Being Attractive Is All That Matters:
Objectification Theory and Gay Men

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by

Michael J. Andorka

The Ohio State University
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Project Advisor: Professor Tracy L. Tylka, Department of Psychology

Abstract

Body image among gay men is overlooked by scholars, and male body change strategies are not presented in a theoretical framework with this population. Using Fredrickson and Roberts' (1997) Objectification Theory, we conceptualized factors, like internalization of the mesomorphic ideal and perceived socio-cultural pressures to be thin/muscular, within this framework to explain body image and body change strategies for gay men. Relationships between gay community affiliation, internalized homophobia, and self esteem were also explored with the constructs of the model. We collected data online from geographically diverse regions across the United States. Although path analysis with 266 gay men suggested that the model did not fit the data, an exploratory model demonstrated a good fit and suggested that body image among gay males is multifaceted. Further research should investigate gay male body image within a theoretical framework. These findings have significant implications for counseling gay men and their body image issues. Counselors can now be aware of how some variables, like pressures to be thin and muscular, internalized homophobia, internalization of the mesomorphic ideal, and community affiliation affect body image and body change strategies among gay men.

Being Attractive Is All That Matters:
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A multitude of studies have been performed to evaluate body image concerns among women. These studies have taken into consideration a variety of factors that are associated with distress for women with body image issues. Fredrickson and Roberts (1997) theorized that body image issues among females stem from sexual objectification, which is defined as being treated not like a person but like a body that is useful for the sole enjoyment of other people. Western society strongly influences how a woman feels about herself, and women then might see themselves as objects only for the viewing pleasure of others (Davis, Dionne, & Shaster, 2001). The most “subtle and deniable way” sexualized evaluation is enacted is through gaze or visual examination of the body (Kaschak, 1992 as cited in Fredrickson & Roberts, 1997).

Objectification Theory was intended to be applicable to women and how they feel; however, since gay men and straight women have parallel body image issues (Beren, Hayden, Wilfley, & Grilo, 1996), it is possible to apply this theory to gay men. Women’s focus on physical appearance, which has been considered vain and superficial, could be thought of as a strategy for determining how they will be treated by others (Silberstein, Striegel-Moore, & Rodin, 1987 as cited in Fredrickson & Roberts, 1997). This can be applied to gay men and how their detailed attention to physical features will forecast positive treatment by potential partners. Siever (1994) discovered that gay men and heterosexual women have higher body dissatisfaction than lesbians and heterosexual men because of experiences with sexual objectification, and even went further by saying gay men seem to be more dissatisfied with their bodies compared to heterosexual women. Studies have discovered that males, regardless of the gender of their sexual partner, place a higher regard for physical appearance in potential mates than females

(Feingold, 1990; Stroebe, Insko, Thompson, & Layton, 1971), and since gay men want to attract other men, they feel pressure to ensure that their physical appearance is as attractive as possible. Gay men report that the only way they can attract a sexual partner is by having a slim and attractive body (Epel, Spanakos, Kasl-Godley, & Brownell, 1996). This is also interesting because not only do gay men want a lean body, but they also want a muscular one as well (i.e., the mesomorphic ideal). The mesomorphic ideal can best be described as a naturally "fit" body, with a V-shaped torso and the ability to gain muscle mass easily. These are examples of how women and gay men have objectified themselves. Self-objectification is the turning the objective eye of an observer on the self, and seeing yourself as only a body or "sight" to be viewed by others and has been considered to be an effect of sexual objectification (Fredrickson & Roberts, 1997).

Comparing Gay Male Body Image to Straight Male Body Image

Body dissatisfaction affects all males, including heterosexual males. Pope, Phillips and Olivardia (2000) have illustrated attention to body image among men in their book, *The Adonis Complex.* Also, current research (Tylka, 2007) explores objectification theory with college men, and support was found for its paths. Since college men in general have could have body dissatisfaction, gay men could have significantly more body image issues due to their focus on physical features (Siever, 1994). Pope et al. (2000) specified that gay men are more exposed to body images issues because of the amount of challenge to their masculinity they endure in their childhood. Therefore, gay men may feel the need to gain muscle mass to prove to themselves and others they are indeed men. Scholars' findings have suggested that gay men have higher body dissatisfaction than straight men (Siever, 1994; Beren et al, 1996). A meta-analysis

conducted recently shows that gay men are less satisfied with their bodies than straight men (Morrison, Morrison & Sager, 2004).

Considering the amount of research done comparing straight and gay men on body image issues, the present study will present and test a framework of predictors of body image and change strategies for an exclusively gay male sample. Gay men have been compared to heterosexual men in the past, but most of that research compares straight young males in universities with older gay males in the general population. These two populations have different life experiences and are hard to compare (Levesque et al, 2005).

Gay men can be placed into the theoretical framework of Fredrickson and Roberts. When a gay man's body is more like the desired mesomorphic type, then his body is perceived as more valuable when objectified (Fredrickson & Roberts, 1997; Morrison et al., 2004; Tylka, 2007). Therefore, gay men will "fix" their bodies, and only see their value in term of form and physical attractiveness. If a gay man believes that there is a discrepancy between his ideal body image self and his actual self, then there is evidence of body shame. Since gay men want to be both lean and muscular at the same time, they can pursue two pathways towards that goal: through restrictive eating or muscularity behaviors. Due to body shame, some gay men might use body change strategies to somehow achieve their ideal body image.

Community Affiliation

According to Herek et al (1994), community can best be defined as a "subjective experience," and gays and lesbians can rally because of their shared sexual orientation and desired support from a heterosexist society. Community has four parts: those included in a community feel a sense of membership, members influence themselves and their community as a whole, membership serves either tangible or intangible needs, and members share an emotional

connection (McMillan & Chavis, 1986). Beren et al. (1996) discovered that being a member of the gay community increases likelihood of body dissatisfaction. However, the opposite is true for lesbians in the gay community: the more they are integrated into the community, the more satisfied they feel about their bodies, and physical attractiveness is not a significant factor (Siever, 1994). A reasonable explanation for this correlation comes from understanding the gay community itself. The gay community focuses on physical attractiveness and beauty, and gay male culture places an inordinate amount of importance on appearance (Epel et al., 1996) and being youthful and thin (Siever, 1994; Williamson, 2000). Pressure to diet, desire of a muscular but thin physique, and fear of looking sick from HIV infection could contribute to low body satisfaction (Beren et al., 1996). Also, multiple levels of acceptance and affiliation of the community have different effects. The more a gay man is involved in the community, the more likely he is to be concerned about his body. Feeling unaccepted in the community could be related to gay men's desire for more muscles (Levesque et al, 2006). Since there is so much emphasis on physical appearance, perhaps gay men internalize that aspect into their self-concept (Silberstein et al. 1989).

Self Esteem

Scholars in the past (Franzoi & Shields, 1984 as cited in Fredrickson & Roberts, 1997) have found a correlation between self-esteem and body dissatisfaction. Among gay men and women, lower self esteem usually is associated with a lower evaluation of one's body (Beren et al, 1996). Both gay and straight men who think they are too skinny and want more muscle mass (or think they are too overweight and need to lose a few pounds) usually have lower self-esteem (Yelland & Tiggemann, 2003). When it comes to community affiliation, the actual acceptance

of coming out among the gay male community might be associated with higher self-esteem (Levesque & Vichesky, 2006).

Body Change Strategies

The gay community has a substantial effect on eating disorder symptomatology and body change strategies. Emphasis on being physically attractive may contribute to men displaying eating disorder symptomatology (Herzog, Norman, Gordon, & Pepose, 1984), and among men suffering from bulimia, 42 percent identified themselves as homosexual or bisexual (Carlat, Camargo, & Herzog, 1997). This research is significant, for the fact that only 7.7% of the male population have some sort of homosexual desire, as indicated by Laumann, Gagnon, Michael, and Michaels (1994).

Gay men are more dissatisfied with their body and have more signs of eating disorders than straight men (Russell & Keel, 2002). Compared to their heterosexual counterparts, gay men have higher rates of compulsive eating, constant feelings of being overweight, intense fear of ever gaining weight, and a higher use of diuretics (Yager, Kurtzman, Landsverk, & Wiesmeier, 1988). Gay men also have poorer eating behaviors and spend a more significant amount of time weight lifting (Duggan & McCreary, 2004). This brings up an interesting question as to whether attitudes have any relation to the amount of exercise among gay men. Men, in general, who feel the need to gain muscle mass or consider themselves overweight tend to partake in risky behaviors related to eating (Andersen & DiDomenico, 1992).

Body Shame

Body shame is defined as comparing an internalized cultural ideal body or paragon to your own body and finding discrepancies (M. Lewis, 1992 as cited in Fredrickson & Roberts,

1997). People who experience shame are more likely to attribute faults to their own self rather than a situation (H. Lewis, 1971 as cited in Fredrickson & Roberts, 1997). This can be applied to body image issues as well. People try to "fix" their body to try and mold it to ideal standards in an attempt to rid themselves of body shame (Fredrickson & Roberts, 1997). Someone with body shame could be more likely to compare themselves with others (the paragon or ideal) and suffer from low self esteem because they do not measure up. Especially in gay communities where a gay man is more likely to compare themselves to the ideal gay body type in print media and pornography, and therefore more likely to compare themselves to the ideal and attempt to achieve it (Duggan & McCreary, 2004; Levesque & Vichesky, 2005). Also, gay men may be ashamed of their sexual urges for the same sex, and that may translate into shame for their bodies involved in those sex acts (Beren et al. 1996).

Internalized Homophobia

The term "internalized homophobia" is synonymous with homonegativity and ego-dystonic homosexuality in the research (Williamson, 2000). Homonegativity is considered a "lesser" form of homophobia, in which both heterosexual and homosexual persons could have. Ego-dystonic homosexuality is when someone's ideal sexual self is not the same as their actual sexual self (Kimmel & Mahalik, 2005). All these terms can be defined as when a gay man believes and agrees with the prejudices against his own sexuality, and therefore can lead to lower self-regard and self-esteem (Williamson, 2000). This can cause some gay men to desire a heterosexual identity. Previous research has shown that minority stress factors like social stigmas, internalized homophobia, and anti-gay attacks have all been associated with body dissatisfaction (Kimmel & Mahalik, 2005). Williamson (2000) feels that some gay men might punish their bodies because of the shame they feel about their same-sex urges. Williamson also

looks into different factors that can arise from high levels of internalized homophobia, including higher health risks. Using Williamson's qualitative framework with internalized homophobia, the current study examines how the constructs of Objectification Theory and internalized homophobia are likely to be related. Figure 1 below explains the overall model presented in this current research.

To explain the pathways (A), (B), and (C) in Figure 1, most of the theoretical framework is derived from Fredrickson and Roberts' Objectification Theory (1997). When a gay man's body is objectified by others, then he is more likely to internalize this objectification and treat himself like an object to be desired and internalize the cultural (mesomorphic) ideal, as demonstrated in pathway A (Fredrickson & Roberts, 1997; Morrison et al., 2004; Tylka, 2007). If there is a discrepancy between this ideal body image self and the actual self, then there is evidence of body shame (pathway B). Due to body shame, some gay men might use body change strategies to somehow achieve their ideal body image (pathway C).

This is complicated with samples of men; as men with body image concerns have a desire to be thin as well as a desire to be muscular. This split is included in Figure 2, with body shame being defined as dissatisfaction with muscular and dissatisfaction with body fat, thus leading to muscularity behaviors and eating disorder symptomatology, respectively. This model was tested with path analysis, with other measures used to access community affiliation and internalized homophobia to achieve a cursory exploration of how these factors integrate with body image.

Method

Participants and Procedure

Participants were 365 males solicited through bulletin postings and advertisements on three social websites: facebook.com, myspace.com, and gay.com. All three websites included an

advertisement with a web link to surveymonkey.com, the site that housed the survey from the beginning of January 2007 to the end of March 2007. Duggan and McCreary (2004) discuss the drawbacks of internet studies. They emphasize the fact that their study did not ask for geographic location, so they were more reserved in generalizing the results. This current study asked participants their geographic location by areas within the United States. Some factors (such as sexual orientation) are included in order to ensure only homosexual males respond to the survey. In order to motivate the potential participants, they had a choice whether or not to enter a raffle to win $50 at the beginning of the survey. Also, confidentially was maintained with the participants, however, internet surveys do have a risk of exposure to a 3rd party because the internet is a public domain, however, participants were warned of this before they begin the survey.

The researchers checked the IP address of every participant (to verify that each person only took the survey once, and no data was removed because of the same person taking the survey more than once). Seventy four data sets were removed because the participants did not complete more than 75% of the items on the survey. Also, 14 bisexual participants were removed, because bisexual men may have different life experiences, therefore it is unfair to include them in a sample of gay men. The survey also contained three items, gauging the attentiveness of the survey respondents, with an example being “to make sure you are being attentive, please reply ‘strongly agree’ to this question.” Five men were taken out for answering at least one of those items incorrectly. Our survey also included the Balanced Inventory of Desired Responding – Impression Management Subscale (BIDS; Paulhus & Reid, 1991, see Appendix A), used to access whether or not the participants were answering the questions based on what they thought the researchers wanted to hear, and controlled for impression management.

With this measurement, it was found that all the participants fell within an acceptable value of less than .5, and no data was extracted from including this part. After these omissions, the final sample size was 266.

Men ranged from 18 to 58 years of age (M = 25, SD = 7.7). Men who took the survey were came from different areas of the United States (i.e., 9% from the South, 13.5% from the Northeast, 60.9% from the Midwest, 2.3% from the Southwest, 7.5% from the West. 6.8% of the sample came from places outside the United States, like Canada, Europe, Asia). As far as socioeconomic status, most of the respondents were from the middle class (60.9%), while the upper-middle class represented 36.8%, working class 13.9%, and the Upper-class 3%, respectively. As far as racial/ethnic identity, a majority identified as White/Caucasian (85.3%), followed by Latino (4.9%), Asian American (4.5%), African American (3.8%), Native American (0.75%), and Other (4.5%). These men indicated they were freshmen/high school seniors (5.7%), sophomores (11.3%), juniors (14.3%), seniors (12.8%), post baccalaureate (6.8%), graduate students (14.7%), other (3.8%), or not currently in college (28.6%). This means that over seventy one percent of survey respondents were currently in college. A majority of the participants also identified as single (67.7%).

Measures

A modified muscularity version of the original Perceived Sociocultural Pressures Scale (PSPS; Stice, Ziemba, Margolis, & Flick, 1996; see Appendix B) was used to assess pressures for muscularity. The original PSPS is an 8-item scale, with scores ranging from 1 (strongly disagree) to 5 (strongly agree). This scale assessed perceived pressure for thinness from friends, family, dating partners, and the media. In the muscularity version, PSPS items were altered by substituting “to be more muscular” and “muscular” in lieu of “to lose weight” and “thin” (e.g.,

I've felt pressure from my family to be more muscular"). Like the original PSPS, men rated items on a 5-point scale ranging from *never* to *always*. Items were averaged, with higher scores indicating greater felt pressure to be muscular. Among a sample of men, the muscularity version of the PSPS was shown to yield internally consistent scores as well as construct validity due to its significant relationship to muscularity dissatisfaction (r = .32; Tylka et al., 2005). Cronbach's alpha was .85 for the current sample.

To measure self-objectification, we used the Sociocultural Attitudes Toward Appearance Questionnaire-Male: Internalization of Mesomorphic Ideal Scale (Heinberg, Thompson, & Stormer, 1995; see Appendix C). This scale takes what Heinberg et al. (1995) developed and tailors the question specifically to internalization of muscularity. One of the items on this questionnaire asks "I believe that clothes look better on men who are in good physical shape." This scale has a total of nine items which are rated along a scale ranging from *completely disagree (1)* to *completely agree (5)*. Items are averaged, with higher scores indicating greater internalization of the mesomorphic ideal. In a study completed by Agliata and Tantleff-Dunn (2004), they used the SATAQ-M and their α = .85 with a sample size of straight men. Its construct validity has been supported via significant relationships with muscularity dissatisfaction (r = .44) and pressures for muscularity (r = .39) among a sample of college men (Tylka et al., 2005). In this study, α = .88.

Body shame was measured using and the Male Body Attitudes Scale (MBAS; Tylka, Bergeron, & Schwartz, 2005; see Appendix D). Tylka et al.'s (2005) alpha (α = .91) with the Male Body Attitudes Scale was reported with college men as the sample. The Male Body Attitudes Scale consists of 24 items on a 6-point scale ranging from *never (1)* to *always (6)*. "I wish my arms were stronger" and "Have eating sweets, cakes, or other high calorie food made

you feel weak or fat?" are two examples of items asked on this questionnaire. The Male Body Attitudes Scale can be divided to measure dissatisfaction with muscularity, dissatisfaction with body fat, and height. Cronbach's alpha for the overall measure was .93 for this sample, with .90, .94, and for dissatisfaction with muscularity and dissatisfaction with body fat.

Body Change Strategies was measured by the muscularity behaviors section of the Drive for Muscularity Scale (DMS; McCreary & Sasse, 2000; see Appendix E) and the Eating Attitudes Test-26 originally developed by Garner and Garfinkel (1979; see Appendix F). In McCreary, Saucier, Sasse and Dorsch (2004), their α = .84 for men and women was based on the Drive for Muscularity Scale. The DMS is a six-point scale, ranging from *always (1)* to *never (6)*. A couple examples from fifteen items in the DMS are "I wish I were more muscular" and "I feel guilty if I miss a weight training session." The Drive for Muscular Scale can be divided into two parts, with one part reporting muscular body image attitudes (dissatisfaction with muscularity) and the other muscularity behaviors. Our α = .84 for this sample. The Eating Attitudes Test consists of 26 questions on a six-point scale ranging from *always (1)* to *never (6)* . Items are averaged to obtain a total score. An example from this scale is "I engage in dieting behavior." This construct will be used to measure restricted eating behaviors in this sample. Russell and Keel's (2001) α = .89 with a gay male sample, and our gay male sample had α = .91.

To measure self-esteem, Rosenberg's (1965; see Appendix G) Self-Esteem Scale was used. This scale consists of ten questions, with four point Likert-type responses ranging from *strongly disagree (1)* to *strongly agree (4)*. Two examples of items on this scale are "On the whole, I am satisfied with myself" and "I certainly feel useless at times." Alpha levels for its scores were shown to be .89 with a sample of gay men (Russell & Keel, 2001). The sample presented in this study had α = .91.

In order to measure Community Affiliation, this study used two scales, the Importance of Gay/Bisexual Community Activities scale (IGBCA; see Appendix H), which measures how important activities associated with gay culture are important in respondents' lives (Herek & Greene, 1994) and Collective Self-Esteem (CSE; see Appendix I), which measures feelings towards the gay community as well as whether or not their status in the community was important to their identity (Luhtanen & Crocker, 1991). Items on the Importance of Gay/Bisexual Community Activities Scale ranged from *not at all important to you (1)* to *very important to you (4)*, with an example being "politically active in the gay community." The Collective Self-Esteem Scale had items from *strongly disagree (1)* to *strongly agree (6*), with an example being "I'm glad I belong to the gay community." Both of these measures were used in Herek and Greene's Sacramento Men's Health Study, with $\alpha = .89$ for IGBCA scores and $\alpha = .86$ for CSE scores. The sample had $\alpha = .87$ for the IGBCA and $\alpha = .92$ for CSE scale.

Lastly, in order to assess Internalized Homophobia, this study used the Ego-Dystonic Homosexuality scale (Martin & Dean, 1988; see Appendix J). This scale contains nine items, like a 5-point Likert-type response scale from *strongly disagree* to *strongly agree*. An example of an item from this scale is: "I have tried to stop being attracted to men in general." Herek and Greene's $\alpha = .85$, with our sample having an alpha of .87.

Results

Preliminary Analyses

According to the correlation matrix located in Table 1, there is a moderate-to-strong positive correlation between pressures to be muscular (PSPS) and the Internalization of the Mesomorphic Ideal (SATAQ-M) ($r = .45$). Since the Drive for Muscularity Scale and the Male Body Attitudes Scale contain different components, it is possible to divide the measures so that

they analyze multiple variables. The DMS can be divided to measure muscularity body image and muscularity behaviors, which can identify both body shame (body image) and body change strategies (muscularity behaviors). Along those lines, the MBAS can be divided to include measurements for muscularity (body shame), low body fat (body change strategies), and height. Therefore, internalization of the mesomorphic ideal was highly correlated with dissatisfaction with muscularity and dissatisfaction with body fat ($r = .51$ and $r = .46$, respectively). Dissatisfaction with muscularity and muscularity behaviors were also correlated with $r = .53$ and dissatisfaction with body fat was correlated with restricted eating behaviors with $r = .53$.

Internalized Homophobia (EDH) and Self-Esteem (RSES) were negatively correlated, with $r = -.40$. Internalized Homophobia and Community Affiliation were also negatively correlated, with $r = -.33$ and $r = -.57$. Internalized homophobia and body change strategies did not correlate highly, with an $r = .16$. Self-esteem and self-objectification were negatively correlated, with $r = -.19$. Self-esteem and body shame were negatively correlated ($r = -.30$). Based on the data in table 1, all correlations are significant if $r \geq .20$.

Path Analysis

For the path analyses presented below, we used Mplus Version 4.1 (Muthén & Muthén, 2006) with maximum likelihood (ML) estimation and the covariance matrix as input. Total scale or subscale scores served as indicators for their respective observed variable. Adequacy of fit was determined by four indices recommended by Hu and Bentler (1999) and also provided by Mplus: the comparative fit index (CFI), the Tucker-Lewis Index (TLI), the standardized root-mean-square residual (SRMR), and the root-mean-square error of approximation (RMSEA). Models with CFI and TLI values at or above .95 and SRMR and RMSEA values at or below .05

indicate an excellent fit of the model to the data, models with CFI and TLI values between .90 and .94 and SRMR and RMSEA values between .06 and .10 indicate an adequate fit, and values outside of these ranges reflect a poor fit (Browne & Cudeck, 1993; Hu & Bentler, 1999). For each analysis, we specified M*plus* to detect modification indices above 5.0, as there may be significant paths between variables that were not hypothesized and examined in the model. If a modification index is above 5.0 for an unexamined path, the data suggest that it should be estimated within the model (Kelloway, 1998).

When analyzing the pathways presented in Figure 2, the results showed a poor fit with this sample of gay men (CFI = .95, TLI = .823, SRMR = .047, RMSEA = .122). Five modification indices exceeded 5.0 (i.e., pressures to be muscular on muscularity behaviors, internalization of the mesomorphic ideal on muscularity behaviors, internalization of mesomorphic ideal on restricted eating behaviors, dissatisfaction with body fat on muscular behaviors and muscularity behaviors on restricted eating behaviors), suggesting that these paths need to be estimated. We decided to reanalyze the model to include these paths.

The revised model proved a better fit to the data (CFI = .994, TLI = .934, SRMR = .02, RMSEA = .075). However, this reevaluated model includes pathways that were not mentioned in the hypothesized objectification theory framework, and therefore the model is more exploratory in nature. Adding these extra paths makes this model more complex. We noticed that two of the original hypothesized pathways were non-significant (i.e., pressure to be muscular did not predict body fat dissatisfaction and muscularity dissatisfaction did not predict body fat dissatisfaction) and two of the added paths due to the modification indices were no longer significant in this overall model (i.e., pressures to be muscular did not predict muscular behaviors and internalization of the mesomorphic ideal did not predict restrictive eating).

As researchers (e.g., Kelloway, 1998) recommend the deletion of nonsignificant model paths for parsimony, we deleted these four non-significant paths and reanalyzed the model. Deleting these paths resulted in a more parsimonious model, as it did not change the fit of the model ($\chi^2_{\text{difference}}$ [4] = 9.34, *ns*). The fit statistics for this trimmed model ranged from adequate (TLI = .931, RMSEA = .076) to excellent (CFI = .980, SRMR = .042). Thus, this model was interpreted. Pressures to be muscular accounted for 19.8% of the variance in gay men's internalization of the mesomorphic ideal, pressures to be muscular and internalization of the mesomorphic ideal accounted for 32.5% of the variance in their muscularity dissatisfaction, internalization of the mesomorphic ideal accounted for 45.2% of the variance in their body fat dissatisfaction, muscularity and body fat dissatisfaction and internalization of the mesomorphic ideal accounted for 18.7% of the variance in their muscularity behaviors, and body fat dissatisfaction and muscularity behaviors accounted for 31.5% of the variance in their restrictive eating. Path coefficients for this model are presented in Figure 3.

Discussion

With the data mentioned above, it would appear that sexual objectification, with support with heterosexual men and women (Moradi et al., 2005; Tylka & Hill, 2004; Tylka, 2007), can also be used with gay men. Following along with Figure 3, it would appear that sexual objectification could predict self-objectification, which in turn can predict body shame and body change strategies. However, based on this sample, additional modifications may be warranted as the basic of framework provided a poor fit without these modifications.

With the preliminary analyses, the relationships from sexual objectification to self objectification, from self objectification to body shame, and from body shame to body change strategies are highly correlated. With this sample, internalized homophobia, self-esteem and

community affiliation were also explored in relation to body image concerns and body change strategies. Internalized homophobia was not related, at least to a practical degree, to the model variables, with the exception of muscularity dissatisfaction. This latter finding could possibly explained by "dual-shame," shame for one's sexual orientation and shame for one's body. Someone who may be critical of their sexuality may also be critical on their body and body type. Internalized homophobia, however, did not have a specific connection with body change strategies. This is antithetical to previous research, in which scholars in the past (Garner & Garfinkel, 1979; Garner, 1991) have noticed a relationship between ego-dystonic gay men and eating disturbance (as cited in Williamson, 2000). Williamson (2000) mentioned how this relationship can include forms of bulimia because gay men might feel the need to "punish" their bodies for their same-sex urges, however the current sample did not see to show significance for that relationship.

Internalized homophobia was found to be negatively related to self-esteem, which is consistent with theory and research. First of all, when gay men have ego-dystonic homosexuality (being gay is conflicted with one's own ideal self-image) it has been show that they also have low self esteem (Cabaj, 1988; Kahn, 1991 as cited in Ross & Rosser, 1996). Secondly, internalized homophobia and low self-esteem can be related to substance abuse, alcoholism, and high-risk sex acts (Cabaj, 1989, 2000; Coleman, Rosser, & Strapko, 1992; Kahn, 1991; Meyer & Dean, 1995; Stokes and Peterson, 1998). Lastly, when teenagers or adolescents are rejected through disclosure of their gay or lesbian identity, they receive a blow to their self-esteem (Gonsiorek & Rudolph, 1991, as reprinted in Williamson & Hartley, 1998). This study expanded the concept that Gonsiorek and Rudolph presented in their study with teenagers, and applied it to all age groups of gay men that have been rejected through coming out to others. The

correlation between internalized homophobia and community affiliation was also negative, and this could be explained by previous research. Williamson (2000) examines that homonegative men, or gay men who have internalized homophobia, are less likely to be affiliated with the gay community.

Regarding the correlation between self-esteem and body shame, Williamson and Hartley (2005) noticed a strong relationship between self-esteem and body satisfaction, in which internalized homophobia affects the self-esteem of a gay male, therefore making him vulnerable to eating disorders and body dysmorphia. Lower self esteem is associated with larger current-ideal discrepancies (Higgins, 1987), so when a gay man feels body shame, he could be more susceptible to low self-esteem.

This general idea also corresponds to Fredrickson and Roberts (1997) theory, because positive self-concept can be positively correlated with their perceived physical attractiveness. So, if someone views their body as unsatisfactory, according to Objectification Theory, they could also suffer from low self-esteem. Levesque and Vichesky (2005) already outline body image satisfaction as positively correlated with self-esteem. Also, gay men more likely to say that their physical appearance matters more to other people than themselves and that is why they exercise (Morrison et al., 2004). Therefore, since exercising is not intrinsically motivated, exercising for the sole purpose of others could be a sign of low self-esteem

Another relationship considered was the one between community affiliation and body shame. Having predicted a positive correlation between these two variables, since the correlation was negative, it would appear that there are some benefits to being involved in certain aspects the gay community. We predicted a positive correlation because gay men's body satisfaction is troubled because of the pressures of the gay subculture to be fit, muscular, and

attractive (Morrison et al., 2005). Being constantly exposed to the “perfect male body” in the gay community, gay advertisements and media was thought to cause a discrepancy between what someone desires to have and what someone actually has, therefore causing some body shame. However, the significant positive correlation could illustrate how support from gay friends and the gay community in general could cause some ameliorating effects about body image. Future research will need to be conducted to see how inclusion in the community can contribute to immunity from body shame.

A post-hoc analysis of independent t-tests based on the mean score of each instrument indicated that there was no significant difference based on age of the respondents. Based on Figure 4, the only t-test in which the two separate groups (ages 18 – 22 and ages 23 – 58, respectively) were significantly different ($p < .05$) were based on the internalized homophobia scale, the ego-dystonic homosexuality scale. This significant difference makes sense, since men who are older would have more of a chance to experience their sexuality and develop coping mechanism. On the other hand, relationship status could also seem to predict body image issues. Based on the post-hoc t-tests, there were four mean scores that showed significant difference: Sexual Objectification (PSPS), Internalization of the Mesomorphic Ideal (SATAQ-M), Self-Esteem (RSES) and Internalized Homophobia (EDH). These differences can illustrate that gay men in dating relationships perceive significantly lower pressure to be muscular, internalize the mesomorphic ideal to a lower extent, have higher self-esteem, and lower internalized homophobia than their single counterparts. Further studies would have to explore these relationships in more detail, because this analysis was exploratory in nature.

As far as integration of Objectification Theory and Internationalized homophobia, the data collected does not illustrate a working relationship between these two theories. Of

internalized homophobia, self-esteem, and community affiliation, it appears that self-esteem has the most significant associations with objectification theory.

This project also had limitations worth noting. The path analysis was sample specific: the five pathways we added to the model were based on empirical findings from the present study rather than from theory, being more exploratory than confirmatory. Perhaps the theory should be revised to account for gay men's experiences.

Other than statistics, the study also had some logistical limitations. First of all, a majority of the data collection came from snowball sampling, with 159 (59.8%) men reported hearing about the survey "through a friend." Also, samples were collected from websites often used for dating purposes, and these websites are often used by a younger generation. Since men might frequent these websites to search for a mate, it could possibly lead to more body surveillance, thus leading to more body image concerns. Secondly, in order to take this survey, potential participants had to have access to a computer, the internet and a "safe" location to complete this survey without risking exposure of their sexuality Thirdly, the participant pool was overwhelming European American. Further research should take into account the intersectionality of body image concerns and men of color. Socioeconomic status would also be another interesting direction to take this line of research. Also, a large portion of the of participant pool had to be thrown out (over 20%) because the respondents did not complete more than 75 % of the survey. This could be because the survey was too long, taking participants more than 20 minutes to complete.

The present study has implication for research, even with the limitations mentioned above. Since body image among gay men seems be more complicated than straight men, various models should be tested. Perhaps objectification theory gives only a limited view into the body

image concerns of gay men. Researchers could view how a gay man's experience differs from straight men, and take those differences into account while considering body concerns. Creating ways to explore the bisexual and transgender communities on their body image and whether or not it also fits into an Objectification framework would also be an interesting further direction for this research.

The gay community, where public images and iconography often display the mesomorphic ideal, lies in a culture where beauty reigns supreme. This project can be used in counseling gay men about how the feel about their bodies and how that can translate into interactions with future partners. Now that Objectification Theory might be used to explain/explore gay male body issues, it might be beneficial for counselors to learn ways in which gay men can alter their feelings about their bodies, especially the way they are objectified sexually. Counselors can also gauge how important physical attractiveness is to their gay clients and acknowledge the harm in this way of thinking. Gay men's self-esteem and how much they identify with their community can help improve body image.

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Appendix A

Balanced Inventory of Desired Responding – Impression Management Subscale

1. I sometimes tell lies if I have to.
2. I never cover up my mistakes.
3. There have been occasions when I have taken advantage of someone.
4. I never swear.
5. I sometimes try to get even rather than forgive and forget.
6. I always obey laws, even if I am not likely to get caught.
7. I have said something bad about a friend behind his/her back.
8. When I hear people talking privately, I avoid listening.
9. I have received too much change from a salesperson without telling him or her.
10. I always declare everything at customs.
11. When I was young, I sometimes stole things.
12. I have never dropped litter on the street.
13. I sometimes drive faster than the speed limit.
14. I never read sexy books or magazines.
15. I have done things that I don’t tell other people about.
16. I never take things that don’t belong to me.
17. I have called off sick from work or school even though I wasn’t really sick.
18. I have never damaged a library book or store merchandise without reporting it.
19. I have some pretty awful habits.
20. I don’t gossip about other people’s business.

Appendix B

Perceived Sociocultural Pressures Scale (α = .85)

1. I’ve felt pressure from my friends to be muscular.

2. I’ve noticed a strong message from my friends to have a muscular body.

3. I’ve felt pressure from my family to be muscular.

4. I’ve noticed a strong message from my family to have a muscular body.

5. I’ve felt pressure from people I’ve dated to be more muscular.

6. I’ve noticed a strong message from people I’ve dated to be more muscular.

7. I’ve felt pressure from the media (e.g., TV, magazines) to be more muscular.

8. I’ve noticed a strong message from the media to be more muscular.

Appendix C

Sociocultural Attitudes Toward Appearance Questionnaire-Male: Internalization of Mesomorphic Ideal Scale (α = .88)

1. I would like my body to look like the men who appear in TV shows and movies.

2. I believe that clothes look better on men who are in good physical shape.

3. Music videos that show men who are in good physical shape make me wish I were in better physical shape.

4. I do not wish to look like the male models who appear in magazines.

5. I tend to compare my body to TV and movie stars.

6. Photographs of physically fit men make me wish that I had a better muscle tone.

7. I often read magazines and compare my appearance to the male models.

8. I often find myself comparing my physique to that of athletes pictured in magazines.

9. I wish I looked like the men pictured in magazines who model underwear.

Appendix D

Male Body Attitudes Scale (α = .93)

Male Body Attitudes Scale - Dissatisfaction with Muscularity (α = .90)

1. I think I have too little muscle on my body.
2. I wish that my arms were stronger.
3. I think that my legs are not muscular enough.
4. I think my chest should be broader.
5. I think my shoulders are too narrow.
6. I think that my arms should be larger (i.e., more muscular).
7. I think that my calves should be larger (i.e., more muscular).
8. I think my back should be larger and more defined.
9. I think my chest should be larger and more defined.
10. I feel satisfied with the definition in my arms.

Male Body Attitudes Scale - Dissatisfaction with Body Fat (α = .94)

1. I think that my body should be leaner.
2. I feel satisfied with the definition in my abs (i.e., stomach muscles).
3. I am concerned that my stomach is too flabby.
4. I think that I have too much fat on my body.
5. I think that my abs are not thin enough.
6. I feel satisfied with the size and shape of my body.
7. Has eating sweets, cakes, or other high calorie food made you feel fat or weak?
8. Have you felt excessively large and rounded (i.e., fat)?

9. Have you been so worried about your body size or shape that you have been feeling that you ought to diet?

Male Body Attitudes - Height (α = .85)

1. I wish I were taller.
2. I am satisfied with my height.

Male Body Attitudes Scale – Total (α = .88)

1. I feel dissatisfied with my overall body build.
2. Have you felt ashamed of your body size or shape?
3. Has seeing your reflection (e.g., in a mirror or window) made you feel bad about your size or shape?

Appendix E ‘

Drive for Muscularity Scale (α = .91)

Drive for Muscularity Scale - Dissatisfaction with Muscularity

1. I wish that I were more muscular.
2. I think I would feel more confident if I had more muscle mass.
3. I feel guilty if I miss a weight-training session.
4. Other people think I work out with weights too often.
5. I think that I would look better if I gained 10 pounds in bulk.
6. I think about taking anabolic steroids.
7. I think that I would feel stronger if I gained a little more muscle mass.
8. I think that my weight-training schedule interferes with other aspects of my life.
9. I think that my arms are not muscular enough.
10. I think that my chest is not muscular enough.
11. I think that my legs are not big enough.
12. I lift weights to build up muscle.
13. I use protein or energy supplements.
14. I drink weight-gain or protein shakes.
15. I try to consume as many calories as I can in a day.

Appendix F

Eating Attitudes Test – 26 (α = .84)

1. I am terrified about being overweight.

2. I avoid eating when I am hungry.

3. I find myself preoccupied with food.

4. I have gone on eating binges where I feel that I may not be able to stop.

5. I cut my food into small pieces.

6. I am aware of the calorie content of foods that I eat.

7. I particularly avoid foods with high carbohydrate content.

8. I feel that others would prefer if I ate more.

9. I vomit after I have eaten.

10. I feel extremely guilty after eating.

11. I am preoccupied with a desire to be thinner.

12. I think about burning up calories when I exercise.

13. Other people think that I am too thin.

14. I am preoccupied with the thought of having fat on my body.

15. I take longer than others to eat meals.

16. I avoid foods with sugar in them.

17. I eat diet foods.

18. I feel that food controls my life.

19. I display self-control around food.

20. I feel that others pressure me to eat.

21. I give too much time and thought to food.

22. I feel uncomfortable after eating sweets.

23. I engage in dieting behavior.

24. I like my stomach to be empty.

25. I enjoy trying new rich foods.

26. I have the impulse to vomit after meals.

Appendix G

Rosenberg's Self-Esteem Scale ($\alpha = .91$)

1. I feel that I'm a person of worth, at least on an equal plane with others.
2. I feel that I have a number of good qualities.
3. All in all, I am inclined to feel that I am a failure.
4. I am able to do things as well as most people.
5. I feel I do <u>not</u> have much to be proud of.
6. I take a positive attitude towards myself.
7. On the whole, I am satisfied with myself.
8. I wish I could have more respect for myself.
9. I certainly feel useless at times.
10. At times, I think that I am no good at all.

Appendix H

Importance of Gay/Bisexual Community Activities ($\alpha = .87$)

1. Being politically active in the gay community.

2. Doing volunteer work in the gay community.

3. Knowing what is going on in the local gay community.

4. Giving money to gay organizations.

5. Reading community newspapers or magazines for news about the gay community.

6. Being openly gay when you're around heterosexual people.

7. Having gay friends.

8. partying with gay men.

9. going to bars with gay friends.

10. Going dancing in gay clubs.

11. Going out with gay friends.

Appendix I

Collective Self-Esteem (α = .92)

1. I'm glad I belong to the gay community.

2. I regret belonging to the gay community.

3. My membership in the gay community is an important reflection of who I am.

4. I feel good about belonging to the gay community.

5. I make a positive contribution to the gay community.

6. Belonging to the gay community is an important part of my self-image.

7. I feel I don't have much to offer to the gay community.

8. I feel that belonging to the gay community is NOT a good thing for me.

9. My membership in the gay community has very little to do with how I feel about myself.

Appendix J

Ego-Dystonic Homosexuality Scale ($\alpha = .87$)

1. I often feel it best to avoid personal or social involvement with other gay/bisexual men.

2. I have tried to stop being attracted to men in general.

3. If someone offers me the chance to be completely heterosexual, I would accept the chance.

4. I wish I weren't gay.

5. I feel alienated from myself because of being gay.

6. I wish I could develop more erotic feelings about women.

7. I feel that being gay is a personal shortcoming for me.

8. I would like to get professional help in order to change my sexual orientation from gay to straight.

9. I have tried to become more sexually attracted to women.

Table 1

Instrument Means, Standard Deviations, and Interrelations for the Gay Male Sample (N = 266).

	1	2	3	4	5	6	7	8	9	10
Objectification Theory Framework	-	-	-	-	-	-	-	-	-	-
1. Pressures to be Muscular	X	-	-	-	-	-	-	-	-	-
2. Internalization of the Mesomorphic Ideal	.45*	X	-	-	-	-	-	-	-	-
3. Dissatisfaction w/ Muscularity	.38*	.51*	X	-	-	-	-	-	-	-
4. Dissatisfaction w/ Body Fat	.29*	.46*	.18	X	-	-	-	-	-	-
5. Muscularity Behaviors	.24*	.29*	.53*	0.03	X	-	-	-	-	-
6. Restricted Eating Behaviors	0.03	.31*	.24*	.53*	0.12	X	-	-	-	-
Internalized Homophobia/Community Affiliation										
7. Self Esteem	-.21*	-.19	-.19	-.33*	0.06	-.21*	X	-	-	-
8. Internalized Homophobia	.17	0.13	.21*	0.08	0.09	.16	-.40*	X	-	-
9. Importance of gay community activities	.15	.28*	0.14	0.06	.17	0.11	.16	-.33*	X	-
10. Community Self Esteem	0.01	.16	-0.03	0.05	0.03	0	.26*	-.57*	.73*	X
M	2.79	3.87	3.16	3.69	4.76	0.34	3.18	1.86	2.43	3.53
SD	0.78	0.77	1.17	1.3	1.06	0.33	0.54	0.81	0.64	0.83

Indicates significance at $p < .05$. Correlation is significant if $r \geq .20$.

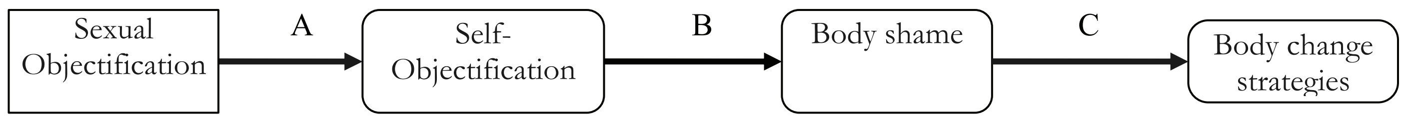

Figure 1. Fredrickson and Robert's Objectification Theory.

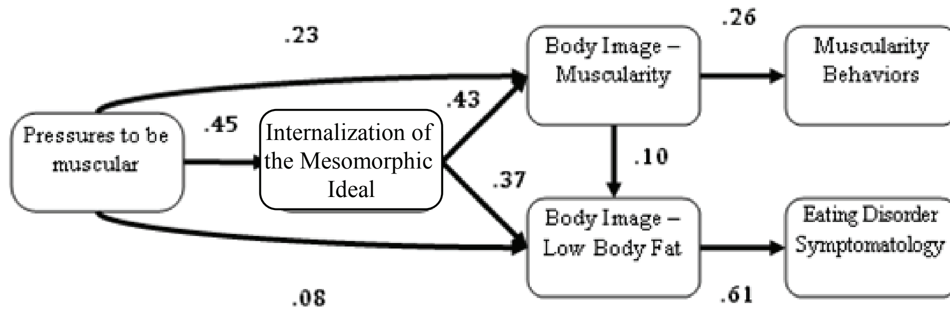

Figure 2. Initial path-analytic model: Sexual Objectification Theory framework, influences of how pressures to be muscular, and internalization of the mesomorphic ideal relate to body change strategies, beginning with negative body image based on muscularity or thinness. This model was controlled for BMI. All values present are significant at $p < .05$.

	Actual	Ideal	Adequate
CFI	.95	≥ .95	.90 ≤ x ≤ .94
TLI	.823	≥ .95	.90 ≤ x ≤ .94
SRMR	.047	≤ .05	.06 ≤ x ≤ .10
RMSEA	.122	≤ .05	.06 ≤ x ≤ .10

Fit Indices for Figure 2.

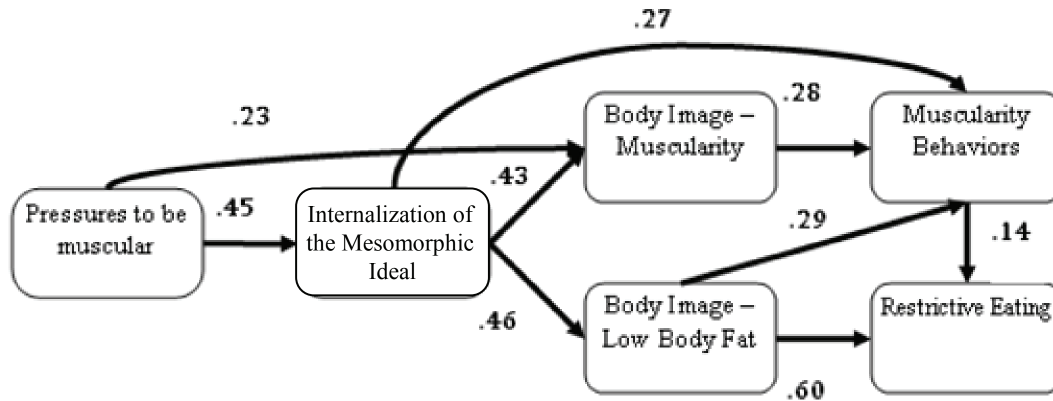

Figure 3. Trimmed model and path coefficients. Certain significant paths that were not predicted in the Objectification Theory framework are presented here, while nonsignificant paths removed. All values significant with $p < .05$.

	Actual	Ideal	Adequate
CFI	.994	≥ .95	.90 ≤ x ≤ .94
TLI	.934	≥ .95	.90 ≤ x ≤ .94
SRMR	.02	≤ .05	.06 ≤ x ≤ .10
RMSEA	.075	≤ .05	.06 ≤ x ≤ .10

Figure 3 Fit Indices

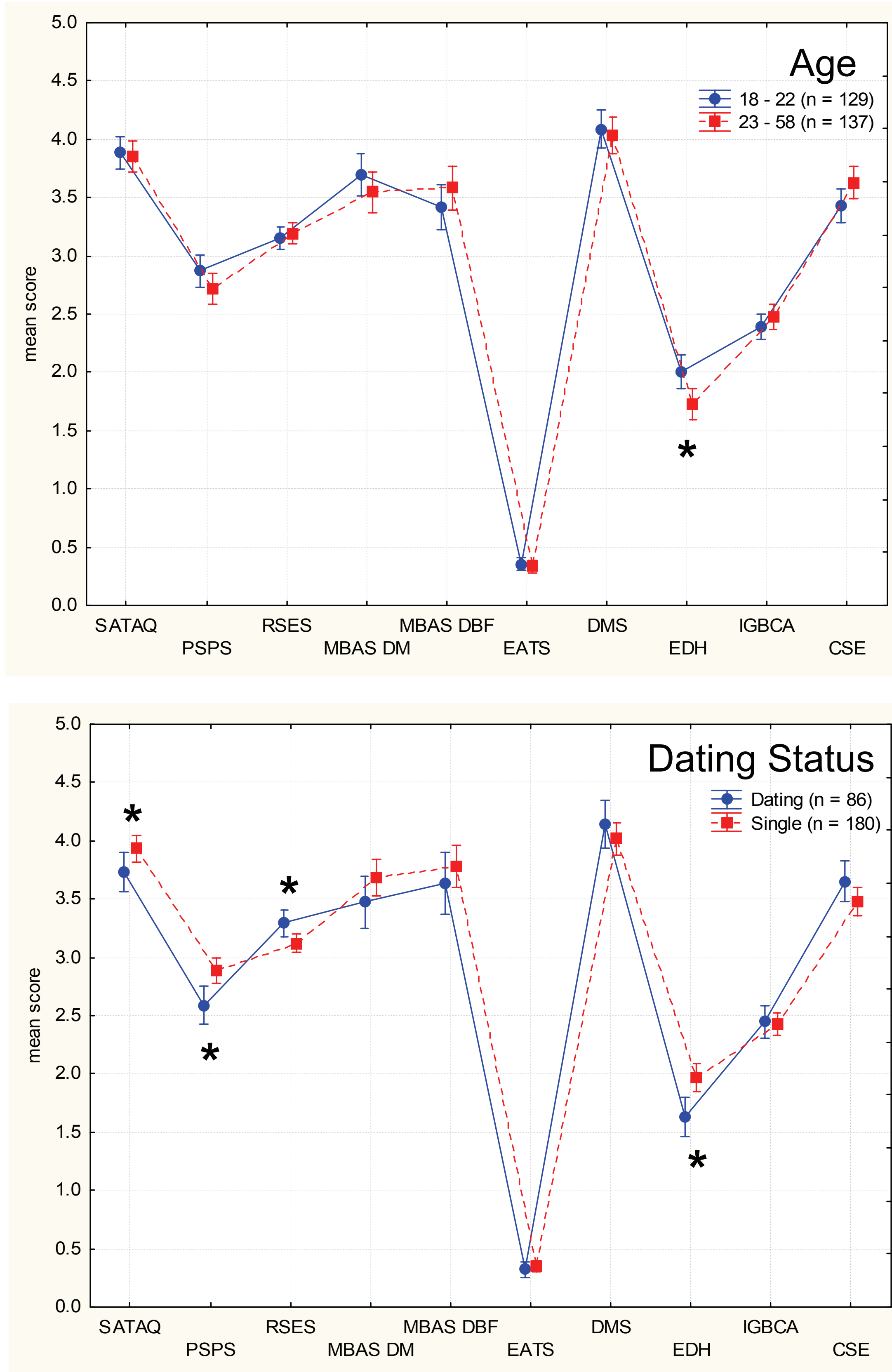

Figure 4. Mean survey scores as a function of dating status (top panel) and age (bottom panel). Error bars are 95% confidence intervals. Asterisks indicate a significant difference ($p < .05$) as a function of the independent variable. Results are discussed in the text.