by adapting the Asian Disease Problem to describe a flu outbreak expected to affect infant populations, and varied whether the male infants

color. However, if boys in pink are perceived as transgressive, they would likely incur more risk-taking.

Method

Participants. Thirty-one participants (16 women and 15 men) were recruited via MTurk.com and received \$.10 for their participation.

Procedure. Participants completed different versions of the Infant Flu Problem online. This problem consisted of three photographs presented side-by-side followed by a written scenario.