

Male Body Image and its Relationship to Sexual Preference and Homophobia

Shane Greentree and Vivienne Lewis
University of Canberra

The present study aimed to compare gay and straight men aged between 18 and 65 years, in relation to a range of body image measures designed specifically for men, and explore the role of homophobia and internalized homophobia. Participants (110 straight men, 72 gay men) were recruited from undergraduate psychology courses and from a range of Australian community groups. They were required to complete questionnaires measuring Masculine Body Ideal Distress (Kimmel & Mahalik, 2004), Drive for Muscularity (McCreary, Sasse, Saucier, & Dorsch, 2004), Objectified Body Consciousness (McKinley & Hyde, 1996), Reasons For Exercise (Silberstein, Streigel-Moore, Timko, & Rodin, 1988), Attitudes Toward Homosexuality (Kite & Deaux, 1986), and Internalized Homophobia (Martin & Dean, 1987) (homosexual men only). It was found that heterosexual and homosexual men did not significantly differ on any of the body image measures and there were non-significant relationships between the body image measures with the homophobia/internalized homophobia measures. For all participants, levels of masculine body ideal distress were predicted by exercising to improve health and fitness; and levels of drive for muscularity were predicted by exercising to enhance appearance, health and fitness, and to improve mood. The overall findings suggest, as has been found with women, that men are susceptible to the pressures of the media and society at large, in the development and solidification of an idealized male body type. It also indicates that the experiences of gay and straight men may not significantly differ. In doing so, it does not try to minimize the uniqueness of each group at a more subtle level, which may have implications for intervention development, but goes some way to dispelling some of the myths surrounding men's body image and point the way for future research.

Keywords: male body image, sexual preference, homophobia, muscularity

Shane Greentree and Vivienne Lewis, Centre for Applied Psychology, Faculty of Health, University of Canberra, Australia.

Correspondence concerning this article should be addressed to Vivienne Lewis, Centre for Applied Psychology, Faculty of Health, University of Canberra, ACT 2601, Australia. E-mail: vivienne.lewis@canberra.edu.au

Body image has long been considered a female issue, with men thought to be free from the appearance pressures women have faced for decades. This is evident in the significant amount of research that has amassed in relation to female body image, and in comparison, the relatively small amount of literature addressing this concept in men (Pope, Phillips, & Olivardia, 2000). However, it is ever more apparent that this same pressure is now being felt by men to achieve the perceived body beautiful. Pope et al. (2000) describe one consequence of this as the Adonis Complex, a collection of body obsessions and behaviours related to the appearance of the male form.

In Powell and Hendricks' (1999) definition of body image, the concept is considered to be "...an internal representation of an individual's body shape, weight, size, or other features related to physical appearance" (p. 334). In women, importance has been placed on achieving the ideal lower body size and shape (Hoffman & Brownell, 1997; Tiggemann & Lynch, 2001). However, in men the mesomorphic muscular physique focusing on upper body size and shape is the ideal (Barlett, Vowels, & Saucier, 2008; Hoffman & Brownell, 1997; McCreary, Saucier, & Courtenay, 2005; Morrison, Morrison, & Hopkins, 2003; Pope et al., 2000). This is an image that has found to be consistent across age, race, and sexual orientation (Drummond, 2005a, 2005b; Duncan, 2007; Epel, Spanakos, Kasl-Godley, & Brownell, 1996; Ridgeway & Tylka, 2005). Men are also paying more attention to their appearance in a more general sense and research shows that they are engaging in behaviors to manipulate their image, e.g., through clothing, in an attempt to meet the "ideal" (Frith & Gleeson, 2004). Additionally, the male images that are being presented to men are increasing both in their frequency and degree of muscularity. The male form has evolved over time so that images of male models have become more dense and muscular (Leit, Pope, & Gray, 2001). Even male action figures aimed at children have continually become more muscular and lean to the point of exceeding the limits of human attainment (Pope, Olivardia, Gruber, & Borowiecki, 1999). So it can be seen that society's ideal male body is becoming more lean and muscular, and these images are presented more frequently in magazines, advertising and even children's toys (Pope et al., 2000).

Assessing men's attitudes and opinions in relation to body image, however, has not been an easy task. This is supported by qualitative research using focus groups and semi-structured interviews to generate discussion in males in relation to body image (Bottamini & Ste-Marie, 2006; Hargreaves & Tiggemann, 2006). For example, in an Australian sample of adolescent boys, participants denied worrying

about their appearance, but also reported that their appearance and body image were not appropriate topics of conversation, indicating that there was a fear of being labeled “gay” or “girlie” (Hargreaves & Tiggemann, 2006).

A significant factor in the study of male body image has been the consideration of sexuality. Intuitively, it was thought that gay men would be more susceptible to the pitfalls of negative body image, with a perception that the gay male culture had an over-emphasis on appearance and aesthetic/appeal (Drummond, 2005a, 2005b; Duncan, 2007). Support for this idea has been found in a number of studies, for instance, a meta-analysis found that homosexual men were vulnerable to body dissatisfaction, poor body image, frequent dieting and eating disorder behaviors when compared to their heterosexual counterparts (French, Story, Remafedi, Resnick, & Blum, 1996; Gil, 2007; Morrison, Morrison, & Sager, 2004). It was also found that homosexual men were more vulnerable in relation to their mental health in general due to minority stress and internalized homophobia (Kimmel & Mahalick, 2005; Meyer, 1995, 2003). In contrast, an emerging body of research has found relatively small differences, if any, between heterosexual and homosexual men on multiple measures of body image (Boroughs & Thompson, 2002; Duggan & McCreary, 2004; Tiggeman, Martins, & Kirkbride, 2007).

Further supporting the research indicating few differences between heterosexual and homosexual men, are a number of studies that have investigated the importance of muscularity. Links have been made between muscularity and masculinity, and it has been found that this relationship is similar in men, regardless of sexuality (Halkitis, Green & Wilton, 2004; McCreary et al., 2005; Moore, 1998; Morrison et al., 2003). A positive relationship has been reported to exist between drive for muscularity and masculine gender-role socialization for men. Specifically, male-typed traits and behaviors were associated with a need to be more muscular (McCreary et al., 2005). Similarly, in a two-phase study of HIV-positive gay men, Halkitis et al. (2004) reported that participants held firmly the belief that masculinity was closely linked to physical appearance (muscularity) and sexual performance. Participants reported on a desire to appear muscular, and in the words of one participant, “I know that I am masculine, mostly because of the way I look.” (Halkitis et al., 2004, p. 32). Similarly in the Australian context, the gay male identity has been described as having evolved into “...rampant masculinity: gym-trained taunt muscles and unrestrained maleness...” (Moore, 1998, p. 3). Not only has there been a shift in the way homosexual men make attempts to establish their sense of masculinity, but it has been noted that there is

also an emerging shift by heterosexual men toward what Heasley (2005) refers to as queer masculinities, that is straight men who challenge hetero-normative constructs of masculinity by the way they appear, think, and act. Similarly to women, having a negative body image and disparity between actual and ideal body types has been linked to lower self-esteem, depression, and eating disorder symptoms in men (Barlett et al., 2008; Olivardia, Pope, Borowiecki, & Cohane, 2004; Ricciardelli & McCabe, 2004). In an examination of the impact of media and its role in portraying this ideal, Agliata and Tantleff-Dunn (2004) exposed subjects to television advertisements that depicted males as either having the ideal masculine figure or neutral images. The results indicated that participants who were exposed to the ideal images were more depressed and had higher levels of muscle dissatisfaction than those who were exposed to neutral images.

Not only can having a negative body image in men lead to poorer mental health outcomes, it has also been associated with some negative and potentially dangerous physical health outcomes. For example, Smolak, Murnen, and Thompson (2005) conducted a study focusing on the impact that a range of factors, including media, peers, and parents had on muscle-building techniques with a sample of middle-school boys. They found a positive relationship that existed between the influence of media, peers, and parents on muscle-building. More specifically and concerning, these factors increased the likelihood that the boys would use food supplements and engage in steroid use.

Although differences do exist between genders when considering the specifics of body image issues, the sociocultural model has been important in conceptualizing the processes behind this phenomenon in both men and women. The social construction of women, and the role of the media in the portrayal of the "thin-ideal" have been key components in any discussion of women's body image and have been found to be significant contributors to very high rates of body dissatisfaction in women, as well as higher rates of eating disorders (Cash & Pruzinsky, 2002; Dohnt & Tiggemann, 2006; Piran & Cormier, 2005; Wykes & Gunter, 2005). Morrison et al. (2003) discuss a modified version of sociocultural theory to increase its applicability to men. Namely, they argue that a) mass media influences what is considered to be the ideal body, and men's perception of ideal body, b) emphasis by the mass media results in men viewing their bodies as objects, and c) men perceive any deviance from the ideal as being unattractive. Festinger's (1954) social comparison theory asserts that individuals use social comparison as a way of evaluating themselves, and that the evaluation

is dependent upon which the comparison is being made against. In their 2003 study, Morrison et al. found that exposing participants to idealistic images of the male body, coupled with comparisons with attractive targets, lead to an increased drive for muscularity. Support for this type of model was found by Barlett et al. (2008) in a meta-analysis that revealed evidence for the significant relationship between exposure to muscular media images and negative self-images in males. Also, that this process is similar for both men and women, and both groups are negatively affected by the exposure to idealized images in the media.

As such, and again drawing on the female literature, this study will be examining levels of Objectified Body Consciousness (OBC) by using the Body Surveillance (viewing the body as an outside observer) and Body Shame (feeling shame when the body does not conform to societal norms) sub-scales of the OBC Scale (McKinley & Hyde, 1996) as a measure of the degree of internalization and objectification experienced by men. Research has found a relationship between high levels of OBC with depressed mood, disordered eating, low body esteem, and self-esteem in women (McKinley & Hyde, 1996; McKinley, 1998; Tiggemann & Kuring, 2004) and comparable levels of body shame have been found between men and women (Calvert, 2006).

The lack of specifically developed measures for use with male populations has hindered research in this area. Cafri and Thompson (2004) discuss the importance of using appropriate measures to assess body image, and the inadequacies of previous tools, which had been developed largely utilizing female research. Following their guidelines (Cafri & Thompson, 2004), the current study is using the Drive for Muscularity Scale; both for its self-report format and psychometric properties (McCreary et al., 2004).

Another important aspect of measuring male body image is the consequences of having a negative body image. Again, methodological issues have hindered the assessment of this area largely due to inappropriate measures. In a recent attempt to address this issue, Kimmel and Mahalik (2004) developed the Masculine Body Ideal Distress (MBID) scale. The measure was designed to specifically assess the level of distress men experienced from not having a muscular masculine body and will be utilized in the current study as a direct measure of distress experienced by men who do not achieve their masculine body ideals.

Although there is a growing body of research in male body image, it is still a relatively new area. Added to this is the lack of

clarity that exists in the literature between body image issues for gay and straight men. Therefore, the aim of the current study was to further investigate the nature of body image in these two groups of men. Specifically, levels of masculine body ideal distress, OBC (body surveillance and body shame), drive for muscularity and reasons for exercise will be investigated. The relationships between homophobia and internalized homophobia, on masculine body image distress, OBC, and drive for muscularity will also be explored.

Based on the literature, the following predictions are made:

1. That similar levels of masculine body ideal distress, drive for muscularity, and OBC will be found between gay and straight men.
2. There will be a positive relationship between OBC with drive for muscularity and masculine body ideal distress.
3. There will be a positive relationship between levels of homophobia with drive for muscularity and masculine body ideal distress.
4. There will be a positive relationship between levels of internalized homophobia with drive for muscularity and masculine body ideal distress.
5. Heterosexual and homosexual men will not differ significantly in their reasons for exercising.

Method

Participants

The participants consisted of 182 men (110 heterosexual and 72 homosexual). They ranged in age from 18 to 59 years (heterosexuals) and 18 to 65 years (homosexuals) ($M = 24.6$ and 28.2 with $SD = 8.04$ and 10.81 ; respectively). Majority of the participants was recruited from undergraduate psychology courses at the University of Canberra and received course credit for their participation. Other participants were recruited through a range of community groups/organizations within the Australian Capital Territory, as well as attendees at a local fair day for the Gay Lesbian Bisexual Transgender and Intersex (GLBTI) community. Participants were classified into two groups, those who identified as exclusively or predominantly homosexual (39.1%) and exclusively or predominantly heterosexual (59.8%). Two

participants identified themselves as equally heterosexual and homosexual and one participant did not indicate sexuality. These participants were excluded from the analysis.

Measures

The questionnaires used in this research project consisted of three main sections relating to demographics, body image measures, and sexual orientation/homophobia. These sections contained measures for the following components; Age, height and weight, reasons for exercise, drive for muscularity, objectified body consciousness, masculine body ideal distress, sexual orientation, attitudes towards homosexuality, and internalized homophobia.

Reasons for Exercise Inventory. The Reasons for Exercise Inventory (REI; Silberstein et al., 1988) was utilized to measure specific reasons as to why an individual exercises. Participants were required to indicate the level of importance for each reason, depicted in 24 items including; “To lose weight”, “To improve my strength”, and “To be attractive to members of the opposite/same sex”. In the current study, participants responded on a 6-point scale which ranged from *Not at all important* (1) to *Extremely important* (6). The items were grouped to represent seven general domains: exercising for weight control, for fitness, for health, for improving body tone, for improving overall physical attractiveness, for improving one’s mood, and for enjoyment. In the present study, the subscales achieved reliability coefficients between .67 and .87.

Drive for Muscularity. The Drive for Muscularity Scale (DMS; McCreary et al., 2004) was used to assess participants desire to be more muscular. The scale consisted of 15 items measuring a range of attitudes and behaviours related to muscularity. Items include; “I wish I were more muscular”, “I feel guilty if I miss a weight-training session”, and “I drink weight gain or protein shakes”. Participants were required to respond on a 6-point scale ranging from *Always* (1) to *Never* (6) with lower scores indicating higher drive for muscularity (as reverse coding was not employed in the present study). Two subscales can be derived from the full scale DMS being Muscularity-Oriented Body Image (7 items) and Muscularity Behaviour (7 items). The authors recommend taking out item 15, “I think about taking anabolic steroids” as it does not load significantly on the subscales.

Reliability coefficients have been reported to range from .87 to .91 for the full scale DMS as well as sound validity (construct, discriminant, and convergent (McCreary et al., 2004; McCreary et al., 2005). In the present study the reliability coefficient reached .92.

Objectified Body Consciousness. The Body Surveillance and Body Shame subscales of McKinley and Hyde's (1996) Objectified Body Consciousness Scale were used to measure how conscious participants were of their bodies. The Body Surveillance subscale consisted of eight items measuring how frequently an individual observes and is aware of their own appearance. Items include, "I rarely think about how I look" and "I often worry about whether clothes I am wearing make me look good". The Body Shame subscale (8 items) measured individual's level of shame if they do not fulfill cultural expectations of their body. Items include "When I'm not the size I think I should be I feel ashamed" and "Even when I can't control my weight, I think I'm an okay person". Both subscales were responded on a 7-point Likert-type scale ranging from *Strongly disagree* (1) through *Neither (4) to Strongly agree* (7). After recoding negatively phrased items (1, 2, 3, 4, 7, 8, 13, 15) separate scores were derived for each subscale by calculating the average of the summed scores with potential scores ranging between 8 and 56. Reliability coefficients for the current study were .79 (Body Shame) and .82 (Body Surveillance).

Masculine Body Ideal Distress. The Masculine Body Ideal Distress (MBID; Kimmel & Mahalik, 2004) scale was used to assess the level of distress experienced by participants related to not meeting their "ideal" body type. Participants were required to indicate their level of distress related to eight items describing particular aspects of the body. Items include; "Not having a six pack" and "Having small arm muscles". The scale was responded to on a 4-point Likert-type scale ranging from *Not distressing at all* (1) to *Very distressing* (4). Scores were summed and averaged to provide a total measure of masculine body image distress. Higher scores indicate higher levels of distress associated with not having a muscular physique. Reliability coefficient was reported to be .89 with good convergent validity (Kimmel & Mahalik, 2004) whereas reliability coefficient of MBID in the present study was found to be .84.

Sexual Orientation. Sexual orientation was assessed using the Kinsey Scale (Kinsey, Pomeroy, & Martin, 1948). The scale allowed

participants to indicate their sexual orientation on a scale of degree of homosexuality/ heterosexuality, rather than forcing a categorical label. Participants rate their sexual orientation from: Exclusively heterosexual (0), Predominantly heterosexual, only incidentally homosexual (1), Predominantly heterosexual, but more than incidentally homosexual (2), Equally heterosexual and homosexual (3), Predominantly homosexual, but more than incidentally heterosexual (4), Predominantly homosexual, only incidentally heterosexual (5), to Exclusively homosexual (6).

Homosexuality Attitude Scale. The Homosexuality Attitude Scale (Kite & Deaux, 1986) assessed people's stereotypes, misconceptions, and anxieties about homosexuals. The measure contains unidimensional factor representing a favorable or unfavorable evaluation of homosexuals. There were 21 items that include; "I would not mind having a homosexual friend", "Homosexuality is a mental illness" and "Gays dislike members of the opposite sex". Responses were recorded on a 5-point Likert-type scale ranging from *Strongly agree* (1) to *Strongly disagree* (5). Possible scores can range from 21 to 105 with lower scores indicating more negative views towards homosexuality. The scale has excellent internal consistency (alphas $>.92$) and has adequate test-retest reliability (.71). The reliability coefficient for the present study was .94.

Internalized Homophobia. Internalized Homophobia (Martin & Dean, 1987) scale was used to measure levels of homophobia in gay men. It enquired about the extent to which gay men were uneasy about their homosexuality and seek to avoid their homosexual feelings. The scale consists of 10 items which include; "You have tried to stop being attracted to men" and "You have felt that being gay is a personal short coming". Participants were required to indicate the frequency of these feelings and respond to items on a 4-point Likert-type scale ranging from *Often* (1) to *Never* (4). Reliability coefficient was reported as .79 (Meyer, 1995) and reached .89 in the present study.

Procedure

The present study consisted of a survey in the form of a questionnaire to a sample of adult males (18 years and above) from a range of sources. Specifically, participants were accessed through undergraduate psychology courses at the University of Canberra, as well

as from a number of community groups/organizations. Undergraduate students were recruited through lectures and were provided with questionnaires in class that they could complete and return to the psychology office in their own time. Reply paid envelopes were also provided for those wanting to post their completed forms. In relation to the community groups/organizations, copies of the questionnaires and information letters were sent to the relevant presidents/organizers for distribution to members at meetings. Questionnaires were also left at each group/organization for a period of four weeks, for members to access in their own time. Participants were given the option of placing their completed forms in a collection box or using reply paid envelopes to return their completed questionnaires.

In all instances the participants were required to complete 8-page questionnaire including a cover sheet detailing the purpose of the study. Emphasis was placed on the anonymous, confidential, and entirely voluntary nature of their participation in the study. Potential participants were made aware that return of a completed questionnaire would be considered to represent their informed consent. The questionnaires took approximately 20 minutes to complete. No identifying information, including group membership was asked or obtained.

Results

Sample Characteristics

Homosexual participants had a significantly higher mean age ($M = 28.18$, $SD = 10.81$) than the heterosexual participants ($M = 24.61$, $SD = 8.04$) with $t(179) = 2.55$, $p < .05$; however, the two groups had similar heights and weights (and BMI's) which is important as it means that comparisons between the groups will not be significantly affected by actual body type. Independent samples t -tests confirmed that heterosexual and homosexual men did not differ on height, weight or BMI with $t(177) = 1.08$, $p < .28$, $t(178) = 1.19$, $p < .24$, and $t(176) = .52$, $p < .61$; respectively.

Sexuality, Levels of MBID, DMS, OBC, and Reasons for Exercise

Table 1 shows means, standard deviations, and ranges for the variables, independent and dependent variables. Independent samples t -tests were conducted to analyze the differences between the means for heterosexual and homosexual men for the measures: MBID, DMS, and OBC (body shame and body surveillance).

Table 1
Descriptive Statistics for Independent and Dependent Variables

Variables	<i>M</i>	<i>SD</i>	Range	Possible Range
Body Shame	2.91	0.97	1-5.75	1-7
Body Surveillance	4.36	1.03	1.38-7	1-7
REI Appearance	3.37	0.92	1-5.6	1-6
REI Fitness	4.10	0.96	1.38-6	1-6
REI Mood	3.31	1.07	1-6	1-6
MBID	2.39	0.62	1-3.63	1-4
DMS	4.12	1.10	1.13-6	1-6
Homophobia	3.81	0.74	1.67-5	1-5
Internal Homophobia	3.38	0.60	1.56-4	1-4

Note. REI = Reasons for Exercise Inventory; MBID = Masculine Body Ideal Distress; DMS = Drive for Muscularity Scale.

Analysis of Homophobia only included heterosexual participants ($N = 110$).

Analysis of Internal Homophobia only included homosexual participants ($N = 72$).

Non-significant differences were found between the groups for the measures of MBID with $t(177) = 1.25, p < .21$; DMS with $t(180) = .02, p < .99$; Body Shame with $t(179) = 1.84, p < .07$ and Body Surveillance with $t(180) = 1.89, p < .06$. The reported reasons for exercising were also examined using independent samples t -test. Non-significant differences were found in the three areas for exercising that is appearance enhancement with $t(180) = .48, p < .63$, health/fitness with $t(180) = .56, p < .58$, and mood/enjoyment with $t(180) = .21, p < .84$ and exercising for health and fitness were reported as being the most important for each group.

Bivariate Relationships

Pearson's r correlations were run between criterion and predictor variables. Significant relationships ($p < .05, p < .01$) were found among a number of variables. As there were non-significant differences between the two groups of men, correlations were tabulated using data from the entire sample.

MBID, DMS, and OBC

As predicted, higher levels of body surveillance and body shame (OBC factors) were correlated with higher levels of both masculine body image distress and drive for muscularity (see Table 2).

Table 2

Inter-correlations of all Variables of the Study

Variables	1	2	3	4	5	6	7	8	9
1. Age	-	.20**	-.19**	-.12	-.21**	-.09	-.21**	-.07	-.19**
2. BMI		-	.10	.06	.19**	.22**	.16*	-.03	-.01
3. MBID			-	.36**	.41**	.37**	.45**	.30**	.19**
4. DMS				-	.24**	.20**	.40**	.37**	.16*
5. Body Surveil					-	.46**	.51**	-.03	.03
6. Body Shame						-	.41**	.16*	.31**
7. Appearance							-	.38**	.38**
8. Health /Fitness								-	.59**
9. Mood / Enjoyment									-

* $p < .05$, ** $p < .01$

Note. BMI = Body Mass Index; MBID = Masculine Body Ideal Distress; DMS = Drive for Muscularity Scale; Body Surveil. = Body Surveillance.

MBID, DMS, and Reasons for Exercise

An interesting pattern of relationships emerged from the correlations of reasons for exercise with masculine body ideal distress. As can be seen, positive correlations were found between all subscales with masculine body ideal distress, however exercising to enhance appearance was the strongest relationship ($r = .45, p < .01$), exercising for health and fitness the next strongest ($r = .30, p < .01$) and finally exercising for mood was the weakest correlation ($r = .19, p < .01$). This indicates that exercising for appearance enhancement is mostly strongly related to having higher levels of masculine body image distress.

A similar pattern of results was also seen in the correlations between these factors with drive for muscularity. However, similar positive correlations were found to exist between both appearance enhancement and health and fitness with drive for muscularity ($r = .40, p < .01$ and $r = .37, p < .01$; respectively). Again, the correlation between exercising to improve mood and experiencing enjoyment was only weakly positively correlated with drive for muscularity ($r = .16, p < .05$).

Homophobia/Internalized Homophobia, MBID, and DMS

Supporting the null hypothesis, non-significant correlations were found between the measures of homophobia and internalized homophobia with masculine body ideal distress ($-.09$ and $.17$; respectively) and drive for muscularity ($.02$ and $.18$; respectively).

However, it is noted that there were very low levels of homophobia and internalized homophobia within this sample. It is possible that a relationship does exist between these variables but there was not enough range in the reported measures of homophobia and internalized homophobia within this sample to be sensitive enough to this possibility.

Other Findings

Non-significant associations were found between participants' age and BMI with drive for muscularity. However, there was a significant, weak, negative association between age and masculine body ideal distress. This means that as participants' age went up, the reported level of masculine body ideal distress declined.

Multivariate Analysis

Two hierarchical regression analyses were conducted examining masculine body ideal distress and drive for muscularity (see Table 3 and 4, respectively).

Table 3

Hierarchical Regression Analysis for Predictors of Masculine Body Ideal Distress

Variables	<i>B</i>	<i>SE</i>	β	R^2	ΔR^2
Step 1					
DMS	-.20	.04	.36***	.12	
Step 2					
DMS	-.14	.04	.25***		
Body Surveillance	.15	.04	.25***		
Body Shame	.13	.05	.20***	.25	.14***
Step 3					
DMS	-.08	.04	.14		
Body Surveillance	.13	.05	.22***		
Body Shame	.10	.05	.16*		
Appearance	.11	.06	.16		
Health	.14	.06	.21**		
Mood/Enjoyment	-.05	.05	-.09	.30	.06**

* $p < .05$, ** $p < .01$, *** $p < .001$

Note. DMS = Drive for Muscularity Scale

Table 3 shows that in relation to masculine body ideal distress, drive for muscularity was significant in the first step ($\beta = .36, p < .001$) and explained 12% of the variance. In Step 2, an additional and significant 14% of variance was explained by the addition of OBC factors, body surveillance and body shame. DMS maintains significance ($\beta = .25, p < .001$) in this model and both body surveillance ($\beta = .25, p < .001$) and body shame ($\beta = .20, p < .001$) attain significance. In Step 3, the addition of the reasons for exercise factors, Appearance enhancement, Health and Mood/Enjoyment explain an additional and significant 6% of the explained variance. However, only Health/Fitness attains significance ($\beta = .21, p < .01$) and only body surveillance ($\beta = .22, p < .001$) and body shame ($\beta = .16, p < .05$) maintain significance. DMS is no longer significant, indicating that it is mediated by other factors. In the final model 30% of the variance in Masculine Body Ideal Distress is explained. Only body surveillance, Health/Fitness and body shame attained significant coefficients. Having higher levels of body surveillance and body shame, and exercising for health and fitness predict higher levels of Masculine Body Ideal Distress in the multivariate model.

Table 4

Hierarchical Regression Analysis for Predictors of Drive for Muscularity

Variables	B	SE	β	R^2	ΔR^2
Step 1					
Body Surveillance	-.21	.09	.19*		
Body Shame	-.12	.09	.11	.06	
Step 2					
Body Surveillance	-.11	.09	.11		
Body Shame	-.05	.09	.05		
Appearance	-.33	.11	.26**		
Health	-.43	.10	.37***		
Mood/Enjoyment	.20	.09	-.20*	.23	.18***

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 4 indicated that in relation to drive for muscularity of the OBC factors, only body surveillance attains significance ($\beta = .19, p < .05$) and explains 6% of variance in drive for muscularity. In Step 2, an additional and significant 18% of the variance was explained by the addition of the reasons for exercise factors, Appearance ($\beta = .26, p < .01$), Health ($\beta = .37, p < .001$), and Mood/Enjoyment ($\beta = .20, p < .05$). All three variables attain significance in this model; however

the OBC factors lose significance. In the final model, 23% of the variance in Drive for Muscularity was explained. Only Appearance, Health and Mood/Enjoyment attained significant coefficients. OBC factors lose significance in this model, indicating that reasons for exercise fully mediated the relationship between drive for muscularity and OBC.

Discussion

The major objective of the present study was to compare heterosexual and homosexual men on a range of body image measures specifically designed for men. Even though there is a growing body of literature in relation to male body image, to date there has been very little research conducted that not only directly compares these two groups within a study, but also uses measures based on male specific research. The current findings point to similar body image experiences for heterosexual and homosexual men. Specifically, their drive for muscularity, masculine body ideal distress, objectified body consciousness and reasons for exercising did not differ significantly.

Both heterosexual and homosexual men showed mild to moderate levels of MBID and there were non significant differences between what the groups reported. Similarly, both groups of men exhibited, on average, only mild to moderate levels of desire to be more muscular and no differences were found. Finally, whilst non significant differences were found between groups in relation to levels of body shame and body surveillance, it was noted that the homosexual men reported slightly higher levels (though still only in the mild to moderate range) when compared to heterosexual men. These findings suggest that both heterosexual and homosexual men experience similar levels of distress as a result of not meeting the idealized masculine body type, desire a more muscular body type, and have comparable levels of shame experienced about their bodies as well as spending comparable amounts of time paying attention to their bodies and the way they look and feel. It is supported by recent research highlighting the commonalities of these two groups in relation to their body image (Boroughs & Thompson, 2002; Duggan & McCreary, 2004; Tiggeman et al., 2007) and does not support claims that gay men are particularly vulnerable to body image pressures, relative to straight men. This is a concerning trend in that it suggests that the negative effects of an idealized body type is perhaps farther reaching than once thought. This is matched by increasing representations of increasingly unrealistic and unattainable male physiques through media (Pope et al., 2000). This in turn, as social comparison theory

suggests, increases the disparity between men's images of their own bodies and the perceived masculine ideal body type, leading to negative evaluations of the self.

Significant correlations were found between the objectified body consciousness subscales and both drive for muscularity and masculine body ideal distress at the bivariate level. This provided partial support for the hypothesis that as levels of objectified body consciousness increases, so do levels of drive for muscularity and masculine body ideal distress. However, in the multivariate model, body shame and body surveillance only remained significant predictors for levels of masculine body ideal distress and not drive for muscularity. In relation to MBID, these two factors, as well as exercising for health remained significant predictors in the model and explained 30% of the variance of masculine body ideal distress. So it can be seen from these findings that being aware of one's appearance, experiencing shame as a result of not meeting cultural expectations and exercising for health and fitness reasons, significantly predict levels of masculine body ideal distress. This is in line with previous research (McKinley, 1998; McKinley & Hyde, 1996; Tiggemann & Kuring, 2004) that has found evidence for negative outcomes for those experiencing higher levels of objectified body consciousness. What is added by the current research is that this relationship is not mediated by men's sexuality. There appears to be common perceptions of what is considered a masculine body type, and similar levels of distress associated with not achieving this, for both gay and straight men.

Finally, the predictions that higher levels of homophobia and internalized homophobia would be related to higher levels of drive for muscularity and masculine body ideal distress were not supported in the present study. Rates of both homophobia measures were very low in this sample and the distribution was not normal, making analysis difficult. The low reported levels and restricted range of both meant that this relationship could not be properly examined, as no high levels of either were reported. As such, it is not possible at this stage to say, with any confidence, if homophobia is or is not related to levels of body image distress and drive for muscularity.

A number of factors could have impacted on this result. Firstly, some of the individual items of both measures were quite extreme in their statements and this could have influenced people's responses. From the time of development of these measures, it is possible that the face of homophobia has changed and become more covert in its presentation. Even though this was an anonymous, self-report questionnaire, participants may have felt uncomfortable endorsing such strong anti-homosexual views, even if they held homophobic

beliefs/attitudes themselves. Also, sampling for the heterosexual population came predominantly from first/second year psychology students at a university and the gay sample came primarily from community groups aimed at being supportive to homosexual men. The support that participants gained from belonging to such groups may have been sufficient to reduce any feelings of homophobia if they were present anyway.

Major findings of the research are that heterosexual and homosexual men are more similar in their experiences of body image. Specifically their desire for strong, muscular physiques and levels of distress experienced when this is not achieved. Perhaps importantly, no differences were reported in relation to the reasons each group exercised either. Predictors of masculine body image distress included; exercising for health and fitness, and paying attention to their body's appearance and the shame experienced as a result of their bodies not meeting perceived cultural expectations. Significant predictors of drive for muscularity included; exercising for health and fitness, appearance reasons and finally to improve mood. Also, there was no significant relationship between homophobia and internalized homophobia, however as noted previously the very low reported levels of both limited the analysis of this relationship.

Limitations

As with much of the research conducted on specific populations, the present study is limited in its ability to generalize findings largely due to the convenience sampling utilized to access members of the gay community, and also in the use of undergraduate psychology students. Both of these groups may have particular characteristics and responses that may have influenced the findings of this research.

Related to the sampling technique, participants were all recruited from the Australian Capital Territory, a unique territory within the Australian context. Other important demographic information was not obtained such as level of education or socioeconomic status and these could have been factors, particularly across groups due to the different sampling pool. The study is correlational and causality cannot be determined.

It should be noted that results may also have been impacted by possible order effects in the questionnaires. All questionnaires had the same format and presentation of items, which could have produced a response bias in the data set due to the ordering of the questions,

particularly with the last section relating to sexuality and homophobia in which there was non-normal distribution of data.

Implications and Recommendations

However, even taking into consideration the limitations of the present study, there are still a number of strengths. Namely, the direct comparison of heterosexual and homosexual men within the study enabled a clearer examination of body image as it relates to these two groups of men. Related to this is the use of measures that have been specifically designed for use with male populations, something that has been lacking from much of the research to date. Through these approaches, the present study has been able to report with confidence about the state of men's experiences of body image and the impact that this is having for them, regardless of sexuality. It goes some way to clarifying some of the issues that have been of much debate in this field, particularly in relation to the perhaps over-emphasis on gay male populations and their vulnerability to negative body image and neglecting the impact for heterosexual men. This research highlights the relationships between why men exercise, levels of objectification and internalization and the outcomes of masculine body ideal distress and drive for muscularity, and that these do not significantly differ between gay and straight men. In doing so, it does not try to minimize the uniqueness of each group at a more subtle level which may have implications for intervention development, but perhaps goes some way to dispelling some of the myths surrounding men's body image and point the way for future research.

Moreover, the findings of this study have the potential for affecting the way society views male body image as an issue, as well as contributing to changes in the way bodies are presented in the media. Much has been learned from the literature on women's body image and the present study suggests that a similar process is currently occurring for men. If the findings of this study are replicated and with other male populations, we can say with confidence that body image is definitely not just an issue for women and gay men. This would mean that the problem and impacts of having a negative body image are farther reaching than previously thought.

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Received August 03, 2010

Revision received July 21, 2011