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Male body image has gained increasing attention among counselors and researchers within the past decade in light of the growing percentage of men reporting dissatisfaction with their bodies. For example, Garner (1997) found that male body dissatisfaction increased by 187% at the end of the 20th century, from 15% in 1972 to 43% in 1997. Sexual minority (bisexual and gay) males are believed to be at greater risk for body image disturbance and related conditions such as disordered eating and steroid use than straight males (Boroughs & Thompson, 2002; Chaney, 2008; Copeland, & Peters, 1999; Drummond, 2005a; Feldman & Meyer, 2007; Harvey & Robinson, 2003; Morgan & Arcelus, 2009; Soban, 2006; Wiseman & Moradi, 2010). Researchers have produced evidence that sociocultural influences impact male body image development (Barlett, Vowels, & Saucier, 2008; Duggan & McCreary, 2004; Pope, Phillips, & Olivardia, 2000; Ryan & Morrison, 2009). Empirical investigation of sociocultural factors has focused primarily on the effects of media despite the fact that Cash (2002) identified interpersonal experiences as a primary factor in body image formation. Evidence exists that experiences with family members, friends, and intimate partners likely impact the body image development of males (Ambwani & Strauss, 2007; Boroughs & Thompson, 2002; Bottamini & Ste-Marie, 2006; Carlin, 2008; Drummond, 2005a; Fawkner, 2004; Galli & Reel, 2009; Harvey & Robinson, 2003; Morgan & Arcelus, 2009; Ryan & Morrison, 2009; Sira & Parker White, 2010; Soban, 2006), yet

the extant data consist of fragmented findings from primarily heterosexual samples. Morgan and Arcelus (2009) further noted that "…gay men experienced a social and media environment more toxic towards body image…" than straight males (p. 41). To address this gap in the literature, the purpose of the study was to explore the role of experiences involving family, friends, and partners in the body image development of sexual minority males in a college-age sample.

Data from the current study were analyzed using Consensual Qualitative Research (CQR) methodology. CQR is an iterative process in which a research team analyzes the data through a multi-step process to reach consensus regarding findings. Data from participant interviews (N=8) were coded into domains and core ideas, analyzed across all eight cases, then further organized into categories. Analysis of the data produced five categories that were labeled as *general*, or applicable to seven or eight participants; 17 categories that were labeled as *typical*, or applicable to five or six participants; and 100 categories that were labeled as *variant*, or applicable to two to four participants. Partners, family, and friends were all found to play influential roles in body development, with partners most significant and friends least significant. Implications for counselors and counselor educators, as well as suggestions for future research, are provided.

AN EXPLORATORY STUDY OF THE ROLE OF FAMILY, FRIENDS, AND

PARTNERS IN THE BODY IMAGE DEVELOPMENT OF

COLLEGE-AGE SEXUAL MINORITY MALES

by

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Approved by

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TABLE OF CONTENTS

LIST OF FIGURES

CHAPTER I

INTRODUCTION

Rationale

There is increasing evidence that many men today experience problems feeling satisfied with their bodies (Garner, 1997). The percentage of men reporting dissatisfaction with their bodies increased by 187% at the end of the 20th century, from 15% in 1972 to 43% in 1997 (Garner, 1997). Olivardia, Pope, Borowiecki, and Cohane (2004) reported in their study of 154 heterosexual male college students that participants believed their bodies should possess a mean of 25 pounds more muscle and a mean of eight pounds less fat to meet their perceived ideal male physique. Interestingly, sexual minority (bisexual and gay) males display more drastic evidence of body image issues. Multiple researchers have reported that gay males were more preoccupied than straight males with increasing muscle mass and decreasing body fat (Peplau et al. 2009; Yelland & Tiggeman, 2003). Peplau et al. (2009) also found that gay participants were more uncomfortable exposing their bodies than straight males. More specifically, gay males were twice as likely as straight males to identify negative body image as having a detrimental impact on their sex lives such as by making attempts to conceal body parts during sex (Peplau et al., 2009). Since risk for body image disturbance is higher among bisexual and gay males (e.g., Chaney, 2008; Dillon, Copeland, & Peters, 1999: Feldman

& Meyer, 2007; Morgan & Arcelus, 2009) and body image disturbance has been linked to both depressive symptoms (Eaton, Lowry, Brener, Galuska, & Crosby, 2005) and suicidal ideation (Whetstone, Morrissey, & Cummings, 2007), a better understanding of body image among sexual minority young adult males is urgent.

Male Body Image

In general, *body image* refers to the ways an individual acts, feels, and thinks regarding her or his own body (Cash, 2002). While body image was originally regarded as an exclusively female issue related to the pursuit of thinness, clinicians and researchers have realized that body image impacts males as well (Pope, Phillips, & Olivardia, 2000). Male body image is distinct from female body image in its bidirectional nature: males may desire to increase muscularity and/or to decrease body fat (Pope et al., 2000). *Body image development* is the process through which body image forms (Cash, 2002).

Male body image operates along a continuum of positive to negative. Positive body image among males may be associated with clinically desirable conditions including higher self-esteem (Davison & McCabe, 2005; Grieve, Jackson, Reece, Marklin, & Delaney, 2008), better social relationships (Hoyt & Kogan, 2001), and greater sexual satisfaction (Filiault, 2007; Holt & Lyness, 2007) as well as the problem of engagement in riskier sexual behaviors (Gillen, Lefkowitz, & Shearer, 2006). Negative male body image may result in the development of male *body image disturbance*, a condition in which irrational beliefs that one's body is inadequate in its present condition are accompanied by an intense drive or obsession to attain one or more specific somatic changes, sometimes in unhealthy ways (Galli & Reel, 2009; McCabe & Ricciaardelli,

2

2004). Researchers have determined that a growing number of men experience body image disturbances that, if left untreated, can lead to a variety of unhealthy, sometimes lethal, consequences including disordered eating (Andersen, Cohn, & Holbrook, 2000; Galli & Reel, 2009; Olivardia et al., 2004; Pope et al., 2000), use of illegal and potentially unhealthy supplements including anabolic steroids, creatine, proteins, and weight-loss supplements (Andersen et al., 2000; Brower, Blow, & Hill, 1994; Komoroski & Rickert, 1992; Pope et al., 2000; Sira & Parker White, 2010), impairment of personal relationships and social interactions, rising in some cases to social anxiety and social phobia (Andersen et al., 2000; Carlin, 2008; Davison & McCabe, 2005; Hoyt & Kogan, 2001; Lee, 1996; Pope et al., 2000), and suicidal behaviors and ideation (Eaton et al., 2005; Kim, 2009; Whetstone et al., 2007). Needless to say, such concerns are commonly encountered by professional counselors, who have an ethical obligation to understand the etiology in order to provide best practices.

Although both negative and positive male body image have been linked with unhealthy conditions and risky behaviors in males (e. g., Galli & Reel, 2009; Olivardia et al., 2004; Pope et al., 2000), positive body image may provide a protective factor against some of these same undesirable conditions (Davison & McCabe, 2005; Grieve et al., 2008). Therefore, further study of the phenomenon of body image development, the process by which one forms thoughts, feelings, and attitudes about one's own body, is critical, particularly since less attention has been given to body image among sexual minority males (Brown & Graham, 2008; Kane, 2009; Kimmel & Mahalik, 2005; Morgan & Arcelus, 2009; Peplau et al., 2009; Reece & Dodge, 2003).

Male Body Image Development among Sexual Minorities

Most sources suggest that body image is a greater concern among gay males than heterosexual males (Boroughs & Thompson, 2002; Chaney, 2008; Drummond, 2005a; Harvey & Robinson, 2003; Morgan & Arcelus, 2009; Soban, 2006), yet very little is known about the unique nature of body image development among gay males, and even less is understood about the nature of body image development among bisexual males as they have been excluded from most studies (e.g., Boroughs & Thompson, 2002; Brown & Graham, 2008; Drummond & Filiault, 2007; Gil, 2007; Rothblum, 2002). The unique cultural contexts of sexual minority males likely contribute to increased concerns about body image (Boroughs & Thompson, 2002; Chaney, 2008; Drummond, 2005a; Harvey & Robinson, 2003; Morgan & Arcelus, 2009; Soban, 2006). Bisexual and gay males are both influenced by gay cultural values through their shared interest in finding same-sex partners and their shared marginalization by mainstream culture. Gay cultural values, heterosexism, and homonegativity are all believed to influence body image among sexual minority males (Chaney, 2008). In fact, the heightened emphasis on fitness and body consciousness in recent decades among men of all sexual identities appears to have originated within gay culture where appearance has historically been valued to a much greater degree than in mainstream heterosexual male culture (Brown & Graham, 2008).

Gay culture may influence body image in a number of ways. Kimmel and Mahalik (2005) proposed that sexual minority male body image can be understood in part through Meyer's (1995) minority stress model. From the perspective of the minority stress model, bisexual and gay males may, like other minority groups in society, endure

chronic stress related to minority stigmatization from such sources as internalized forms of biphobia and homophobia and prejudicial events (Kimmel & Mahalik, 2005; Meyer, 1995). Kimmel and Mahalik (2005) suggest that gay men may perceive a need to become larger and appear physically powerful as a form of physical self-defense against violent attacks originating from disdain for sexual minority males. In addition, the emphasis on physical appearance in gay culture causes many gay males to feel pressure to pursue very high ideals of physical attractiveness in order to secure relationships (Chaney, 2008; Harvey & Robinson, 2003; Soban, 2006). Depression and low self-esteem, risk factors for body image disturbances, may be exacerbated in bisexual and gay males by discomfort with their sexual identity, especially at early stages of the coming-out process (Harvey & Robinson, 2003; Petrie & McFarland, 2009). Gay males reported having experienced more teasing about their bodies as adolescents than straight men reported (Pope et al., 2000).

In addition to minority stress due to their social location external to the dominant culture, bisexual and gay males may also experience gender role strain (Pleck, 1995). Gender role strain refers to the psychological stress created by adherence to rigid, culturally-defined gender roles, especially when an individual's lifestyle is incongruent with social expectations of gender (Pleck, 1995). Males in American culture are expected to present themselves as masculine, which is traditionally defined in part by heterosexuality. Because sexual minority males often lack this public heterosexual association they may experience gender role strain. Men may strive to defy the social notion that being bi or gay is feminine by developing a socially-defined masculine

physical appearance that includes muscularity (Kimmel & Mahalik, 2005). The desire for heightened muscularity has been found among gay men to be related to masculinity, power, and dominance (Drummond, 2003; Halkitis, Green, & Wilton, 2004).

Emphasis on physical attractiveness seems to play a greater role in dating and peer relationships for same-sex-attracted males than straight males (Boroughs & Thompson, 2002; Drummond, 2005a; Harvey & Robinson, 2003; Soban, 2006). A study in the United Kingdom found that social factors including the media and peer group competition influenced body image for both gay and straight men but more strongly for the gay participants (Morgan & Arcelus, 2009). More gay males than heterosexual males in the same study expressed that they felt socially evaluated by others based primarily on body appearance (Morgan & Arcelus, 2009). Adams, Turner, and Bucks (2005) suggested that for gay males, one same-sex social interaction could result in the double body image-related detriment of simultaneous sexual rejection and unfavorable peer comparison. Data regarding the body image of bisexual men appears scant, and more specifically in relation to family, friend, and intimate partner relationships, virtually nonexistent, consistent with Chaney's (2008) observation that bisexual men have usually been excluded from male body image studies.

From a cultural standpoint, social networks of bisexual and gay males are often configured differently than those of heterosexual males. It is widely understood that, due to societal biphobia and homophobia, many bisexual and gay men experience rejection by members of their family of origin and friends. Such experiences have given rise to the description of gay social community as "family," indicating the strong meaning of

6

friendships for many bisexual and gay men. Bisexual men sometimes find themselves straddling both gay and straight cultures while not being fully accepted in either, an experience known as dual marginalization (Ochs, 1996; Oswalt, 2009). This ambiguous social position highlights the potentially crucial role of significant others in bisexual male body image. The unique cultural realities of social ambiguity, realignments of significant social relationships which differ from dominant heterosexual culture, and the dual impacts of social rejection by family and friends along with strengthened friendships among gay culture highlight the importance of understanding the body image development experiences of young bisexual and gay males within their social relationships. In light of the critical role of external social influences, including family, friends and intimate partners, on male body image, it is clear that a better understanding of the process of internalization of body image is needed among sexual minority males. Two social models to be presented in the following section provide a framework for understanding male body image development among sexual minority males.

Social Models of Body Image Development

Two closely related social theories, sociocultural theory and social comparison theory, have been applied by researchers to understand body image development (Rodgers, Paxton, & Chabral, 2009; Ryan & Morrison, 2009). The sociocultural model posits that cultural norms influence individual values and behaviors (Jackson, 2002). Applied to body image, the influences of social agents such as the media, family, friends, and peer groups on individual body image are emphasized (Rodgers et al., 2009). Specifically, in contemporary American culture, the social ideal is for the male body to

7

appear lean and muscular to a degree that is unrealistic for many individuals (Pope et al.,

2000). Men internalize such messages and come to feel that they are inferior when their

bodies do not meet the social ideal.

Media images and messages have garnered the preponderance of social-influence

examinations of body image to date (e. g, Luciano, 2001; Pope et al., 2000; Ryan &

Morrison, 2009). A review of 15 experimental studies found that exposure by men to

images of idealized male bodies produced a small yet significant impact on body

dissatisfaction, particularly for men who internalized the muscular ideal (Blond, 2008).

Similarly, a meta-analysis of 15 studies showed that mass media impacted levels of body

dissatisfaction, self-esteem, and body esteem (Barlett, Vowels, & Saucier, 2008).

Sociocultural influences on body image such as media, locker-room sightings, and

comments and expectations of significant other people were identified by eight of the 10

participants in Galli and Reel's (2009) qualitative study of male athletes in Utah. In

contrast to media influences, less attention has been given to investigation of the

interpersonal aspects of sociocultural influence, such as the interactions within close

relationships, although several studies have linked feedback from family, friends, and

partners with individual body image (e. g., Bottamini & Ste-Marie, 2006; Carlin, 2008;

Hoyt & Kogan, 2001; Ryan & Morrison, 2009).

When understood within the framework of sociocultural theory, gender—and

more specifically, hegemonic masculinity—informs the study of male body image as men

utilize their perceptions about their bodies to evaluate and define their gender identity in

relation to other males (e. g., Bottamini & Ste-Marie, 2006; Drummond, 2005b; Galli &

8

Reel, 2009). Hegemonic masculinity refers to culturally favored conceptions, ideals, and ideological constructions of what constitutes appropriate masculinity (Gerschick & Miller, 1994). Hegemonic masculinity in Western culture endorses aggressiveness, competitiveness, and heterosexuality (Paulsen, 1999), a culturally normative view of masculinity that correlates positively with the desire to be more muscular (McCreary, Saucier, & Courtenay, 2005) and have increased size and strength (Galli & Reel, 2009). For example, young adult males have reported that they compare their bodies with the bodies of male peers and teammates as a form of competition for superior size and strength (Galli & Reel, 2009). Pursuits of sexual partners and sports success as additional symbols of masculinity feed preoccupation with body image; young men invest in their body image to improve physical fitness for athletic performance and to attain a fit body to attract sexual partners (Bottamini & Ste-Marie, 2006; Galli & Reel, 2009; Kimmel, 2008; Ryan & Morrison, 2009). Penis size, another aspect of male body image, evokes anxiety in some men in interpersonal contexts such as locker room comparisons and sexual encounters with intimate partners as masculinity is literally measured in American culture based on genital endowment (Bottamini & Ste-Marie, 2006; Carlin, 2008; Drummond & Filiault, 2007; Kimmel, 2008; Lee, 1996). The recent proliferation of "male enhancement products" advertisements attests to the widespread nature of this phenomenon. All of these provide examples of the way that social/cultural influences may impact body image development of males.

A closely related social approach to understanding body image development among males is social comparison theory (Festinger, 1954), which posits that individuals

seek accurate and objective evaluations of their abilities and attributes from others (Grogan, 2008). When individuals cannot directly evaluate themselves, they strive to satisfy the need for self-evaluation by comparing themselves with other people. Applied to the construct of male body image, social comparison theory suggests that men utilize media images and observations of people either known to them or unknown to them as tools for self-evaluation. Comparisons may be upward (unfavorable toward the self) or downward (favorable to the self) (Grogan, 2008). Leit, Gray, and Pope (2002) conducted a study of college men in which a group of subjects who viewed pictures of muscular men from magazine advertisements reported greater dissatisfaction with their muscularity than another group of subjects who viewed clothing advertisements (Grogan, 2008). In Levesque and Vichesky's (2006) study of gay American men, greater social comparison tendencies related to body dissatisfaction, desire for greater muscularity, and preoccupation with avoiding being overweight. These findings highlight the role of social comparison in impacting body image development, yet especially among sexual minority males, the internal process of making meaning from social experiences has not been adequately explored.

To summarize these two social models and their role in body image development, sociocultural theory posits that forces within the culture impact the way that one feels about his body by communicating standards either explicitly or subtly about the way a man should look. For example, by viewing the pictures of male models featured in a popular men's magazine such as *Men's Health*, a man receives the message that if he wants to be viewed as attractive and desirable, he should strive to emulate the physical

features portrayed in the magazine. Sociocultural theory applied to body image, simply stated, is primarily about the intake and integration of information regarding desirable and undesirable appearance. By contrast, social comparison theory is primarily about evaluation of oneself in relation to other people. Social comparison theory suggests that a man may, for example, mentally evaluate the acceptability of his body by comparing it favorably or unfavorably to the body of a friend, a stranger he sees walking on campus, or an actor in a movie. Both of these models outline and illustrate the power of interpersonal factors in male body image formation.

Interpersonal Social Factors in Body Image Development

Considered in the context of social models, family members, friends, and romantic/sexual partners can influence many aspects of men's lived experience, as people typically granted significant levels of influence over individuals from childhood into adulthood. Studies of male body image have commonly included friend relationships within the broader category of peers, but in the current study, focus is given specifically to friends as the more intimate form of peer relationships. Ryan and Morrison (2009), in their qualitative study of factors influencing male body image investment among young Irish males using sociocultural and social comparison theories, referred to Cash's (2002) conceptualization of body image evaluation and investment, in which Cash identified interpersonal experiences as one of four especially salient factors which influence body image investment and evaluation, along with cultural socialization, physical characteristics, and personality attributes. Body image evaluation refers to positive-to-negative appraisals of and beliefs about one's own body (e.g., "I like my body," "My legs

are too skinny," etc.), including satisfaction and dissatisfaction (Cash, 2002). A helpful way of understanding the concept of body image evaluation may be to think of it as body image *self*-evaluation, as the process of evaluation is operationalized by and within the individual. Body image investment is the level of importance assigned to body image evaluation (Cash, 2002).

Tantleff-Dunn and Gokee (2002) suggested three interpersonal processes that may contribute to body image development: (a) reflected appraisal, which is the idea that the opinions of others influence one's opinion of oneself; (b) feedback on physical appearance, which may come from any person including family members, coaches, employers, or strangers; and (c) social comparison, which relates to one's propensity to compare one's appearance to others. Studies of adolescent and young adult males have provided support for the idea that both negative and positive effects on body image may emerge through experiences with family members, friends, and romantic/sexual partners in the form, for example, of comments, teasing, pursuit of romantic relationships, and visual body comparison with other males (Ata, Ludden, & Lally, 2007; Bottamini & Ste-Marie, 2006; Carlin, 2008; Galli & Reel, 2009; Hoyt & Kogan, 2001; McCabe & Ricciardelli, 2003; Olivardia, 2001; Pope et al., 2000; Ricciardelli, McCabe, & Banfield, 2000; Ryan & Morrison, 2009; Sira & Parker White, 2010). Sira and Parker White (2010) lament that family influence has been overlooked in favor of media, peer pressure, and broad societal influences. Researchers have called for further investigation of body image as it relates to men's experiences with family and friends (Ryan & Morrison, 2009) and romantic relationships (Ambwani & Strauss, 2007; Tantleff-Dunn & Gokee, 2002). The

relevance of family, friends, and intimate partners for male body image has been only minimally explored, and when it has been researched, primarily among heterosexual males, despite the fact that bisexual and gay males have been found to be at increased risk for body image disturbance and related problems such as disordered eating and steroid use (Chaney, 2008; Dillon et al., 1999; Feldman & Meyer, 2007; Morgan & Arcelus, 2009). Needless to say, there is a need for additional research among sexual minority males as they face unique challenges with dating and relationship formation in sexual minority culture.

Statement of the Problem

Bisexual and gay males are believed to be more conscious of their bodies than heterosexual males due to pressures unique to sexual minority status such as increased emphasis on appearance within gay culture and homonegative attitudes from heterosexual culture (Morgan & Arcelus, 2009; Wiseman & Moradi, 2010). Furthermore, gay and bi males are at greater risk than straight men for the formation of body image disturbance and related conditions such as disordered eating and anabolic steroid use (Chaney, 2008; Dillon et al., 1999; Feldman & Meyer, 2007; Morgan & Arcelus, 2009). Evidence exists that interpersonal interactions with family members, friends, and intimate partners likely form a social context in which unique experiences of body image development occur for men across sexual identities, yet the extant data consist of fragmented findings from primarily heterosexual samples (Ambwani & Strauss, 2007; Boroughs & Thompson, 2002; Bottamini & Ste-Marie, 2006; Carlin, 2008; Drummond, 2005a; Fawkner, 2004; Galli & Reel, 2009; Harvey & Robinson, 2003; Morgan & Arcelus, 2009; Ryan &

13

Morrison, 2009; Sira & Parker White, 2010; Soban, 2006). Therefore, the problem addressed in this study was that the role of body image experiences which occur in interpersonal relationships of sexual minority young men needs to be understood in greater depth to contribute to the understanding of body image formation among sexual minorities and inform counseling practice with this population.

Since relationships with family, friends, and intimate partners play such central and influential roles in the lives of many men, extant data related to interpersonal influences on male body image suggest that the study can provide valuable insights into the phenomenon of male body image development (Ambwani & Strauss, 2007; Boroughs & Thompson, 2002; Bottamini & Ste-Marie, 2006; Carlin, 2008; Drummond, 2005a; Fawkner, 2004; Galli & Reel, 2009; Harvey & Robinson, 2003; Morgan & Arcelus, 2009; Ryan & Morrison, 2009; Sira & Parker White, 2010; Soban, 2006). Currently, counselors must rely on limited extant data that are more applicable to heterosexual males than to bisexual and gay males. The application of such heteronormative data may lead to prevention and treatment approaches which are less effective for sexual minority men and may be inappropriate or dangerous as counselors unknowingly replicate heterosexist, binegative, or homonegative assumptions (Chaney, 2008).

Purpose of the Study

This study was conducted to investigate the role of family, friend, and romantic/sexual relationships in male body image development among young bisexual and gay males. Body image researchers have previously noted the value of qualitative research to fully capture the complex, subjective, perceptual, experiential nature of male

body image (Bottamini & Ste-Marie, 2006; Chaney, 2008; Filiault, 2007; Galli & Reel, 2009; Morgan & Arcelus, 2009; Ridgeway & Tylka, 2005). This study applied qualitative methods to produce rich, thick descriptions of college-age bisexual and gay men's body image development experiences with family, friends, and romantic/sexual partners. As this was the first comprehensive investigation of the topic, the study was exploratory in nature. Exploratory studies often utilize qualitative method as an effective tool for identifying salient variables. Consensual Qualitative Research (CQR) methodology was utilized to understand in depth the nature of developmental body image experiences of sexual minority males within a relational context.

Through this investigation, understandings of several pertinent issues were to be addressed. The unique nature of factors which shape bisexual and gay males' body image development were to be elucidated. The roles of interpersonal relationships with significant people and sexual identity in relation to male body image development of sexual minority males were to be more fully articulated. Themes identified through data analysis were to provide foundations for future studies to enhance prevention, assessment, treatment, and wellness in the practice of counseling, especially with bisexual and gay male clients.

Research Question

One grand-tour research question guided the study:

How do sexual minority males describe the relationship between their body image development and their experiences involving (a) family members, (b) friends, and (c) romantic/sexual partners?

15

Significance of the Study

Previous research has established that bisexual and gay males are more likely to report dissatisfaction with their bodies than straight males. Subsequently, this population is at greater risk for body image disturbance that can lead to a number of mental health concerns (e.g., disordered eating, compulsive exercise, depression, addiction, suicidality, impairment of social relationships and sex life, etc.). Understanding more fully how interpersonal sociocultural factors interact with body image among a sample of young adult bisexual and gay males may assist counselors in building upon the existing resources to promote healthy body image development and effective interventions for this population. New contributions will be added to the general body of literature about male body image. Directions for further research investigation will be identified.

Definition of Terms

Body image refers to the ways an individual acts, feels, and thinks regarding her or his own body (Cash, 2002).

Body image development is the process through which body image—the ways an individual acts, feels, and thinks, regarding her or his own body—forms (Cash, 2002).

Body image disturbances involve both a cognitive irrational belief that one's body is inadequate in its present condition and an intense drive or obsession to attain one or more specific somatic changes that produces unhealthy cognitions and behaviors (Galli & Reel, 2009).

Family, for the purpose of this study, refers to members of an individual's immediate and extended family, including parents, siblings, grandparents, aunts, uncles, cousins, and children.

Friends, for the purpose of this study, refers to a subgroup of peers who are personally known to the individual and are considered to be members of the individual's social circle.

Romantic/sexual partner, for the purpose of this study, refers to individuals with whom the subject has previously had or currently has a romantic and/or sexual relationship, including boyfriends, girlfriends, dates, partners, and spouses, in relationship structures ranging in longevity and commitment from one-time encounters to marriage. The term intimate partner will be used interchangeably in this study.

Sexual orientation is an individual's emotional and erotic orientation of attraction toward members of one's own gender and/or toward other genders (Hyde & DeLamater, 2003).

Sexual identity is a person's self-identification based upon sexual orientation (Hyde & DeLamater, 2003, p. 412).

The following terms refer to sexual identity or orientation:

Bisexual refers to attraction toward men and women. The synonymous term bi will be used interchangeably in this study.

Gay refers to attraction toward one's own gender.

Heterosexual refers to attraction toward one's opposite gender (man or woman). The synonymous term straight will be used interchangeably in this study.

17

Sexual minority in this study refers to individuals who self-identify their sexual

orientation as bisexual or gay.

Organization of the Study

This study is presented in five chapters. Chapter I provides a brief introduction to

the study, including the rationale, statement of the problem, purpose of the study,

research questions, significance of the study, definition of terms, and organization of the

study. Chapter II presents an extensive review of the literature related to male body

image development especially among sexual minorities, roles of interpersonal

relationships in body image development, and relevant foundational social models.

Chapter III describes methodology and procedures of data analysis. Chapter IV presents

the results of the data analysis. Finally, Chapter V addresses conclusions, limitations, and

implications for practice and future research.

CHAPTER II

REVIEW OF RELEVANT LITERATURE

Overview

In Chapter I the rationale for a study exploring the body image development of young adult bisexual and gay males through interpersonal experiences in the contexts of family, friend, and intimate partner relationships was presented. In this chapter the literature relevant to this study will be examined in four sections: (a) male body image, (b) male body image development among sexual minorities, (c) social models of body image development, and (d) interpersonal factors in body image development. The chapter concludes with a discussion of the implications of the literature reviewed, particularly in relation to the purpose of this study.

Male Body Image

In recent decades the media and society have increasingly presented a particular body ideal for men emphasizing a lean, muscular appearance (Pope et al., 2000). Multiple studies have found evidence that problems related to body image in males, especially among young adult males, are being reported with increasing frequency and severity (Garner, 1997; Olivardia et al., 2004; McCauley, Mintz, & Glenn, 1988; Mishkin, Rodin, Silberstein, & Streigel-Moore, 1986; Pope et al., 2000). Startling evidence for this reality is found across a series of surveys in which the percentage of men reporting

dissatisfaction with their body increased by 187% at the end of the 20th century, from 15% in 1972 to 43% in 1997 (Garner, 1997). Especially surprising is that dissatisfaction with breasts/chest was more prevalent among males (38%) than females (34%) (Garner, 1997). Olivardia et al. (2004) reported in their study of 154 heterosexual male college students that participants believed their bodies should possess a mean of 25 pounds more muscle and a mean of eight pounds less fat to meet their perceived ideal male physique. Morgan and Arcelus (2009) specifically note that "…gay men experienced a social and media environment more toxic towards body image…" than straight males experienced (p. 41). These findings suggest that body dissatisfaction among males is a growing psychological reality and that sexual minority males are likely impacted more severely than heterosexual males.

Body image development is the process by which one's body image—the ways a person acts, feels, and thinks regarding her or his body—forms (Cash, 2002). Body image in men has been linked with problems ranging from disordered eating to suicidal ideation (Andersen et al., 2000; Eaton et al., 2005; Galli & Reel, 2009; Kim, 2009; Olivardia et al., 2004; Pope et al., 2000; Whetstone et al., 2007). Pertinent information regarding the occurrence of body image among males in general will be presented to establish the context through which the current study emerged and to illustrate the significant clinical issues which sexual minority males may experience in relation to body image development as influenced by interpersonal social experiences.

Unique Nature of Body Image in Males

Body image refers to the ways a person acts, feels, and thinks regarding her or his body (Cash, 2002). Body image may impact overall wellness in negative and/or positive directions. When body image becomes problematic, the person may be said to have a body image disturbance. Body image disturbances involve both irrational beliefs that one's body is inadequate in its present condition and an intense drive or obsession to attain one or more specific somatic changes that produces unhealthy cognitions and behaviors (Galli & Reel, 2009).

Until researchers began to investigate the body image experiences of males roughly a decade ago, body image disturbance was commonly assumed to be an exclusively female concern (Pope et al., 2000; Pruzinsky & Cash, 2002). It was believed that men did not significantly concern themselves with their physical appearance. Subsequently, the first body image assessment tools were biased toward identifying the dominant *female* body goal of *decreasing* weight, leading researchers to miss the body goal of *increasing* weight expressed by many males (Cohane & Pope, 2001; McCabe & Ricciardelli, 2004). Publication of the seminal book *The Adonis Complex* by Pope, Phillips, and Olivardia in 2000 brought the issue of male body image to the forefront by exposing male desire to obtain an idealized body.

While certain core elements of body image may be relevant to both female and male body image, the unique and distinctive nature of male body image in contrast to female body image has been identified by numerous researchers (e.g., Cafri & Thompson, 2004; McDonagh, Morrison, & McGuire, 2008; Pope et al., 2000). Male

21

body image generally is distinct from female body image in its bidirectional nature. Whereas females primarily desire to attain a socially prescribed ideal of thinness, males aspire to both increase muscularity and decrease body fat (Pope et al., 2000). This bidirectional nature of male body image contributes to the potential for dissatisfaction among males. Morgan and Arcelus (2009) found that males tend to associate health and the value of body appearance more closely than do females, which the authors contend is a protective factor for males in that males are likely to be more invested in avoiding unhealthy behaviors such as disordered eating in their pursuit of a desirable body appearance.

The male body image research to date is limited by the fact that sexual minority males, a population especially vulnerable to body image issues, have been minimally studied. Furthermore, specific attention to variables at work within interpersonal relationships which may influence body image development among bisexual and gay males has been largely ignored.

The Ideal Male Body

Traditionally, men's bodies have been valued more for utility than aesthetic appeal (Drummond, 2005b). However, in the latter decades of the 20th century, escalating emphasis on an idealized lean, muscular appearance as reflected in the media contributed to male anxieties about the adequacy of their physical appearance. The ideal male physique communicated through societal messages and desired by many men includes the following key features: (a) a V-shaped mesomorphic body that is broad at the shoulders and narrow at the waist (Olivardia et al., 2004; Ridgeway & Tylka, 2005); (b) a

22

moderately lean build that is neither fat nor overly thin (Bottamini & Ste-Marie, 2006; Drummond, 2005b; Ridgeway & Tylka, 2005); (c) moderate upper-body musculature, but not rising to the muscle size of bodybuilders (Bottamini & Ste-Marie, 2006; Drummond, 2005b; Olivardia et al., 2004; Ridgeway & Tylka, 2005); (d) above-average height (Bottamini & Ste-Marie, 2006; Carlin, 2008; Ridgeway & Tylka, 2005); (e) a flat six-pack abdomen (Bottamini & Ste-Marie, 2006; Carlin, 2008; Ridgeway & Tylka, 2005); (f) large genital endowment (Bottamini & Ste-Marie, 2006; Carlin, 2008; Drummond & Filiault, 2007; Lee, 1996; Pope et al., 2000); (g) attention to body grooming including removal or control of body hair (Boroughs & Thompson, 2002a; Bottamini & Ste-Marie, 2006; Carlin, 2008; Drummond, 2005a); and (h) a full head of hair (Bottamini & Ste-Marie, 2006; Carlin, 2008; Pope et al., 2000). Given that the ideal male body is something that few individuals achieve, it is not surprising that clinical issues related to male body image are increasing.

Clinical Correlates of Male Body Image

Enhanced understanding of the etiology of male body image is critical due to the many clinical issues which have been correlated to body image through research. The concerns of decreasing body fat and increasing muscularity drive body image both negatively and positively in males, leading to many potentially dangerous outcomes (Jones & Crawford, 2005). Yet a traditional social taboo against men expressing concern about their appearance generates internal conflict in some men and prevents them from admitting that they have problematic body image issues or seeking help (Pope et al.,

2000). Needless to say, such concerns are likely encountered by practicing counselors, therefore understanding the etiology of such concerns is important.

Conceptually, body image can be thought of as operating along a continuum of highly positive to highly negative. A positive body image exists when a person evaluates his or her body as desirable or satisfactory, while a negative body image occurs when a person evaluates his or her body as undesirable or unsatisfactory. Because both extremes in negative and positive male body image are linked with unhealthy conditions and risky behaviors in males, and because a positive body image may potentially provide a protective factor against some of these same undesirable conditions, consideration of both negative and positive manifestations of body image is critical.

Figure 1. Conceptual Model of the Body Image Continuum
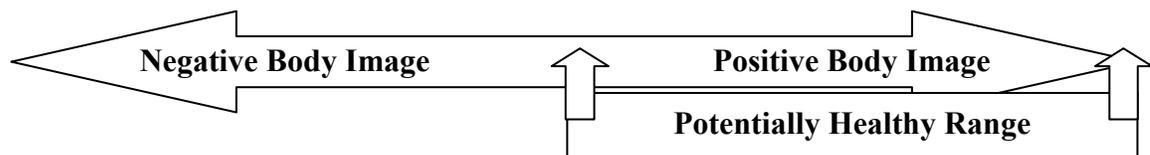
Negative male body image may result in the development of body image disturbance, a condition in which irrational beliefs that one's body is inadequate in its present condition are accompanied by an intense drive or obsession to attain one or more specific somatic changes, sometimes in unhealthy ways (Galli & Reel, 2009; McCabe & Ricciaardelli, 2004). Researchers have determined that a growing number of men experience body image disturbances that, left untreated, can lead to a variety of unhealthy, even lethal, consequences including (a) disordered eating (Andersen et al.,

2000; Galli & Reel, 2009; Olivardia et al., 2004; Pope et al., 2000), (b) affective distress including depression, stress, and negative self-evaluation (Carlin, 2008; Chaney, 2008; Davison & McCabe; 2005; Hayman et al., 2007; Hoyt & Kogan, 2001; McCauley et al., 1988; Olivardia et al., 2004; Pope et al., 2000), (c) body dysmorphic disorder and, more specifically, muscle dysmorphia (Pope et al., 2000), (d) delusions and obsessive-compulsive behaviors (Andersen et al., 2000), (e) aggression, bullying (as both aggressor and victim), and violence (Pope et al., 2000; Shelton & Liljequist, 2002), (f) illegal and potentially unhealthy supplements including anabolic steroids, creatine, proteins, and weight-loss supplements (Andersen et al., 2000; Brower et al., 1994; Komoroski & Rickert, 1992; Pope et al., 2000; Sira & Parker White, 2010), (g) compulsive and/or excessive exercise (Andersen et al., 2000; Pope et al., 2000), (h) insecurities related to gender identity and masculinity (Andersen et al., 2000; Carlin, 2008; Klein, 1993; Mills & D'Alfonso, 2007; Pleck, 1995; Pope et al., 2000; Tager, Good, & Morrison, 2006; Weinke, 1998), (i) impairment of personal relationships and social interactions, rising in some cases to social anxiety and social phobia (Andersen et al., 2000; Carlin, 2008; Davison & McCabe, 2005; Hoyt & Kogan, 2001; Lee, 1996; Pope et al., 2000), (j) impairment of sexual functioning (Davison & McCabe, 2005; Pope et al., 2000), and (k) suicidal behaviors and ideation (Eaton et al., 2005; Kim, 2009; Whetstone et al., 2007). All of these consequences may impact or be impacted by interpersonal relationships, and several relate specifically to such relationships. The vast majority of studies that investigated body image among males have included exclusively or nearly all

25

heterosexual males, whereas only a small portion of the clinical data has included sexual minority males.

To date, little research has investigated clinical correlations of positive body image. Positive body image has been associated with both wellness and problematic behavior. Attention has focused on clinically desirable conditions including (a) higher levels of self-esteem (Davison & McCabe, 2005; Grieve et al., 2008), (b) better social relationships (Hoyt & Kogan, 2005), (c) social confidence and comfort (Cash & Fleming, 2002), and (d) greater sexual satisfaction (Filiault, 2007; Holt & Lyness, 2007). A well-muscled body allows males with feelings of insecurity and vulnerability to outwardly demonstrate traditional masculine characteristics like confidence and toughness, which may translate into higher levels of social acceptance and affirmation that, in turn, improve internal experiences of self-worth and self-confidence (Klein, 1993). Positive body image in both females and males has been associated with more intimate interpersonal interactions, including enhanced feelings of confidence and influence (Nezlek, 1999). Galli and Reel (2009) qualitatively investigated the social construction of body image experiences of former and competitive male athletes in Utah (*Mean Age=23*). They found that that six of the 10 participants identified factors they perceived as positive consequences of attaining an ideal male body, including self-esteem, social perception of power, and competitive advantage (Galli & Reel, 2009). However, the researchers failed to indicate whether they used an established qualitative method, and if so, its identity.

Conversely, positive body image has been associated with at least one problematic behavior. In their study of body image and risky sexual behaviors among females and males ages 17-19, Gillen et al. (2006) found that males with more highly positive beliefs about their appearance were more likely to practice unprotected sex and to have a higher number of lifetime sex partners than males with more negative beliefs about their appearance. The findings appear to be consistent with societal norms regarding masculinity. That is, in American culture, the male gender role is associated with sexual freedom, so the authors conjectured that males with more positive feelings about themselves felt more confident in pursuing sex partners and were more focused on their own pleasure in choosing not to use condoms, which are often said to inhibit pleasurable sensations (Gillen et al., 2006). How this phenomenon plays out among sexual minority males is unknown.

Male Body Image Development among Sexual Minorities

Despite mounting evidence that many young adult males experience dissatisfaction with their bodies, research to understand males' body image development (i.e., the process by which one forms thoughts, feelings, and perceptions of one's own body) remains scarce among sexual minority (bisexual and gay) males (Brown & Graham, 2008; Chaney, 2008; Kane, 2009; Kimmel & Mahalik, 2005; Morgan & Arcelus, 2009; Peplau et al., 2009; Reece & Dodge, 2003). A preponderance of sources suggests that body consciousness is a greater issue among bisexual and gay males than heterosexual males (Boroughs & Thompson, 2002; Chaney, 2008; Drummond, 2005a; Harvey & Robinson, 2003; Morgan & Arcelus, 2009; Soban, 2006). While relatively

little data is available regarding gay male body image, Ryan, Morrison, and McDermott (2010) noted that even less is known about bisexual males, as they have been excluded from most studies (e.g., Boroughs & Thompson, 2002; Brown & Graham, 2008; Drummond & Filiault, 2007; Gil, 2007; Rothblum, 2002). Extant data suggest that sociocultural factors, including interpersonal relationships, may influence body image development among sexual minority males, yet previous research has not adequately explored this specific sociocultural domain (Adams, Turner, & Bucks, 2005; Boroughs & Thompson, 2002; Drummond, 2005a; Harvey & Robinson, 2003; Soban, 2006; Wiseman & Moradi, 2010). Therefore, this study contributes to the body of literature an initial awareness of themes which are salient to understanding the role of close interpersonal relationships in body image formation among young adult sexual minority males.

Sexual Minority Males in Their Own Words

The personal experiences of several gay males reported in previous studies provide bases for contextualizing the study of body image among sexual minorities. No bisexual male stories could be located in the research. The first-person accounts of these men allow us to hear the very real and deeply impactful nature of body image experiences. Following these quotes, themes which they reveal shall be summarized. Peter, a gay college student in the United States:

> I was teased a lot as a kid. They used to call me a "faggot" and a "weakling." I don't know [why they called me a weakling]. I was just as big and strong as any other kid at my school. But it was obvious, even when I was quite young, that I was gay. I mean, I didn't specifically realize in junior high school that I was attracted to men, but there was definitely something noticeably different about me even at that time. I sensed it, and the other kids sensed it. They didn't have the words to describe what was different about me, so instead they disparaged my

28

body—even though my body was just as good as theirs. Well, I guess I just began to disparage my body, too. (Pope et al., 2000, p. 216)

A gay man in the United Kingdom:

Particularly in the gay climate, yes I think there is competition. Yes, it's more so than in the straight world as it were. Yes, yes because there is more emphasis on the way you look, um, and the way you act. Well not necessarily the way you act, but the way you look anyway. (Morgan & Arcelus, 2009, p. 438)

Kyle, a 30-year-old gay man:

In the gay world, your body is the only currency you've got to negotiate with. With a woman, it's going to matter whether you show up in a '00 Porsche or an '87 Ford. But to a gay guy, that's not going to make much difference in comparison to what you look like. (Pope et al., 2000, p. 217)

A gay man in the United Kingdom:

Then I suppose that there would be competition because, especially in a gay bar, because it's a concentration of people in one area, with one thing on their mind. (Morgan & Arcelus, 2009, p. 439)

A gay man in the United Kingdom:

I think that in a gay relationship there is more pressure to look a certain way compared to perhaps a straight relationship. (Morgan & Arcelus, 2009, p. 440)

Aldo, a 22-year-old gay man in the United States:

I haven't done juice [steroids] yet, but give me a year. There's no question I'm gonna do it eventually. I've watched what steroids have done for my friends. My friend Gary has gotten huge, and he's HIV-positive! He's put on all that extra

muscle on his shoulders and chest, and he looks hot. I'll be damned if someone with HIV looks healthier than I do. (Pope et al., 2000, p. 218-219)

Jeff, a gay male in his late 40s in the United States:

It may have been because I was getting a little bit older, and I noticed that I wasn't attracting the younger guys quite as much as I had before. I started thinking more about my body. When you're dancing with your shirt open at a club, nobody cares where you got your college degree. It's what your chest looks like... I pitied [other gay guys my age] because I knew they weren't getting any ass. And I myself became more critical of their appearance. It got so that pretty boys, if they didn't have any muscle, didn't turn me on as much anymore. I started to prefer guys who were as muscular as myself, or preferably more so. I don't mind lifting in straight gyms, either. In fact, being more muscular has made me feel a lot more comfortable around straight guys. Lifting has made up for all those years of my having felt inferior back in high school. (Pope et al., 2000, p. 220-222)

These men, speaking from their experiences in sexual minority culture, illustrate some of the unique pressures and effects of body image concerns among sexual minority males. Themes reflected in these first-person accounts include teasing, feeling different from a young age, competition based on appearance, body as currency, appearance pressures to maintain same-sex relationships, use of anabolic steroids, concern with HIV and health appearance, age, muscularity, and seeking sexual contact. In the following section these and other factors related to body image among sexual minority males will be further examined with regard to the distinct cultural context of bisexual and gay males. These reports are consistent with a growing body of literature supporting the theory that body image disturbances are more pervasive and severe among bisexual and gay males than among their heterosexual counterparts.

General Research into Sexual Minority Male Body Image

Recent research has begun to look more directly at body image disturbance among sexual minority males, with interesting findings. Chaney (2008) conducted one of the few analyses of sexual minority male body image inclusive of both bisexual and gay males. He studied muscle dysmorphia among gay and bisexual men as it relates to feelings of loneliness and levels of self-esteem. Operating from the viewpoint that gay and bisexual men focus more attention on muscularity than do straight men, Chaney (2008) recruited 304 participants at a gay pride festival in a large urban city. Participants self-reported as gay (*N=290; 95.4%*) and bisexual (*N=14; 4.6%*) and ranged in age from 18-63 years (*Mean=34.28 years, Median=34.00 years*).

Chaney had the participants complete three scales: the Muscle Appearance Satisfaction Scale (MASS), Rosenberg Self-esteem Scale (RSES), and UCLA Loneliness Scale (ULS-version 3). Chaney reported that the MASS is used to assess cognitive, behavioral, and affective domains of muscle dysmorphia (Mayville, Williamson, White, Netemeyer, & Drab, 2002). It consists of 19 items to which participants responded using a five-point Likert scale that was modified by Chaney (2008) from its original seven-point form with the goal of producing higher quality results. Chaney (2008) reported acceptable internal consistency with alpha coefficients of .73 to .82, two-week test-retest reliability of .76 to .89, construct validity through significant positive correlations with various measures of body dysmorphic symptoms (Mayville et al., 2002), and good internal consistency (α=.88). The RSES is a measure of self-esteem using a four-point Likert scale (Rosenberg, 1965). Chaney (2008) cited Silber and Tippett's (1965) two-

week test-retest correlation of .85 for the RSES, construct validity through correlation with theoretical constructs related to self-esteem (Rosenberg, 1965), and good internal consistency (α=.87). The ULS uses 20 items and a four-point Likert scale to assess the degree of loneliness experienced by individuals (Russell, 1996). Chaney (2008) cited high reliability (α=.89 to .94) and 12-month test-retest reliability (α=.73) (Russell, 1996). Chaney (2008) reported high internal consistency (α=.91).

Using Pearson product-moment correlations, Chaney (2008) found that a positive correlation existed between muscle dysmorphia and feelings of loneliness ($r = .22$, $p <$ *.01, medium Cohen effect size .30*). A negative correlation emerged between muscle dysmorphia and self-esteem ($r = -.30$, $p < .01$, *small Cohen effect size .10*). Chaney's study was not designed to identify causation; however, Chaney (2008) hypothesized that loneliness and low self-esteem may either be antecedents to muscle dysmorphia or result from it. Chaney speculated that bisexual and gay males may grow up experiencing negative self-esteem and feelings of loneliness due to the negative messages society transmits regarding same-sex attractions, resulting in an obsession with increasing muscle mass as overcompensation. Another possibility is that loneliness and low self-esteem emerge out of the dehumanizing physical objectification that muscle dysmorphia promotes or the feeling of loss of control that grow out of compulsive muscle-building behaviors. Limitations of the study include the heavily Caucasian racial composition of the sample, the higher-than-average presentation of muscle dysmorphia among the sample as compared with the general population, and potential limitations of the

assessment instruments, which may not adequately account for influences unique to sexual minority individuals (Chaney, 2008).

Chaney (2008) emphasized three primary influences on bisexual and gay male body image: the media, cultural norms, and heterosexism. Chaney (2008) theorized that the media contributes to body image disturbances when bisexual and gay males view magazines and photographs depicting attractive, fit males, and when they see pictures on sexually explicit websites (Chaney & Chang, 2005; Duggan & McCreary, 2004). He noted three gay cultural themes that likely contribute to the desire of bisexual and gay males to be more lean and muscular: (a) the high value placed on general physical appearance, due largely to the desire to attract sex partners, (b) the desire to avoid the stigma associated with HIV/AIDS by not wanting to appear overly thin or emaciated, and (c) the desire to appear younger by having a muscular build, again with a motive of attracting sex partners (Chaney, 2008). Bisexual and gay men may focus attention on body image partially in response to heterosexist, binegative, and homonegative societal messages which communicate that they are not masculine enough (Chaney, 2008). Especially pertinent to the current study are Chaney's (2008) identification of (a) the experience of social loneliness and (b) the desire to attract romantic/sexual partners. Chaney (2008) did not, however, further explicate factors at work within interpersonal experiences that impact body image or the means by which they do so.

Australian clinician Kane (2009) conducted a critical review of an unspecified number of studies of gay male body image from the stated perspective of a clinical practitioner, evaluating the studies according to the degree to which they could account

for the clients he had seen in his practice who did not fit the universal images presented of gay males as, using his descriptions, "self-loathing" and "obsessed with appearance". Kane (2009) identified two schools of thought regarding body image influences on gay males which he termed the "old" and "new" orthodoxies. The old orthodoxy represents the early belief that gay males desired to become thin just as females desired to become thin (Kane, 2009). The new orthodoxy, which he claims is currently more frequently espoused, asserts that gay males share much the same body ideal as straight males, which is to be lean and muscular (Kane, 2009). Within the new orthodoxy four factors are commonly identified as contributors to gay male body image: (a) childhood experiences of being marginalized and teased for gender nonconformity, (b) stress due to minority status leading gay males to attain physical size as an assertion of mainstream masculinity and power, (c) gay cultural expectations of significant investment in gym activity in pursuit of muscularity, and (d) the desire to avoid appearing overly thin as one with HIV/AIDS might be (Kane, 2009). These factors echo those of Chaney (2008) reported earlier in this chapter.

Kane (2009) disagrees with both the old and new orthodoxies, asserting instead that the body image issues of all males across sexual identities are diverse; therefore, bisexual and gay male body image influences cannot be easily quantified. Kane's work may be understood as a practical attempt to account for experiences of diverse gay clients, but he appears to have undertaken his analysis with a stated bias against the general state of the gay body image literature. Problematic is the fact that Kane did not specify the methods by which he evaluated the studies, if any, beyond his own clinical

experiences. Nevertheless, this ongoing controversy speaks directly to the need to develop greater insight into how sexual minority males experience their body image.

Filiault and Drummond (2009) conducted a meta-analysis of 45 articles about gay male body image. They note the dearth of attention bisexual and gay males have received in relation to straight males in the body image literature. The relatively few peer-reviewed publications which have focused on gay male body image had not been systematically critiqued, so the authors set out to accomplish that mission with one guiding question: How do we know what we know about gay men's body image? Empirical qualitative and quantitative articles regarding gay men's body image and eating disorders published from 2000 and 2007 were included. Articles were coded according to (a) participant recruitment and definition methods, (b) instruments and procedures used to assess body image, and (c) methods of analysis.

Regarding participant recruitment, Filiault and Drummond (2009) found that there have been relatively balanced numbers of qualitative (18) and quantitative studies (25) with an additional two being mixed-methods. They laud the relatively high number of qualitative studies as noteworthy in juxtaposition to what they describe as the quantitative bias of psychology. The quantitative studies generally used small participant pools, which could be problematic due to low statistical power. On the other hand, they found the qualitative research about gay male body image used relatively large participant pools, which they deemed exceptional and positive relative to qualitative studies in general. A significant shortcoming of the qualitative research is that only five of the studies specified the methodology beyond the general description as "qualitative."

Most work has focused on younger males in their 20s and 30s (Filiault &

Drummond, 2009). Convenience and snowball sampling recruitment methods are the

most common. The authors report this is appropriate, citing qualitative researcher

Patton's (2002) recommendation that convenience and snowball methods be applied with

marginalized and stigmatized social groups such as sexual minority males. A large

portion of studies recruited gay participants from among gay community groups, which

may be problematic, according to Filliault and Drummond (2009), because such men's

body image may be influenced by their involvement with the gay community, making it

challenging to generalize the findings to other young gay men. Similarly, participants

recruited through the internet, as in a number of the studies analyzed, may represent an

alternative demographic than gay males found through traditional means.

Methods for defining the words *gay* and *homosexuality* varied widely across the

studies, making it difficult to compare findings from one study to the next. Almost a

quarter of the studies (11 of 45) did not address definitions at all. Where studies specified

a method for definition, self-identification was most often used. Filiault and Drummond

(2009) note the potential for various participants to self-define according to different

criteria (e.g., sexual attraction, sexual behavior, emotional attraction), resulting in a

heterogeneous sample. Studies used Likert-type scales, forced-choice questions, self-

reported sexual behavior, and hybrid methods to determine whether participants would be

considered gay. They suggest that sexual orientation be operationalized more clearly and

consistently, with a goal that gay male body image researchers develop a uniform

definition of "homosexuality." The reviewers' own suggestion is to implement a hybrid

method of definition that draws from both a Likert-type scale and a self-report of sexual experience using an exclusion criterion of no female sexual contact in the previous two years. Because sexual identity is highly personal, and as noted above, consistent methods for determining sexual identity (e.g. attraction vs. experience) have not been devised, the present study will allow participants to self-identify their sexuality.

Filiault and Drummond (2009) found no study that focused exclusively on body image of bisexual males, indicating a major void in the literature. Bisexuality has been treated differently across studies, again creating problems with consistency. In the relatively low portion of studies that did make reference to bisexuality in any form, bisexual participants were excluded from analysis in 12 studies, grouped with gay participants in five studies, and grouped with straight participants in another. Just one study analyzed data from bisexual males as an independent group.

The reviewers note as positive the geographic diversity of studies, which have been conducted on four continents in ten nations. On the other hand, still more diversity is needed. Noting that most gay male body image research has been conducted in the United States (19), Australia (8), and the United Kingdom (3), and that no studies have been transnational, Filiault and Drummond (2009) recommend that more research be (a) conducted outside the United States, (b) transnational in scope, and (c) involve non-Westernized cultures. Furthermore, the reviewers assert that other forms of social identity beyond sexuality should be considered in the research. Athletic, HIV+, and racial identities, for example, may mediate gay male body image.

Noting the range of psychometric instruments which have been applied in the study of male body image, greater consistency of instrumentation would better facilitate cross-study analysis. The reviewers highlight the disagreement in the research about how to best assess male body image and assert that both thinness and muscularity should be assessed among gay males. A need exists for psychometric standardization in the study of gay male body image.

The meta-analysis conducted by Filiault and Drummond (2009) calls attention both to the need for further investigation of body image among sexual minority males and to the need for more methodologically consistent and socially diverse research approaches. Several limitations of the work must be noted. As the reviewers themselves acknowledge, several of the qualitative studies analyzed in the article were produced by the reviewers themselves, which may suggest bias in the interpretation of the articles. Filiault and Drummond (2009) state that a primary motivating factor behind their production of the meta-analysis is that they disagree with Pope, Phillips, and Olivardia's (2000) minimization of the differences in body image occurrence between gay and straight males. Filiault and Drummond (2009) maintain that the preponderance of evidence supports the idea that gay males are more likely than straight males to suffer from problems related to body image. This stated bias could lead the reviewers to unwittingly emphasize research findings which support their own perspective. While the reviewers critique the inconsistency of various aspects of the prior research, they reveal their own inconsistencies in reporting the types of studies analyzed. Specifically, at different places in the article, Filiault and Drummond (2009) state that there are 24 (p.

319) or 25 (p. 317) quantitative articles included in the meta-analysis, while the primary researcher's own count of articles listed in Table 1 (p. 310) reveals 26 quantitative articles. The discrepancies in reporting such a basic aspect of their research casts doubt upon the rigor with which the reviewers undertook their work.

Cultural Pressures

Bisexual and gay males live within a cultural context which creates unique pressures and influences related to body image, such as intense pressure to maintain a youthful desirable appearance in order to attract and keep sexual partners, heteronormative and homophobic expressions from mainstream culture, and the desire to project a healthy robust appearance to avoid stereotypical assumptions that sexual minority males have HIV/AIDS (Morgan & Arcelus, 2009; Pope et al., 2000). Bisexual and gay males are both linked to and influenced by gay cultural values (e.g., focus on youth and physical beauty) through their shared interest in finding same-sex partners and their marginalization by mainstream culture. Australian researchers Brown and Graham (2008) observed that the contemporary emphasis on fitness and gym activity among men of all sexualities originated among gay male culture: after gay men began working to build muscularity and project a fit appearance, straight males followed suit. In summary, sexual minority males tend to be significantly invested in their physical appearance.

Though there is consensus on the existence of body image issues within gay culture, researchers disagree on which factors within sexual minority culture are most salient in contributing to the body image development of bisexual and gay males. Several commonly recognized potential cultural factors are presented below.

39

Unique social position. The added cultural pressures that sexual minority males experience is evidenced by clinical, health, and social problems, ranging from higher rates of suicidality to HIV/AIDS (or the desire to not be perceived as having HIV/AIDS) to rejection by family and friends, all potentially related to body image development. The nature of sexual minority culture, distinct from mainstream heterosexual male culture, appears to foster dysfunctional concerns with body image. From a cultural standpoint, social networks of bisexual and gay males are often configured differently than those of heterosexual males. In American culture many bisexual and gay men experience rejection by members of their family of origin and friends due to their sexuality. Such experiences have given rise to the description of gay social community as "family," indicating the strong meaning of friendships. In fact, Sullivan (1999) has noted the unique focus on friendship among gay males which heterosexuals appear less likely to experience. Sullivan (1999) describes gay culture as a "society of friendships" (p. 231). The cultural characteristics of social acceptance and strong friendships within gay culture appear at one level to contradict research findings that feelings of social isolation among sexual minority males intensify body image disturbances, raising the importance of the current study to provide a more nuanced understanding of the role of close personal relationships in sexual minority body image development.

To complicate matters, bisexual men may straddle both gay and straight cultures while not being fully accepted in either, an experience known as dual marginalization (Ochs, 1996; Oswalt, 2009). This ambiguous social position further begs questions about the role of close personal relationships in bisexual male body image. These unique

cultural realities of social ambiguity, realignments of significant social relationships that differ from dominant heterosexual culture, and the dual impacts of social rejection by family and friends along with strengthened friendships within gay culture highlight the importance of understanding the body image development of young bisexual and gay males within their interpersonal relationship contexts.

Relational appearance pressures. The emphasis on physical appearance in gay culture appears to create pressure among gay and bisexual males to pursue high ideals of physical attractiveness in order to secure relationships (Chaney, 2008; Harvey & Robinson, 2003; Soban, 2006). Physical attractiveness seems to play a greater role in dating and peer relationships for same-sex-attracted males than straight males (Boroughs & Thompson, 2002; Drummond, 2005a; Harvey & Robinson, 2003; Soban, 2006). Gay males appear to place greater influential weight than straight males on evaluations of physical appearance in both themselves and potential romantic partners (Siever, 1994).

> Whereas heterosexual men are most likely to view their bodies as tools with which to compete with each other through strength and athletic prowess…gay men…are…likely to view their bodies as sex objects with which to attract men. (Sevier, 1994, p. 257)

Adams, Turner, and Bucks (2005) suggested that for gay males, one same-sex social interaction could result in the double body image-related detriment of simultaneous sexual rejection and unfavorable peer comparison. *Involvement* in the gay community has been associated with greater desire for muscularity, while greater perceived *acceptance* within the gay community has been linked to less desire for muscularity, suggesting that

feelings of social acceptance may diminish the need for gay males to appear muscular (Levesque & Vichesky, 2006).

A study in the United Kingdom found that social factors including the media and peer group competition influenced body image for both gay and straight men but more strongly for the gay participants (Morgan & Arcelus, 2009). Bisexual males were not included. More gay males than heterosexual males in the same study expressed that they felt socially evaluated by others based primarily on body appearance (Morgan & Arcelus, 2009). Media and peer group influences were identified by Morgan and Arcelus (2009) as primary factors influencing body image development of gay males. While these studies suggest links between interpersonal sociocultural factors and body image development, they do not address the specific processes by which interpersonal experiences impact bi and gay males' body image.

Masculinity and gender. There are research findings that bisexual and gay males may experience gender role strain (Pleck, 1995). Gender role strain refers to the psychological stress created by adherence to rigid, culturally defined gender roles, especially when an individual's lifestyle is incongruent with social expectations of gender (Pleck, 1995). Males in American culture are expected to present themselves as masculine, which is traditionally defined in part by heterosexuality. Because sexual minority males often lack this public heterosexual association they may experience gender role strain. Thus, bi and gay males may attempt to decrease their experience of gender role strain by asserting their masculinity through development of a socially defined masculine physical appearance that includes muscularity (Kimmel & Mahalik,

2005). Muscularity has been found among gay men to be related to masculinity, power, and dominance (Drummond, 2003; Halkitis et al., 2004). The more gay males identify with feminine expressions of gender, the higher their risk of body image issues (Hospers & Jansen, 2005; Murnen & Smolak, 1997). These findings suggest that gender identity, and specifically concerns about masculine identity, may play a critical role in body image development of sexual minority males.

Minority social status and heteronormativity. Kimmel and Mahalik (2005) proposed that sexual minority male body image can be understood in part through Meyer's (1995) minority stress model. Bisexual and gay males may, like other minority groups in society, face chronic stress related to minority stigmatization from such sources as internalized forms of biphobia and homophobia and prejudicial events (Kimmel & Mahalik, 2005; Meyer, 1995). Kimmel and Mahalik (2005) suggest that gay men may perceive a need to become larger and appear physically powerful as a form of physical self-defense against violent attacks originating from disdain for sexual minority males. Gay males report having experienced teasing, often from heterosexual peers, about their bodies as adolescents (Chaney, 2008; Pope et al., 2000).

The various cultural pressures presented in the preceding pages suggest that a bisexual or gay male's self-understanding of the role of minority sexual identity in forming his body image should be considered when investigating interpersonal influences. Therefore, the current study will include attention to participants' understanding of their own sexuality.

Associated Clinical Risks

Several clinical risks related to body image disturbances among bi and gay males have been reported. Sexual minority males are more likely than heterosexual males to use health-compromising anabolic steroids, which are utilized with a primary goal of becoming more muscular (Dillon et al., 1999). Although eating disorders occur primarily in women, sexual minority males are thought to be under greater pressure to be thin, to experience higher levels of body dissatisfaction, and to diet more (Morgan & Arcelus, 2009). These factors place them at a greater risk of developing eating disorders than their heterosexual counterparts and help to explain why more than 15% of bi and gay males suffer anorexia, bulimia, or non-specified eating disorders (Feldman & Meyer, 2007). Depression and low self-esteem, risk factors for body image disturbances, are experienced by gay males at higher levels, perhaps exacerbated by discomfort with their sexual identity, especially at early stages of the coming-out process (Harvey & Robinson, 2003; Petrie & McFarland, 2009). Subsequently, understanding the interpersonal factors that contribute to the development of body image among sexual minority males is needed.

A better understanding of body image development among sexual minority males is particularly relevant in view of recent national media coverage of multiple suicides among adolescent and young adult gay males (Hubbard, 2010). Five suicides of adolescent and young adult gay males within a three-week period late in 2010 garnered national media attention (Hubbard, 2010). According to D'Augelli (2002), more than one third of sexual minority youth report having attempted suicide. While no specific

evidence presented in the media has linked body image with these suicidal events, three

points supported by research illustrate the potential link between sexual minority male

body image and suicidality: (a) bisexual and gay males appear to be at higher risk for

body image disturbance than heterosexual males (e.g., Chaney, 2008; Dillon et al., 1999;

Feldman & Meyer, 2007; Morgan & Arcelus, 2009), (b) sexual minority males are at

higher risk of mental illness, including suicidality, than heterosexual males (D'Augelli,

2002; Silenzio, Pena, Duberstein, Cerel, & Knox, 2007), and (c) body image disturbance

has been linked to suicidality (Eaton et al., 2005; Kim, 2009; Whetstone, Morrissey, &

Cummings, 2007). Therefore, young males who are bi or gay and who experience body

image disturbances are statistically at elevated risk of a range of mental health concerns

including suicidal ideation and actions due to the dual factors of sexual identity and body

image issues.

Ideal Body Type

Recently, multiple sources have reported that the body type idealized by bisexual

and gay males is essentially the same general type valued by straight males (Kane, 2009;

Morgan & Arcelus, 2009; Ryan & Morrison, 2009; Tiggemann, Martins, & Kirkbride,

2007). Morgan and Arcelus (2009) conducted a study in the United Kingdom of 15 males

(seven gay, eight straight, no bisexual) aged 18-24 years ($M=21$) using Interpretative

Phenomenological Analysis (IPA), a qualitatative method which explores the nature of

participant experiences with regard to a specific phenomenon, followed by identification

of common themes through textual analysis. As Morgan and Arcelus (2009) investigated

body image and eating behaviors of participants through 60-minute interviews they found

no differences based on sexual orientation in male respondents' reporting of the male body image ideal, which in the study represented both biological health and biological norms. A proportionate body without excesses of either adiposity (obesity) or muscularity was desired by most males regardless of sexual orientation (Morgan & Arcelus, 2009). The role of sexual orientation was reported to be more salient with regard to the level of impact from social influences including the media, gay bars, and feeling judged primarily based on appearance, all of which were more critical among the gay portion of the sample (Morgan & Arcelus, 2009). Tiggemann et al. (2007) found similar results but noted that gay males endorsed a somewhat thinner body ideal and greater desire for muscularity (the latter possibly attributable to the threat of association with HIV/AIDS) than straight males. These findings likely assume a hegemonic, mainstream form of sexual minority culture.

To complicate matters, a number of gay subcultures tend to favor specific body types other than the lean, muscular presentation (Ryan et al., 2010). For example, the "bear/cub" subculture emphasizes a large, even overweight or obese, body type, and the "twink" subculture emphasizes a youthful, thin, but not muscular, body ideal. Researchers have only minimally begun to explore the impact of gay subcultures on body image development (Gough & Flanders, 2009; Hennen, 2005; Ryan et al., 2010).

Summary

In this section aspects of male body image relevant specifically to the sexual minority population have been presented. While bisexual and gay males appear to desire the same general elements of body appearance as heterosexual males, the nature and level

46

of influence of factors impacting body image development seem to differ across sexuality groups. Sexual minority culture and experiences have been indicated as likely contributors to such problems as higher rates of eating disorders, increasing anabolic steroid use, and higher levels of depression. Many of these studies suggest that social and cultural forces including evaluations and expectations by other people play key roles in sexual minority development (e.g. Chaney, 2008; Kimmel & Mahalik, 2005; Morgan & Arcelus, 2009; Ryan & Morrison, 2009). Yet it remains unclear how sociocultural, and more specifically, interpersonal influences such as feedback from those closest to the individual (i.e., family, friends, and intimate partners) impact the body image development of sexual minority males. Therefore, this study may provide valuable insights into the importance, methods of influence, and specific impacts of other people on a bisexual or gay man's body image. The findings may enhance prevention and treatment of body image problems and related clinical issues for sexual minority men. Because social factors have appeared as relevant in the sexual minority body image literature to date (e.g. Chaney, 2008; Kimmel & Mahalik, 2005; Morgan & Arcelus, 2009; Ryan & Morrison, 2009), theoretical approaches emphasizing the role of cultural and social factors on human development inform this investigation. Social models of male body image development are presented in the following section.

Social Models of Body Image Development

Multiple theoretical perspectives have been applied toward understanding the nature of body image development. Among these are cognitive-behavioral, feminist, objectification, psychodynamic, and social approaches (e.g., Cash, 2002; Jackson, 2002;

Krueger, 2002; McKinley, 2002; Ryan & Morrison, 2009; Wiseman & Moradi, 2010).

Two closely related social models, sociocultural and social comparison, have been

emphasized by researchers to conceptualize the etiology of male body image with

particular attention to roles of media, professional models, and personal acquaintances

such as family members, friends/peers, and romantic/sexual partners in shaping male

body image (e.g., Chaney, 2008; Reilly & Rudd, 2007, Morgan & Arcelus, 2009; Ryan &

Morrison, 2009).

The sociocultural perspective posits that cultural norms influence individual

values and behaviors (Jackson, 2002). Sociocultural theory emphasizes the influences of

cultural entities such as the media and parents on individual body image (Rodgers et al.,

2009). A closely related model which also emphasizes social influence is social

comparison theory, which posits that individuals seek accurate and objective evaluations

of their attitudes and abilities (Grogan, 2008). When individuals cannot directly evaluate

themselves, they strive to satisfy the need for self-evaluation by comparing themselves

with other people. Applied to the construct of body image, social comparison theory

suggests that individuals utilize media images and observations of people either known to

them or unknown to them as tools for self-evaluation (Grogan, 2008). As the

sociocultural and social comparison theoretical approaches account for the roles of

interpersonal dynamics more specifically than do other models of body image, these

closely related social models present the framework within which this study is conducted.

Ryan and Morrison (2009) based their Irish study of factors perceived to influence young

men's body image investment on both of these theoretical models, stating that these two theories are primary for the study of male body image.

Sociocultural and social comparison theories account for the roles of interpersonal dynamics more specifically than do other models of body image in several ways. First, the *interpersonal* nature of relations with family members, friends, and romantic/sexual partners implies by definition a social domain, as social relations form the basis and the medium for interpersonal influences. Second, body image in general has been widely and consistently understood in previous research to be closely related to social factors (e.g., Bottamini & Ste-Marie, 2006; Jackson, 2002; Ricciardelli et al., 2000; Rodgers et al., 2009; Ryan & Morrison, 2009; Wiseman & Moradi, 2010). Third, social models have been applied in previous body image studies involving sexual minority males (e.g., Chaney, 2008; Reilly & Rudd, 2007, Morgan & Arcelus, 2009; Ryan & Morrison, 2009). Morgan and Arcelus (2009) specifically note that gay males experience a more toxic social environment for the formation of body image than do straight males.

Sociocultural Theory

Background of sociocultural theory. Sociocultural theory has been applied as one model for understanding body image development (Rodgers et al., 2009; Ryan & Morrison, 2009). The sociocultural model posits that cultural norms influence individual values and behaviors (Jackson, 2002). Most researchers who focus on the sociocultural approach to understanding body image do not draw explicit links between general sociocultural theory, which is attributed to Vygotsky, and sociocultural models of body image development (e.g., Bottamini & Ste-Marie, 2006; Jackson, 2002; Ryan &

Morrison, 2009). One reason might be that Vygotsky's sociocultural theory is most often

applied to child development in educational settings. One of the few references to

Vygotsky in body image literature is found in Lodyga's (2009) thesis on body

satisfaction in late adolescent males:

> Lev Vygotsky (1934) developed the sociocultural theory as an approach that
> emphasizes how cognitive development proceeds as a result of social interactions
> between members of a culture. In addition, it seeks to explain how ways of
> thinking and understanding affect behavior. To a far greater extent than social
> comparison theory, sociocultural explanations of development suggest that culture
> shapes development. (Lodyga, 2009, p. 23)

While Vygotsky's work provides a basis for understanding a variety of psychology-

related issues, including body image, body image researchers have constructed a more

specific form of sociocultural theory for their work.

Sociocultural body image theory. The guiding hypothesis of the sociocultural

theory of body image is that people develop negative feelings about their bodies through

exposure to unrealistic ideals of physical appearance within their social environment

(Dittmar, 2005; Jackson, 2002). The influences of social agents such as the media,

family, friends, and peer groups on individual body image are emphasized (Ryan &

Morrison, 2009). The presence of variations in body ideals both between cultures and

within cultures and across groups and time seems to validate the sociocultural model

(Jackson, 2002). Sociocultural influences on body image were identified by 80% of the

young men in Galli and Reel's (2009) study of male athletes. However, none of Galli and

Reel's (2009) participants were identified as bi or gay.

50

Figure 2. A Sociocultural Model of Body Image Development

Social/Cultural Agents (Media, Family, Friends, Partners, etc.) → Communication of Body Ideals (e.g. Masculine Body Type) → Individual Person → Internalization of Body Appearance Ideals → Body Image
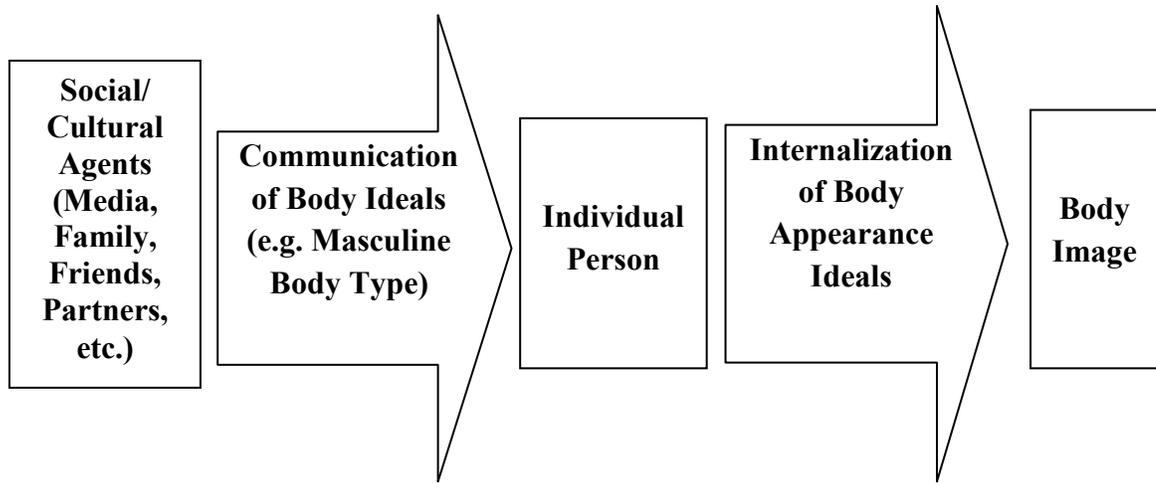
In contemporary American culture, the social ideal is for the male body to appear, for many individuals, unrealistically lean and muscular (Pope et al., 2000). Men internalize such messages and come to feel that they are inferior when their bodies do not meet the social ideal, such as when they believe themselves to be too fat or too thin. As a result, such males might develop negative body image (Morrison, Kalin & Morrison, 2004; Ryan & Morrison, 2009). Through social influences including interpersonal experiences, males might adopt an orientation toward the body as object rather than as process (Ryan & Morrison, 2009). That is, the body is viewed as a collection of parts valued based upon aesthetic factors rather than as a cohesive unit valued for its functionality (Ryan & Morrison, 2009).

Gender, and specifically hegemonic masculinity, has been explored as a central theme within the sociocultural approach to male body image development (e. g., Bottamini & Ste-Marie, 2006; Drummond, 2005b; Galli & Reel, 2009). Social expectations of masculine presentation likely contribute substantially to interpersonal

51

experiences that affect body image of men, including sexual minority men. Hegemonic

masculinity refers to culturally favored conceptions, ideals, and ideological constructions

of what constitutes appropriate masculinity (Gerschick & Miller, 1994). Hegemonic

masculine notions of gender inform the study of male body image as men utilize their

perceptions about their bodies to evaluate and define their gender identity, both in

relation to other males and to females. Hegemonic masculinity in Western culture

endorses aggressiveness, competitiveness, and heterosexuality (Paulsen, 1999). Physical

presence, with characteristics such as strength and size, has been emphasized as a

primary symbol of masculinity for males in American culture for at least a century (Galli

& Reel, 2009). Many males use their bodies to socially assert masculinity (Andersen et

al., 2000; Carlin, 2008; Mills & D'Alfonso, 2007; Pleck, 1995; Pope et al., 2000; Tager et

al., 2006). The quest of males to increase size, strength, and muscularity reflects the

desire to attain the cultural ideal of hegemonic masculinity (Galli & Reel, 2009). Pursuits

of sex and sports as additional symbols of masculinity feed preoccupation with body

image; young men invest in their body image to improve physical fitness for athletic

performance and to attain a fit body to attract sexual partners (Bottamini & Ste-Marie,

2006; Galli & Reel, 2009; Kimmel, 2008; Ryan & Morrison, 2009). A well-muscled

body allows males with feelings of insecurity and vulnerability to demonstrate traditional

masculine characteristics like self-confidence and toughness (Klein, 1993). More

traditional gender role views correlate positively with the desire to be more muscular

(McCreary et al., 2005). Ryan, Morrison, and McDermott (2010) recently found that

among males over the age of 40, bisexual males indicated significantly higher scores for

hypermasculinity than gay males, but mean scores of both bisexual and gay males were considered relatively low.

Some researchers have theorized that men's desire for muscularity has increased as the traditional male breadwinner role in society has decreased along with the expansion of women's roles in society (Bottamini & Ste-Marie, 2006; Mills & D'Alfonso, 2007; Mishkind, et al., 1986; Pope et al., 2000). Researchers have explicitly included this notion, referred to alternatively as gender parity theory or threatened masculinity theory, as an element of sociocultural theory in the study of male body image (Bottamini & Ste-Marie, 2006). According to the theory, men attempt to compensate for their changing gender role in society by emphasizing the development of lean muscle mass, a physical masculine-associated characteristic that females cannot rival based on biological differences (Bottamini & Ste-Marie, 2006; Mills & D'Alfonso, 2007; Mishkind et al., 1986; Pope et al., 2000). Duncan (2007) suggested that gay males' drive for muscularity is more motivated by concerns about social status within gay culture than a perception that their masculinity is threatened, perhaps because sexual minority males do not see themselves as being in competition with females (Ryan et al., 2010). A question which remains to be explored is whether bisexual males might be more influenced by threatened masculinity as they, unlike the gay males noted by Ryan, Morrison, and McDermott (2010), have a sexual interest in females and therefore may be more likely see themselves in competition with females. The present study may reveal more about the role of gender as participants describe their interpersonal experiences relative to body image formation.

Media images and messages have garnered the preponderance of social-influence examinations of body image to date (e. g, Luciano, 2001; Pope et al., 2000; Ryan & Morrison, 2009). Less attention has been given to investigation of the interpersonal aspects of sociocultural influence, although several studies have linked family, friends, and partners with body image, primarily in heterosexual male samples (e. g., Bottamini & Ste-Marie, 2006; Carlin, 2008; Hoyt & Kogan, 2001; Ryan & Morrison, 2009). Cash, Theriault, and Annis (2004) suggest a critical role for interpersonal experiences in childhood and adolescence:

> Within the context of appearance-based sociocultural norms and values, social feedback about one's appearance during childhood and adolescence may have a formative impact on body image. For example, recurrent appearance teasing or criticism, social comparisons, and modeling … . (Cash et al., 2004, p. 90)

Cash et al. (2004) posit that two core messages may be communicated to the developing child:

> (1) "What I look like affects my worth in the world." (2) "What I look like is unacceptable." (Cash et al., 2004, p. 90)

They further observe that body image is both a "socially constructed phenomenon" and "reciprocally related" to the nature of an individual's experience of interpersonal interactions (Cash et al., 2004, p. 90). Yet these sociocultural interpersonal experiences have not been explored in depth among bisexual and gay young adult men, representing a critical void in the body image literature.

54

Social Comparison Theory

Another social model closely related to sociocultural theory is social comparison theory, introduced in 1954 by Festinger, which posits that individuals possess an innate desire to seek accurate and objective evaluations of their attitudes, attributes, and abilities (Grogan, 2008; Reilly & Rudd, 2007). Individuals may strive to satisfy the need for self-evaluation by comparing themselves with other people (Reilly & Rudd, 2007). Applied to the construct of male body image, social comparison theory suggests that men utilize media images and observations of people either known to them or unknown to them as tools for self-evaluation. Thus, sexual minority males are likely to utilize family members, friends, and intimate partners for the purpose of self-evaluation through social comparisons. Comparisons may be upward (unfavorable toward the self) or downward (favorable to the self) (Grogan, 2008).

Especially relevant for the study of sexual minority males is Levesque and Vichesky's (2006) study of the nature and correlates of body dissatisfaction among a sample of 64 gay males in North Carolina and South Carolina with a mean age of 35.92 (*SD*=10.89). Participants were recruited through LGBT-oriented newspapers and organizations and received the survey packet in printed form through the mail. Six instruments were administered: Body Figure Drawings, the Center for the Epidemiological Studies Depression (CES-D) Scale, the Multidimensional Body-Self Relations Questionnaire (MBSRQ-AS), the Muscularity Attitudes Questionnaire (MAQ), the Revised Feelings of Inadequacy Scale, and the male version of the Sociocultural Attitudes towards Appearance Questionnaire–Revised. Pertinent to the current study is

their administration of six items from the male version of the Sociocultural Attitudes towards Appearance Questionnaire – Revised, which specifically assessed for the role of social comparison in relation to media images and cultural standards. A series of statements (e.g., ''I tend to compare my body to TV and movie stars'') with rating scales of 1 (strongly disagree) to 5 (strongly agree) were averaged to create a social comparison scale ($a = .85$) (Levesque & Vichesky, 2006). Standardized regression coefficients revealed that greater social comparison of oneself with media images was significantly associated with greater body dissatisfaction ($r = -.35$, $p < .01$), valuing and desiring greater muscularity ($r = .21$), and preoccupation with being overweight ($r = .25$, $p < .05$) (Levesque & Vichesky, 2006). Effect sizes were not reported, nor were detailed psychometrics of the instrument, which detracts from the study. Causality was not investigated, but two possibilities may be that gay males who spend time viewing idealized male images tend to compare themselves negatively to the images and experience body dissatisfaction as a result, or that gay males who have a tendency to socially compare themselves are more likely to seek comparison targets such as gay media (Levesque & Vichesky, 2006). If social comparison with media images plays a significant role in body image of gay males, social comparison with significant people in the life of a bisexual or gay male might be important as well, but Levesque and Vichesky (2006) did not examine that aspect. Levesque and Vichesky's (2006) recruitment of participants exclusively from LGBT community groups may bias their findings.

Myers and Crowther (2009) conducted a meta-analytic review of social comparison as a predictor of body image dissatisfaction based upon two critiques of

social comparison theory: (a) that while social comparison theory contends that people usually compare themselves to others who are similar to them, people often compare themselves to unrealistic media images, and (b) that while the theory posits that people will discontinue making comparisons if they are unfavorable to themselves, many people with body image disturbances continue to engage in social comparisons even when detrimental consequences result. They used a quantitative approach using both demographic and methodological variables. Their analysis of 156 studies upheld social comparison as a predictor of body image dissatisfaction, although the effect was stronger for females than for males (Myers & Crowther, 2009). A problem with this work for the purpose of the current study is that the vast majority of the studies analyzed examined female body image, which is recognized as distinct in nature from male body image.

Specific data illustrate ways in which male body image is impacted by anxiety regarding social comparisons. Young adult males have reported that they compare their bodies with the bodies of male peers and teammates as a form of competition with the goal of attaining superior size and strength (Galli & Reel, 2009). Men in Adams, Turner, and Bucks' (2005) study indicated that appearance, for them, communicated messages to others about their masculinity with special regard to genetic viability, prowess, and strength. Penis size, another social-presentational aspect of male body image, evokes anxiety in some men in interpersonal contexts such as locker room comparisons and sexual encounters with other males, as masculinity is often literally measured in popular American culture based on comparisons of genital endowment (Bottamini & Ste-Marie, 2006; Carlin, 2008; Drummond & Filiault, 2007; Kimmel, 2008; Lee, 1996). The recent

57

proliferation of "male enhancement products" advertisements attests to the widespread nature of this comparison-based phenomenon. As young males compare themselves to others in these and other body-focused ways, the likelihood for body image disturbances may rise.

Attributive projection may serve as one method by which social comparison is operationalized. Attributive projection is a process by which a person—often erroneously—assumes that other people perceive her or him in the same way that the individual perceives himself or herself (Cash & Fleming, 2002). A man may perceive himself to be unattractive, for example, and believing that others see him as unattractive as well, he may avoid eye contact. The lack of eye contact may then cause other people to reflect negative social messages back to him, even if they do not perceive the man to be unattractive. Yet the man will erroneously assign the cause of his social rejection to his inaccurate perception that others see him by comparison as physically unattractive, reinforcing his negative body image. Cafri et al. (2005) posit that pressure from sociocultural factors such as the media and peers leads males to engage in a social body comparison process involving comparison of one's own body to socially idealized body images. Social comparison directly influences body image dissatisfaction, which then influences behavior (Barlett et al., 2008). Biological factors such as age and puberty timing may moderate the relationship between sociocultural influences and social comparison, and between social comparison and body image dissatisfaction (Barlett et al., 2008; Cafri et al., 2005).

Summary

In summary, sociocultural theory and social comparison theory inform our understanding of the nature of male body image development. Sociocultural factors may be especially relevant for sexual minority men, who live within a culture where high physical appearance standards are prevalent and where the configuration of interpersonal relationships with family members, friends, and partners differs from that of heterosexual culture. As bi and gay men appear to be more prone to concerns about appearance evaluation by others, social comparison, in contexts involving close personal relationships, may figure prominently into the development of sexual minority male body image. Sociocultural and social comparison theories inform our understanding that both the media and other people, as social influences and objects of comparison, shape body image. In the following section, research more specifically addressing interpersonal influences on body image development will be explored, especially as the data relate to sexual minority males.

Interpersonal Factors in Body Image Development

Both extreme negative and extreme positive male body image have been linked with unhealthy clinical correlates and risky behaviors in males, such as detriment to social relationships, the use of illegal and unhealthy substances such as anabolic steroids, compulsive exercise, and risky sexual behavior, while moderately positive body image may provide a protective factor against some of these same undesirable conditions. Therefore, investigation of the nature of male body image development among sexual minorities is critical. Social factors are frequently identified as primary influences on

59

body image development. In this section research on the role of experiences within interpersonal relationship contexts in the development of male body image, especially that of young adult bisexual and gay males, is presented.

General Research of Interpersonal Factors in Body Image Development

Although sociocultural influences such as media and the broader culture may impact body image development, individuals in one's inner social circles represent more immediate sociocultural influences. Considered in the context of social models of body image, family members, friends, and intimate partners, as people typically granted significant levels of influence over individuals from childhood into adulthood, can influence many aspects of men's lived experience. Multiple studies have produced findings which suggest that various forms of social interactions with other people directly or indirectly influence body image development in males. Many studies address the role of peers, a broad social category which may include the relatively intimate category of friends but also other similar-age individuals less intimately known. While peers, as a broad group, are not a primary focus of the current investigation, friends—which represent a subset of peers who are more integral within a person's social network—are central to this study. Therefore, data regarding peers are included in this section.

Within the context of their male body image research based upon sociocultural and social comparison theories, investigators have noted the interpersonal elements of Cash's (2002) basic body image schemas (Ryan & Morrison, 2009). The two body image schemas are body image evaluation and body image investment (Cash, 2002). Body image evaluation is the construction of positive-to-negative appraisals of and beliefs

about one's own body, including satisfaction and dissatisfaction (Cash, 2002). Body image investment is the degree of cognitive and behavioral significance that one attributes to the body and appearance (Cash, 2002). Cash (2002) identified interpersonal experiences as one of the four especially salient factors which influence body image investment and evaluation, along with cultural socialization, physical characteristics, and personality attributes. Regarding the impact of interpersonal experiences, Cash (2002) explained that interactions with family members, friends, peers, and strangers communicate expectations regarding the meaning of a person's body, both verbally and nonverbally.

Similarly, Tantleff-Dunn and Gokee (2002) suggested three interpersonal processes that may contribute to body image development: (a) reflected appraisal, which is the idea that the opinions of others influence one's opinion of oneself; (b) feedback on physical appearance, which may come from any person including family members, coaches, employers, or strangers; and (c) social comparison, which relates to one's propensity to compare one's appearance to others. They note that *actual* evaluations of body appearance by others impact self-evaluation to a significantly lesser degree than an individual's *perceptions* of others' evaluations (Tantleff-Dunn & Gokee, 2002).

Body image development may be socially mediated by attachment attitudes (Cash & Fleming, 2002). Cash and Fleming (2002) proposed that a person's body image may be significantly related to her or his securities and insecurities in social relationships. That is, a person who is fearful of others may be more likely to anticipate social rejection, which that person may attribute erroneously to his or her own ideas of how others

perceive his or her body appearance. Conversely, a person who feels secure in relation to others may be less vulnerable to social perceptions of body image assessment. This social attachment perspective of interpersonal impacts on body image seems to support Levesque and Vichesky's (2006) findings that greater perception of acceptance within the gay community was associated with lower concern about needing muscular physique.

Family, Friends, Partners and Male Body Image Development

Studies of adolescent and young adult males have provided support for the idea that both negative and positive effects on body image may emerge through experiences with family members, friends, and intimate partners in the form, for example, of comments, teasing, pursuit of romantic and sexual relationships, and visual body comparison with other males. Sira and Parker White (2010) lament that family influence has been overlooked in favor of media, peer pressure, and broad societal influences. Researchers have specifically called for further investigation of body image as it relates to men's experiences with family and friends (Ryan & Morrison, 2009) and romantic relationships (Ambwani & Strauss, 2007; Tantleff-Dunn & Gokee, 2002).

Ryan and Morrison (2009) conducted a qualitative study using an unspecified methodology to investigate young Irish males' body image investment. Twelve individuals participated in individual interviews (11 heterosexual, one gay). An additional 16 males participated in four focus groups comprised of four participants each. One focus group was entirely comprised of gay males. There were no bisexual participants in the study. Participants ranged in age from 17 to 26 (*M=20.50, SD=2.22*). They were described by the authors as generally neither underweight nor overweight.

Ryan and Morrison (2009) asked the participants to identify factors they perceived to influence body image investment with a goal of identifying variables which had been neglected in previous male body image research. Ten factors were identified by the researchers during data analysis: (a) sociocultural—media, (b) sociocultural—sexual partners, (c) sociocultural—peers, (d) sociocultural—family members, (e) social comparison, (f) enhanced athletic performance, (g) intrapersonal—striving for a healthy body, (h) intrapersonal—striving for psychological improvement, (i) appearance is unimportant (deterrent), and (j) time and effort (deterrent).

Three of the factors in the sociocultural domain (sexual partners, peers, and family members) and the factor of social comparison directly relate to the present study and will be further explored. The remaining factors, while potentially important to the study of male body image, are beyond the scope of the current investigation. The authors report a primary body image motivation is physical attractiveness for the purpose of acquiring sexual partners. The participants differentiated between single males and males in long-term relationships, with the former having a higher level of body image investment because they must continually seek new partners, while males in long-term relationships feel less pressure to maintain a certain appearance. The authors make no report or analysis of the gay participants in regard to the factor of sexual partners. The sociocultural peers factor was found to be moderated by three sub-factors: (a) type of peer group (e.g., living with overweight males as opposed to living with fit soccer players), (b) belief that males judge their peers based significantly on perceptions of their bodies, and (c) negative body commentary by peers. The authors report that among the

interpersonal sociocultural factors, the lowest number of participants (one focus group and three individual interviews) specifically identified family members as significant (Ryan & Morrison, 2009). Motivating family sub-factors, all of which were named by heterosexual participants, included a family history of heart disease, desire to not appear overweight like a participant's father and brother, and a father who made negative comments about the participant's body. Ryan and Morrison (2009) report in regard to the social comparison factor that participants frequently identified the media and athletes, in that order, as objects of upward comparison.

A weakness of this study is the scant attention given to the role of sexual identity in body image formation. Ryan and Morrison (2009) offered no general analysis of the findings specific to the sexual minority participants. An additional limitation may be the Irish culture, which as Ryan and Morrison (2009) note, has been in a state of significant social and political transformation and therefore may produce different body image influences than American culture. Furthermore, the authors acknowledged that the body composition of the participants may influence the results, as the findings may have differed had males with weight problems or clinical eating disorders been included (Ryan & Morrison, 2009). Finally, no established qualitative methodology was named by the authors as guiding their work (Ryan & Morrison, 2009).

Morgan and Arcelus (2009) found evidence of the significance of interpersonal relationships for male body image in their qualitative study in the United Kingdom. Fifteen males aged 18-24 years (*M=21*) participated. Eight participants self-identified as straight and seven identified as gay. None identified as bisexual. All participants except

one reported being dissatisfied with their body and desired to change some aspect of it. Interpretative Phenomenological Analysis (IPA) was the study design. IPA explores the nature of participant experiences with regard to a specific phenomenon, followed by identification of common themes through textual analysis. Semi-structured interviews were conducted based upon themes Morgan and Arcelus (2009) identified through a review of the body image and eating disorder literature.

Morgan and Arcelus (2009) reported five dominant categories: (a) body image ideals, (b) external influences, (c) perceptions of body image, (d) dieting, (e) modifying behaviors such as diet, exercise, and application of cosmetics, and (f) sexual orientation. Media and peer competition were cited by both gay and straight participants as significant external social influences. The authors explain:

> The vast majority of men felt that people judged them based on appearance, not solely arising from body image but also factors such as clothes style. Comparably, most participants acknowledged that they also judge people for their look. For some men, their peer group superseded the media as an influence. (Morgan & Arcelus, 2009, p. 238)

Morgan and Arcelus (2009) found more similarities than differences between gay and straight participants, with both groups subjected to pressures to alter body shape, both sufficiently aware of the pressures, and both capable of resisting them.

One limitation of the study is that stages of coming out were not identified and could possibly influence susceptibility of gay males to social influences, especially the media. Moreover, the authors indicated that a more nuanced conceptualization of sexual identity beyond the broad categories of gay, bisexual, and straight may be useful (Morgan

& Arcelus, 2009). Additional limitations were that all participants were Caucasian and were all from the United Kingdom, where sociocultural variables may differ somewhat from those in the United States.

Bottamini and Ste-Marie (2006) conducted a mixed-method study in Canada to investigate perceptions, motivations, and behaviors related to male body image. Eleven males, one of whom was described as gay and the others presumably straight as the authors did not specify, aged 18-25 (*M=21.18, SD=2.27*) participated (Bottamini & Ste-Marie, 2006). Eight participants desired to modify their body shape: five to increase muscle size, and three to increase muscle and decrease adiposity. Participants completed the Adult Figure Instrument, Male Figure Drawings exercise, analysis of magazine photographs illustrating endomorph, mesomorph, and ectomorph somatotypes, and two semi-structured interviews.

The media, peers, and potential mates were the three influences identified by participants as influences on their perceptions of the ideal male body type (Bottamini & Ste-Marie, 2006). Five of the 11 males reported having been teased by peers. Four of the five were teased for being overweight, while one was teased for being underweight. One participant explained, "They were stronger, muscular, some of them were developing physically and I was still young, not strong and also chubby" (Bottamini & Ste-Marie, 2006, p. 119). All participants with a history of being subjected to negative peer commentary indicated a desire to change their body shape. Peers were noted by some of the males as being influential through the desire to be competitive with other males. Another influence on male body perceptions was being noticed by or attracting a

potential partner. Six of the 11 participants noted an instinctual drive in women that they believed influenced females to seek males with a certain degree of muscularity. The authors note sociocultural theory as a potential explanation for men's body ideals and behaviors, especially through gender parity (threatened masculinity) theory.

A limitation of this study is that no reference is made to sexual identity except for the brief notation that one participant revealed he was gay at the end of the study. No specific data are reported regarding the gay participant. Another limitation concerns the potential cultural differences between the sample and American culture, especially since almost half of the participants identified as Francophones (French-Canadians whose primary language is French). Moreover, no established qualitative methodology was specified as the method for data collection and analysis.

Adams, Turner, and Bucks (2005) qualitatively explored young adult males' experiences of body dissatisfaction in the United Kingdom. The study was sexually inclusive, with the 14 participants identifying as follows: seven heterosexual, five gay, and two bisexual. Ages of participants ranged from 18 to 32 (*M=23.3, SD=3.8*). Thirteen of the 14 participants described themselves as white, and the other described himself as white/Middle Eastern. Using a measure of body mass index (BMI), participants ranged from underweight to obese in somatotype. The research was conducted utilizing Interpretative Phenomenological Analysis (IPA), a qualitatative method which explores the nature of participant experiences with regard to a specific phenomenon, followed by identification of common themes through textual analysis. Additionally, the Eating Attitudes Test (EAT-26) was administered for descriptive purposes. Only one participant

scored above the cut-off point on the EAT-26, meaning that the vast majority of participants demonstrated no problematic eating behaviors.

Themes were grouped into four domains based upon analysis of themes from the interviews: (a) societal, (b) interpersonal, (c) intrapersonal, and (d) social presentation (Adams et al., 2005). Themes within the societal domain are (a) societal norms, (b) unacceptability of body image concern, and (c) pressure to be perfect. The intrapersonal domain includes themes of (a) importance of body image to the self, (b) personal experience of body dissatisfaction, (c) intrapersonal influences on body dissatisfaction, (d) management of body dissatisfaction-reducing discrepancy, (e) management of body dissatisfaction-tolerating discrepancy, and (f) control. Themes within the social presentation domain are (a) aim to be average, (b) concern with function not appearance, and (c) denial and minimization.

The interpersonal domain, which is most salient to the present study, includes themes of (a) body image as an interpersonal construct, (b) communicative function of appearance, and (c) interpersonal influences on body dissatisfaction (Adams et al., 2005). The first interpersonal theme, body image as an interpersonal construct, consists of subthemes of interpersonal definition and importance of appearance to others. An illustrative quotation for the latter follows:

> A friend of mine's got really short biceps . . . even though he's weaker than me on, on curls and bicep exercises they look better because, because of that. (Adams, Turner, & Bucks, 2005, p. 275).

The theme of communicative function of appearance includes subthemes of lifestyle/attributes and masculinity/strength/viability. The final theme, interpersonal influences on body dissatisfaction, includes subthemes and illustrative quotations as follows: (a) feedback—"those words stick in my head" (Adams et al., p. 275), (b) being seen—"I think what, what do people look at me and think . . . what are their perceptions of me, do they think 'oh he's really lazy, he doesn't go to the gym'" (Adams et al., 2005, p. 275), (c) sexual affirmation and rejection—"I have a girlfriend now . . . that has helped me not care about the things I can do nothing about" and "I'm not completely happy with my body . . . so when I go out on the scene looking for someone . . . and then coming home alone, it is very disheartening" (Adams et al., 2005, p. 275), and (d) comparison— "Comparison I just usually see people erm, a-, who I think look better than I do, and yeah, that can be . . . depressing" (Adams et al., 2005, p. 275).

Adams et al. (2005) observed that most participants' definitions of body dissatisfaction included references to how they were perceived by others. The significance of external appearance lay in messages the participants believed were communicated through body appearance, such as a particular lifestyle and masculinity, which is measured by strength, prowess and genetic viability (Adams et al., 2005). Triggers for body dissatisfaction were analyzed to be frequently interpersonal:

> Feedback from others in the form of comments could have a significant impact. For some participants, simply being seen by others was sufficient to elicit concern. Feedback from sexual partners was particularly salient: whether affirmation from a sexual partner or sexual rejection. Other people could also play a role in causing distress by acting as objects of comparison. Participants described comparing themselves both with peers and with media ideals…

interpersonal factors were also significant in determining the importance of [body dissatisfaction]: in the absence of social contact [body dissatisfaction], per se, was not always sufficient to elicit behavioural change. (Adams et al., p. 278)

The findings are limited by the scant attention given to sexual identity. The study was further limited by the homogeneity of race within the sample. The cultural context in which the study occurred, highly educated white males in the United Kingdom, also may limit the applicability of the findings to American culture and to less-educated males. A clear next step in this line of research is to conduct an in-depth qualitative investigation of the role of family members, friends, and partners on the body image development of sexual minority men.

Galli and Reel (2009) conducted a qualitative investigation into the social construction of body image experiences of former and current competitive male athletes. Eight of the 10 participants were competitively engaged at the Division I intercollegiate level at the time of the study. The age range was not provided but the mean age was reported as 23. No data regarding sexual identity were reported. All participants were white. The research was conducted in the state of Utah. Semi-structured interviews were conducted but no established qualitative design was reported by the researchers as having been utilized.

Galli and Reel (2009) identified six general dimensions within the data: (a) wide-ranging impact of sport on body image, (b) sociocultural body image influences, (c) body dissatisfaction, (d) body-enhancing behaviors, (e) positive feelings about one's body, and (f) positive consequences of achieving the ideal body. Most salient to the present study are the findings with regard to sociocultural influences. While 80% of respondents

identified sociocultural influences on their body image, 70% specifically noted the impact

of people they know and 40% specified the desire to impress females. These figures

compare with 50% of respondents who reported the media as an influence. Sociocultural

themes reported by Galli and Reel (2009) included: (a) significant others, (b) religion, (c)

females, and (d) media. Illustrative comments from athletes included the following:

> Friends, also, because since I moved home here, when I go home and I see my friends. . . they still say, "Man, you've gotten huge." [Jokes about it.] And my roommate . . . he jokes about steroid use . . . . For one, because I'm still kinda skinny compared to some of the guys, and so [he'll say], "Wow, with all that time you put in, when are you gonna start getting big?"
>
> When you've gone away from your family for 2, 3 months and you go back and it's like "Geez, you've lost so much weight. You've lost so much muscle through here." That really makes you think, "Wow."
>
> Some of the dive teams from other schools have pretty good looking girls and you're like "Oh man, I wonder what I look like to her." (Galli & Reel, 2009, p. 101-102)

In evaluating their findings, Galli and Reel (2009) cited potential influences and

occurrences of gender role strain (Pleck, 1995), hegemonic masculinity, and muscle

dysmorphia. They noted the counfounding circumstance that many of the behaviors

clinically associated with muscle dysmorphia are seen as normal and even necessary

aspects of being an athlete. Some participants downplayed the importance to them of

attaining a body ideal, which the authors conjectured might reflect an intent by

individuals whose bodies do not meet social ideals to minimize the importance of those

appearance ideals.

Several factors limit the usefulness of Galli and Reel's (2009) study. As noted previously, sexual orientation was not addressed at all in the study. Based upon the hypermasculine social context of sport in American culture and the low proportion of male athletes who publicly identify as bi or gay, one might assume a heteronormative context for all study participants. As is problematic with most studies cited, the racial composition was all white. Galli and Reel (2009) reported that only two of the 10 participants responded to their request to review interview transcripts and confirm the researchers' interpretation of data. That no recognized qualitative study design was applied may jeopardize credibility as well. While useful in understanding the nature of body image among competitive athletes, the relevance of the findings for non-athletes is unknown.

Ambwani and Strauss (2007) studied the relationship between body esteem and experiences in romantic relationships among a sample of 220 undergraduates (107 males, 113 females) at a Midwestern college. Participant ages ranged from 17 to 25 years (*M=20.13, SD=1.47*). More individuals identified as white/European-American (48.9%) but racial composition was relatively diverse. The majority of male respondents reported being currently single (52.3%), with 29% in serious relationships and 18.7% casually dating. The majority of male participants identified as heterosexual (89.8%) with no further demographic information provided regarding sexuality.

Two quantitative instruments and two open-ended qualitative questions were given to the participants (Ambwani & Strauss, 2007). The Body Esteem Scale (BES) is a 35-item inventory that uses a five-point Likert scale to solicit data regarding the

magnitude (strong, moderate) and type (positive, negative) of feelings about body parts and their functions. Three subscales differ by sex. BES male subscales are physical attractiveness, physical condition, and upper body. Ambwani and Strauss (2007) calculated a single score and used Cronbach's alphas, which indicated adequate reliability (0.94 in males, 0.91 in females). Four subscales (happiness, friendship, trust, and jealousy) from the Romantic Love Experience Scale (RLES) were administered. Sixteen items that employed a four-point Likert-type scale were presented to the participants. These items all pertained to the most important past or present romantic relationship. Cronbach's alphas suggested adequate reliability for the RLES (0.88 for males, 0.83 for females). The open-ended questions which constituted the qualitative portion of the study asked participants to reflect on ways they perceived their body image to have influenced their experiences (or lack thereof) in romantic relationships, and conversely, ways they perceived their experiences in romantic relationships to have influenced their body image. Only 63.2% responded to the qualitative questions. Independent samples t-tests of respondents based on their election to respond or not respond to the qualitative questions found no significant differences based on any demographic variable. The researchers developed a coding scheme and enlisted four independent raters with no awareness of the study hypotheses to interpret the data (Ambwani & Strauss, 2007).

Multiple regression analyses were applied to the quantitative data. The overall regression model of the four indicators of romantic love satisfaction as predictors of body esteem was statistically significant for both males ($F(4, 101)=2.97$, $p<0.05$) and females ($F(4, 106)=6.01$, $p<0.01$). However, none of the individual predictors of body esteem

proved statistically significant for males. Using only one of the four raters' responses to the qualitative analysis, Ambwani and Strauss reported that 35.5% of males, contrasted by 61% of females, described romantic relationships as a positive influence on body image and/or self-esteem. A statement from a male respondent adds light to this finding:

> I think my insecurities, which come a lot from my body image, affect my "pursuit" of romantic relationships and my behavior when in them. (Ambwani & Strauss, 2007, p.17)

Overall, males indicated less of a link between romantic relationships and body image than did females. Interestingly, none of the male respondents reported an effect of body image on sexual behavior, but the authors conjectured that the female gender of the researchers might have caused the men to feel reluctant to discuss sexuality-related matters.

Several limitations should be considered when interpreting the data from this study. Applicability toward the study of sexual minority males is extremely limited since the researchers did not report any findings with regard to the sexual orientation variable. A relatively low portion of the respondents (63.2%) completed the qualitative portion of the study, and in writing their analysis, the researchers further diluted the sample by only examining one of the four raters' responses. Therefore, qualitative data may not adequately reflect the entire sample. Still, the study supports the idea that, at least for some young men, relationships with romantic/sexual partners appear to be significantly related to body image and should be further studied among sexual minority males, who were not examined.

While most studies have focused on negative effects on body image, one study found father care and mother care, the perception that parents are caringly concerned about them, positively correlated with body satisfaction for male college students (father care .485, $p < .01$, *M=24.17, SD= 9.23*; mother care .305, $p < .05$ *M=30.31, SD=4.52*; Sira & Parker White, 2010). The researchers studied the impacts of global self-esteem, body mass index (BMI), dieting behaviors, and perceived parental control and care on body satisfaction among college students enrolled in introductory child development and nutrition classes at a Southeastern United States university. However, the relatively low number of male participants in the study (49 male, 299 female), the greater level of attention given to females in presenting the results, and the absence of any attention to sexual identity by the researchers limit the usefulness of the findings for the present study.

The above studies sampled young adult males of generally the same age and sex demographic (college-age males) under investigation in the current study. Other studies that focused on adolescent boys found significant effects of family members and peers on boys' body image and body change behaviors (e.g., Ata et al., 2007; McCabe & Ricciardelli, 2003; Ricciardelli et al., 2000). For example, low levels of parental support and perception of greater pressure to be muscular influenced high-risk eating and weight-control behaviors in 8th-12th grade boys in the Northeastern United States (Ata et al., 2007). While the experiences of college-age men likely vary from those of adolescents, the researchers offer an important consideration as they identify both family members and friends as influences on body image:

Reducing adolescents' perceptions of appearance-related pressure from family and friends may be key for enhancing body image and decreasing links between low self-esteem and negative eating behaviors and weight-related perceptions. (Ata et al., 2007, p. 1024)

In summary, a variety of links between male body image and interpersonal experiences have been suggested in the research. Seven of 10 competitive male athletes in Galli and Reel's (2009) U.S. study said that comments and expectations of significant others impacted their body image. Furthermore, the athletes compared their bodies with the bodies of friends and teammates in the locker room (Galli & Reel, 2009). Men expressed feelings of inferiority and insecurity about the acceptability of their appearance to potential partners and male peers (Bottamini & Ste-Marie, 2006; Carlin, 2008; Ryan & Morrison, 2009). Romantic relationships affected body image of a significant portion of men in Ambwani and Strauss' (2007) study.

Family, Friends, Partners and Body Image Development among Sexual Minority Males

As previously noted, few data exist regarding connections between interpersonal experiences with family members, friends, and intimate partners and body image development among bisexual and gay young males. Three studies which were presented in the previous section reported findings with specific relevance for the study of experiences with family members, friends, and partners among sexual minority males. The aspects of these studies with explicit data related to bisexual and gay young adult males are presented in this section. The data about bi and gay males in relation to family,

76

friends, and partners are scant, so presentations of data in this section will be brief. Full

analysis of these studies may be referenced in the previous section.

Ryan and Morrison (2009) conducted a qualitative study using an unspecified

methodology to investigate young Irish males' body image investment. Twelve

individuals participated in individual interviews (11 heterosexual, one gay). One focus

group was entirely comprised of gay males. There were no bisexual-identified

participants in the study. Ryan and Morrison (2009) report a primary body image

motivation is physical attractiveness for the purpose of acquiring sexual partners (Ryan &

Morrison, 2009). But the authors make no report or analysis of the gay participants in

regard to the factor of sexual partners. One gay focus group participant was quoted as

saying that he believed his body was important because it is a "man's 'representation [to]

the rest of the world' stating it is a man's body and not his personality that everybody

sees" (Ryan & Morrison, 2009, p. 222). Ryan and Morrison (2009) report with regard to

the social comparison factor that participants frequently identified the media and athletes,

in that order, as objects of upward comparison. One gay participant acknowledged the

role of media.

Morgan and Arcelus (2009) found evidence of the significance of interpersonal

relationships for male body image in their qualitative study in the United Kingdom.

Fifteen males aged 18-24 years (*M=21*) participated. Eight participants self-identified as

straight and seven identified as gay. None identified as bisexual. Peer competition was

cited by both gay and straight participants, with gay males identifying gay bars and clubs,

locations where patrons often seek sex partners, as especially unhealthy environments for

body image. Particularly salient to the present investigation is the theme of sexual orientation (Morgan & Arcelus, 2009). Morgan and Arcelus (2009) found more similarities than differences between gay and straight participants, with both groups subjected to pressures to alter body shape, both sufficiently aware of the pressures, and both capable of resisting them. Main differences in relation to sexuality, all of which produced greater effects in gay participants, were media influence, gay bars, and the feeling of being judged primarily based on physical appearance. Gay participants stated that the social pressure to maintain a high standard of body appearance was present both when in a relationship with a partner and when single. Morgan and Arcelus (2009) noted that a limitation may be that stages of coming out were not identified and could possibly influence susceptibility of gay males to social influences, especially the media. Moreover, the authors indicated that a more nuanced conceptualization of sexual identity beyond the broad categories of gay, bisexual, and straight may be useful (Morgan & Arcelus, 2009).

Adams et al. (2005) qualitatively explored young adult males' experiences of body dissatisfaction in the United Kingdom. The study was sexually inclusive, with the 14 participants identifying as follows: seven heterosexual, five gay, and two bisexual. Adams et al. (2005) observed that most participants' definitions of body dissatisfaction included references to how they were perceived by others. Interpersonal factors were identified as triggers for body dissatisfaction. Feedback from others in the form of comments could have a significant impact. For some participants, simply being seen by others was sufficient to elicit concern. Feedback from sexual partners was particularly salient: whether affirmation from a sexual partner or sexual rejection. Other people could

also cause distress by acting as objects of comparison. Participants described comparing themselves both with peers and with media ideals. For gay men, interpersonal factors could be particularly significant in as much as, in a same-sex interaction, one could simultaneously experience sexual rejection and unfavorable comparison. (Adams, Turner, & Bucks, p. 278)

While the inclusion of participants with bi, gay, and straight identities sets this study apart from most other studies, which have focused on, at best, gay and straight males only, and most often, straight males only, the findings are limited by the unfortunate choice of the researchers not to explicate more fully the role of sexual identity. Even the illustrative quotations are not identified by sexual identity of the speaker. While a few references are made to gay culture, the word *bisexual* is never again used in the study beyond the initial statement that two participants identified as such.

Gaps in the Research

While the studies noted above suggested links between interpersonal relationships and male body image development, the data are insufficient for applicability among sexual minority young adult males for several reasons. First, many of the studies applied potentially problematic sampling methods. Specifically, a significant portion of the studies were conducted in other countries. In light of the relevance of cultural norms and values as explicated in sociocultural theory, findings regarding body image may not be applicable across cultures (Ryan & Morrison, 2009). Furthermore, studies of interpersonal factors in body image development have most often focused on children, adolescents, and females.

Second, aspects of the study designs prove problematic. Some studies did not provide details about methodological approaches, utilized unscientific research methods, or lacked psychometric properties, all of which may raise questions about reliability. Some studies reported data regarding experiences with peers and potential partners, but these interpersonal categories are distinctly different in nature from the more familiar and intimate categories of friends and current or previous partners. The vast majority of studies examined negative body image but did not consider the role of positive male body image.

Third, many failed to examine interpersonal relationships as a key variable in relation to body image. Many researchers produced findings related to family, friends, or romantic partners only as incidental, partial, or peripheral data in studies primarily focused on other factors. As a result, these studies lack provision of comprehensive analysis. Some research linked male body image with variables that seem to pertain indirectly to men's interpersonal relationships, such as sexual satisfaction and competition with peers, but did not directly connect body image with actual family, friend, and intimate relationships.

Finally, bisexual and gay men have been largely ignored in the reporting of data relative to family, friends, and intimate partners. Sexual minority males in the vast majority of studies were either completely excluded or were blended into the results of the total sample without specific analysis of their experiences as men who often exist at the periphery of heteronormative mainstream American culture. No published study has comprehensively explored rich, thick descriptions of the phenomenon of body image

development in family, friend, and intimate partner contexts as experienced by sexual minority men.

Implications of the Review of Literature for the Present Study

Male body image has been presented as a potentially powerful force in the lives of men. Despite the growing evidence that both negative and positive manifestations of male body image impact increasing numbers of men, its clinical importance has been only recently recognized and minimally researched. Because of the particular relevance of body image for the clinical wellness of college-age sexual minority males, who appear to be especially vulnerable to body image disturbances due to unique cultural factors such as emphasis on youthful appearance and competition to acquire and maintain intimate relationships, the study of the process of body image development among this population is needed. Social factors have been found to influence the body image development of sexual minority males but little attention have been given specifically to the role of interpersonal experiences. Therefore, the current study was designed to allow participants to describe in detail the nature of their interpersonal experiences with family, friends, and partners as they relate to body image. Furthermore, this study allowed bisexual and gay males to express the role of sexual identity within their experiences. As the sociocultural and social comparison theoretical approaches account for the roles of interpersonal dynamics more specifically than do other models of body image and have been recognized as primary models for understanding body image development, these closely related social models present the framework within which this study was conducted.

This review of literature suggested that enhanced understanding of bi and gay college-age males' body image experiences within close personal relationships has the potential to contribute toward development of more effective treatment strategies, better preventative wellness approaches, and directions for further research of this nascent topic. Social and cognitive-behavioral approaches to conceptualizing male body image were emphasized. The importance of hegemonic masculinity and sexual identity as social factors potentially moderating and influencing male body image development was presented.

The literature indicated that while a small number of studies have begun to explore interpersonal social factors related to male body image, these studies have either not included or not reported findings relative to sexual identity, or when sexual minority males were explicitly included, the studies have given relatively little attention to examining the unique experiences of sexual minority men. Both bisexual and gay males need to be included in studies because relatively little is understood about the nature of their experiences, while the evidence which does exist provides basis to believe that their body image experiences may be even more traumatic and influential than those of more frequently studied heterosexual males. As people who are often marginalized within a heteronormative culture where biphopic and homophobic attitudes are commonly expressed or insinuated, bisexual and gay males may be especially vulnerable to the impact of interpersonal social factors on body image development. The review has provided basis to assert that the voices of sexual minority men need to be allowed a safe

and open context for expression of their body image experiences so that appropriate clinical and research strategies can be developed.

Therefore, for the purposes of this study, body image development of college-age bisexual and gay men was examined in relation to their most intimate social relationships. In addition, these sexual minority college-age males were asked to comment on the role of sexual identity with regard to their body image development.

CHAPTER III

METHODOLOGY

A review of relevant literature was presented in Chapter II to provide contextual and theoretical background and rationale for the investigation of bisexual and gay men's experiences with family members, friends, and intimate partners as they impact body image development. In this chapter, the methodology for the present study is described. The research questions, theory and process of Consensual Qualitative Research (CQR), instrumentation, participants, and results of the pilot study are presented.

Research Question

The purpose of this study was to explore college-age sexual minority males' experiences related to body image development in contexts involving family members, friends, and intimate partners. The research question, presented earlier in Chapter I, is given again:

How do sexual minority males describe the relationship between their body image development and their experiences involving (a) family members, (b) friends, and (c) romantic/sexual partners?

Pilot Study

The pilot study was conducted with two participants for the purpose of gaining critical feedback regarding the proposed interview process, including logistics, construction of items on the demographic questionnaire and the male body image

psychosocial history form, and construction of interview questions. Participants were not asked to provide their personal responses to the interview questions, demographic questionnaire, or psychosocial history form to the researcher.

Participants

The pilot study participants identified as a 27-year-old Caucasian bisexual male and a 30-year-old Caucasian gay male who were current graduate students at two universities in the South. The selection of these participants was consistent with CQR methodology in which pilot study participants should reflect the target demographic of the full study (Hill, Thompson, & Williams, 1997). At the time of the pilot study, the proposed age range for the full study was 18 to 39, so the pilot study participants were at the mid-point of the earlier target demographic. It was expected that graduate students would be particularly valuable for the pilot study in producing useful critical feedback due to their general academic familiarity with critical analysis and the nature of research.

Initial Interview Questions

Initial interview questions, the initial demographic questionnaire, and the initial male body image psychosocial history form were developed by the researcher in consultation with two faculty members in the Department of Counseling and Educational Development (CED) who are experienced researchers and who serve on the researcher's dissertation committee. In addition, two faculty members from other departments within the university who possess extensive experience with and knowledge of qualitative research methods were consulted. The initial interview questions, the initial demographic

questionnaire, and the initial male body image psychosocial history form can be found in Appendices A, C, and E, respectively.

Procedure

Prior to commencement of the pilot study, the researcher received notice from the Institutional Review Board (IRB) that the pilot study did not constitute human subjects research as defined under federal regulations and therefore did not require IRB approval. The participants were identified by the researcher as individuals who would meet the demographic criteria for the proposed study. Following initial inquiry from the researcher, both participants gave their consent to read the demographic and psychosocial history questionnaires and the interview questions, to reflect on the interview process as a critically thinking researcher, and to provide feedback. Each participant was told that he would be interviewed individually in one session to last between one and two hours. Verbal instructions were provided about the pilot study. Electronic copies of the questionnaires and interview questions were distributed individually to the participants by email at least 48 hours prior to the scheduled interview so that they could review the materials in advance of the interview.

At the beginning of each interview, the researcher provided verbal instructions about the pilot study and asked if the participant had any questions. Each participant was given a $10 Barnes and Noble gift card. At this point, the researcher began the interviews. One participant was interviewed in the participant's home, with the location determined by the participant. That interview lasted approximately two hours. The other participant was interviewed by phone due to geographical distance. That interview lasted

approximately 90 minutes. Participants were not asked to disclose their own, personal answers to any of the questions or forms. Rather, they were asked to imagine what their experience of participation might be like if they were participants in the full study and to provide feedback regarding their experience accordingly.

Results

Participants affirmed the appropriateness of several aspects of the proposed study: (a) time for completion of the demographic questionnaire and male body image psychosocial history form was estimated by both participants to be 30 minutes or less, which they evaluated to be an acceptable duration; (b) the overall logistical process was deemed to be acceptable by both participants; (c) the provision of the interview questions and the male body image psychosocial history form in advance of the interview was evaluated by both participants to be useful in helping them to understand factors which potentially relate to body image development, with the benefit of allowing them to reflect on their own body image experiences in advance of the interview to make the interview itself more productive; (d) most items in the male body image psychosocial history form were assessed by both participants to be clear, concise, and easily understood; (e) the lengths of the interviews (90 minutes and two hours) were affirmed as acceptable by both participants; (f) one participant expressed his appreciation for the opportunity to reflect meaningfully on his own body image development experiences in preparation for the pilot study; (g) the one participant who was asked specifically about whether a definition of body image should be given to participants in advance of the interview affirmed the

original design in which no definition was provided because he believed the unique understanding of each participant would provide richer data.

Several key areas were identified by the participants for possible revision in the full study: (a) instructions for Item #8 of the male body image psychosocial history form were deemed to be confusing by both participants and completion of #8 was said to be cumbersome because of the volume of considerations to be made simultaneously for each item such as time of occurrence (past, present, or never) and whether the relationship was positive, negative, both, or neither; (b) certain interview questions were identified as being too wordy, with participants expressing a feeling of having too much to mentally process at one time; (c) redevelopment of the line of questioning in the interview questions so that questions would be asked specifically about importance of experiences and about experiences specifically occurring within each of the three interpersonal relationship categories (family, friends, and partners) was endorsed by both participants to provide clearer and more useful information; (d) one participant suggested possibly providing an interview guide consisting of themes and general areas of inquiry, rather than the specific interview questions, as an attempt to balance the benefit of gaining richer data through advanced knowledge of questions alongside the benefit of obtaining more natural responses when questions are asked in an interview without prior preparation; (e) one participant stated his belief that the romantic/sexual partner relationship would be most salient of the three relationship types for most full study participants and therefore should be specifically addressed; (f) one participant stated his belief that full study participants would not be likely to think about sharing body image

experiences which occurred in sexual contexts unless specifically asked, while the other participant stated that the use of the term *sexual partner* was sufficient to call such experiences to mind; (g) the bisexual participant expressed concern that the demographic item about the nature of sexual attraction toward females and males (Item #6) was challenging for him because quantitative and qualitative aspects of his dual attractions were dissimilar and would call for different responses.

Modifications

Based upon the feedback provided by the pilot study participants, several changes were made to the study documents.

The interview questions were revised to be clearer, more concise, and better paced. The number of follow-up questions/probes in each interview question was reduced to allow more time for participants to focus on the items of primary relevance. The first interview question pertaining to the participant's feelings about his own body image was removed because this information is already addressed in the psychosocial history form. The line of questioning was reorganized such that the types of interpersonal relationships involved would be more clearly explored. A question was added to the beginning of the interview to gain perspective on the participant's subjective understanding of the meaning of body image. With the goal of fostering among all participants a similar understanding of the meaning of body image for the purpose of this study, the provision of a definition of body image at the beginning of the interview was added as well. The question regarding the participant's experience of sexual attraction to females and males was moved from the demographic questionnaire (Item #6) to the interview questions to

facilitate more thorough explanation by the participants. Demographic and interview questions pertaining to gender (femininity/masculinity) were removed in order to allow greater focus on sexual identity because the role of gender seemed to be less pertinent to this particular study and is expected to be revealed in answer to other questions regarding the nature and impact of experiences.

Furthermore, based upon consideration of the most effective approach to collecting data, use of the specific term *body image evaluation* in the interview questions was removed in order to elicit more direct and general consideration of all factors which may contribute toward body image development of sexual minority males within the designated interpersonal contexts. Based on feedback from the oral defense of the proposed topic, questions were added to gain perspectives about factors influencing sexual minority male body image, body image as a concern of males, and a self-description of the participants' own body image. These additional questions were intended to aid the researcher in contextualizing the experiences of participants and facilitate receptivity of participants to the general topic before asking highly personal questions.

The demographic questionnaire was shortened through the removal of the items about gender and sexual attraction as explained above. An additional answer choice, "Other," was added to Item #3 regarding ethnicity/race.

The male body image psychosocial history form was revised by adding assessment of past body modifications to the original assessment of current body modifications in Item #4. Item #8 was altered to make the instructions clearer and to

make consideration of items less cumbersome by repeating the items in two sections labeled #8A (helpful/gratifying relationships) and #8B (problematic/disturbing relationships).

<div align="center">**Full Study**</div>

Participant Recruitment

In applying Consensual Qualitative Research (CQR) a strong sample comprised of participants who have depth of experience and can readily describe their experience is critical (Hill et al., 1997). Primary demographic selection criteria were age and sexual identity. Due to the relatively small size of the sample, other demographic factors such as race, ethnicity, geographic location, education, and socioeconomic status were not specifically targeted in this study. Hill et al. (1997) recommended that participant selection should be conducted randomly, but also recognized that qualitative researchers often experience unique challenges to random sampling. Convenience and snowball sampling recruitment methods are commonly used and have been recommended for marginalized and stigmatized social groups such as sexual minority males (Filiault & Drummond, 2009; Patton, 2002). Therefore, this study applied purposive convenience and snowball sampling. Overrepresentation of participants in sexual minority studies from among LGBT advocacy/community groups may be problematic, according to Filliault and Drummond (2009), because their views may be influenced by the nature of their involvement, and closeted or less visible sexual minority males may be missed. Therefore, this study was designed to solicit participation through venues which addressed both LGBT-specific and general audiences. A sample size of 8-15 participants

is suggested to promote both representation of multiple perspectives and accommodation for unexpected variability which could impact the process of analysis and grouping of data (Hill et al., 1997).

Participants were recruited both through open announcements and through the use of snowballing technique in which contacts within the social network of the researcher were asked to share the invitation to participate with members of their social networks. Delivery methods included Facebook announcements (where some postings directly targeted university-based LGBT organizations such as Pride groups), and personal e-mail announcements/invitations. Original plans were to also utilize LGBT organizational email distribution list(s) which may extend into the larger community beyond academia, and flyers posted at locations such as university centers for mental health counseling, multicultural affairs, and recreation/fitness. However, a sufficient number of participants volunteered for the study before those methods were implemented. Interviews were conducted face-to-face to most effectively facilitate communication that is both verbal and nonverbal. Participants were students or recent students of two universities in the Southeastern United States—one a private liberal arts institution and the other a public university. A preponderance of studies of male body image have focused on college-age males (e.g., Bottamini & Ste-Marie, 2006; Morgan & Arcelus, 2009; Ryan & Morrison, 2009). While inclusion of older participants was considered as a means to contribute data to the field across a broader age span, body image experiences may vary according to age and generation, so following feedback during the oral defense of the topic proposal, the

age range for participation was capped at 18-30 to preserve relative generational

homogeneity within the sample with the goal of producing stronger data

(Adams et al., 2005; Cash, Winstead, & Janda, 1986). Ages of participants were all at the

lower end of the target demographic, with all men interviewed for the study being

between the ages of 19 and 26, making this ultimately a college-age sample.

The following selection criteria were used to recruit participants: (a) self-identity

as a bisexual or gay male, (b) within the 18-30 age range, (c) ability to identify personal

experiences impacting body image development which have occurred in family, friend,

and partner relational contexts, and (d) willingness to describe such experiences for the

purposes of this investigation. The study began with eight participants, with the intention

to add more participants if needed. The research team determined following analysis of

the data from the eight participants that no further interviews were needed.

Procedures

Prior to the collection of data, CQR methodology calls for the research team to

engage in a bracketing exercise in which team members gain awareness of, then set aside,

their personal assumptions about the nature of the phenomenon of male body image

development. The bracketing exercise was completed in consultation with a CED faculty

member with experience in CQR methodology who served as auditor and consultant for

the current study during its planning stages. Data collection consisted primarily of

interviews, in keeping with standard CQR protocol. Potential participants indicated their

interest in the study through an online survey which included a recruitment letter

(Appendix I) giving the purpose of the study and identifying any potential risks to the participant.

Individuals who agreed to participate were e-mailed copies of the informed consent form, the demographic questionnaire, and the male body image psychosocial history form for completion, and the interview questions for review only, at least five days before each interview was conducted. The informed consent form, the demographic questionnaire, and the male body image psychosocial history form were to be completed by the participant in advance of the interview and given to the researcher at the beginning of the interview session. Interview questions were distributed in advance of the interview in order to allow participants to reflect on their experiences and consider how they may respond in the most complete and useful manner. Hill et al. (1997) endorsed provision of interview questions prior to the interview toward the goal of producing useful data during the interview while also acknowledging the potential limitation that participants may in some cases be more likely to produce socially desirable responses. Because participant experiences contributing toward male body image development likely occur over a span of many years and are not commonly discussed by most males, the opportunity to recall events in advance of the interview was believed to likely enhance the quality of responses overall. The purpose of the male body image psychosocial history form was to collect data using an alternate means as recommended by Creswell (2007) and Hill et al. (1997) in part for triangulation of data. Participants were notified that they could withdraw from participation by notifying the primary researcher they do not desire to continue.

Each interview session occurred face-to-face in a setting mutually agreeable to the researcher and the participant with the requirement that clearly audible recording was possible. The participant was advised that the interview was expected to last for approximately 60-90 minutes and would be audio-recorded using two recording devices to insure that the data would not be lost in the event that one recording device should fail.

Each interview session began with brief social conversation to create a comfortable and trusting environment in which the participant would feel inclined to respond honestly and fully. After the informed consent form was signed and returned to the researcher at the beginning of the interview session, the choice of a $10 gift card from Barnes and Noble or Subway was offered as a token of gratitude for participation. Every participant selected the Barnes and Noble card. The participant was instructed that he may opt to end the interview at any point during the session without prejudice or reprisal. Furthermore, he was advised that participation in the study was unlikely to present significant psychological risks or consequences but that in the event he identified a need for support, assistance could be provided in locating a suitable mental health service provider.

Questions were administered using a semi-structured interview format. Notes describing observations of the researcher during the interview, such as non-verbal reactions of the participant, were written with an ink pen in a notebook devoted exclusively to that purpose. All audio and written records from the interviews were transcribed and stored securely using a lock box in the researcher's home. Audio recordings were destroyed upon completion of each transcription. Participants were

identified by number in order to protect anonymity. In several cases, the researcher contacted participants following the interview to clarify information. Each participant was e-mailed a copy of the data analysis following review of the transcript by the research team to provide any appropriate feedback to the researcher. Only one participant responded with feedback. Hill et al. (2005) stated that low rates of feedback in CQR are not unusual.

Interview Questions

The interview questions were primarily constructed based upon the findings of the review of the literature. The experiences and perspectives of the research team relative to both the topic of body image and the process of conducting research informed the construction of the questions. The primary author of the questions was the primary researcher, who was embedded in the male body image literature for 2.5 years and who had worked with male clients regarding body image issues in the practice of counseling. The other two members of the research team and the CED faculty members of the researcher's dissertation committee (one of whom is also a member of the research team) provided feedback regarding the interview questions. In addition, two researchers with extensive experience in qualitative research methods who are full-time faculty members in other departments of the university provided feedback regarding the questions.

During the interview meeting, following collection of the consent form, audio recording commenced. The following questions and follow-up prompts based on the research questions guided the semi-structured interview:

So that all participants share a similar understanding of body image for the purposes of this study, I would like to state for you a definition of body image that is generally applied by researchers. Body image refers to the ways an individual acts, feels, and thinks regarding her or his own body (Cash, 2002).

1. What do you think about body image as a concern of males?

2. What struggles related to body image, if any, have you witnessed bisexual and gay males experience?

3. Have you noted anything that seems different or unique about male body image as experienced by bisexual and gay males?

4. What factors do you think may influence the body image of sexual minority males?

5. This research project is intended to focus on experiences of bisexual and gay males. Which term do you use to identify yourself? How would you briefly describe what you mean when you say that you are bisexual/gay?

6. Considering your own life experiences, how might you generally describe your body image?

For the remaining questions, I will ask you to consider your experiences with family members, friends, and/or romantic or sexual partners which were impactful in your body image development. These experiences might have contributed to the early formation of your body image or to changes in your body image. These experiences may have been recent or in the past, gratifying or disturbing, involved what somebody said or did or

simply your own internal thoughts or feelings in relation to the other person. Please describe as fully as you can the context, your feelings, your thoughts, and your reactions.

7. Describe a specific experience that occurred within the context of family members, friends, or romantic or sexual partners that related to your body image development in a significant way. Feel free to pause and collect your thoughts. Begin when you are ready.

8. How did this experience relate to your thoughts and feelings about your body?

9. What role, if any, did the type of relationship (for example, family, friend, or romantic/sexual partner) play in the significance of this experience?

10. Is there another specific experience that occurred within the context of family members, friends, or romantic or sexual partners that related to your body image development in a significant way? Tell me about it. *Repeat #7-9 as follow-up. Possible follow-up probe:* You've described experiences involving *[state relationship(s) already addressed by participant]* family/friends/partners. Was there a significant experience involving *[state relationship(s) not already addressed]* family/friends/partners that you would like to describe for me?

11. Thinking about all of the experiences you have described, which experience or experiences were most impactful? How? Have the roles of family, friends, and partners in your body image changed over time at different stages of your life? How?

12. Thinking about all of the experiences you have described, what role, if any, did your sexual identity play relative to your body image?

13. Is there anything else about this topic or this interview that you would like to share?

Consensual Qualitative Research (CQR)

The current study utilized Consensual Qualitative Research (CQR). In Chapters I and II the factors which underlie the need for the study were thoroughly explored. In summary, studies have suggested that family members, friends, and romantic/sexual partners might play significant roles in the development of young men's body image, but the data are limited, especially for bisexual and gay males. Because the findings suggest that interpersonal relationships with significant others in a young adult male's life provide a unique context with importance for body image development, investigation that explores experiences in the interpersonal context is needed. CQR method was chosen because it produces rich, deep explanations of lived experiences as described by those experiencing the phenomenon and results in the identification of key themes which emerge through these descriptions. Based on the results, appropriate directions for further investigation of the role of family members, friends, and intimate partners as agents of social influence in young bi and gay male body image can be identified. Implications for further research, practice, and theory development will be presented in Chapter V of this study. The theoretical foundation of CQR, the research process, and methods of evaluation are described below.

Theoretical Foundation

CQR is an iterative process that utilizes a relatively small number of participants to identify domains and categories (Hill et al., 2005). Hill et al. (1997) developed CQR in

the 1990s to address their perceived need for a more rigorous qualitative method to investigate complex phenomena specifically in the study of counseling. CQR combines elements of various qualitative methods in a unique way that highlights several key features: the involvement of multiple researchers in the process, the value of reaching consensus in interpretation of data, and a systematic approach to determining the representativeness of results across cases (Hill et al., 1997). Hill et al. (1997) identified four approaches from which CQR significantly draws: (a) grounded theory, the most influential of the four approaches, which centers around the formation of a network of related constructs about the phenomenon under study; (b) comprehensive process analysis (CPA), which is a system of analysis that employs a sequential framework for interpretation of meanings; (c) phenomenology, which emphasizes the importance of understanding data within the lived context of the person who experiences the phenomenon; and (d) feminist theories, which emphasize collaboration, open exploration, and awareness of power dynamics among the researchers.

CQR Research Process

Critical to the CQR process is the inclusion of multiple perspectives in interpreting data (Hill et al., 2005). Participants are understood to be the experts on the experience of the phenomenon of interest and, as such, are to be treated with respect (Hill et al., 1997). A research team of three to five individuals is assembled in order to reduce the potential for individual biases (Hill et al., 1997). Quality relationships with participants and among research team members are essential for the process of reaching consensus (Hill et al., 1997). Careful attention to relationship dynamics should include

prudent selection of research team members who can collaborate effectively, maintain a safe atmosphere in which all members feel free to voice their perspectives and perform their roles comfortably with the flexibility, open dialogue, challenge other team members, and compromise that are necessary for reaching consensus (Hill et al., 1997). Group consensus is integral to the CQR process (Hill et al., 1997).

Following selection of the research team, members are trained about how to conduct the CQR method. In this case, the team consisted of three members who were trained using the two primary CQR articles written by Hill and associates (Hill et al., 1997; Hill et al., 2005). Team members participated in a bracketing exercise prior to analyzing data (Hill et al., 1997). The primary researcher led the team members in the bracketing exercise at the first meeting of the research team on June 2, 2011. As called for by Hill et al. (1997), each team member described her or his own expectations, experiences, assumptions, and biases regarding the subject of the study. Bracketing is intended to reduce subjective bias, to provide a baseline of knowledge that can be revisited at the conclusion of the investigation to determine whether team members learned anything new (which could be an indicator of openness to the data), and to help team members set aside their subjective expectations while analyzing the data (Hill et al., 1997). The role of the external auditor is to review the preliminary findings of the team external from the relational dynamics of the team to further promote objective analysis and to ensure that important data are not neglected by the team (Hill et al., 1997).

Coding of data involves three primary steps: (1) identifying and coding domains in which to cluster data, (2) identifying core ideas that constitute the essence of

participants' described experiences, and (3) conducting cross-analysis of data to locate

categories that are applicable across participant cases (Hill et al., 1997). The research

team discusses and evaluates domains, core ideas, and categories one at a time until the

group is able to attain consensus (Hill et al., 1997). Analysis of one interview is

completed before moving to the next one (Hill et al., 1997). The external auditor reviews

the findings of the team for accuracy in each of the three steps of data coding (Hill et al.,

2005).

The first step in coding is the development of domains (Hill et al., 1997).

Domains are utilized to cluster data related to similar topics (Hill et al., 1997). The

domains may either be determined prior to the beginning of the coding process based

upon the literature or interview questions or may be selected by processing the

transcribed data (Hill et al., 2005). All content from the interview should be placed into a

domain (Hill et al., 1997). All team members are to agree on the domains (Hill et al.,

1997). Domains may evolve over time and new domains may be added as the

introduction of new data influences understanding of the domains (Hill et al., 1997).

After the data are divided into domains, core ideas are written within those

domains to concisely and clearly state the essence of the statements recorded in the

transcript (Hill et al., 1997). Researchers should not move too far into abstraction of ideas

(Hill et al., 2005) or interpretation of meanings (Hill et al., 1997) at this point. Rather,

creating core ideas is an editing process in which the actual words of the participants are

distilled to the very core of what was said, as briefly and consistently as possible (Hill et

al., 2005). Placing core ideas into more than one domain, known as double coding,

should be kept to a minimum (Hill et al., 1997). The external auditor reviews the domains and core ideas to assess whether the data are in appropriate domains, all core material has been abstracted to core ideas, and the core ideas are true to the data (Hill et al., 1997). The auditor provides a critique to the primary research team members, who then review the comments of the auditor and may accept or reject the recommendations of the auditor based on consensus (Hill et al., 1997).

In the final step, cross-analysis, core ideas are assembled into categories by the team members (Hill et al., 1997). Representativeness, or frequency of occurrence, of categories should be reported with the findings using labels of *general* (applicable to all or most cases), *typical* (applicable to more than half of cases, but not all), and *variant* (applicable to half or fewer of the cases, but more than one) (Hill et al., 2005). Categories are derived from participant data rather than preconceived ideas from the literature or theories (Hill et al., 1997). Here again, the external auditor reviews the cross-analysis for accurate categories and representativeness, providing feedback to the research team, who are free to accept or reject the critique of the auditor (Hill et al., 1997).

In qualitative research, *saturation* is the term generally used to describe the point at which findings become redundant and introduction of new data may be ceased (Hill et al., 1997). However, Hill et al. (1997) prefer the term *stability of findings* which they define as the point when "the results generally explain the phenomenon for a defined group" (p. 552). A method previously applied for assessment of stability is to remove two or three cases from analysis, then after cross-analysis of the other cases has been conducted, add the withheld cases to see whether new domains, categories, or

relationships among categories appear (Hill et al., 1997). The findings are considered stable if the new cases do not alter the initial cross-analysis (Hill et al., 1997). In the event that stability does not result, the withheld cases can be added one at a time until no significant changes emerge in the findings (Hill et al., 1997). In a later review of CQR methods, Hill et al. (2005) stated that the stability check is not necessary because in their analysis of multiple CQR studies they found that in every study stability checks confirmed the stability of findings. At the conclusion a concisely crafted narrative is written to describe the typical pattern for the sample of participants (Hill et al., 1997).

Evaluating the Results of CQR

Qualitative research is evaluated using a number of techniques. Reliability is assessed through consistency, dependability, and asking whether the results make sense (Merriam, 2002). External validity, or user generalizability, is ultimately judged by the readers who determine whether findings can be applied to their own contexts, a process aided through the provision by the researcher of adequate descriptive and contextual details (Merriam, 2002). Internal validity, the congruence of findings with reality, has been noted as a particular strength of qualitative research methods due to the close proximity assumed by the researcher to the reality being investigated (Merriam, 2002).

Hill et al. (1997) outlined six criteria for evaluating results of CQR. Three should be reported in every study, according to Hill et al. (1997): trustworthiness of the method, coherence of the results, and representativeness of the sample. Trustworthiness refers to "the degree to which the results of a study can be trusted" (Hill et al., 1997, p. 556). Trustworthiness is achieved through careful monitoring of the processes of data

collection and data analysis, including the interview questions, consensual process, and auditing (Hill et al., 1997). This study utilized careful attention to Hill et al.'s (1997) recommendations for monitoring, including appropriate interview development, minimization of bias, and accurate reporting of findings.

Coherence of the results involves arriving at logical conclusions, accounting for all of the data, reporting findings in relation to the research questions, and presenting the information in a way that makes sense to the reader (Hill et al., 1997). Triangulation, or collection of data using multiple sources, is a prime means for the pursuit of coherence and promotes reliability and internal validity (Creswell, 2007; Hill et al., 1997; Merriam, 2002). In this study triangulation was attained through the collection of descriptive data using a written psychosocial history form focused on the participants' history of behaviors and experiences related to male body image. The research team considered the consistency of participant responses between verbal information collected during the interview and written information collected on the psychosocial history form. Similar responses across sources suggest the data are trustworthy, while a pattern of contradictory responses suggest the data may be unreliable. In the latter case, the participant might be questioned regarding the apparent contradictions. The research team would determine whether to include or remove from the study the data collected from that participant. For example, if Participant A indicated very little evidence of body image disturbance on the psychosocial history form but spoke at length in the interview about his negative experiences of body image, triangulation would provide a valuable mechanism for determination of whether and how to include the data from Participant A in the study.

Representativeness of the sample is sought through selection of a relatively homogeneous group of participants and attention to minimization of bias in choosing participants so that results are more likely to apply in a general way (Hill et al., 1997). Representativeness is closely related to the concept of transferability, considered to be a measure of external validity in qualitative inquiry (Creswell, 2007; Merriam, 2002). Hill et al. (1997) recommend checking for stability of findings and reporting of findings as *general*, *typical*, or *variant* as ways to promote representativeness. In this study representativeness was addressed through careful attention to the participant selection process, stability of the findings, and reporting the findings as *general*, *typical*, or *variant*.

The other three criteria are desirable but not essential (Hill et al., 1997). They are testimonial validity, applicability of the results, and replication across samples (Hill et al., 1997). Testimonial validity involves having participants review the findings to provide feedback (Hill et al., 1997). Other sources refer to this process as *member checking* and identify it as a means of assessing internal validity (Creswell, 2007; Lincoln & Guba, 1985). The technique has been deemed "the most critical technique for establishing credibility" (Lincoln & Guba, 1985, p. 314, in Creswell, 2007, p. 208). In this study, participants were given the opportunity to read the results of the data analysis and provide feedback which was then considered by the research team.

Applicability of results pertains to the usefulness of the findings for practice, which is ultimately determined by the readers based upon the adequately detailed reporting of the context of the study by researchers (Hill et al., 1997). This study provided rich, thick descriptions which permit readers to make decisions about

applicability to other contexts. Thick descriptions are a valuable contribution to the literature and unique to qualitative research that provide details, nuances, and extensive revelation of first-person experience. The depth of these descriptions allows readers to more fully understand the contextual factors within the data. Furthermore, applicability was addressed through the reporting of the initial biases of the research team members relative to the phenomenon of male body image development as a measure of reliability (Creswell, 2007; Merriam, 2002).

Replication of results across studies bolsters confidence in the findings and may be accomplished either by having a second set of researchers analyze the original data set or by conducting another, similar study with fresh data collection (Hill et al., 1997). Replication is the only criterion of the six which was not applied in this study.

Coding the Data

Research Team

Three individuals comprised the research team. The primary researcher was a doctoral student who had been embedded in the literature of male body image for 2.5 years. The primary researcher's dissertation committee faculty chair was also a member of the research team. He was a full-time faculty member and chair of the CED Department. He became familiar with male body image literature through the writings of the primary researcher. The third member of the research team was a full-time faculty member in the Department of Kinesiology with experience in the study of body image, primarily in female athletes, and who was a member of the primary researcher's dissertation committee. The external auditor was a full-time CED faculty member who

had experience with qualitative research, including CQR methodology, and had previously served in the role of auditor for other studies.

Bracketing

Members of the research team participated in a bracketing exercise prior to beginning the process of data collection and analysis (Hill et al., 2005). Bracketing involves each team member discussing her or his experiences, perspectives, and expectations regarding the phenomenon under investigation (Hill et al., 1997). Bracketing is intended to reduce subjective bias, to provide a baseline of knowledge that can be revisited at the conclusion of the investigation to determine whether team members learned anything new (which could be an indicator of openness to the data), and to help team members set aside their subjective expectations while analyzing the data (Hill et al., 1997). The primary researcher led the team members in the bracketing exercise at the first meeting of the research team on June 2, 2011. As called for by Hill et al. (1997), each team member described her or his own expectations, experiences, assumptions, and biases regarding the subject of the study. All three members of the team reported at least minimal personal and professional experience with body image. They all expressed expectations that gay males might be more likely than straight males to experience problems related to body image.

Coding Process

The research team coded one transcript at a time on a case by case basis. Following transcription of each interview by the primary researcher, members of the team were provided a copy of the transcript for the interview under analysis and asked to

code the data into domains prior to meeting. Preliminary domains were refined through this process, with new domains added. The research team met on four occasions, with each meeting lasting for approximately two hours. Individual transcripts were discussed and coded during the first three meetings, followed by data analysis during the final meeting. During each meeting, members discussed and debated the codings until consensus among all three team members was reached.

The next step consisted of constructing core ideas, which are brief, concise statements of the essence of each passage of the interview transcript. Core ideas were identified during the same meetings where domains were processed. Again, the core ideas were discussed until consensus among all team members was reached. After the data were coded into domains and reduced to core ideas, the team met to analyze the data across participants. Within each domain, categories which would remain stable across multiple interviews were identified. The primary researcher constructed a rough table of domains, core ideas, and categories. The primary researcher conferred with the external auditor to discuss the proceedings of the research team thus far. The table and copies of the interview transcripts were given to the external auditor, who reviewed the findings of the research team and offered his feedback in writing to the primary researcher. The auditor found no serious concerns with the data or its organization but provided suggestions for ways to present findings more clearly. The research team considered the insights and impressions of the external auditor and appropriate modifications were implemented. A decision was made that stability of findings had been reached, so no additional participants were interviewed. Once all interviews and analysis had been

completed, the table was revised by the primary researcher to illustrate domains, core ideas, and categories from all cases. The table was then distributed to all team members for final review.

Instrumentation

This study employed three forms of instrumentation: the primary researcher as instrument, a demographic questionnaire, and a brief male body image psychosocial history questionnaire.

Researcher as Instrument

In qualitative research, the researcher constitutes the primary instrument for data collection and analysis (Creswell, 2007; Merriam, 2002). In CQR, the primary researcher conducts the interviews and the research team analyzes the data using a collaborative process. All researchers must acknowledge then bracket their experiences, knowledge, and biases related to the phenomenon under investigation in order to identify themes and meanings within the data as objectively as possible (Creswell, 2007). Because the primary researcher also conducted the interviews, it was especially important for steps to be taken to ensure that the primary researcher's biases, experiences, and expectations would not bias the data collection or analysis. While Hill et al. (1997) acknowledge that it is likely impossible for researchers to reach complete awareness of their own biases and to maintain complete objectivity, they do suggest that bias can be minimized through (a) the bracketing exercise, (b) use of the participants' own words in data analysis as much as possible, and (c) researchers attending to their own and others' expectations during data analysis, including challenging another team member when necessary. In addition to

these checks, the primary researcher was careful during the interviews to avoid stating questions in ways that would reveal his expectations, did not describe his own assumptions or experiences relative to the topic with participants, and kept written notes regarding his own biases when they became apparent to him during the data collection process.

Demographic Questionnaire

Participants were given a demographic questionnaire (Appendix D) that was designed by the primary researcher specifically for this study. The brief questionnaire included items pertaining to sex, age, ethnicity/race, education, sexual identity, and follow-up contact which are typical for a study of this nature.

Male Body Image Psychosocial History Form

Prior to the interview, each participant was asked to complete a male body image psychosocial history form (Appendix F) to gain insights into participant behaviors and attitudes related to male body image. The male body image psychosocial history form contained two sections. The first part asked respondents about their thoughts, feelings, and attitudes relative to their own body image in a primarily open-ended format. The second part utilized a checklist format to evoke from participants identification of specific detrimental and gratifying body-related factors they had experienced recently or in the past.

The questionnaire was compiled by the primary researcher by drawing heavily from the Adonis Complex Questionnaire and three lists entitled "Clues to Muscle Dysmorphia," "Clues to Eating Disorders in Men," and "Clues to Body Dysmorphic

Disorder," all of which were created by Pope et al. (2000) and published in their book *The Adonis Complex* to help male readers contemplate their own body-image behaviors. Pope et al. (2000) identified three key types of body concerns which should be included when considering male body image: body areas, fat/leanness (body shape), and muscularity. Petersen (2005) utilized a portion of the items from Pope et al.'s (2000) muscle dysmorphia clue list for dissertation research. In formulating this questionnaire, the researcher selected and edited items for brevity, clarity, and balance of content. The questionnaire included items related to muscularity, body shape, body areas, exposure of the body to the view of others, and aspects of life correlated with body image in previous research such as social relationships and eating behavior.

The questionnaire was intended to (a) provide detailed descriptive data about body-related behaviors to supplement and enrich the interview data where applicable, (b) provide a means to triangulate data for validation of information gleaned during the interviews, and (c) stimulate participant reflection upon their body image experiences in advance of the interview, which, like providing interview questions in advance, can make the interview more effective and productive (Hill et al., 1997). The trustworthiness (validity and reliability) of qualitative research can be strengthened through the process of triangulation, in which data from a source external to the interview is used to verify the statements made in the interview (Creswell, 2007; Merriam, 2002). During the data analysis process, the data reported on the male body image psychosocial history form were compared, or triangulated, with the data reported verbally during the interview to confirm the findings if the participant indicated similar experiences both in the interview

and on the form. The psychosocial form was not intended to be a psychometric instrument, only to solicit more useful information about participant background.

One reason that the primary researcher developed this questionnaire was that no standardized and psychometrically proven instrument to comprehensively assess for all aspects of male body image could be located. Cafri and Thompson (2004) in their review of male body image measurement instruments posited that most body image assessment methods are problematic for male populations. More specifically, most body image tools were originally designed for exclusive use in female samples, most methods do not adequately assess for muscularity concerns, and most methods are unable to capture the specific nature of male body image concerns (Cafri & Thompson, 2004). Using their primary qualifying criterion of muscularity assessment, the reviewers deemed the Drive for Muscularity Scale (DMS) and the Somatomorphic Matrix to be the only effective measures of assessing male body image (Cafri & Thompson, 2004). Yet neither of these two measures assesses concerns about specific areas of the body, and the DMS does not assess concerns about fat. They also do not assess for positive behaviors related to male body image. Tylka, Bergeron, and Schwartz (2005) developed the Male Body Attitudes Scale (MBAS) toward addressing both muscularity and fat concerns of men; however, the MBAS fails to comprehensively assess for concerns about specific body areas. Bottamini and Ste-Marie (2006) acknowledged the dearth of appropriate male body image measures in stating their long-term goal to design an appropriate male body image behavior questionnaire.

While use of a psychometrically tested instrument might in some respects be preferable, the use of the male body image psychosocial history form for the purpose of this investigation was determined to be appropriate. The intent of the researcher was not to diagnose or statistically analyze the participants but rather to provide additional support for the data gleaned through the interview portions of the study. Data from the questionnaire were added to the descriptions of the participants to improve user generalization, a form of external validation (Merriam, 2002).

CHAPTER IV

RESULTS

The purpose of this exploratory study was to investigate the role of family, friend, and romantic/sexual relationships in male body image development among college-age bisexual and gay males. Eight bisexual and gay participants between the ages of 19 and 26 were interviewed based on a series of questions found in Appendix B. In this chapter, the findings of the study are presented. Demographic data regarding the sample are presented first, followed by a summary of the findings and a detailed analysis of the domains, core ideas, and categories.

Sample Selection and Demographics

Participants were recruited in part using the snowball technique in which contacts are asked to inform people they know about the study for potential participation. Participants were also recruited through postings on Facebook pages of LGBT student organizations at three universities in the Southeastern United States and direct email messages to several individuals who were recommended and/or believed to fit the demographic requirements of the study. The sample was selected based on the following criteria: (a) self-identity as a bisexual or gay male, (b) age of 18 to 30, (c) ability to identify personal experiences impacting body image development which have occurred in family, friend, and partner relational contexts, and (d) willingness to describe such experiences for the purposes of this investigation.

A total of eight participants were interviewed, all in face-to-face format, for the study. Demographic data and interview lengths for all participants may be found in Table 1. All participants were male and either currently enrolled in college or enrolled within the six months immediately preceding the interview. Six participants self-identified as gay and two participants self-identified as bisexual. Because sexual identity can be defined in different ways, brief statements from participants about how they defined their sexual identity are given in Table 1 to allow readers to better understand nuances and to verify the trustworthiness of the data. Participants ranged in age from 19 to 26 years, with a mean age of 22 years (*SD=2.20*) at the time of the interview. Six participants were white/Caucasian and two were black/African-American. While all participants were living in the Southeast to attend college, some grew up in other regions.

For the purposes of attaining psychosocial background information to inform the interviews and provide a means for triangulation of results by the research team, participants were asked to complete a male body image psychosocial history form developed by the researcher prior to the interview. One item asked participants to consider their thoughts and feelings about their body on most days in the past month, then using a scale of 1 to 10 along a negative-to-positive continuum, to indicate how they usually feel and think about their body. Participant responses ranged from 3 to 7, with a mean of 5.43 (*SD=1.72*). Individual responses may be found in Table 1. Responses of three participants were on the negative end of the scale, responses of four participants were on the positive end of the scale, and one participant gave no response. There were no responses at either extreme of the scale (1, 2, 8, 9, or 10), suggesting that all

participants understood their body image to be relatively moderate in either a positive or

negative direction.

Table 1. Participant Data: Demographics, Sexuality Self-descriptions, Body Image Self-ratings, and Interview Lengths

#	Age	Race	Sexual Self-Identity	Sexuality Self-Description	Body Image Self-Rating*	Interview Length (Hour: Minutes)
1	24	White	Gay	"I would rather have sex with guys than girls."	6	1:09
2	19	White	Gay	"I can only have sex with a guy… I couldn't ever have sex with a girl."	NR*	0:46
3	21	White	Gay	"I'm sexually and romantically attracted to men. I would not have sexual or romantic relations with a woman."	4	0:57
4	23	White	Bisexual	"I personally have sexual feelings for both men and women."	3	1:07
5	21	Black	Gay	"I seek…relationships and relations with guys."	7	0:33
6	21	Black	Bisexual	"I've been going through a little redefining of myself…I am attracted to both men and women but I will admit that I am more prone to build my significant emotional connections with men…I go to bisexual because I feel like it's a more open term that I can clamp on to."	7	1:00#
7	26	White	Gay	"I only have sex with men."	7	1:07
8	21	White	Gay	"Gay, but I have had sex with women too. I want to be with a guy a lot more than I want to be with a girl, not necessarily sexually but just in general."	4	0:40

*1=Negative/Dislike, 10=Positive/Like. Participant 2 did not provide a response.
Precise interview length not recorded for Participant 6. Time given is approximate.

Research Question

One grand-tour research question was the basis for the investigation:

How do sexual minority males describe the relationship between their body image

development and their experiences involving (a) family members, (b) friends, and

(c) romantic/sexual partners?

Summary of Findings

The research team applied Consensual Qualitative Research (CQR) methodology

to analyze the data collected from participants. In keeping with the intent of CQR to

utilize multiple perspectives in understanding the essence of a phenomenon (Hill et al.,

2005), a research team of three members was assembled to analyze the data. Table 2

illustrates the domains, core ideas, categories and labels which emerged through the work

of the research team. Following procedures recommended by Hill et al. (2005), the label

general was applied when the category was represented in 7-8 cases, *typical* when the

category was applied to 5-6 cases, and *variant* when the category was evident in 2-4

cases. Categories represented by only one respondent were neither included in the table

nor assigned a label.

Table 2. Domains, Core Ideas, Categories, and Labels

Domain/Core Idea	Category	Respondents	Label
Views of General Male Body Image			
"being strong and looking like you can protect someone and that comes with muscle and height" (5)	Muscularity	1, 5, 6, 8	Variant
	Defend/protect	1, 5	Variant
	Power/strength	3, 5	Variant

	Height	5, 8	Variant
"guys are all either super-caring about their body or else they don't care at all" (2)	Range from no concern to extreme concern	2, 4	Variant
"as males across the board it's [body image] probably more easily pushed back [than for females]" (6)	Less important than for women	6, 8	Variant
"it's [body image] a big deal as far as masculinity because I think that one's body directly relates to the way one perceives that one is perceived" (3)	Masculinity	1, 3	Variant
Views of Sexual Minority Male Body Image			
"gay and bisexual men are more vicious about it [body appearance]" (6)	Greater concern than for straight men	3, 4, 6, 7, 8	Typical
"It's very competitive out there. And like any sport, I suppose, play to win." (7)	Sexual attractiveness	1, 3, 5, 6, 7	Typical
"if you're not that way, then there's a sense of exclusion even in an already excluded community" (3)	Pressure to fit ideal gay body type	2, 3, 4, 7	Variant
"most skinny gay guys smoke because if they want to eat they smoke instead" (2)	Eating issues	2, 4, 6, 7	Variant
	Thinness	2, 7, 8	Variant
	Harmful substances	2, 3, 7	Variant

"how they're performing compared to other men in terms of masculinity" (1)	Gender presentation	1, 3, 4	Variant
"obsession about trying to go to the gym" (6)	Exercise emphasis	3, 6, 8	Variant
	Muscularity	7, 8	Variant
"what is that person, because they're no longer a twink?" (4)	Gay subcultures	4, 6, 7	Variant
Influences on Sexual Minority Male Body Image			
"culture's the core influence of body image and then that affects the family members and the friends and the sexual partners and those affect the individual" (1)	Gay culture	2, 3, 4, 5, 6	Typical
	Broader culture	1, 2, 3, 4	Variant
	Partners	1, 3, 4, 8	Variant
	Family	1, 3, 4	Variant
	Friends	1, 3, 4	Variant
"I watched *Queer as Folk* for years…they're at the gym every single scene because they need to improve on their body" (2)	Media	1, 2, 6, 7	Variant
"the most physically capable guy is usually the leader, the head guy, so that's what you aspire to be and you want to have." (5)	Social acceptance/ recognition	3, 5	Variant

120

"Because they can't control their orientation, maybe they want to control their body." (8)	Control over body	3, 8	Variant
"with the very sexualized culture of gay and bisexuals…porn, I feel, is very influential" (4)	Pornography	4, 6	Variant
	Sexualized nature of gay culture	4, 6	Variant
Participant Concerns Related to Their Own Body Image			
"I'm just generally not satisfied with my body" (3)	Body image dissatisfaction	All	General
"I was unable to attract people because I was too large" (3)	Sexual desirability	1, 3, 4, 5, 7, 8	Typical
	Gaining too much weight	2, 3, 4	Variant
	Eating issues	2, 3, 4	Variant
"I just kind of float around that little purgatory of body image." (5)	Change over time	4, 5, 6, 7, 8	Typical
	Better now than before	6, 7	Variant
	Worse now than before	4, 5	Variant
	Worsened by stress from other issues	2, 7	Variant
	Feels impossible to reach goal	3, 7	Variant

"I know that my life would be so much better if I was just that way" (5)	Life would be better if body was different	2, 3, 4, 5	Variant
"all sorts of horrible-horrible side effects…but I was so enamored with having clear skin" (7)	Used or considered using harmful substance	2, 7	Variant
	Desired plastic surgery	2, 7	Variant
"I'd never get picked first for anything related to physical activities." (5)	Sport participant	4, 5	Variant
Relationship Context of Experiences Linked to Body Image Development			
"until I really became sexually active I don't think [body image] mattered as much to me" (1)	Partners	All	General
"My mother's always said that I could be covered in shit and be more handsome than blah blah blah, but this is like a mother's bias." (7)	Family	All	General
"[high school teacher] was an authority figure very specifically and I had no recourse to question what she said or did" (3)	Other relationships	2, 3, 4, 5, 6, 7, 8	General
"I have to have clean teeth when I go out the front door no matter what because my friend never had clean teeth." (7)	Friends	1, 2, 3, 4, 5, 7	Typical

Modalities of Body Image Development Experiences			
"I've always gotten compliments from my family, from friends and lovers that they like my eyes" (7)	Verbal comment	All	General
"in high school when [my brother and I] still shared a room I would see him work out." (6)	Observation of other person's body/self-comparison	1, 2, 5, 6, 7, 8	Typical
"being fat was really made fun of in [state where he used to live] and picked at for a long time" (2)	Social rejection/ evaluation	2, 5, 6, 7	Variant
"something that someone does is more impactful than something someone says" (8)	Nonverbal action of other person	5, 7, 8	Variant
"My body image was influenced positively based on how successful I was at getting whoever I was interested in bedding in bed. And at the same time negatively influenced if someone whom I found attractive did not want to do something with me." (1)	Sexual interest from others	1, 4, 8	Variant
	Sexual performance	1, 7	Variant
	Sexual rejection	1, 5	Variant
	Seeking sex for affirmation/ approval	1, 8	Variant
"I felt really good in my body for a while because–one—I was getting paid to show my body off and that was such a change from growing up." (5)	Public performance with emphasis on body display	4, 5	Variant

"He turned around, grabbed my breast, and said, 'These are way too realistic for a guy like you. I don't like them.' And that really hurt." (2)	Involved physical touch	2, 8	Variant
Roles of Partners: Aspects of Experiences			
"He makes me feel good about the way that I look" (8)	Supported/ complimented by partner	1, 2, 4, 6, 7, 8	Typical
"he said, 'Oh, well, you could use more [sexual] practice.' And for some reason in my head that didn't translate as exactly what he said. It was 'You're not attractive.'" (3)	Negative comments from partner	1, 2, 3, 7, 8	Typical
"My ex was very concerned about his body and worked out a lot." (2)	Partner had own body concerns	2, 5, 6, 7, 8	Typical
	Partner had good/desirable body	2, 3, 7, 8	Variant
	Improved body for partner's benefit	1, 2, 6	Variant
"Why would anybody want to be with you? Because I was looking at my body and my chest and I…was just disgusted with it and really upset and I knew if I had a better body I'd get something." (5)	Desire to obtain partners	1, 3, 5	Variant
"I was 16 and it was one of my first sexual partners" (3)	Involved first/ early partner	3, 5	Variant

124

"[ex-partner] would never take off his shirt when we had sex. …that, too, impacted my body image because if he's not willing to take off his shirt and I am, of course, I'm very better looking than that." (7)	Partner covered self during/after sex	5, 7	Variant
"there are still guys who like me so there's not *that* much incentive to change" (4)	Ability to attract partners minimized body concern	3, 4	Variant
"there was no explanation, so there was no negation of the possibility that it could have been based on my own body" (1)	Lack of communication left participant uncertain about his body	1, 3	Variant
Roles of Partners: Contexts of Experiences			
"Probably the best lay I ever had...That completely redefined penis size and body image for me forever." (7)	Sex/cuddling	1, 3, 5, 7, 8	Typical
"we went to a party and he was a bit intoxicated" (2)	Party/gathering	2, 5	Variant
	Use of alcohol/ illegal drugs	2, 5	Variant
Roles of Partners: Specific Body Concerns			
"I don't want to be in this [bear/large] demographic." (4)	Body size (thin/ overweight)	1, 2, 3, 4, 8	Typical

"I was looking at my body and my chest and I…was just disgusted with it and really upset" (5)	Chest	2, 5	Variant
"is he not impressed with the size of my penis?" (1)	Penis	1, 7	Variant
Roles of Partners: Effects of Experiences			
"I was also eating my little bit of whatever I ate and then exercising and then eating a little bit more and then exercising for an hour" (3)	Increased exercise	1, 2, 3, 4, 6, 8	Typical
	Effort to lose weight	2, 3, 4, 8	Variant
"I basically said that I was done with him after that." (8)	Participant ended relationship	2, 7, 8	Variant
"I do not feel any better about my body." (4)	No change/effect	2, 4	Variant
"I started going to a therapist" (3)	Received professional support	2, 3	Variant
Roles of Partners: Significance of Relationship Type			
"the only reason why we were together in this particular situation was to enjoy each other's bodies" (1)	Primary role of body/sex in relationship	1, 3, 4, 8	Variant
"due to my emotional investment in the relationship" (6)	Emotional investment (long-term partner)	6, 8	Variant

"he had more sexual partners than I had and was more attractive than I was" (3)	Felt insecure/ inferior with partner	1, 3	Variant
"it was kind of negative because I felt a little bit objectified" (4)	Objectification	1, 4	Variant
Roles of Family: Aspects of Experiences			
"[My mother] recognizes how I feel about my body and then encourages me to change it so that I'm happy with it." (4)	Generally supportive	1, 3, 4, 8	Variant
"[my mother] had had a couple drinks and she grabbed my chin and was like, 'Oh, this is getting larger after the past couple days'" (2)	Negative comment from family member	2, 5, 7	Variant
"I've always gotten compliments from my family" (7)	Positive comment from family member	7, 8	Variant
"I'm the best-looking one in my family, or I care the most about my body" (8)	Perceives self as more attractive than most others in his family	7, 8	Variant
"[my mother and I are] both trying to get back to the skinny side of the fence" (4)	Family member has similar body concern	4, 7	Variant
Roles of Family: Contexts of Experiences			

"in high school when [my brother and I] still shared a room" (6)	Home	2, 6	Variant
Roles of Family: Specific Body Concerns			
"My mother always thinks that I need to gain weight." (7)	Body size (thin/ overweight)	4, 7	Variant
"my mom brought it up to me. And she was like, 'Are you going to start working out or something?'" (5)	Muscularity	5, 6	Variant
Roles of Family: Effects of Experiences			
"I feel more comforted around them [family] as opposed to gay individuals." (8)	Felt supported	1, 3, 4, 7, 8	Typical
"this made me really concerned about my double chin…and that's thrown me in a tizzy quite a few times." (2)	Felt worse about self	2, 6	Variant
Roles of Family: Significance of Relationship Type			
"more of a love for each other as people, not for each other's body" (1)	Felt known/ loved	1, 5	Variant
Roles of Family: Influential Family Member			
"[my mom's] really talking negative about my body now" (5)	Mother	2, 3, 4, 5, 7	Typical

Roles of Friends: Aspects of Experiences			
"most of my friends know my problems with my body image" (2)	Supportive toward his body image concerns	2, 3, 4	Variant
"My friend the other day told me I was skinny" (2)	Positive comments from friends	2, 4, 5	Variant
"so many people would just comment—not even necessarily to me but I could hear them—like, 'Wow, she's so pretty' and 'Look at those legs,'" (4, in drag)	Supporting public performance involving display of his body	4, 5	Variant
Roles of Friends: Contexts of Experiences			
"the first time [performing in a strip show] made me feel great. I invited all my friends out." (5)	Public performance involving display of his body	4, 5	Variant
"I ask them to go to the gym" (4)	Plan to exercise together	2, 4	Variant
"somebody saw my dick in the shower and they just went around, told everybody about it." (5)	University domicile	3, 5	Variant
Roles of Friends: Specific Body Concerns			
"the slim athletic people who don't have like huge bulging muscles, the kind of people who do swimming or cross	Body size (thin/ overweight)	1, 2, 4, 5	Variant

129

country with that kind of body and I think even to this point I still seek to have that kind of physique" (1)			
Roles of Friends: Effects of Experiences "if they're working out. Then I feel like I definitely have to get myself looking good" (5)	Increased focus on his body	1, 5, 7	Variant
"I continue to feel the same" (4)	No change/effect	2, 4	Variant
Roles of Friends: Significance of Relationship Type "if someone who didn't know me said those things to me it would be offensive to me because you don't know me." (5)	Felt known/ loved	1, 5	Variant
Roles of Other Pertinent Relationships "people complimenting me on little things like, 'Oh, your eyes are very nice' or other little parts of my body throughout, then that just made me feel like I should take care of that because people are saying that it's good." (6)	General/ strangers/public	2, 6, 7	Variant
"the fact that my professor was gay" (3)	Professor/ teacher	3, 7	Variant
"I was getting paid to show my body off" (5)	Audience of participant performance	4, 5	Variant

130

"several of her friends just started hitting on me…and that was a completely positive experience" (4)	Female adolescent peers	4, 7	Variant
Most Impactful Experiences			
"because it had been a pretty long-term friendship" (1)	Longevity	1, 2, 3, 6, 8	Typical
"sexual partners are the strongest type of relationship in terms of influence" (8, as stated by interviewer)	Partner	3, 4, 8	Variant
"my mother where she acknowledges [my body concern] and then encourages me to help change it" (4)	Family	2, 4, 6	Variant
	Mother	2, 4	Variant
"why would you want to struggle over something so much if it's (a) compromising who you are and (b) not even necessarily ethical?" (3)	Professor/teacher	3, 7	Variant
Changing Roles of Relationships in Body Image Development Over Time			
"once I got into school…I focused more on having a body that was more attractive for those friends that I wanted to have. Once I came out it started to become more of a focus of being…considered attractive by those that I wanted to have sex with." (1)	Roles do change over time	1, 2, 3, 6, 7, 8	Typical
"as I get older, I care less...about the perfect ideal of my partner and less about the things that I can't control" (7)	Decreasing importance of short-term partners	1, 3, 7, 8	Variant

131

	Decreasing importance of family members	1, 2, 6	Variant
	Decreasing body concern with age	1, 7	Variant
"as far as family and friends, I think that's been pretty consistent" (8)	Consistent importance of friends	5, 8	Variant
	Consistent importance of family	2, 8	Variant
"with a partner for a long time it's a lot different feeling than trying to get constant affirmation from different sexual partners" (8)	Increasing importance of long-term partners	1, 8	Variant
"There's more of an internal locus of control as opposed to somebody else dictating or outside of them dictating how I feel about myself, which is definitely positive" (3)	Increasing focus on internal locus of control	3, 7	Variant
Role of Sexual Identity			
"this gay image that I have in my mind that I am not fitting towards that I need to fit more towards." (2)	Pressure to meet body ideals of gay culture	2, 3, 7	Variant
"with the label of gay came the stereotypes of being really feminine" (6)	Gender stereotype of gay males as feminine/ un-masculine	1, 6	Variant

"the coming-out process really became detrimental to my hygiene and body image in general…I just stood in the shower in this stupor." (7)	Self-care impaired by stress of coming out	6, 7	Variant

Hill et al. (2005) advised that when reporting findings of CQR research, *variant* categories need not be addressed in detail, so that the findings which are shared by multiple participants in *typical* and *general* categories can be emphasized. Therefore, in this section, attention will be given to findings pertaining to more than half of the participants in order to highlight the most significant data. Table 3 presents the domains, core ideas, and categories where only labels of *general* and *typical* were assigned.

Table 3. Domains, Core Ideas, and Categories with General and Typical Labels

Domain/Core Idea	Category	Respondents	Label
Views of Sexual Minority Male Body Image "gay and bisexual men are more vicious about it [body appearance]" (6)	Greater concern than for straight men	3, 4, 6, 7, 8	Typical
"It's very competitive out there. And like any sport, I suppose, play to win." (7)	Sexual attractiveness	1, 3, 5, 6, 7	Typical
Influences on Sexual Minority Male Body Image "culture's the core influence of body image and then that affects the family members and the friends and the sexual partners and those affect the individual" (1)	Gay culture	2, 3, 4, 5, 6	Typical

Participant Concerns Related to Their Own Body Image			
"I'm just generally not satisfied with my body" (3)	Body image dissatisfaction	All	General
"I was unable to attract people because I was too large" (3)	Sexual desirability	1, 3, 4, 5, 7, 8	Typical
"I just kind of float around that little purgatory of body image." (5)	Change over time	4, 5, 6, 7, 8	Typical
Relationship Context of Experiences Linked to Body Image Development			
"until I really became sexually active I don't think [body image] mattered as much to me" (1)	Partners	All	General
"My mother's always said that I could be covered in shit and be more handsome than blah blah blah, but this is like a mother's bias." (7)	Family	All	General
"[high school teacher] was an authority figure very specifically and I had no recourse to question what she said or did" (3)	Other relationships	2, 3, 4, 5, 6, 7, 8	General
"I have to have clean teeth when I go out the front door no matter what because my friend never had clean teeth." (7)	Friends	1, 2, 3, 4, 5, 7	Typical
Modalities of Body Image Development Experiences			

"I've always gotten compliments from my family, from friends and lovers that they like my eyes" (7)	Verbal comment	All	General
"in high school when [my brother and I] still shared a room I would see him work out." (6)	Observation of other person's body/self-comparison	1, 2, 5, 6, 7, 8	Typical
Roles of Partners: Aspects of Experiences			
"He makes me feel good about the way that I look" (8)	Supported/ complimented by partner	1, 2, 4, 6, 7, 8	Typical
"he said, 'Oh, well, you could use more [sexual] practice.' And for some reason in my head that didn't translate as exactly what he said. It was 'You're not attractive.'" (3)	Negative comments from partner	1, 2, 3, 7, 8	Typical
"My ex was very concerned about his body and worked out a lot." (2)	Partner had own body concerns	2, 5, 6, 7, 8	Typical
Roles of Partners: Contexts of Experiences			
"Probably the best lay I ever had...That completely redefined penis size and body image for me forever." (7)	Sex/cuddling	1, 3, 5, 7, 8	Typical
Roles of Partners: Specific Body Concerns			
"I don't want to be in this [bear/large] demographic." (4)	Body size (thin/ overweight)	1, 2, 3, 4, 8	Typical

135

Roles of Partners: Effects of Experiences "I was also eating my little bit of whatever I ate and then exercising and then eating a little bit more and then exercising for an hour" (3)	Increased exercise	1, 2, 3, 4, 6, 8	Typical
Roles of Family: Effects of Experiences "I feel more comforted around them [family] as opposed to gay individuals." (8)	Felt supported	1, 3, 4, 7, 8	Typical
Roles of Family: Influential Family Member "[my mom's] really talking negative about my body now" (5)	Mother	2, 3, 4, 5, 7	Typical
Most Impactful Experiences "because it had been a pretty long-term friendship" (1)	Longevity	1, 2, 3, 6, 8	Typical
Changing Roles of Relationships in Body Image Development Over Time "once I got into school…I focused more on having a body that was more attractive for those friends that I wanted to have. Once I came out it started to become more of a focus of being…considered attractive by those that I wanted to have sex with." (1)	Roles do change over time	1, 2, 3, 6, 7, 8	Typical

All participants revealed a history of body image dissatisfaction at some time in their lives. All three of the relationship types in the research question—family, friends, and romantic/sexual partners—were identified as significant to body image development by at least 75% of participants (6 or more individuals). All participants noted that experiences with partners and family members were salient to their body image development. Six participants spoke about experiences with friends. In addition, seven participants described experiences that involved other types of relationships.

All participants talked about receiving verbal comments, making that category the most often-cited modality through which relationships and body image were linked. Observation of another person's body/self-comparison was experienced by six participants. Social rejection/evaluation was noted by half of the sample. The findings demonstrate that both verbal and nonverbal modalities can be significant in body image development of sexual minority college-age men.

Impacts of romantic/sexual partners were emphasized in participant narratives more than the other relationship types. Furthermore, the domains pertaining to partners produced the highest number of *typical* categories with four. In contrast, there were two *typical* categories within family domains, and none in the friend domains. Six participants were supported or complimented by a partner, five were the subject of negative comments from a partner, and five noted that a partner had his own body concerns. Half of participants said a partner had a good or desirable body. Five participants identified experiences which occurred within contexts of physical intimacy—sex or cuddling. Body size—being thin or overweight—was the most frequently cited body concern in partner

137

contexts, named by five participants. Six participants reported increasing attention to their exercise regimen following experiences with partners. Half of participants also sought to lose weight as an effect of an experience with a partner. Half of participants said that the partner relationship was significant for their body image development due to the primary focus on the body and sex within a partner relationship.

Experiences with family members produced an effect of feeling supported in relation to their body image concerns in five participants. Mothers were named by five participants as an influential family member, the only specific family relationship type that was specified by more than one participant. Half of participants reported an experience in which family was generally supportive toward them.

Only one category pertaining to the role of friends was cited by at least half of the participants. Four participants identified body size, being thin or overweight, as a specific body concern in experiences with friends.

When participants described their most impactful body image experiences from family, friend, and partner contexts, longevity was the one characteristic stated by at least half of participants. Specifically, five participants referred to the long duration of either the experience itself or the effects it produced. Six participants agreed that the relative importance of family, friend, and partner roles in their body image development changed over time. In particular, four participants revealed that short-term partners had decreased in importance over time.

When asked to describe their own body image, several aspects of participants' experiences were shared by at least half of the sample. Six reported that sexual

desirability was significant for their body image, five reported changes in their body image over time, and four believed that life would be better if their body were different.

At the beginning of the interviews, participants were asked to reflect on their ideas about the general nature of male body image, experiences of sexual minority males in particular, and influences on sexual minority male body image. Half of participants named muscularity as a concern of males in general. Five said that body image was a greater concern for gay and bisexual men than for straight men. Five highlighted the importance of sexual attractiveness in gay culture. Four reported pressure to fit the ideal gay body type. Four reported eating issues as a feature of sexual minority body image disturbances. As for influences on sexual minority male body image, five participants identified gay culture as an influence. Four participants in each category identified partners, the media, and a broad, undefined understanding of culture at large.

Overall, participants seemed to feel that family, friends, and partners were important to their body image development, with partners and family perhaps being the most important within this particular sample of sexual minority college-age men. Body size, being thin or overweight, was the most commonly described type of concern in the relationship contexts, and modalities of influence were both non-verbal and verbal. In multiple categories, feeling supported by other people was an important influence on body image development. Interestingly, from a total of 122 categories, this study only generated 5 *general* categories, perhaps suggesting that a diverse range of factors are involved in developmental experiences and that the body image development process is somewhat unique for each individual.

Domains, Core Ideas, and Categories

During the cross-analysis stage of data analysis, 26 domains were identified by the research team. These 26 domains related to the participants' general views about the phenomenon of male body image among general and sexual minority populations as well as their own experiences involving family members, friends, partners, and other important relationships: (a) views of general male body image, (b) views of sexual minority male body image, (c) influences on sexual minority male body image, (d) participant concerns related to their own body image, (e) relationship context of experiences linked to body image development, (f) modalities of body image development experiences, (g) roles of partners: aspects of experiences, (h) roles of partners: contexts of experiences, (i) roles of partners: specific body concerns, (j) roles of partners: effects of experiences, (k) roles of partners: significance of relationship type, (l) roles of family: aspects of experiences, (m) roles of family: contexts of experiences, (n) roles of family: specific body concern, (o) roles of family: effects of experiences, (p) roles of family: significance of relationship type, (q) roles of family: influential family member, (r) roles of friends: aspects of experiences, (s) roles of friends: contexts of experiences, (t) roles of friends: specific body concerns, (u) roles of friends: effects of experiences, (v) roles of friends: significance of relationship type, (w) roles of other pertinent relationships, (x) most impactful experiences, (y) changing roles of relationships in body image development over time, and (z) role of sexual identity. Each of the domains will be discussed below along with categories and core ideas that surfaced within each domain. Domains are listed flush with the left margin, core ideas are in

140

quotation marks with the participant identified, and categories are italicized. Following

the recommendation of Hill et al. (2005), categories with labels of *general* and *typical*

shall be given the most detailed treatment, with elaboration on *variant* categories

provided where it seems particularly meaningful.

Views of General Male Body Image

This domain consisted primarily of responses to the interview question regarding

participants' perceptions about the nature of male body image in general, without specific

regard to sexual identity. All of the categories within this domain were *variant*.

      "Being strong and looking like you can protect someone and that comes with

muscle and height" (Participant 5). Participants who identified various qualities

associated with the male body involving actual and symbolic representation of strength

were associated with this core idea.

      Muscularity. Four participants specifically noted the importance of muscularity,

especially in the upper body.

      Defend/protect. Two participants spoke about men's concern that their bodies

present an image of readiness for combat, specifically to defend themselves or protect

others.

      Power/strength. Two participants noted the closely related qualities of power and

strength as relevant to male body image.

      Height. Two participants expressed their belief that men evaluate themselves

based in part on height, with tallness being favorable.

"Guys are all either super-caring about their body or else they don't care at all" (Participant 2). Participants who believed men in general either care greatly or minimally about their body image, with few falling into a relatively moderate level of concern, were associated with this core idea.

Range from no concern to extreme concern. Two participants saw men as tending toward being either very concerned with their body image or unconcerned about it.

"As males across the board it's [body image] probably more easily pushed back [than for females]" (Participant 6). Participants who saw body image as less of a concern for men than for women were associated with this core idea.

Less important than for women. Two participants stated that they believed body image is generally more important to females than to males.

"It's [body image] a big deal as far as masculinity because I think that one's body directly relates to the way one perceives that one is perceived" (Participant 3). Participants who associated gender presentation of masculinity as a concern in relation to body image were associated with this core idea.

Masculinity. Two participants named masculinity as a pertinent factor in general male body image.

Views of Sexual Minority Male Body Image

This domain consisted primarily of responses to two interview questions about struggles related to body image of bisexual and gay men as witnessed by participants, and "different or unique" aspects of body image as experienced specifically by sexual

minority males. Responses to the two questions were often similar, so they were combined into one domain to capture broad perceptions of sexual minority male body image. Two categories within this domain were *typical* and the others were *variant*.

"Gay and bisexual men are more vicious about it [body appearance]" (Participant 6). This core idea included participants who stated their belief that sexual minority males struggle more severely with body image than heterosexual males do.

Greater concern than for straight men. This category received a label of *typical*. Five participants said that body image is a more significant issue for bisexual and gay men than for their straight counterparts. Participant 7 succinctly stated, "We [sexual minority males] have harsh culture." Participant 8 identified "being super thin" as a unique emphasis of sexual minority male body image, "as opposed to straight males, who don't seem to care as much or aren't pressured as much by significant others or people like that or friends even." He generally described gay men as "very self-conscious" and "more obsessed with working out or eating properly" than many heterosexual men. Participant 3 elaborated on ways body image may uniquely impact sexual minority men:

> A sort of masculinity craze in an early attempt to look really masculine in the gay male culture is a way to gain access into that straight male world. …Well, I think masculinity allows one to pass as straight. Or the idea that one assumes that because you're masculine you're straight, and so there's not the question of, "Are you?" I don't think people consciously think someone's inferior because of their sexuality. Sometimes they do. But I think that a lot of gay men see it as a way to be more like their straight counterparts, which it's obvious that they have more clout in society. I don't think people actually think about that. I don't think I think about that when I'm working out or something like that but that's my feeling towards why I think there's such a masculinity craze in the gay culture… . I think there's more of a focus on body image and the way you appear because it's a tool for people to perceive you as attractive or a better person like that, whereas there is the *GQ* sense with straight men, like you should look nice, but it's not a

143

necessity. You can be very, very ugly and it's not as big of a deal. And there's not as much pressure within the straight culture for men to be—. You look at images of straight men. Look at *Family Guy*. There's the stereotype of the really big fat man with the really pretty wife. And there's always the stereotype of the well-put-together, well-dressed, buff gay man. And I think that's a tool. So I think body image is experienced as a tool as opposed to something that's just there.

Participant 4 described sexual minority culture as "a lot more strict," with gay and bisexual men "more objectified than straight males except for certain demographics," referring to the multiple subcultures in the gay world which emphasize, and even require, highly specific body types, such as the young-looking, thin "twink" type and the older, large build of the "bear" subculture. Participant 6 said that "being in the male eye continuously" elevates the importance of body image in sexual minority culture but also noted one positive aspect of the social context:

I think we're [sexual minority men] allowed to actually acknowledge that we're concerned about that [body image], which is a good thing, but then at the same time about that, there are often higher standards in contrast for gay men towards other gay men versus straight women to straight men. It's a larger divide and a lot more people fall in between that divide when it comes to gay relationships and other situations…From what I've seen there's less of a safety net because gay and bisexual men are more vicious about it than what a straight man. "Oh, well, you don't work out, well that's OK." While a gay man's more like he's probably going to slightly judge you on some degree about that because you say that you don't do x, y, and z.

Participant 6 further explained that he felt more comfortable socializing with straight men and women than gay men because of the different values placed on body image:

I personally actually try to avoid hanging out with a lot of gay people or a lot of gay men just because I feel uncomfortable about my body image when I'm

144

around them because I feel like that's a struggle of some sort. Like somewhere or another. Either I'm not doing right or they compare me to somebody else and say, "Oh, you're better than duh-duh-duh." I don't like that either. I don't think that's a really helpful thing for anybody to attain the goal they're trying to get anyway…Actually, I feel the most comfortable around straight women because of things like that. In most cases I can—. I don't mean to go into stereotypes or anything, but I can go into building a general emotional connection or relationships with them and then that builds up on itself more so than everything else that I'm trying to do and what not. My body image comes secondary in that situation. And straight men, I've actually recently have been able to get more straight friends that I've been regularly hanging out with, and I can see that they're pretty preoccupied with body image but they don't lash out at me about it so I think it's the group mentality. I still realize, wow, there's body image. I should probably work to keep up in this group. But unlike gay men, I don't feel like I'm the object of judgment in that context as much as it's the general group consensus to do something healthy.

"It's very competitive out there. And like any sport, I suppose, play to win."

(Participant 7). This core idea includes the five participants who identified being attractive to potential romantic or sexual partners as a component of sexual minority male body image.

Sexual attractiveness. This category was labeled as *typical*. Five participants noted the importance of maintaining an attractive body in order to compete with other gay and bisexual men for partners. Partner 1 described a culture of competition:

I think in reference to gay, bisexual guys, a lot of them seem to struggle more so with how attractive they are to other guys. And it's still in that competitive sense because it's almost like they're competing with other gay or bisexual guys for the same attention, basically. So it's the same kind of thing, just a little different based on the sexuality, so a lot of gay guys who are maybe overweight struggle more with the fact that some people that they might want to have sex with or date or whatever wouldn't want to do that with them because they're not as attractive as the guy next door. I think that's probably the biggest struggle in terms of gay guys.

145

Participant 7 emphasized competition as well: "It's very competitive out there. And like any sport, I suppose, play to win." He noted the role of age when he, Age 26, stated that, "Sex is a big one, especially for the younger generation." Participant 7 explained that gay subcultures represent an additional link between body appearance and finding partners:

> Participant 7: Again, it all relates to sex. Bear body image is hair; sort of muscular, too; rotund. Oh God, then the rest of the classifications, I wouldn't even know half of them. Otters and wolf to—.
>
> Interviewer: So, it's about needing to have your body appear a certain way in order to attract a kind of sex partner?
>
> Participant 7: That's right. Yeah, attract the particular taste that you have. And that's really what I think it boils down to. That's why the cliques form, really. And that's not to say that people that aren't in cliques don't hook up and get together, or that are from different cliques. That's completely viable. It happens a lot. But mostly that's not—. It's either spontaneous or it's an actual conscious act. They would like to look like this, therefore they like this person and what not.

Participant 3 said body image is "a tool for people to perceive you as attractive or a better person." Participant 5 spoke of how easy it is to "get caught up in the sexuality of it all." He explained that, "A lot of guys are sex-driven in the gay world, where there's not that girl that says, 'No, we can't do this.'" Participant 6 echoed the idea when he said, "The context or the structure of being a sexual minority in itself focuses a lot on the sexual aspect." Participant 6 further stated that, "Outside of romantic relations I don't really think that it [body image] plays too much of a part for general male behavior."

"If you're not that way, then there's a sense of exclusion even in an already excluded community." (Participant 3). Participants who described the social

expectation that gay and bisexual men must attain a commonly held body ideal were associated with this core idea.

Pressure to fit ideal gay body type. Four participants noted pressure to fit the ideal gay body type, making this a *variant* category.

"Most skinny gay guys smoke because if they want to eat they smoke instead" (Participant 2). Participants who described eating issues, pursuit of a thin body type, and use of substances harmful to the body including smoking were grouped with this core idea.

Eating issues. Half (four) of participants said that sexual minority males sometimes engage in problematic eating behaviors, such as restricting intake or contracting a full-blown eating disorder, in pursuit of the body they believe they must achieve.

Thinness. Three participants noted the quest of many sexual minority males to have a thin body.

Harmful substances. Three participants described the use of substances which are known to have significant physical consequences, including smoking cigarettes, use of a prescription medication with serious potential side effects, and using illegal steroids.

"How they're performing compared to other men in terms of masculinity" (Participant 1). Participants who said that use of the body to project a masculine or feminine social role is associated with sexual minority male body image were assigned to this core idea.

Gender presentation. Three participants identified gender presentation as a characteristic of the body image of sexual minority males.

"Obsession about trying to go to the gym" (Participant 6). Participants who noted the role of working out or attaining a fit, muscular appearance were associated with this core idea.

Exercise emphasis. Three participants spoke about the important role of exercise for many gay and bisexual men, either in healthy or unhealthy manifestations.

Muscularity. Two participants specifically noted an emphasis on having a muscular upper body.

"What is that person, because they're no longer a twink?" (Participant 4). Participants who noted the emphasis on unique body characteristics within specific subgroups of gay culture were assigned to this core idea.

Gay subcultures. Three participants spoke about subcultures such as bears, twinks, Voguers, otters, and wolves, where acceptance within the subculture is predicated upon meeting certain appearance requirements, such as having a large, often overweight build (bears) or being tall and skinny (Voguers).

Influences on Sexual Minority Male Body Image

This domain was created primarily from answers to the interview question which specifically asked respondents to identify possible influences on sexual minority male body image. One category was *typical*, while the others were *variant*.

"Culture's the core influence of body image and then that affects the family members and the friends and the sexual partners and those affect the individual"

(Participant 1). Participants who generated responses involving culture—either in the broader society or specifically gay culture—and/or who named partners, family, and friends as influences were assigned to this core idea.

Gay culture. Five participants noted the role of gay culture in body image development, making this the only *typical* category within the influence domain. Participation in gay culture, whether taking part in an activity such as a gay pride parade or simply receiving messages about the body through the culture at large, communicates to bisexual and gay men that they should look a certain way. Participant 6 explained the impact of gay culture for his own body image:

> The large focus on the sexuality part in the community and in and of itself more so, which is an inevitable thing in the LGBT community to focus on that because that's the thing that binds and ties everybody together in one way or another. But at the same time it's the nature of the beast to be like, well, if you're going to focus on that, then physical things are going to be looked at and they're going to be a main component of thought in the community or what not. And then that just runs with the media and all the other things that help shape people's opinions and stuff. I can remember before I had started watching porn and after I started watching porn. My taste in men has become very much more specific and sharp-pointed than before it was. Before, it was much more general, and I want to say, accepting of things. And then looking at that and then looking at gay magazines and everything with several images of the ideals and other images. That just focuses on that and then it causes that to heighten itself. So I guess participation in the community of itself.

Several participants spoke about general cultural messages. Participant 2 noted "stereotypes that all gay males are skinny." Participant 3 said, "Gay culture sort of self-propagates its own ideals of body image in negative ways." Participant 5 broadly named "the whole gay culture" and Participant 4 similarly identified "popular culture in terms of gay culture." Participant 2 explained his experience of attending a gay pride parade,

149

adding that seeing the parade participants reinforced to him the cultural stereotype that

gay males should look skinny, muscular, or "built in some way":

> I went to the gay pride parade in Atlanta. That was a lot of fun…But all the guys that were on the floats or walking were all skinny, and, except for the guys on the motorcycles, but, you know, that's stereotypical too.

Broader culture. Four participants spoke of the influence of culture without

specific reference to *gay* culture. The core idea above for this category is an example, as

is another statement from Participant 1 when he said, "The biggest influence would be

how it's constructed in the culture and then how that individual matches up with that said

ideal."

Partners. Four participants named partners as an influence on sexual minority

male body image in response to the interview question about influences.

Family. Three participants identified family as influential.

Friends. Three participants named friends as influential.

Higher numbers of participants indicated partners, family members, and friends were

important in their *own* body image development in response to later interview questions.

These experiences with partners, family, and friends will be elaborated later in other

domains.

"I watched *Queer as Folk* for years…they're at the gym every single scene

because they need to improve on their body" (Participant 2). Participants who

specified media as an influence were assigned to this core idea.

Media. Four participants mentioned TV shows, movies, or media in general. Two participants specifically spoke about the influence of the TV show *Queer as Folk* (2000-2005).

"The most physically capable guy is usually the leader, the head guy, so that's what you aspire to be and you want to have." (Participant 5). Participants who said the desire for social affirmation influences body image were included in this core idea.

Social acceptance/ recognition. Two participants said that social acceptance and recognition from others impact sexual minority male body image.

"Because they can't control their orientation, maybe they want to control their body." (Participant 8). Participants who spoke of a man desiring to exert control over his body through body image were associated with this core idea.

Control over body. Two participants said that control over one's own body could be influential, perhaps as a substitute for aspects of life they do not feel they can control.

"With the very sexualized culture of gay and bisexuals…porn, I feel, is very influential" (Participant 4). Participants who identified the sexualized nature of gay culture and pornography were associated with this core idea.

Pornography. Two participants highlighted the role of pornography in amplifying concerns about body image.

Sexualized nature of gay culture. The same two participants described gay culture as sexualized to a degree that broader culture and heterosexual culture are not.

Participant Concerns Related to Their Own Body Image

During the interview, participants were asked to describe their own body image.

While responses were highly varied, with at least 26 potential categories identified, only

one category was *general* and two categories were *typical*. The core ideas and categories

suggest the wide range of concerns a sexual minority college-age male may have about

his body while emphasizing those which were most frequent among the current sample.

"I'm just generally not satisfied with my body" (Participant 3). Participants

who expressed either current or prior dissatisfaction with their bodies were assigned to

this core idea.

Body image dissatisfaction. All eight participants revealed a history of body

image dissatisfaction, making this a general category. Participant 7, at 26 the oldest

participant, described a trend away from body image dissatisfaction toward greater

satisfaction over time, in part through accepting imperfection:

> Participant 7: For the longest time I tried to work different styles to find my body
> image aesthetic that worked for me because I would adopt and it was like I've
> gone from Goth to emo to biker to all kinds. You name it, I've probably been it.
> And every one of these aesthetics I would look in the mirror and I would see me
> but I wouldn't see me. I would see somebody else. And it didn't really matter
> what body image I was projecting, that just wasn't me because my body didn't fit
> into that. And it went on and on and on and one day I just walked in…and I
> realized, "I'm home. This is me. This is exactly what I've been needing. This is
> exactly what I've wanted. Destroyed. I love it. Let's do this from now on." And
> every time I look in the mirror, I'm happy with this aesthetic. I'm happy being
> part of it. Fucked up but on purpose.
>
> Interviewer: Sounds like that was freeing for you.
>
> Participant 7: It was. Ruined could be beautiful. And that's what made me fall in
> love with me. And being me in my own clothes, because at that point in time,
> before that I was never happy with my clothes. I looked at myself in a mirror or in

a reflection, and I'm narcissistic in that sense, because I'm always doing that during the day. And [Name of female] would completely want to…say you're losing like 45 minutes a day, but I'm like, "So what." But when I look at myself and check to see that I was the way that I had left the house, the way that I had tried to compose myself, and I would be the way that I composed myself but I wouldn't be me. It was like I was looking at someone else. And even if I was as skinny and whatever, that still wasn't me. I never achieved—. It was like having what you wanted but you didn't have what you wanted because you didn't have the right package to put the present in. It was like the box was a size too small or something.

Participant 7 gave evidence of coping with body image dissatisfaction at least in part through a process of reaction formation: "Out of spite for gay culture in general and the pressures of that, I'm like 'Fuck you. No, I'm not doing it. I'm not bulking up for you.'"

Participant 4, who identified as bisexual, provided a detailed account of his body image dissatisfaction as it emerged during his first year of college and continues to be a significant struggle:

In high school I didn't really do anything with guys and I was a lot thinner and I feel like in terms of my body I was a lot happier, and then for the first year of college I didn't find anyone attractive. I didn't do anything with anyone. I don't know, maybe I'm just desperate. But it wasn't until my sophomore year of college after I had gained 30 pounds that I started dating or talking to guys and I've kind of been dissatisfied with my body since like the end of freshman year…I'm still displeased with myself because I have let myself down in terms of health and appearance. There are days when I wake up and I put on some cute clothes and I'm like, "You know what? I look good today," and then by the time I come home at the end of the day, I look in the mirror and I'm like, "What the fuck is this?" But that's my own opinion. I don't really think that other people's opinion holds that much validity. That much weight. That much substance. Now, every once in a while someone random on the street will just be like, "That's a really cute shirt," and that'll make me happy and that'll make me feel good. Or, "Hey, you have, you know, just all of your clothes are just really cute," and that's really great and I'm happy for like 10 minutes. But in terms of my body, that doesn't affect my body image at all, I don't think…In high school there were days when I would get up and I would be like, "Damn, I'd fuck me,"…but there has not been a day like that in a while. It's just because I'm like—like I told you earlier—no matter if this

153

guy came up to me, he was the number one humanitarian in the world, if he had all the money in the world, if he was just an awesome, funny, humorous person, if you're above a certain weight or a certain shape then I'm just not going to be sexually attracted to you. And I think that's probably the same for myself in terms of I'm not pleased with my body and I'm not going to be until I'm like 250 pounds or below and even then with some musculature, like I need to start lifting. I'm probably going to work out after you leave now.

Body image dissatisfaction affected participants in different ways and at different stages of their lives, as evidenced through the following excerpts:

Participant 1: It's not just based on my skin and how it's looking on my face or how my ass is looking today or whatever, it's also what clothes am I wearing. Is this appropriate? Is it showing myself, accentuating my body well, that kind of thing.

Participant 2: I don't like my body. I never have…Sometimes I like my body but it's a rare occasion. Normally I'm intoxicated.

Participant 3: I have had and continue to have poor body image. I'm just generally not satisfied with my body.

Participant 4: Since I've come into college I've kind of perpetually just a constant state of dissatisfaction.

Participant 5, recently under the influence of alcohol and marijuana: I was just high and drunk, looking at myself in the mirror. I was depressed so, of course, I'm not going to see anything good in the mirror.

Participant 6: It's [body image] much better than it was prior to early college…Most of my life up to like mid teens I had a pretty negative body image and sense of self and what not, and it changed, or it started to change and then I started to get compliments then with that, that gave me confidence to step out and take control of taking care of myself…

Participant 7: As I get older, I get less and less critical, mostly because I stop caring more and more.

Participant 8: It definitely varies, especially on circumstances, or it can be triggered by something someone says…I'll think about myself either positively or negatively.

A myriad of factors impacted the participants' body image dissatisfaction, ranging from intoxication to comments from others. The most commonly experienced factors will be explored further in this chapter and the next. The common thread linking all of the participants is the reality that at some time or another they have struggled significantly with body image dissatisfaction.

"I was unable to attract people because I was too large" (Participant 3). Participants who related struggles with the often-related concerns of attracting partners, gaining excessive weight, and issues with eating were assigned to this core idea.

Sexual desirability. Six participants noted sexual desirability as an aspect of their body image, making this a *typical* category. Respondents spoke about how they focused on their bodies as a reason they were not receiving the attention they would like and/or as a tool to attract the sort of partner they wanted. Participant 1 described how being in the presence of a potential sexual partner heightened his body awareness:

> Before that, though, when I was not in a relationship it was more if I was around someone who could potentially be in my bed that night, it would be more of an issue at that point. So then I would be focusing on am I wearing clothes that define my body pretty well, that show off the right parts of my body? What parts of my body am I trying to show off? Are they accentuated in the best way? Am I wearing fashionable clothing? I think that would play a role as well depending on who it was.

Feeling a need to rid himself of the "baggage" he carried, Participant 3 lost a significant amount of weight in only a matter of weeks to improve his chances of finding a sex partner:

Participant 3: Yeah, I mean I thought that I was fat. And I felt like at that time that the way my body looked specifically impacted my performance in that I felt that I was unable to attract people because I was too large. It felt like a lot of baggage, like literal baggage to be gotten rid of, and if I could get rid of that, it would be able to get something more out of my sex life.

Interviewer: So you lost a significant amount of weight then?

Participant 3: Yeah, I lost about 30 pounds over the course of about a month and a half.

Participant 4 referenced the bar/club context, a social venue where many sexual minority males commonly go to find partners:

Like if I go to a club and I'm there with a girlfriend and she sees a guy at the end of the bar wink, or just staring at me, look at me, wink at me, I would assume it's because I look however I look. I think that pop culture and porn can make you feel bad about how you feel, like, "Oh, well, I should be like this," or if you fulfill one of those embodiments they can make you feel good. But most of the time, people in your life, in terms of friends, family, and relationships, I feel like they're positive reinforcement for how you do look. So someone in my current state, in his current state, in your current state, is not going to come up and try to chat you up at the bar if they're like, "Hey, you know what? I think you should gain 15 pounds."

Gaining too much weight. Three participants expressed concerns about having gained or potentially gaining excess weight.

Eating issues. Two participants shared their history of issues with eating behaviors. Participant 2 had been diagnosed with bulimia. Participant 3 described a pattern of restricted food intake in conjunction with high levels of exercise. Participant 4 desired to change to a healthier diet.

"I just kind of float around that little purgatory of body image." (Participant 5). Participants who described their body image history with regard to changes or lack of

changes over time, aggravation by stress, and feeling that reaching their body image

goals would be impossible were included in this core idea.

Change over time. Five participants noted that their body image changed over

time, making this a *typical* category. Four participants described changes which occurred

over relatively long periods of time:

> Participant 4: In the past it was a lot more positive.
>
> Participant 5: I used to work out and had a pretty good body but this fall I've just taken a back seat to it.
>
> Participant 6: It's much better than it was prior to early college.
>
> Participant 7: As I get older, I get less and less critical, mostly because I stop caring more and more.

Participant 8 described changes which may occur rapidly, in what may be more of a

"state" variation over short periods of time, when he said, "It definitely varies, especially

on circumstances, or it can be triggered by something someone says." Participant 6

elaborated on the evolution of his body image over time:

> I've been tackling body image in pieces, slowly changing my diet. I feel that was rooted more so in people complimenting me on little things like, "Oh, your eyes are very nice" or other little parts of my body throughout, then that just made me feel like I should take care of that because people are saying that it's good. And then from that I built that up to occasionally working out and then into actually going to the gym and it just keeps on building on something else. So motivation from smaller tasks that I've achieved over time.

Participant 6 described specific steps he has taken while in the recent stage of "exploring

more about body awareness":

I think [my body image awareness] has increased in just general. I'm trying to work out to appear more attractive and then delving into more general grooming type things to make sure that I'm presentable. I've recently gone into shaving my legs, which prior to this was I wouldn't have really done that or even thought about that but then it's in gay culture. And then like looking at porn and other things, that's the image that's presented, and then it's like "OK, well, maybe I should have that appearance," or since I know that other people are watching this, obviously they're thinking that this is good so I should see how that works. I guess I'm in more of a stage of exploring more about body awareness. Nothing as of yet has been hard in stone yet really. Or at least nothing has reaped benefits enough for me to be like, "OK, I'm going to commit to this."

Better now than before. Two participants said their current body image had improved over what it had been.

Worse now than before. Two participants said their current body image had deteriorated from what it once was.

Worsened by stress from other issues. Two participants shared that stressors unrelated to body image, like school and the coming-out process, sometimes have amplified their body image concerns.

Feels impossible to reach goal. Two participants struggled with feeling it would be impossible for them to attain their self-chosen body image ideal.

"I know that my life would be so much better if I was just that way" (Participant 5). Participants who believed that the state of their body is or was an impediment to their general quality of life were assigned to this core idea.

Life would be better if body was different. Four participants expressed a belief that their lives would be better if their body were different in some way.

"All sorts of horrible-horrible side effects…but I was so enamored with having clear skin" (Participant 7). Participants who yearned so intensely for body

158

ideals that they were willing to assume major risks or sacrifices were associated with this core idea.

Used or considered using harmful substance. Two participants did use or considered using a harmful substance because they believed it would help them achieve the body appearance they desired. One considered smoking cigarettes and another took a prescription medication that resulted in permanent hair loss as a side effect.

Desired plastic surgery. The same two participants from the previous category also stated a desire to undergo plastic surgery if they could afford it.

"I'd never get picked first for anything related to physical activities." (Participant 5). Participants who noted that sports participation had impacted their body image in some way were placed in this category.

Sport participant. Two participants identified sports participation as a factor in their body image development. For Participant 4, the effect was positive, as playing a sport in high school helped him maintain a lean appearance. For Participant 5, sports participation was a detriment in childhood and adolescence, as he felt he was usually one of the last to be chosen by a team in pick-up games due to his small body size.

Relationship Context of Experiences Linked to Body Image Development

This domain provides a general overview of the roles of various types of relationships in the body image development of participants. The core ideas and relationship categories all emerged from participant responses to the primary interview question in which participants were asked to consider and describe experiences involving

family members, friends, and romantic or sexual partners which were significant in their body image development.

Three of the relationship types—partners, family, and "other relationships"—were labeled *general*, meaning 88 to 100% of participants described people in those roles as playing a significant part in their body image development. Friends were named by six participants, making that a *typical* category. Because the next 19 domains to be presented further elaborate on the roles of these relationships, only one illustrative quote will be given for each category in this domain.

"Until I really became sexually active I don't think [body image] mattered as much to me" (Participant 1). Participants who spoke about experiences with partners and/or potential romantic/sexual partners were assigned to this category.

Partners. All participants noted experiences with partners and/or potential partners, so this is a *general* category. Participant 1 described a negative experience with a potential partner and how it impacted his body image development:

> Someone that I was interested in meeting up with once—we traded pictures on the internet and then he saw that I have a particularly hairy torso and said that he doesn't go for hairy guys, so at one point I actually, I kind of was like, oh, I wish I didn't have so much hair. I didn't have *that* many guys that were turned off by it but there was that one in particular, and I would imagine that just in general that probably were others who wouldn't as well, so at one point I was trying to do what I could to shave it as much as I could and I considered on multiple occasions following that going and getting it waxed but I never actually did that…because of time and my assumption that it would cost money to do that. And my ultimate decision that it wasn't worth it to worry about that because in the end it was going to grow back anyway unless I had it lasered off and that cost *way* too much money, so if there was something that I could do to make it better for a sexual partner then I would, but if it's something like that that, you know, they just don't like the fact that I have a more than average amount of hair, then, sorry, I can't really change that. I'm not going to go have laser surgery just so that you are

happy with the way I look, only for me to potentially down the road come across someone who prefers guys that have hair and they don't like me because I'm too smooth. It's almost like it's a line that I'm willing to go up to if it's going to make someone that I'm with happy and if it doesn't make me feel bad or if it's not going to cost me money or whatever, but beyond that, I'm sorry, this is probably not going to work. I can't facilitate everything necessarily.

"My mother's always said that I could be covered in shit and be more handsome than blah blah blah, but this is like a mother's bias." (Participant 7). Participants who spoke about experiences with family members were assigned to this category.

Family. All participants noted experiences with at least one family member, so this is a *general* category. Participant 7 provided a detailed account of the role of family in his body image development:

> Participant 7: My mother's always said that I could be covered in shit and be more handsome than blah blah blah, but this is like a mother's bias. Every mother is like this. It's so sad and nobody actually believes it, like, "Yes, you're lying I know. Thank you." I've always gotten compliments from my family, from friends and lovers that they like my eyes for some reason. Everybody likes my eyes. It's to the point where I can't take it any more. Please don't say that.

> Interviewer: How does that make you feel?

> Participant 7: "Oh, that's nice. Thank you." But I've heard it so many times that I'm immune to it. So it's like OK, it's nice. Is there anything else?

> Interviewer: Is it a good experience, a bad experience, neutral?

> Participant 7: It's good but I turn it into something neutral or negative just because I wish that there was more about me that was better and up to my standards, which are completely unreachable if it's only for me, I don't have the standards for anybody else. As far as my father goes, well, he just doesn't give a shit. He doesn't even care about his own appearance. As far as I understand that's basically the same for all straight males that are about his age—that are married at least. As far as the rest of my family is concerned, I'm one of the few attractive

people in my family, so I always got that attention from them. My cousins would chase me around and try to kiss me when I was a little boy.

Interviewer: Female cousins, I'm assuming?

Participant 7: That's disgusting. It's probably why I turned gay. [laughs] And that's my family pretty much. My mother always thinks that I need to gain weight. "You need to gain weight. You need to gain weight." But I think that's just because so she'll feel better about being overweight. And of course, no matter how skinny I am, I always want to be skinnier. It's a good thing really. I like being skinny.

"[High school teacher] was an authority figure very specifically and I had no recourse to question what she said or did" (Participant 3). Participants who spoke about experiences with people related to the participant in ways other than family, friend, or partner were assigned to this category.

Other relationships. Seven participants without prompting noted experiences with people representing relationships other than the three stated in the research question guiding this study, so this is another *general* category. Participant 3 talked about the role of one of his high school teachers:

> She had been there through my entire high school. She had been there through this entire process and she's a direct woman. She's very forceful. She gets the people—the children in her program—to very much take strong, strong weight in what she says. And so we were talking about theater and actors and because at the time everybody was still trying to be with them. At the time my one goal in life was to be an actor and she said, "It'll never happen." I was like, "OK, explain this to me." And she said, "You're not masculine enough. You're too small. You don't have enough muscle. You'll never make it in the business." And I was like, "OK, why is that?" and she said, "Well, that's what people cast. That's what people look for," and it makes sense. It's true. For the most part people do cast that way just because there are more plays with masculine straight men than not, but that was definitely a distinct shift from my wanting to be small to my wanting to then become much bigger and play straight…That set me off to really, really, really think should I take protein shakes and try to build muscle, and nothing was

162

working, and it caused a lot of distress for me. And at the same time that I was realizing that the gay community values that kind of masculinity so I was hearing this from someone I really trust at the same time as my minority culture was telling me, oh yeah, she's right, you *should* be like that. So I started working out more to the best of my abilities and consistency because I tend to get lazy about working out but it changed the way I ate. It changed the way that I perceived my size because there was a point in time between those two events that I thought I was happy with the way I looked, because I thought I had reached the ideal when I realized that—or my ideal shifted—and I realized that (a) this was not what people want and (b) it's not what's going to help me succeed in life thus it is bad again and what I was before was probably better. And the fact that I couldn't gain the weight back caused a lot of distress…I still work out but I'm not obsessed with finding or concerned to the point of mental distress over that sort of masculinity and bigness, so that was definitely an event that shifted my paradigm…I absolutely thought she knew everything. I thought that she always had my best interest in mind and that what she said was as if it were the Gospel. And the fact that she was an authority figure very specifically and I had no, no recourse to question what she said or did. It was a statement of absolute. If that was true, then she said it. So I never even questioned it and just accepted it as fact when she said it.

"I have to have clean teeth when I go out the front door no matter what because my friend never had clean teeth." (Participant 7). Participants who spoke about experiences with friends were assigned to this category.

Friends. Six participants noted experiences with friends, making this a *typical* category. Participant 7 described how an experience with a friend years ago continues to impact his body image now:

> Participant 7: When I was a little boy I was far more confident than I am now. Then again, I identified as straight and I hadn't entered any higher levels of school. As far as friends go, I like a good mix of friends. Well, they're not really friends. I don't really have friends but associations…It always became a paramount thing that I have to have clean teeth when I go out the front door no matter what because my friend [Name of friend] never had clean teeth. He always had braces and he always had like an inch of gunk on his teeth. I was like, "[Name of friend], and you wonder why you have girl problems?"

163

Interviewer: So seeing your friend with that appearance influenced you to really want to pay attention to your teeth?

Participant 7: Yes, but not so much about my teeth being white, because I don't want those translucent teeth. That's just wrong. Plus I don't like perfection exactly. I like things a little destroyed. All my friends were skinny. None of my friends were overweight. Never. Well, except for [Name of friend].

Modalities of Body Image Development Experiences

Means through which other people impacted the body image development of participants were grouped into this domain. The modalities presented here were culled from participants' descriptions of their experiences with family, friends, partners, and other relationships. Two of the categories, Verbal Comment and Observation of Other Person's Body/Self-comparison, reached the *general* and *typical* levels, respectively.

"I've always gotten compliments from my family, from friends and lovers that they like my eyes" (Participant 7). Participants who told about receiving spoken comments from other people were associated with this core idea.

Verbal comment. All participants said that experiences involving verbal comments had impacted their body image development. Several body foci of the verbal comments were named by two or more participants: body size—thin/overweight (6 participants), general encouragement about their body (4 participants), unspecified focus (3 participants), muscularity (2 participants), eyes (2 participants), and general attractiveness (2 participants). Eleven other aspects of a participant's body or physical presentation were each noted by only one participant, indicating the wide range of body foci that comments may address in either positive/affirming or negative/critical

164

directions. Experiences of Participant 2 illustrate how verbal comments may affect the

recipient in different and enduring ways:

> But last year at one of the parties I had a crush on this guy and he knew I did and I didn't really tell him but I told him somewhat, but I knew there was no future with it because we were just going to be friends which was fine with me. And I had been still losing weight at the time, so I mean, you can't really tell but I had more cleavage than I did then and we went to a party and he was a bit intoxicated. I wasn't really intoxicated at all and he turned around, grabbed my breast, and said, "These are way too realistic for a guy like you. I don't like them." And that really hurt…Yeah, that's not something you really want to hear an intoxicated crush say to you, especially when you're so concerned about being fat. And then I don't like my mother. I don't get along with my mother. Well, I do, we just fight too much and there's too much drama that ensues. But one day I had been slacking off and not eating well over the summer and it wasn't like anything I had gained. I was going on losing weight so I lost like 1.5 pounds and I had gained like 3 of them so it wasn't like a big deal at all. I was just losing weight I had gained and I hadn't seen her for the week because I was at work an hour away and I was staying with my Dad and she had had a couple drinks and she grabbed my chin and was like, "Oh, this is getting larger after the past couple days," and this made me really concerned about my double chin if I were to have one on such day and that's thrown me in a tizzy quite a few times.

When prompted to elaborate, Participant 2 described his reactions and the impacts of the

verbal comments from his potential partner and his mother, respectively:

> I didn't really say anything there. I did confront him once though. But he said he didn't remember the occasion occurring but his roommate was standing next to me when he did it so he was like, "Yeah, you did," and then he apologized for it and said he didn't mean it but it helped me get over my crush for him a little bit… We're still friends, just not as good as friends as we once were…It didn't really change my body image. I was sort of on a high because I had lost weight because I had just become a runner and I had been gradually losing weight fall semester. Again, it sort of killed the high just a bit, but I just exercised a lot more which was my cure for that. And I felt better and forgot about it…Well, I never thought anyone close to me would say that. I mean, not in that sort of context. I wouldn't mind constructive criticism but not when you're drunk and that's your first thought. Well, not his first thought but that's something you're gonna say to me

while intoxicated and then while it was obnoxious, but I guess that's what he thought so it's pretty horrible but yeah.

[The incident with my mother] did have lasting impact…I'm very concerned about that. I will go to the bathroom if I eat a big meal. Big meal really isn't a big meal to most people, but I'll look at my chin from different angles. [If someone posts a picture of me] and I have a double chin it will make me nuts and I remove it from my Facebook. It really drives me up the wall still. If I feel something under my neck, which you really can't do, I'll go running or something. And I'll go as far as to run like a 5K or 5 to 7 miles, which is not necessary at all but to me, in some way when I'm in the moment, it is.

Participant 2 also described his experience of receiving a positive verbal comment from a friend:

Participant 2: Well, this is sort of a good one. My friend the other day told me I was skinny. She didn't really think twice about it, but it made my day for a couple days. Because not many people say that to me, just out when there's no context at all. But yeah, that was really nice for someone to say that. No, it doesn't really make a difference because it's not really a compliment, it's just an observation… We were talking about going swimming together in the mornings because she enjoys swimming, I enjoy swimming, and we were going to swim in the pool…And she was like, "I need it but you don't need it. You're so skinny."

Interviewer: And that made you feel good?

Participant 2: Yeah, for some stupid reason. Because she's like the type of person to tell the truth no matter what. She's very nice but I don't think she'd lie to me as a good friend.

Verbal comments will be illustrated in other participants' experiences related in other domains, but a few more brief excerpts here further show the importance of what people said about respondents' bodies. Participant 7 said, "I've always gotten compliments from my family, from friends and lovers that they like my eyes for some reason." For him, the frequency of receiving the comments minimized the effect: "I've

166

heard it so many times that I'm immune to it. So it's like OK, it's nice. Is there anything else?" An experience in high school with three female peers produced a different effect. As Participant 7 walked past them, he overheard one of the girls comment, "Oh my God, he's so pale." Participant 7, who estimated he was around 15 or 16 years old at the time, recalled the experience as the "first time that I realized that, yeah, I was very pale." Impacts of the experience for his body image development included becoming "very self-conscious" about his complexion, becoming "even more self-conscious about girls in general," and considering but ultimately refusing to purposefully tan.

Participant 8 revealed the strong impact of verbal criticism when he related a comment that a partner made while they were cuddling after having not seen each other for a period of time. The partner said "Wow! You've gained some weight." Participant 8 described his reaction: "I immediately shut down and withdrew emotionally because I don't like to be told negative things about the way I look. I think I'm especially sensitive to criticism." He developed a preoccupation with losing weight and became more self-conscious about his appearance. "I wanted to do something about it so that something like that wouldn't happen again—someone wouldn't say that about me or make me feel that way."

"In high school when [my brother and I] still shared a room I would see him work out." (Participant 6). Participants who described experiences in which they observed another person's body and/or engaged in self-comparison were associated with this core idea.

167

Observation of other person's body/self-comparison. Six participants observed

someone else's body and/or compared their own appearance with their perceptions of

another person's appearance, making this a typical category. Verbal comments were not

necessarily included in the experiences. Four participants compared or observed another

person's overall appearance, and two participants focused on body size when comparing.

Participant 6 spoke at length about his experiences sharing a room with a more athletic

brother while in his teens. Self-comparison, exacerbated by seeing his brother's body in

their bedroom, produced significant effects for his body image development:

> Most of my experiences with my brother have helped shape my body image very
> drastically because my brother was more quick to work out and take care of
> himself. He did that much earlier and then he continues to have an advantage on
> me in appearance...Dare to compare kind of situation, and that really shook a lot
> of my body image and my sense of self…I feel like it really did shape a lot of my
> opinions of myself and there are times I felt like it influences my future, my
> sexual relations in college and my choices of boyfriends and partners and other
> things. So that's a pretty big significant part that has shaped who or what I believe
> about my body. At the same time it's also helped me to realize that I can achieve
> things because it's like, "If you can do it, I can do it." Once I garnered the self-
> confidence to take control of it, then I felt like I had the extra push because I was
> like, "Oh, well, obviously my brother was able to do this and look at him now."
> Then I was like, "OK, the fact is that I can do that. *I* can be like that."

When prompted by the interviewer, Participant 6 elaborated further on the experiences

with his brother:

> Back in high school when we still shared a room I would see him work out. I just
> ragged him. He would do it for long periods of time and then buy whey protein
> and other things. I just didn't see the need at the time or have the desire to. I just
> didn't understand why. Then when he started getting results that's when it was the
> general not-feeling-good part of everything, though at the same time that might be
> because…a lot of people are trying to find things that differentiate us, so often
> times I was attributed with being smart, and then since they gave that to me, that

meant that [Name of brother] had to go in the other direction so that might be why he chose to do that…[I was] maybe like near end of 10th grade or somewhere. I want to say around there because I know the start—well not the start where he worked out, but the start when it was starting to show—so then it was compare and contrast.

Participant 6 shared the impacts of the experiences with his brother:

It gave me general feelings of inferiority with that. Since other people around me at school would compare with that, because he worked out and had more athletic appearance than me at the time, that also connoted a state of power and just general masculine authority, which then, since I was less of that, made me subservient to him in social interactions and stuff. I'm more so the right-hand guy than "It's [Name of participant] and [Name of brother]" kind of thing. And that influenced the dynamics of my other relationships afterwards. And then I realized this and I didn't like it then, and then I don't like any of those relationships and then those relationships end because of that. But now I'm really stepping back and looking at that because I'm in a relationship right now of a year and 2 months. And it's been the longest one that I've had so far, so I've had the chance to actually really sit and think through a lot of the things that I feel are probably subconsciously playing about how my relationship with my brother affects how I choose other guys, because I was really close to my brother …and we spent a lot of time together. So I feel like to some degree that relationship influences who I choose when I go and find people and stuff…Since I've not been around him, that things have changed a lot. When I'm around him it's more so me trying to contrast from him and be different, so things that I probably wouldn't do in general interactions by myself, I would do in interactions with him so then I can be different.

Participant 7 was influenced by seeing the penises of his partners in comparison to his own penis, producing heightened self-confidence about his own body:

In general, I've always been, as far as dick size, bigger than most of the guys that I've been with and that's always bolstered my body image, so it just boosts my ego. And if I wasn't quite what I wanted to be in front of them—if I didn't feel that I was skinny enough or whatever—that was perfectly fine because I had this over them. It's…fairly impactful for me…[It helps me feel] fairly confident, actually. My first encounter that was all the way, penetration and everything else, was with a guy that was like an inch and a half, and it was horrible. And not really

169

horrible but a disappointment for me. I had started to like him. And I was far more vain than I am now. As vain as I appear, far more vain then. And it made me feel incredibly proud about myself but also incredibly sorry for him. And that this was what he was. And that just was inadequate no matter what else was attached to him. It pretty much ended our relationship….I felt more and more confident about myself from that, but it didn't really strike me as confidence until after my first boyfriend because he was pretty much the same size as me so that sort of created the standard for me, and then everyone after that was usually 6, 6 and a half, therefore I realized that was actually more the standard. And I became more—not really boastful because I like to pretend like I have modesty—doesn't everybody—but if it ever came up I was armed with this and I could usually trump whatever, unless they were just amazing, like, "Oh, God!" but there's at a certain point I consider someone to be too big…It used to translate into this the better partner because they had so many inches, until I ran into a guy named [Name of partner]. Probably the best lay I ever had and still he was only working with 6 inches. That completely redefined penis size and body image for me forever. I no longer ran around thinking the incorrect thought that size meant pleasure. And it mattered less and less to me. It distanced me from my first experience with [Name of partner with 1.5 inches].

Other participants were impacted by experiences involving observation and comparison. For example, Participant 1 observed the lean build of runners and swimmers as an adolescent and strove to attain a similar build in an effort to secure their friendship, and in at least one case, with the hope of beginning a sexual relationship (the relationship never actually became sexual). Participant 8 stated that when he is with a partner, especially one that he believes in comparison has a better body than his, he remains very conscious of the difference. In some cases, otherwise innocuous comments by partners have been heard by Participant 8 in negatively impactful ways due to his body self-comparisons. Participant 5 compared himself to others, having a smaller build than many of his friends, and compared his current appearance to his formerly more muscular upper body while looking in the mirror.

"Being fat was really made fun of in [state where he used to live] and picked at for a long time" (Participant 2). Participants who described experiences involving evaluation or rejection by others were associated with this core idea.

Social rejection/evaluation. Four participants related impactful occasions of social rejection/evaluation toward their own bodies, making this and the remaining categories within this domain *variant*.

"Something that someone does is more impactful than something someone says" (Participant 8). Participants who spoke about the impacts of actions taken by others, aside from verbal comments, were grouped with this core idea.

Nonverbal action of other person. Three participants related impactful experiences involving nonverbal actions of others. Perhaps most traumatic was the experience of Participant 8, who told about being "taken advantage of" sexually in a restroom in college, an assault experience which evoked the statement used as the core idea for this category. Participants 5 and 7 were both negatively impacted by partners who covered parts of their bodies during or after sex.

"My body image was influenced positively based on how successful I was at getting whoever I was interested in bedding in bed. And at the same time negatively influenced if someone whom I found attractive did not want to do something with me." (Participant 1). Partners who described experiences involving some form of sexual interest or action were linked to this core idea.

Sexual interest from others. Three participants spoke of the impact of receiving and/or attempting to elicit sexual interest from others.

171

Sexual performance. Two participants mentioned the role of sexual performance either impacting or being impacted by their body image.

Sexual rejection. Two participants described experiences where their body image was negatively impacted through sexual rejection.

Seeking sex for affirmation/approval. Two participants spoke about using sex as a means for gaining affirmation or approval.

"I felt really good in my body for a while because–one—I was getting paid to show my body off and that was such a change from growing up." (Participant 5). Participants who shared experiences in which they performed for a public audience in situations where calling attention to their body was a primary element of the experience were included with this core idea.

Public performance with emphasis on body display. Two participants engaged in public performances, Participant 4 in a drag show and Participant 5 in a strip show.

"He turned around, grabbed my breast, and said, 'These are way too realistic for a guy like you. I don't like them.' And that really hurt." (Participant 2). Participants who described experiences which involved being physically touched as one aspect of the experience were associated with this core idea.

Involved physical touch. Two participants noted the role of physical touch in an experience, while simultaneously being recipients of negative verbal comments in each case. Participant 2 had his chest and his chin grabbed in two separate experiences, and Participant 8 was cuddling with his partner.

Roles of Partners: Aspects of Experiences

This domain contains elements of experiences with partners that were described by two or more participants and not explicitly included in other partner domains. Three categories were labeled as *typical*.

"He makes me feel good about the way that I look" (Participant 8). Participants who mentioned receiving support from their partner were included in this core idea.

Supported/complimented by partner. Six participants reported experiences involving compliments or other forms of positive support from a partner. This is a *typical* category. Statements by participants illustrate some of these experiences:

Participant 1: Someone that I was with commented a lot on I have a nice ass, so I would do what I could to make it better.

Participant 2: Generally, if people know my body image problems like my ex did, he was always very supportive. He still is. If I ever really talk to him he's always really nice. That was part of the reason I fell in love with him.

Participant 4: My last boyfriend…was like my friends. I would [say], "Aw, I feel like I need to lose some weight." He would say, "I don't think you need to," but then he would go, "If you want to, then we can work out together." He would be like the same kind of situation as previous Friend A. He would placate me, which might have been his own opinion or he might have just been nice, might have just been being nice, but the end result is we agreed to work out together and then we didn't. And we agreed to eat healthier because we spent most of our time together and we didn't.

Participant 6: In most cases [my partner] makes me feel better about my body.

Participant 7: I've always gotten compliments from my family, from friends and lovers that they like my eyes.

Participant 8: And occasionally he'll compliment me, as well, but to me it's harder for me to take positive comments as seriously as I take negative

comments…Since I'm really close to him and we've been dating for a while, it makes even more of an impact what he thinks of me, because I think very highly of him so I want him to think highly of me.

While each of the above examples illustrates a partner's words or supportive attitude, the effects in each scenario were not equally positive. Participant 4 said that when his partner said "nice" things, he felt placated. Participants 6 and 8 described feeling better about their body because of their partner on some occasions, but both men qualified the statements to imply there were times when a partner was not experienced as supportive.

"He said, 'Oh, well, you could use more [sexual] practice.' And for some reason in my head that didn't translate as exactly what he said. It was 'You're not attractive.'" (Participant 3). Participants who received negative messages from their partner were included in this core idea.

Negative comments from partner. Five participants indicated a partner had practiced the opposite attitude from the previous core idea/category. That is, the participants received negative comments. Again, brief excerpts illustrate the nature of the commentary:

> Participant 1: I guess it was more for the kinds of guys that I wanted to be with. Some of them would say if they actually told me why they didn't want to do anything with me, they would say something potentially, probably like, "You're too skinny." I think that actually drove me to… go to the gym and improve on that and focus more on developing myself more physically, which up until that point I had not really had any desire to do.
>
> Participant 2: He turned around, grabbed my breast, and said, "These are way too realistic for a guy like you. I don't like them." And that really hurt…It helped me get over my crush for him a little bit.

174

Participant 3: I made the stupid mistake of saying, "Well, how was it?" and he said, "Oh, well, you could use more practice." And for some reason in my head that didn't translate as exactly what he said. It was "You're not attractive." …I had been happy with my body up until that point but I feel like that was the straw that broke the camel's back in thinking about specifically my weight.

Participant 7: I realized that [2 ex-partners] had been gossiping together about my body image and as if something was wrong with me, but I never quite understood what that was or what they had to gossip about because their body images were so affected.

Participant 8: He was like, "Wow! You've gained some weight." So at that point I immediately shut down and withdrew emotionally because I don't like to be told negative things about the way I look. I think I'm especially sensitive to criticism.

Participants responded in different ways to their negative critiques. Participant 1 became more active at the gym in an attempt to compensate. Participant 2 viewed the experience as helping him to get over the crush he had for some time on the offender. Participants 3 and 8 said they felt worse about themselves.

"My ex was very concerned about his body and worked out a lot."

(Participant 2). Participants who described experiences in which their partner's body or partner's desires impacted their body image development were associated with this core idea.

Partner had own body concerns. Five participants had been with a partner who had his own body image concerns. Sometimes the partner's body concerns directly impacted the participant's body concerns, while at other times, the participant did not draw a clear connection:

Participant 2: My ex was very concerned about his body and worked out a lot, so I sort of had it from both of those people [ex and sister] who were obsessed with their body image. Not to the degree where they were ugly in any way, because my

175

sister's very pretty and he's very attractive still, but yeah, they were very self-concerned.

Participant 5: I just remember being with my first boyfriend when I was like 18 and he was like 22. And he had some body image problems. After sex he'd want to put all his clothes back on or cover himself up. But I was just naked as I came. I guess it wouldn't be a problem per se but I just noticed that he had a definite—. That was the first time seeing he had a body image problem. It felt awkward to me because he was just with me. No one else was seeing him naked. And I just saw you naked so can't you still be naked?

Participant 6: My current boyfriend—he is not athletic. He does not take care of himself like he should in any respect. But sometimes that really bothers in our relationship that he doesn't do that…His family harps on him all the time, so I don't want to harp on him about that, and I think I just displace my frustration with that, and I can't really ask him to take care of himself if I'm not doing it myself…If I can model these behaviors, then he will do it as well.

Participant 7: I realized that [two ex-partners] had been gossiping together about my body image and as if something was wrong with me, but I never quite understood what that was or what they had to gossip about because their body images were so affected.

Participant 8: He was very conscious about his own body and he made sure that he looked good and was fit and everything. Coming from him, it was even more of a direct insult because that's something that really matters to him.

Participants were personally affected directly or indirectly by the partner's body image issues to varying degrees. Partner 6 felt motivated to model a more healthy appearance for his partner as a means to encourage the partner to assume a greater interest in improving the partner's body.

Partner had good/desirable body. Four participants specified that their partner had a good and/or desirable body.

Improved body for partner's benefit. Three participants made efforts to improve their own body to meet the partner's expectation or to model behavior to the partner.

176

"Why would anybody want to be with you? Because I was looking at my body and my chest and I…was just disgusted with it and really upset and I knew if I had a better body I'd get something." (Participant 5). Participants who spoke about the role of their body in attracting a partner were placed with this core idea.

Desire to obtain partners. Three participants noted their own desire to obtain a partner.

"I was 16 and it was one of my first sexual partners" (Participant 3). Participants who related an experience which they specified occurred with one of their first partners were associated with this core idea.

Involved first/early partner. Two participants noted that impactful experiences occurred with their first partner or an early partner.

"[Ex-partner] would never take off his shirt when we had sex. …that, too, impacted my body image because if he's not willing to take off his shirt and I am, of course, I'm very better looking than that." (Participant 7). Participants who shared experiences in which the partner covered himself during or after sexual intimacy were placed with this core idea.

Partner covered self during/after sex. Two participants had a partner who covered part of the partner's own body during or after sex, leading Participant 5 to feel a degree of uncertainty about himself and Participant 7 to feel better about his comfort with his own body.

"There are still guys who like me so there's not *that* much incentive to change" (Participant 4). Participants who stated that the fact that they can obtain sex partners despite body concerns were grouped with this core idea.

Ability to attract partners minimized body concern. Two participants stated that their ability to attract partners minimized their own body image concerns.

"There was no explanation, so there was no negation of the possibility that it could have been based on my own body" (Participant 1). Participants who stated that the absence of explanation or comment by a partner caused them to feel unsure of themselves were associated with this core idea.

Lack of communication left participant uncertain about his body. Two participants related situations in which the lack of clear communication left them uncertain and/or feeling negative about their body. Both were in contexts of sexual intimacy.

Roles of Partners: Contexts of Experiences

Participants did not always specify the particular physical or situational context in which experiences occurred. When they did, responses were included in this domain. One category was labeled *typical* and two were *variant*.

"Probably the best lay I ever had...That completely redefined penis size and body image for me forever." (Participant 7). Participants who described experiences which occurred in contexts of physical/sexual intimacy were associated with this core idea.

Sex/cuddling. Five participants stated that experiences with partners happened during sex or cuddling. After having believed that a partner must have a relatively large penis to be satisfying, and having felt a sense of pride in his own genital endowment, Participant 7 had a highly enjoyable experience with a partner of a lesser endowment and stated that the experience "completely redefined penis size and body image for me forever." This was a positive experience for Participant 7. All of the other participant experiences in the sex/cuddling context were of a more disturbing nature for the participants. Participant 8 was told that he had gained weight while his partner cuddled with him. Participants 1 and 3 were negatively impacted during a sexual experience. Participant 3 described the event as follows:

> The earliest one I can really think of was when I was 16 and it was one of my first sexual partners and he was somebody I found really attractive. He was someone I thought that was like an ideal or close to it, at least, and we had sex and afterward I made the stupid mistake of saying, "Well, how was it?" and he said, "Oh, well, you could use more practice." And for some reason in my head that didn't translate as exactly what he said. It was "You're not attractive."

Participant 1 felt initially unsettled by his experience but later rationalized possible explanations:

> Participant 1: There was a guy that I was really interested in doing something with. We hung out once and he didn't make any moves himself so at first I just thought well, OK, he doesn't make first moves. Not unusual. So then I kind of made a move myself. We messed around a little bit but when it came to what he considered as actually having sex, he was not interested in that, and I immediately thought is there something wrong? Is he not interested in this because he's not in the mood, or is he not impressed with the size of my penis? What's the issue here? Is there too much? Is he thinking that he wouldn't be able to take it? What exactly is preventing him from being interested in doing this?

Interviewer: You know, obviously, most people in that kind of situation would feel that disappointment. Would you say that your body was the first thing that came to mind as what might be the problem or were there other things that came to mind, too, that could be the cause?

Participant 1: I think at first I think my body was the first thing that came to mind and then maybe once I wasn't thinking with my penis maybe at that point I think I was more logical in thinking maybe it wasn't just my body. Maybe it was his own personal feeling about it. Maybe he has a particular religious or philosophical reason for not wanting to go that far. Maybe there's a line and he doesn't want to cross that line because he doesn't want to taint marriage or something. It could be any number of possibilities. I think at first it was body image because I was not very much thinking with my head. And then I think over time it became more I had thought about it maybe as something else. But there was no explanation, so there was no negation of the possibility that it could have been based on my own body.

"We went to a party and he was a bit intoxicated" (Participant 2). Participants who described experiences which occurred in casual, private social contexts involving multiple people, or where alcohol and illegal drugs were being used, were associated with this core idea.

Party/gathering. Two participants described experiences in party or smaller casual social settings.

Use of alcohol/illegal drugs. The same two participants from the previous category described alcohol and/or illegal drugs as salient to the experience. Participant 2 described the potential partner as intoxicated, and in another case, Participant 5 himself was under the influence of alcohol and marijuana. Both situations were experienced as detrimental to the participant's body image development.

Roles of Partners: Specific Body Concerns

This domain includes the specific nature of body concerns that emerged for

participants in the experiences they described which involved partners. One category was

typical and the others were *variant*.

"I don't want to be in this [bear/large] demographic." (Participant 4).

Participants who were concerned about their overall body shape were associated with this

core idea.

Body size (thin/overweight). Five participants were concerned about their body

size along the spectrum of thin to overweight. Participant 4 spoke in depth about his

dislike of being seen as a "bear" by a potential partner and his desire to change his body

type:

> Last year there was a guy who I was interested in and we were talking. And I
> don't remember exactly how it came up but one of the usual first few questions in
> terms of dating someone—within the first week most of the time it's the first date
> or first experience—there's like "Well, what kind of guys are you normally into?"
> or "What kind of guys are you attracted to?" and sometimes in my particular case,
> "What kinds of guys or girls are you attracted to?" And I ended up asking him this
> question and he was gay and he said that he was normally into bigger, bigger guys
> and I was like, "Oh, OK, so, like, bears?" and he said, "Yes, bears. Sometimes
> others, too." And I was like "OK." And felt kind of uncomfortable asking him this
> question but then I did ask him, "Well, then how do you feel about me and my
> size?" and he said that I was one of the smaller people that he would go after. And
> I was like, "OK, I'm 60 pounds overweight, so how big are the guys you're really
> attracted to?" And it was curious because his answer was he just liked really big
> guys in terms of weight and the fact that I'm a big guy anyway and he was like,
> "Oh, well, I like, you're the smallest guy I would go for," because he was not a
> very large height or width person himself so that was really interesting. And
> although I did like him, I didn't like the fact that he was—. That was something
> that I could change. I can't change the fact that I'm white. I can't change the fact
> that I'm [a certain height]. I can change the fact that how much I weigh. So I was
> like, "OK, I don't want to be in this [large/bear] demographic." Unfortunately I
> have not changed that yet…I don't think I ever will want to be consistently related

with bear or the larger body type. If I'm gonna be known as something I want to be more statuesque. More model, or athletic. The qualifications for being a bear just implies bad health. Granted, I'm sure that there's some guys who are healthy as can be and are just stocky but that's not me. So I don't want to be associated with that group.

A partner's comments caused Participant 8 to become concerned that he was overweight and to take steps to lose weight. Being told he was "too skinny" led Participant 1 to become more active at the gym to bulk up. A partner's comment caused Participant 3 to take drastic measures involving questionably healthy eating and exercise behaviors to lose weight because he believed his body shape was negatively impacting his sex life. Participant 2 had a history of disordered eating and feeling negative about being overweight when a potential partner grabbed his chest and made insulting remarks. In each case, the experience of having a partner or potential partner make negative verbal evaluations of the participant's body type led the participant to desire to take action to change his body, and in most cases, actual change occurred as a result of modifications to diet and/or exercise.

"I was looking at my body and my chest and I…was just disgusted with it and really upset" (Participant 5). Participants who were concerned about their upper body in the context of experiences with partners were associated with this core idea.

Chest. Two participants expressed concerns about their chest being too flabby or not sufficiently muscular.

"Is he not impressed with the size of my penis?" (Participant 1). Participants with concerns about their penis size were placed in this core idea.

Penis. Two participants spoke about their penis in relating experiences with partners. For Participant 1, the feelings about his own penis were negative or uncertain, and for Participant 7, the feelings were positive.

Roles of Partners: Effects of Experiences

This domain details the most commonly stated body image developmental effects from experiences with partners. One category was *typical* and the others were *variant*.

"I was also eating my little bit of whatever I ate and then exercising and then eating a little bit more and then exercising for an hour" (Participant 3). Participants who took action to increase their level of exercise and/or to reduce weight were associated with this core idea.

Increased exercise. Six participants began or intensified their exercise program, making this a *typical* category. Participant 4 was the only respondent to express dissatisfaction with his exercise plan, as he had wanted his partner to exercise with him but when the partner did not, Participant 4 did not work out either.

> The end result is we agreed to work out together and then we didn't. And we agreed to eat healthier because we spent most of our time together and we didn't. So I kind of feel like I failed but I also feel like they failed me and I do not feel any better about my body.

Representative statements from other participants further illustrate the increase in exercise participation:

> Participant 1: That actually drove me to… go to the gym and improve on that and focus more on developing myself more physically.

183

Participant 2: I just exercised a lot more which was my cure for that. And I felt better and forgot about it.

Participant 3: I was also eating my little bit of whatever I ate and then exercising and then eating a little bit more and then exercising for an hour and the exercise part of it didn't go away as much as I just started eating more.

Participant 6: I can't really ask him to take care of himself if I'm not doing it myself…If I can model these behaviors, then he will do it as well.

Participant 8: Yeah, afterwards I went to the gym a lot more often. So definitely influenced my further behavior and caused me to look at myself more often and try to lose weight.

Effort to lose weight. Four participants took steps toward losing weight.

"I basically said that I was done with him after that." (Participant 8). Participants who decided to end the relationship were associated with this core idea.

Participant ended relationship. Three participants ended a romantic relationship as a result of a negative body image related experience with a partner.

"I do not feel any better about my body." (Participant 4). Participants who reported no change or effect as a result of their experiences with partners were assigned to this core idea.

No change/effect. Two participants stated there was no change or effect for them.

"I started going to a therapist" (Participant 3). Participants who discussed their body concerns with a professional following a negative experience with a partner were assigned to this core idea.

Received professional support. Two participants spoke with a professional for support. Participant 2 received help from a nutritionist and Participant 3 from a therapist. Both participants indicated that the professional support produced positive effects.

184

Roles of Partners: Significance of Relationship Type

This domain is comprised primarily of responses to an interview question about the significance of the type of relationship—family, friend, partner, or other—within experiences. All categories were labeled *variant*.

"The only reason why we were together in this particular situation was to enjoy each other's bodies" (Participant 1). Participants who spoke about the high value of the body or sex as a main focus of the experience were assigned to this core idea.

Primary role of body/sex in relationship. Four participants spoke about the primary role of the body or sex in their relationship with a partner, whether for a one-time hook-up or a longer-term partnership.

"Due to my emotional investment in the relationship" (Participant 6). Participants who said the emotional investment within a longer-term relationship was salient to their body image development were grouped into this core idea.

Emotional investment (long-term partner). Two participants found emotional investment with a long-term partner to be important to their experience in positive ways.

"He had more sexual partners than I had and was more attractive than I was" (Participant 3). Partners who spoke of feelings of insecurity or inferiority were included in this core idea.

Felt insecure/inferior with partner. Two participants revealed feeling insecure or inferior to a partner.

185

"It was kind of negative because I felt a little bit objectified" (Participant 4).
Participants who spoke of feeling that they were objectified by a partner were included in
this core idea.

Objectification. Two participants said they felt objectified in the context of an
experience with a partner.

Roles of Family: Aspects of Experiences

With this domain, focus shifts from partners to family members. This domain
contains elements of experiences with family members that were described by two or
more participants and not explicitly included in other family domains. No categories were
labeled general or typical.

**"[My mother] recognizes how I feel about my body and then encourages me
to change it so that I'm happy with it." (Participant 4).** Participants who experienced
support from a family member were included in this core idea.

Generally supportive. Four participants reported one or more family members
were supportive with regard to the participant's body concerns.

**"[My mother] had had a couple drinks and she grabbed my chin and was
like, 'Oh, this is getting larger after the past couple days'" (Participant 2).**
Participants whose family members said negative things about the participant's body
were assigned to this core idea.

Negative comment from family member. Three participants reported receiving a
negative comment about their body from a family member.

"I've always gotten compliments from my family" (Participant 7).
Participants whose family members said positive things about their body were assigned to this core idea.

Positive comment from family member. Two participants said they had received supportive comments from one or more family members.

"I'm the best-looking one in my family, or I care the most about my body" (Participant 8). Participants who viewed themselves as among the most attractive in their family were associated with this core idea.

Perceives self as more attractive than most others in his family. Two participants stated that they are more attractive than most other members of the family.

"[My mother and I are] both trying to get back to the skinny side of the fence" (Participant 4). Participants who reported that a family member currently or previously had a body concern that was similar to the participant's concern were included in this core idea.

Family member has similar body concern. Two participants said that a family member had a body concern similar to that of the participant. Specifically, in both cases the family member was the participant's mother and the issue related to body size.

Roles of Family: Contexts of Experiences

This domain pertains to the physical or situational context in which experiences with family occurred, in cases where the participant specified a context. Only one context was reported by two or more participants. All categories were labeled as *variant*.

"In high school when [my brother and I] still shared a room" (Participant 6).
Participants who identified their home as the location of experiences with family
members were assigned to this core idea.

Home. Two participants specified that impactful body image experiences with
family members occurred in the participant's home.

Roles of Family: Specific Body Concerns

This domain includes the specific nature of body concerns that emerged for
participants in the experiences they described which involved family members. All
categories were *variant*.

"My mother always thinks that I need to gain weight." (Participant 7).
Participants who reported a family member making comments related to their body size
were included in this core idea.

Body size (thin/overweight). Two participants said that a family member made
statements about the participant's body size. In both cases, the family member was the
participant's mother.

**"My mom brought it up to me. And she was like, 'Are you going to start
working out or something?'" (Participant 5).** Participants who had a family member
make comments or otherwise influence them with regard to the participant's level of
muscularity were placed with this core idea.

Muscularity. Two participants had family experiences related to their own
muscularity. Specifically, the family members were Participant 5's mother and
Participant 6's brother.

Roles of Family: Effects of Experiences

This domain details the most commonly stated body image developmental effects

derived from experiences with family members. One category was *typical* and the others

were *variant*.

"I feel more comforted around them [family] as opposed to gay individuals."

(Participant 8). Participants who described family as a source of support were included

in this core idea.

Felt supported. Five participants experienced one or more family members as

supportive with regard to their body image development. This category was labeled as

typical. Participant 8 described how his family usually provided him with a comfortable

space where he did not need to feel concerned about his body:

> Participant 8: Well, anything to do with my family is positive as far as body
> image goes. Part of that is because I'm the best-looking one in my family, or I
> care the most about my body is a better way to say that. But they're always
> complimentative and everything, supportive.
>
> Interviewer: So what kinds of thoughts and feelings do you experience in that
> family context about your body? How does that impact you?
>
> Participant 8: They're more willing, if they see that I'm trying to restrict my diet
> or something like that, they'll be like, "You don't need to worry about it. You can
> eat whatever you want." And so I feel more comforted around them as opposed to
> gay individuals.

Participant 1 provided a similar description of the role of family in relation to his

body image development, as he contrasted the role of family and friends with the body-

focused nature of sexual relationships:

189

Participant 1: I think that in this case it was purely a sexual relationship so the only thing that we, by the nature of the relationship, the only reason why we were together in this particular situation was to enjoy each other's bodies so as opposed to a...family or a friend relationship is more of a love for each other as people not for each other's body. You can't choose the body of the person that you grew up with as a sibling. It's not the desire. You love them and you have that relationship because of a bond based on love and the fact that we're born into the same family and things that we shared as interests--movies or theater or whatever else. Whereas with sexual partners it's purely just these particular cases. Just purely together for the sake of having sex and we both had to be interested in the other person so that was why that was different from family and friends.

Interviewer: So it sounds like maybe there's a certain vulnerability that comes into play when it's partners that's not present if it's family or friends. There's a certain security, safety, built in with the family and friend relationships that's not there when it's a partner or potential partner.

Participant 1: Right. Because with the family or friend relationship, the body doesn't matter as much. But there's a lot more insecurity with a sexual partner relationship.

Participant 4 identified his mother as a source of encouragement, largely because he believed she was honest with him and she could personally relate to his weight fluctuations:

With my mother I do speak about this and she has a similar experience. All through her younger life up until she was 25 she was very thin, very athletic. She was called Wonder Woman because she was tall, curly brown hair, curvy, strong, awesome, and since then she's been yo-yoing with her weight, which is kind of what I've been doing. And I tell her sometimes I'll make a comment to my friends. I'll be like, "I feel so fat," and they'll be like, "Shut up, [participant's Name], you don't need to lose any weight." I say the same thing to my mom and she's like, "Yeah, I kind of do too." Or she'll be like, "Yeah, I need to lose 30 pounds." So I feel like she's being more honest with me. Honestly, I feel like she's been on both sides of the fence and now I've been on both sides of the fence and we're both trying to get back to the skinny side of the fence...She recognizes how I feel about my body and then encourages me to change it so that I'm happy with it.

Participant 7 noted experiences with his mother, father, and cousins, but

emphasized that it was his mother who made the most significant impact:

Participant 7: My mother's always said that I could be covered in shit and be more handsome than blah blah blah, but this is like a mother's bias. Every mother is like this. It's so sad and nobody actually believes it, like, "Yes, you're lying I know. Thank you." I've always gotten compliments from my family, from friends and lovers that they like my eyes for some reason. Everybody likes my eyes. It's to the point where I can't take it any more. Please don't say that.

Interviewer: How does that make you feel?

Participant 7: "Oh, that's nice. Thank you." But I've heard it so many times that I'm immune to it. So it's like OK, it's nice. Is there anything else?

Interviewer: Is it a good experience, a bad experience, neutral?

Participant 7: It's good but I turn it into something neutral or negative just because I wish that there was more about me that was better and up to my standards, which are completely unreachable if it's only for me, I don't have the standards for anybody else. As far as my father goes, well, he just doesn't give a shit. He doesn't even care about his own appearance. As far as I understand that's basically the same for all straight males that are about his age—that are married at least. As far as the rest of my family is concerned, I'm one of the few attractive people in my family, so I always got that attention from them. My cousins would chase me around and try to kiss me when I was a little boy.

Interviewer: Female cousins, I'm assuming?

Participant 7: That's disgusting. It's probably why I turned gay. [laughs] And that's my family pretty much. My mother always thinks that I need to gain weight. "You need to gain weight. You need to gain weight." But I think that's just because so she'll feel better about being overweight.

Participant 3 also portrayed his mother as a supportive presence without much

elaboration when he stated, "My mother has been very supportive in general. I can't think

of many specific instances but it's been supportive of trying to help me find my way. She

is the one that insisted I get therapy."

191

"This made me really concerned about my double chin…and that's thrown me in a tizzy quite a few times." (Participant 2). Participants who experienced degradation in their body image development due to the influence of one or more family members were associated with this core idea.

Felt worse about self. Two participants reported feeling worse about themselves due to family influences, either through verbal comments from his mother or observing his brother's more fit, athletic body.

Roles of Family: Significance of Relationship Type

This domain is comprised primarily of responses to an interview question about the significance of the type of relationship in each experience for the participant. Only one category was shared by two or more people, and it is labeled *variant*.

"More of a love for each other as people, not for each other's body" (Participant 1). Participants who expressed that they felt known and loved within their family were assigned to this core idea.

Felt known/loved. Two participants noted the familiarity of being known and loved as significant in their body image development experiences.

Roles of Family: Influential Family Member

This domain was created to illustrate the roles played by specific family members in body image development experiences. Only one family relationship—mother—was named by two or more respondents.

"[My mom's] really talking negative about my body now" (Participant 5).

Participants who identified their mother as influential in their body image development were placed with this core idea.

Mother. Five participants spoke about the impactful role of their mother, making this a *typical* category. Participants 2 and 5 reported negative impacts from their mother, while Participants 3, 4, and 7 experienced positive effects. Experiences of Participants 3, 4, and 7 with their mothers were reported in detail above under the domain *Roles of Family: Effects of Experiences*.

By contrast, Participant 2 related a rather traumatizing experience which occurred literally at the hand of his mother:

> And then I don't like my mother. I don't get along with my mother. Well, I do, we just fight too much and there's too much drama that ensues. But one day I had been slacking off and not eating well over the summer and it wasn't like anything I had gained. I was going on losing weight so I lost like 1.5 pounds and I had gained like 3 of them so it wasn't like a big deal at all. I was just losing weight I had gained and I hadn't seen her for the week because I was at work an hour away and I was staying with my Dad and she had had a couple drinks and she grabbed my chin and was like, "Oh, this is getting larger after the past couple days," and this made me really concerned about my double chin if I were to have one on such day and that's thrown me in a tizzy quite a few times…[The incident with my mother] did have lasting impact…I'm very concerned about that. I will go to the bathroom if I eat a big meal. Big meal really isn't a big meal to most people, but I'll look at my chin from different angles. [If someone posts a picture of me] and I have a double chin it will make me nuts and I remove it from my Facebook. It really drives me up the wall still. If I feel something under my neck, which you really can't do, I'll go running or something. And I'll go as far as to run like a 5K or 5 to 7 miles, which is not necessary at all but to me, in some way when I'm in the moment, it is.

Participant 5 told about a comment that his mother made to him at a time when he was already feeling bad about his upper body muscle loss:

I remember talking to my mom. I was like, "Mom," because I had this workout plan I was going to do this fall that I didn't follow through at all and my mom brought it up to me. And she was like, "Are you going to start working out or something? You used to look really good. Now you're just there." I was like, "Ah, yep, uh, didn't happen." But it didn't get me down. I was like, she's really talking negative about my body now.

Participant 5's statements seem to conflict when he says "it didn't get me down," but then "she's really talking negative about my body now." The apparent conflict may be resolved by another narrative from the interview. In reference to a different experience, Participant 5 commented:

I didn't take it so much to heart. I feel like it's sort of like if someone who didn't know me said those things to me it would be offensive to me because you don't know me. You don't know who I am. You don't know who I am as a person so how are you going to talk on my body? I don't know. But yeah, I feel like if it's family it's OK because every family trash talks each other. You find something to talk about so it's not that big of a deal, I felt.

Participant 5 appears to expect "trash talk" as customary in the family context, a coping mechanism of sorts perhaps, so he may have been able to hear his mother's negative commentary without internalizing it, or at least he was able to act on the surface as though he did not internalize it.

Roles of Friends: Aspects of Experiences

With this domain, focus shifts to the third type of relationship named in the research question—friends. None of the findings in any of the domains specific to friends were *typical* or *general*.

194

"Most of my friends know my problems with my body image" (Participant 2). Participants who reported friends being supportive to them with regard to body concerns were placed in this core idea.

Supportive toward his body image concerns. Three participants identified the support of friends toward their body image concerns. Support from friends produced a positive effect for at least one participant (Participant 2), but at least one other (Participant 4) merely felt "placated" by them. Although this category was labeled *variant*, examples will be given in order to provide insight into the roles of friends:

> Participant 2: Most of my friends know my problems with my body image…They watch me eat and they watch the amount I eat and then my friends picked up on it because I had become good friends with people and they were like, "Oh, [Name of participant], did you eat today?" and I was like "No," and they were like, "[Name of participant], it's like 4 or 5 o'clock in the afternoon. You have to eat something.
>
> Participant 3: My friends just kind of accept that I have a bad body image.
>
> Participant 4: Now this is just friends--although they are trying to be supportive and although they are trying to be nice, it doesn't make me feel any better…Anything that reinforces anything good from other people that I feel about myself I think is good. I think I just summarized my whole interview…I'm realizing it more myself now. Whenever other people reinforce something that I feel positive about, then I'm OK with it. And if they try to be nice about something that I don't feel good about it, then it doesn't matter because I still feel bad.

"My friend the other day told me I was skinny" (Participant 2). Participants who reported positive comments from friends were assigned to this core idea.

Positive comments from friends. Three participants described experiences in which friends offered positive comments about their bodies.

195

"So many people would just comment—not even necessarily to me but I could hear them—like, 'Wow, she's so pretty' and 'Look at those legs,'" (Participant 4, in drag). Participants who performed in public shows where display of their body was a central element in the performance were placed in this core idea.

Supporting public performance involving display of his body. Two participants performed before public audiences in which some of their friends were present. The role of friends in both experiences, a strip show (Participant 5) and a drag show (Participant 4), was affirming for the participants.

Roles of Friends: Contexts of Experiences

This domain presents specific physical or situational contexts in which impactful experiences occurred.

"The first time [performing in a strip show] made me feel great. I invited all my friends out." (Participant 5). Participants who performed in public shows where display of their body was a central element in the performance were associated with this core idea.

Public performance involving display of his body. Two participants performed before public audiences in which some of their friends were present. Both described their experiences as positive.

"I ask them to go to the gym" (Participant 4). Participants who described the experience of working out together were included in this core idea.

Plan to exercise together. Two participants either worked out with friends or made plans with friends to work out together.

"Somebody saw my dick in the shower and they just went around, told everybody about it." (Participant 5). Participants who described experiences which occurred in their university living space were assigned to this core idea.

University domicile. Two participants named their university domicile as the setting for influential experiences with friends.

Roles of Friends: Specific Body Concerns

This domain includes the specific nature of body concerns that emerged for participants in the experiences they described which involved friends. Only one category emerged, and it was *variant*.

"The slim athletic people who don't have like huge bulging muscles, the kind of people who do swimming or cross country with that kind of body and I think even to this point I still seek to have that kind of physique" (Participant 1). Participants whose experiences with friends involved a focus on overall body size were placed with this core idea.

Body size (thin/overweight). Four participants described body size as pertinent to interactions with friends. Although this category was only *variant*, experiences will be described in some detail in order to provide richer data about the role of friends in body image development. Participant 1 spoke of wanting to shape his own body to match the body type of people he desired to have as friends in adolescence:

> As far as my body I didn't have a family that was, like, you have to work out all the time and you have to have this perfect body or whatever and certainly some people have that kind of family, so it would be different for them, but I think at that point for me I didn't have as much of a care for my body, and then once I got into school and spent more time with kids my own age I think I focused more on

197

having a body that was more attractive for those friends that I wanted to have…I think I still sought to still hold to that kind of mold because I guess I felt like, oh, you know, that's the kind of guy, at least, that I want to be like or want to be with, so to make that kind of guy find me attractive then I should make myself look like the people that they hang out with. And so the slim athletic people who don't have like huge bulging muscles, the kind of people who do swimming or cross country with that kind of body and I think even to this point I still seek to have that kind of physique. My life is a lot more hectic now so I don't quite have the time to do so, but I also don't think I have as much of a drive at this point to adhere to that.

Participant 2 interpreted as positive a comment he received from a friend that he was "skinny." Participant 4 described how his friends attempted to be "nice" by minimizing his concern that he was too large and agreed to work out with him, but then they did not follow through, which frustrated him. Participant 5 was usually one of the last to be selected by friends to play on their team during pick-up sports games due to his relatively small body type.

Roles of Friends: Effects of Experiences

This domain details the most commonly stated body image developmental effects from experiences with friends.

"If they're working out. Then I feel like I definitely have to get myself looking good" (Participant 5). Participants who believed friends caused them to focus more attention on their own body were associated with this core idea.

Increased focus on his body. Three participants experienced situations in which friends heightened the participant's body consciousness.

"I continue to feel the same" (Participant 4). Participants who reported no change in the way they felt about their body as a result of an experience with a friend were included in this core idea.

No change/effect. Two participants reported no change or effect.

Roles of Friends: Significance of Relationship Type

This domain is comprised primarily of responses to an interview question about the significance of the type of relationship in each experience for the participant. Only one core idea/category was shared by two or more people, and it is labeled *variant*.

"If someone who didn't know me said those things to me it would be offensive to me because you don't know me." (Participant 5). Participants who expressed that they felt known and loved by their friends were assigned to this core idea.

Felt known/loved. Two participants noted the familiarity of being known and loved as significant in their body image development experiences. An analogous category by the same name occurred within the equivalent family domain *Roles of Family: Significance of Relationship Type*.

Roles of Other Pertinent Relationships

Participants were only specifically asked to relate experiences involving family, friends, or partners, but most participants identified at least one additional person of influence outside of these relationship categories. This domain captures these "other" relationships where two or more participants related experiences with individuals in similar relationship types. All categories in this domain were *variant*.

"People complimenting me on little things like, "Oh, your eyes are very nice" or other little parts of my body throughout, then that just made me feel like I should take care of that because people are saying that it's good." (Participant 6).

Participants who referred to people in general, including strangers or the public, were included in this core idea.

General/strangers/public. Three participants described experiences involving people in general. For example, Participant 6 appreciated comments by "people" about his eyes and other body parts, which in turn inspired him to care more for his body.

"The fact that my professor was gay" (Participant 3). Participants who were influenced by a professor and/or a teacher were associated with this core idea.

Professor/teacher. Two participants spoke of the influence of a professor and/or teacher. Both participants specifically noted the sexual identity of the professor or teacher as a gay male, although Participant 3 named a second influential teacher who was female and not identified as gay/lesbian.

"I was getting paid to show my body off" (Participant 5). Participants who noted the role of an audience were placed in this core idea.

Audience of participant performance. Two participants described public audiences of a drag show and a strip show in which they performed as significant.

"Several of her friends just started hitting on me…and that was a completely positive experience" (Participant 4). Participants who identified female adolescent peers as impactful were associated with this core idea.

Female adolescent peers. Two participants described experiences in which female peers impacted their body image development during adolescence.

Most Impactful Experiences

This domain includes responses from the interview question which asked participants to identify the most impactful experience for their body image development among all those they had shared. One category was *typical*, and the others were *variant*.

"Because it had been a pretty long-term friendship" (Participant 1). Participants who noted a form of longevity as part of their most impactful experience were included in this core idea.

Longevity. Five participants referenced longevity as an element of their most impactful experience, making this a *typical* category. Longevity was noted by two participants in relation to the duration of the experience itself, in both cases spanning a number of years. Four participants spoke of the impact of longevity in terms of the duration of the effects of the experience. Participant 1 referred to both the long time span across which an experience with one of his friends endured, and the long time span of the effects of the experience:

> I think the one with my friend from high school, that really had an influence beyond that as well. Every time that we were around each other I was always more conscious than normal about my body image. Was I wearing clothes that accentuated my body best, most ideally? Surprisingly, I think that had more influence than any particular situation in terms of sexual partners. I think, I guess, because it was more of a long term, whereas in some cases the sexual partners were just like one night things and in other cases it was just a one-month fling, aside from my current relationship, at most a 3-month relationship, so I think that in particular had the most long-term effect. Maybe even if only because it was a pretty—had been a pretty long-term friendship. I think that of the situations I've mentioned I think that's the one that's stood out the most for me.

Participant 6 emphasized the longevity of the influence of his brother on his body image:

> The one that's most impactful would *have* to be my brother just because of the longevity of it. Intensity-wise, they're both pretty much the same but I've been dealing with the contrasting with my brother all of my life so it's continuously there. And since going to college it's lessened but it's still there. I can go home and see him, then you fall back into the general script of behavior and it just reinforces itself—telling myself no, I've changed. I've gotten better. I shouldn't have the negative sense of self because there's no reason for me to compare myself to him but it still happens.

The other three participants in this category emphasized the long duration of the effects. While Participant 2 summarized his most impactful experiences as "the negative ones," he highlighted the period of time over which the impacts have been sustained:

> It's the negative ones. Yeah. The one with [the guy I had a crush on where he felt my breast] wasn't as big of a deal because it's not really something I control as much any more because it's just how my body lays at the moment. But the thing with my mom was not a good one and still comes with me today which is a year and a half later. And again his was a year and half, too, so I still can remember it pretty vividly. I'm not a glass empty kind of—. Well, not seemingly, but sometimes I can be very pessimistic. And negative experiences carry through more than positive do, that's for sure. Definitely stay for longer.

Participant 3 emphasized the "formative" nature of his most impactful experience, which produced enduring changes in his life. The experience happened with one of his first sexual partners, whose comment following sex that Participant 3 "needed more experience" evoked an intense concern in Participant 3 about the inadequacy of his body. Following the experience he took measures to lose weight, and several years later, he has maintained the lighter weight:

Participant 3: Probably the largest, most dramatic shift any of them have had was the first one because I literally made physical changes because of that. And I stuck to it. There was a level of commitment in that to that idea.

Interviewer: That's the experience with the sexual partner.

Participant 3: Yes. Yes. Yeah, there was, I guess, a level of personal—. Something just made me connect to it more. I think it was because I was young and I still didn't have a ton of friends and I was looking for something, something. So I think that sort of unquestioned "I need something to fix myself" probably made it the most impactful…So yeah, I think the most impactful was probably the first one, just because it was so formative.

Participant 8 spoke about the long-lasting feelings of vulnerability that resulted from his being "taken advantage of" in a restroom during a school-related trip. Details of the experience itself will be presented later in this chapter.

Participant 8: They're impactful in different ways. Like the guy who went out and said that I'd gained weight—it made me more conscious specifically about how much I weighed and how that made me look, but when I was taken advantage of, that was more like a constant feeling of vulnerability. And then if I ever feel bad and my boyfriend says something about his body, that's more of an emotional response and feelings of not being good enough or something like that, so it's all very different…I would say the feelings of vulnerability are most pervasive, had the longest-lasting effect.

Interviewer: Why do you think that one has had the longest-lasting effect?

Participant 8: Because it's more traumatic in general. Something that someone does is more impactful than something someone says, most of the time. It's a lot less easy for me to forget.

"Sexual partners are the strongest type of relationship in terms of influence" (Participant 8, as stated by interviewer). Participants whose most impactful experiences included a current or former romantic or sexual partner were included in this core idea.

Partner. Three participants stated that a partner was operative in their most impactful experience.

"My mother where she acknowledges [my body concern] and then encourages me to help change it" (Participant 4). Participants who noted the role of a family member in their most impactful experience were associated with this core idea.

Family. Three participants stated that a family member was operative in their most impactful experience.

Mother. Two participants stated that their mother was involved in their most impactful experience.

"Why would you want to struggle over something so much if it's (a) compromising who you are and (b) not even necessarily ethical?" (Participant 3, quoting an impactful gay professor from college). Participants who noted the role of a professor or teacher in their most impactful experience were associated with this core idea.

Professor/teacher. Two participants said their most impactful experience involved a professor or teacher.

Changing Roles of Relationships in Body Image Development over Time

This domain consists of categories that emerged in response to an interview question about if and how the roles of various relationships (i.e., family, friends, partners) changed over time at different stages of participants' lives. Only one category was *typical*. All others were *variant*.

"Once I got into school…I focused more on having a body that was more attractive for those friends that I wanted to have. Once I came out it started to become more of a focus of being…considered attractive by those that I wanted to have sex with." (Participant 1). Participants who affirmed that roles of relationships did indeed change over time were associated with this core idea.

Roles do change over time. Six participants stated that roles of family, friends, and/or partners changed over time in their body image development. This was labeled a *typical* category. Participant 1 described in detail the "progression" of his body image development as influenced at different stages by people in different relationship types:

> I think that it's a progression. When I was younger it was more of I spent all of my time with family. My perception of what my perception of body image was more related to the minimal cares that my family had. As far as my body I didn't have a family that was, like, you have to work out all the time and you have to have this perfect body or whatever and certainly some people have that kind of family, so it would be different for them, but I think at that point for me I didn't have as much of a care for my body, and then once I got into school and spent more time with kids my own age I think I focused more on having a body that was more attractive for those friends that I wanted to have...and then once I came out it started to become more of a focus of being considered attractive by those that I wanted to have sex with. So I think that was more of the progression over time…But then I guess also entering into a long-term relationship that has been at this point just over two years, it stopped becoming more about what other people necessarily thought and it really started becoming more about what he thought and if there was some particular thing about my body that he really wanted to see me change, as long as it was "minor" that was fine, but if someone else was like, oh, you have too much hair, I was, like, so screw you. I don't care. It doesn't matter. I think it has changed over time based on how I've grown up, as well.

Participant 2 noted that while his ex-partner has always been supportive and his "mom has always been sort of important," the importance of his sister for his body image development had decreased as his "reliance on her self-image has gone down, which is

good." Participants 3 and 7 both reported that all other people, including family, friends, and partners, have declined in importance over time. Participant 3 added that:

> *Especially* sexual partners are becoming less important because I get the feeling a lot now that my sexuality—specifically, my sexual acts—are increasingly unrelated to my body image because I think I've realized that I can have sex if I want it.

Both Participants 3 and 7 used language about personal "control":

> Participant 3: There's more of an internal locus of control as opposed to somebody else dictating or outside of them dictating how I feel about myself, which is definitely positive.

> Participant 7: As I get older, I care less...about the perfect ideal of my partner and less about the things that I can't control and even more about the things that I can control.

Participant 6 stated that family, friends, and partners "garnered more importance when at the end of middle school, like 8th grade, they garnered more significance in my life." Over time, the role of others diminished, especially that of his brother, who had exerted perhaps the strongest influence on his body image development over several years. "[With my brother] it's been getting more to an equal playing ground."

Participant 8 noted that while the roles of his family and friends have "been pretty consistent," the role of partners had changed: "When with a partner for a long time it's a lot different feeling than trying to get constant affirmation from different sexual partners."

"As I get older, I care less...about the perfect ideal of my partner and less about the things that I can't control" (Participant 7). Participants who indicated a

206

decreased concern about body image in some form over time were associated with this core idea.

Decreasing importance of short-term partners. Four participants indicated that short-term sexual partners had decreased in importance for their body image development over time.

Decreasing importance of family members. Three participants stated that family had decreased in importance over time.

Decreasing body concern with age. Two participants linked decreased levels of body concern to growing older.

"As far as family and friends, I think that's been pretty consistent" (Participant 8). Participants who reported consistent importance of one or more relationships over time were placed with this core idea.

Consistent importance of friends. Two participants said that friends had remained important at a consistent level.

Consistent importance of family. Two participants said that family had remained important at a consistent level.

"With a partner for a long time it's a lot different feeling than trying to get constant affirmation from different sexual partners" (Participant 8). Participants who noted the increasing importance of long-term romantic partners were included with this core idea.

Increasing importance of long-term partners. Two participants said that long-term partners had increased in importance over time.

"There's more of an internal locus of control as opposed to somebody else dictating or outside of them dictating how I feel about myself, which is definitely positive" (Participant 3). Participants who indicated they had experienced an increased sense of control over time were included in this core idea.

Increasing focus on internal locus of control. Two participants said they had experienced increased internal locus of control in relation to thoughts and feelings about their body.

Role of Sexual Identity

This domain contains categories which resulted from the interview question about the role of sexual identity—the participant's self-identity as gay or bisexual—in body image development. All categories were *variant*.

"This gay image that I have in my mind that I am not fitting towards that I need to fit more towards." (Participant 2). Participants who noted pressure to fit an idealized body ideal perpetuated through gay culture were associated with this core idea.

Pressure to meet body ideals of gay culture. Three participants spoke of pressure to meet body ideals of gay culture.

"With the label of gay came the stereotypes of being really feminine" (Participant 6). Participants who referenced gender presentation and gender stereotypes in sexual identity were grouped with this core idea.

Gender stereotype of gay males as feminine/un-masculine. Two participants noted the role of presenting one's self as feminine or masculine.

"The coming-out process really became detrimental to my hygiene and body image in general…I just stood in the shower in this stupor." (Participant 7). Participants who noted that other life events increase stress levels and aggravate self-care including management of body image concerns were associated with this core idea.

Self-care impaired by stress of coming out. Two participants said that their self-care was negatively impacted by stressors such as coming out and academic pressure.

Additional Relevant Topics from the Interviews

Three topics relevant to body image development of sexual minority males but not directly applicable to the full sample emerged from the interview data: bisexuality, race and culture, and sexual assault. Because these topics did not apply to the full sample and were not primary foci of the research, they were not included in the table of findings. However, in view of the dearth of data in the literature pertaining to these topics as they apply to sexual minority male body image, they are presented here.

Bisexuality and Body Image Development

Because both bisexual and gay males were included in this study, and very little research has focused on the body image of bisexual males, both bisexual participants and one gay participant were asked to share their perspectives about whether body image experiences of bisexual men may vary in some way from those of gay men, and if so, how.

Participant 8, who self-identified as gay, did not see any significant differences between experiences of bisexual and gay men: "I'd say it's pretty similar for bi and gay. All the bi guys I know have similar outlooks on their body image to gay men's."

Participant 4, who self-identified as bisexual, expressed a similar belief that any

differences would be minimal, although he conjectured that bisexual men may experience

less pressure than gay men. He also believed that whether a bisexual man tends to be

more attracted to men or to women could play a role:

> Participant 4: I think that there is the out for straight guys to not have to worry about it because gay and bisexual men are much more objectified than straight males except for certain demographics in terms of attraction, but to answer your question, yes, I think there is more pressure on bisexual and gay men.
>
> Interviewer: How about between bisexual and gay males? Does one of them experience more pressure?
>
> Participant 4: Oh! Well, I'm tempted to say gay, but because of the fact that bisexuals are also dipping into the same pool of people that would or would not be attracted to them, hmmm. I think that it is pretty even and if there was a discrepancy it might be more pressure on gay males. I don't know but because of—. There are some women—and there are some men, as well—but some women who only want you for your heart or your money, whereas a lot of times if you're gay or bisexual who leans towards gay versus leaning towards straight, sex comes first and so I think that there probably is a little bit more pressure on gay males.

Participant 4 had the experience of dating only females when he was thinner and more fit,

then dating only males in college, after he had gained a significant amount of weight:

> In high school I didn't really do anything with guys and I was a lot thinner and I feel like in terms of my body I was a lot happier, and then for the first year of college I didn't find anyone attractive. I didn't do anything with anyone. I don't know, maybe I'm just desperate. But it wasn't until my sophomore year of college after I had gained 30 pounds that I started dating or talking to guys and I've kind of been dissatisfied with my body since like the end of freshman year. So this is hard to describe because I've been skinny and perceived as straight, and bigger and perceived as gay only, because I haven't actually dated any females in college.

Participant 4 believed he came to an important realization during the interview. He said that he would be willing to date "a little bit of a bigger girl", yet, ironically, "if she were that size and she were a male I would not be pleased. So note that."

Participant 6, who self-identified as bisexual, allowed for the possibility of greater variation in body image pressures between bisexual and gay men. He stated that bisexual males may experience less pressure about their bodies:

> As a bisexual male I might have it easier because being bisexual I have an easier time jumping from the world of gay men to the world of straight men and enjoying both contexts. Like I said, in the straight world I don't feel as pressured so I get to create those connections that I can go to when I don't want to have to think about my body image, so that allots me the chance to breathe.

Race, Culture, and Body Image Development

Two participants identified as black/African-American. While neither participant was asked to comment specifically about the role of race and culture in their body image experiences, Participant 6 introduced the subject of race in the interview. He described his experience as especially challenging in view of dual expectations about body appearance coming from African-American and gay cultures:

> Participant 6: In relating actually to my partner, but in larger to being African-American and being gay, in the gay community there's a general stereotype of African-Americans being the aggressive, really masculine type figure and that usually connotes being really athletic and built and just physical type thing. And that pushes me to want to try to make sure that I achieve that because I think sometimes it's a marker to be legitimized as an African-American gay person in the community and not be like, "Oh, well, you're just not playing up to what you're supposed to be" kind of thing. So that probably plays a lot in why I approach those situations. Because my partner…is more probably like the mainstream white gay culture and then sometimes in that context even though he does date black people it's more so sometimes—. It's kind of a he-is-attracted-to-

211

like-a-caricature thing of what the gay community sets up for as black people and what they look like and what they behave like and what they do. So then I try to make sure that I embody that to some extent so then I can keep the relationship going.

Interviewer: So it sounds like a part of your body image experience is not only meeting expectations for appearance based on gay or sexual minority culture but there's also an African-American culture aspect to it also.

Participant 6: Yeah. Very much. Like I said, the general hyper-masculine presentation of black males does really push me to work out more and also just general stereotypes of physical aspects of black males like "OK, well, this, this, and this are what black men are good at or what they're able to do because they are continuously physically fit" kind of thing and then I have to push for that kind of thing if I want to be part of that larger community. A lot of times I just kind of step back and don't participate in that but I know that I still subconsciously try to play into that. When I'm going to the gym it's in the back of my mind, thinking I'm trying to fit in because thinking, looking at my family that's just the general mindset that comes from there. So though I'm not there, obviously, it's embedded somewhere in my head.

Interviewer: How do you feel like the expectations based on racial culture blend with or conflict with the sexual minority appearance expectations? Do they generally work together pretty well or do you sometimes feel like there's a conflict between the race and sexual minority expectations?

Participant 6: Actually, the race is frustrating, but it's amplified by the sexual minority situation because the focus on the physical appearance and then it's predominantly a white male culture so then it's like everybody else is marginalized into a specific archetype of sorts and then there are expectations with that…It's accentuated in certain aspects of the racial culture are heightened in the light of gay culture.

Sexual Assault and Body Image Development

Participant 8 reported that one of his most impactful experiences for his body image development was an occasion when he was taken into a restroom during a group trip sponsored by his university and, in his words from the interview, "taken advantage of." Following the interview, the primary researcher contacted Participant 8 to ask for

clarification about how he understood the nature of the experience. Specifically, would he describe the incident as a "sexual assault"? Participant 3 responded, "Yes, I believe that's accurate."

Because the experience has not been presented in detail in this chapter, and because the experience of sexual assault is both unique in the male body image literature and a powerful experience for Participant 8, a portion of the interview is presented at length here in the participant's own words:

> Participant 8: Maybe more indirectly, like not something that was said, but also a few years ago on a [official school group trip] I was taken into a bathroom and taken advantage of. And so after that moment I just felt so vulnerable until anything anyone would say after that would hit me harder than before...He was another student.
>
> Interviewer: And how did that experience relate to your body image?
>
> Participant 8: It just made me more sensitive to everything, and not just my body image but maybe especially my body image. As far as when people looked at me or when I saw him around, I would be thought of that and how vulnerable I was. And I don't want to close myself off and stuff like that.
>
> Interviewer: If I'm hearing you correctly, it may be that thinking about your body would be a source of vulnerability for you. That after that experience, when you'd think about your body, you'd associate that with being vulnerable. Is that accurate?
>
> Participant 8: Yeah. Or specifically I'd be reminded of that experience and so I wouldn't necessarily want to think about my body at all.
>
> Interviewer: It sounds like this experience was something that you didn't want to happen, but you felt that for whatever reason, that you had to give in. It sounds like a crappy experience to have.
>
> Participant 8: Yeah. And I had a similar experience in high school.

Interviewer: Probably makes it feel even amplified further. So having had that experience and with that idea of vulnerability associated with your body, what kinds of lingering effects have there been from that related to your body image?

Participant 8: Mostly for a long time afterwards I would be searching for approval in any way that I could find it. So maybe I would be a little bit more promiscuous and not take the time to get to know people, and I think that's changed with time, but definitely immediately afterwards I was more seeking for an instant gratification of someone approving of my body and trying to stay with me for a while and then maybe I could turn them down.

Interviewer: So your body could be a source of gaining affirmation it sounds like.

Participant 8: Yes.

Interviewer: And also going back to what you were saying, maybe giving you a sense of empowerment, too. You could have these experiences and then say, "I don't want this any more," exercising control.

Participant 8: Right…Well, in both experiences—in high school and more recently—they were people that I would see multiple times a day after that occurred. And so just the fact that they're an acquaintance but not a friend or someone like that definitely influenced me because it's not like I could talk to them about it and feel comfortable. But whenever I saw them, I'd be reminded of it. It's inescapable, I guess.

Interviewer: So when you would see them again later, what kinds of feelings and thoughts would you experience?

Participant 8: Well, I'd always feel like they were judging me and the way that I looked. I'd want to look good to impress them but also try to avoid them.

Interviewer: Would any thoughts or feelings about your body come to mind when you would see them again?

Participant 8: Well, yeah. I'd definitely be self-conscious about the way I look, but that includes the shape of my body and what I'm wearing and how that looks on my body.

Interviewer: Tell me more about why you would be thinking that. Why would those thoughts come to your mind?

Participant 8: Well, I would be reminded of what happened and how they were looking at my body during it.

Interviewer: So a negative kind of remembering.

Participant 8: Yeah.

Interviewer: Was any of that possibly a concern that maybe you might look *too* attractive?

Participant 8: Yeah. But I still wanted that affirmation. I want them to think that I look too attractive and I'd want them to want me again.

Interviewer: Would you want that specific person to want you again?

Participant 8: At the time I did but not at all any more. And a lot of it is I felt like since it was a one-time thing and then he had nothing to do with me afterwards, maybe it was because of the way that I looked or my body, so I wanted to improve that so that he'd continue to want me and stuff like that.

As reported earlier in the chapter, Participant 8 described the impact of the assault experience on his body image with words like "vulnerability," "traumatic," and "longest-lasting":

> I would say the feelings of vulnerability are most pervasive, had the longest-lasting effect…It's more traumatic in general. Something that someone does is more impactful than something someone says, most of the time. It's a lot less easy for me to forget.

Participant 8 stated that he had experienced a similar incident of sexual assault during high school. A complicating factor for Participant 8 was that he felt it was more challenging to find support following these traumatic experiences due to being gay:

> Participant 8: Well, I think for me it was a lot harder for me to share those bad experiences with others because a lot of people aren't supportive of homosexuality or alternate sexualities at all. So I've kept a lot of those things to myself. So I think that made me internalize some things that were said and done more than if I were able to tell this to other people.

Interviewer: How do you think that you might have responded differently to those experiences if there had not been the stigma attached to your sexuality?

Participant 8: I would have told more people, and people who are close to me. I wouldn't feel as though that was something—a topic that I needed to hide from them.

Interviewer: I'm guessing that the people that you would hide that from are people who maybe don't know that you're gay.

Participant 8: Yeah.

Interviewer: And that aren't supportive.

Participant 8: Well, in the past my parents weren't very supportive of it so I wouldn't—. I've never told them anything like that.

Interviewer: So maybe if I'm hearing you correctly, it sounds like being gay has caused you to maybe not seek as much support from other people than you might have if you were not gay.

Participant 8: That's true.

Interviewer: Can you think of any positive effect of being gay in these experiences?

Participant 8: Being gay kind of gives you your own support system if you can talk to other people who are gay. Like groups and online communities and stuff like that. Whereas if you're straight, you don't have necessarily as much as a sense of community.

Summary

In this chapter, results from a qualitative interview of eight sexual minority males regarding the role of family, friends, and partners in their body image development have been presented. Analysis of the data produced five categories that were labeled as *general*, or applicable to 7 or 8 participants; 17 categories that were labeled as *typical*, or applicable to 5 or 6 participants; and 100 categories that were labeled as *variant*, or

216

applicable to 2 to 4 participants. Table 4 below provides a list of all *general* and *typical*

categories. In the following chapter, the research findings, implications for counselors

and counselor educators, and limitations will be discussed.

Table 4. General and Typical Categories

Domains (Abbreviated)	General Categories	Typical Categories
Participant Concerns About Own Body Image	1. Body image dissatisfaction	1. Sexual desirability 2. Change over time
Relationship Contexts	2. Partners 3. Family 4. Other relationships	3. Friends
Modalities of Experiences	5. Verbal comment	4. Observation of other person's body/self-comparison
Views of Sexual Minority Male Body Image		5. Greater concern than for straight men 6. Sexual attractiveness
Influences		7. Gay culture
Roles of Partners: Aspects of Experiences		8. Supported/complimented by partner 9. Negative comments from partner 10. Partner had own body concerns
Partners: Contexts		11. Sex/cuddling
Partners: Body Concerns		12. Body size (thin/overweight)
Partners: Effects		13. Increased exercise
Family: Effects		14. Felt supported
Influential Family Member		15. Mother
Most Impactful Experience		16. Longevity
Changing Relationships		17. Roles do change over time

CHAPTER V

DISCUSSION

> To me, if it's coming from a romantic or sexual partner, it's a lot more serious because those are the type of people I want to impress the most, as far as my body goes. I don't care nearly as much what friends or family think. But coming from a romantic or sexual partner definitely gets me emotionally. (Participant 8)

> I think that culture's the core influence of body image and then that affects the family members and the friends and the sexual partners and those affect the individual. (Participant 1)

The results from the study exploring the role of family, friends, and romantic/sexual partners in the body image development of college-age sexual minority males were presented in Chapter IV. In this chapter, a brief overview of the study is provided, followed by a discussion of the results. In addition, limitations of the study are outlined, implications for counseling and counselor education are presented, and suggestions for future research are given.

Overview of the Study

Male body image has gained increasing attention among counselors and researchers within the past decade in light of the growing percentage of men reporting dissatisfaction with their bodies. For example, Garner (1997) found that male body dissatisfaction increased by 187% at the end of the 20$^{\text{th}}$ century, from 15% in 1972 to 43% in 1997. Sexual minority (bisexual and gay) males are believed to be at greater risk

for body image disturbance and related conditions such as disordered eating and steroid use than straight males yet little research has been conducted on this population (Boroughs & Thompson, 2002; Chaney, 2008; Copeland, & Peters, 1999; Drummond, 2005a; Feldman & Meyer, 2007; Harvey & Robinson, 2003; Morgan & Arcelus, 2009; Soban, 2006; Wiseman & Moradi, 2010). Given the reality that risk for body image disturbance is higher among bisexual and gay males (e.g., Chaney, 2008; Dillon, Copeland, & Peters, 1999; Feldman & Meyer, 2007; Morgan & Arcelus, 2009) and body image disturbance has been linked to both depressive symptoms (Eaton, Lowry, Brener, Galuska, & Crosby, 2005) and suicidal ideation (Whetstone, Morrissey, & Cummings, 2007), a better understanding of body image among sexual minority young adult males is urgent.

Researchers have produced evidence that sociocultural influences impact male body image development (Barlett, Vowels, & Saucier, 2008; Duggan & McCreary, 2004; Pope, Phillips, & Olivardia, 2000; Ryan & Morrison, 2009). Empirical investigation of sociocultural factors has focused primarily on the effects of media despite the fact that Cash (2002) identified interpersonal experiences as a primary factor in body image formation. Evidence exists that experiences with family members, friends, and intimate partners likely impact the body image development of males (Ambwani & Strauss, 2007; Boroughs & Thompson, 2002; Bottamini & Ste-Marie, 2006; Carlin, 2008; Drummond, 2005a; Fawkner, 2004; Galli & Reel, 2009; Harvey & Robinson, 2003; Morgan & Arcelus, 2009; Ryan & Morrison, 2009; Sira & Parker White, 2010; Soban, 2006), yet the extant data consist of fragmented findings from primarily heterosexual samples.

Morgan and Arcelus (2009) further note that "…gay men experienced a social and media environment more toxic towards body image…" than straight males (p. 41).

To address this gap in the literature related to sexual minority male body image development, the purpose of the proposed study using Consensual Qualitative Research (CQR) methodology was to explore the role of family, friends, and romantic/sexual partners in the body image development of college-age sexual minority males. Eight bisexual and gay males between the ages of 19 and 26 recruited through purposive convenience and snowball sampling techniques participated in individual face-to-face interviews. Participants also completed a demographic information form and a psychosocial history form specifically intended to glean information about participants' personal experiences with body image. Following collection of the data, a research team comprised of three people analyzed the findings and produced a table organized into domains, core ideas, categories, and labels. Due to the exploratory, qualitative nature of the research, no hypotheses were formulated prior to the research. A discussion of the research question and results follows.

Discussion of the Results

This study was guided by one grand-tour research question with three specific foci: roles of (a) family, (b) friends, and (c) romantic/sexual partners. The study generated relatively few *general* (5) and *typical* (17) findings, which may indicate that body image development is a highly individualized process. Still, there were several findings which applied to the majority of participants, and in some cases, all participants.

Following presentation of the research question, an analysis of the findings and their relationship to social models will be discussed.

Research Question

How do sexual minority males describe the relationship between their body image development and their experiences involving (a) family members, (b) friends, and (c) romantic/sexual partners?

Analysis of Findings

Looking at the overall results of the study, all three relationship types specified in the research question were found to be significantly related to the body image development of participants. The universality of experiences is found primarily within the context of relationships, especially those involving romantic/sexual partners and family. Partners and family were identified as influential by all eight participants, giving those relationship categories a *general* label. Friends were identified by slightly fewer participants, six respondents, making that category *typical*. Beyond the primary relationship categories, categories were mostly *variant*, suggesting that there may be many facets to body image development experiences of college-age sexual minority males. The process of body image development appears to be relatively unique within individuals.

While the variation in labels between partners (*general*), family (*general*) and friends (*typical*) may create an appearance of significant difference in importance between the relationship types in body image development, it should be noted that if only one more participant had specifically related an experience involving a friend, the friend

221

domain would also be *general*, meaning that all three relationship types specified in the

research question would be considered to apply generally to the sample. With the nature

of qualitative research being that results cannot be generalized to the larger population,

the variation of only one participant between labels in this case makes it impossible to

assume on a numerical basis that friends should be considered less important within the

larger population at this stage of the research. However, additional factors to be presented

below imply that—overall— friends may be less significant than partners and family.

An aspect of developmental experiences to be considered is the negative/positive

nature of events as experienced by participants. In other words, did the participant's

description of a particular experience involving family, friends, or partners reveal that the

participant felt his body image development was enhanced or degraded by the

experience? It must be noted that participants were not explicitly asked to label their

experiences as negative or positive. The primary researcher carefully reviewed

participant descriptions of their experiences, including effects and emotions, to label the

experiences as negative or positive. In several cases, the same experience was labeled

both negative and positive. Values could not be determined for some other experiences

based upon the interview data. Table 5 below shows the number of respondents who

reported negative and positive experiences with family, friends, and partners.

Table 5. Negative and Positive Nature of Developmental Experiences

Relationship	Positive-Total # Experiences	Positive-Respondents	Negative-Total # Experiences	Negative-Respondents
Family	5	1,3,4,7,8	4	2,5,6,7
Friends	6	1,2,3,4,5,7	2	4,5
Partners	5	1,2,6,7,8	8	All

Table 5 indicates that a majority of participants reported experiences with all three relationship types which were positive in nature. By contrast, negative experiences varied considerably by relationship type. All eight participants reported negative experiences associated with partners, while only half of participants reported negative experiences involving family and even fewer, two participants, reported negative experiences related to friends. The proportion of negative experiences across the three relationship types in the table seems to corroborate with other findings that (a) experiences with partners and family were given more often by participants in this study than experiences with friends, and (b) experiences with partners and family were described more often as most impactful for participants than experiences with friends. Considering the greater emphasis on partners and family than friends across these three aspects of the study, one might begin to theorize that romantic/sexual partners and family members play more significant roles in the body image development of college-age sexual minority males than friends, especially when the experiences are experienced as negative. Future research, perhaps quantitative in nature, could investigate this theory.

All participants reported that experiences with partners influenced their body image development. The domains related to the role of partners in body image development produced the highest number of *typical* categories among all three relationship types under investigation. Table 6 shows the *typical* categories associated with each relationship type.

Table 6. Typical Categories by Relationship Type

Relationship	# of *Typical* Categories	Categories
Partners	6	Supported/complimented by partner Negative comments from partner Partner had own body concerns Sex/cuddling [context of experience] Body size (thin/overweight) [body concern] Increased exercise [effect of experience]
Family	2	Felt supported [effect of experience] Mother [influential family member]
Friends	0	

Six categories within partner domains were represented by more than half of the

participants: (a) supported/complimented by partner, (b) negative comments from

partner, (c) partner had own body concerns, (d) sex/cuddling (context of experience), (e)

body size (thin/overweight) (specific body concern), and (f) increased exercise (effect of

experience). Participant 8 described experiences related to all six of these *typical* partner

categories. He said that he felt supported by his current partner (a):

> For the most part now, the guy that I'm dating, I don't feel pressured. It's just
> very few times when he'll say something about his own body, I'll feel self-
> conscious, then I'll let him know and he'll try to avoid doing that. But definitely,
> for the most part, he makes me feel good about the way that I look.

Participant 8 also received negative comments from a previous partner (b) about being

overweight (e) while the two of them were engaged in the intimate act of cuddling (d):

> I was with a guy a couple of years ago and I saw him on and off…When we were
> cuddling and he was feeling me… he was like, "Wow! You've gained some
> weight." So at that point I immediately shut down and withdrew emotionally
> because I don't like to be told negative things about the way I look. I think I'm
> especially sensitive to criticism.

Participant 8 revealed that the partner had his own body concerns (c):

> I knew in particular he was very conscious about his own body and he made sure that he looked good and was fit and everything. Coming from him, it was even more of a direct insult because that's something that really matters to him.

Following the experience, Participant 8 increased his attention to exercise (f):

> Yeah, afterwards I went to the gym a lot more often. So definitely influenced my further behavior and caused me to look at myself more often and try to lose weight.

Romantic/sexual partners may have been more influential in participants' body image development than both family members and friends. The greater number of partner-related categories that were shared by more than half of participants indicates greater universality of experiences involving partners than among experiences involving family or friends. Furthermore, three participants spoke about their partner relationships in terms of "investment" (Participants 4, 6, and 8). In partner relationships, usually of a sexual nature, the body is exposed and subject to evaluation. Indeed, in the context domain of experiences with partners, the one *typical* category was sex/cuddling, where one may feel especially vulnerable due to the emotional and physical intimacy. Participant 3 described the impact of one of his earliest sexual experiences:

> The earliest one I can really think of was when I was 16 and it was one of my first sexual partners and he was somebody I found really attractive. He was someone I thought that was like an ideal or close to it at least, and we had sex and afterward I made the stupid mistake of saying, "Well, how was it?" and he said, "Oh, well, you could use more practice." And for some reason in my head that didn't translate as exactly what he said. It was "You're not attractive."

Partners held power in body image development most frequently through being supportive/complimentary and making negative comments, both of which are primarily verbal modalities. Concerns about being or becoming overweight were present for more than half of participants in partner experiences. More than half of participants also were motivated by experiences with partners—most often negative experiences—to increase their exercise.

While it is unfortunate that the participants reported receiving negative comments from their partners, it is encouraging to note that partners—perhaps a different partner or the same partner in a different context—also were sources of positive support and encouragement. Over time, the role of partners may tend to change, as half of the participants reported that short-term partners had become less important to their body image and long-term partners had become more important. The long-term partner relationship context may foster feelings of security and acceptance while decreasing the frequency of seeking acceptance and affirmation from new sex partners amid the competitive gay culture with its specific body ideals. The transition from short-term partners acquired primarily for sex to longer-term partners with a more holistic interest is likely in many cases a developmental transition, considering the college-age population and the reports of several participants' own experiences during their college years.

In addition to partners, family members were also named by all participants as influential in their body image development. In comparison to partners, where there were six *typical* categories, family-related domains produced only two *typical* categories: (a) feeling supported as an effect of the experience and (b) mothers as the most frequently

cited individual family member. The experience of Participant 4 touched on both of these family-related *typical* categories:

> The situation with my mother where she acknowledges [my body concern about being overweight] and then encourages me to help change it, she actually does help me feel a little bit better because she's not—. I don't feel like she's placating me. I feel like she is working with me. She is giving my opinion reign. She's basically validating my opinion and then encouraging me to change it, whereas my friends and the long-term partner I talked about were basically invalidating my opinion.

While there were negative exceptions (notably, Participants 2, 5, and 6), family relationships were portrayed by multiple participants as a context where they could feel a comforting sense of familiarity and not feel they were being judged as much based on their bodies as in partner relationships. Five participants reported that an effect of their interactions with family pertaining to body image development was feeling supported by family.

Somewhat surprising was the finding that five participants described at least one influential experience involving their mother, while no other family relationship type was named by more than one participant. Of further interest was the finding that mothers in several cases made remarks to their sons that negatively impacted their body image. The finding about mothers raises questions. Why were mothers more likely to be identified as influential? Demographically, how many of the participants in this study were raised in single-parent households with their mother as the primary parent figure? Did the participants feel they had an overall closer bond with their mother than with their father, siblings, and other family members? Further exploration of the roles of specific family

members in body image development could enhance our understanding behind the high occurrence of mothers in this study.

Experiences with friends were least likely among the three relationship types under study to be discussed by participants. Friends were identified by six participants as influential. No categories within the friend-related domains were *typical* or *general*, indicating the lowest degree of universality in participant experiences when compared to partners and friends.

Worthy of note is the fact that proportionally more of the categories in the friend domains were positive than in the family and partner domains. For example, all three categories in the *Roles of Friends: Aspects of Experiences* domain indicated positive roles in body image development: (a) supportive toward his body image concerns, (b) positive comments from friends, and (c) supporting public performance involving display of his body. Participant 5 experienced the affirmation of his friends through his first performance in a strip show at a club during his first year of college:

> But the first time made me feel great. I invited all my friends out. My friends from the dorm and from around town and they all came out and they gave me money for my body and it was really terrific. It was a really fun time.

Each of the three categories was *variant* and therefore included less than half of participants, but it is interesting to note that no specific negatively influential aspects of the experiences with friends were named by more than one participant. Furthermore, Table 5 illustrates that of all friend-related experiences contributed to the study, six experiences were positive and only two were negative, the highest ratio of positive to

negative experiences among the family, friend, and partner relationship types. Could the positive-leaning categories in the friend domains and the decision by participants to name friends as influential less frequently than partners and family be linked and explained by the statement of Participant 2 that "it's the negative ones [experiences]" that are most impactful overall? In other words, might the predominantly positive nature of experiences with friends mediate the lower reported incidence of friend experiences?

The use of the word *friend* in this study, in contrast to the word *peer* used more often in body image studies, should be noted as a potential factor in the findings. While *peers* may refer to similar-age individuals of varying levels of intimacy, or none at all, *friends* relates to a more familiar and intimate type of relationship. The decision to research friends in this study rather than peers was purposeful, as the study sought to specifically examine the role of significant people in young men's lives. The possibility exists that some participants interpreted the word *friends* to mean *peers*, since the concepts are closely related and the meaning of *friends* was not defined for participants. There may have been instances in this study when participants were actually referring in whole or in part to peers rather than friends when they spoke in general terms about friends. For example, Participant 5 described being chosen late for sports participation by "friends," but could he have been more accurately describing peers, people not necessarily known well to him? While this is not likely a major factor in the findings, potentially variable uses of the word *friends* by various participants might have affected the data pertaining to friends.

When participants were asked to identify the most impactful of their experiences involving partners, family, and friends, only one aspect of the experiences was named by more than three participants. Longevity was mentioned by five participants, which made it a *typical* category. For example, Participant 1 identified the longevity of his experience with a friend as an important characteristic:

> I think the one with my friend from high school that really had an influence beyond that as well. Every time that we were around each other I was always more conscious than normal about my body image. Was I wearing clothes that accentuated my body best, most ideally? Surprisingly, I think that had more influence than any particular situation in terms of sexual partners. I think, I guess, because it was more of a long term, whereas in some cases the sexual partners were just like one night things and in other cases it was just a one-month fling, aside from my current relationship, at most a 3-month relationship, so I think that in particular had the most long-term effect. Maybe even if only because it had been a pretty long-term friendship. I think that of the situations I've mentioned I think that's the one that's stood out the most for me.

The implication in participant experiences is that duration, either of the experience itself or of the after-effects of the experience, intensifies the impact of an experience in body image development. A total of three participants reported the role of family in their most impactful experiences and three participants reported the role of partners in their most impactful experiences. In contrast, only one participant identified the role of friends in his most impactful experience. Participant 6 said the "emotional investment" in a long-term relationship with a romantic/sexual partner contributed to the significance of the relationship in his experiences. It seems logical that, in comparison with friends, the higher levels of intimacy, both emotional and physical, which are frequently present within family and partner relationships, would tend to intensify the effects of body image

experiences. Family members and long-term partners also tend to be more consistently present in a person's life than friends, who are more easily dispensable. In this way, the more enduring nature of relationships with family and long-term partners coalesces with the longevity factor. Short-term partners, who tend to involve sexual encounters of one time or several times over a short period of time, may be impactful more due to the primary role of the body within the relationship.

At least three participants provided examples of what may be considered positive outcomes that eventuated from negative experiences. For example, Participant 1 said that experiencing sexual rejection motivated him to exercise. Participant 2 was able to end his long-term unfulfilled "crush" on someone as a result of that person's negative comments about Participant 2's body. Participant 7 embarked on a search to find a body appearance that was comfortable for him as a result of negative adolescent body evaluation experiences and ultimately discovered a look that felt desirable to him. These experiences illustrate that young sexual minority men may be able to harness initially negative body image experiences as motivators to seek positive impacts for their body image development and/or general experience of wellness.

A discrepancy emerged between the responses of participants to the interview question about influences on sexual minority male body image and their responses to the questions in which they were asked to describe their own experiences involving family, friends, and partners. When asked about influences on sexual minority male body image in general, not influences specifically on their own body image, four participants said that partners were an influence on sexual minority male body image, three participants said

that family members influenced body image, and three participants said that friends influenced body image. In no case did a majority of participants name any of the three relationship types as a general influence on sexual minority male body image. Gay culture was named by more participants (total of five) as an influence than family, friends, or partners. Broader culture and media, with four participants each, were named as often as partners as an influence.

However, all participants were able later in the interviews to describe multiple experiences involving family members, friends, and partners which had played a role in their own body image development. Could this discrepancy imply that participants did not believe family members, friends, and partners to be as influential for their body image development as culture? The difference in numbers of respondents naming gay culture as a general influence on body image and those naming partners as a general influence was only one, so the discrepancy may not be large, especially in a study that was not designed to produce quantitative data, so the discrepancy may not be significant at all. Alternatively, Participant 1 described a system in which culture influences the individual as well as his family, friends, and partners, making the people in an individual's life transmitters of the culture's body values:

> I think that culture's the core influence of body image and then that affects the family members and the friends and the sexual partners and those affect the individual.

No interview question asked participants to assess the importance of family, friends, and partners in relation to other influences on their body image. Therefore, caution should be exercised in inferring meaning from the discrepancy.

The wide range of modalities through which body image experiences occurred was surprising. Verbal comments, experienced by all eight participants, making it a *general* category, may perhaps be the most obvious form of influence. Verbal comments specified in the interviews ranged from Participant 1 being rejected by potential partners because they said he was "too skinny" to Participant 5 reporting he felt "good in a way," if also somewhat "awkward," when his dorm friends said he had "a big penis." Nine other categories emerged in the modality domain: (a) observation of other person's body/self-comparison (six participants), (b) social evaluation/rejection (four participants), (c) nonverbal action of other person (three participants), (d) sexual interest from others (three participants), (e) sexual performance (two participants), (f) sexual rejection (two participants), (g) seeking sex for affirmation/approval (two participants), (h) public performance with emphasis on body display (two participants), and (i) physical touch (two participants). (In some cases, one experience involved more than one modality.) The variety of contextual methods suggests the need to be attentive to multiple contextual modalities of influence when considering sexual minority male body image.

Four modalities were specifically related to sex. Considering all sex-related categories, five different participants noted the role of sex as a modality in their body image development. Through the interviews a theme of seeking affirmation through sexual desirability and experiences appeared across multiple participants. Body image

development became operationalized through use of the body to acquire sex, receipt of

validating comments from a partner or potential partner, and/or sexual interest from

others. In several cases, body image was dependent upon achievement of the participant's

sexual objectives. If a participant gained affirmation and/or sex, body image was

bolstered in a positive direction. If a participant experienced sexual rejection, body image

was degraded in a negative direction. Participant 1 described the importance of sexual

affirmation and rejection for him:

> I think what first comes to my mind in relation to sexual partners as well as potential sexual partners was my body image was influenced in a positive way based on how many sexual partners I have had. And, in addition, how many people were interested in having sex with me, so I went through a phase of life where I was more—the word everybody uses is promiscuous—and it was almost like a game in that I was more interested in just doing whatever I could with whoever came along that I thought was attractive. And so in that case I think that my body image was influenced positively based on how successful I was at getting whoever I was interested in bedding in bed. And at the same time negatively influenced if someone whom I found attractive did not want to do something with me because it made me think, "Oh, there must be something wrong with my body. There's some reason why they aren't interested. What is it, how do I fix it, is this some major flaw with me, or is it just based on their preference?"

The sexual connections suggest the inter-relatedness among college-age sexual minority

males of body image and several developmental age-related tasks, including achieving

self-esteem, forming self-identity, sexual maturation, and securing relationships.

Developmental processes also appeared to be involved when two participants specifically

stated their body image concerns declined with age, two participants noted a move over

time toward a more internal as opposed to external locus of body evaluation, and a total

of six participants reported decreasing levels of influence from family members and

partners on their body image. Participant 3 described his developmental shift to a more internally driven body focus:

> There's more of an internal locus of control as opposed to somebody else dictating or outside of them dictating how I feel about myself, which is definitely positive.

When participants were asked to comment on the role of their own sexual identity in their body image development, the results were surprisingly diverse. In fact, no *typical* or *general* category emerged within the sexual identity domain. Three participants noted the pressure to meet the body ideals of gay culture, two talked about using their bodies to present themselves in feminine or masculine ways to others, and two noted that the process of coming out had negatively impacted their self-care. Participant 8 described both supportive and detrimental aspects of belonging to gay culture. He believed that he had more difficulty finding support following sexual assault, including effects on his body image, "because a lot of people aren't supportive of homosexuality or alternate sexualities at all. So I've kept a lot of those things to myself." On the other hand, he noted that the gay community sometimes provides systems of support not as readily located by straight young men, such as gay-specific online forums. Similarly, Participant 3, in response to a different interview question, observed that if one does not meet the standards for physical attractiveness set by the gay culture, "then there's a sense of exclusion even in an already excluded community." He further described the gay body ideal as "one of the only ways to be gay." For college-age bisexual and gay men, then, body image becomes interlinked with the pursuit of community. As Adams, Turner, and

Bucks (2005) suggested, one negative same-sex social interaction could result in the double body image impacts of simultaneous sexual rejection and unfavorable peer comparison. For sexual minority males, the body may constitute a primary tool through which to gain a sense of belonging and acceptance within a social community. Similar to the relation to sex noted previously in this chapter, body image may be socially influenced by levels of social acceptance and rejection, including acceptance and rejection from family, friends, and partners.

The social isolation which gay and bisexual males may experience based in whole or in part on their achievement of cultural body ideals and noted above by Participants 3 and 8 is vital to note in relation to reports from previous researchers that body image disturbance is higher among bisexual and gay males (e.g., Chaney, 2008; Dillon, Copeland, & Peters, 1999; Feldman & Meyer, 2007; Morgan & Arcelus, 2009) and body image disturbance has been linked to both depressive symptoms (Eaton, Lowry, Brener, Galuska, & Crosby, 2005) and suicidal ideation (Whetstone, Morrissey, & Cummings, 2007). While no participants explicitly revealed any personal history of depression or suicidality, half of the participants were associated with the core idea represented in a quote from Participant 5: "I know that my life would be so much better if I was just that way," referring to his belief that his body should appear more muscular consistent with the gay cultural body ideal. Considering the inter-relatedness of all of these factors, negative body image experiences with family, friends, or partners, in concert with the social isolation often experienced within the "already excluded

community" (Participant 3) of sexual minority culture, may contribute added intensity to depressive symptoms, placing college-age sexual minority males at risk.

Unexpected within the study designed specifically to address roles of family, friends, and partners was the high number of unsolicited descriptions of experiences related to other types of relationships. General/strangers/public (three participants), professor/teacher (two participants), audience of participant's public performance involving display of his body (two participants), and female adolescent peers (two participants) all comprised *variant* categories. Furthermore, the two participants who described impactful experiences involving a teacher or professor each specifically noted that they had an impactful experience with a teacher or professor who was a gay male. This may indicate an important modeling role for authoritative, publicly gay (and potentially, bisexual) individuals. Apparent from these findings is the fact that while family, friends, and partners played influential roles in the body image development of participants, they were not the only relationship types that impacted participants' body image.

Now that findings have been discussed in general terms, findings pertaining specifically to social models of body image development will be discussed.

Social Models of Body Image Development

The research was based on two closely related social theories that have been applied to body image research: sociocultural theory and social comparison theory (Rodgers, Paxton, & Chabral, 2009; Ryan & Morrison, 2009). Sociocultural theory posits that cultural norms influence individual values and behaviors (Jackson, 2002). Applied to

body image, the influences of social agents such as the media, family, friends, and peer groups on individual body image are emphasized (Rodgers et al., 2009). Specifically, in contemporary American culture, the social ideal is for the male body to appear lean and muscular to a degree that is unrealistic for many individuals (Pope et al., 2000). Men internalize such messages and come to feel that they are inferior when their bodies do not meet the social ideal.

Social comparison theory (Festinger, 1954) suggests that individuals seek accurate and objective evaluations of their abilities and attributes from others (Grogan, 2008). When individuals cannot directly evaluate themselves, they strive to satisfy the need for self-evaluation by comparing themselves with other people. Applied to the construct of male body image, social comparison theory suggests that men utilize media images and observations of people either known to them or unknown to them as tools for self-evaluation. Comparisons may be upward (unfavorable toward the self) or downward (favorable to the self) (Grogan, 2008).

The findings of the study confirm the relevance of both sociocultural and social comparison models for sexual minority male body image development. Sociocultural theory may explain, for example, the *typical* finding that gay culture is an influence on body image development of sexual minority males in general, as indicated by five respondents. As Participant 1 stated,

> Culture's the core influence of body image and then that affects the family members and the friends and the sexual partners and those affect the individual.

Family members, friends, and romantic/sexual partners become agents of the culture,

reinforcing and creating additional sources of implicit and explicit cultural messages that

young sexual minority men also receive from other agents of the culture such as movies,

magazines, television, and pornography. Participant 5 related his experience of his

mother asking him if he would be resuming his former practice of a regular work-out

routine with specific regard to the participant's belief, and presumably his mother's

belief, that Participant 5 was no longer meeting the culturally mediated standard for

upper-body muscle in a young man. Modified from its standard form presented in

Chapter II (Figure 2), a sociocultural model of body image development specifically

emphasizing the influential role of family, friends, and partners is presented in Figure 3

below.

Figure 3. Family, Friends, and Partners in a Sociocultural Model of Body Image Development

239
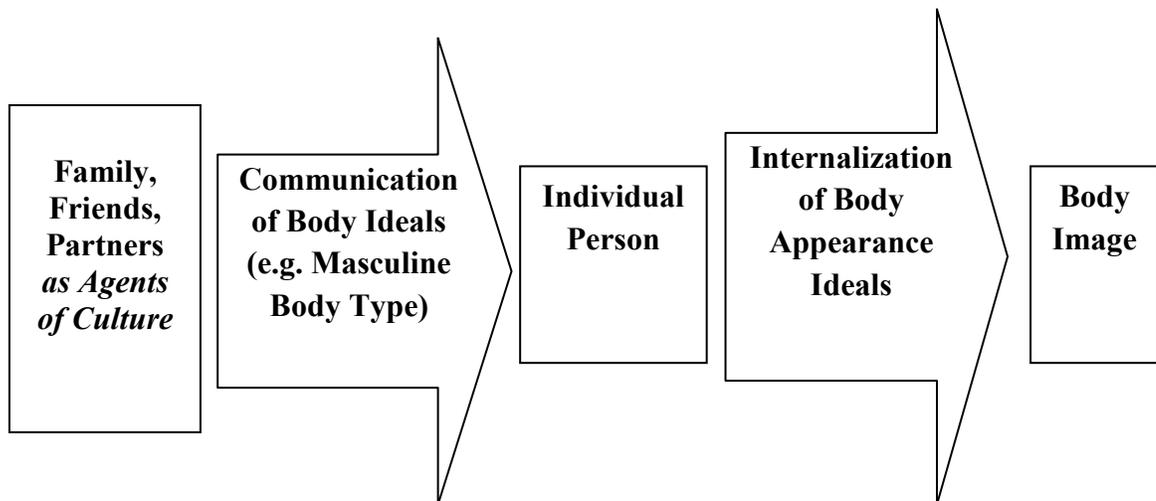
In the case of this population, the role of culture may be amplified by the social location of sexual minority males in close proximity to gay culture. The findings add credence to the idea in the male body image literature that sexual minority males experience greater body image pressure from the culture than straight males do (Boroughs & Thompson, 2002; Chaney, 2008; Drummond, 2005a; Harvey & Robinson, 2003; Morgan & Arcelus, 2009; Soban, 2006). Participant responses seem to endorse the heightened role of culture for sexual minority males through the *typical* finding that five participants believed body image is a greater concern for bisexual and gay men than for straight men. The highly sexualized nature of gay culture specifically noted by two participants likely contributes to the *typical* finding stated by five participants that attracting romantic/sexual partners heightened their body image concerns. This finding is consistent with theories in the existing literature that the high value placed on physical appearance in gay culture causes many gay males to feel pressure to pursue very high ideals of physical attractiveness in order to secure relationships (Chaney, 2008; Harvey & Robinson, 2003; Soban, 2006).

Social comparison theory may explain the experiences related by multiple participants of engaging in comparison of their bodies with other people in their lives. Six participants identified observation of another man's body/self-comparison as a modality of their body image experiences, the second most common modality behind verbal comments, giving the category a *typical* label. Participant 6 spoke at length about his experience of sharing a room for several years with his more physically fit brother. Within his most personal living space, he was subject daily to views of his brother's body

240

and his brother's work-out routines. Participant 6 felt that his body appearance was inferior in comparison to his brother's. Participant 7 was very cognizant of comparisons of penis size with multiple partners which resulted in increasing his own confidence about his body. Participant 8 described being aware of the fact that his partners usually had what he considered by comparison to be better bodies than his own body, resulting in self-conscious feelings.

Levesque and Vichesky (2006) found in their study of gay men that greater social comparison tendencies related to body dissatisfaction, desire for greater muscularity, and preoccupation with avoiding being overweight. All three of these concerns emerged in the present study. All participants expressed experiences with body dissatisfaction, four participants noted concerns about muscularity either for themselves (two participants) or as a general body image issue of males (two participants), and seven participants revealed a concern related to body size, usually with regard to avoiding being overweight.

In view of these findings, this study contributes to both sociocultural and social comparison theories by finding that family members, friends, and romantic/sexual partners often play important roles in developmentally significant body image experiences of this sample of college-age sexual minority men through cultural influence and social comparison.

Limitations

While steps were taken to minimize the impact of limitations in this study, every research study includes some limitations. Several issues related to the sample produced potential limitations. For one, participants were primarily recruited through university-

based LGBT organizations. Individuals who identify with LGBT organizations are usually out about their sexuality and may have higher levels of awareness and advocacy concerning sexual minority concerns. Participants who are not out and not affiliated with an LGBT organization might bring different perspectives. Furthermore, volunteers for a research study may self-select based on factors such as higher levels of experience with the topic, desire for notoriety, or desire to meet the interviewer. The sample size, at eight participants, was small. While the sample size was within the range suggested by Hill et al. (2005) for CQR, a larger sample might have produced more *general* and *typical* categories in the findings.

Demographic factors produced limitations, as well. The age range of participants, from 19 to 26, likely led to the inclusion of participants at different developmental stages, whereas body image may tend to be less of a concern for adults at more advanced levels of development. All participants were currently enrolled or had been recently enrolled as an undergraduate student. Participants with less education or graduate-level education might provide differing views.

Geography could present a limitation, as all participants were students at two universities in the Southeastern United States. Participants were not asked to provide information about their places of origin such as hometown or place of birth. At least two participants were known by the interviewer to be originally from other regions of the United States, but most were likely from the Southeast. In this study, for purposes of consistency, only bisexual and gay males were recruited for participation, but some definitions of "sexual minority" would encompass other identities such as transgender,

242

queer, questioning, and heteroflexible. Furthermore, the identity of bisexual includes many possibilities for sexual attraction and experience, ranging from almost completely straight to almost completely gay, so a more diverse array of bisexual participants might produce different views.

Limitations existed in the data collection and analysis techniques. Use of self-reported data inherently raises questions of subjectivity, limited self-awareness, and participant truthfulness. While face-to-face interviews provide some advantages over less personal techniques, the risk of bias through social desirability, the desire of the interviewee to be seen in a positive light by the interviewer, is greater when interviews occur in person (Hill et al., 2005). Because participants were provided with a guide to the interview questions ahead of time, participants may have polished their answers or generated socially desirable responses (Mehta, 2011). The semi-structured interview format may have compromised data through reactivity, recall error, and the emotional state of the participant at the time of the interview (Mehta, 2011). Responses in an open-ended interview format may not be comprehensive. For example, hypothetical Participant A and Participant B may both believe gay culture is an influence on body image, but if Participant A states this belief in the interview while Participant B forgot to do so, the findings are skewed. The interviewer/primary researcher and the research team may have been biased by their own perspectives about body image when asking questions or analyzing the data, despite the fact that they participated in a bracketing exercise prior to beginning data collection.

Interruptions during three of the interviews may have impacted participants'
freedom to respond. Participant 1's partner walked through the room, and Participants 3
and 4 both had roommates return home unexpectedly. In each case, the interviewer asked
the participant privately whether he felt constrained in his answers by the presence of the
other person, and in each case the participant said he did not feel constrained. As an extra
measure, the interviewer informed the participants that they could contact him later by
email if there was anything else they wanted to add to the interview. No participants
followed up with such contact.

Implications for Counselors and Counselor Educators

The study found that family members, friends, and romantic/sexual partners play
important roles in the development of sexual minority male body image amid a context of
amplified pressures on bisexual and gay men through gay culture. Several implications
for counselors and counselor educators may improve the effectiveness of clinical
practice, especially with sexual minority young men.

Counselors should be aware that body image is a concern of bisexual and gay
college-age males. When treating a client in this demographic, counselors might be
vigilant for evidence of the presence of body image disturbance, especially if commonly
related conditions such as disordered eating, excessive exercise, and low self-esteem are
present. In cases where body image is assessed to be a clinically significant concern for
treatment, counselors should ask the client about roles that partners, family members,
friends, and important other people in the client's life may have played. Counselors

244

should be aware that people influence another person's body image frequently through verbal comments but also through their actions or by the client's self-comparison.

In cases where these relational influences have been detrimental to body image development, treatment should address identifying methods for the client to diffuse the impact of the other person or persons using strategies including but not limited to cognitive-behavioral interventions, encouraging development of assertiveness skills, avoidance or new approaches to contexts where the client tends to feel negative about his body, and interventions to increase feelings of self-esteem. Furthermore, in light of the fact that partners, family, and friends sometimes play an encouraging or supportive role in promoting positive feelings about one's body, counselors may suggest that clients solicit the help of partners, family members, or friends in re-imagining thoughts and feelings about their body. Similarly, if engaging in activities to improve body appearance is deemed desirable in treatment, the inclusion of other people in diet and exercise plans may provide accountability and support to increase the likelihood of effectiveness. Clinicians might help clients strategize methods to translate negative body image experiences into motivation for positive and healthy forms of change, as several participants in the study accomplished.

For sexual minority males, the body may constitute a primary tool through which to gain a sense of belonging and acceptance within a social community. Similar to the relation to sex noted previously in this chapter, body image may be socially influenced by levels of social acceptance and rejection, including acceptance and rejection from family, friends, and partners.

Counselors should note that gay and bisexual males may encounter unique challenges in locating sources of support for body image and related concerns. Families, teachers, organizations, and other potential sources of support are sometimes not accepting of bisexual and gay males, causing young men to withdraw from seeking support or to hide their sexual identity entirely. In conjunction with the social isolation often experienced within the "already excluded community" (Participant 3) of gay and bisexual men, further feelings of isolation engendered by negative body image and experiences of social rejection attributed to body image may cause sexual minority young men to need in some cases greater levels of support than other clients.

Counselor educators may apply findings from this study to encourage future counselors whom they teach to be sensitive to the unique cultural context of sexual minority clients. Counselor educators who identify as sexual minority may knowingly or unknowingly assume a modeling role for their students. As two of the eight participants in the study noted the impacts of gay male instructors, there is basis to believe that bi and gay students may look to similarly identified teachers and professors as role models or pay particular attention to what they say.

Respect for diversity, including sexual diversity, should be encouraged in counselor education programs. Furthermore, a basic orientation to sexual minority culture and the forces within it that intensify body image concerns could enhance students' ability to understand and effectively address the social context of bisexual and gay males. Educators may emphasize that body image is often overlooked in males, so especially with bisexual and gay male clients, counselors should assess for and be observant of

evidence for the presence of body image issues. When teaching about sociocultural theory, counselor educators should be sure to include partners, family, and friends as agents of influence in addition to the more frequently cited role of media.

Suggestions for Future Research

This study provided the first empirical investigation of the roles of family, friends, and partners in the body image development of college-age sexual minority males. Additional research is needed and warranted to further understand further nuances of the nature of body image development in sexual minority males as it pertains to family, friends, and partners.

Results of the study indicate that family, friends, and partners appear to play important roles in the body image development of college-age sexual minority males. However, the importance of family, friends, and partners in relation to other influences on body image development was not researched in this study. Further research could enable clinicians and researchers to understand the general importance of family, friends, and partners in comparison to the importance of other influences such as media and pressure within gay culture to meet a specific body ideal.

Another subject for further research is the specific experience of bisexual males. Participants in this study provided varying assessments of the impact of body image for bisexual males in comparison to gay males. With only two participants who self-identified as bisexual, this study provides little basis for determining whether there may be significant differences between body image development of gay and bisexual males. Furthermore, neither of the two bisexual participants in this study described an influential

experience involving a female partner, which could have shed some light on the potentially contrasting roles of female and male partners in body image development of bisexual men. Similarly, other sexual identities beyond gay and bisexual could be included within the sexual minority population. How might males who identify as queer, questioning, or transgender, for example, produce similar and different findings?

Several participants in this study noted that body appearance ideals vary within gay culture according to particular subcultures that emphasize specific body appearance characteristics such as twinks (young and thin), bears (large build and usually older), jocks (muscular), and others. The variations within these subcultures may ultimately make generalizations about body image development among sexual minority males difficult, impossible, or inappropriate. Further research is warranted to understand the idiosyncrasies of body image development within specific sexual minority subcultures and how family, friends, and partners relate to such development.

This study found that changes occurred over time in the roles of relationships for body image development. Participants described tendencies for short-term partners to decline in importance over time, while long-term partners became more significant for some participants. Further research could investigate changes in sexual minority body image development across the lifespan. How would a 35-year-old man and a 50-year-old man, for example, describe the role of family, friends, and partners in their body image development? What changes would become evident over time as sexual minority males age? Given the high value placed on youthful appearance in gay culture, specifically as a

tool to gain sexual partners, it seems reasonable that sexual minority males would be impacted more severely over time than straight males.

Numerous connections between body image and sex appeared in this study. Factors such as sexual rejection, self-evaluation of body image based on success and failure of attracting sexual partners, and influential experiences with partners during sex or cuddling suggest collectively that sex plays an important role in sexual minority male body image. Further research is warranted to explore interactions between sex and body image among bisexual and gay males, who often live within the highly sexualized gay culture. Similarly, interactions between experiences of sexual assault and body image development merit further investigation. The literature is devoid of data regarding sexual assault and body image of sexual minority males, yet one participant in this study highlighted the impactful role of sexual assault in his own body image development by feeling self-conscious about his body while simultaneously wanting to appear attractive enough to be sexually desired again.

Finally, this study found that people in relationships other than family, friends, and partners were frequently named on an unsolicited basis by participants as influential. In fact, when grouped together into one collective domain, more participants identified impactful experiences involving "other relationships" than experiences involving friend relationships. Adolescent peers and authority figures were two types of "other relationships" found to be influential in this study. Further study could investigate the breadth of relationship types which impact sexual minority male body image development.

Conclusion

In summary, this study found that romantic/sexual partners, family members, and friends played significant roles in the body image development of the majority of participants in the study, with partners and family identified as important to all participants. Other relationship types, such as teachers and female adolescent peers, were also named by the majority of participants as influential. Participants agreed that body image disturbance is likely a greater concern for sexual minority males than straight males, and all participants had personally experienced body image dissatisfaction.

Set within the broader context of culture, romantic/sexual partners, family, and friends appear to act as social agents who are both influenced by cultural messages about ideal body appearance and also knowingly or unknowingly propagate those messages to young sexual minority males in their lives in negative and positive ways, verbally and nonverbally. With only five *general* categories, the findings suggest that body image development includes many idiosyncrasies. The roles of family, friends, and partners in the body image development of college-age sexual minority males appear in this study to be sufficiently important to garner the attention of clinical practitioners and future researchers, who may further investigate the nuances of these roles and generalize findings to the population.

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APPENDIX A

INITIAL INTERVIEW QUESTIONS

1. Overall, would you say that your body image is more positive or more negative? Describe for me why you feel this way or give me a specific experience that makes you feel this way. How do you feel about your body today in comparison to most days?

2. Think for a moment about situations involving family members, friends, or romantic or sexual partners in which you evaluated your body image. Your experiences might have been verbal or non-verbal, recent or in the past, gratifying or disturbing. Tell me about a situation that seemed very important to you, describing the contexts, your feelings, the people involved, and your experiences as fully as you can from beginning to end.

   [The following three questions (3-5) are asked for each experience described.]

3. Was this experience more distressing or gratifying for you? How?

4. How did this experience impact you? What was your initial response? Later response? What changes, if any, did this experience generate in your life? How did these changes happen? How was your well-being influenced by this experience?

5. In these experiences, what role, if any, did the type of relationship (e. g., family, friend, or romantic/sexual partner) play? Why do you feel this way? How did the relationship affect your body image evaluation experience? How did your body image evaluation experience affect your relationship?

6. In these experiences, what role, if any, did your sense of gender (i.e., masculinity/femininity) play? Why do you feel this way?

7. In these experiences, what role, if any, did your sexual identity as a _____ (bi, gay) man play? Why do you feel this way?

8. Is there anything else you would like to tell me about your body image that we didn't already talk about or that would help me better understand your experiences?

9. Is there anything you would like to add about your experience in this interview or with this study?

INTERVIEW QUESTIONS FOR FULL STUDY

So that all participants share a similar understanding of body image for the purposes of this study, I would like to state for you a definition of body image that is generally applied by researchers. Body image refers to the ways an individual acts, feels, and thinks regarding her or his own body (Cash, 2002).

1. What do you think about body image as a concern of males?

2. What struggles related to body image, if any, have you witnessed bisexual and gay males experience?

3. Have you noted anything that seems different or unique about male body image as experienced by bisexual and gay males?

4. What factors do you think may influence the body image of sexual minority males?

5. This research project is intended to focus on experiences of bisexual and gay males. Which term do you use to identify yourself? How would you briefly describe what you mean when you say that you are bisexual/gay?

6. Considering your own life experiences, how might you generally describe your body image?

For the remaining questions, I will ask you to consider your experiences with family members, friends, and/or romantic or sexual partners which were impactful in your body image development. These experiences might have contributed to the early formation of your body image or to changes in your body image. These experiences may have been recent or in the past, gratifying or disturbing, involved what somebody said or did or simply your own internal thoughts or feelings in relation to the other person. Please describe as fully as you can the context, your feelings, your thoughts, and your reactions.

7. Describe a specific experience that occurred within the context of family members, friends, or romantic or sexual partners that related to your body image development in a significant way. Feel free to pause and collect your thoughts. Begin when you are ready.

8. How did this experience relate to your thoughts and feelings about your body?

9. What role, if any, did the type of relationship (for example, family, friend, or romantic/sexual partner) play in the significance of this experience?

10. Is there another specific experience that occurred within the context of family members, friends, or romantic or sexual partners that related to your body image development in a significant way? Tell me about it. *Repeat #7-9 as follow-up. Possible follow-up probe:* You've described experiences involving *[state relationship(s) already addressed by participant]* family/friends/partners. Was there a significant experience involving *[state relationship(s) not already addressed]* family/friends/partners that you would like to describe for me?

11. Thinking about all of the experiences you have described, which experience or experiences were most impactful? How? Have the roles of family, friends, and partners in your body image changed over time at different stages of your life? How?

12. Thinking about all of the experiences you have described, what role, if any, did your sexual identity play relative to your body image?

13. Is there anything else about this topic or this interview that you would like to share?

APPENDIX C

INITIAL DEMOGRAPHIC QUESTIONNAIRE

1. Is your sex Male?   Yes___   No   ___

2. Age:_____

3. Ethnicity/Race (mark all that apply):

    ___American Indian or Alaska Native
    ___Asian
    ___Black or African American
    ___Hispanic
    ___Native Hawaiian or Other Pacific Islander
    ___White

4. Highest Degree Earned:_____

5. Sexual Identity:

    ___Bisexual
    ___Gay
    ___Other:_____

6. Which of the following best describes your experience of sexual attraction?

    ___Exclusively attracted to Females
    ___Mostly attracted to Females and some attraction to Males
    ___About equally attracted to both Females and Males
    ___Mostly attracted to Males and some attraction to Females
    ___Exclusively attracted to Males

7. In regard to gender do you see yourself as more:

    ___Feminine
    ___ Masculine
    ___About Equally Feminine and Masculine
    ___Other:_____

FOLLOW-UP:

8. How may I contact you about review of the transcript from your interview and for follow-up questions?   Check all that apply:

    ____E-mail. Address:_____

    ____Phone. Number:_____

DEMOGRAPHIC QUESTIONNAIRE FOR FULL STUDY

1. Is your sex Male?   Yes ___   No ___

2. Age:_____

3. Ethnicity/Race (mark all that apply):

   ___American Indian or Alaska Native
   ___Asian
   ___Black or African American
   ___Hispanic
   ___Native Hawaiian or Other Pacific Islander
   ___White/Caucasian
   ___Other:_____

4. Highest Degree Earned:_____

5. Sexual Identity:

   ___Bisexual
   ___Gay
   ___Other:_____

6. How may I contact you to review the data analysis from your interview and for

   follow-up questions? Check all that apply:

   ____E-mail. Address:_____

   ____Phone. Number:_____

APPENDIX E

INITIAL MALE BODY IMAGE PSYCHOSOCIAL HISTORY FORM

1. What do you like about your body?

2. What would you change about your body if you could?

3. Consider your thoughts and feelings about your body on most days in the past month. Then, consider the following scale, with 1 representing the MOST NEGATIVE you could imagine any male evaluating his body ("I completely dislike my body"), with 10 representing the MOST POSITIVE you could imagine any male evaluating his body ("I completely like my body"), and other numbers representing the continuum from negative to positive. Which number best represents how you usually feel and think about your own body? Circle it.

	1	2	3	4	5	6	7	8	9	10	
NEGATIVE											POSITIVE
DISLIKE											LIKE

4. Are you currently taking any steps to change your body or your body image? Yes No

5. If Yes, what?

6. Do you regularly participate in exercise and/or sports activities?   Yes   No

7. If Yes, is concern for body appearance a primary motivator for your participation? Yes No

8. Have you found that your body image related to any of the following items in a significant way?

   If an item was true for you in the past (longer than 6 months ago), mark the blank to the left in the PAST column. If an item has been true for you within the past 6 months, mark the blank to the right in the RECENTLY column.

   Then, only for those items which you marked as significant for you recently or in the past, in the third column place a + if the item related to your body image in a HELPFUL or GRATIFYING way. Place a – if the item related to your body image in a PROBLEMATIC or DISTURBING way. If aspects of the item were BOTH helpful/gratifying and problematic/disturbing place a +/- in the blank.

For any one item you may mark one, more than one, or neither of the blanks. Leave an item blank if it has never significantly pertained to you.

My body image has significantly related to…

PAST   RECENTLY   +/-

_____   _____   _____A. My job or school (for example, impact on attendance or performance)

_____   _____   _____B. My self-esteem

_____   _____   _____C. How I feel about myself in the presence of others (for example, feeling confident or self-conscious)

_____   _____   _____D. My eating practices (for example, amount I eat or purging after eating)

_____   _____   _____E. My exercise practices (for example, time spent exercising or enjoyment of exercise)

_____   _____   _____F. Checking out my body in mirrors or directly (for example, fear I may not look good enough or taking pride in my appearance)

_____   _____   _____G. My tendency to avoid looking at my body in mirrors or directly

_____   _____   _____H. Comparing my appearance to other guys

_____   _____   _____I. Choosing clothes to make me appear lean and/or muscular

_____   _____   _____J. Choosing clothes to intentionally expose or hide my body

_____   _____   _____K. My social life

_____   _____   _____L. My sex life

_____   _____   _____M. My muscularity perceptions (for example, feeling good about my chest or wishing my upper body were more muscular)

_____   _____   _____N. My abdomen perceptions (for example, disliking my belly or feeling good about my abs)

_____   _____   _____O. My body-part perceptions (for example, liking or not liking my face, genitals, hair, or skin)

_____   _____   _____P. My height perceptions (for example, feeling good or bad about my height)

_____   _____   _____Q. My body-shape perceptions (for example, feeling fat or feeling content with my overall shape)

_____   _____   _____R. Measuring parts of my body (for example, biceps, chest, or penis)

_____   _____   _____S. Exposing my body in semi-public or public areas (for example, beach, pool, or locker room)

_____   _____   _____T. A clinical diagnosis of a condition related to body image (for example, an eating disorder or body dysmorphia)

_____   _____   _____U. My undergoing surgery to improve my appearance

_____   _____   _____V. My use of a substance(s) to manage weight or muscularity
in illegal, risky, or unhealthy ways (for example,
diet pills, laxatives, steroids, or smoking)

Name and evaluate any other factor(s) you consider significantly related to your body image:

_____   _____   _____W._____

_____   _____   _____X._____

_____   _____   _____Y._____

_____   _____   _____Z._____

APPENDIX F

MALE BODY IMAGE PSYCHOSOCIAL HISTORY FORM
FOR FULL STUDY

1. What do you like about your body?

2. What would you change about your body if you could?

3. Consider your thoughts and feelings about your body on most days in the past month. Then, consider the following scale, with 1 representing the MOST NEGATIVE you could imagine any male evaluating his body ("I completely dislike my body"), with 10 representing the MOST POSITIVE you could imagine any male evaluating his body ("I completely like my body"), and other numbers representing the continuum from negative to positive. Which number best represents how you usually feel and think about your own body? Circle it.
    1   2   3   4   5   6   7   8   9   10
NEGATIVE   POSITIVE
DISLIKE   LIKE

4. Have you taken any steps in the past or currently to modify your body because of your body image?   Yes   No

5. If Yes, what?

6. Do you regularly participate in exercise and/or sports activities?   Yes   No

7. If Yes, is concern for body appearance a primary motivator for your participation? Yes No

8. Have you found that your body image related to any of the following items in a significant way?

   If an item pertained to you in a significant way <u>more than 6 months ago</u>, mark the blank in the <u>PAST</u> column.

   If an item pertained to you in a significant way <u>within the past 6 months</u>, including <u>currently</u>, mark the blank in the <u>RECENTLY</u> column.

   If an item has <u>never</u> pertained to you in a significant way, leave both blanks <u>UNMARKED</u>. For any one item you may mark one, both, or neither of the blanks.

8A. My body image has significantly related in a <u>HELPFUL</u> or <u>GRATIFYING</u> way to…

<u>PAST</u> <u>RECENTLY</u>

_____	_____	A. My job or school (for example, impact on attendance or performance)
_____	_____	B. My self-esteem
_____	_____	C. How I feel about myself in the presence of others (for example, feeling confident)
_____	_____	D. My eating practices (for example, amount I eat or purging after eating)
_____	_____	E. My exercise practices (for example, time spent exercising or enjoyment of exercise)
_____	_____	F. Checking out my body in mirrors or directly (for example, taking pride in my appearance)
_____	_____	G. My tendency to avoid looking at my body in mirrors or directly
_____	_____	H. Comparing my appearance to other guys
_____	_____	I. Choosing clothes to make me appear lean and/or muscular
_____	_____	J. Choosing clothes to intentionally expose or hide my body
_____	_____	K. My social life
_____	_____	L. My sex life
_____	_____	M. My muscularity perceptions (for example, feeling good about my chest)
_____	_____	N. My abdomen perceptions (for example, feeling good about my abs)
_____	_____	O. My body-part perceptions (for example, liking my face, genitals, hair, or skin)
_____	_____	P. My height perceptions (for example, feeling good about my height)
_____	_____	Q. My body-shape perceptions (for example, feeling content with my overall shape)
_____	_____	R. Measuring parts of my body (for example, biceps, chest, or penis)
_____	_____	S. Exposing my body in semi-public or public areas (for example, beach, pool, or locker room)
_____	_____	T. A clinical diagnosis of a condition related to body image (for example, an eating disorder or body dysmorphia)
_____	_____	U. My undergoing surgery to improve my appearance
_____	_____	V. My use of a substance(s) to manage weight or muscularity in illegal, risky, or unhealthy ways (for example, diet pills, laxatives, steroids, or smoking)

Name and evaluate any other factor(s) you consider significantly related to your body image:

_____	_____	W._____
_____	_____	X._____
_____	_____	Y._____
_____	_____	Z._____

8B. My body image has significantly related in a <u>PROBLEMATIC</u> or <u>DISTURBING</u> way to…

<u>PAST</u> <u>RECENTLY</u>

_____	_____	A. My job or school (for example, impact on attendance or performance)
_____	_____	B. My self-esteem
_____	_____	C. How I feel about myself in the presence of others (for example, feeling self-conscious)
_____	_____	D. My eating practices (for example, amount I eat or purging after eating)
_____	_____	E. My exercise practices (for example, time spent exercising or enjoyment of exercise)
_____	_____	F. Checking out my body in mirrors or directly (for example, fear I may not look good enough)
_____	_____	G. My tendency to avoid looking at my body in mirrors or directly
_____	_____	H. Comparing my appearance to other guys
_____	_____	I. Choosing clothes to make me appear lean and/or muscular
_____	_____	J. Choosing clothes to intentionally expose or hide my body
_____	_____	K. My social life
_____	_____	L. My sex life
_____	_____	M. My muscularity perceptions (for example, wishing my upper body were more muscular)
_____	_____	N. My abdomen perceptions (for example, disliking my belly)
_____	_____	O. My body-part perceptions (for example, not liking my face, genitals, hair, or skin)
_____	_____	P. My height perceptions (for example, feeling too short or too tall)
_____	_____	Q. My body-shape perceptions (for example, feeling fat or too thin)
_____	_____	R. Measuring parts of my body (for example, biceps, chest, or penis)
_____	_____	S. Exposing my body in semi-public or public areas (for example, beach, pool, or locker room)
_____	_____	T. A clinical diagnosis of a condition related to body image (for example, an eating disorder or body dysmorphia)
_____	_____	U. My undergoing surgery to improve my appearance
_____	_____	V. My use of a substance(s) to manage weight or muscularity in illegal, risky, or unhealthy ways (for example, diet pills, laxatives, steroids, or smoking)

278

Name and evaluate any other factor(s) you consider significantly related to your body image:

_____   _____   W._____
_____   _____   X._____
_____   _____   Y._____
_____   _____   Z._____

INFORMED CONSENT FOR PILOT STUDY

NOTE: The Institutional Review Board declared that Informed Consent was not necessary for the Pilot Study. This form was provided to participants for information only. Signatures were not required.

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

CONSENT TO ACT AS A HUMAN PARTICIPANT: LONG FORM

Project Title: Pilot Study for an Investigation of Male Body Image Evaluation Experiences of Young Bisexual and Gay Men in Family, Friend, and Intimate Partner Relational Contexts

Project Director: Dr. J. Scott Young

Participant's Name: _____

What is the study about?
This is a research project. The purpose of this research project is to assess the feasibility of the proposed research process and questionnaire forms which have been developed for use in the full research study at a later time. The full study will investigate male body image evaluation experiences of young bisexual and gay males in family, friend, and intimate partner relational contexts. More specifically, this pilot study seeks to gain critical feedback from you regarding your impressions of the proposed research process and the related questionnaire forms.

Why are you asking me?
You have been chosen to be a participant in this research study because you are male, between the ages of 18 and 39, and identify as bisexual or gay. You were invited to participate in the study because you were identified by the student investigator as a potential participant based upon his belief that you may meet the demographic selection criteria, either through his direct knowledge or because you were recommended to the student investigator as a potential participant.

What will you ask me to do if I agree to be in the study?
As a participant in this investigation, you will be asked to read the proposed full study interview questions, demographic questionnaire, and male body image psychosocial history form which have been proposed for use in the later full study research phase of the dissertation study. You will be asked to provide critical evaluative feedback regarding such aspects as construction of items, interpretation of meaning of items, nature of the

participant process, etc. You will not be asked to provide your responses to the items/questions themselves, only to provide your subjective impressions of the items/questions. The total estimated time of the entire investigation is one to two hours to complete the interview with the student investigator. The investigation will begin after you sign this consent form. Should you have any questions after the interview, the student investigator can be reached at [e-mail address] or XXX-XXX-XXXX.

What are the dangers to me?
The Institutional Review Board at the University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants. If you have any concerns about your rights, how you are being treated or if you have questions, want more information or have suggestions, please contact Eric Allen in the Office of Research Compliance at UNCG at (336) 256-1482. Questions, concerns or complaints about this project or benefits or risks associated with being in this study can be answered by the principal investigator Dr. J. Scott Young, who may be contacted at XXX-XXX-XXXX. In addition, the student investigator Lewis Bozard can be reached at [e-mail address] or XXX-XXX-XXXX.

Are there any benefits to me for taking part in this research study?
The benefits to you for participating in this study may include insights gained by you reflecting upon personal experiences related to body image evaluation. However, you will not be asked to reveal your personal experiences in this study. It is important to the field of counselor education to broaden our understanding of the experiences of young bisexual and gay males with regard to body image evaluation in family, friend, and intimate partner relational contexts.

Are there any benefits to society as a result of me taking part in this research?
Because the existing literature has relied primarily on studies with exclusively or majority heterosexual participants, the student investigator hopes to provide an in-depth analysis of experiences of bisexual and gay males in the later full research study. Your critical feedback of the proposed research process and questionnaires will play an important and influential role in determining the final form of the full study which may ultimately benefit society from changes in counseling literature that address the potentially unique body image evaluation experiences of sexual minority males and the ways in which counselors and counselor educators may better target and understand this population.

Will I get paid for being in the study? Will it cost me anything?
A $10 gift card will be provided to those who choose to participate in the interview portion of the research study. In the event that you choose to withdraw from the study at any point after receiving the gift card, you may retain the gift card. Participating in this research study is of no monetary cost to you.

How will you keep my information confidential?
The student investigator will maintain written notes from your interview that will be stored in a lock box that will be kept in the student investigator's home office. Only the student investigator will have access to the key. Neither your name nor any identifying information will be included in the interview notes. Informed consent documentation will be stored in a separate lock box that will remain in the student investigator's file cabinet at the University. Only the student investigator will have the key to this lock box. All information obtained in this study is strictly confidential unless disclosure is required by law.

What if I want to leave the study?
You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state.

What about new information/changes in the study?
If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

Voluntary Consent by Participant:
By signing this consent form you are agreeing that you have read it, or that it has been read to you and you fully understand the contents of this document and are openly willing to consent to take part in this study. All of your questions concerning this study have been answered. By signing this form, you are agreeing that you are 18 years of age or older and are agreeing to participate, or have the individual specified above as a participant participate, in this study described to you by Lewis Bozard.

Signature: _____Date: _____

APPENDIX H

INFORMED CONSENT FOR FULL STUDY

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

CONSENT TO ACT AS A HUMAN PARTICIPANT: LONG FORM

Project Title: An Exploratory Study of the Role of Family, Friends, and Partners in the Body Image Development of Young Adult Sexual Minority Males

Project Director: Dr. J. Scott Young

Participant's Name: _____

What is the study about?
This is a research project. The study is intended to expand the body of knowledge regarding male body image development with the ultimate goal to provide more effective prevention and treatment in clinical settings. Specifically, this project will investigate the role of family members, friends, and romantic/sexual partners in the body image development of sexual minority males between the ages of 18-30. Results of the study may be used to determine future directions for further research.

Why are you asking me?
Participants are chosen based on the following criteria: (a) a man between the ages of 18-30, (b) self-identify as bisexual or gay, (c) have the ability to identify personal experiences impacting body image development which have occurred in family, friend, and partner relational contexts, and (d) are willing to describe such experiences for the purposes of this investigation.

What will you ask me to do if I agree to be in the study?
As a participant in this investigation, you will be asked to meet for a face to face individual interview with the student investigator which is expected to last approximately 60-90 minutes. During the interview you will be asked to respond to a series of questions related to your body image development through experiences involving family members, friends, and/or romantic/sexual partners. In advance of the interview you will be asked to complete a brief demographic questionnaire and a male body image psychosocial history form. You may be contacted by phone or email to ask follow-up questions, if needed. Finally, you will be provided by email a summary of the research team's analysis of the data gleaned during the interview and will have an opportunity to provide feedback regarding the findings of the research team.   The total estimated time for your participation is approximately two hours. Should you have any questions after the

interview, the student investigator can be reached at [e-mail address] or XXX-XXX-XXXX.

Is there any audio/video recording?
The interview will be audio recorded to facilitate transcription. Because your voice will be potentially identifiable by anyone who hears the tape, your confidentiality for things you say on the tape cannot be guaranteed although the researcher will try to limit access to the tape as described below. The recording will only be heard by the student investigator and will be destroyed immediately following transcription. Your name will not be attached to either the recording or the resulting transcription.

What are the dangers to me?
The Institutional Review Board at the University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants. The only potential risks to participants could be the disclosure of personal information and the emergence of psychological distress due to discussing problematic experiences related to their body image. In the event that significant distress occurs, the student investigator can assist participants in locating appropriate treatment; however, no compensation for treatment will be provided. If you have any concerns about your rights, how you are being treated or if you have questions, want more information or have suggestions, please contact Eric Allen in the Office of Research Compliance at UNCG toll-free at (855)-251-2351. Questions, concerns or complaints about this project or benefits or risks associated with being in this study can be answered by the principal investigator Dr. J. Scott Young, who may be contacted at XXX- XXX-XXXX. In addition, the student investigator Lewis Bozard can be reached at [e-mail address] or XXX-XXX-XXXX.

Are there any benefits to society as a result of me taking part in this research?
 Society may benefit from this study through enhanced understanding of the phenomenon of male body image which will ultimately lead to more effective prevention and treatment of body image disorders, especially among young adult sexual minority males.

Are there any benefits to *me* for taking part in this research study?
There are no direct benefits to participants in this study.

Will I get paid for being in the study? Will it cost me anything?
Participants will be offered their choice of a $10 gift card for Barnes & Noble or Subway at the beginning of the interview session. If the participant elects to discontinue participation during the study, the card remains theirs to keep. There are no costs to you for participating in this study.

How will you keep my information confidential?
The student investigator will maintain written notes from your interview that will be stored in a lock box that will be kept in the student investigator's home office. Only the

student investigator will have access to the key. Neither your name nor any identifying information will be included in the interview notes. The audio recording of the interview will only be heard by the student investigator and will be destroyed immediately following transcription. Your name will not be attached to the notes, recording, or transcription. Informed consent documentation will be stored in a separate lock box that will remain in the student investigator's home office. Only the student investigator will have the key to this lock box. All information obtained in this study is strictly confidential unless disclosure is required by law. Absolute confidentiality of data provided through the internet during collection of initial screening data cannot be guaranteed due to the limited protections of internet access. Please be sure to close your browser when finished so no one will be able to see what you have been doing.

What if I want to leave the study?
You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state.

What about new information/changes in the study?
If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

Voluntary Consent by Participant:
By signing this consent form you are agreeing that you read, or it has been read to you, and you fully understand the contents of this document and are openly willing consent to take part in this study. All of your questions concerning this study have been answered. By signing this form, you are agreeing that you are 18 years of age or older and are agreeing to participate, or have the individual specified above as a participant participate, in this study described to you by Lewis Bozard.

Signature: _____ Date: _____

APPENDIX I

ONLINE RECRUITMENT LETTER AND SURVEY

INFORMATION FOR POTENTIAL PARTICIPANTS

Dear potential participant:

Thank you for your interest! You are invited to participate in my dissertation research project that will help us learn more about the role of family, friends, and romantic/sexual partners in the body image development of bisexual and gay males. The study is intended to expand the body of knowledge regarding male body image development and determine directions for future research with the ultimate goal to provide more effective prevention and treatment in clinical settings. Your participation in this study is voluntary. In order to be selected to participate you must (a) be a man between the ages of 18-30, (b) self-identify as bisexual or gay, (c) have the ability to identify personal experiences impacting body image development which have occurred in family, friend, and partner relational contexts, and (d) be willing to describe such experiences for the purposes of this investigation.

As a participant in this investigation, you will receive a $10 gift card for your choice of Barnes & Noble or Subway as a gesture of gratitude for your valuable time and contributions. In this study, you will be asked to complete a brief demographic questionnaire and a brief psychosocial history of your experiences related to male body image. You will be asked to meet for an individual interview lasting approximately 60-90 minutes during which I will ask you to describe experiences involving family members, friends, and romantic/sexual partners which related to your body image. I will ask several other related questions about body image influences and sexual identity. The interview will take place in a quiet, private setting that is mutually agreeable to the participant and the researcher. You will have an opportunity to review the analysis of your interview after it has been completed and provide feedback. The total estimated time required for your participation in this research project is approximately two hours.

If you are interested in participating, please complete the brief set of questions below which will be used to determine your eligibility. **By providing this information you are giving consent to participate in the online screening.** If you are selected to participate in the study, you will be given an informed consent document to sign before the interview. Additionally, please feel free to invite anyone you know who might be interested in participating to visit this site. If you have any questions or concerns, you may contact me at [e-mail address] or XXX-XXX-XXXX, or you may contact the principal investigator Dr. Scott Young at XXX-XXX-XXXX.

Thank you for your consideration and support of this project!

Lewis Bozard, MS, MDiv, LPCA, NCC
Doctoral Student Researcher
Department of Counseling & Educational Development
The University of North Carolina at Greensboro

SCREENING SURVEY FOR POTENTIAL PARTICIPANTS

Please submit the following information if you desire to participate in this research study. All information will be kept confidential.

1. Are you male?   Yes   No   Other
2. What is your age?   _____
3. What is your sexual identity?   Bisexual   Gay   Other
4. Do you have the ability to identify personal experiences impacting body image development which have occurred in family, friend, and partner relational contexts?   Yes   No   Not sure
5. Are you willing to describe such experiences for the purposes of this investigation? Yes   No   Not sure
6. Name:_____
7. Email address:_____
8. Phone:_____

Thank you! You will be contacted regarding participation within 1-2 weeks.

APPENDIX J

INTERVIEW GUIDE

INTERVIEW GUIDE

<u>*For Review Only!!! Do Not Record Your Answers!!!***</u>**

So that all participants share a similar understanding of body image for the purposes of this study, I would like to state for you a definition of body image that is generally applied by researchers. Body image refers to the ways an individual acts, feels, and thinks regarding her or his own body (Cash, 2002).

1. What do you think about body image as a concern of males?

2. What struggles related to body image, if any, have you witnessed bisexual and gay males experience?

3. Have you noted anything that seems different or unique about male body image as experienced by bisexual and gay males?

4. What factors do you think may influence the body image of sexual minority males?

5. This research project is intended to focus on experiences of bisexual and gay males. Which term do you use to identify yourself? How would you briefly describe what you mean when you say that you are bisexual/gay?

6. Considering your own life experiences, how might you generally describe your body image?

For the remaining questions, I will ask you to consider your experiences with family members, friends, and/or romantic or sexual partners which were impactful in your body image development. These experiences might have contributed to the early formation of your body image or to changes in your body image. These experiences may have been recent or in the past, gratifying or disturbing, involved what somebody said or did or simply your own internal thoughts or feelings in relation to the other person. Please describe as fully as you can the context, your feelings, your thoughts, and your reactions.

7. Describe a specific experience that occurred within the context of family members, friends, or romantic or sexual partners that related to your body image development in a significant way. Feel free to pause and collect your thoughts. Begin when you are ready.

8. How did this experience relate to your thoughts and feelings about your body?

9. What role, if any, did the type of relationship (for example, family, friend, or romantic/sexual partner) play in the significance of this experience?

10. Is there another specific experience that occurred within the context of family members, friends, or romantic or sexual partners that related to your body image development in a significant way? Tell me about it. *Repeat #7-9 as follow-up. Possible follow-up probe:* You've described experiences involving *[state relationship(s) already addressed by participant]* family/friends/partners. Was there a significant experience involving *[state relationship(s) not already addressed]* family/friends/partners that you would like to describe for me?

11. Thinking about all of the experiences you have described, which experience or experiences were most impactful? How? Have the roles of family, friends, and partners in your body image changed over time at different stages of your life? How?

12. Thinking about all of the experiences you have described, what role, if any, did your sexual identity play relative to your body image?

13. Is there anything else about this topic or this interview that you would like to share?

APPENDIX K

QUALITATIVE RESULTS

Domain/Core Idea	Category	Respondents	Label
Views of General Male Body Image			
"being strong and looking like you can protect someone and that comes with muscle and height" (5)	Muscularity	1, 5, 6, 8	Variant
	Defend/protect	1, 5	Variant
	Power/strength	3, 5	Variant
	Height	5, 8	Variant
"guys are all either super-caring about their body or else they don't care at all" (2)	Range from no concern to extreme concern	2, 4	Variant
"as males across the board it's [body image] probably more easily pushed back [than for females]" (6)	Less important than for women	6, 8	Variant
"it's [body image] a big deal as far as masculinity because I think that one's body directly relates to the way one perceives that one is perceived" (3)	Masculinity	1, 3	Variant
Views of Sexual Minority Male Body Image			
"gay and bisexual men are more vicious about it [body appearance]" (6)	Greater concern than for straight men	3, 4, 6, 7, 8	Typical
"It's very competitive out there. And like any sport, I suppose, play to win." (7)	Sexual attractiveness	1, 3, 5, 6, 7	Typical

"if you're not that way, then there's a sense of exclusion even in an already excluded community" (3)	Pressure to fit ideal gay body type	2, 3, 4, 7	Variant
"most skinny gay guys smoke because if they want to eat they smoke instead" (2)	Eating issues	2, 4, 6, 7	Variant
	Thinness	2, 7, 8	Variant
	Harmful substances	2, 3, 7	Variant
"how they're performing compared to other men in terms of masculinity" (1)	Gender presentation	1, 3, 4	Variant
"obsession about trying to go to the gym" (6)	Exercise emphasis	3, 6, 8	Variant
	Muscularity	7, 8	Variant
"what is that person, because they're no longer a twink?" (4)	Gay subcultures	4, 6, 7	Variant
Influences on Sexual Minority Male Body Image			
"culture's the core influence of body image and then that affects the family members and the friends and the sexual partners and those affect the individual" (1)	Gay culture	2, 3, 4, 5, 6	Typical
	Broader culture	1, 2, 3, 4	Variant
	Partners	1, 3, 4, 8	Variant
	Family	1, 3, 4	Variant
	Friends	1, 3, 4	Variant

"I watched *Queer as Folk* for years…they're at the gym every single scene because they need to improve on their body" (2)	Media	1, 2, 6, 7	Variant
"the most physically capable guy is usually the leader, the head guy, so that's what you aspire to be and you want to have." (5)	Social acceptance/ recognition	3, 5	Variant
"Because they can't control their orientation, maybe they want to control their body." (8)	Control over body	3, 8	Variant
"with the very sexualized culture of gay and bisexuals…porn, I feel, is very influential" (4)	Pornography	4, 6	Variant
	Sexualized nature of gay culture	4, 6	Variant
Participant Concerns Related to Their Own Body Image			
"I'm just generally not satisfied with my body" (3)	Body image dissatisfaction	All	General
"I was unable to attract people because I was too large" (3)	Sexual desirability	1, 3, 4, 5, 7, 8	Typical
	Gaining too much weight	2, 3, 4	Variant
	Eating issues	2, 3, 4	Variant
"I just kind of float around that little purgatory of body image." (5)	Change over time	4, 5, 6, 7, 8	Typical

	Better now than before	6, 7	Variant
	Worse now than before	4, 5	Variant
	Worsened by stress from other issues	2, 7	Variant
	Feels impossible to reach goal	3, 7	Variant
"I know that my life would be so much better if I was just that way" (5)	Life would be better if body was different	2, 3, 4, 5	Variant
"all sorts of horrible-horrible side effects…but I was so enamored with having clear skin" (7)	Used or considered using harmful substance	2, 7	Variant
	Desired plastic surgery	2, 7	Variant
"I'd never get picked first for anything related to physical activities." (5)	Sport participant	4, 5	Variant
Relationship Context of Experiences Linked to Body Image Development			
"until I really became sexually active I don't think [body image] mattered as much to me" (1)	Partners	All	General
"My mother's always said that I could be covered in shit and be more handsome	Family	All	General

than blah blah blah, but this is like a mother's bias." (7)			
"[high school teacher] was an authority figure very specifically and I had no recourse to question what she said or did" (3)	Other relationships	2, 3, 4, 5, 6, 7, 8	General
"I have to have clean teeth when I go out the front door no matter what because my friend never had clean teeth." (7)	Friends	1, 2, 3, 4, 5, 7	Typical
Modalities of Body Image Development Experiences			
"I've always gotten compliments from my family, from friends and lovers that they like my eyes" (7)	Verbal comment	All	General
"in high school when [my brother and I] still shared a room I would see him work out." (6)	Observation of other person's body/self-comparison	1, 2, 5, 6, 7, 8	Typical
"being fat was really made fun of in [state where he used to live] and picked at for a long time" (2)	Social rejection/ evaluation	2, 5, 6, 7	Variant
"something that someone does is more impactful than something someone says" (8)	Nonverbal action of other person	5, 7, 8	Variant
"My body image was influenced positively based on how successful I was at getting whoever I was interested in bedding in bed. And at the same time negatively influenced if someone whom I	Sexual interest from others	1, 4, 8	Variant
	Sexual performance	1, 7	Variant

found attractive did not want to do something with me." (1)	Sexual rejection	1, 5	Variant
	Seeking sex for affirmation/ approval	1, 8	Variant
"I felt really good in my body for a while because–one—I was getting paid to show my body off and that was such a change from growing up." (5)	Public performance with emphasis on body display	4, 5	Variant
"He turned around, grabbed my breast, and said, 'These are way too realistic for a guy like you. I don't like them.' And that really hurt." (2)	Involved physical touch	2, 8	Variant
Roles of Partners: Aspects of Experiences			
"He makes me feel good about the way that I look" (8)	Supported/ complimented by partner	1, 2, 4, 6, 7, 8	Typical
"he said, 'Oh, well, you could use more [sexual] practice.' And for some reason in my head that didn't translate as exactly what he said. It was 'You're not attractive.'" (3)	Negative comments from partner	1, 2, 3, 7, 8	Typical
"My ex was very concerned about his body and worked out a lot." (2)	Partner had own body concerns	2, 5, 6, 7, 8	Typical
	Partner had good/desirable body	2, 3, 7, 8	Variant

	Improved body for partner's benefit	1, 2, 6	Variant
"Why would anybody want to be with you? Because I was looking at my body and my chest and I…was just disgusted with it and really upset and I knew if I had a better body I'd get something." (5)	Desire to obtain partners	1, 3, 5	Variant
"I was 16 and it was one of my first sexual partners" (3)	Involved first/ early partner	3, 5	Variant
"[ex-partner] would never take off his shirt when we had sex. …that, too, impacted my body image because if he's not willing to take off his shirt and I am, of course, I'm very better looking than that." (7)	Partner covered self during/after sex	5, 7	Variant
"there are still guys who like me so there's not *that* much incentive to change" (4)	Ability to attract partners minimized body concern	3, 4	Variant
"there was no explanation, so there was no negation of the possibility that it could have been based on my own body" (1)	Lack of communication left participant uncertain about his body	1, 3	Variant
Roles of Partners: Contexts of Experiences			
"Probably the best lay I ever had...That completely redefined penis size and body image for me forever." (7)	Sex/cuddling	1, 3, 5, 7, 8	Typical

"we went to a party and he was a bit intoxicated" (2)	Party/gathering	2, 5	Variant
	Use of alcohol/ illegal drugs	2, 5	Variant
Roles of Partners: Specific Body Concerns			
"I don't want to be in this [bear/large] demographic." (4)	Body size (thin/ overweight)	1, 2, 3, 4, 8	Typical
"I was looking at my body and my chest and I…was just disgusted with it and really upset" (5)	Chest	2, 5	Variant
"is he not impressed with the size of my penis?" (1)	Penis	1, 7	Variant
Roles of Partners: Effects of Experiences			
"I was also eating my little bit of whatever I ate and then exercising and then eating a little bit more and then exercising for an hour" (3)	Increased exercise	1, 2, 3, 4, 6, 8	Typical
	Effort to lose weight	2, 3, 4, 8	Variant
"I basically said that I was done with him after that." (8)	Participant ended relationship	2, 7, 8	Variant
"I do not feel any better about my body." (4)	No change/effect	2, 4	Variant

"I started going to a therapist" (3)	Received professional support	2, 3	Variant
Roles of Partners: Significance of Relationship Type			
"the only reason why we were together in this particular situation was to enjoy each other's bodies" (1)	Primary role of body/sex in relationship	1, 3, 4, 8	Variant
"due to my emotional investment in the relationship" (6)	Emotional investment (long-term partner)	6, 8	Variant
"he had more sexual partners than I had and was more attractive than I was" (3)	Felt insecure/ inferior with partner	1, 3	Variant
"it was kind of negative because I felt a little bit objectified" (4)	Objectification	1, 4	Variant
Roles of Family: Aspects of Experiences			
"[My mother] recognizes how I feel about my body and then encourages me to change it so that I'm happy with it." (4)	Generally supportive	1, 3, 4, 8	Variant
"[my mother] had had a couple drinks and she grabbed my chin and was like, 'Oh, this is getting larger after the past couple days'" (2)	Negative comment from family member	2, 5, 7	Variant

"I've always gotten compliments from my family" (7)	Positive comment from family member	7, 8	Variant
"I'm the best-looking one in my family, or I care the most about my body" (8)	Perceives self as more attractive than most others in his family	7, 8	Variant
"[my mother and I are] both trying to get back to the skinny side of the fence" (4)	Family member has similar body concern	4, 7	Variant
Roles of Family: Contexts of Experiences "in high school when [my brother and I] still shared a room" (6)	Home	2, 6	Variant
Roles of Family: Specific Body Concerns "My mother always thinks that I need to gain weight." (7)	Body size (thin/ overweight)	4, 7	Variant
"my mom brought it up to me. And she was like, 'Are you going to start working out or something?'" (5)	Muscularity	5, 6	Variant
Roles of Family: Effects of Experiences "I feel more comforted around them [family] as opposed to gay individuals." (8)	Felt supported	1, 3, 4, 7, 8	Typical

"this made me really concerned about my double chin…and that's thrown me in a tizzy quite a few times." (2)	Felt worse about self	2, 6	Variant
Roles of Family: Significance of Relationship Type "more of a love for each other as people, not for each other's body" (1)	Felt known/ loved	1, 5	Variant
Roles of Family: Influential Family Member "[my mom's] really talking negative about my body now" (5)	Mother	2, 3, 4, 5, 7	Typical
Roles of Friends: Aspects of Experiences "most of my friends know my problems with my body image" (2)	Supportive toward his body image concerns	2, 3, 4	Variant
"My friend the other day told me I was skinny" (2)	Positive comments from friends	2, 4, 5	Variant
"so many people would just comment—not even necessarily to me but I could hear them—like, 'Wow, she's so pretty' and 'Look at those legs,'" (4, in drag)	Supporting public performance involving display of his body	4, 5	Variant
Roles of Friends: Contexts of Experiences			

"the first time [performing in a strip show] made me feel great. I invited all my friends out." (5)	Public performance involving display of his body	4, 5	Variant
"I ask them to go to the gym" (4)	Plan to exercise together	2, 4	Variant
"somebody saw my dick in the shower and they just went around, told everybody about it." (5)	University domicile	3, 5	Variant
Roles of Friends: Specific Body Concerns "the slim athletic people who don't have like huge bulging muscles, the kind of people who do swimming or cross country with that kind of body and I think even to this point I still seek to have that kind of physique" (1)	Body size (thin/ overweight)	1, 2, 4, 5	Variant
Roles of Friends: Effects of Experiences "if they're working out. Then I feel like I definitely have to get myself looking good" (5)	Increased focus on his body	1, 5, 7	Variant
"I continue to feel the same" (4)	No change/effect	2, 4	Variant
Roles of Friends: Significance of Relationship Type "if someone who didn't know me said those things to me it would be offensive to me because you don't know me." (5)	Felt known/ loved	1, 5	Variant

Roles of Other Pertinent Relationships			
"people complimenting me on little things like, 'Oh, your eyes are very nice' or other little parts of my body throughout, then that just made me feel like I should take care of that because people are saying that it's good." (6)	General/ strangers/public	2, 6, 7	Variant
"the fact that my professor was gay" (3)	Professor/ teacher	3, 7	Variant
"I was getting paid to show my body off" (5)	Audience of participant performance	4, 5	Variant
"several of her friends just started hitting on me…and that was a completely positive experience" (4)	Female adolescent peers	4, 7	Variant
Most Impactful Experiences			
"because it had been a pretty long-term friendship" (1)	Longevity	1, 2, 3, 6, 8	Typical
"sexual partners are the strongest type of relationship in terms of influence" (8, as stated by interviewer)	Partner	3, 4, 8	Variant
"my mother where she acknowledges [my body concern] and then encourages me to help change it" (4)	Family	2, 4, 6	Variant
	Mother	2, 4	Variant

"why would you want to struggle over something so much if it's (a) compromising who you are and (b) not even necessarily ethical?" (3)	Professor/teacher	3, 7	Variant
Changing Roles of Relationships in Body Image Development Over Time			
"once I got into school…I focused more on having a body that was more attractive for those friends that I wanted to have. Once I came out it started to become more of a focus of being…considered attractive by those that I wanted to have sex with." (1)	Roles do change over time	1, 2, 3, 6, 7, 8	Typical
"as I get older, I care less...about the perfect ideal of my partner and less about the things that I can't control" (7)	Decreasing importance of short-term partners	1, 3, 7, 8	Variant
	Decreasing importance of family members	1, 2, 6	Variant
	Decreasing body concern with age	1, 7	Variant
"as far as family and friends, I think that's been pretty consistent" (8)	Consistent importance of friends	5, 8	Variant
	Consistent importance of family	2, 8	Variant
"with a partner for a long time it's a lot different feeling than trying to get constant affirmation from different sexual partners" (8)	Increasing importance of long-term partners	1, 8	Variant

"There's more of an internal locus of control as opposed to somebody else dictating or outside of them dictating how I feel about myself, which is definitely positive" (3)	Increasing focus on internal locus of control	3, 7	Variant
Role of Sexual Identity "this gay image that I have in my mind that I am not fitting towards that I need to fit more towards." (2)	Pressure to meet body ideals of gay culture	2, 3, 7	Variant
"with the label of gay came the stereotypes of being really feminine" (6)	Gender stereotype of gay males as feminine/ un-masculine	1, 6	Variant
"the coming-out process really became detrimental to my hygiene and body image in general…I just stood in the shower in this stupor." (7)	Self-care impaired by stress of coming out	6, 7	Variant